Tennessee KEY

knowledge empowers you

Module 1: Navigating the Child Welfare System
Module 2: Exploring the Impact of Trauma
Module 3: Roadmap to Resilience
Module 4: Rerouting Trauma Behaviors

TN-Key Participant Guide

Tennessee Department of Children's Services| Ver. 22.12.6

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Tennessee KEY

knowledge empowers you

Module 1: Navigating the Child Welfare System

TN-KEY Participant Guide

Tennessee Department of Children's Services| Ver. 22.12.6

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ACKNOWLDGEMENTS

The DCS TN-KEY (Knowledge Empowers You) training curriculum was developed for the purpose of providing prospective foster parents with the most trauma-informed information to help assist in navigating their journey through foster care. The interagency curriculum work group, which reviewed written materials and provided feedback and direction to the team, consisted of the following

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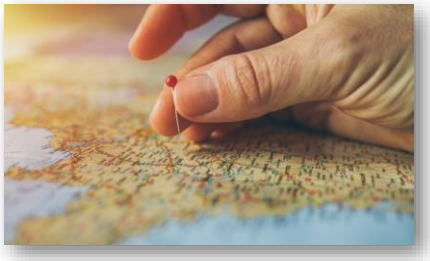
- **Jenny Sanders** – Foster Parent Writer, Trainer, and Consultant
- **Dr. Keith Bailey** – Training Director and Child Trauma Academy Fellow
- **Kim Bracken** – Lead Specialist

Weekly Itinerary

At every session:

- Review of Previous Module and Roadwork
- Check-In
- Packing Activity
- Core Concepts
- Mindfulness/Self-Care
- Unpacking Activity
- Roadwork Assignment
- Closing



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Review Informational Meeting

Characteristics of Successful Foster Parents

- Willingness to Partner
- Flexible Expectations
- Tolerance for Rejection and Negative Feeling
- Sense of Humor
- Ability to Self-Assess and Provide Self-Care
- Ability to Delay Parental Gratification
- Strong Support System
- Makes and Keeps Commitments
- Committed to Developing a Relationship with the Child
- Openness to Personal Learning and Development

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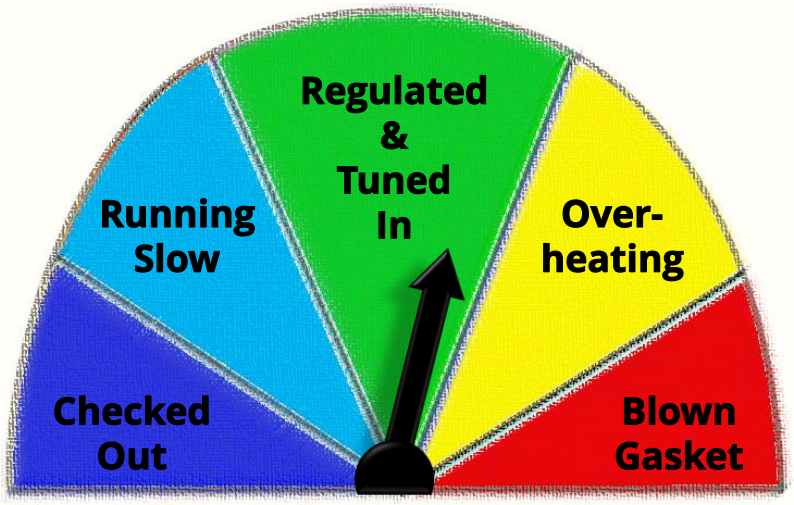
Characteristics of Successful Foster Parents

- **Willingness to Partner**
  Successful foster families are willing to partner with the system, birthparents and support systems while working toward reunification and permanency. This will include good communication with all team members, as well as our own family members, such as birth children, close relatives, and close friends or neighbors that will have contact with foster children.
- **Flexible Expectations**
  Successful foster families have realistic, flexible expectations of themselves and their children. They acknowledge and appreciate small steps toward reaching a goal. They also are able to view each child's behaviors in the context of his/her past trauma.
- **Tolerance for Rejection and Negative Feelings**
  Successful foster families are able to withstand testing behaviors by their children, including hurtful, angry, rejecting comments. Children from the foster care system—especially older children with special needs— often come to their foster and adoptive families with deep pain from their past, destructive behaviors, and more. These children tend to draw out powerful negative feelings in their foster and adoptive parents—often parallel to what the children themselves feel. Successful foster and adoptive parents are able to feel these negative feelings, process them, and separate them out from what is coming from the child. They do not judge themselves harshly for feeling anger, are able to feel anger and not act on it, and know their feelings will pass. These adults are also able to use humor to defuse their reactive emotions and can talk about their feelings with other parents, therapists, or workers.
- **Sense of Humor**
  Successful foster families are able to use humor to cope with the stress that can result from rearing children who have lived in the child welfare system. They allow themselves to laugh and find humor in daily exchanges with their children.
- **Ability to Self-Assess and Practice Self-Care**
  Successful foster families must know how to assess their needs, and practice self-care. They feel good about taking personal time as a couple and as individuals. They take breaks and use respite care to prevent burnout.

- **Ability to Delay Parental Gratification**
  Successful foster families are aware that their relationships with the children in their home are not give and take, and they can tolerate giving love without receiving much in return. They are secure in their commitment to their children and know that they are doing the right thing. They also are confident that the rewards of rearing these children will come later.
- **Strong Support Systems**
  Families who are in the process of becoming foster and adoptive parents will need words of encouragement, a listening ear, supportive thoughts, and a “go to” person when times get rough. It is vital that families are able to rely on others who can provide essential support and understanding.
- **Makes and Keeps Commitments**
  Foster parents have the personal commitment necessary to provide the required continuity of care and stability to decrease the likelihood of placement disruptions. They are able to follow through on commitments made to children in their care.
- **Committed to Developing a Relationship with the Child**
  Successful foster and adoptive parents of older children know they have a limited time frame to turn things around for the child. They don’t have time to hold back and wait for the relationship to develop. Effective parents are active and do what parents of infants and toddlers do—“they assume control, try to anticipate behaviors, interrupt behavior-spirals early, provide a great deal of praise, positive reinforcement, and physical affection…[they] take the lead in the relationship and are not deterred by the child’s protest or withdrawal” (Jernberg, 1979). These parents can appear intrusive but in a caring way. They make up for lost time and try to establish contact and intrude much like parents of infants do by making eye contact and body closeness to build intimacy and trust.
- **Openness to Personal Learning and Development**
  Successful foster parents understand the importance of continued education in order to understand current trends in foster children with trauma behaviors and special needs. They are committed to meeting learning requirements and incorporating new skills into practice.

Our 1st Engine Check



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Objectives

- Show how children come into foster care and are placed into foster homes
- Describe the importance of partnership between agency staff, birth parents and caregivers/foster parents and the importance of maintaining cultural integrity
- Illustrate the importance of strong support systems to the overall well-being of the foster home including self-awareness and mindfulness

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What's In Your Suitcase?

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Video: ReMoved – Part 1

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Remember...

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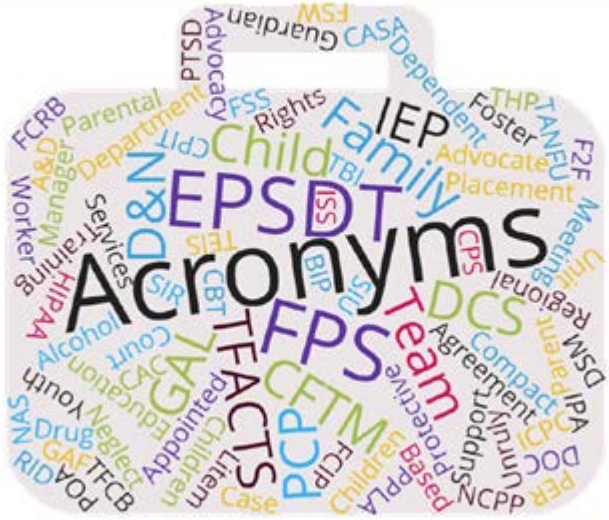
DCS Acronyms



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DCS Acronyms

A&D – Alcohol and Drug	**JJ** – Juvenile Justice
AA – Attorney Ad Litem	**LI** – Lead Investigator
BIP – Behavior Intervention Plan	**MEPA/IEPA** – Multi Ethnic Placement Act/Interethnic Placement Act of 1996
CAC - Child Advocacy Center	**MR** – Mentally Retarded
CASA – Court Appointed Special Advocate	**NAS** – Neonatal Abstinence Disorder
CBT – Computer Based Training	**NCPP** – Non-Custodial Permanency Plan
CFTM – Child and Family Team Meeting	**OCS** – Office of Child Safety
CM – Case Manager	**OT** – Occupational Therapy
CO – Central Office	**PTSD** – Post-Traumatic Stress Disorder
CPIT – Child Protective Investigative Team	**PER** – Placement Exception Request
CPS – Child Protective Services	**PPLA** – Planned Permanency Living Arrangement
DA – District Attorney	**PT** – Physical Therapy
D&N – Dependent and Neglect	**PCP** – Primary Care Physician
DCS – Department of Children's Services	**POA** – Power of Attorney
DOC – Date of Custody	**RA** – Regional Administrator
DSM – Diagnostic and Statistical Manual for Mental Disorders	**RAD** – Reactive Attachment Disorder
ED – Emotionally Disturbed	**RID** – Regional Investigations Director
EPSDT – Early Periodic Screening, Diagnosis, and Treatment	**SIU** – Special Investigations Unit
FCIP – Family Crisis Intervention Program	**SIR** – Serious Incident Report
FCRB – Foster Care Review Board	**SSI** – Supplemental Security Income
FPS – Foster Parent Support	**SS** – Social Services
FSS – Family Support Services	**TBI** – Tennessee Bureau of Investigation
FSW – Family Support Worker	**TC** – Team Coordinator
F2F - Face to Face	**TEIS** – Tennessee Early Intervention Services
GAF – Global Assessment of Functioning	**TFACTS** – Tennessee Family and Child Tracking System
GAL – Guardian Ad Litem	**TFCB** – Trauma Focus-Cognitive Behavior Therapy
HIPAA – Health Insurance Portability and Accountability Act of 1996	**THP** – Trial Home Placement
IC – Investigator Coordinator	**TL** – Team Leader
ICPC – Interstate Compact on the Placement of Children	**TPR** – Termination of Parental Rights
ID – Intellectual Disability	**TANF** – Temporary Assistance for Needy Families
IPA – Immediate Protection Agreement	**U** – Unruly
IEP – Individualized Education Plan/Program	**YDC** – Youth Development Center

MEPA/IEPA

Multi-Ethnic Placement Act/Inter-Ethnic Placement Act of 1996

Specifies that agency involvement in adoption or foster care placements:

- May not deny to any person the opportunity to become an adoptive or foster parent on the basis of race, color or national origin of the adoptive/foster parent, or the child involved.
- May not delay or deny the placement of a child for adoption/foster care, or otherwise discriminate in making placement decisions on the basis of race, color, national origin of the adoptive/foster parents, or the child involved.

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MEPA/IEPA

DCS is dedicated to upholding MEPA/IEPA by removing barriers and adhering to the following goals to:

- Decrease the length of time children wait to be adopted or placed.
- Identify and recruit adoptive and foster families who meet the needs of available children and reflect the ethnic and racial composition of the children in the state for whom foster homes are needed.
- Eliminate discrimination based on the race, color or national origin of the child or family involved.

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Prior to Court

- Zoe's family is not a stranger to the courts and prior to filing for custody, DCS will have been in the home providing services to keep the family together.
- When the police arrive to arrest Zoe's stepfather, she and her brother are then taken into custody.
- During this period, DCS is attempting to locate relative placements.

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Foster Care Court Hearings Process

DCS LEGAL DEPARTMENT
Files a petition with the juvenile court asking for the child to be removed to foster care

PRELIMINARY HEARING
Should occur within **72 hours** of removal but hearings are often continued in order for birth parents to get attorneys appointed or to hire an attorney. This hearing is often waived by the parents.

Judge must decide if DCS had probable cause to believe that the children are dependent and

ADJUDICATORY HEARING
Should occur within **30 days** of removal, but often are not because dates are set based on the availability of the court and attorney. This hearing may also be waived by the birth parents.

Judge must decide if children are dependent and neglected by clear and convincing evidence.

DISPOSITIONAL HEARING
Should occur within **15 days** of adjudication, but often take place at the same time as the adjudicatory hearing.

Judge can leave kids in foster care, send them home or place them somewhere else.

OTHER HEARINGS

PERMANENCY PLAN RATIFICATION HEARINGS
Occurs within **60 days** of child entering custody, and every six months thereafter.

JUDICIAL REVIEW HEARINGS
Only necessary if the County has no Foster Care Review Board. If so, occurs within **90 days** of custody and every six months thereafter.

REVIEW HEARINGS
Usually occurs every **3 months** or so after adjudication to update the court on the child's status and the birth parent's progress.

ANNUAL PERMANANCY HEARINGS
Occurs within **12 months** of the child entering custody and every year thereafter. Updates the court on status and secures federal funding.

DCS LEGAL DEPARTMENT
Files a petition with the juvenile court asking for the child to be removed to foster care

PRELIMINARY HEARING
Should occur within **72 hours** of removal but hearings are often continued in order for birth parents to get attorneys appointed or to hire an attorney. This hearing is often waived by the parents.

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ANNUAL PERMANANCY HEARINGS
Occurs within **12 months** of the child entering custody and every year thereafter. Updates the court on status and secures federal funding.

Foster Care Review Board

- An objective group of community volunteers who review foster care files to evaluate how the case is progressing, then they report their findings to the court.
- Occasionally, the review board meets in locations other than the courthouse.
- Foster care reviews can also occur in court with the judge reviewing the case instead of with a full review board.
- This is an opportunity for foster parents to advocate for the best interest of the child and their family.

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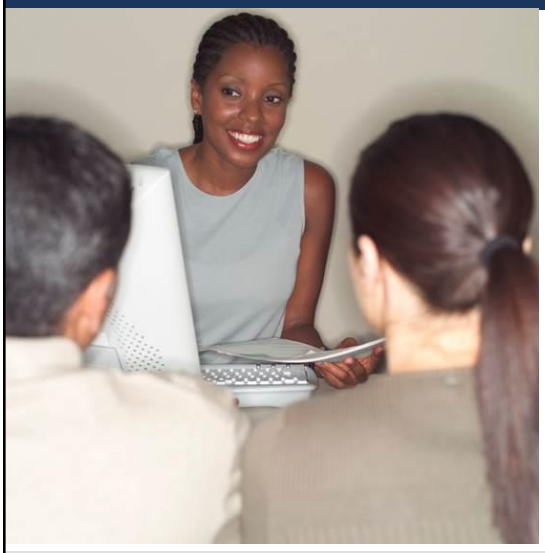
What is a CFTM?



DCS uses the CFTM model to engage families in the planning and decision making process. This team meets at critical junctures of the case in order to review, plan, and make important decisions in a case.

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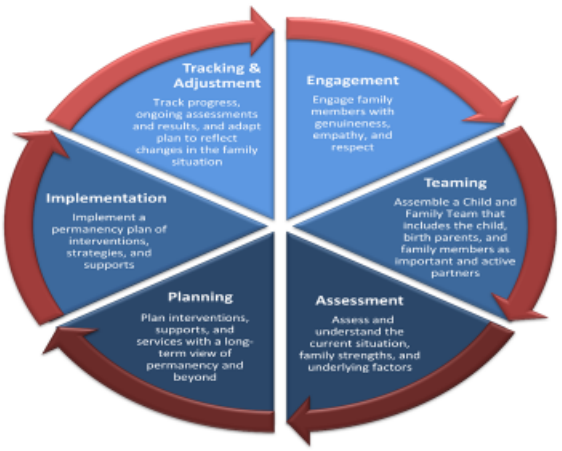
Six Core Functions of the Practice Model



The DCS Practice Model is a visual representation of the six core functions of effective practice with children and families.

Find out more using the QR Code:

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Permanency Plan CFTM

Engagement

- The signature page shows who attends the CFTM and covers confidentiality
- DCS engages the birth family to share their story

Teaming

- DCS invites individuals involved in the case or those who will provide support like family or friends
- A team is specifically built to address the family's strengths and needs

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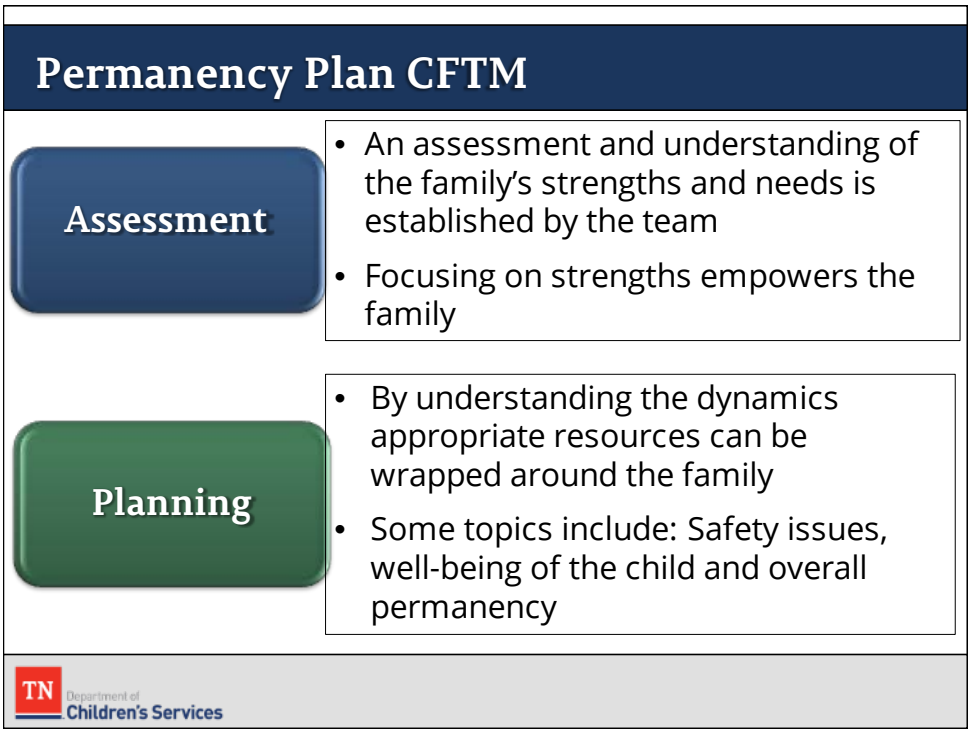
Permanency Plan CFTM
Assessment
• An assessment and understanding of the family's strengths and needs is established by the team
• Focusing on strengths empowers the family
Planning
• By understanding the dynamics appropriate resources can be wrapped around the family
• Some topics include: Safety issues, well-being of the child and overall permanency
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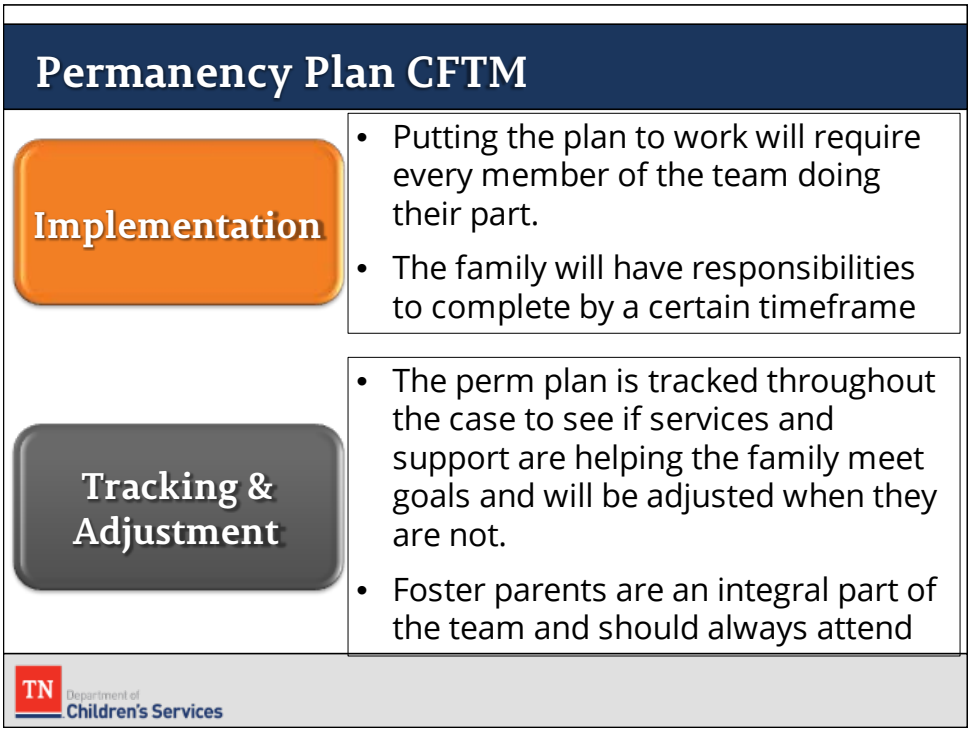
Permanency Plan CFTM
Implementation
• Putting the plan to work will require every member of the team doing their part.
• The family will have responsibilities to complete by a certain timeframe
Tracking & Adjustment
• The perm plan is tracked throughout the case to see if services and support are helping the family meet goals and will be adjusted when they are not.
• Foster parents are an integral part of the team and should always attend
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Permanency Plan

- The Permanency Plan is a legal and binding agreement signed by a judge, and cannot be changed without the express consent of the court.
- Perm Plans are updated at least every six months, unless significant changes occur between review dates. Failure to complete the action steps on the Perm Plan could result in termination of parental rights.

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Doodle Box

Engagement

Zoe's Permanency Plan CFTM

Signature Page for CFTM

By signing this document you acknowledge that you are a participant of this meeting. Your signature also indicates that you agree as a participant of this meeting to keep all information presented by the other participants of this meeting confidential, including but not limited to, the contents, purpose, or outcome of the meeting with anyone outside of the team. By signing this document you acknowledge that you understand the release of information regarding this case is prohibited by law, except in certain circumstances determined by DCS.
If a member of the team is unwilling to sign this document, please print their name on the signature page and note the refusal to sign in the disagreement portion of this document.

Name/Signature:	Relationship to Child/Family	I received TN Care Appeal Rights (Y or N)	I received an NOA (Y or N)
Amy Bishop	Mother		
Joe Bishop	Step Father		
Ben Harper	Team Leader		
Elesha Long	FSW		
Jenny Nash	Foster Parent		
Aaron Smith	CPS		
Andrea Sanders	Aunt		

Teaming

Goal Participants	DOB/Age	Permanency Goal	Target Date
Zoe White	9 Yrs.	Return to Parent (Custody)	06/05/2019
Benaiah White	1 Yr. 8 Mos.	Return to Parent (Custody)	06/05/2019

Teaming

Plan Participants	Relationship
Amy Bishop	Birth Mother
Joe Bishop	Stepfather

What specific reasons led to DCS Custody or Involvement?

Engagement

For: Benaiah White

On 11/25/2018, DCS received a referral alleging that Mr. Joe Bishop gave his stepdaughter, Zoe White, two black eyes and a busted lip. CPS Investigator, Aaron Smith, confirmed that Zoe did sustain the injuries. Due to Mr. Bishops violent criminal record, local law enforcement escorted CPSI Smith to the family home. Mr. Bishop was arrest after becoming angry with the police and due to an active warrant for violation of probation. Mrs. Amy Bishop, mother, was drug screened and tested positive for opiates and cocaine. She had no prescription for the opiates. The children's fathers' whereabouts are unknown and no other family was identified as a placement option.

For: Zoe White

On 11/25/2018, DCS received a referral alleging that Mr. Joe Bishop gave his stepdaughter, Zoe White, two black eyes and a busted lip. CPS Investigator, Aaron Smith, confirmed that Zoe did sustain the injuries. Due to Mr. Bishop's violent criminal record, local law enforcement escorted CPSI Smith to the family home. Mr. Bishop was arrest after becoming angry with the police and due to an active warrant for violation of probation. Mrs. Amy Bishop, mother, was drug screened and tested positive for opiates and cocaine. She had no prescription for the opiates. The children's fathers' whereabouts are unknown and no other family was identified as a placement option.

Worker Information	
Benjamin Harper, SS Custody Worker	Phone Number:

Custody Information			
For: Zoe White			
Date of Custody: 12/01/2018	Adjudication Type: Dependent/Neglect	Judge/Referee: Amero, Brian J.	County of Venue: Davidson County Juvenile Court
Child Support Amount: Child support will be determined at the support court hearing.			

For: Benaiah White			
Date of Custody: 12/01/2018	Adjudication Type: Dependent/Neglect	Judge/Referee: Amero, Brian J.	County of Venue: Davidson County Juvenile Court
Child Support Amount: Child support will be determined at the support court hearing.			

Child Support: Correspondence must include the nine-digit member/case identification number issued by the Tennessee Child Support Enforcement System TCSES)
Payment Address: State Disbursement Unit, P.O. Box 305200, Nashville, TN 37229

Strengths	
Concerned Person	Zoe White
Initial Description As Of: 12/05/2018	Zoe and Benaiah are very close and have a strong relationship.
Concerned Person	Benaiah White
Initial Description As Of: 12/05/2018	Zoe and Benaiah are very close and have a strong relationship.
Concerned Person	Zoe White
Initial Description As Of: 12/05/2018	Zoe loves school and makes A's and B's.
Concerned Person	Zoe White
Initial Description As Of: 12/05/2018	Zoe is a talented artist and enjoys drawing.
Concerned Person	Amy Bishop
Initial Description As Of: 12/05/2018	Amy Bishop has completed a cosmetology program.
Concerned Person	Amy Bishop
Initial Description As Of: 12/05/2018	Amy Bishop has maintained communication with the department and court.

Assessment

Needs

Planning

Need Priority 1	
Concerned Person:	Amy Bishop
Initial Description As Of: 02/06/2019	Parent and child(ren) need to maintain a bonded relationship

Responsibilities	Start Date	Expected Completion Date	Responsible Person
It is the parents' responsibility to contact agency case manager to schedule visits. The parent is responsible for transporting themselves to visits. The parent will call agency case manager 24 hour prior to a visit if there is a need to cancel the visit. The parent will be on time. If the parent is 15 minutes late or later without calling, that visit will be cancelled.	12/05/2018	06/05/2019	Amy Bishop
It is the parents' responsibility to contact agency case manager to schedule visits. The parent is responsible for transporting themselves to visits. The parent will call agency case manager 24 hour prior to a visit if there is a need to cancel the visit.	12/05/2018	06/05/2019	Amy Bishop
The parent will be on time. If the parent is 15 minutes late or later without calling, that visit will be cancelled.			

Need Priority 2	
Concerned Person:	Amy Bishop
Initial Description As Of: 12/05/2018	On 11/25/2018, Mrs. Bishop failed a drug screen for Cocaine and opiates. She also reports an extensive history of substance abuse. Mrs. Bishop has a history of domestic violence with her current husband. Several incidents have occurred in front of her children and there have been times that her husband has been physically abusive to Zoe, which was never reported to the police

Responsibilities	Start Date	Expected Completion Date	Responsible Person
Mrs. Bishop will participate in a clinical parenting assessment with A&D and mental health components. She will follow all recommendations from assessment.	12/05/2018	06/05/2019	Amy Bishop
Mrs. Bishop will submit to and pass all random drug screens.	12/05/2018	06/05/2019	Amy Bishop

Need Priority 3	
Concerned Person:	Amy Bishop
Initial Description As Of: 12/05/2018	Mrs. Bishop has reported that she is leaving her husband, which would result in her being homeless. Mrs. Bishop will need to have stable, safe housing in order to meet her children's needs.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
Mrs. Bishop will ensure that no illegal activity, such as violence and substance, occurs in the home. All adults that reside in the home will be subject to background checks and submit and pass random drug screens. Persons will sign a release can conduct the background check.	12/05/2018	06/05/2019	Amy Bishop
Mrs. Bishop will have safe and stable housing, with working utilities.	12/05/2018	06/05/2019	Amy Bishop

Need Priority 4	
Concerned Person:	Amy Bishop
Initial Description As Of: 12/05/2018	Mrs. Bishop is currently unemployed and relies solely on her husband's disability check.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
Mrs. Bishop will have a legal source of income to be able to provide for Benaiah and Zoe's basic needs. She will provide proof of stability through pay stubs, receipts, etc.	12/05/2018	06/05/2019	Amy Bishop

Need Priority 5	
Concerned Person:	Amy Bishop
Initial Description As Of: 12/05/2018	Mr. and Mrs. Bishop have a very volatile relationship that involves domestic violence. The couple is unsure if they are going to remain together or get divorced.

Responsibilities	Start Date	Expected Completion Date	Responsible Person

If the couple remains together, they will participate in couples therapy.	12/05/2018	06/05/2019	Amy Bishop

Amy Bishop Responsibilities
It is the parents' responsibility to contact agency case manager to schedule visits. The parent is responsible for transporting themselves to visits. The parent will call agency case manager 24 hour prior to a visit if there is a need to cancel the visit. The parent will be on time. If the parent is 15 minutes late or later without calling, that visit will be cancelled.
Mrs. Bishop will participate in a clinical parenting assessment with A&D and mental health components. She will follow all recommendations from assessment.
Mrs. Bishop will submit to and pass all random drug screens.
Mrs. Bishop will ensure that no illegal activity, such as violence and substance, occurs in the home. All adults that reside in the home will be subject to background checks and submit and pass random drug screens. Persons will sign a release can conduct the background check.
Mrs. Bishop will have safe and stable housing, with working utilities.
Mrs. Bishop will have a legal source of income to be able to provide for Benaiah and Zoe¿s basic needs. She will provide proof of stability through pay stubs, receipts, etc.
If the couple remains together, they will participate in couples therapy.

null

Implementation

Need Priority 1	
Concerned Person:	Joe Bishop
Initial Description As Of: 02/06/2019	Parent and child(ren) need to maintain a bonded relationship

Responsibilities	Start Date	Expected Completion Date	Responsible Person
It is the parents' responsibility to contact agency case manager to schedule visits. The parent is responsible for transporting themselves to visits. The parent will call agency case manager 24 hour prior to a visit if there is a need to cancel the visit. The parent will be on time. If the parent is 15 minutes late or later without calling, that visit will be cancelled.	12/05/2018	06/05/2019	Joe Bishop
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Need Priority 2	
Concerned Person:	Joe Bishop
Initial Description As Of: 12/05/2018	Mr. Bishop was substantiated for physical abuse against Zoe as a result of a CPS investigation. Mr. Bishop has a history of violent crimes such as domestic abuse and aggravated assault. Mr. Bishop was supposed to complete a mental health assessment through probation and parole, however he failed to do so. He recently violated his probation when he was arrested for DUI on 11/1/18. Mr. Bishop reports that he has a history of alcohol abuse that he has struggled with since he was a teenager.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
If Mr. and Mrs. Bishop remain together, he will comply with all rules of his probation/court until he successfully completes his probation in November 2019.	12/05/2018	06/05/2019	Joe Bishop
If Mr. and Mrs. Bishop remain together, he will participate in a clinical parenting assessment with A&D and mental health components. He will follow all recommendations from assessment.	12/05/2018	06/05/2019	Joe Bishop
If Mr. and Mrs. Bishop remain together, he will have safe, stable housing. Mr. Bishop will ensure that no illegal activity, such as violence and substance, occurs in the home. All adults that reside in the home will be subject to background checks and submit and pass random drug screens. Persons will sign a release can conduct the background check.	12/05/2018	06/05/2019	Joe Bishop

Need Priority 3	
Concerned Person:	Joe Bishop
Initial Description As Of: 12/05/2018	Mr. and Mrs. Bishop have a very volatile relationship that involves domestic violence. The couple is unsure if they are going to remain together or get divorced.

Responsibilities	Start Date	Expected Completion Date	Responsible Person
If the couple remains together, they will participate in couples therapy.	12/05/2018	06/05/2019	Joe Bishop

Joe Bishop Responsibilities
It is the parents' responsibility to contact agency case manager to schedule visits. The parent is responsible for transporting themselves to visits. The parent will call agency case manager 24 hour prior to a visit if there is a need to cancel the visit. The parent will be on time. If the parent is 15 minutes late or later without calling, that visit will be cancelled.
If Mr. and Mrs. Bishop remain together, he will comply with all rules of his probation/court until he successfully completes his probation in November 2019.
If Mr. and Mrs. Bishop remain together, he will have safe, stable housing. Mr. Bishop will ensure that no illegal activity, such as violence and substance, occurs in the home. All adults that reside in the home will be subject to background checks and submit and pass random drug screens. Persons will sign a release can conduct the background check.

Joe Bishop Responsibilities
If Mr. and Mrs. Bishop remain together, he will participate in a clinical parenting assessment with A&D and mental health components. He will follow all recommendations from assessment.
If the couple remains together, they will participate in couple's therapy.

Agreements

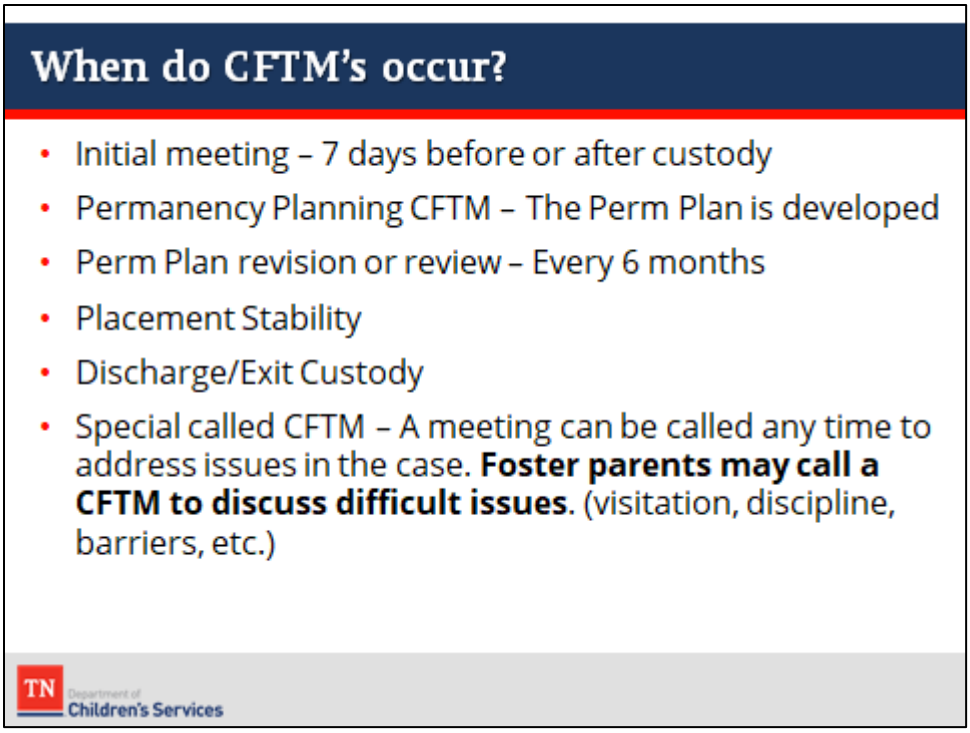
Goal Participant	Agree?						Signature
Zoe White	**Yes**	X	**No**		**NA**		
Benaiah White	**Yes**	X	**No**		**NA**		

Plan Participant	Agree?						Signature
Amy Bishop	**Yes**	X	**No**		**NA**		
Joe Bishop	**Yes**	X	**No**		**NA**		

Attendee	Signature	Relationship to Child(ren)
Benjamin Harper		

Tracking & Adjusting

A date will be set for the next CFTM where the progress/tracking of this document will be discussed and adjusted as needed.



Initial meeting- There is a CFTM that either brings child into custody or happens within 7 days before or after custody where that decision has been made. If the child is placed in your home when the meeting happens, you will be invited to the table.

Permanency Planning CFTM- In this meeting, the Permanency Plan is developed. This plan outlines all of the needs of the child and family and the action steps to meet those needs. Responsible persons and completion dates are identified in the context of this meeting so that the plan is measurable and clear to the team.

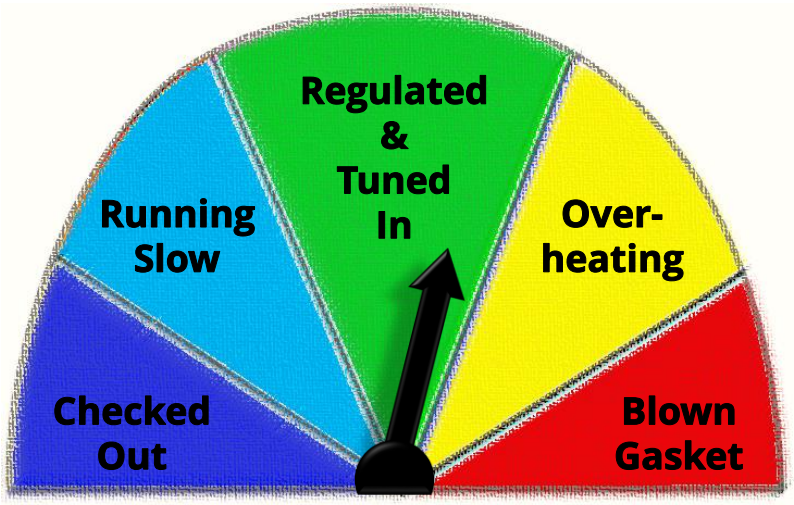
Permanency Plan Review or Revision- The permanency plan must be updated every 6 months. Permanency plan revision always takes place within the context of a CFTM. There are also periodic reviews of this plan that occur between the revisions to make sure that we are on track to meeting the goals of the plan and adjust if there are barriers to meeting those action step timelines. In these meetings the goals of the plan are reviewed and can potentially change if the progress on the case does not support the identified goal.

Placement Stability- If there is a need to move a child from your home (by your request or for a different reason) we will have this meeting to try to stabilize the placement. It is our goal to keep kids in their first placement and by having these meetings we can identify in many cases where we could add some additional support and make the placement work. We know that moving children from home to home causes trauma so this meeting is very important in the life of a case if needed.

Discharge/ Exit Custody- When a child is ready to exit custody by way of any permanency goal this meeting is held to plan for that discharge. We want to make sure that when the child leaves DCS the child and family have the tools and plans they need to be successful without the support of DCS. If you have a youth in your home who is over 17, there is a meeting to make sure that we have planned for independent living and transition for that youth.

Special Called- A meeting can be called any time to address issues in your case. You, as a member of the team, can call a CFTM if you feel it is necessary. Sometimes these meetings are called to talk about a visitation change, barriers with services, or share additional information or plan around unexpected circumstances. If you are unsure if a CFTM is needed, you can contact your DCS worker/ supervisor or talk with your foster parent advocate.

Engine Check



TN Department of Children's Services

Destination

TN Department of Children's Services

Assessment Criteria

Attachment Criteria are the areas that home study writers and PATH trainers use to assess prospective foster parents' abilities and desire to participate fully as professional caregiver partners. The criteria look at potential foster parents' ability to:

Communicate Effectively	Use and develop communication skills needed to foster or adopt. Be an active listener. Give clear messages, listen well, and use appropriate tone of voice. Abused and neglected children may feel worthless and may think their emotions are not worthy of being heard. Parents must listen in order to help build positive self-esteem. This shows the child an important skill which may help them be successful in other relationships.
Work in Partnership (Share Parenting)	Develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency. You may be the person who teaches the birth parents the skills they were never taught, or the person who helps the agency decide when a different permanency plan needs to be made. Know your community resources.
Build Self-Esteem	Help children and youth build on positive self-concept and positive family, cultural, and racial identity. Accentuate each child's strengths and their success as being part of your family. Encourage them to be proud of their cultural and racial identity. Model a positive attitude about your own identity.
Manage Trauma Behaviors	Foster parents must demonstrate an ability and commitment to use discipline methods that do not include physical punishment with foster children and be willing to adopt trauma informed methods of parenting.
Assess the Impact of Becoming a Foster Parent	Assess the way fostering or adopting will affect your family. Talk to each family member privately to ensure that you know their feelings and can accurately make a decision on behalf of the family. You will want to look at the positive outcomes fostering or adopting could bring, as well as any negative outcomes that family members may expect.
Become Loss and Attachment Expert	Help children and youth develop skills to manage loss and attachment. Remember, children separated from birth parents have difficulty trusting adults. They become frightened and confused easily. Take the time to become well informed on loss and attachment. The more informed you become the better resource you are for your children and other parents.
Assure Health and Safety	Provide a healthy and safe environment for children and youth and keep them free from harm. Make your home a safe haven and ensure that all children feel secure, not threatened, in your home. Adequate food, clothing, and shelter is essential in modeling how parents should care for a child.
Apply Reasonable and Prudent Parenting Standard	Foster parents must be able to provide normalcy for the foster youth, mentoring and encouraging the foster youth's participation in his/her case planning, and understanding the responsibility of decision making for the foster youth's participation in age, and developmentally, appropriate activities.
Adhere to Agency Policies	Foster parents are required to work within state policies, share responsibility with the agency, and participate in ongoing training opportunities.
Build Connections	Help children and youth maintain and develop relationships that keep them connected to their pasts. Assist the child in staying in contact with family members. If this is a healthy relationship, and supported by your agency, this will help the child maintain a sense of connection. Find local organizations that will include the child in cultural programs to maintain their heritage.
Be Life Long Learners	Foster parents are asked to possess the belief that learning never ends. Don't be content with what you know, but make a commitment to learn new ways to expand and to sharpen your skills as a foster parent.

Assessment Criteria

Work in Partnership/Shared Parenting:

Develop partnerships with children and youth, birth families, the agency, and the community partners to develop and carry out plans for permanency. You may be the person who teaches the birth parents the skills they were never taught, or the person who helps the agency decide when a different permanency plan needs to be made.

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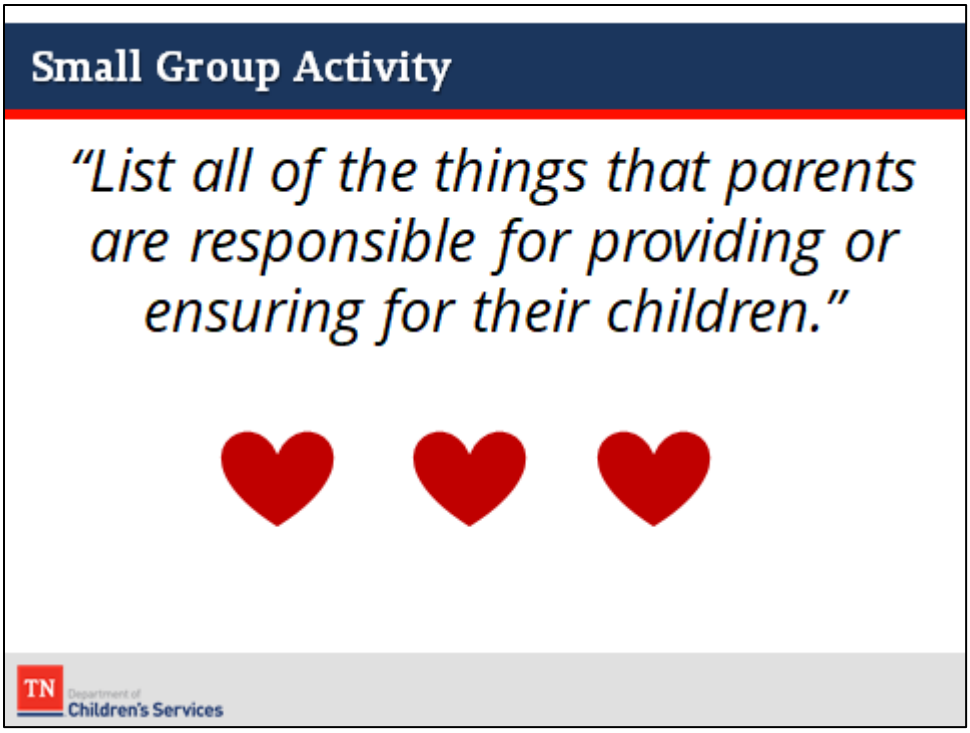

Small Group Activity
"List all of the things that parents are responsible for providing or ensuring for their children."
TN Department of Children's Services

Notes:

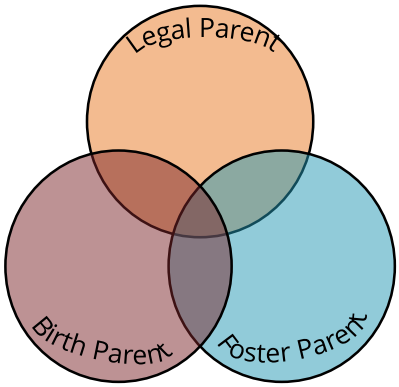
Small Group Activity

1. Below, list all of the things that parents are responsible for providing or ensuring for their children.

2. Place a heart by the 3 things that make us feel best about being a parent.

Destination: Partnership Activity

- **Birth Parent**: those items that a parent gives or ensures for a child because they were born to them.
- **Legal Parent**: items that DCS will give or ensure a child because the law requires it
- **Foster Parent**: those words that a caregiving parent gives or ensures for a child because they are caring for them



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Doodle Box

Destination: Partnership

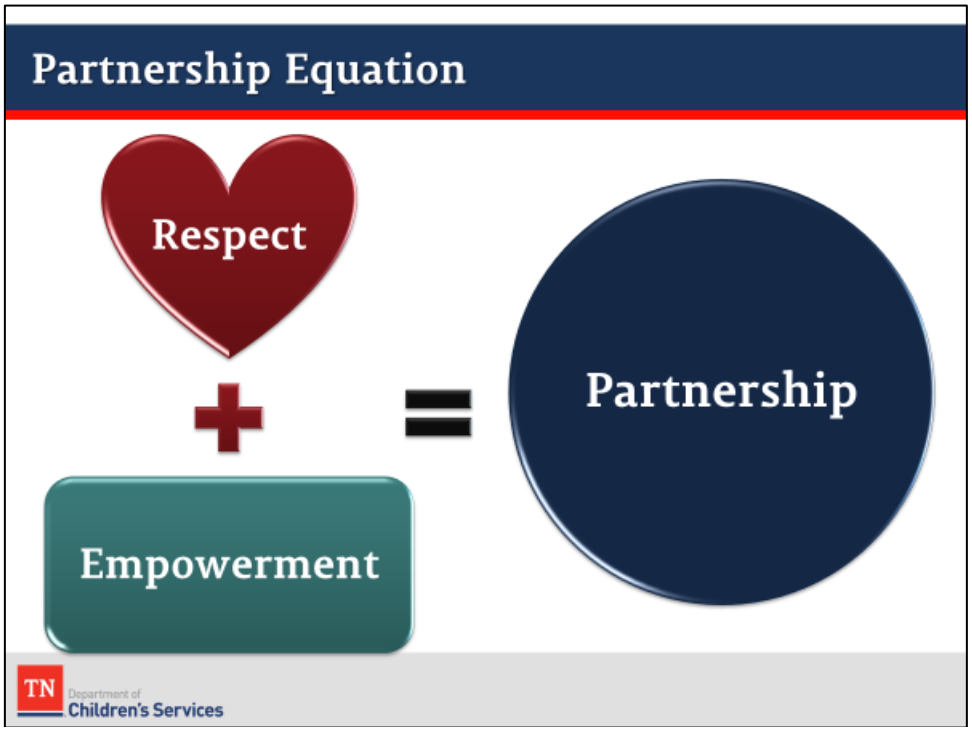
Birth Parent	Legal Parent/DCS	Foster Parent
Travel Decisions (BP, DCS)	Financial Support (DCS)	Transportation (FP)
Education (BP, DCS)	Housing (DCS, FP)	Nutrition (FP)
Haircuts (BP)	Consent for Medical Care (DCS)	Car/Insurance (FP)
Religious Observances (BP)	Consent for Mental Health Care (DCS)	Clothing (FP, DCS)
Culture (BP)	Visitation (DCS, BP, FP)	School & After School Activities (FP)
Temperament (BP, FP)	Driver's License (DCS)	Discipline (FP, DCS)
Working toward Reunification (BP, DCS, FP)	Attending Court Hearings (DCS, BP, FP)	Medical Care (FP)
Talents (BP, FP)	Permanency (DCS, FP, BP)	Model Regulation (FP)

- **Travel Decisions – (BP, DCS):** Foster children should become part of our family including vacation and travel. DCS encourages families to include foster children in planning vacations though the arrangements are discussed by the team and ultimately the birth parent decides if a child will travel.
- **Transportation – (FP) -** While it may appear that the responsibility of transportation should be shared, it falls specifically in the foster parent circle. If our birth child has a doctor's appointment, would we want a neighbor to take them? Of course not, we would want to hear what the doctor has to say. While emergencies do occur, and other arrangements must sometimes be made, foster parents are ultimately responsible for all transportation to activities, appointments, and meetings, just as we would our birth children.
- **Haircuts – (BP, FP):** This is a shared responsibility and must be discussed prior to scheduling the hair appointment. There are cultural beliefs that encourage longer hair or hair styles, and to alter a child's hair because it is not our preference as foster parents could affect the identity of the child and harm the relationship with the birth parents. This would not include a trim that matches the hair style they already possess. Ask before cutting the hair of foster children.

- **Religion/Spirituality (if applicable) – (BP) -** Children come into our home with many of their cultural practices well intact including their religious or spiritual beliefs. Because of this, birth parent decides where the child will worship or practice their faith. It will be the responsibility of the foster parent to ensure that option is available to them and a plan worked out for them to get there should we be unable to take them.
- **Culture (BP)**– Children are born into their family culture, bringing their beliefs into a foster home with often different cultural beliefs and values. They could come from a culture of wealth or poverty; a culture of discipline or chaos; a large family culture or be an only child. Their culture may include customs that differ from our own such as religious practices, food preferences, holiday celebrations, etc. There will be a need for foster parents to accept individual cultural beliefs while maintaining their own cultural identities.
- **Driver's License (DCS)** –DCS must approve whether a foster child obtains their driver's license or not based on how well they are doiong and any risks that may be involved.
- **Car/Insurance (FP)** – Foster parents will be responsible for allowing their foster child to use their car or purchasing one to drive. Foster parents must obtain insurance in the event the foster child begins driving.
- **Discipline (DCS, FP)** – DCS ensures safety by providing a discipline policy requiring that corporal punishment not be used with foster children from anyone. This role is shared in that foster parents determine the specific discipline tools used to teach regulated behavior. Birth parents may offer insight into tools that have been useful in the past or learn more appropriate methods from foster parents along the way.
- **Visitation (DCS, BP, FP)** – While it is policy that visitation occur between birth family members and foster child, including siblings, the Child and Family Team Meeting is a place to share thoughts about where and when they take place. Decisions about visitation cannot be made without court approval.
- **Education (BP, DCS)** – Each parental role shares certain aspects of educational decisions. While DCS determines which school is in the best interest of the child and could determine that they remain in the school they have always attended; this could be miles away from the foster home. Birth parents make educational decisions around the IEP (Individualized Education Plan/Program), and foster

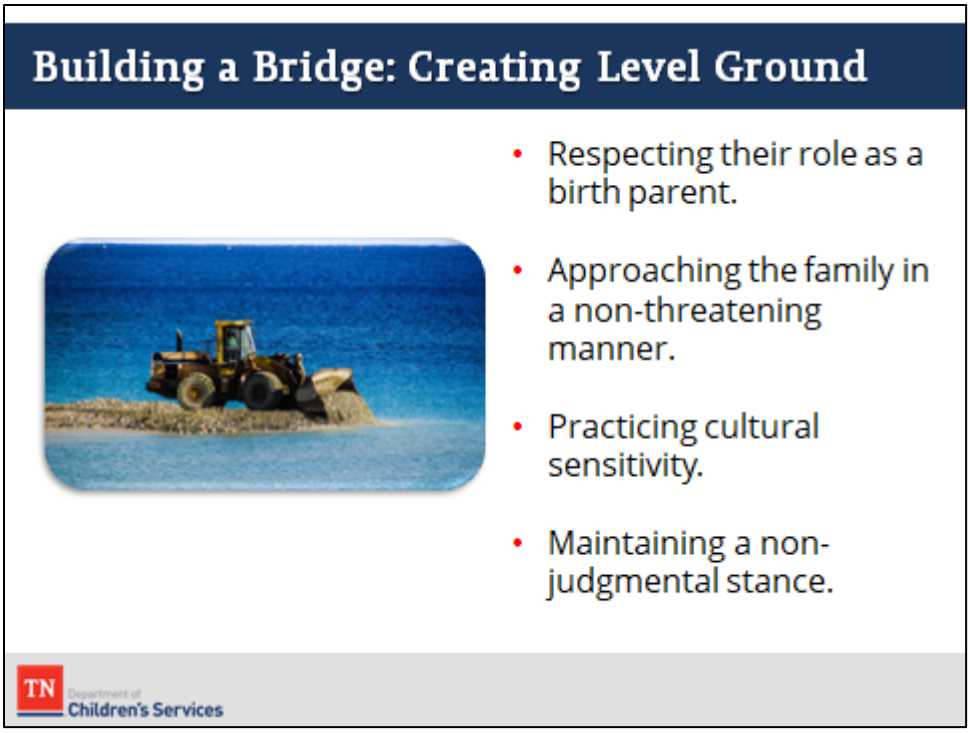
parents ensure school work and activities occur and share results with birth parents when possible.

- **Temperament (BP, FP)** – It is true that children are born with their own individual temperament through their DNA. However, that temperament can be nurtured and better regulated should they have developed poor guidance around regulation. Foster parents can play a role in helping teach regulation tools.
- **Model Regulation (FP)** – Foster parents are responsible for modeling regulated emotions and behaviors to foster children and birth parents which will be learned in PATH classes.



Respect + Empowerment = Partnership

We may not always agree on decisions or choices made along the way, but when we can show respect for the role of DCS and Birth parents, and they see that respect, it begins to build partnerships. Additionally, empowering those whom we share decisions with, by encouraging and eliminating barriers, shows that the best interest of the child is paramount, and all parties do better work to ensure permanency.

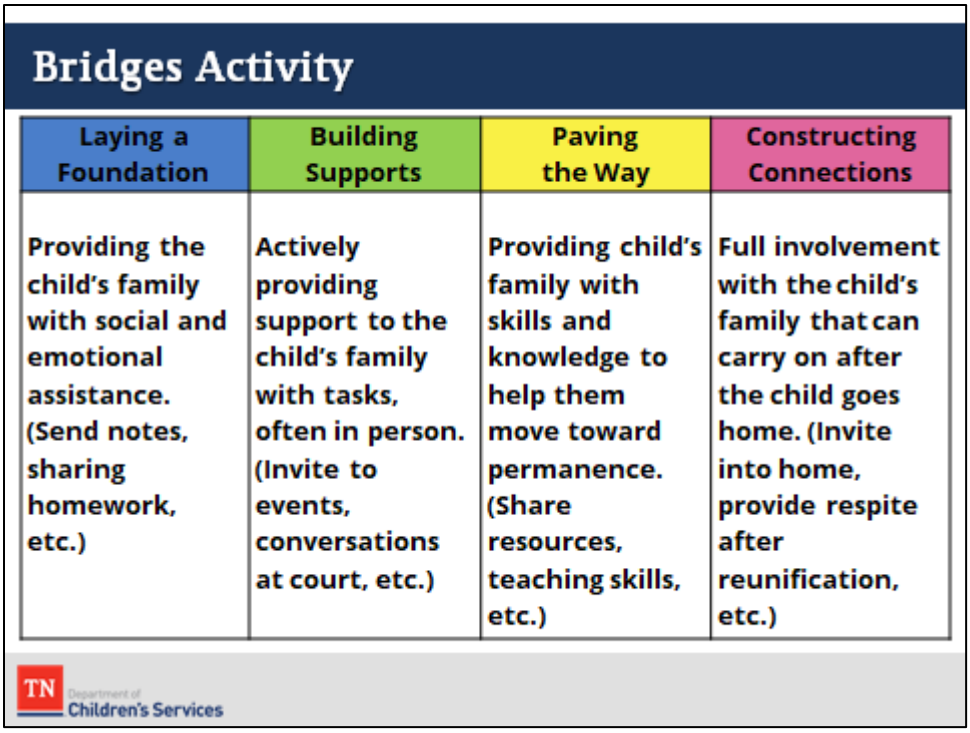


Respecting their role as a birth parent: While we may not always agree with the decisions birth parent's make, we can appreciate that the child is connected to their family.

Approaching the family in a non-threatening manner: Birth parents have been separated from the children they love and at first, may feel as though foster parents are attempting to keep their children permanently instead of temporarily.

Practicing cultural sensitivity: All families are unique and come from differing backgrounds, which can be an adjustment when working with birth families. Learning about those cultural differences and being sensitive to them will help with the partnership.

Maintaining a non-judgmental stance: Media outlets and news reports often paint birth parents in a negative light, and without being aware, we may adopt those negative feelings. We can have unexpected responses from bias we did not know was there. This is called Implicit Bias and happens to everyone. We have every right to disagree with choices others make that hurt children, but good partnership will require us to keep those feelings stored properly as we work with foster children.



Laying the Foundation: (Blue Post-Its) The first step is defined by providing the child's family with social and emotional assistance that aids the family's progress toward reunification. This can be done without meeting the child's family face-to-face which may be appropriate early in the relationship when the family is angry with the child's removal. Some examples are: sending notes, sharing homework, etc.

Building Supports: (Green Post-Its) The second step is defined as actively providing support to the child's family with tasks that will improve the family's level of functioning and move the family closer to reunification. This often means meeting the family in person, in a neutral setting such as the agency. Some examples are: Inviting birth parents to events or appointments, conversations at court, etc.

Paving the Way: (Yellow Post-Its) The third level is defined as providing the child's family with skills and knowledge to help them move toward permanence. Foster parents must be careful to teach and not "preach" to the family. Oftentimes, this level means increasing contact with the birth family. Some examples are: Sharing resources, teaching parenting skills, etc.

Constructing Connections: (Pink Post-Its) The fourth step is defined as full involvement with the child's family that can carry on after the child goes home. Some examples are: Inviting birth family into home, provide respite after reunification, etc.

Laying a Foundation

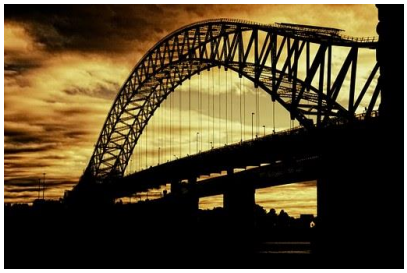
- Have positive view of child's family
- Talk openly with child about family
- Dress up child for visit
- Exchange letters with child's family via case manager
- Foster parents hosts/arranges sibling visits
- Call child's parents on phone
- Brag to parent about child
- Request pictures of child's family to display in child's room
- Give parents pictures of child
- Share copies of homework & report cards with family
- Send snack/activity for visit
- Encourage parent's progress
- Provide written information for status reviews
- Share monthly progress reports with birth parents
- Request cultural info from birth parents

Building Supports

- Attend training to learn how to work directly with birth parents
- Have a non-threatening attitude
- Meet child's family at placement
- Talk with parent at visit
- Encourage parents to phone child
- Refer to child as "your child" to birth parents
- Share child's Lifebook with parents
- Learn about, understand & respect the birth parents' culture
- Help birth parents find community resources
- Transport child to visit
- Share parenting information
- Attend CFTM's, court reviews
- Encourage reunification

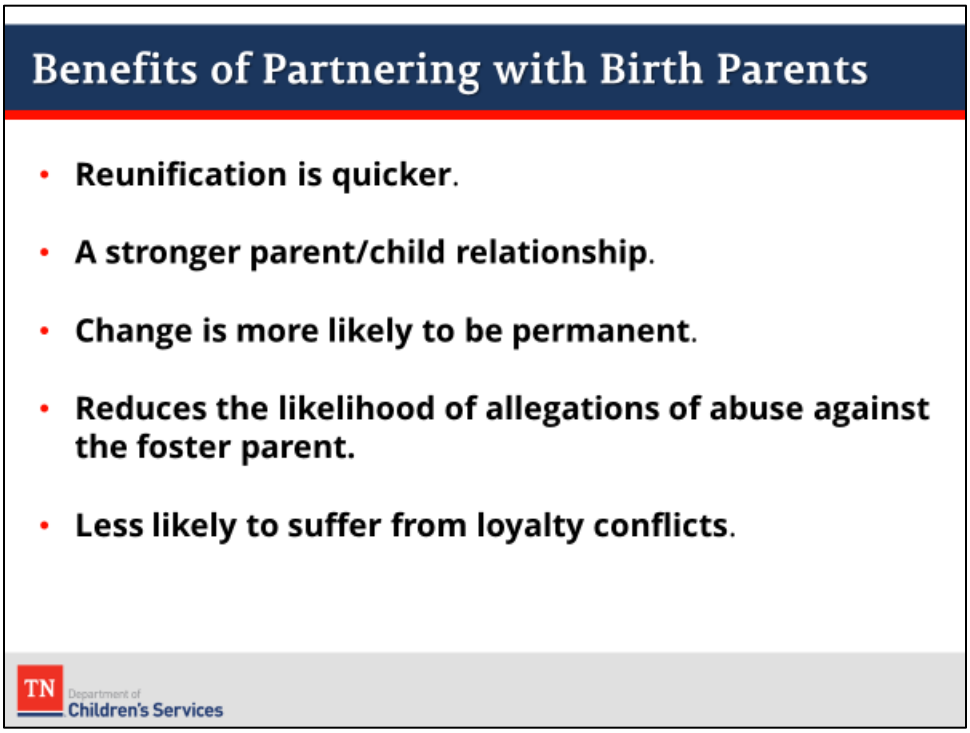
Paving the Way

- Invite child's family to attend school programs
- Give parents verbal progress reports
- Ask parents to come to appointments
- Review child's visit with parents
- Take child to parent's home, or pick up from their home
- Foster parents transport birth parents to meeting
- Assist in planning child's return to birth home
- Serve as parent's mentor



Constructing Connections

- Attend parenting classes with birth parents
- Arrange family visits with parents
- Welcome parents into your home
- Include birth parents in farewell activities
- Serve as support to family following reunification
- Foster parents provide respite care to birth family after reunification



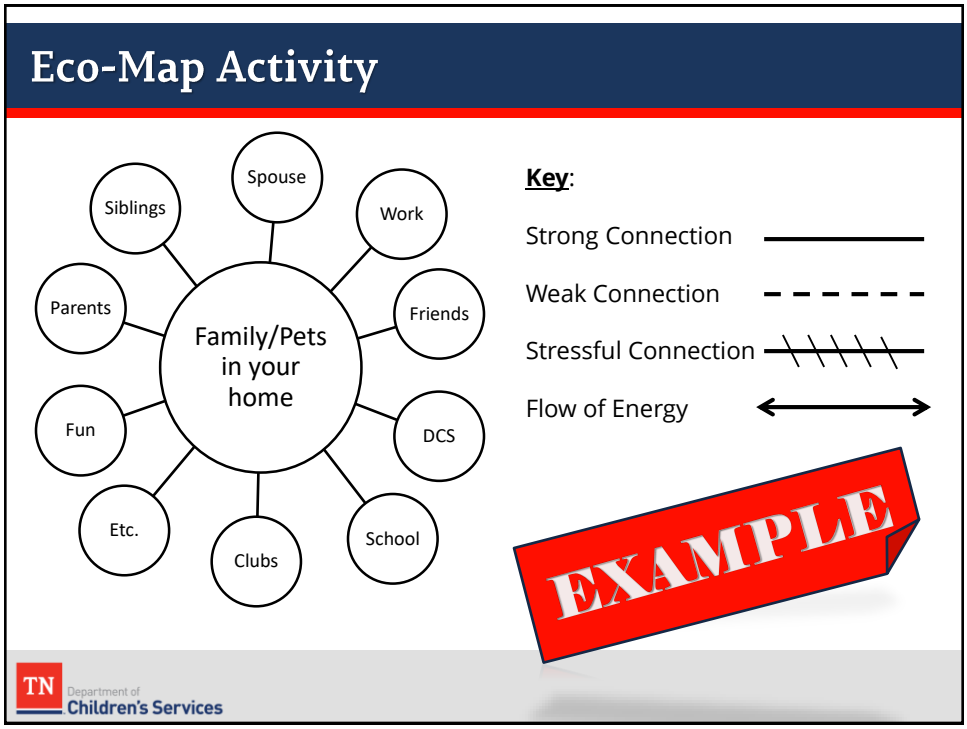
Reunification is quicker: The ongoing contact assists the child's parents in maintaining a high degree of motivation toward completing the permanency plan.

A stronger parent/child relationship: When the foster parent is working collaboratively with the birth parent, the relationship with the child can be developed, maintained, repaired and sustained. Visitations are less tense, easing the pressure on the birth child.

Change is more likely to be permanent: When a relationship is slowly built and maintained, there is a possibility to remain part of the child's life as a respite for the family and ongoing support for continued growth.

Reduces the likelihood of allegations of abuse against the foster parent: Sometimes allegations of abuse occur in retaliation for their circumstances and a way to control the situation to some degree. The better the relationship, the less likely it will be that a parent would file false allegations of abuse or have their child report abuse. This information will be discussed in detail in the Roadwork on Foster Parent Bill of Rights.

Less likely to suffer from loyalty conflicts: When the child sees the relationship between his birth parents and foster parents, they are less likely to feel disloyal to his birth parents because they like the foster parent also.


Eco-Map Activity
Spouse
Work
Siblings
Parents
Family/Pets in your home
Friends
Fun
DCS
Etc.
Clubs
School
Key:
Strong Connection
Weak Connection
Stressful Connection
Flow of Energy
EXAMPLE
TN Department of Children's Services

NOTES

Tennessee Department of Children's Services

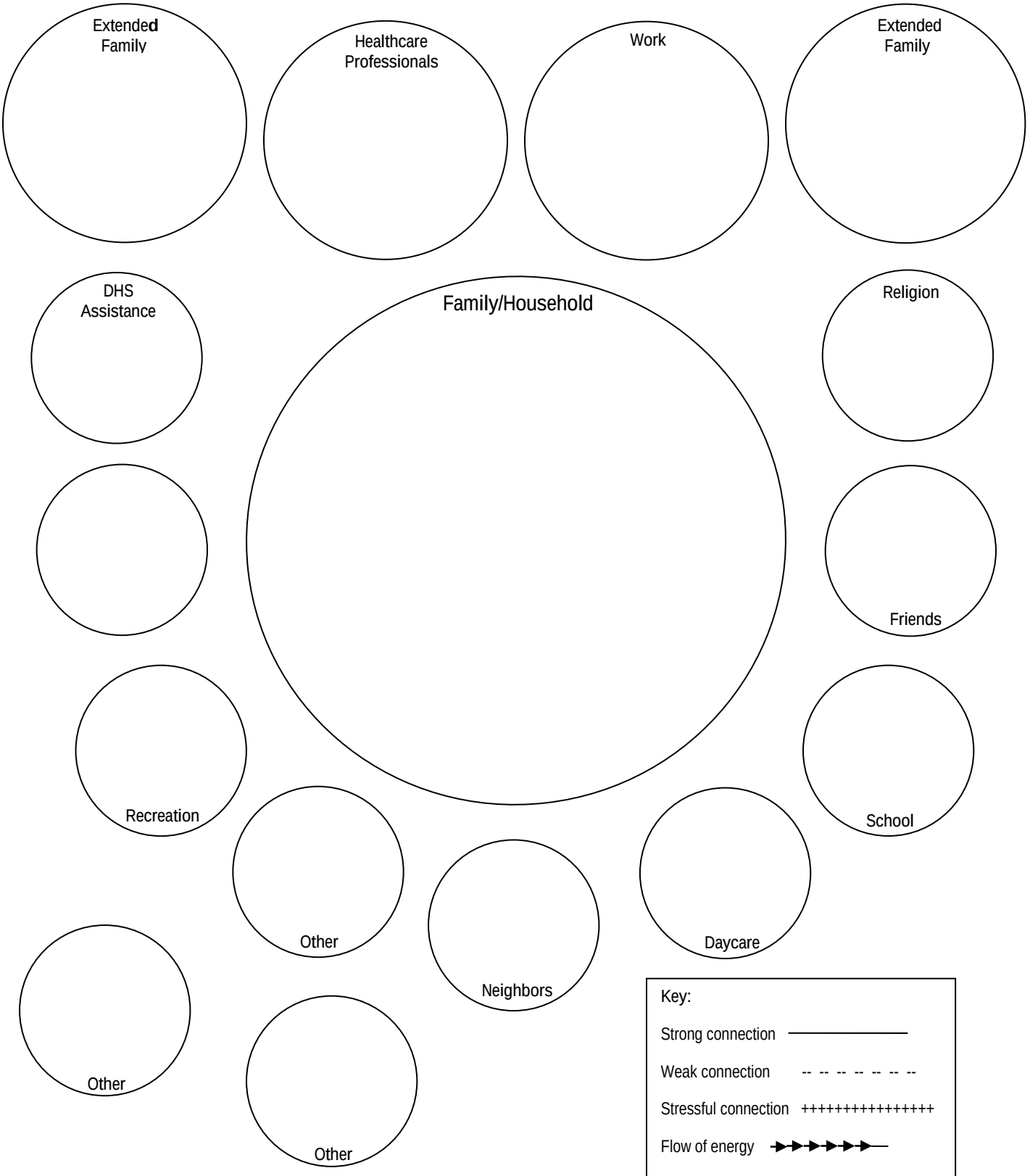
Family Eco-Map

The family eco-map is a pictorial tool to establish a foster family's support system and significant persons involved in the family's life and functioning. The "Family/Household" should consist of all individuals living within the home that the foster child is anticipated to enter to and includes pets and other adults living in the home. The genogram helps identify potential Child and Family Team Members and also is to identify target areas to build formal and informal supports. Fill in each circle with as many relevant person(s)/services as possible and identify the relationship of that person/service with specific members of the household.

Use the key to identify the dynamics of each relationship.

- Solid line is for a strong relationship
- Dotted line is for a weak relationship
- Hash marks identify difficult relationships
- Energy flow should be drawn in both directions if the flow is mutual with both persons giving and receiving from the relationship

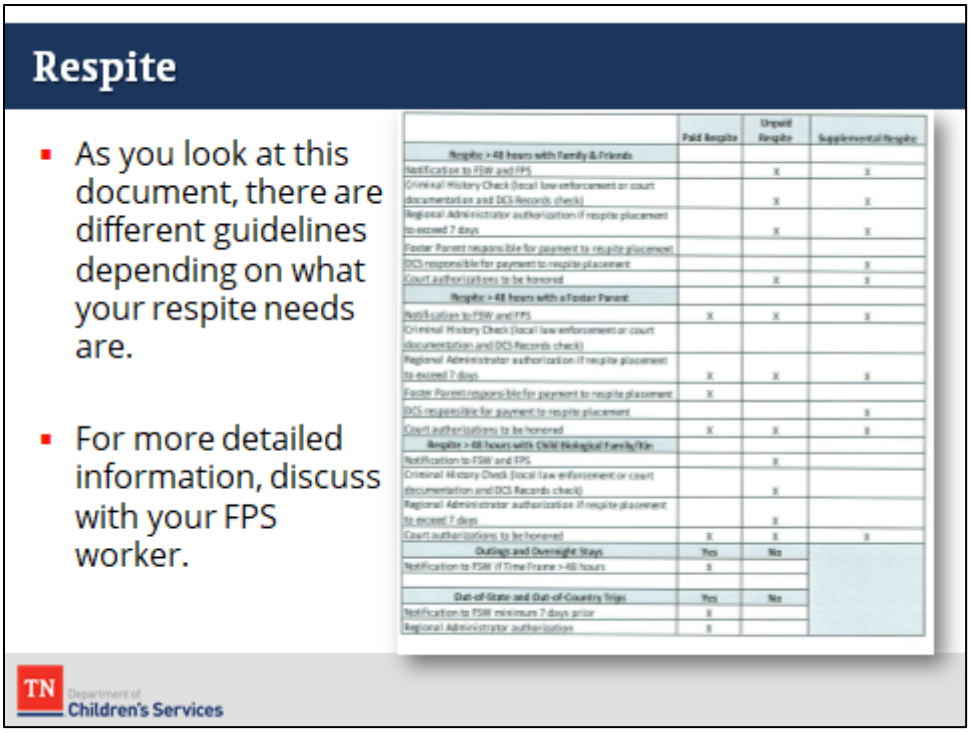
Child/Youth's Name		Date	



- Breathe in through your nose, counting slowly to three. Pause, counting to four. Exhale out of your mouth slowly, counting to five. Notice your abdomen moving out as you breathe in and moving in as you breathe out, while your shoulders and chest remain still.
- Take the provided bubbles and take a slow and long breath to make a large bubble. Continue practicing blowing large bubbles for one minute.
- Take a straw and a small piece of paper. Take a deep breath in (expanding belly out so that it looks and feels like it is filling with air) with the goal of holding the small paper on the end of the straw. Count to four and exhale, allowing the paper to fall to the floor.
- Squeeze a stress ball and notice the sensations of tensing and relaxing the muscles in your hand.
- Sit up straight with both feet on the floor. Close your eyes. Focus your attention on silently reciting a positive mantra such as “I feel at peace” or “I’m doing just fine.” Place one hand on your belly to sync the mantra with your breath. Let any distracting thoughts float by like clouds.
- Tense and relax the muscles in your toes. Next, do the same with your lower leg. Progressively work your way up to your neck and head. You can also start with your

head and neck and work down to your toes. Tense your muscles for at least five seconds and then relax for five seconds and repeat.

- With your eyes closed, mentally list simple information, such as days of the week, months of the year, etc.
- Take a few moments to imagine relaxing at the ocean. In a comfortable position in your chair and with your eyes closed, think about the smell of salt water, the sound of crashing waves and the warmth of the sun on your body.
- Imagine a peaceful, healing light entering your body that releases any tense areas in your body.
- Use some of the provided crayons to create a doodle or drawing.
- Tune into your current physical sensations. Take time to become aware of how it feels to be sitting in the chair, how your back feels, where your feet are placed, etc. Start at your toes and work your way up.
- In your chair, stretch your arms above your head, inhaling deeply. Pause, and when exhaling, slowly let your arms sink back onto your lap.
- Notice and describe to yourself four things that you can hear, three things that you can see, two things that you can feel and one thing that you can smell.
- Roll your head slowly from side to side.
- Sitting comfortably in your chair, and keeping your toes on the ground, lift your heels up, hold it, and then lower them down. Find a pace that feels comfortable. Now reverse it, and keep your heel on the ground while bringing up your toes.
- Take an object from the table and let yourself explore it. Notice the feel of a pen in your hand, mold a piece of clay or Play-Doh or take one of the balls, rolling it from one hand to the next. Notice how the object feels in your hands, its physical properties and different ways you can experiment with it.
- Think of someone you love. Try to use all your senses in imagining this person — picture their face, try to remember their smell or the feel of physical contact with them.


Respite
As you look at this document, there are different guidelines depending on what your respite needs are.
For more detailed information, discuss with your FPS worker.
Paid Respite
Unpaid Respite
Supplemental Respite
Respite > 48 hours with Family & Friends
Notification to FSW and FPS
Criminal History Check (local law enforcement or court documentation and DCS Records check)
Regional Administrator authorization if respite placement to exceed 7 days
Foster Parent responsible for payment to respite placement
DCS responsible for payment to respite placement
Court authorizations to be honored
Respite > 48 hours with a Foster Parent
Notification to FSW and FPS
Criminal History Check (local law enforcement or court documentation and DCS Records check)
Regional Administrator authorization if respite placement to exceed 7 days
Foster Parent responsible for payment to respite placement
DCS responsible for payment to respite placement
Court authorizations to be honored
Respite > 48 hours with Child Biological Family/Kin
Notification to FSW and FPS
Criminal History Check (local law enforcement or court documentation and DCS Records check)
Regional Administrator authorization if respite placement to exceed 7 days
Court authorizations to be honored
Outings and Overnight Stays
Yes
No
Notification to FSW if Time Frame >48 hours
Out-of-State and Out-of-Country Trips
Yes
No
Notification to FSW minimum 7 days prior
Regional Administrator authorization
TN Department of Children's Services

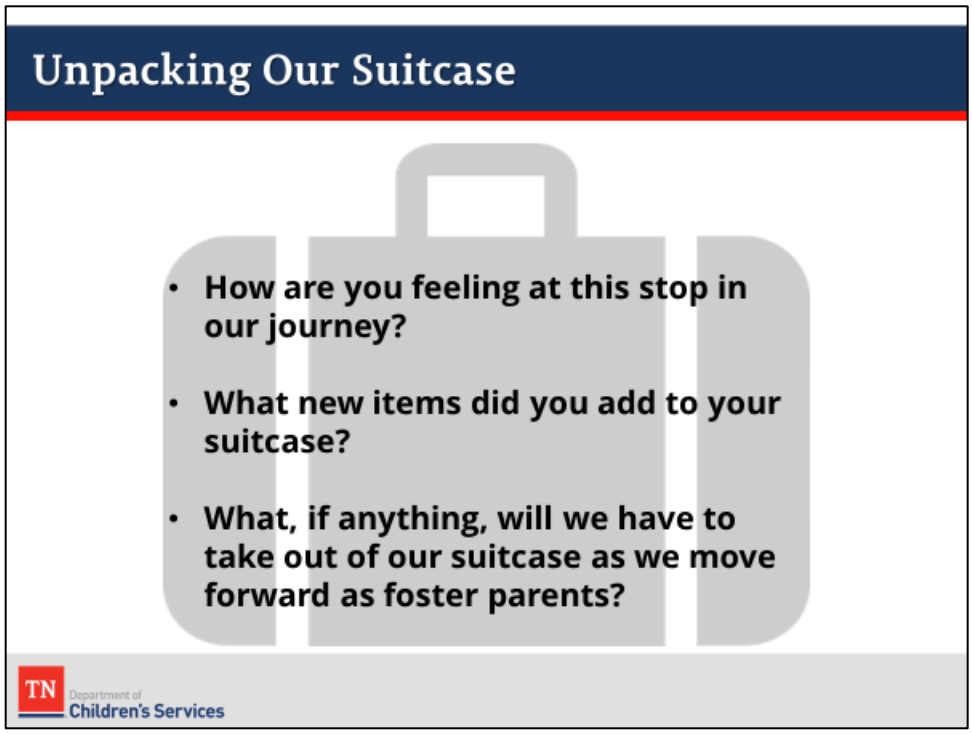
Note:

Subject: **Protocol for Respite Care and Other Events**

	Paid Respite	Unpaid Respite	Supplemental Respite
Respite > 48 hours with Family & Friends			
Notification to FSW and FPS		X	X
Criminal History Check (local law enforcement or court documentation and DCS Records check)		X	X
Regional Administrator authorization if respite placement to exceed 7 days		X	X
Foster Parent responsible for payment to respite placement			
DCS responsible for payment to respite placement			X
Court authorizations to be honored		X	X
Respite > 48 hours with a Foster Parent			
Notification to FSW and FPS	X	X	X
Criminal History Check (local law enforcement or court documentation and DCS Records check)			
Regional Administrator authorization if respite placement to exceed 7 days	X	X	X
Foster Parent responsible for payment to respite placement	X		
DCS responsible for payment to respite placement			X
Court authorizations to be honored	X	X	X
Respite > 48 hours with Child Biological Family/Kin			
Notification to FSW and FPS		X	
Criminal History Check (local law enforcement or court documentation and DCS Records check)		X	
Regional Administrator authorization if respite placement to exceed 7 days		X	
Court authorizations to be honored	X	X	X
Outings and Overnight Stays	**Yes**	**No**	
Notification to FSW if Time Frame > 48 hours	X		
Out-of-State and Out-of-Country Trips	**Yes**	**No**	
Notification to FSW minimum 7 days prior	X		
Regional Administrator authorization	X		

Effective Date: Pending
Supersedes:
Supplemental to: DCS Policy 16.8
RDA SW05

Page 4 of 4



How are you feeling at this stop in our journey?

_____

_____

_____

What new items did you add to your suitcase?

_____

_____

_____

What, if anything, will we have to take out of our suitcase as we move forward as foster parents?

_____

_____

_____

Home Study Binders

TN Department of Children's Services

Additional Resources

- Foster Parent CFTM Information
- Listening to Your Children Regarding Adding to Your Family
- How Does Providing Foster Care Affect Children in Your Home?
- Kids Get Lost in the Chaos of Foster Parenting - Your Children Need You Too

TN Department of Children's Services

Roadwork

- Bill of Rights Video
- Video Roadwork Questions

Module 1: Navigating the Child Welfare System

Link:
https://stateoftennessee.formstack.com/forms/roadwork1

TN Department of Children's Services

Module 1: Roadwork-Bill of Rights Questions

Name _____

Date_____

1. The Foster Parent Bill of Rights was passed into law in May of 1997?

    a. True
    b. False

2. There are how many tenets to the Foster Parent Bill of Rights?

    a. 10
    b. 20
    c. 15
    d. 25

3. The TN Foster and Adopt Care Association, ensures which of the following exist between DCS, foster parents, and Provider foster parents?

    a. Communication
    b. Partnership
    c. Respect
    d. Sharing of Knowledge
    e. All of the above

Additional Resources

Foster Parent CFTM Information

What is a CFTM?

DCS uses the CFTM model to engage families in the planning and decision making process. This team meets at critical junctures of the case in order to review, plan, and make important decisions in a case. This meeting is designed to help the family make decisions about their case by hearing their story, their priorities, their resources and their goals. The team is there to support the family by considering those factors and helping provide information that will lead to decisions that are in the best interest of the children and youth and within DCS's vision and mission.

Who is invited to those meetings?

The meetings should be primarily planned around the family's availability and should include the family in those meetings. Families are encouraged to bring their relatives or other informal support people to the meeting to help plan. Relatives and support people can also be invited by DCS staff or other professionals who have established that relationship. Other individuals that should be invited (some of which are optional based on their role) are skilled facilitator, foster parents, GAL, CASA, Parent's Attorney, Service Providers, Contract Agency Workers, Foster Parent Support Worker, Foster Parent Advocate, Therapist, DCS worker, DCS supervisor, DCS Attorney, DCS Independent Living Specialist, DCS Education Specialist, DCS Nurse, DCS Psychologist.

What can I expect to happen in those meetings?

Some CFTMs require a skilled facilitator to lead the meeting. This person is a neutral party who leads the meeting and makes sure that the meeting captures all of the necessary information that is needed, that everyone's voice and opinions are heard and that there is consensus in the group. Facilitators can also be used in CFTMs where there is a lot of conflict to help the team stay focused. If there is not a facilitator in your meeting, it will likely be facilitated by the DCS worker or supervisor.

You should expect to review the rules of the meeting and to agree to confidentiality. It is important for the team to establish ground rules at the

beginning of the meeting so that everyone knows what to expect. If a situation happens that is outside of the ground rules established, the facilitator will remind the team of the rules or can ask the team to take a break. At any time in the meeting, any member of the team can ask for a break.

You should expect for the family to tell their story. They will be asked to talk about why they are having this meeting, and what lead the family to this point. They will be asked to talk about what they would like to see happen in their case. These conversations could involve anything from permanency options to services and health care. The family will be asked to identify any relatives or informal supports that could become part of the team. Safety issues, well-being of the child and overall permanency and how to achieve or maintain those will be topics of discussion in CFTM. Other individuals that may have information on those issues can also provide that information. In most meetings, the permanency plan will be established, revised on reviewed. When the team gets together, we should talk about where the case is going and how to get there. If the plan is not working how it is expected, then a new plan should be developed. **The CFTM model follows our practice wheel.**

Some of these meetings are intense. Families are talking about hard things. It is important to treat the families with genuine, empathy and respect. It is important for us to approach each meeting as a team in a non- judgmental way no matter what the parent or child has or has not done. It is also important to lead by example. How foster parents receive information in a meeting can impact the overall relationship with the family. By your commitment in following through with these actions, you are establishing a trusting relationship with that family which can leave an overall positive impact.

At the end of the meeting everyone will sign a CFTM summary form. This form is a record of that meeting that everyone will receive to document the discussion.

Why is it important for me to attend?

You, as the foster parent are a critical member of this case. You are caring for the child/ children’s lives we are planning for. Your opinion and commitment to being a member of this team is important in maintaining stability for the youth, and

communication and understanding with the parents and relatives. You also know key information about the case that everyone else might not know. Feel empowered to share that information with the team. If the information is sensitive and you need some guidance in presenting that information, please get with your DCS worker, supervisor or facilitator prior to the meeting to make sure that you have a plan in place to discuss. In meetings visitation is often discussed and planned. It is important for you to be a part of that planning so that your schedule and availability can be considered. This is also an opportunity to gain information regarding the children and family that you would not otherwise be exposed to in a different setting.

What are some of the custodial meetings that could happen?

Initial meeting- There is a CFTM that either brings child into custody or happens within 7 days before or after custody where that decision has been made. If the child is placed in your home when the meeting happens, you will be invited to the table.

Permanency Planning CFTM- In this meeting, the Permanency Plan is developed. This plan outlines all of the needs of the child and family and the action steps to meet those needs. Responsible persons and completion dates are identified in the context of this meeting so that the plan is measurable and clear to the team.

Permanency Plan Review or Revision- The permanency plan must be updated every 6 months. Permanency plan revision always takes place within the context of a CFTM. There are also periodic reviews of this plan that occur between the revisions to make sure that we are on track to meeting the goals of the plan and adjust if there are barriers to meeting those action step timelines. In these meetings the goals of the plan are reviewed and can potentially change if the progress on the case does not support the identified goal.

Placement Stability- If there is a need to move a child from your home (by your request or for a different reason) we will have this meeting to try to stabilize the placement. It is our goal to keep kids in their first placement and by having these meetings we can identify in many cases where we could add some additional support and make the placement work. We know that moving children from home

to home causes trauma so this meeting is very important in the life of a case if needed.

Discharge/ Exit Custody- When a child is ready to exit custody by way of any permanency goal this meeting is held to plan for that discharge. We want to make sure that when the child leaves DCS the child and family have the tools and plans they need to be successful without the support of DCS. If you have a youth in your home who is over 17, there is a meeting to make sure that we have planned for independent living and transition for that youth.

Special Called- A meeting can be called any time to address issues in your case. You, as a member of the team, can call a CFTM if you feel it is necessary. Sometimes these meetings are called to talk about a visitation change, barriers with services, or share additional information or plan around unexpected circumstances. If you are unsure if a CFTM is needed, you can contact your DCS worker/ supervisor or talk with your foster parent advocate.

What can be appealed in CFTMs?

Decisions regarding the level of service a child or youth will receive and decisions regarding movement of a child from your home can be appealed. Information will be provided at those meeting to give direction on how to file an appeal if you desire.

Listening to Your Children Regarding Adding to Your Family

Adding to Your Family through Foster Care or Adoption

By Carrie Craft
Adoption/Foster Care Expert

Whether you're just starting off on your foster care or adoption journey, or have been fostering for years, it's not unusual for your children to have definite opinions about your family's foster care experience or your plan to adopt.

Some children may love the notion of having new friends or new brothers and sisters entering their family. Other children may feel otherwise and find the idea of foster care or adoptive children very intrusive.

When children share their feelings on foster care or adoption, especially negative feelings, it's at times difficult to know which comments are coming from an underlying need and which are typical, common, and to be expected when the idea of adding to the family is up for discussion.

How do you know when your child is seeking attention or just upset with a foster child, and when to take action on their concerns? When is a child's statement really saying, "I want things my way" versus when a child is saying, "I have these concerns about a foster child, foster care, or adoption". It's important to take the time and listen to your child.

Things that your child may say regarding foster or adoptive parenting.

1. **I want to be the only child.**
   This may mean your child is trying to say:
   - I'm worried that I will no longer be important.

    - I'm being replaced.
    - You don't like me anymore.
    - I'm not enough.
    - I'll have to share my parents, my things, and my space.
2. **I want to be the only boy or girl.**
   This may mean your child is trying to say:
    - I may not be special or unique anymore.
    - Will I receive as much attention if I'm not the only boy or girl?
    - I am not enough for you.
    - I'll have to share my belongings.

1. **I want to be the youngest.**
   This may mean your child is trying to say:
    - Who will I be if I'm not the baby anymore?
    - Will I be forgotten?
2. **I don't want another sibling.**
   This may mean your child is trying to say:
    - Will my relationships with my other siblings change forever?
    - What if my siblings like the new brother or sister better than me?
    - Will my parents have enough love for everyone?

The challenge with the above statements is that it's up to the parents to see the child's point of view and try to understand their fears and help them process their feelings and concerns. These concerns alone may be enough for you to decide to hold off on adding to your family.

There are some feelings that your child may share regarding foster care or adoption that are much easier to discern as a reason to rethink your family's continuation with foster care or an adoption home study.

Some possible valid concerns may include.

- I want peace back in my home.
- I'm tired of the chaos and drama.
- I miss it just being our family.
- I need time in my family with my people.
- I'm tired of my home, family, self being mistreated by foster children or the foster care system.

It's up to each family to decide, if these concerns can be met with a pause, a break, or a closure of the family foster care license. You are experts on your children and are the only ones who can decide what is best for your home and family. It just may not be the right time to add to your family through an adoption or a foster care placement.

http://adoption.about.com/od/marriage/a/The-Importance-Of-Listening-To-Your-Children-Regarding-Adding-To-Your-Family.htm

How Does Providing Foster Care Affect Children in Your Home?

Your Children and Foster Children - the Pros and Cons

By Carrie Craft
Adoption/Foster Care Expert

Children in the foster care system are usually in state's custody for reasons beyond their control – usually abuse and neglect. Abuse and neglect has an impact on a child's behavior as well as on their mental state as studies are now confirming.

Know that the following can be brought into your foster home and be prepared to address these behaviors and issues in your home and around your children:

The Possible Cons of Foster Care on Your Children

- **Cursing** – Some foster families do not allow cursing in their home. These same families may be very surprised at the level of swearing some foster children use on a daily basis, this includes very young children. My daughter learned several new curse words from foster placements.

  Action to be taken. Communication with your children will be very important as you provide foster care. Talk about what words are appropriate and not appropriate. Some older children in the home may find little ones cursing amusing. Remind older children not to encourage the swearing by laughing. This can be another behavior that you choose to not allow in your foster home.

- **Dishonesty – Lying and Stealing** - While difficult to parent, lying and stealing are often survival skills. While in the birth home some children had to engage in such behaviors in order to survive their environments. This is very confusing to foster children and makes them very difficult behaviors to extinguish. Children will need to learn new skills to replace the dysfunction of lying and stealing, but along the way your children are being exposed to these behaviors. Your children may even have their possessions disappear. Your children may begin to question their faith and trust in others.

Action to be taken. Speak with your children about the behavior and about your expectations for their behavior. This can be another behavior that you choose to not allow in your foster home.

- **Safety** – There may be times when your child's safety may be put at risk. Some foster children may have violent outbursts or rage when angry. This may include hitting, biting, kicking, and throwing of objects. Your child's things may get broken.

  Action to be taken. Establish a plan with your children on what to do when this occurs. Let your child know that he needs to tell you immediately when this occurs. Also let your child know if he needs to go to his room or your room while you are handling the behavior.

- **Sexualized behavior** - Some children who have been sexually abused sexually act out. This acting out may range in behavior from the minor, very knowledgeable about sex; to the major, sexualized play or sexual activity.

  Action to be taken. Tell your foster care social worker what behaviors you are willing to parent and not parent in your home. Keep in mind that sometimes a child's history is not fully known before placement in a foster home.

  Think of actions you can take to protect your children from being sexually abused. Keep lines of communication open with your children and discuss good touch and bad touch. Role play ways of saying "no". Make sure your child knows to tell you immediately if anything happens that make her feel uncomfortable with a foster child.

- **Insecurity in home** – Some children may become confused on what "permanency" means. My daughter at the age of four, asked when it was her turn to go to her new family. She thought children coming and going from a home was normal.

  Action to be taken. Tell your child the story of how she joined your family. Talk about the role of foster parents and how your family is temporary for foster children, but your child is permanent and forever.

- **Loss** - Your children may become attached to the different foster children that enter your home. It may be painful for them to say goodbye.

  Action to be taken. Talk to your children about the transition process on their age level. Keep pictures of past foster children in the home. Ask for continued contact with past childrne, if appropriate and all involve agree that it would be a positive. Many children have been a part of a fostering family and have extended their definition of family and sibling.

The Pros of Foster Children and Your Children Sharing a Home

After reading the above, you may wonder why you should continue to consider fostering while your children are in the home. Know that there are also several positive aspects of exposing your children to foster children.

- Your child may **learn how to serve** others and the community by welcoming in those in need into their home.
- Your children may **learn how to share** – not only their toys, but their space and important people.
- Your children may **learn that there can be an extension of caring adults** in one's world, as foster children gain more caring adults through foster parents and others in the foster parent's extended family and new siblings.
- Your children will also hopefully **gain a broader world view** as they learn about different cultures, races, and family values. They may not always be positive, but there will be numerous opportunities for discussion and learning.
- Your children will also become very **familiar with a broad range of emotions** as foster children express themselves. If the expressions are not appropriately expressed, you will be there to help your child understand that there are better and healthier ways to share feelings.
- Your children will also **learn a lot about grief and loss**. As foster children experience their losses, your child will learn how the losses of others impact them. They will also have the opportunity to experience their own grief and loss and foster children come and go from their lives. This does not have to be a negative.
- Your children will also **learn about choices and consequences** and the impact they have on those around them.

Whether or not you decide to become a foster parent is a huge decision, a decision that will impact not only you as parents, but your children, home, extended family, friends, and neighborhood. You are asking a stranger to join your family on a temporary basis. Yes, it is a child, but a child that you may not know much about prior to placement.

Know what you are willing to bring into your home and ask the questions you need to ask before saying yes. Foster parenting has its rewards, but it also has its negative points, especially when you consider the impact it may have on your children.

http://adoption.about.com/od/marriage/a/How-Does-Providing-Foster-Care-Affect-Children-In-Your-Home.htm

Kids Get Lost in the Chaos of Foster Parenting - Your Children Need You Too

By Carrie Craft

It's very easy as a foster parent to focus on the needs of the foster children placed in your home. After all, that's why you chose to be a foster parent in the first place, to help children in need. It becomes even more difficult when the foster children placed in your home have extreme behaviors and it seems like your children's needs are getting pushed to the side.

However, if you have children of your own, whether at home or out of the home, it's equally important to not lose focus on them.

They are still your children and need you too. Here are a few ideas on how to not lose focus on your children while fostering.

1. **Listen to the concerns of your children.** Are they having difficulty with one of the foster children? Try not to explain away or make excuses for the foster child's actions. We as adults understand that there are real needs driving the behavior of the foster child, but your child does not need to know these details. Your child is also not mature enough to understand that a foster child may steal their belongings due to past drama. Your job is to listen to your child. Are your children telling you that they don't want to do foster care anymore? Are they telling you that they need a respite break from the foster placements? These are things that need to be discussed as a family. Taking the time to listen to your child's concerns will mean a lot to your child.

2. **Spend time with your children.** They will tell you when they need time with you, so listen. Don't include anyone else in this time. Just like the foster children benefit from one on one time with you, your children need this time too. Take a moment to tuck them in at night. If appropriate for age, have

their bedtime a little bit later than the foster children so you can have some quality time together.

1. **Enjoy your child's growing-up years.** While you get distracted with the needs and interests of the foster children, don't forget to spend time focusing on the needs and interests of your children. Go to their games or dance recitals. Volunteer at your child's school or coach a team. This gives you time with your child when your focus will be only on them and their interests. Do not miss these opportunities to enjoy your child growing up. Make sure that your foster child's visitation schedule or therapy appointments do not conflict with your child's activity schedule. It will go by all too soon, and while you may have helped numerous foster children in need, you will not be happy knowing that you may have missed out on some of your child's special moments as well.

2. **Protect your children from exposure to negative behaviors.** We all want our children to be safe and are often very selective of who and what enters our homes. We may have rules about what they can view on television and movies. We may limit computer time. We may also have limits on how far they can stray from the house without supervision. Do not overlook what a foster child may bring into your home and family. Continue to monitor play between a foster child and your child and listen to their conversations for several months after placement. Do not get too comfortable. Some foster children can honeymoon for several months. When a foster child is throwing an extreme tantrum, or having an angry outburst that may include inappropriate language - make sure your child is not in view of this if at all possible. Ask them to go to your bedroom or watch a movie in the family room. Try to protect your children as much as possible. If your foster child acts out a lot, it may be wise to create a family safety plan. Be sure to discuss the event with your child after, to help them process what they have witnessed.

3. **Be your child's champion.** Sometimes foster children have behaviors and your child may be a victim of these behaviors. Your child may be physically hurt or wronged by a foster child. For example, your child's belongings may

be taken or destroyed by an angry foster child. Don't make excuses for the foster child or expect your child to ignore the infraction. Let your child know that you will not overlook this loss. Your child does not need to be a part of the consequence, and it is not necessary to consequent the foster child in front of your child. All that will be important to your child is the knowledge that you heard them, understood their feelings, and that some action will be taken on their behalf.

http://adoption.about.com/od/marriage/a/How-Not-To-Let-Your-Kids-Get-Lost-In-The-Chaos-Of-Foster-Parenting.htm

Tennessee KEY

knowledge empowers you

Module 2: Exploring the Impact of Trauma

TN-KEY Participant Guide

Tennessee Department of Children's Services| Ver. 22.12.6

TN Department of Children's Services

Review: Navigating the Child Welfare System

- What do you remember from class last week?
- What are your thoughts about the ReMoved video after processing it for a week?

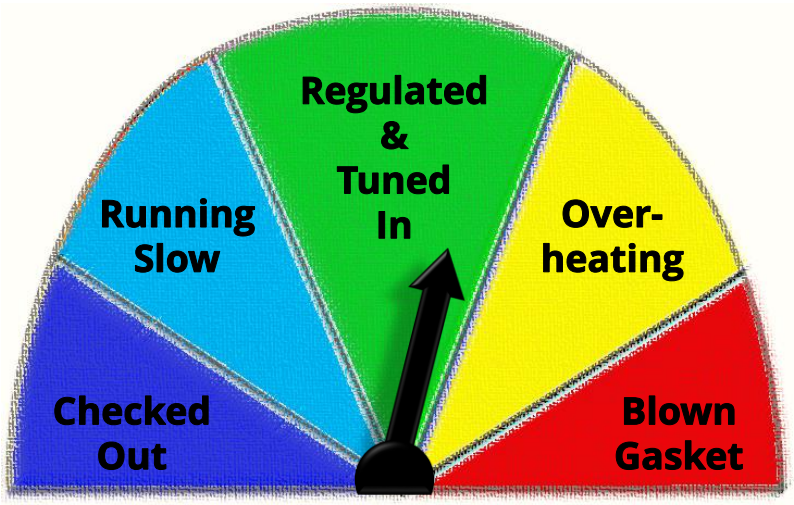
TN Department of Children's Services

Objectives

- Discover how the brain is built
- Identify the levels of stress
- List types of trauma that foster children experience
- Be familiar with DCS definitions of abuse and neglect
- Describe Adverse Childhood Experiences (ACE)
- Review the most common forms of trauma responses
- Assess personal loss to better care for foster children's loss
- Identify the losses some foster children face when entering care
- Recognize the stages of grief and loss

TN Department of Children's Services

Engine Check



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Packing Activity: Overloaded

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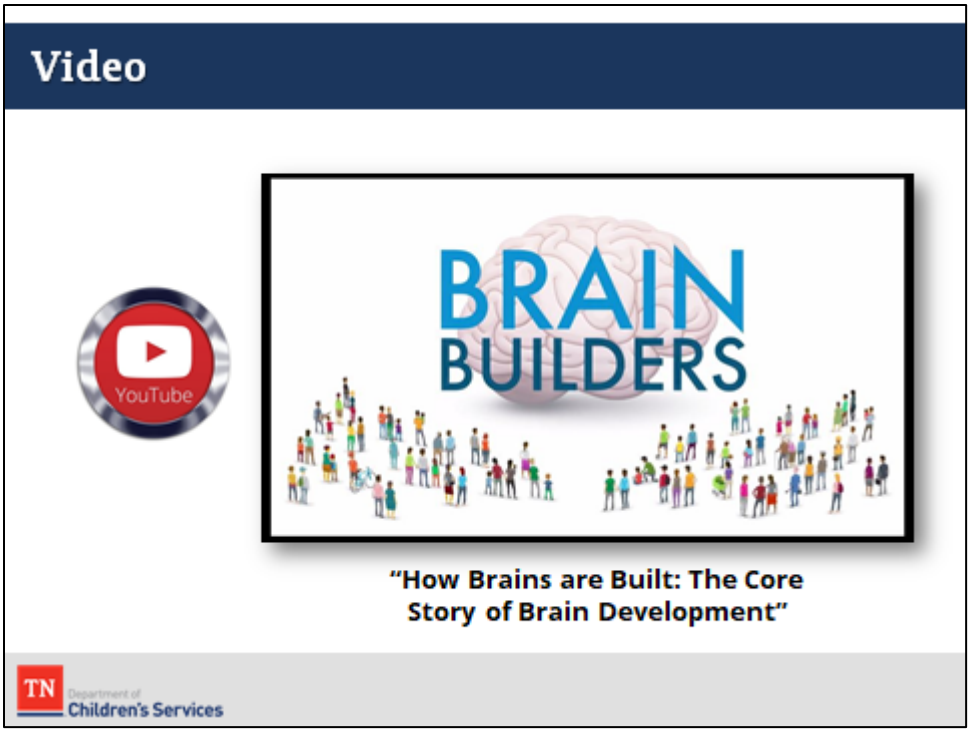
Keep An Eye On Your Energy

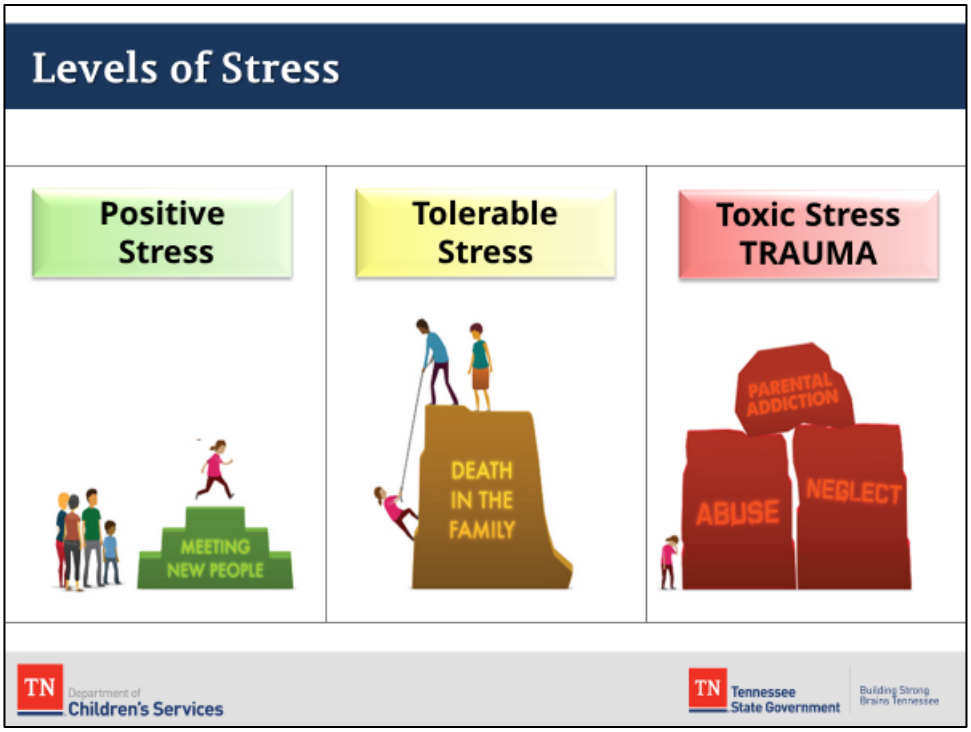
- When discussing trauma, it can often trigger feelings that we have from our own experiences even those feelings we did not realize were there at all.
- Please practice self-care and step out or ask the co-trainer for assistance should the need arise.

TN Department of Children's Services

Doodle Box



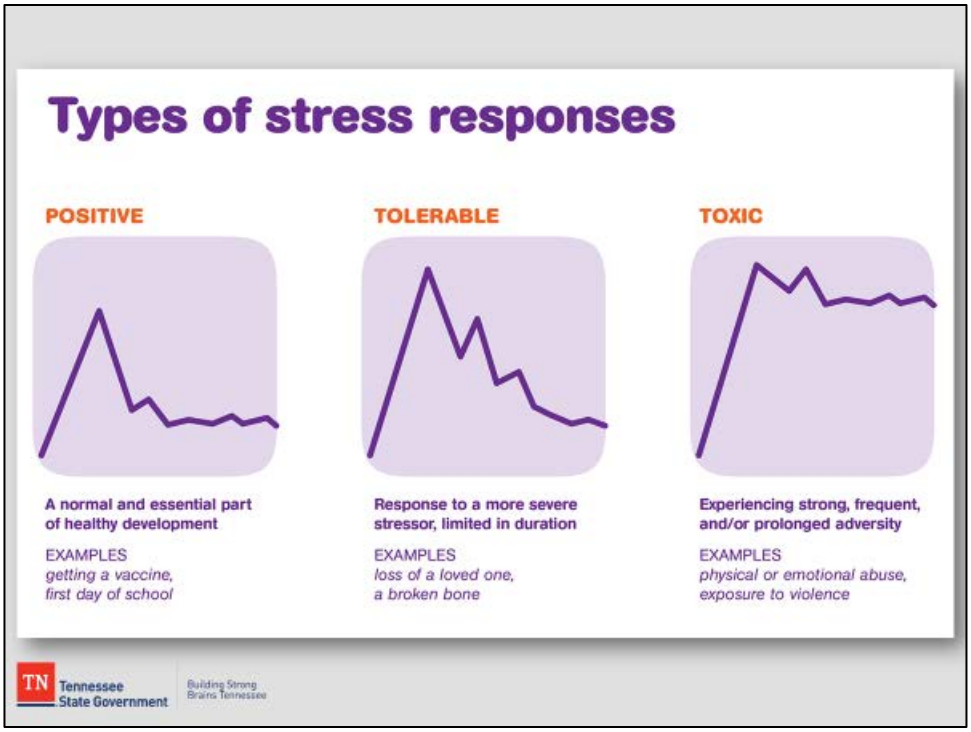
- Brains are not just _____, they are _____ by our _____.
- An interaction between a caregiver and a child is called _____ and _____, this is how solid foundations are built and maintained.
- What two things are necessities for positive and level mental health? _____ and _____.



- **Positive Stress**: We send children to school every day for teachers to give them the right amount of stress to challenge them to learn and develop cognitive growth. We exercise, which stresses our bodies in order to promote a healthy body. Like participants in this class attend out of their comfort zone which can be stressful, but we hope that in the end it is a good stress.

- **Tolerable Stress**: Tragic and often unavoidable stress that includes events like losing a loved one or experiencing a frightening injury. The key here is that the child has supportive caregivers to buffer the stress response. This keeps these events from doing lasting damage to the brain and body.

- **Toxic Stress (Trauma)**: This is ongoing, repeated exposure to abuse, neglect or household dysfunction. It is bad for brain development. If no supportive adults are present to help buffer the stress response, stress chemicals will damage developing structures in the child's brain and harm the body. The result is an increased vulnerability to lifelong physical and mental health problems, including addiction.



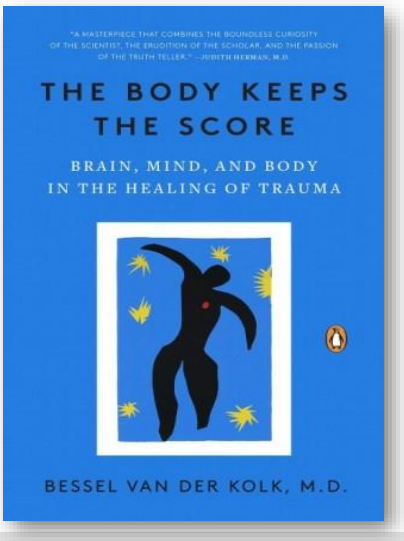
First Graph (positive stress): When a young child's stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline. Children experience brief increases in heart rate and mild elevations in hormone levels.

Second Graph (tolerable stress): Tolerable stress is a more serious event that happens in a child's life. It activates the body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties. What helps stress become tolerable is the presence of a safe, stable, and nurturing caregiver who can buffer the stressful experience. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging. Children can be amazingly resilient when they know an adult will protect them.

Third Graph (toxic stress): Toxic stress can adversely affect brain development creating lifelong mental and physical health concerns from the ongoing release of harmful chemicals in the brain and body due to excessive or prolonged activation of the stress response system. Traumatic events that are frequent and repeated such as abuse, neglect, food insecurity or family dysfunction, produce a prolonged stress response resulting in toxic stress.

“When our little one came to us at 2-months-old, it was 3 o’clock in the morning and she was sound asleep; she had been at the hospital since early morning the day before. When she woke up with us later, we had wonderful day, but my husband came home that evening and she began to cry inconsolably. This was not a normal “I’m just crying cry,” it sounded like terror. The next day we had another wonderful day until my husband came home, and the same scene ensued. We found out at the CFTM that her father was extremely violent to her mom when she was pregnant with her. At 2-months-old she had developed the only coping skill she knew to do to feel safe from a man. He worked very hard to let her know he was safe until SHE felt it.”

For more information...



TN Department of Children's Services

Stress Brainstorm

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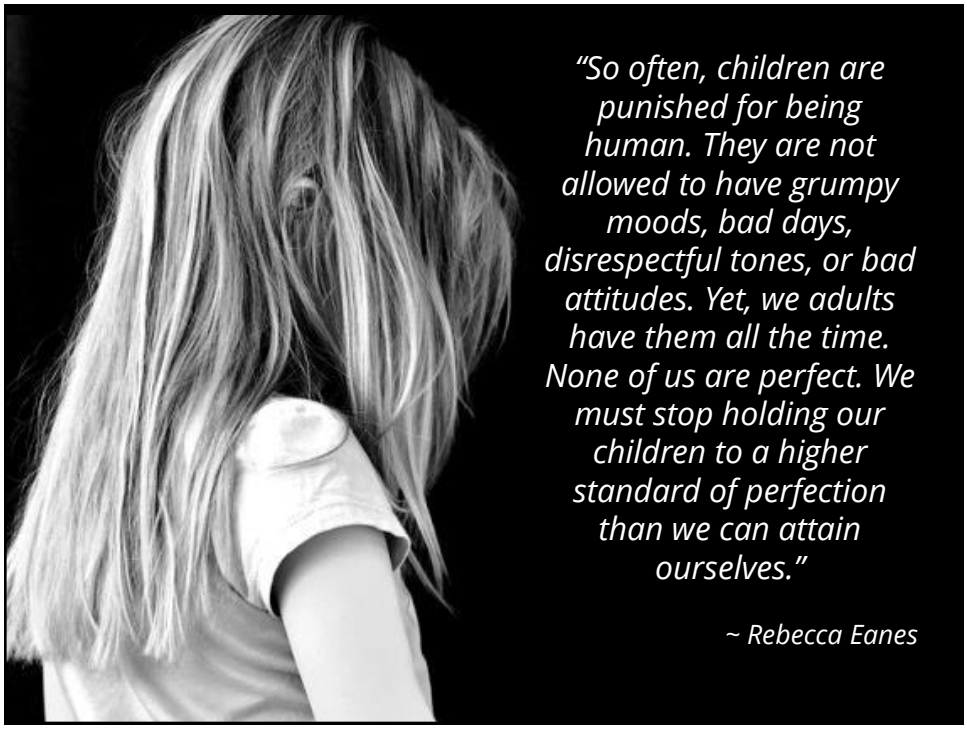
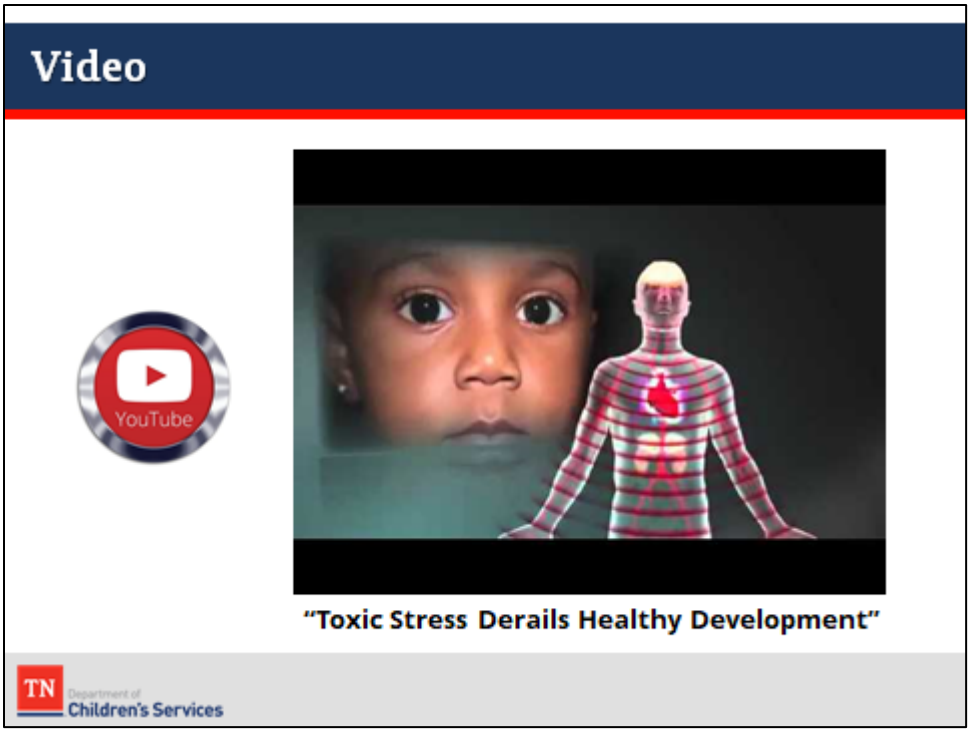


Definition of Childhood Trauma

"Trauma is the emotional, psychological, and physiological residue left over from heightened levels of toxic stress that accompanies experiences of danger, violence, significant loss, and life-threatening events"

TN Department of Children's Services

Zerotothree.org



- Learning to deal with _____ is an important part of healthy development.
- Constant activation of the stress response overloads the developing brain that over time results in a stress response system that is set _____ on high _____.
- Toxic stress/trauma can be avoided if we ensure that the child's environment to which they grow and develop is _____, _____, and _____.
- Caring adults act as a _____ against the stress.

LGBTQ Youth and Children of Color

For children in foster care, trauma is the norm, not the exception. For youth of color or who identify as LGBTQ, trauma is more common and complex, due to social inequities and discrimination of these populations. Some children are not allowed to continue to live in their home when they disclose as LGBTQ. Throughout the U.S, there are disproportionately high numbers of children of color and LGBTQ you in the child welfare system.

TN Department of Children's Services

Doodle Box

November 2016

Racial Disproportionality and Disparity in Child Welfare

The child welfare community has moved from acknowledging the problem of racial and ethnic disproportionality and disparity in the child welfare system to formulating and implementing possible solutions. As jurisdictions and agencies evaluate their systems to identify where and how disproportionality and disparity are occurring, they are seeking changes that show promise for their own populations.

This issue brief explores the prevalence of racial disproportionality and disparity in the child welfare system. It also describes strategies that can assist child welfare administrators, program managers, and policymakers with addressing these issues in general and at specific decision points in the child welfare process (e.g., prevention, reporting, investigation, service provision, out-of-home care, permanency). Examples of State and local initiatives that address disproportionality also are highlighted.

WHAT'S INSIDE

It is important to note that the research on racial disproportionality and disparities and the theories for why they exist are, at times, conflicting. Part of this may be due to demographic, practice, policy, and other differences at the national, State, and local levels and the fact that this is an exceptionally complex issue. This brief serves as an overview of the literature on this topic, but not every finding or practice described may be applicable to each community or agency. Each community and agency should review its own data, practices, policies, and other factors to determine the best path to address any disproportionality and disparities.

Prevalence

A significant amount of research has documented the overrepresentation of certain racial and ethnic populations—including African-Americans and Native Americans[1]—in the child welfare system when compared with their representation in the general population (e.g., Summers, 2015; Wells, 2011; Derezotes, Poertner, & Testa, 2004). Additionally, numerous studies have shown that racial disparities occur at various, decision points in the child welfare continuum (e.g., Putnam-Hornstein, Needell, King, & Johnson-Motoyama, 2013; Font, 2013; Detlaff et al., 2011). Although disproportionality and disparity exist throughout the United States, the extent and the populations affected vary significantly across States and localities.

Terminology

Disproportionality: The underrepresentation or overrepresentation of a racial or ethnic group compared to its percentage in the total population

Disparity: The unequal outcomes of one racial or ethnic group as compared to outcomes for another racial/ethnic group

Families/children of color: Families or children other than those who are non-Hispanic, White-only (e.g., Black, Hispanic, Native American)

Table 1, which provides 2014 statistics from the U.S. Census Bureau and the U.S. Department of Health and Human Services, illustrates one way to view the extent to which disproportionality exists among populations. It provides a racial disproportionality index (RDI) that compares the percentage of children by race in the general population to their percentage at various points in the child welfare continuum. An RDI of 1.0 means a group is represented proportionately to its representation in the general population. An RDI higher than 1.0 indicates the group is overrepresented, and an RDI lower than 1.0 indicates the group is underrepresented. For example, an RDI of 2.0 means the group is represented twice its rate in the general population.

[1] When describing the work of other researchers and organizations, this brief, where practicable, uses the terms for racial and ethnic populations used in the original sources. For example, the brief uses both Native American and American Indian (both of which are inclusive of Alaska Natives), as well as Black and African-American, depending on the usage in the original source.

Table 1. Disproportionality Compared to Total Population, 2014*

Race (Non-Hispanic)/ Ethnicity	% of Total Child Population	% of Children Identified by CPS as Victims	RDI	% of Children in Foster Care	RDI	% of Children Entering Foster Care	RDI	% of Children Exiting Foster Care	RDI	% of Children Waiting to Be Adopted	RDI	% of Children Adopted With Public Agency Involvement	RDI
American Indian/ Alaska Native	0.9%	**1.3%**	**1.5**	2.4%	2.8	**2.3%**	**2.7**	2.1%	2.4	**1.9%**	**2.2**	1.5%	1.7
Asian	4.8%	**0.9%**	**0.2**	0.5%	0.1	**0.6%**	**0.1**	0.7%	0.1	**0.4%**	**0.1**	0.4%	0.1
Black or African-American	13.8%	**22.6%**	**1.6**	24.3%	1.8	**22.4%**	**1.6**	23.2%	1.7	**23.1%**	**1.7**	19.4%	1.4
Native Hawaiian/ Other Pacific Islander	0.2%	**0.2%**	**1.0**	0.2%	0.9	**0.2%**	**1.1**	0.2%	1.2	**0.1%**	**0.6**	0.2%	0.9
Hispanic (of Any Race)	24.4%	**24.0%**	**1.0**	22.5%	0.9	**21.9%**	**0.9**	21.8%	0.9	**23.6%**	**1.0**	22.1%	0.9
White	51.9%	**46.4%**	**0.9**	43.4%	0.8	**46.1%**	**0.9**	45.6%	0.9	**43.2%**	**0.8**	48.5%	0.9
Two or More Races	4.1%	**4.7%**	**1.1**	6.8%	1.7	**6.4%**	**1.6**	6.5%	1.6	**7.7%**	**1.9**	8.0%	2.0

**Each RDI cell is associated with the percentage cell to its left.*

Sources: Total child population data were obtained from the U.S. Census Bureau (www.census.gov/popest). Victimization data were obtained from the U.S. Department of Health and Human Services (HHS) via *Child Maltreatment 2014* (http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2014). Other data were obtained from the HHS AFCARS Report #22 (http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22).

Note: The HHS datasets used in this table have a category for Unknown/Unable to Determine, but the U.S. Census Bureau dataset does not. Based on the assumption that the number of children in that category would be evenly distributed among the other race/ethnicity categories, the number of Unknown/Unable to Determine children was removed from the total number of children in each child welfare category when calculating the percentages and rates for each racial/ethnic population. Due to this calculation, the percentages for each racial/ethnic population may not match the percentages provided in the original sources. Additionally, all races exclude children of Hispanic origin, and children of Hispanic ethnicity may be any race.

The RDI for African-American children in foster care decreased from 2.5 in 2000 to 1.8 in 2014 (Summers, 2015). Although this is a promising trend, it still indicates that African-American children are represented in foster care 1.8 times their rate in the general population. The RDI for American Indian/Alaska Native children, however, increased from 1.5 in 2000 to 2.7 in 2014.

Another method for measuring disproportionality is by comparing a particular racial or ethnic population's representation in the child welfare system to its representation at the prior decision point. For example, rather than comparing a particular race's proportion of children adopted with its proportion of the total population (as in table 1), this method compares the particular race's proportion of children adopted with the proportion of children of that race waiting to be adopted (i.e., a prior decision point). Table 2 provides 2014 data about how populations are represented along the following decision path: victimization, entering foster care, waiting to be adopted, and adopted with public agency involvement.

Table 2. Disproportionality Compared to Prior Decision Point, 2014*

Race (Non-Hispanic) /Ethnicity	% of Total Child Population	% of Children Identified by CPS as Victims	Disp. Rate	% of Children in Foster Care	Disp. Rate	% of Children Entering Foster Care	Disp. Rate	% of Children Exiting Foster Care	Disp. Rate	% of Children Waiting to Be Adopted	Disp. Rate	% of Children Adopted With Public Agency Involvement	Disp. Rate
American Indian/ Alaska Native	0.9%	**1.3%**	**1.5**	2.4%	1.8	**2.3%**	**1.0**	2.1%	0.9	**1.9%**	**0.9**	1.5%	0.8
Asian	4.8%	**0.9%**	**0.2**	0.5%	0.6	**0.6%**	**1.2**	0.7%	1.0	**0.4%**	**0.6**	0.4%	1.0
Black or African-American	13.8%	**22.6%**	**1.6**	24.3%	1.1	**22.4%**	**0.9**	23.2%	1.0	**23.1%**	**1.0**	19.4%	0.8
Native Hawaiian/ Other Pacific Islander	0.2%	**0.2%**	**1.0**	0.2%	0.9	**0.2%**	**1.3**	0.2%	1.0	**0.1%**	**0.5**	0.2%	1.4
Hispanic (of Any Race)	24.4%	**24.0%**	**1.0**	22.5%	0.9	**21.9%**	**1.0**	21.8%	1.0	**23.6%**	**1.1**	22.1%	0.9
White	51.9%	**46.4%**	**0.9**	43.4%	0.9	**46.1%**	**1.1**	45.6%	1.0	**43.2%**	**0.9**	48.5%	1.1
Two or More Races	4.1%	**4.7%**	**1.1**	6.8%	1.5	**6.4%**	**0.9**	6.5%	1.0	**7.7%**	**1.2**	8.0%	1.0

**Each RDI cell is associated with the percentage cell to its left.*

Sources: Total child population data were obtained from the U.S. Census Bureau (www.census.gov/popest). Other data were obtained from the U.S. Department of Health and Human Services via *Child Maltreatment 2014* (http://www.acf.hhs.gov/programs/cb/resource/child-maltreatment-2014) and AFCARS Report #22 (http://www.acf.hhs.gov/programs/cb/resource/afcars-report-22).

Note: The HHS datasets used in this table have a category for Unknown/Unable to Determine, but the U.S. Census Bureau dataset does not. Based on the assumption that the number of children in that category would be evenly distributed among the other race/ethnicity categories, the number of Unknown/Unable to Determine children was removed from the total number of children in each child welfare category when calculating the percentages and rates for each racial/ethnic population. Due to this calculation, the percentages for each racial/ethnic population may not match the percentages provided in the original sources. Additionally, all races exclude children of Hispanic origin, and children of Hispanic ethnicity may be any race.

The two data tables are shown to highlight the differences that occur in the disproportionality rates depending on the calculation method used. For example, the disproportionality rate for Asian children who are adopted with public agency involvement is 0.1 in table 1 but is 1.0 in table 2. Using the method in table 2, it appears that disproportionality for Black and Native American children lessens the further a child moves through the child welfare system. This is not to say, however, that table 2 indicates disproportionality or disparity do not occur for children in those populations at later child welfare stages.

When reviewing data pertaining to race and ethnicity, it is important to take into account the inherent difficulties collecting and analyzing these data. The following are examples of those difficulties:

- Race and ethnicity do not have quantifiable definitions (U.S. Census Bureau, 2013). People may identify their race or ethnicity based on a number of factors (e.g., family and social environment, historical or sociopolitical definitions, personal experience). The definitions for a particular race or ethnicity may change from study to study.
- How people define their own race or ethnicity can change over time. Researchers found that more than 10 million people changed their race or ethnicity selections from the 2000 census to the 2010 census (Cohn, 2014).
- Race or ethnicity may be incorrectly assumed by whomever is recording the data. For example, a caseworker may assume a child is not American Indian even though the child may be a Tribal member or is eligible for Tribal membership. This would affect the count of American Indian children involved with child welfare and could affect the services, supports, and jurisdiction of the case.

These issues could affect the data describing the number of children from a particular race or ethnicity who are involved with child welfare in general or at particular decision points.

Other examples of research indicating disproportionality and disparity are found throughout this issue brief.

Underrepresentation in Child Welfare

Just as some racial and ethnic groups are overrepresented in the child welfare system, other groups, particularly Asians, are underrepresented. Hispanic children also are underrepresented in the child welfare system, though to a much lesser extent than Asian children. It is unclear whether underrepresentation is due to a lower occurrence of child maltreatment among those populations—perhaps due to cultural protective factors—or if it is caused by underreporting due to cultural perceptions of others or those populations being less likely to report maltreatment because of cultural norms (Cheung & LaChapelle, 2011; Maguire-Jack, Lanier, Johnson-Motoyama, Welch, & Dineen, 2015).

Potential Explanations

There are a variety of possible causes of racial disproportionality and disparity. It is often difficult, however, to determine what particular factors at either the systems or individual case levels had an effect and to what degree. Researchers who reviewed 10 years of findings on this topic posited four possible explanations (Fluke, Harden, Jenkins, & Ruehrdanz, 2011):

- Disproportionate and disparate needs of children and families of color, particularly due to higher rates of poverty
- Racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated and other reporters)
- Child welfare system factors (e.g., lack of resources for families of color, caseworker characteristics)
- Geographic context, such as the region, State, or neighborhood

Disproportionate and Disparate Need

Findings from the first three National Incidence Studies of Child Abuse and Neglect (NIS) found no relationship between race and the incidence of child maltreatment after controlling for poverty and other risk factors (Sedlak & Broadhurst, 1996). Instead, incidence of child abuse and neglect was associated with poverty, single parenthood, and other related factors. However, the most recent NIS (NIS-4) indicated that Black children experience maltreatment at higher rates than White children in several categories of maltreatment (Sedlak, McPherson, & Das, 2010). The study's authors suggest that the findings are at least, in part, a consequence of the greater precision of the NIS-4 estimates and partly due to the enlarged gap between Black and White children in economic well-being, since socioeconomic status is the strongest predictor of maltreatment rates.

Other studies also have found a relationship between poverty disparity and maltreatment disparity and urge an emphasis on risk factors such as poverty rather than a sole focus on bias within the child welfare system (Drake et al., 2011; Maguire-Jack et al., 2015). A study of families in California found that low socioeconomic status (SES) Black children are actually less likely to be referred for maltreatment, have their cases substantiated, or enter foster care than low SES White children (Putnam-Hornstein et al., 2013). The poverty experienced by families and children of color also may amplify their exposure to social service systems, such as financial or housing assistance, which may further increase their exposure to mandated reporters. This is referred to as visibility or exposure bias.

Racial Bias and Discrimination

The strong relationship between poverty and maltreatment, however, does not fully explain racial disproportionality and disparity. It is also possible that child welfare professionals or others involved with the case or family may knowingly or unknowingly let personal biases affect their decision-making. For example, two studies in Texas found that race, risk, and income all influence case decision, but even though African-American families tended to be assessed with lower risk scores than White families, they were more likely than White families to have substantiated cases, have their children removed, or be provided family-based safety services (Dettlaff et al., 2011; Rivaux et al., 2008).

Child Welfare System Factors

Certain characteristics of the child welfare system may affect the services and outcomes of children of different races and ethnicities. For example, a review of the Michigan child welfare system identified several institutional features that negatively impact children and families of color, including limited access to court appointed special advocates, contracted agencies not providing services in African-American communities (even when required to do so), and a lack of quality assurance mechanisms that may help identify and correct differential treatment (Center for the Study of Social Policy, 2009).

Geographic Context

When measuring racial disproportionality and disparity, it is possible that higher-level (e.g., national) data obscure differences that occur at lower levels. For example, at the national level in 2013, Hispanic children were slightly underrepresented in foster care (Summers, 2015). However, they were overrepresented in 14 States. Additionally, one national study found that there were higher rates of maltreatment disparity for Black and Hispanic children in the most urban and most rural counties (Maguire-Jack et al., 2015). Agencies, policymakers, and others may be more successful in their efforts to address disproportionality and disparities when they use data regarding the differences present in their jurisdictions rather than relying solely on national data.

The Child and Family Services Reviews

As early as the first round of the Child and Family Services Reviews (CFSRs) in 2000, numerous State Final Reports noted the problem of disproportionality in the child welfare system and reported on issues that may intensify or cause the overrepresentation of minority groups. For example, at least 25 State first-round Final Reports identified gaps in the provision of culturally appropriate services, and at least 24 State Final Reports indicated that language differences are a barrier to providing and receiving services, case planning, investigations, or training. Only 21 States (40 percent) received a positive rating on the first round CFSR indicator regarding whether a State's recruitment efforts for foster and adoptive parents reflected the racial and ethnic diversity of children in need of out-of-home care (U.S. Department of Health and Human Services [HHS], Children's Bureau, 2012).

In the second round of CFSRs[2], only 19 States (37 percent) received a positive rating on the item regarding State efforts to recruit and retain resource parents who reflect the racial and ethnic diversity of the foster care population in that State (HHS, 2011). For the States that received a rating of "Strength" for this CFSR item, a number of strategies were cited that accounted for the States' success in recruiting a diverse foster and adoptive parent population. Some of these promising practices included a pilot program targeting prospective parents of Native American descent (North Dakota), a program that used children's ZIP Codes as a factor in matching them with resource families (Idaho), and the compilation and analysis of demographic data on families who had adopted and families underrepresented in the pool of prospective parents (Ohio). (For more information about the CFSRs, including access to the Final Reports, visit http://www.acf.hhs.gov/programs/cb/monitoring/child-family-services-reviews.)

2 Although the third round of the CFSRs began in 2015, only two third-round Final Reports were available as of the writing of this issue brief. Therefore, this brief does not present the results from the third round.

Strategies to Address Racial Disproportionality and Disparities

Strategies to address disproportionality and disparities are often the same strategies used to improve child welfare for all children and families. The particular strategies employed by agencies should be specific to the disproportionality and disparities present in their jurisdictions, both in terms of the racial and ethnic populations affected and the points within the child welfare process at which those differences are apparent. This section describes strategies that focus on various components of the child welfare system, including prevention and early intervention; reporting; screening, investigation, and assessment; services; recruiting and retaining resource families; and permanency. It also includes strategies that can be employed across the child welfare stages.

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) has reviewed a number of strategies aimed at reducing racial disproportionality and disparity and has assigned them scientific ratings based on the research evidence supporting them. To view this information, visit CEBC at http://www.cebc4cw.org/topic/reducing-racial-disparity-and-disproportionality-in-child-welfare/.

Prevention and Early Intervention

Prevention and early intervention services can strengthen families and decrease the number of children entering care, regardless of race or ethnicity. The implementation of evidence-based prevention and early intervention services, however, is often inadequate (Pecora et al., 2014). Jurisdictions struggling with funding are sometimes reluctant to direct money toward prevention efforts when programs for children already in the system, such as foster care, have many funding needs.

By working proactively and in conjunction with other agencies and service providers, child welfare agencies can implement preventive measures, build family support, and offer services to vulnerable families before abuse and neglect occur. These efforts can be designed for the general population or targeted for specific at-risk groups. Due to their greater exposure to certain risk factors for maltreatment, such as poverty and parental incarceration, programs designed to reduce poverty and crime rates and to increase concrete services, such as housing and employment, may have preventive effects on the incidence of child abuse or neglect. Targeted prevention efforts that include a strong cultural competence component reflected in staffing and training may be especially useful.

In-home services programs in which parents or expectant parents in certain risk categories are visited by professionals or paraprofessionals in their homes have shown promise for reducing maltreatment. The goal of in-home services is to provide support, education, and resources for families who may be struggling. If families can be served in their homes, then maltreatment and involvement with the child welfare system may be avoided.

One of the best-documented home visiting programs is the Nurse Family-Partnership program developed by David Olds. A randomized control study of low-income African-American mothers and children in Memphis, TN, who were visited by nurses at home during the first 2 years of the child's lives found several positive outcomes compared with similar families who had not received home visits (Kitzman et al., 2010; Olds et al., 2014). For example, nurse-visited children were less likely to die from preventable causes and less likely to report internalizing disorders than children in the control group.

Family Preservation Program for Urban American Indian Families

Since 2000, the Denver Indian Family Resource Center (DIFRC) (http://difrc.org/) has served American Indian children and families in the Denver area who are involved or at risk of becoming involved with the child welfare system. A core element of its work is its Family Preservation Model (FPM) that combines both direct practice and system change interventions. The direct service component features trauma-informed and family-focused case management, culturally competent assessments (including tools specific to American Indian populations), team decision-making and other early-intervention meetings, and referrals for services and supports (Bussey & Lucero, 2013). The model acknowledges and incorporates awareness of the trauma histories of many urban American Indian families.

The system change component of the DIFRC FPM includes collaborative agreements with child welfare agencies for work on cases involving American Indian children, establishing protocols to identify American Indian children upon first contact with child welfare, training child welfare staff on culturally responsive practices, and bolstering oversight of State-level compliance with the Indian Child Welfare Act (ICWA).

Studies have found that the DIFRC FPM benefits American Indian children and families in several ways, including reductions in involvement with child welfare, decreased re-referral rates, increased use of kinship care, and decreases in out-of-home care placements with non-kin (Bussey & Lucero, 2013). DIFRC has received or participated in several grants from the Department of Health and Human Services to address disproportionality, including a 2011 grant from the Administration for Native Americans and a 2013 grant from the Children's Bureau.

Reporting

Most families first come into contact with the child welfare system due to a report of suspected maltreatment. Therefore, ensuring that reporters of maltreatment do not base their suspicions on racial or ethnic biases is a key component of reducing racial disproportionality and disparities. At the national level, children of color were overrepresented in reports of suspected maltreatment by all groups of reporters (as categorized in the National Child Abuse and Neglect Data System [NCANDS]) (Krase, 2013). Additionally, due to the disproportional rates of poverty, staff of government agencies may have more contact with minority families seeking services or government benefits. The higher visibility of these families may result in their being referred to the child welfare system at a higher rate.

Mandated reporters, who differ in every State, may require more specific guidelines and better training materials than the brief checklist that often serves as their training for reporting child abuse and neglect. (For more information about mandated reporter laws, refer to *Mandatory Reporters of Child Abuse and Neglect* at https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/.) This includes additional training about cultural practices that may be misconstrued as maltreatment, particularly among racial and ethnic populations that are prevalent in their region.

Jurisdictions may also want to provide lists of community resources that mandated reporters can turn to when they want to support families. For additional information about cultural competence in reporting, refer to the following resources:

- Cultural Competence: Child Abuse and Neglect (Child Welfare Information Gateway): https://www.childwelfare.gov/topics/systemwide/cultural/can/
- Publications: Child Welfare (Bridging Refugee Youth and Children's Services): http://www.brycs.org/publications/index.cfm#welfare

Screening, Investigation, and Assessment

A family's race or ethnicity may affect a variety of child welfare decisions. Families of color are disproportionately reported for abuse and neglect, and their cases are more likely to be substantiated at investigation than White, non-Hispanic families. Several studies have shown that cases involving Black children are more likely to be assigned for investigation than in cases involving White children (Font et al., 2012; Putnam-Hornstein et al., 2013). Additionally, a study of child welfare cases in Texas found that although African-Americans had lower risk scores than Whites, African-Americans were more likely to have their case acted upon, either by service provision or the child's removal from the home (Rivaux et al., 2011). This indicates that caseworkers have different risk thresholds depending on a family's race.

One hypothesis about how racial disproportionality or disparities may arise, at least in part, is racial or ethnic differences between a family and its caseworker. One study using a national dataset, however, came to a different conclusion. The researchers found that Black caseworkers tended to assess all families—regardless of race—at higher risk levels than White caseworkers (Font et al., 2012). Since Black families are more likely to be assigned to a Black caseworker, they may have an increased likelihood of a substantiated case of maltreatment, which could increase their rates of disproportionality and disparity (Font et al., 2012).

The use of risk assessment tools, as well as standardized definitions, can help guide the worker in assessing families on safety and risk issues and remove some error from the decision-making process. Workers who have detailed and culturally relevant guidelines about what constitutes maltreatment, as well as its risk factors, may be able to more easily control bias. Not all standardized tools, however, have been sufficiently tested on children from racial and ethnic minority groups, thus leading to a potential increase in bias. When agencies are familiar with the strengths and weaknesses of any tools they use, they may be better able to train supervisors and workers to be aware of any potential bias that the assessment tool may

introduce into the decision-making process. Some studies have shown the promise of risk assessment tools in improving agencies' ability to accurately classify cases and decreases in disproportionality, but others, including an evaluation of Structured Decision Making in Washington State, found no differences in disproportionality (Osterling, D'Andrade, & Austin, 2008; Miller, 2011).

For an example of a standardized assessment tool, refer to the California Department of Social Services' *The Structured Decision Making System: Policy and Procedures Manual* at http://www.childsworld.ca.gov/res/pdf/SDM_Manual.pdf.

Many factors may affect the decisions made during screenings, investigations, and assessments, and agencies should examine how the characteristics of the case, the worker, agency policies, and screening criteria affect children of different races and ethnicities.

Availability and Accessibility to Culturally Competent Services

Although the evidence suggests that families of color are referred to services more frequently than White families, necessary services are often unavailable within, or not easily accessible to, communities that are predominantly Hispanic, African-American, or Native American. A study of three Texas cities found that 25 percent of Black and Hispanic neighborhoods did not have any child welfare services within a 5-mile radius, did not have any bus transportation, and/or had long public transportation times (Dorch et al., 2010). One city did not have any accessible services in 50 percent of its neighborhoods. Another study found that although African-American mothers involved with child welfare had the highest rate of substance abuse problems compared to other racial and ethnic groups, they had relatively low rates of participation in mental health and substance abuse treatment (Osterling, Lee, & Hines, 2012). White women had the highest participation rate. Because services often are not easily accessible or available to families of color, their case plans may be negatively affected, which can cause more adverse involvement with the child welfare system, including the removal of the child.

To help expand the access and availability of services within a particular community, child welfare agencies can assess whether children and families of color are easily able to access the services that the agency provides, either directly or through contracts with other organizations. If there are gaps, the agencies may want to determine how they can increase availability and usage, such as different locations, expanded hours, and removing other obstacles to attendance (e.g., lack of child care or transportation). Another option is for child welfare agencies to bring these issues to the attention of community and faith-based organizations with the goal of helping those organizations expand their own services or establish new services to meet clients' needs. (For information about partnering with the community, visit Information Gateway at https://www.childwelfare.gov/topics/famcentered/communities/.)

Clients who receive services either in-home or in the community may be more receptive to services offered by culturally competent providers. Child welfare agencies can develop a diverse list of therapists, counselors, and other service providers so they can readily refer families to providers who are culturally competent and, when possible, converse in the preferred language of the client. Within agencies, management can provide training and direction to child welfare workers to help them refer clients to culturally competent providers in the community. When referrals are made, caseworkers should ensure the providers have a full understanding of the client's cultural background, especially the ways in which culture affects beliefs about health, parenting, and behavior, and be able to incorporate the client's culture into the services or use strategies found to be effective with the client's culture. For example, substance use treatment providers working with Hispanic clients may want to utilize family therapy, which builds upon the centrality of the family within that culture, or have an understanding of the flexible or less structured view of time within Hispanic culture, which may affect timeliness for appointments (HHS, Substance Abuse and Mental Health Services Administration, 2014).

Recruitment and Retention of Resource Families

Child welfare agencies and other agencies placing children in foster or permanent homes may unknowingly use screening processes for prospective resource families that screen out or discourage many minority families. For example, an agency that does not employ staff who are Spanish-speaking or have a catalog of Spanish-language materials may make it more difficult for some Latino families to become resource families (AdoptUSKids, 2012). This may be mitigated when agencies distribute materials that are culturally, racially, and linguistically inclusive.

Although the Multi-Ethnic Placement Act of 1994 and the Interethnic Adoption Provisions of 1996 prohibit the denial or delay of a placement due to the child or family's race or ethnicity, they do require States to develop plans for the diligent recruitment of foster and adoptive families who reflect the racial and ethnic diversity of the children awaiting homes. The Children's Bureau of the U.S. Department of Health and Human Services has funded several clusters of diligent recruitment grants since 2008. The diligent recruitment grantees have used a variety of strategies to recruit a diverse and representative pool of resource families, including geospatial mapping to better understand and target individual communities, outreach at community events, social media, and recruitment teams that focus on particular neighborhoods or communities. Community members were frequently engaged in the planning processes and were actively involved in outreach efforts.

For more resources about diligent recruitment, including additional information about the Children's Bureau grants, visit the National Resource Center for Diligent Recruitment at http://www.nrcdr.org/.

When recruiting resource families for Native American children, agencies need to account for the preferences of the Tribe to which a child belongs. ICWA requires that agencies finding a foster or preadoptive home for a child give preference to placements with the child's extended family or homes licensed, approved, or otherwise specified by the Tribe. Agencies should establish relationships with nearby Tribes to ensure they are aware of their preferences and find the most suitable placements for Native American children. For additional information, refer to *Recruiting Families for Native American Children: Strengthening Partnerships for Success* at http://www.nrcdr.org/_assets/files/NRCDR-org/recruiting-families-for-native-american-children.pdf.

Agencies also should provide resources to help retain families after they have signified interest or have already become resource families. Just as with recruitment, agencies should ensure their retention practices and supports for families are responsive to their particular culture, race, or preferred language.

Permanency for Children in Out-of-Home Care

African-American and Native American children enter the foster care system at a disproportionately high rate (see table 1). The CFSRs found that many States have difficulty recruiting foster and adoptive families that reflect the racial and ethnic diversity of children in need of out-of-home care. The following are some strategies for achieving permanency for children of color in out-of-home care.

Reunification. Services that promote family reunification include many of the same services needed for prevention: family strengthening, parent education, substance abuse services for parents, and concrete supports such as housing and transportation. The speed with which these services can be put into place has a great impact on the success of reunification due to the enforcement of the Adoption and Safe Families Act, which terminates parental rights for children who have been in out-of-home care for 15 of 22 months. Thus, most families must meet their goals in this timeframe in order to have hopes of reunification.[3] Targeting appropriate services for families of color includes a strengths-based cultural competence component in terms of the service provider, accessibility, and coordination with other demands, such as employment and childcare. In addition, placement of children with kin or with foster families that are in or near the children's own neighborhoods may enable parents to visit more easily—a necessity for achieving reunification goals.

[3] There are exceptions to this timeframe for termination of parental rights, and some of the common exceptions include placement with kin or showing significant progress in achieving case goals.

Kinship care. When removal is necessary, it is often ideal for children to be placed directly with kin. In many cases, the children are under the custody of the child welfare system. Placement with family members may be more beneficial than non-relative foster care for the children involved because it helps to preserve community, family, and cultural ties. In 2014, 120,000 children (29 percent of all children in foster care) were living with a relative foster family (HHS, 2015). The number of children living with relatives is far larger—estimated to be 2.7 million in 2010—when also factoring in children in informal care (Annie E. Casey Foundation, 2012). Informal kinship care is a longstanding practice in many African-American, Hispanic, and Native American communities.

In informal care situations, parents voluntarily place their children with kin without any formal involvement from a child welfare agency. This may happen in response to suspected or unsubstantiated reports of abuse or neglect or due to other family situations. Because there is no formal involvement from the child welfare system, the kin are not obligated to be licensed or approved; however, they are also not eligible for most subsidies or supports. Community supports for these families might enable them to care for their children better and keep them from entering the child welfare system.

Kinship care can help children maintain familial ties and provide stability in potentially turbulent situations. Additionally, studies have shown that children in formal kin placements have fewer placement and school disruptions and fewer behavioral problems than children in nonrelative foster care (Annie E. Casey Foundation, 2012). Given these findings and that kinship care is an oft-used practice amongst families of color, it is critical that child welfare agencies utilize kinship care where appropriate and connect formal and informal kinship families with the resources they need. Agencies also may want to ensure that policies support kinship care. For example, States and agencies can broaden their definitions of who qualifies as kin. While legal definitions have tended to define kin in a fairly narrow way, some cultural traditions use a more inclusive definition. A greater pool of families for a child can be achieved by expanding the definition of kin to include "fictive" kin—adults who may not be related "by blood" but may have another relationship to the child, such as the extended family or Tribe. States and agencies can also issue different licensing standards for kin homes. As of July 2013, 4 States do not license kin homes, 7 States do not require licensure of kin homes but allow kin to elect to be certified, and 19 States and the District of Columbia require relatives providing out-of-home care to be licensed or certified as a foster family home (Child Welfare Information Gateway, 2013). In 10 of those 19 States, kin homes can obtain a provisional or temporary license while they work toward full licensure. Examples of flexible regulations include Idaho's expedited process for relative and fictive kin placements (see http://healthandwelfare.idaho.gov/Portals/0/Children/AdoptionFoster/ExpeditedRelativeFictiveKinPlacements.pdf) and the several States (Illinois, Indiana, Kansas, and Texas as of March 2014) that do not require foster home licensure before placement with a relative (Child Welfare Information Gateway, 2014).

Many kin families struggle with financial burdens when caring for relative's children. Agencies can support them by providing or helping them access financial assistance. State programs and their requirements vary, but possible financial supports for kin families include stipends for subsidized guardianship, kinship guardianship, or foster care; the Temporary Assistance for Needy Families program; Supplemental Security Income; or the Supplemental Nutritional Assistance Program (formally referred to as the Food Stamp Program).

For more information about the placement of children with relatives, including State laws, refer to the following Information Gateway publications: *Placement of Children With Relatives* at https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/placement/ and *Working With Kinship Caregivers* at https://www.childwelfare.gov/pubs/kinship/.

Customary adoption. Customary adoption refers to the Native American custom of adoption within a Tribe; parental rights are not terminated, and the child grows up knowing his or her biological parents and other family members. There is no stigma attached to this sort of adoption, and the arrangement is more flexible than mainstream legal adoption.

For more information about customary adoption, visit the National Indian Child Welfare Association at http://www.nicwa.org/adoption/.

Promising Practices Across the Child Welfare Stages

There are a number of promising practices for addressing disproportionality and disparity that apply across all stages of the child welfare continuum rather than to one particular stage.

Agency Policy Review and Revision. Reviewing agency policies on a regular basis can ensure that these policies support equity for all children and families. Since the policies governing other systems, such as financial assistance, mental health, and substance use treatment, can greatly impact child welfare outcomes, child welfare agencies also should encourage other local and State agencies to review their own policies.

Agencies can take the following steps when examining their policies and practices in terms of racial and ethnic equity (Derezotes, 2006):

- Pay attention to agency cultural competence assessment, training, and technical assistance
- Develop a way to measure racial equity in agency programs and outcomes
- Identify and track agency goals by racial and ethnic groups
- Examine racially sensitive monitoring structures to identify practices that will better serve the needs of children and families

Formal operational structures, such as task forces or committees, can greatly assist efforts to assess how agency policies affect disproportionality and disparity and to enact system changes. A review of racial equity efforts across the country found that these structures were most successful when they were operated out of or reported directly to the executive leader's office as well as when they engaged other institutions and community members (Miller & Esenstad, 2015). The following are examples of State and local efforts:

- Texas Center for Elimination of Disproportionality and Disparities: http://www.hhsc.state.tx.us/hhsc_projects/cedd/
- Ramsey County (MN) Anti-Racism Initiative: https://www.ramseycounty.us/government/departments/health-and-wellness/community-human-services/anti-racism-initiative
- Indiana Disproportionality Committee: http://indianadisproportionalitycommittee.weebly.com/

To assist agencies challenged about where to begin when assessing disproportionality, the National Association of Public Child Welfare Administrators developed the Disproportionality Diagnostic Tool, which allows users to identify gaps, areas for improvement, and agency strengths that can support equitable representation. The tool is available at http://www.aphsa.org/content/NAPCWA/en/resources/DisproportionalityDiagnosticTool.html.

State Legislation

Many States have enacted legislation to address racial disproportionality and disparity. For example, Wisconsin established the Wisconsin Indian Child Welfare Act in 2009 to codify the Federal ICWA in Wisconsin law and assist State agencies and courts in complying with ICWA by providing clear guidance (Wisconsin Department of Children and Families, 2016). To view State legislative initiatives regarding disproportionality and disparity, visit the National Conference of State Legislatures at http://www.ncsl.org/research/human-services/disproportionality-and-disparity-in-child-welfare.aspx.

Compliance With the Indian Child Welfare Act

To address the high rate of removal of Native American children from their families and their subsequent placement with non-Native American families, as well as the historical trauma these actions created, Congress enacted the Indian Child Welfare Act (ICWA) of 1978 (Simmons, 2014). ICWA established Federal requirements about how State and private agencies handle the involvement of Native American children in the child welfare system. The following are some of the major provisions of ICWA (Child Welfare Information Gateway, 2015):

- Established minimum Federal standards for the removal of Native American children from their families
- Required Native American children to be placed in foster or adoptive homes that reflect Native American culture
- Created exclusive Tribal jurisdiction over all Indian child custody proceedings when requested by the Tribe, parent, or Indian "custodian" (except in cases where such jurisdiction is contrary to other Federal law, e.g., P.L. 280[4])
- Granted preference to Indian family environments in adoptive or foster care placement
- Required State and Federal courts to give full faith and credit to Tribal court decrees

In 2015, the Bureau of Indian Affairs updated its Guidelines for State Courts and Agencies in Indian Child Custody Proceedings to reflect recommendations from the U.S. Attorney General and recent developments in legal practice since ICWA was established. Additionally, in 2016, HHS, the Department of the Interior, and the Department of Justice formed an interagency collaboration to promote ICWA implementation and compliance. To view more information about ICWA, including the guidelines and the interagency collaboration, refer to http://www.indianaffairs.gov/WhoWeAre/BIA/OIS/HumanServices/IndianChildWelfareAct/index.htm.

ICWA compliance across the United States, however, is uneven, with the following being some of the most critical issues (Simmons, 2014):

- Lack of oversight of implementation
- Agencies not identifying Native American children early in the process
- Agencies not providing Tribes with early or proper notification of child welfare proceedings
- Lack of placement homes that reflect the preferences stated in ICWA
- Insufficient training and support for staff about ICWA
- Scarcity of resources for Tribal child welfare agencies to work with State and private agencies

Practices that show promise in improving ICWA implementation include laws defining the State's relationship with the Tribe, guides and trainings about ICWA for child welfare agencies and State courts, and forums through where representatives from Tribal and State agencies and organizations discuss relevant issues (Simmons, 2014). Examples include a bench handbook regarding ICWA implementation in California (http://www.courts.ca.gov/documents/ICWAHandbook.pdf) and a State-Tribal reconciliation process to examine the historical context of Indian child welfare, strengthen intergovernmental relationships, and develop policies to improve practice (http://www.mainewabanakitrc.org/). For a more complete list of promising practices, including links for more information, and an overview of ICWA, refer to the National Indian Child Welfare Association at http://www.nicwa.org/government/documents/Improving%20the%20Well-being%20of%20American%20Indian%20and%20Alaska%20Native%20Children%20and%20Families_2014.pdf.

For additional information about ICWA, visit Information Gateway at https://www.childwelfare.gov/topics/systemwide/diverse-populations/americanindian/icwa/.

[4] For more information about P.L. 280, visit the Administration for Native Americans within the HHS Administration for Children and Families at http://www.acf.hhs.gov/programs/ana/resource/american-indians-and-alaska-natives-public-law-280-tribes.

Family Group Decision-Making. Family group decision-making (FGDM) reflects the traditional values of kinship and community seen in Native American, African-American, and Hispanic cultures and shows promise in reducing racial disproportionality and disparity among those populations (Sheets et al., 2009; Drywater-Whitekiller, 2014). The intent of FGDM is to bring together immediate and extended family members, a trained facilitator, and others (e.g., community members, agency personnel) to develop a plan for the children's safety and well-being of the children. Several communities that participated in the Casey Family Programs' Breakthrough Series Collaborative (BSC) on racial disproportionality determined that families were generally more willing to participate fully in the FGDM process when the agencies used facilitators who were already trusted by and engaged in the community, such as ministers or community organizers (Miller, 2009).

In the BCS initiative, communities that used family engagement in case planning and decision-making reported fewer children entering foster care, increased rates of kin placements when removal from the home was necessary, increased exits from out-of-home care, and shorter stays in out-of-home care (Miller, 2009). Other research has shown that FGDM participation increased the rates of exits from care, especially to reunification, for African-American and Hispanic children (Sheets et al., 2009) and improved African-American children's receipt of mental health services (McCrae & Fusco, 2009).

For more information about family engagement, view Information Gateway's *Family Engagement: Partnering With Families to Improve Child Welfare Outcomes* at https://www.childwelfare.gov/pubs/f-fam-engagement/ or the Family Engagement Inventory at https://www.childwelfare.gov/fei/. For more information about FGDM, visit Information Gateway at https://www.childwelfare.gov/topics/famcentered/decisions/.

Culturally Competent and Diverse Workforce. Social workers, including the child welfare workforce, tend to be non-Hispanic and White. Data from the National Survey of Child and Adolescent Well-Being (NSCAW) II show that, in 2008–09, 58 percent of child welfare caseworkers were non-Hispanic White, 24 percent were Black, 15 percent were Hispanic, and 4 percent were another race or ethnicity (Dolan, Smith, Casanueva, & Ringeisen, 2011). While it is neither possible nor necessarily desirable to match workers and clients by ethnicity, CPS staff who share or understand the culture or language of a particular family may have a better comprehension of the family's background and needs.

Family practices that might be seen as abusive or neglectful by mainstream standards may have a cultural component that would define them differently by a worker of a different background. Commonly encountered cases involve different cultural views of corporal punishment and parents' rights to discipline their children as they see fit. In cases in which children are being harmed, the role of agencies is to honor the intentions while educating the parents about the laws and reasons behind the laws and helping them identify other approaches.

Training for child welfare staff could include information about disproportionality and disparity, institutional racism, culturally competent practice with specific cultural groups, and identifying personal biases and their impact (Lancaster & Fong, 2015). While training is a key first step to enhanced practice by agency staff, it is also important to support transfer of learning to ensure staff apply the concepts from the training to their jobs.

One training frequently mentioned in the literature is the "Undoing Racism" workshop, which was developed by the People's Institute for Survival and Beyond (http://www.pisab.org/). This workshop helps participants better understand racism and its impact on institutions and their own work, as well as how to lessen racism within systems. Studies of this training in the Kentucky child welfare system found high participant satisfaction with the training and that 80–90 percent of participants reported in a follow-up that they had transferred the learning to practice by attempting to or actually bringing about changes in their organizations (Curry & Barbee, 2011).

For additional information about cultural competence training for child welfare professionals, visit the following resources:

- Information Gateway: https://www.childwelfare.gov/topics/management/training/curricula/caseworkers/topical/cultural/
- FRIENDS National Center for Community-Based Child Abuse Prevention: http://friendsnrc.org/cbcap-priority-areas/cultural-competence
- Florida's Center for Child Welfare: http://centerforchildwelfare.fmhi.usf.edu/Publications/CulturalCompetencyDiversityPub.shtml

Communitywide Partnerships and Initiatives. Research has shown that disproportionality in child welfare does not occur in a vacuum but often reflects other societal values. Therefore, forming partnerships with community- and faith-based organizations and engaging the greater community can help child welfare agencies take a more encompassing approach. Communities, agencies, and other organizations may be able to work together to establish councils or other communitywide bodies to respond to issues regarding disproportionality. These councils can address the issue as a whole or concentrate on specific aspects of disproportionality, such as hiring practices or foster family recruitment. Such efforts should include representation from groups that are overrepresented in the child welfare system. This approach may bring child welfare services closer to those who need them, educate other social service providers about child welfare, enhance child welfare staff's understanding of particular racial and ethnic groups, build trust, and demonstrate the agency's commitment to finding homes for children within the community.

When working with Tribes, it is important for State and local child welfare agencies to be aware of Tribal sovereignty (i.e., self-governance) and how that may affect the relationship between the two agencies. For more information, refer to Information Gateway's *Tribal-State Relations* at https://www.childwelfare.gov/pubPDFs/tribal_state.pdf.

Point of Engagement Service Delivery Model

In response to an independent audit indicating that it had a fragmented emergency response system, the Compton office of the Los Angeles Department of Child and Family Services (DCFS) developed the Point of Engagement (POE) service delivery model. POE uses a multidisciplinary, family-centered approach that relies on support from the community to help reduce the number of children entering the child welfare system. The following are examples of key components to POE (Marts, Lee, McRoy, & McCroskey, 2011):

- Providing referrals to informal resources for all families identified through the child maltreatment hotline
- Incorporating differential response
- Offering voluntary family maintenance, reunification, and preservation services for families with open cases and who are at moderate to high risk
- Holding team decision-making and child safety conferences to identify strengths and resources and develop a service plan
- Providing additional supports to children and families when maltreatment has been substantiated, including the following:
  - Assigning an intensive service worker to address immediate needs, link families to services, and work on reunification
  - Identifying non-offending parents and relative caregivers and providing kinship support
  - Referring children and families to multidisciplinary assessment teams to determine if there are any mental health, developmental, and educational issues
  - Beginning concurrent planning

POE has shown positive effects on general child welfare outcomes, such as fewer children being removed from their homes and an increase in reunifications within 12 months, and it has also shown promise in reducing disproportionality (Marts et al., 2011). Although disproportionality was still present in Compton, the community showed improvement in the both the rate of substantiation and overall caseload for African-American children, particularly in comparison to other local DCFS offices.

Differential Response. Differential response, also known as alternative response or dual-track response, refers to the use of a tailored response for families reported for child maltreatment. Different from the "one response fits all" approach, differential response is most often used when there is a determination of low risk or when the family might not otherwise qualify for services. Families may receive services without a substantiated finding of child maltreatment or, in cases of substantiation, when the child can remain safely in the home while the family receives services.

Differential response has been recognized as a strategy that could potentially reduce disproportionality and disparity (Martin & Connelly, 2015). This is a flexible approach to working with families and provides more options for family involvement in case planning and service provision. An evaluation of a pilot alternative response project in 10 Ohio counties showed a decrease in all child placements, including a reduction in the number of African-American children in State custody, and major positive effects on new reports of child maltreatment among African-American families (National Quality Improvement Center on Differential Response in Child Protective Services, 2009; Kaplan & Rohm, 2010). Other positive outcomes for families of color, such as equitable or increased service receipt (Jones, 2015). There are also indications, however, that disproportionality and disparity still exist within differential response systems (Allan & Howard, 2013). Additional research on its effect on outcomes for families of color is still needed.

For additional examples of how State and local agencies and communities are addressing disproportionality and disparities, refer to *Strategies to Reduce Racially Disparate Outcomes in Child Welfare: A National Scan by the Center for the Study of Social Policy* at http://www.cssp.org/publications/child-welfare/alliance/Strategies-to-Reduce-Racially-Disparate-Outcomes-in-Child-Welfare-March-2015.pdf.

Conclusion

Racial disproportionality and disparity are undoubtedly concerning issues for child welfare systems throughout the country. The strategies used to address these issues are often similar to those utilized to otherwise improve child welfare services but also often incorporate the principles of cultural competence and the recognition of biases. Although there is widespread recognition of the problem, there is a paucity of research about the causes of disproportionality and disparity and of promising practices to address them (Hill, 2011). Child welfare agencies should assess the existence of disproportionality and disparities within their systems, including at which decision points they occur and which racial and ethnic populations are affected, and seek strategies specific to the issues present in their jurisdiction.

Additional Resources

- **National Center for Diligent Recruitment at AdoptUSKids:** Assists States, Tribes, and Territories in developing and implementing comprehensive, multifaceted diligent recruitment programs (http://www.nrcdr.org/)
- **Alliance for Racial Equity in Child Welfare at the Center for the Study of Social Policy:** Brings together a multitude of organizations, agencies, universities, and others to support of improved outcomes for children and families of color involved with the nation's child welfare system (www.cssp.org/reform/child-welfare/alliance-for-race-equity)
- **National Conference of State Legislatures:** Provides information, including legislative initiatives, reports, and statistics, regarding State efforts to address racial disproportionality and disparity (http://www.ncsl.org/research/human-services/disproportionality-and-disparity-in-child-welfare.aspx)

- **Courts Catalyzing Change: Achieving Equity and Fairness in Foster Care Initiative [National Council of Juvenile and Family Court Judges]:** Brings together judicial officers and other systems experts to set a national agenda for court-based training, research, and reform initiatives to reduce the disproportionate representation of children of color in dependency court systems (http://www.ncjfcj.org/our-work/courts-catalyzing-change)
- **Disproportionate Minority Contact Resource Center at the University of Iowa School of Social Work:** Serves state and community efforts to reduce disproportionality and overrepresentation of minority youth in the juvenile justice and child welfare systems by assisting with evaluation and analysis of data and providing technical assistance on issues that include health and education-related disparities (http://clas.uiowa.edu/nrcfcp/resources/features/dmc-resource-center-focuses-disproportionality)

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Suggested Citation:

Child Welfare Information Gateway. (2016). *Racial disproportionality and disparity in child welfare.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Most Common Reason For Placement

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DCS Definitions of Abuse and Neglect

- Physical Abuse
- Neglect
- Child Sexual Abuse
- Psychological Harm

Every person in Tennessee is a mandated reporter.

Report Suspected Child Abuse & Neglect
877-237-0004
Call 911 if there is a life-threatening emergency

TN Department of Children's Services

DCS Definitions of Abuse and Neglect

- **Physical Abuse**: Non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. It also includes a parent's or a caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. In its most severe form, physical abuse is likely to cause great bodily harm or death.

- **Neglect**: (The number one reason children and youth come into care.) Failure to provide for a child's physical, emotional and cognitive survival needs to the extent that there is harm or risk of harm to the child's health, safety, or development. This may include, but is not limited to abandonment, lack of supervision, lack of adequate nutrition that places the child below the normal growth curve, lack of shelter, lack of medical or dental that results in health-threatening conditions, and the inability to meet basic clothing needs of a child. In its most severe form, physical neglect may result in great bodily harm or death.

- **Additionally,** neglect can extend to emotional and developmental neglect. Developmental neglect can include, not providing the necessary stimulation for their brains healthy development.

- **Child Sexual Abuse:** Includes penetration or external touching of a child's intimate parts, oral sex with a child, indecent exposure or any other sexual act performed in a child's presence for sexual gratification, sexual use of a child for prostitution, and the manufacturing of child pornography. Child sexual abuse is also the willful failure of the parent or the child's caretaker to make a reasonable effort to stop child sexual abuse by another person.

- If a child discloses sexual abuse, it is important to do the following:

    - Listen carefully (Avoid judgement)

    - Remember that the child is never responsible for the abuse

    - Believe the child

  - Do not probe for more information as this could confuse the child and jeopardize the investigation
  - Protect the child's privacy: Do not share with anyone who does not need to know
  - Report the abuse immediately through the DCS 24 hour child abuse hotline: **877-237-0004**

- **Psychological Harm:** A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs and may include both abusive acts against a child and failure to act, or neglectful behavior when age-appropriate action is required for a child's health development. It can occur as part of a one-time incident but is usually chronic.

Video: Dr. Nadine Burke Harris

"How Childhood Trauma Affects Health Across A Lifetime"

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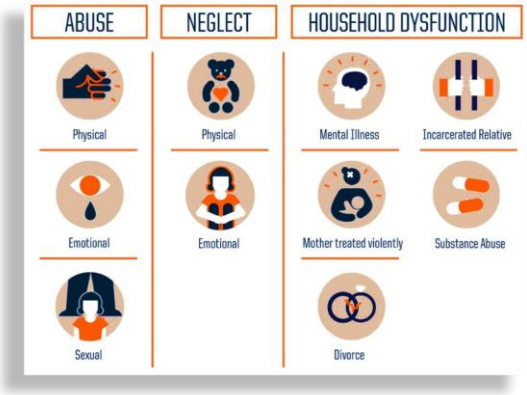
NOTES

The Original ACE Questionnaire



- ACE scores are between 0 and 10.
- For every yes to the 10 questions you get a score of one (1).
- Higher ACE scores increase the risk of experiencing disease, disability and social problems.

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Additional ACEs

- Witnessing Violence
- Living In Unsafe Neighborhoods
- Experiencing Racism
- Living In Foster Care
- Experiencing Bullying

ACEs are ADVERSE CHILDHOOD EXPERIENCES

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ACEs

- ACEs scores should not be used as a diagnostic tool.
- An individual could potentially have more negative outcomes with a score of 3 ACEs from early childhood than a person with a score of 5 ACEs received later on in life.
- ACEs are not destiny.

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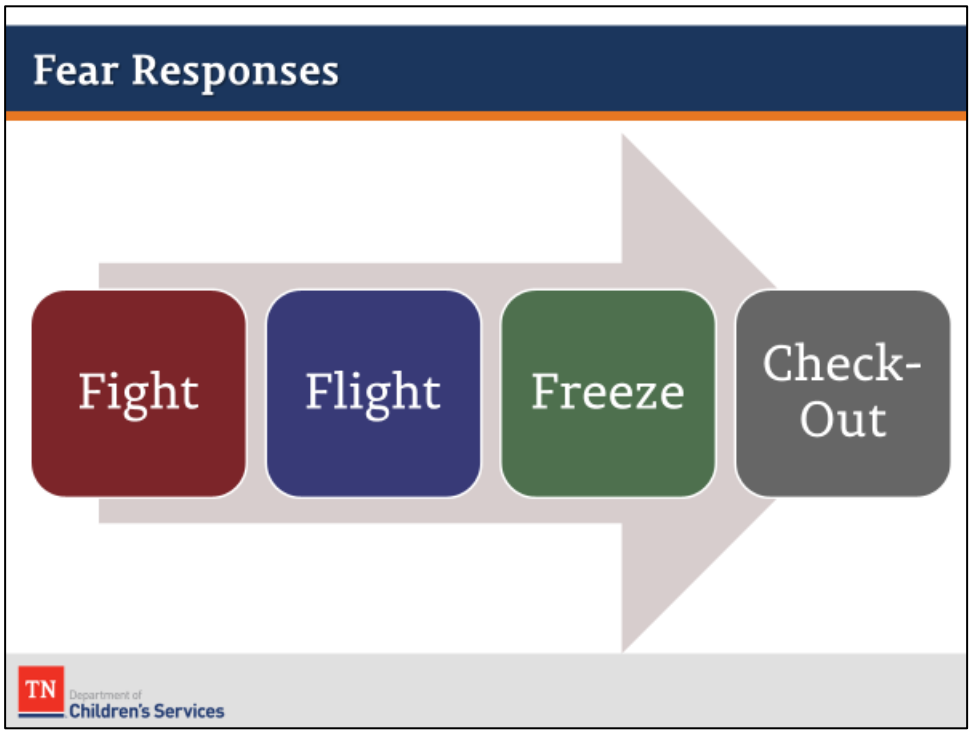

- **Fight** – "I have to protect myself at all costs." that can show up physically or verbally. Fighting someone off creates space and safety. An aggressive response to attack or ward off the danger.
- **Flight** – "I'm outta here!" is a withdrawal response to escape the danger.
- **Freeze** – The "deer in the headlights" reaction because they don't know what to do.
- **Check-out –** The response "I'm not here, I'm not me, this isn't happening" happens when they cannot fight or flee physically, they go to an internal place of safety. This is also known as dissociation.

Video: Dr. Dan Siegel

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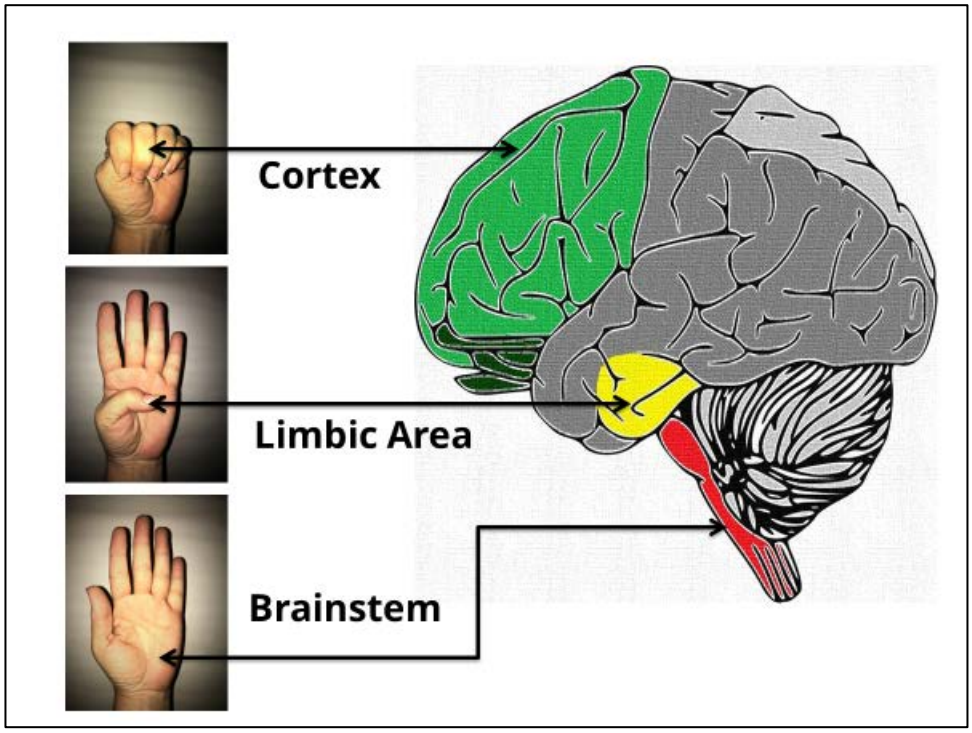
NOTES



Brainstem:

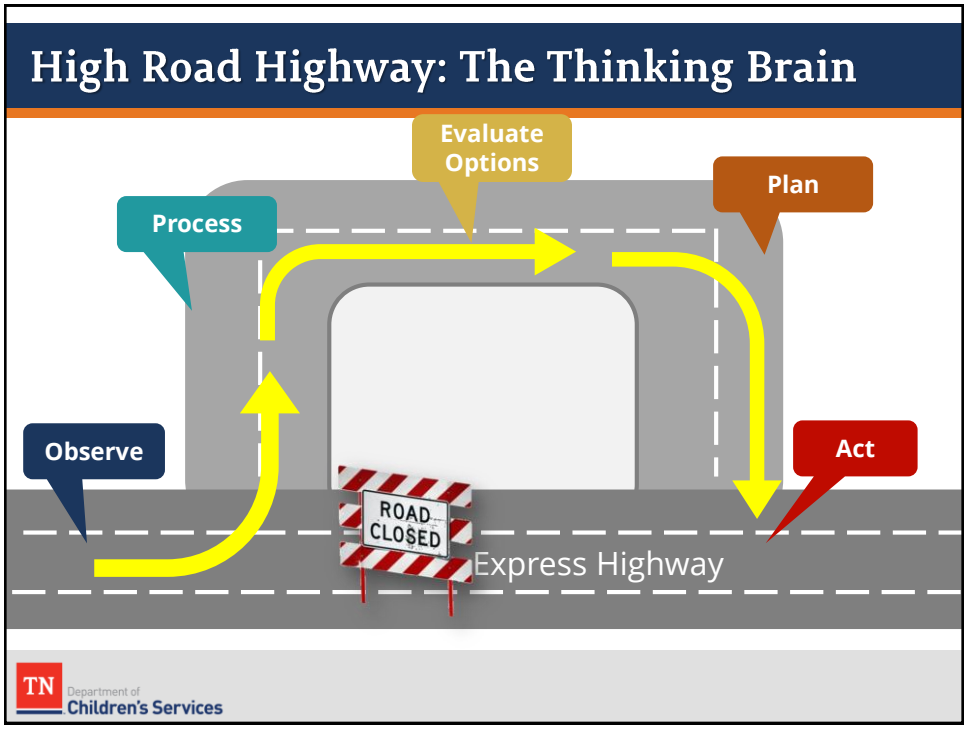
- The lower, primitive, part of the brain because it develops first and controls the automatic function, such as heart rate, breathing, digestion, etc. and responsible for survival.
- Sends messages out when danger appears.

Limbic Area –Amygdala and Hippocampus:

- This is the emotion and fear center of the brain that prepares us to fight, flee, freeze or check out, when the brainstem sends messages of danger.
- Causes the release of cortisol that creates energy and high alert, like seeing the bear in the forest and helping us survive through fight, flight, freeze, checkout.
- Cortisol is necessary for moving us to action but becomes toxic to our overall well-being when it is released constantly when there is constant danger of the bear every day.

Cortex:

- The high, thinking, part of the brain containing the pre-frontal lobe and responsible for reasoning, logic, problem solving, emotional control, and self-regulation.
- Develops over time and the last portion of the brain to develop. Research indicates that the brain is still developing well into our late twenties.


High Road Highway: The Thinking Brain
Evaluate Options
Plan
Process
Observe
Act
ROAD CLOSED
Express Highway
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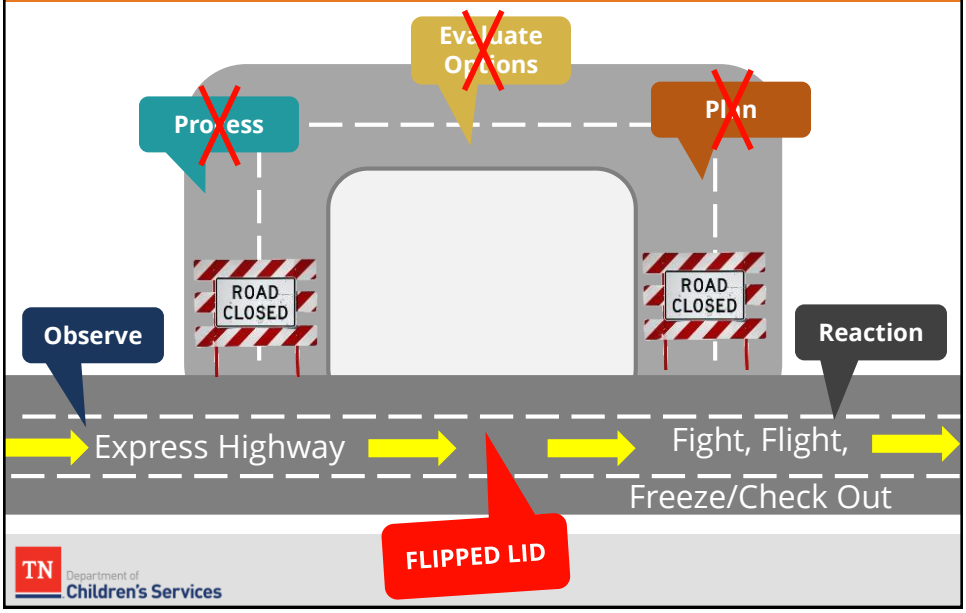
See a bear? Take a ...
SHORTCUT
TN Department of Children's Services

Low Road Expressway: Reaction Brain



"Zero to 60..."

Foster children are not starting at zero. They are much closer to 60, so flipping their lids can happen quickly.

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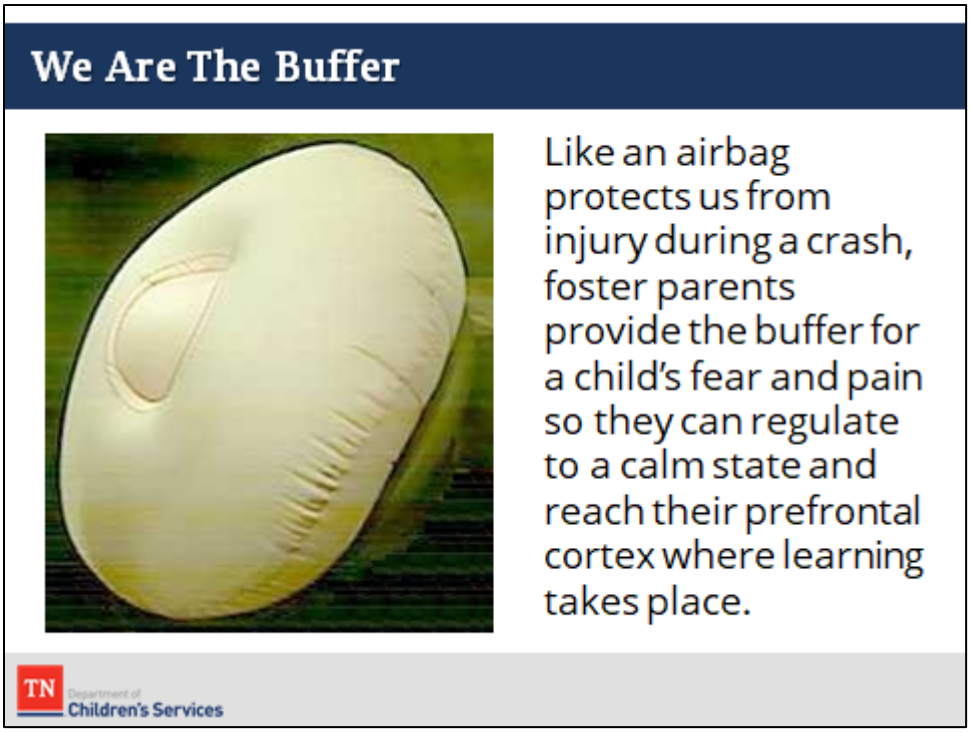
We Are The Buffer
Like an airbag protects us from injury during a crash, foster parents provide the buffer for a child's fear and pain so they can regulate to a calm state and reach their prefrontal cortex where learning takes place.
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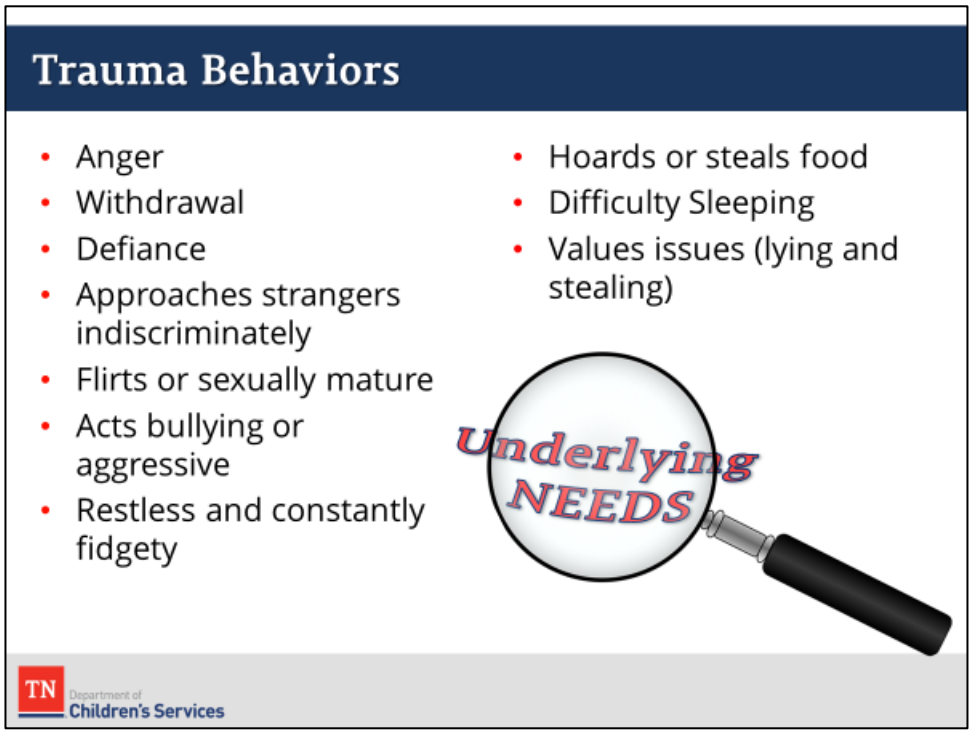
Notes:



- **Anger**: I am terrified and trying to protect myself from a situation that resembles a terrible experience I had in the past. I am so frustrated because I do not know you or how to express my feelings or if I am allowed to express my feelings. I have never had the foods you provide and because I often did not eat, I am afraid there will be nothing for me to eat so I respond inappropriately. My body feels exhausted and my brain chemistry is imbalanced, but I do not know how to solve the problem. I feel like I just want to rest. Please don't leave me; I am terrified of being abandoned again. I must be in control because I have never known trustworthy adults before.
- **Withdrawal**: I do not know how to cope with my surroundings. Everything seems new, confusing and scary. I'm on sensory overload in your home and need to relax and recharge.
- **Defiance**: I do not understand all of the words and messages coming at me because I was often deprived of language exposure when I was young, and I still have difficulty processing what people are saying to me. I want to be in control

because adults have always proven to be unreliable, so I can only depend on myself. I have learning delays that prevent my understanding your instructions.

- **Approaches strangers indiscriminately**: My caregivers were not reliable and abandoned me, so I desperately seek security and approval wherever I am and however I can, as a kind of insurance. I crave interactive and physical contact because of my sensory processing disorder (picky eater, odd sleeping habits, trouble transitioning from one activity to another, oversensitivity to textures, sounds and smells, etc.)
- **Flirts or is sexually precocious (mature)**: This was what I was trained to do because I was sexually abused by caregivers. Inappropriate sexuality was the only way I ever got positive attention when I was younger, and I do not know how else to please people.
- **Acts bullying or aggressive**: I am treating others the way I was treated. I am scared and sad. My neurochemistry is unbalanced and I am trying to numb my emotional pain by creating pain in you.
- **Restless and constantly fidgety**: I must stay alert and prepared to defend myself at all times because in the past there was no adult to protect me.
- **Hoards or steals food**: I was painfully hungry and undernourished and nearly starved before coming to you, and I am haunted by the fear it will happen again.
- **Difficulty sleeping**: I must stay alert and prepared to defend myself at all times because in the past, I never knew when I would get hurt by the people I lived with. My brain chemistry is in fight, flight or freeze mode and will not shut down.
- **Values issues (lying and stealing)**: What I learned from my birth family and through the system is very different from your family. If I tell the truth, I may be hurt. I had to steal what I needed in order to take care of myself.

Assigned: _____ _____

1. What are some possible reasons a child might adopt this response?

_____

_____

_____

_____

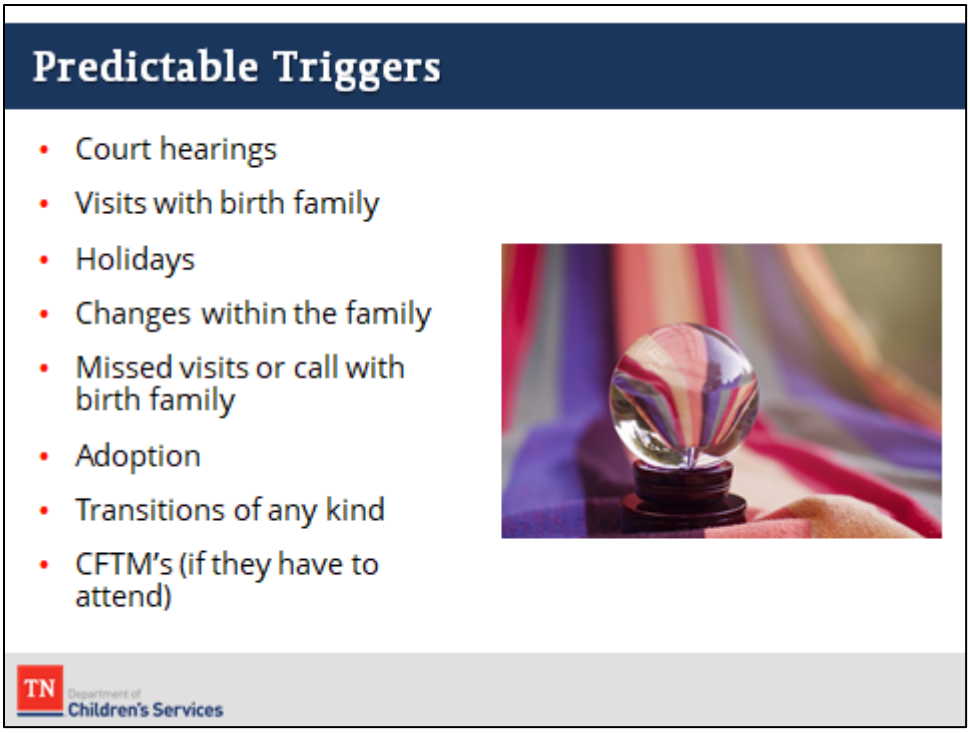
2. How could this response make it challenging to parent the child?

_____

_____

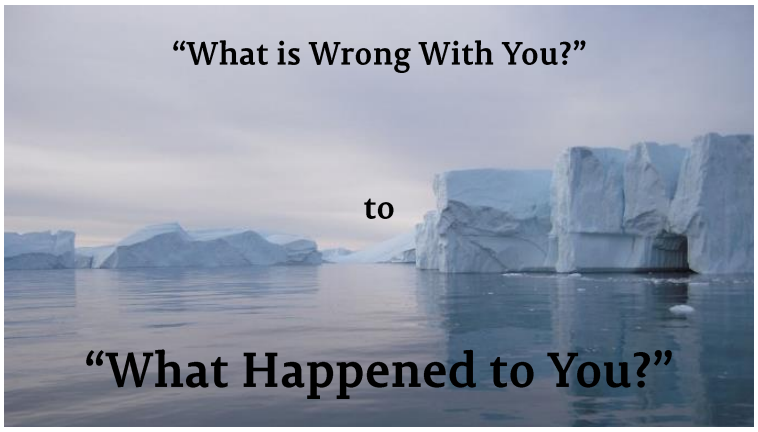
_____

_____



Court hearings: Poor outcomes, not going home, termination of parental rights, etc.
Visits with birth family: Want to go home and cannot, anger that they are apart, fear of visiting, etc.
Holidays: Missing family traditions, comparison to foster parent's celebrations, lonely, etc.
Changes within the family: Fear of being removed due to the change, triggers memories of coming into care, if the change is a divorce or death, there will be additional grief, etc.
Missed visits or call with birth family: Abandonment concerns, sad, fear that something has happened to parent, etc.
Adoption: Even when they are happy about being adopted, it is still an incredibly painful loss at the same time, knowing you will never be with parents again, and anger over not going home, etc.
Transitions of any kind: Uncertainty of outcomes, fear of another loss, etc.
CFTM's (if they have to attend): Anger at decisions being made, fear of never going home, thinking that they will be go home to live with birth parents, etc.

We must shift our thinking from…



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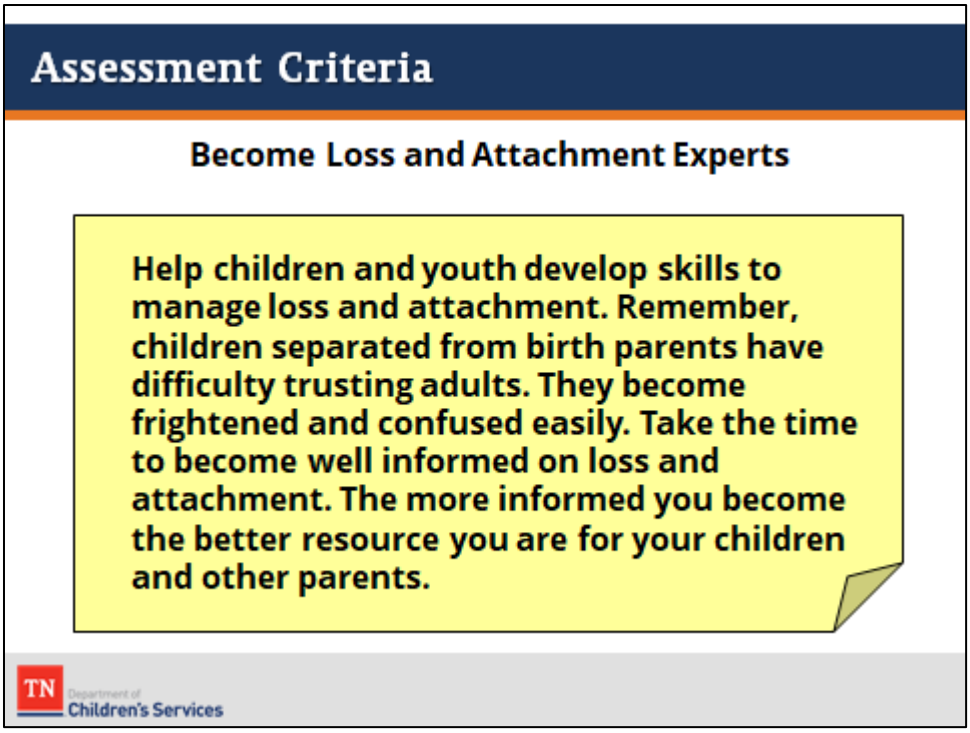
Assessment Criteria
Become Loss and Attachment Experts
Help children and youth develop skills to manage loss and attachment. Remember, children separated from birth parents have difficulty trusting adults. They become frightened and confused easily. Take the time to become well informed on loss and attachment. The more informed you become the better resource you are for your children and other parents.
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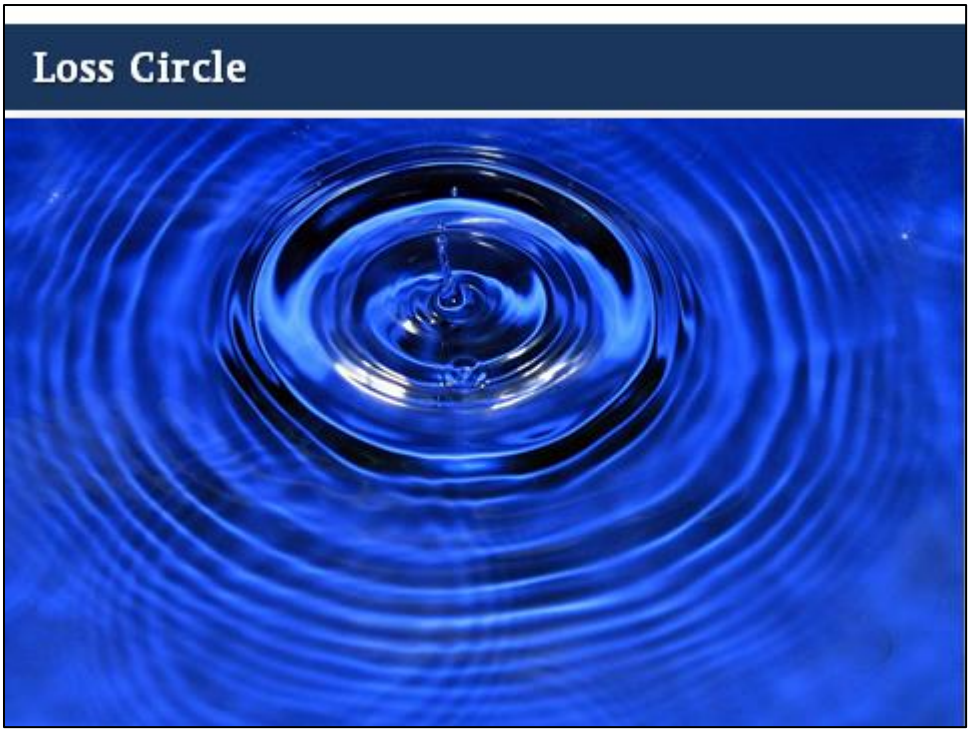
NOTES:

Assessment Criteria

Attachment Criteria are the areas that home study writers and PATH trainers use to assess prospective foster parents' abilities and desire to participate fully as professional caregiver partners. The criteria look at potential foster parents' ability to:

Communicate Effectively	Use and develop communication skills needed to foster or adopt. Be an active listener. Give clear messages, listen well, and use appropriate tone of voice. Abused and neglected children may feel worthless and may think their emotions are not worthy of being heard. Parents must listen in order to help build positive self-esteem. This shows the child an important skill which may help them be successful in other relationships.
Work in Partnership (Share Parenting)	Develop partnerships with children and youth, birth families, the agency, and the community to develop and carry out plans for permanency. You may be the person who teaches the birth parents the skills they were never taught, or the person who helps the agency decide when a different permanency plan needs to be made. Know your community resources.
Build Self-Esteem	Help children and youth build on positive self-concept and positive family, cultural, and racial identity. Accentuate each child's strengths and their success as being part of your family. Encourage them to be proud of their cultural and racial identity. Model a positive attitude about your own identity.
Manage Trauma Behaviors	Foster parents must demonstrate an ability and commitment to use discipline methods that do not include physical punishment with foster children and be willing to adopt trauma informed methods of parenting.
Assess the Impact of Becoming a Foster Parent	Assess the way fostering or adopting will affect your family. Talk to each family member privately to ensure that you know their feelings and can accurately make a decision on behalf of the family. You will want to look at the positive outcomes fostering or adopting could bring, as well as any negative outcomes that family members may expect.
Become Loss and Attachment Expert	Help children and youth develop skills to manage loss and attachment. Remember, children separated from birth parents have difficulty trusting adults. They become frightened and confused easily. Take the time to become well informed on loss and attachment. The more informed you become the better resource you are for your children and other parents.
Assure Health and Safety	Provide a healthy and safe environment for children and youth and keep them free from harm. Make your home a safe haven and ensure that all children feel secure, not threatened, in your home. Adequate food, clothing, and shelter is essential in modeling how parents should care for a child.
Apply Reasonable and Prudent Parenting Standard	Foster parents must be able to provide normalcy for the foster youth, mentoring and encouraging the foster youth's participation in his/her case planning, and understanding the responsibility of decision making for the foster youth's participation in age, and developmentally, appropriate activities.
Adhere to Agency Policies	Foster parents are required to work within state policies, share responsibility with the agency, and participate in ongoing training opportunities.
Build Connections	Help children and youth maintain and develop relationships that keep them connected to their pasts. Assist the child in staying in contact with family members. If this is a healthy relationship, and supported by your agency, this will help the child maintain a sense of connection. Find local organizations that will include the child in cultural programs to maintain their heritage.
Be Life Long Learners	Foster parents are asked to possess the belief that learning never ends. Don't be content with what you know, but make a commitment to learn new ways to expand and to sharpen your skills as a foster parent.



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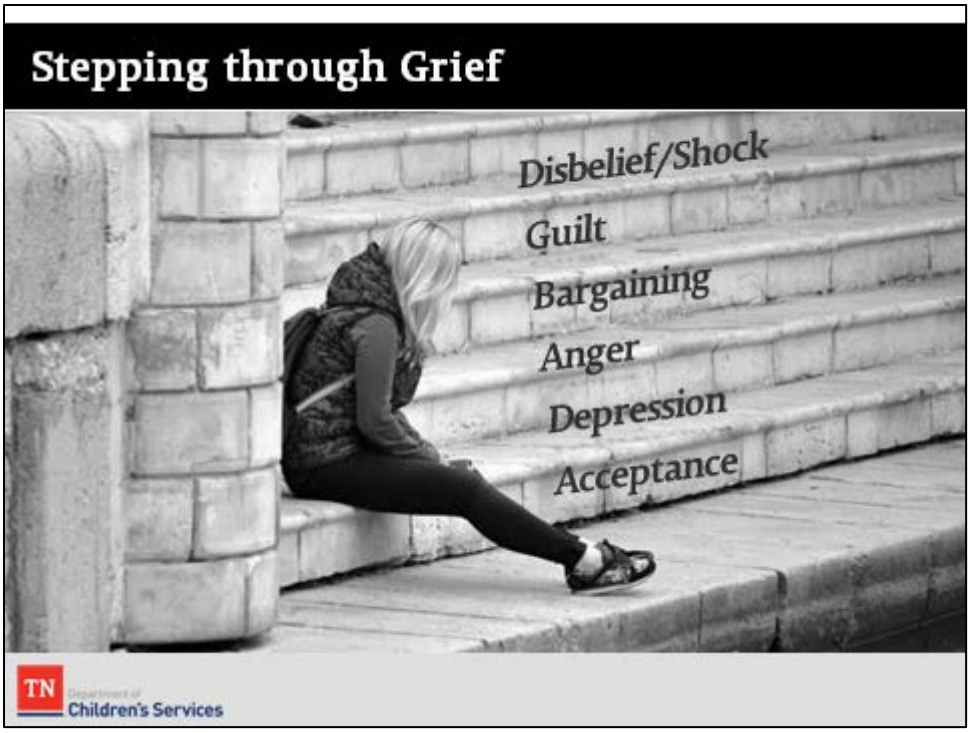


- **Disbelief/Shock** – Children believe that there has been a "mistake" and "I can't believe this is happening!"
- **Guilt** –Sometimes, children will blame themselves for causing the loss, even though they did nothing wrong.
- **Bargaining** –Foster children may believe that their behavior is what can make them go back to their birth family. They may go back to pleasing and greater effort to make the family happy. "Maybe if I am really good I can go home."
- **Anger** –This phase comes once the child realizes they will not be going home right away. The anger can surface for any reason in the form of tantrums, outbursts, and defiance. When coming right behind the honeymoon period, it can be alarming and challenge your resolve to stay regulated for the child. Foster children who need the most love will ask for it in the most unloving ways.
- **Depression** –Like all of the stages of grief, depression can come at any time and repeat itself all throughout their stay. When a child feels that there is no chance they will go home, sadness, inactivity and withdrawal from the family may occur.
- **Acceptance** –Children can begin to accept their placement and feel more part of the family. There may be testing along the way to see if they will be moved due to negative behaviors, but once they see that no matter what responses they throw your way, you will support them, even the testing will decrease or end.

WHAT LOSS LOOKS LIKE TO A CHILD.

For children who are developmentally on par...

Infant to Age 2

Establishment of trust, attachment, and security are essential for infants. When their sense of security is challenged, infants may cry loudly, withdraw, be apathetic, and cry mournfully. Older children may be clingy, cranky, cry, and have sleep disturbances. They may rock, bite, cry excessively, and demonstrate anxious behaviours.

Between Ages 2 and 5

Toddlers and pre-schoolers have not developed logical thinking abilities, and don't understand cause and effect and permanence. When they experience loss, they may feel sadness, hopelessness, denial and guilt. They may behave as clingy, anxious, and stubborn. They may regress with talking, feeding, or toileting. They may have bad dreams, and temper tantrums.

Between Ages 5 and 9

Children may show grief by crying, regression, anxiety, headaches or stomach aches. They may show hostility, have trouble concentrating, have bad dreams and have school problems. They may hide their feelings. And they may have a strong need to control behaviours but have trouble doing so.

Between Ages 9 and 11

Children are able to understand cause, effect, and time. They begin to form logical and concrete thoughts. There may be learning problems or issues at school, preoccupation and worries. They may exhibit anger or hostility, experience anxiety or physical pain. They might be inattentive.

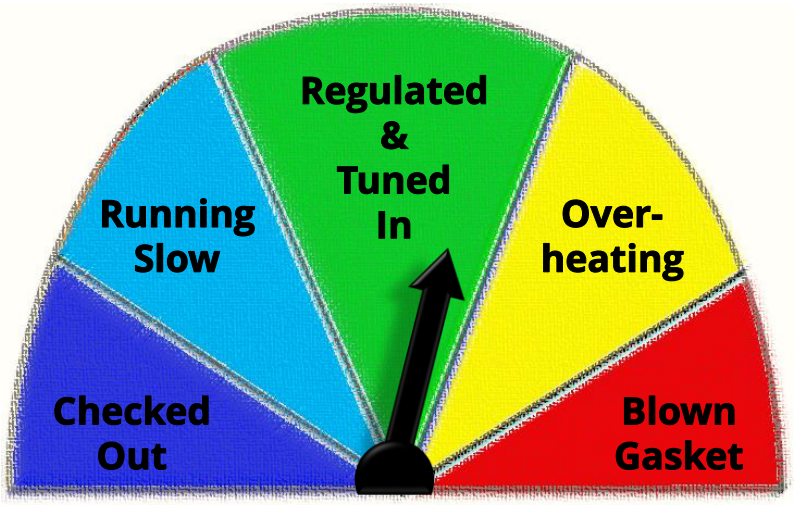
Between Ages 12 and 18

The primary task of a child at this stage is to form their own identity, and issues of independence and differentiation are occurring. They also want to fit in and feel normal. Grief may take the form of withdrawal, resistance, regression, acting out, or mood swings. They may take part in risky behaviour, like substance abuse, eating disorders, cutting, or delinquency. They may have sleeping disturbances. They may act angry or depressed, including expressing suicidal ideation.

While this list is a general guide, it does not account for children who have delays or disabilities and and careful attention must be paid to the unique needs of each child. Grief is a complex process, influenced heavily by the unique experiences of a child's previous trauma and losses. The impact can often be compounded and co-existing.

SOURCES:
Supporting Grieving Children. (n.d.). Ann and Robert H. Lurie Children's Hospital of Chicago. Retrieved from https://www.luriechildrens.org/en-us/care-services/family-services/programs/heartlight/Pages/supporting-grieving-children.aspx
Berrier, S. (2001, November). The effects of grief and loss on children in foster care. Fostering Perspectives, Vol 6(1). Retreived from: http://www.fosteringperspectives.org/fp_vol6no1/effects_griefloss_children.htm

Engine Check



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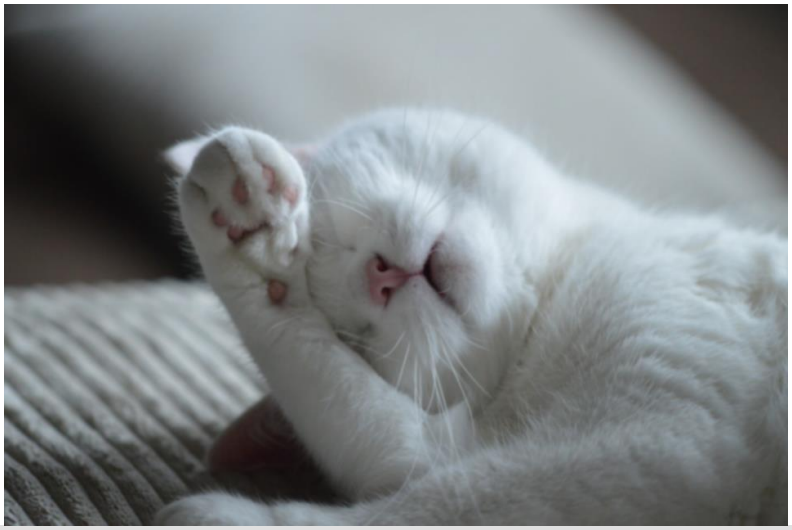
Doodle Box

Rest Stop Activity



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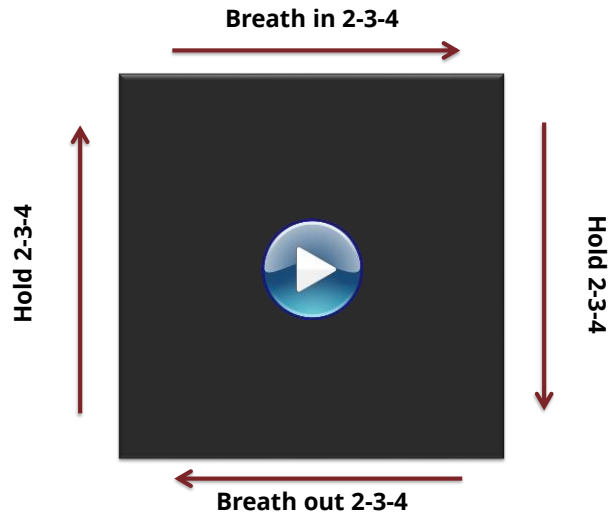
Square Breathing



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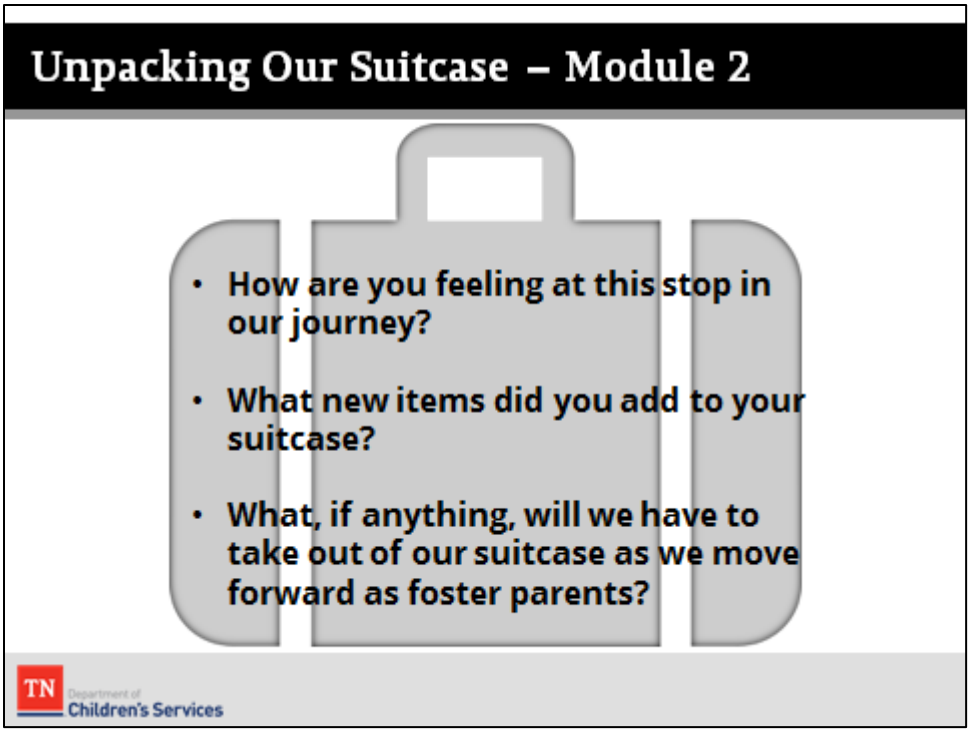

How are you feeling at this stop in our journey?

_____

_____

_____

What new items did you add to your suitcase?

_____

_____

_____

What, if anything, will we have to take out of our suitcase as we move forward as foster parents?

_____

_____

_____

Roadwork: Read and Answer Questions

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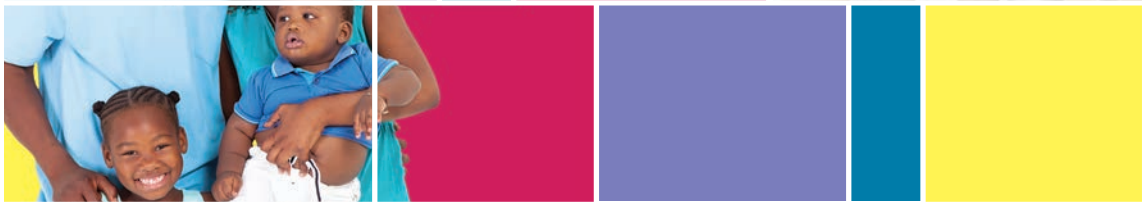
Next Week

- **Module 3: Roadmap to Resiliency**
- **ReMoved: Part 2**

See you then!

TN Department of Children's Services

FACTSHEET FOR FAMILIES
December 2018



Parenting a Child or Youth Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents

As a parent or caregiver of a child or youth who has a known or suspected history of being sexually abused, you may feel confused about the impact of the abuse and uncertain about how you can help. It may be comforting to know that most children and youth who have been abused **do not** go on to abuse others, and many live happy, healthy, successful lives. At the same time, all children and youth who have been abused need to feel safe and loved in nurturing homes. As a parent or caregiver, you can play a central role in your child's healing process, as well as in "building resilience," which strengthens your child's ability to adapt to or cope with adversity.

This factsheet discusses how you can help children and youth in your care by educating yourself about child sexual abuse, understanding the impact of the abuse, establishing guidelines for safety and privacy in your family, and seeking help if you need it. Reading this factsheet alone will not guarantee that you will know what to do in every circumstance, but you can use it as a resource for some of the potential challenges and rewards that lie ahead.

WHAT'S INSIDE

Educating Yourself

One of the most useful steps you can take to help your child is to educate yourself about both sexual abuse and healthy sexual development in children. With this information, you will more easily recognize behaviors possibly associated with past or current abuse and avoid uncertainty if your child or youth shows uncommon sexual behaviors. Most importantly, you may gain confidence in supporting your child or youth through a variety of sensitive questions or situations that may arise. This section covers signs and behaviors that may suggest sexual abuse in children and youth, as well as common healthy sexual development behaviors.

What Is Child Sexual Abuse?

The National Child Traumatic Stress Network (NCTSN) defines child sexual abuse as the following:

> — [A]ny interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and nontouching behaviors. Nontouching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Children of all ages, races, ethnicities, and economic backgrounds may experience sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities.

For more information, see Child Welfare Information Gateway's webpage, Identification of Sexual Abuse, at https://www.childwelfare.gov/topics/can/identifying/sex-abuse.

Signs of Sexual Abuse

If you are parenting a child or youth who has been removed from his or her family, you may not know whether he or she has been sexually abused. Child welfare agencies are required to share all **known** information about a child's history with his or her caregiver. However, past records of abuse may not exist, and young children or children who are nonverbal may be unable to tell you about being abused. Children and youth with disabilities, many of whom cannot interpret or articulate abusive experiences, are at significantly higher risk of sexual abuse than their peers without disabilities (Child Welfare Information Gateway, 2018). Moreover, many children do not reveal past abuse until they feel safe. For these reasons, foster or adoptive parents or kinship caregivers are sometimes the first to learn that a child has been sexually abused. Therefore, knowing the signs and behaviors of abuse is critical.

> For information on how to learn more about your adopted child, refer to Information Gateway's factsheet, *Obtaining Background Information on Your Prospective Adopted Child*, at https://www.childwelfare.gov/pubs/f-background/.

Children who have been sexually abused also may act out—that is, express feelings or sexual impulses that are odd, excessive, aggressive, or explicit. Although no one specific sign or behavior proves that sexual abuse has occurred, the following table provides examples of potential warning signs of abuse.

Table 1. Signs and Behaviors That May Suggest Sexual Abuse in Children and Youth[1]

Younger Children	Older Children and Youth	Both Children and Youth
▪ Imitation of sexual acts with toys or other objects, such as stuffed animals ▪ Behavior of a much younger child, like wetting the bed or sucking a thumb ▪ Refusal to take off clothing at appropriate times (e.g., bathing, going to bed) ▪ Sexually transmitted infections (STIs)[2] (especially in children who have not yet started puberty)	▪ Unhealthy eating patterns or unusual weight gain or weight loss ▪ Anxiety or depression ▪ Changes in self-care or paying less attention to hygiene ▪ Self-harming behaviors or suicidal thoughts ▪ Alcohol or drug use ▪ Running away ▪ STIs or pregnancy ▪ High-risk sexual[3] behavior ▪ Suddenly having money	▪ Explicit sexual knowledge beyond the child's developmental stage ▪ Sexual fixation indicated by language or drawings ▪ Nightmares, trouble sleeping, or fear of the dark ▪ Sudden or extreme mood swings (e.g., rage, fear, anger, crying, or withdrawal) ▪ References to a new, older friend ▪ Unexplained avoidance of certain people, places, or activities ▪ Pain, itching, or bleeding in genital areas

These red flags do not always indicate that your child or youth has experienced sexual abuse. Rather, these actions may reflect an underlying issue, such as *physical* or *emotional* abuse or unintentional exposure to sexual content. Regardless, a trained professional who specializes in working with children who have been sexually abused should assess whether there is an underlying concern. (See the last section of this factsheet, Seeking Help, for more information.)

The following organizations offer more information on behavioral signs of sexual abuse:

- Stop It Now! http://www.stopitnow.org/warning_signs_child_behavior
- The Rape, Abuse and Incest National Network (RAINN) https://www.rainn.org/articles/warning-signs-young-children and https://www.rainn.org/articles/warning-signs-teens
- Darkness to Light https://www.d2l.org/get-help/identifying-abuse/
- U.S. Department of Justice https://www.nsopw.gov/en/Education/RecognizingSexualAbuse

Healthy Sexual Development in Children and Youth

At each developmental stage, children show a range of healthy sexual behaviors and curiosity. Children's behaviors and curiosity may develop gradually, based on their development, and may be influenced by factors such as what they observe and the guidance they receive from parents and caregivers. Understanding healthy sexual development can provide a context in which to consider signs and behaviors of possible abuse. The table below lists common behaviors considered healthy for most children and youth, according to their developmental phases.

[1] Unless noted otherwise, content in the table is adapted from Stop It Now! (n.d.). *Tip sheet: Warning signs of possible sexual abuse in a child's behavior.* Retrieved from http://www.stopitnow.org/warning_signs_child_behavior.

[2] Rape, Abuse and Incest National Network. (n.d.). *Warning signs for young children.* Retrieved from https://www.rainn.org/articles/warning-signs-young-children.

[3] American College of Obstetricians and Gynecologists. (2017). *Adult manifestations of childhood sexual abuse.* Retrieved from https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Adult-Manifestations-of-Childhood-Sexual-Abuse

Table 2. Common Sexual Development Behaviors in Children and Youth[4]

Younger Children	Older Children and Youth
▪ Curiosity about their bodies, occasional masturbation in public and private ▪ Consensual, playful exploration of their bodies with children of similar age ▪ Questions about sexuality, such as "Where do babies come from?" ▪ Lack of inhibition about nudity, particularly under age 5 ▪ Use of slang to describe body parts and jokes about bodily functions	▪ Adherence to social norms around masturbation, likely occurs in private ▪ Shared sexual behaviors with peers of a similar age may take place ▪ Interest in adult bodies on TV or in the media ▪ Understanding of pregnancy, HIV, and other STIs ▪ Capacity to learn about intimate, long-term, loving relationships and healthy versus unhealthy relationships

Visit http://www.stopitnow.org/ohc-content/what-is-age-appropriate for more information about behaviors common among different ages of children and behaviors that might be uncommon or unhealthy. Seek support by calling the Stop It Now! helpline at 1.888. PREVENT (1.888.773.8368).

Understanding the Impact of Sexual Abuse

If a professional has determined that your child or youth has been sexually abused, or if you suspect that he or she has been abused, understanding the impact of abusive experiences may provide important insights into how sexual abuse has affected your child's behavior.

Impact of Sexual Abuse on Children and Youth

Sexual abuse violates physical and emotional boundaries. Children and youth who have been abused may see the world as unsafe and adults as manipulative and untrustworthy, or they may lack boundaries and be unaware when they are in unsafe situations. Many factors influence how children think and feel about the abuse they experienced, how it affects them, and how they develop resilience.

Resilience

According to the American Psychological Association (APA), resilience is the ability to adapt or cope in a positive way to adversity, including trauma, tragedy, threats, and significant stress. It involves behaviors, thoughts, and actions that can be learned over time and nurtured through positive relationships with parents, caregivers, and other adults. Resilience in children and youth who have experienced sexual abuse enables them to thrive despite this traumatic event.

For ways to help your child or youth build resilience, refer to Information Gateway's tip sheet, *Building Resilience in Children and Teens*, at https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/tip-sheets/. For more general information on resilience visit the APA website at http://www.apa.org/helpcenter/road-resilience.aspx.

Factors that can contribute to the impact of abuse include the following:

- Relationship of the abuser to the child or youth; extent that the abuse was a betrayal of trust within an important relationship (e.g., the perpetrator is a father verses a neighbor)
- Frequency and duration of abuse; whether penetration occurred
- Child's age (young children may experience more adverse consequences)
- Child's emotional and social development at the time of the abuse
- Child's ability to cope with physical responses to the abuse (e.g., fear and arousal)
- How much responsibility the child or youth feels for the abuse (e.g., not telling an adult about it right away or stopping it somehow)
- Response to the child when he or she reveals the abuse
- Abuser's use of "friendliness" and efforts to make the child a willing participant
- Abuser's use of threats of harm or violence, including threats to pets, siblings, or parents
- Abuser's use of secrecy and threats to withdraw love and affection
- Gender of the abuser being the same as or different from the child (e.g., children and youth are less likely to report sexual activity with the same gender)

Children and youth must understand that they are not to blame for the abuse they experienced. Your family's immediate response to and ongoing acceptance of your child's abuse will play a critical role in your child's ability to heal, build resilience, and lead a healthy life. (See the last section of this factsheet, Seeking Help, for more information about healing from abuse.)

If you are concerned when your child acts out sexually with peers or younger children, respond calmly and take into account your child's development and the trauma he or she has endured. Children are likely asking for limits to be set and may be unaware of appropriate boundaries.

Trauma

Children who have been sexually abused may still be affected by the trauma associated with that experience when they come into care. Trauma is an emotional response to an intense event that threatens or causes harm. Understanding the effects of trauma can help you support your child's healing and improve family dynamics. For more detailed information about trauma, refer to Information Gateway's factsheet, *Parenting a Child Who Has Experienced Trauma*, at https://www.childwelfare.gov/pubs/factsheets/child-trauma/.

Set clear limits and seek appropriate professional help for children whose behavior persists. Learning not to over- or underrespond to situations will help you care for your children with empathy and confidence in your parenting and in the healing process.

Children may respond to sexual abuse in varied ways. Some may act withdrawn and appear timid in social situations, while others may be angry and aggressive. Some may require special attention and firm limits to be set, and others may act out when situations, locations, or everyday items trigger memories of a traumatic event. Triggers occur unexpectedly by a variety of circumstances, and children may not be aware of their triggers. These may include situations as specific as seeing someone who looks like the abuser or as general as being alone in a public restroom or other location that is a reminder of where the abuse took place.

In addition, awareness of cultural differences can offer insights regarding your child's comfort level with physical space, physical affection, bathing and nudity practices, hygiene, and other factors that can lead to unwanted situations. For example, in cultures where parents do not discuss sexuality directly with their children, or child sexual activity of any type are unacceptable (e.g., children touching themselves), children may carry shame and guilt about their bodies.

Impact of Sexual Abuse on the Family

Parenting a child or youth who has experienced sexual abuse can be stressful to marriages and relationships. It may require couples to be more open with each other and their children about sexuality in general and sexual issues specifically. If one parent is more involved in addressing the issue than another, the imbalance can create difficulties in the parental relationship. If issues emerge, getting professional advice can be helpful.

Help for a Parent Who Was Sexually Abused

If you were (or suspect you may have been) sexually abused as a child, parenting a child or youth who also has been sexually abused may be particularly challenging. Reading this factsheet may have also brought up difficult thoughts and feelings. A list of resource organizations for adults who were abused as children is available on the Information Gateway website at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=67.

In addition, if one parent or caregiver was more in favor of fostering or adopting than the other, general stress may increase, especially when children or youth have a range of behaviors that require attention. Some parents become resentful toward or withdrawn from foster or adoptive children who require a lot of time and energy.

Parents can also feel stress around their child's siblings, who may not be used to openly sexual language or behavior. If a child or youth is acting out sexually, you may need to talk with their siblings about what they see, think, and feel as well as how to respond. Children may also need guidance about what to say to friends about their sibling's behaviors. If they see that you are actively managing the situation, they may feel more secure and will worry less, which could help foster open communication within the family.

When a child or youth has been sexually abused, his or her parents can often become protective of them. Parents can provide strategies to help their children protect themselves, but parents are ultimately responsible for protecting and keeping their children safe. Finding a balance between reasonable worry and overprotection is important. Useful strategies to prevent further abuse may include teaching your children or youth to stand up for themselves, talking with them about being in charge of their bodies, and encouraging open communication about *anything*—not just sexual abuse.

Establishing Family Guidelines for Safety and Privacy

Establishing family guidelines for safety and privacy is critical, as survivors of sexual abuse are vulnerable to later abuse. Some children and youth who have been sexually abused have heightened sensitivities to situations that involve physical contact, evoke sexual innuendo, or include implicit or explicit sexual content. Practicing some of the following guidelines may make your home a comfortable place for children or youth who have been abused. It may also reduce your vulnerability to abuse allegations by children living with you:

- **Respect every family member's comfort level with touching, hugging, and kissing.** Encourage children and adults to respect the comfort and privacy of others.
- **Be cautious with playful touch, such as play fighting and tickling.** This type of play may be uncomfortable or trigger memories of sexual abuse.
- **Be mindful that some children who have experienced sexual abuse may not have healthy boundaries.** Teach your children and the entire family about healthy age-appropiate boundaries. (To learn more about communicating respectfully and reassuringly about boundaries, visit http://www.stopitnow.org/ohc-content/tip-sheet-8.)
- **Teach children and youth the importance of privacy.** Remind children to knock before entering bathrooms and bedrooms and model privacy and respect.
- **Keep adult sexuality private.** Adult caretakers need to pay special attention to intimacy and sexuality when young children with a history of sexual abuse are around.

Sexual Messages From the Media

While some children and youth who have experienced sexual abuse become overstimulated or disturbed by sexual content in various media, others use screen time to excessively watch pornography or inappropriate, sexualized Internet videos. For these children or youth, limiting computer time and monitoring social media may encourage discussions on meaningful topics, such as the harmful effects of pornography, dangers of online sexual grooming, and showing respect for themselves and others online. For more information on monitoring social media use, staying safe online, the effects of pornography on children, and tips to help parents promote healthy sexuality see the following resources:

- *Social Media: Tips for Foster Parents and Caregivers* (Information Gateway) https://www.childwelfare.gov/pubs/smtips-parent/
- Internet and Digital Media Safety Prevention (Stop It Now!) https://www.stopitnow.org/ohc-content/internet-and-digital-media-safety-prevention
- Understanding the Effects of Pornography on Children (Prevent Child Abuse America) http://preventchildabuse.org/resource/understanding-the-effects-of-pornography-on-children/
- Predators 101: An Introduction (Enough Is Enough) https://internetsafety101.org/internetpredators

Other family guidelines for safety and privacy include supervising and monitoring children's play. If you know that your child has a history of sexual abuse, supervise and monitor his or her play with siblings or other children in your home. Some children require constant supervision—they cannot be left alone with younger children for even a moment. Consider placing locks or bells on bedroom doors so you can track a child's movements at night. Other measures, such as audio and visual monitors or installing door alarms, can also help ensure safety.

If your teen has a history of sexual abuse, maintaining open communication is advisable. Knowing who your youth is with and what he or she is doing and setting clear expectations for check-ins can enhance communication and mitigate high-risk behavior. To learn more about positive ways to supervise youth, visit https://www.cdc.gov/healthyyouth/protective/pdf/parental_monitoring_factsheet.pdf.

Practicing responses to children and youth who exhibit sexual behavior issues prepares you to help children develop self-awareness and learn to respect others. Encourage your children to talk to you or another trusted adult if they want to engage in inappropriate sexual behavior, and let them know it's OK to talk about the feelings they're having. For children and youth who have been abused, you can say, "Just like it was not okay for so-and-so to touch your private parts, it's not okay for you to touch other people's private parts." You might also give clear directives like, "We don't use that language in this house," or "I'd like you to use different words so that we can really hear what you're saying." To learn more about helping your children or youth who have sexual behavior issues, visit https://www.stopitnow.org/ohc-content/children-and-youth-with-sexual-behavior-problems.

If your child has demonstrated inappropriate touching or sexually aggressive behaviors, you may need to take additional steps, such as creating a family safety plan, to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your situation:

- **With friends.** If your child has known issues with touching other children, you will need to ensure constant supervision by informing other caregivers when he or she is playing with friends, whether at your home or theirs. You should be able to see your child at all times when he or she is with other children. Constant supervision will help to ensure safety for all children and prevent the sexually aggressive behaviors from becoming a habit. Sleepovers may not be a good idea when children have touching issues.
- **At school.** Working closely with the school to set up a safety plan for children or youth with aggressive sexual behaviors ensures an appropriate level of supervision and protects everyone involved. The plan should address concerns such as bathrooms and locker rooms, lunch, recess, transitions between classes, field trips, and other situations. Children or youth who have been sexually abused should not be alone with one teacher. At lease one additional teacher should be in the room.
- **In the community.** Setting up a safety plan with coaches, camp counselors, and other adults who are monitoring your child also may be useful. Children with sexual behavior concerns should not be given authoritative roles over other children. If your child has these issues, do not ask him or her to watch over younger children at any time. If your child or youth is focused on specific individuals, make sure he or she is not alone or placed together in small groups.

For an example of a safety plan, visit the Stop It Now! website at https://www.stopitnow.org/sites/default/files/documents/files/section_2.3.pdf. Although this example is intended for foster families, the suggested family rules may be equally helpful for adoptive families.

For more information about visual supervision and creating a safety plan for your family, see the following resources:

- Safety Planning (National Center on the Sexual Behavior of Youth) http://www.ncsby.org/content/safety-planning
- Tip Sheet: Create a Family Safety Plan (Stop It Now!) http://www.stopitnow.org/ohc-content/tip-sheet-create-a-family-safety-plan

Even as sexual behaviors diminish, continue to look for changes over time. These sexual behaviors can reemerge as children develop, so do not be discouraged if this occurs. Because sexual behavior may be a reaction to stress, it is also important to remove stressors from the child's life as much as possible.

For more information about communicating with children or youth who have sexual behavior issues, see Parenting Children or Youth Who Are Sexually Reactive at https://www.nacac.org/resource/parenting-children-or-youth-who-are-sexually-reactive/.

For information on working with your child's therapist, see the Counseling for Parents and Children section of this factsheet on page 9.

Seeking Help

Responding to the needs of a child or youth who has been sexually abused may involve the entire family and will likely affect family relationships. Mental health professionals (e.g., counselors, therapists, or social workers) can help your family cope with reactions, thoughts, and feelings about the abuse. Look for a mental health professional with a background in sexual abuse, child development, and child trauma. (See the Where to Find and What to Look for in a Mental Health Professional section of this factsheet on page 10 for more information.) Before agreeing to work with a particular provider, ask questions about the person's background, experience, and approach to treating children. (Growing evidence supports using certain types of interventions; see pages 9 and 10 for more information.)

Counseling for Parents and Children

Working with a specialized mental health professional as soon as issues arise can help you determine if your child's behavior is cause for concern. Specialists can also provide guidance in responding to your child's difficulties; offer suggestions for how to talk with him or her; and offer suggestions for creating structured, safe, and nurturing environments.

Many mental health professionals begin with a thorough assessment exploring how a child or youth functions in various areas of life. The specialist will want to know about the following:

- Past stressors (e.g., history of abuse, frequent moves, and other losses)
- Current stressors (e.g., a medical problem or learning disability)
- Emotional state (e.g., Is the child or youth usually happy or anxious?)
- Coping strategies (e.g., Does the child withdraw or act out when angry or sad?)
- Friendships (e.g., Does the child have challenges making or maintaining friends?)
- Strengths (e.g., Is the youth creative, athletic, organized?)
- Communication skills (e.g., Can the child communicate appropriately for his or her age?)
- Attachments to adults in his or her life (e.g., Does the child seem comfortable around adults?)
- Activities (e.g., time spent watching TV, using the Internet, playing video games)

After a thorough assessment, the professional will decide if the child and family could benefit from therapy. A child's social worker can help you understand your child's assessments and select the most appropriate form of therapy. The social worker will assist you in finding a therapist with the right credentials for your child and family as well as help you understand insurance coverage and payment plans.

Not all children who have been abused require therapy. For those who do, the mental health professional will develop a plan tailored to the child and to the family's strengths. This plan may include one or more of the following types of therapy:

- **Individual therapy.** The style of therapy will depend on the child's age and the therapist's training. Some therapists use creative techniques (e.g., art, play, and music therapy) to help children or youth who are uncomfortable talking about their experiences.
- **Group therapy.** Meeting in groups with other children or youth who have been sexually abused or who have developed sexual behavior issues can help children understand themselves; feel less alone; and learn new skills through play, role playing, discussion, and games.
- **Family therapy.** Many therapists will see children and parents together to support positive parent-child communication and to guide parents in learning new skills that will help their children feel better and support healthy behaviors.

Regardless of whether therapy for the family is advised, parents should stay involved in their child's treatment plan and therapy sessions. Skilled professionals will always seek to involve the parents by asking for and sharing information. Parents can benefit from professionals who understand the parenting needs of a child who has experienced sexual abuse.

Some forms of therapy are designed for dealing with trauma in general and posttraumatic stress disorder (PTSD) specifically.

- **Trauma-Informed Therapy.** This therapy acknowledges the impact of trauma and recognizes that even a child who is not old enough to remember a traumatic event may still experience its effects. Trauma-informed therapy focuses on processing traumatic memories and experiences so they become tolerable. For information about types of trauma-informed therapy, refer to Information Gateway's factsheet *Finding and Working With Adoption-Competent Therapists* at https://www.childwelfare.gov/pubs/f-therapist/.

- **PTSD Therapy.** Children and youth who are coping with symptoms of PTSD may be dealing with flashbacks and nightmares. They may be easily frightened and experience outbursts of anger and negative thoughts and distorted feelings. Approaches such as cognitive processing therapy, eye movement desensitization and reprocessing, and group therapy can reduce symptoms of PTSD. For more about PTSD therapy, see https://www.nami.org/Learn-More/Mental-Health-Conditions/Posttraumatic-Stress-Disorder/Treatment.

Several evidence-based programs have been found useful for treating children who have been sexually abused and their families. Websites with descriptions include the following:

- The California Evidence-Based Clearinghouse for Child Welfare lists programs for the treatment of sexual behavior issues in adolescents (http://www.cebc4cw.org/topic/sexual-behavior-problems-in-adolescents-treatment-of/) and in children (http://www.cebc4cw.org/topic/sexual-behavior-problems-in-children-treatment-of/).
- NCTSN includes information about trauma-informed treatment for sexual abuse (https://www.nctsn.org/what-is-child-trauma/trauma-types/sexual-abuse#q3).

Where to Find and What to Look for in a Mental Health Professional

Finding an experienced mental health professional who specializes in treating children who have been sexually abused is key to getting the help your family needs. Some communities have special programs for treating children who have been sexually abused (e.g., child advocacy centers and child protection teams). The organizations and resources below also may provide specialists in your community.

- Stop It Now!
  - (https://www.stopitnow.org/ohc-content/healing-and-support-for-children-and-parents)
  - (https://www.stopitnow.org/ohc-content/finding-and-choosing-professional-treatment-and-support)
- Child advocacy centers (http://www.nationalcac.org/find-a-cac/)
- Rape crisis or sexual assault centers (https://centers.rainn.org/)
- Child abuse hotlines (See Information Gateway's State Child Abuse and Neglect Reporting Numbers at https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspList&rolType=Custom&RS_ID=%205)
- NCTSN maintains a list of its members that specialize in research and/or treatment (https://www.nctsn.org/about-us/network-members)
- Nonprofit service providers serving families of missing or exploited children
- Hospitals with child and adolescent protection centers
- Crime-victim assistance programs in a law enforcement agency or in a prosecutor or district attorney's office
- Group mental health private practices with a specialization in trauma services
- Family court services, including court-appointed special advocate groups or guardians ad litem (http://www.casaforchildren.org)
- American Academy of Child and Adolescent Psychiatry (https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/AACAP/Families_and_Youth/Resources/CAP_Finder.aspx)
- American Psychological Association (https://locator.apa.org/)

Therapy for children who have been sexually abused is specialized work. When selecting a mental health professional, look for the following:

- An advanced degree in a recognized mental health specialty, such as psychiatry (M.D.), psychology (Ph.D. or Psy.D.), social work (M.S.W.), counseling (L.P.C.), marriage and family therapy (M.F.T.), or psychiatric nursing (R.N.)
- Licensure to practice as a mental health professional in your State

- Special training in treating child sexual abuse and the dynamics of abuse, how abuse affects children and adults, and the use of goal-oriented treatment plans
- Knowledge about the legal issues involved in child sexual abuse, especially the laws about reporting child sexual victimization, procedures used by law enforcement and protective services, evidence collection, and expert testimony in your State
- A willingness to collaborate with other professionals involved in your family's care

If you are interested in finding a support group for parents, visit Information Gateway's Parent Support Group Programs webpage at https://www.childwelfare.gov/topics/preventing/prevention-programs/parent-support-groups/support-group-programs/ or see the National Foster Care and Adoption Directory at https://www.childwelfare.gov/nfcad/.

Your Child Welfare Agency

If you are a caregiver or parent, or if you are seeking to adopt a child, you may wish to talk with your social worker about what you discover about your child's history and any behaviors that worry you. Sharing your concerns will help your social worker assist you and your family. If your child or youth exhibits sexual behavior issues toward other children, be aware that you may also be required to report these to child protective services to comply with mandated reporting laws in your jurisdiction (Child Welfare Information Gateway, 2016).

For more information about services available after adoption, see the following Information Gateway resources:

- *Accessing Adoption Support and Preservation Services* (factsheet) https://www.childwelfare.gov/pubs/f-postadoption/
- Parenting After Adoption (webpage) https://www.childwelfare.gov/topics/adoption/adopt-parenting/

Conclusion

As the parent of a child or youth who has been or may have been sexually abused, you have an opportunity to provide comfort and security as well as help him or her build resilience and effective coping strategies for the trauma they have or may have endured. Creating a structured, safe, and nurturing home is the greatest gift that you can give to all of your children. Seek help when you need it, share your successes with your social worker or other community supports, and remember that a healthy relationship with your children allows them to begin and advance the healing process.

References

Child Welfare Information Gateway. (2016). *Mandatory reporters of child sexual abuse and neglect*. Retrieved from https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/

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NCTSN The National Child Traumatic Stress Network

What to Do If Your Child Discloses Sexual Abuse

Information for Parents and Caregivers

What is disclosure?

Disclosure is when a child tells another person that he or she has been sexually abused. Disclosure can be a scary and difficult process for children. Some children who have been sexually abused may take weeks, months, or even years to fully reveal what was done to them. Many children never tell anyone about the abuse. In general:

- Girls are more likely to disclose than boys
- School-aged children tend to tell a caregiver
- Adolescents are more likely to tell friends
- Very young children tend to accidentally reveal abuse, because they don't have as much understanding of what occurred or the words to explain it

Fast Fact
Sexual abuse affects many families. It is estimated that 1 in 4 girls and 1 in 6 boys are sexually abused.[1]

Children are often reluctant to tell about being sexually abused. Some reasons for this reluctance may include:

- Fear that the abuser may hurt them or their families
- Fear that they will not be believed, or will be blamed and get in trouble
- Worry that their parents will be upset or angry
- Fear that disclosing will disrupt the family, especially if the perpetrator is a family member or friend
- Fear that if they tell they will be taken away and separated from their family

Fast Fact
In studies of adults who were sexually abused as children, 2 out of 3 said they never told anyone about the abuse during childhood.[2]

Disclosure can be particularly difficult for younger children who have limited language and developmental abilities. If the child does not understand that the abuse was wrong, this may also lead the child not to tell.

What should I do if I suspect my child has been sexually abused?

If you think your child may have been sexually abused, it is okay to talk to your child about it. You may first want to access some resources to learn more about child sexual abuse, such as The National Child Traumatic Stress Network's *Child Sexual Abuse Fact Sheet* at http://www.nctsn.org/nccts/asset.do?id=1216.

It is important to remain calm in speaking to children who may have been sexually abused. You can ask children directly if anyone has touched their bodies in a way that they did not like or has forced them to do things that they did not want to do. If you are concerned about talking to your child about abuse, you might want to seek help from your child's pediatrician or a mental health provider who is knowledgeable about child sexual abuse.

Therapy Can Help

To learn more about how therapy can help your child overcome the effects of sexual abuse, see The National Child Traumatic Stress Network's video, *The Promise of Trauma-Focused Treatment for Child Sexual Abuse*, available at http://www.nctsn.org/nccts/asset.do?id=1151&video=true.

For help finding a therapist, try:

- The National Child Traumatic Stress Network's *Finding Help* page: http://www.nctsn.org/nccts/nav.do?pid=ctr_gethelp
- The American Association for Marriage and Family Therapy's *Therapist Locator* page: http://www.therapistlocator.net

Children whose parents or caregivers are supportive heal more quickly from the abuse.

What should I do if my child discloses sexual abuse?

Your reaction to the disclosure will have a big effect on how your child deals with the trauma of sexual abuse. Children whose parents/caregivers are supportive heal more quickly from the abuse.[3,4]
To be supportive, it is important to:

- Stay calm. Hearing that your child has been abused can bring up powerful emotions, but if you become upset, angry, or out of control, this will only make it more difficult for your child to disclose.
- Believe your child, and let your child know that he or she is not to blame for what happened. Praise your child for being brave and for telling about the sexual abuse.
- Protect your child by getting him or her away from the abuser and immediately reporting the abuse to local authorities. If you are not sure who, to contact, call the ChildHelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1.800.422.4453; http://www.childhelp.org/get_help) or, for immediate help, call 911.

- Get help. In addition to getting medical care to address any physical damage your child may have suffered (including sexually transmitted diseases), it is important that your child have an opportunity to talk with a mental health professional who specializes in child sexual abuse. Therapy has been shown to successfully reduce distress in families and the effects of sexual abuse on children. Many communities have local Children's Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse, including sexual abuse. For a state-by-state listing of accredited CACs, visit the website of the National Children's Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999).
- Reassure your child that he or she is loved, accepted and an important family member. Don't make promises you can't keep (such as saying you won't tell anyone about the abuse), but let your child know that you will do everything in your power to protect him or her from harm.
- Keep your child informed about what will happen next, particularly with regard to legal actions. (For more information on helping abused children cope with the stress of dealing with the legal system, see the National Child Traumatic Stress Network's factsheet, *Child Sexual Abuse: Coping with the Emotional Stress of the Legal System*, available on the web at http://nctsn.org/nctsn_assets/pdfs/caring/emotionlaimpactoflegalsystem.pdf.

I have heard that some children who disclose sexual abuse later "take it back." Does this mean they were lying?

No. In fact, attempting to "take it all back"—also known as *recantation*—is common among children who disclose sexual abuse. Most children who recant are telling the truth when they originally disclose, but may later have mixed feelings about their abuser and about what has happened as a result of the disclosure. Some children have been sworn to secrecy by the abuser and are trying to protect the secret by taking it back. Some children are dealing with issues of denial and are having a difficult time accepting the sexual abuse. In some families, the child is pressured to recant because the disclosure has disrupted family relationships. A delay in the prosecution of the perpetrator may also lead a child to recant in order to avoid further distressing involvement in the legal process. A very small percentage of children recant because they made a false statement.

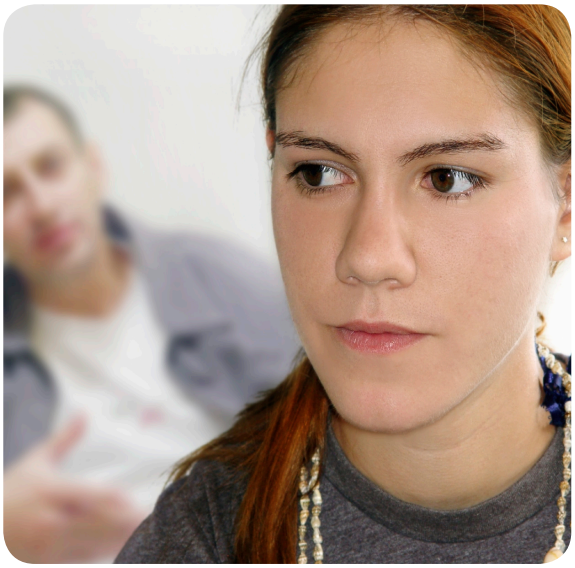
Books That Can Help

Freeman, L. (1987). *It's MY body: A book to teach young children how to resist uncomfortable touch*. Seattle, WA: Parenting Press. Ages 3-8; also available in Spanish.

Lowery, L. (1995). *Laurie tells.* Minneapolis, MN: Carolrhoda Books, Lerner Publishing Group. Age 11 and up.

Ottenweller, J. (1991). *Please tell! A child's story about sexual abuse.* Center City, MN: Hazelden Foundation.

Stauffer, L., & Deblinger, E. (2003). *Let's talk about taking care of you: An educational book about body safety.* Hatfield, PA: Hope for Families. Version for preschool children also available.



The idea that something like this could happen to my child is completely overwhelming. What can I do to cope with my own feelings?

If you suspect that your child has been abused, try to get support by talking to someone else before talking to your child about the sexual abuse. If your child has already disclosed the abuse, hearing the details may be profoundly upsetting to you, particularly if the abuser is someone you know and thought you could trust. (For more information on such "intrafamilial" sexual abuse, see the National Child Traumatic Stress Network's factsheet, *Coping with the Shock of Intrafamilial Sexual Abuse: Information for Parents and Caregivers*, available at http://nctsn.org/nctsn_assets/pdfs/caring/intrafamilialabuse.pdf.

Your feelings may range from denial, anger, and sadness, to frustration and helplessness. If you yourself are a survivor of child sexual abuse, the discovery that your child has been abused may also bring up your own painful and unresolved feelings and memories. Getting help for yourself is an important part of being able to get help and support for your child. You can contact the Rape, Abuse, and Incest National Network (RAINN) at 1-800-656-HOPE or www.rainn.org for help finding support in your area. The U.S. Department of Justice's Office for Victims of Crime (http://www.ojp.usdoj.gov/ovc/) has resources and a web forum to communicate with others on topics such as child abuse, victim's rights, court preparation, and more.

Books That Can Help

Adams, C., & Fay, J. (1992). *Helping your child recover from sexual abuse.* Vancouver, WA: University of Washington Press.

Brohl, K., & Potter, J.C. (2004). *When your child has been molested: A parents' guide to healing and recovery. (Revised ed.)*. San Francisco: Jossey-Bass, A Wiley Imprint.

Daugherty, L. (2006) *Why me? Help for victims of child sexual abuse (even if they are adults now). (4th ed.)*. Roswell, NM: Cleanan Press, Inc.

References

1. Centers for Disease Control and Prevention. (2005). *Adverse Childhood Experiences Study: Data and Statistics*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved January 12, 2009 from: http://www.cdc.gov/nccdphp/ace/prevalence.htm
2. London, K., Bruck, M., Ceci, S.J., & Shuman, D.W. (2005). Disclosure of child sexual abuse. What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, *11* (1), 194-226.
3. Paredes, M., Leifer, M., & Kilbane, T. (2001). Maternal variables related to sexually abused children's functioning, *Child Abuse & Neglect*, *25* (9), 1159-1176.
4. Lovett, B.B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child and Adolescent Social Work Journal*, *21* (4), 355-371.

This product was developed by the Child Sexual Abuse Committee of the National Child Traumatic Stress Network, comprised of mental health, legal, and medical professionals with expertise in the field of child sexual abuse.

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Module 2: Exploring the Impact of Trauma

Roadwork Questions

1. Name three signs of sexual abuse in **younger** children:

2. Name three signs of sexual abuse in **older** children/youth:

3. What are five factors that can contribute to the impact of sexual abuse?

4. List the five family guidelines for establishing safety and privacy:

5. Why are children sometimes reluctant to disclose that they have been sexually abused? (List 3 Reasons)

6. What should you do if your foster child discloses sexual abuse?

Tennessee KEY

knowledge empowers you

Module 3: Roadmap to Resilience

TN-KEY Participant Guide

Tennessee Department of Children's Services| Ver. 22.12.6

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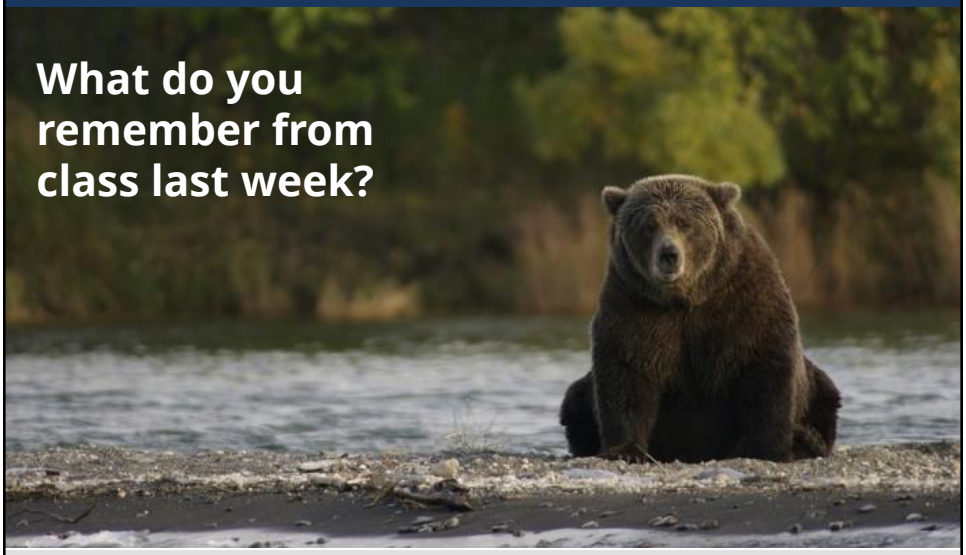
Review: Exploring the Impact of Trauma



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Objectives

- Define resilience
- Recognize protective factors that can increase resilience in foster parents
- Identify the process of both the Secure Attachment Cycle and the Neglect Cycle
- Recognize the importance of attunement
- Explore the Circle of Security and steps to becoming a secure base and safe haven for children
- Identify the basis of Regulate, Relate and Reason
- Discover the benefits of secure attachment
- Define methods to build resilience in children

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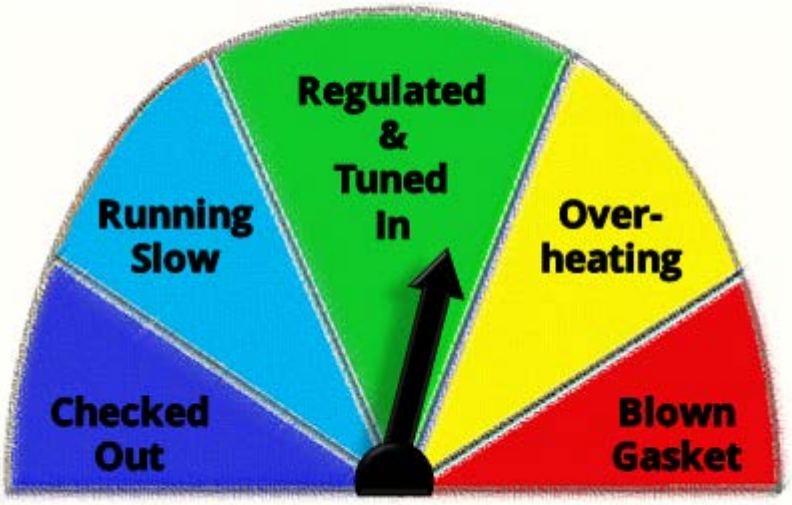

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Beliefs Activity

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Video Example: Serve and Return

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Important Fact:

♥ Resilience TRUMPS ACEs ♠

COMMUNITY RESILIENCE INITIATIVE

https://criresilient.org/

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Attachment Helps Build Resilience

Resilience

"a combination of protective factors that enable people to adapt (or bounce back) in the face of serious hardship, and are essential to ensuring that children who experience adversity can still become healthy, productive citizens."

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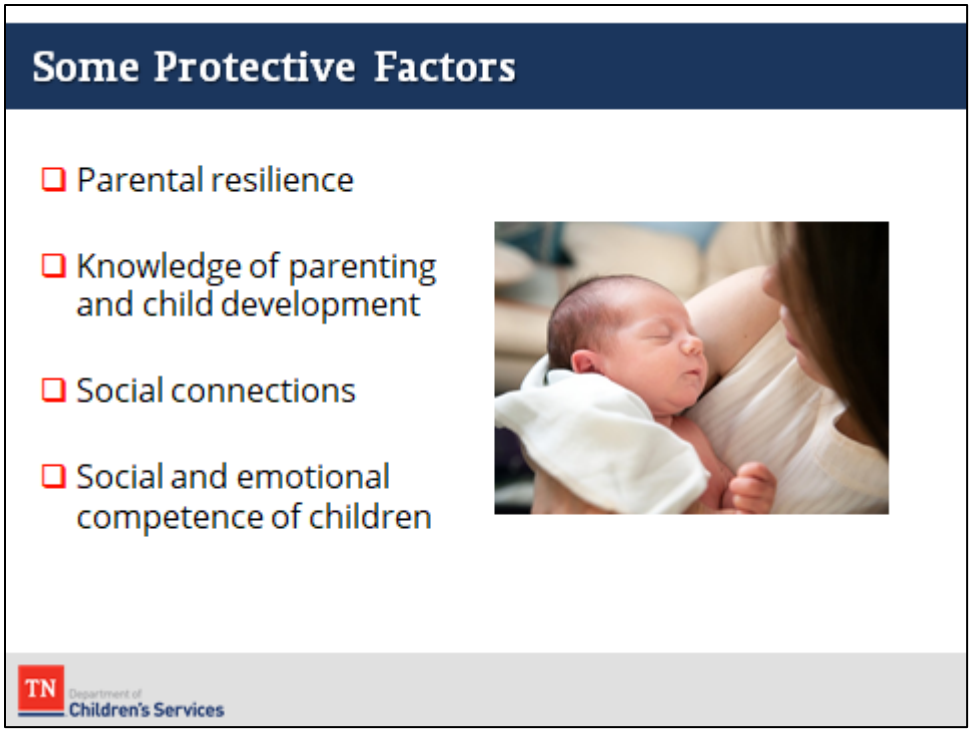
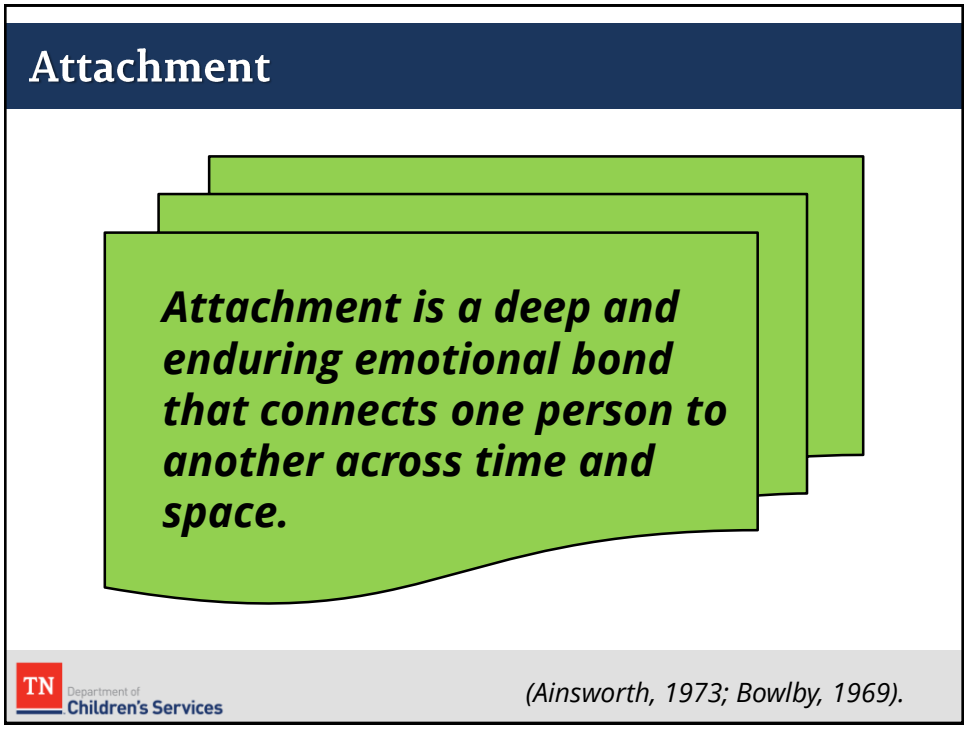
Center on the Developing Child: Harvard University. In Brief: Resilience Series

Doodle Box



- **Parental resilience**: Parents, who can cope with the stresses of everyday life, as well as occasional crisis, have resilience -- the flexibility and inner strength to bounce back when things are not going well. Parents with resilience also know how to seek help in times of trouble. Their ability to deal with life's ups and downs serves as a model of coping behavior for their children. This can help children learn critical self-regulation and problem-solving skills.
- **Knowledge of parenting and child development:** Parenting is part natural and part learned. Kids thrive when caregivers understand timely child growth and are responsive to kids' needs, which foster secure attachments and brain development.
- **Social connections:** People need people. Parents need and value friends, family, neighbors, co-workers and others in the community who care about them and their children. A positive community environment – and the parent's ability to participate effectively in his or her community – is an important protective factor. Research has shown that parents who are isolated and have few social connections are at higher risk for child abuse and neglect. That is why our eco-map is such an important tool.
- **Social and emotional competence:** Through relationships with consistent, caring and attuned adults, children feel loved, have the ability to get along with others and have a sense of belonging.


Attachment
Attachment is a deep and enduring emotional bond that connects one person to another across time and space.
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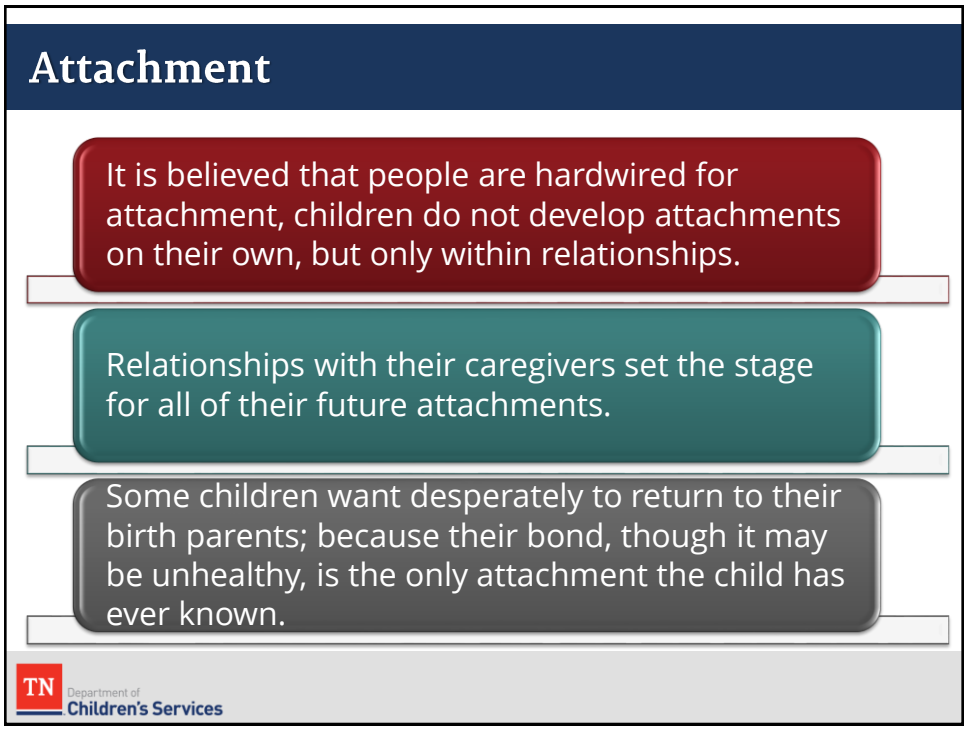
(Ainsworth, 1973; Bowlby, 1969).


Attachment
It is believed that people are hardwired for attachment, children do not develop attachments on their own, but only within relationships.
Relationships with their caregivers set the stage for all of their future attachments.
Some children want desperately to return to their birth parents; because their bond, though it may be unhealthy, is the only attachment the child has ever known.
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Secure Attachment Cycle

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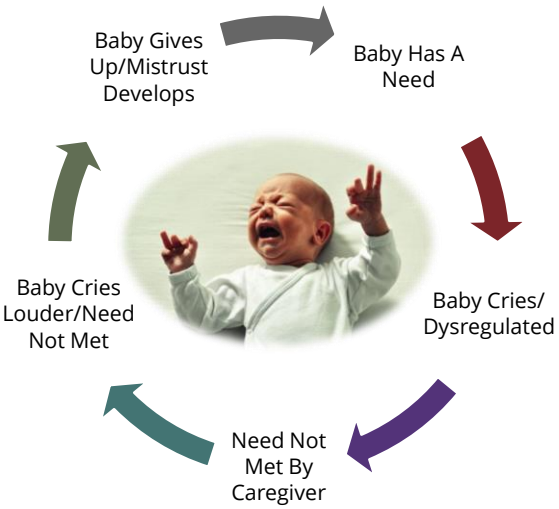
Infant Neglect Cycle



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Video

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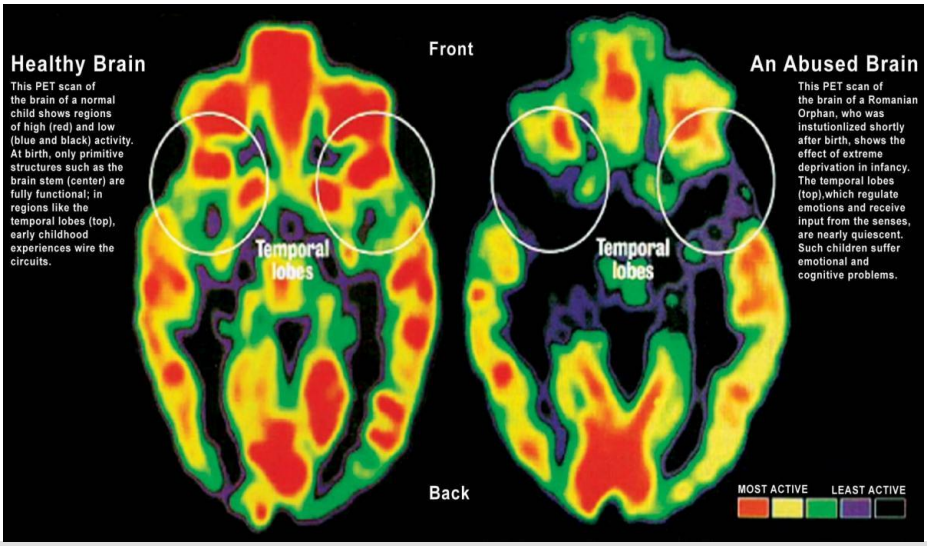
Attachment vs Severe Neglect



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When we do not meet needs, it...

"...creates a sense of helplessness and fear for a child of any age. The worst danger comes when fear is not recognized and accepted by a safe and secure caregiver. A child's sense of fear, when unattended to by a caregiver, moves in the direction of terror. When unregulated by the care giver becomes despair."

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Excerpt from Circle of Security

COS for Parents & Professionals Regarding Caregiving in a Time of Disaster and Crisis

Circle of Security Project
www.circleofsecurity.org
Glen Cooper, Kent Hoffman, Robert Marvin, & Bert Powell

Here's how we hope the Circle of Security Website might be helpful for parents and children whose world has been turned upside down in a time of disaster and crisis:

1. Take a look at three specific downloads: a) The *Circle of Trust*, b) the *Circle of Security*, and c) "*Traveling Around the Circle*." Each download will give you specific information about the importance of primary caregivers in the emotional life of their children, most especially in times such as these.
2. Read the following brief synopsis regarding the importance of a primary caregiver in helping children in crisis deal with feelings of fear and helplessness.
3. Read the "Summary of Circle Related Themes in a Time of Crisis for Parents and Professionals"

Helping Children of All Ages Deal with Feelings of Fear and Helplessness

- One of the biggest problems for children of any age in the face of a traumatic event will center on how they deal with their sense of fear and helplessness.
- The worst danger isn't that children experience fear. The worst danger comes when fear is not recognized and accepted by a safe and secure caregiver.
- A child's sense of fear, when it is unattended to by a caregiver, moves in the direction of terror.
- The child's sense of helplessness, when unshared and unregulated by the caregiver, moves in the direction of despair.
- Terror (unregulated fear) and despair (unregulated helplessness) become overwhelming for children primarily because they doesn't feel like they can be shared with and organized by someone who is bigger, stronger, wiser, and kind. ("I'm all alone in this worry and weakness with no one with whom I can share it.")
- Hence, the goal is to find a way to give caregivers a sense of clear direction and sound encouragement in offering themselves as a resource for the management of fear and powerlessness.
- The *Circle of Trust* was designed to offer parents and professionals direction and clarity about how essential parents are to their children in a time of trauma and crisis. Attachment research fully supports how valuable parents are in circumstances where it may appear that they themselves are without usefulness and value.

- More than anyone else during a time of disaster, a child's primary caregivers are the center of that child's world and are *the* resource who can make all the difference.
- Offering predictable daily routines that a child can count on becomes a valuable resource, especially when these routines are sponsored by a trusted caregiver. (Bedtime rituals, morning rituals, etc.)
- Finding examples of specific things, events, and people for which to be grateful in the midst of great difficulty can become a resource for a family in crisis.

Summary of Circle of Security Related Themes in a Time of Crisis for Parents and Professionals

In a time of crisis, central among the capacities that children will be looking for will be:

1. The caregiver's ability to take charge and be firm, yet kind and caring (bigger, stronger, wiser, and kind),
2. The caregiver's choice to consistently soothe her/his child(ren), focusing on each child's clear (or hidden) cues of distress,
3. The caregiver's decision to consistently be available for protection, comfort, and organization of any feelings that a child (themes on the bottom of the Circle of Security)
4. The caregiver's recognition that only as the child is feeling safe on the bottom half of the Circle will s/he begin to venture out on the top half of the Circle in the direction of exploration and play
5. The caregiver's recognition that the child will inevitably return again and again to the bottom half of the Circle, with seemingly "unreasonable" and "endless" needs for reassurance. This is to be expected, because the child will be wanting
6. The caregiver's realization that underneath most of a child's problems and meltdowns is a simple but sometimes-difficult-to-understand request for reassurance,
7. The caregiver's willingness to simply be available, rather than thinking that specific problem solving skills, is needed.

Write down thoughts about the story:

_____

_____

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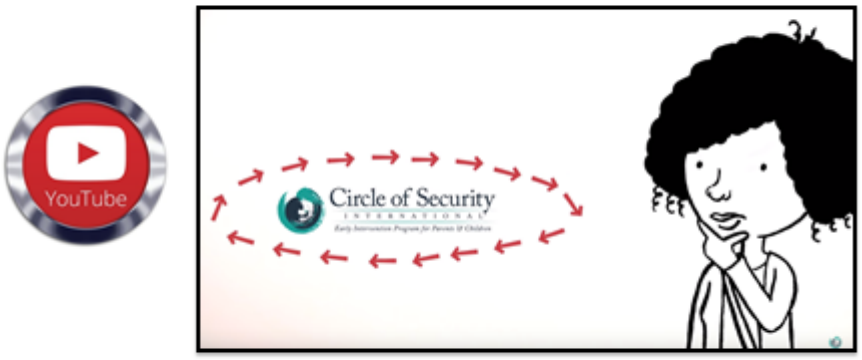
Video: Circle of Security



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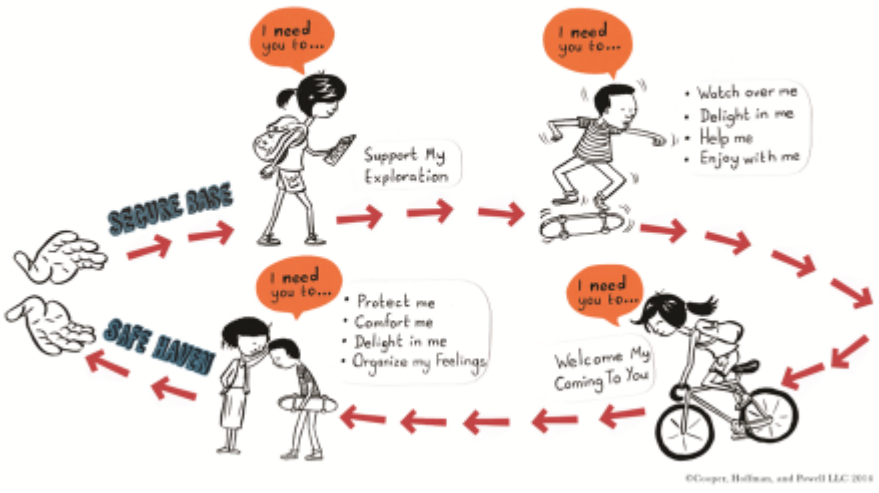
Circle of Security for Adolescence



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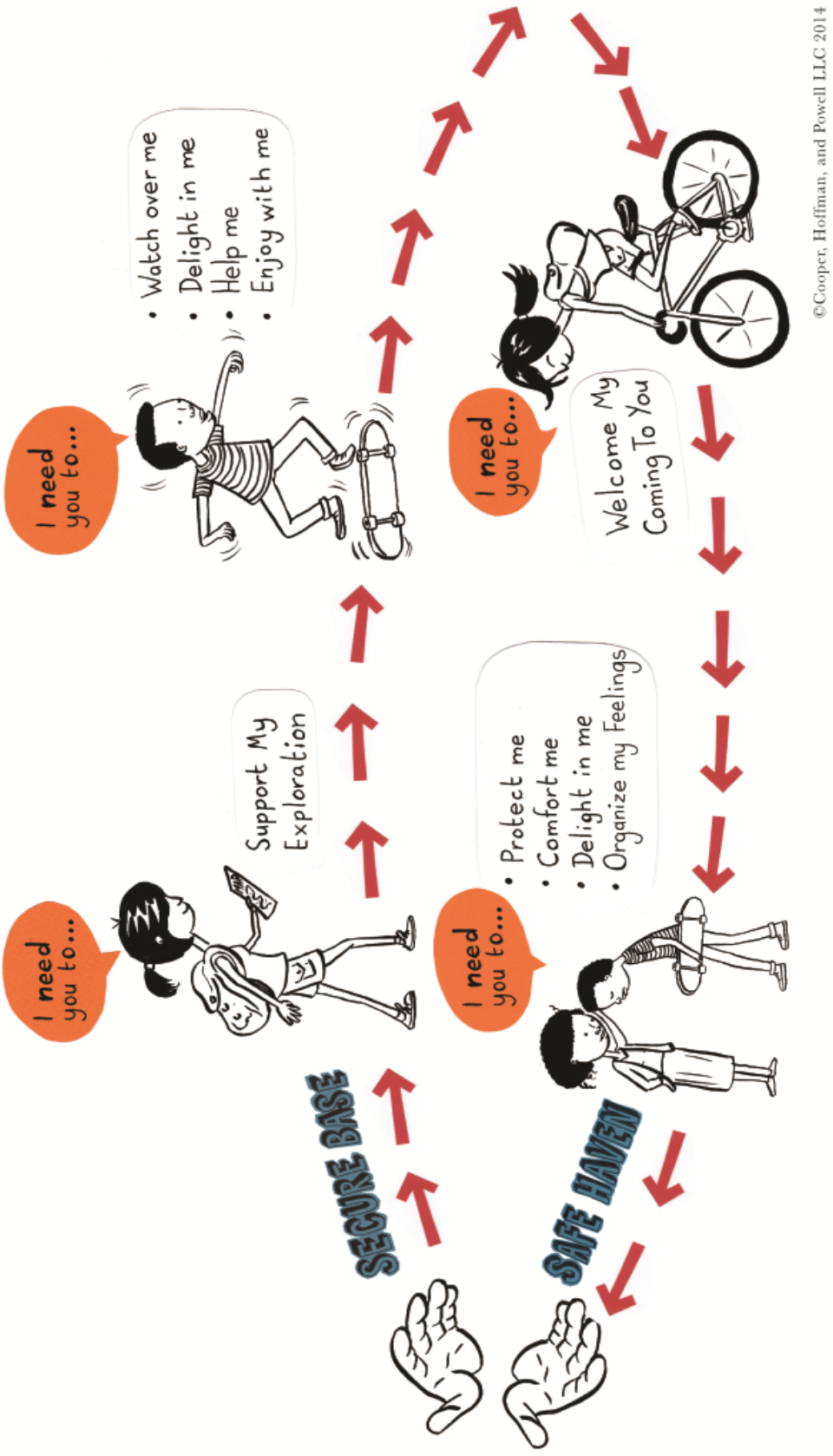
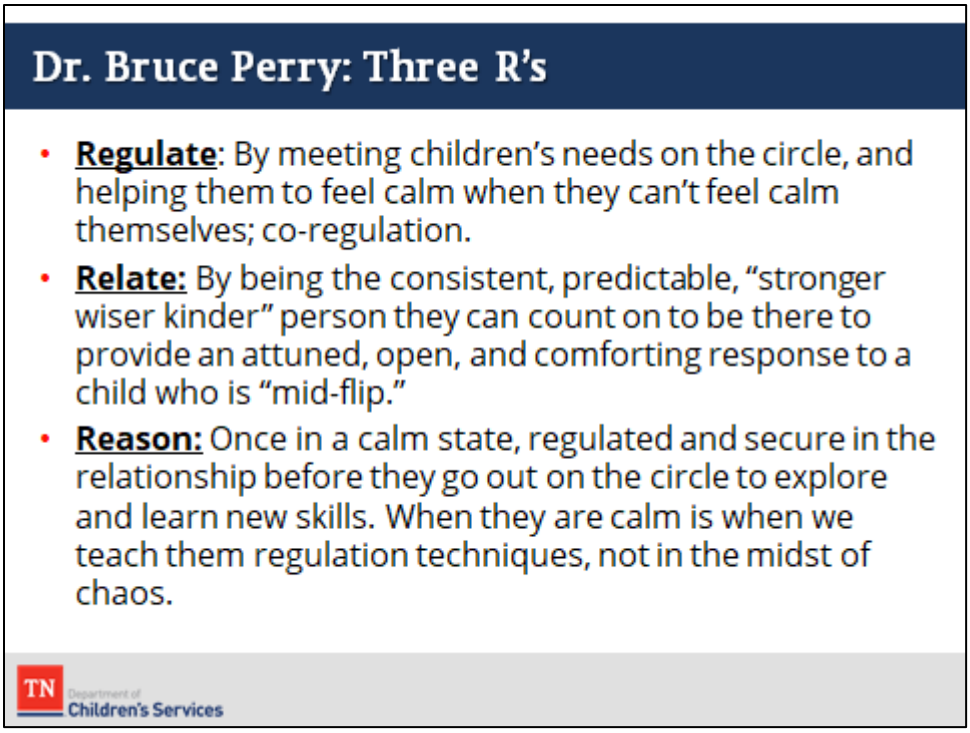
Circle of Security for Adolescence





"Nine Ways Children Benefit from Secure Attachment"

Nine Ways Children Benefit from Secure Attachment by Kent Hoffman, of Circle of Security.

1. **Secure attachment inoculates children against toxic stress.**

   If attachment is in fact an insistent, primal drive, imagine how stressful it must be to have it regularly thwarted. The stress of unmet attachment needs can certainly manifest in a child's behavior, but research tells us that it can also derail children's mental, emotional, social and physical growth development.

   The kind of stress that starts in infancy when the pressures of being a helpless newborn is not eased by a parent's comfort has been called "toxic stress," because it creates pathways in the brain the keep the child on high alert for danger, making it difficult to concentrate on learning.

2. **Security keeps children on a healthy developmental track as they grow.**

   The stress of unsent attachment needs can burden a child not just in infancy but throughout growth. A landmark 30-year study at the University of Minnesota initiated in the mid-1970s found long-term patterns between secure attachment and specific aspects of development.

   The Minnesota researchers found, for example, that children around grade 4 who had a secure attachment history had fewer behavior problems when their families were under major stress than those who did not. They also found links between insecurity and later psychological problems. Children whose parents were emotionally unavailable for comfort had more conduct disorders in adolescence and children whose parents resisted letting them explore were more likely to have anxiety disorders as teens.

3. **Security paves the way for children to learn to regulate emotions.**

   Obviously, babies can't handle the intense and baffling experience of emotions all by themselves and experts agree that a major goal of having a reliable parent or primary caregiver is to get help with infant distress and angst.

   First, the parent or caregiver regulates the baby's emotions from the outside—soothing her cries, singing lullabies, smiling gently at her, rocking her and so forth, As Baby learns that someone can help make difficult feelings acceptable

and manageable, she increasingly turns to that caregiver in times of need and this helps her start to learn to soothe herself.

Ultimately, when all goes according to developmental plan, the child learns to regulate her own emotions. She's also learned that she can turn to others for co-regulation throughout life when she needs to. And the ability to co-regulate emotions is a big part of intimacy later in life.

4. **Security helps children establish a healthy sense of self.**

   It might seem impossible that we gain a strong sense of self only in the context of others. But how can a baby recognize that he is an individual person without becoming aware that there is an "I" and a "you" in this "we"?

   Secure attachment to a caring adult gives babies the support they need to become separate individuals by not asking them to deal with the confusion and distress of being alone and helpless. When a parent responds sensitively and warmly to a child's earliest needs, the self is formed with every interaction.

5. **Secure attachment frees the mind to learn.**

   Children who are brought up with enormous stress, due to lack of comfort, among other necessities, are so busy preparing for danger that they can't concentrate. On the other hand, when children feel safe and supported, learning takes care of itself.

6. **Security leads to confidence, which leads to self-reliance.**

   As a species, we're not meant to be independent to the point of isolation or utter self-sufficiency, but we won't live very long if we can't become fairly independent. Just as it might on the surface seem paradoxical that we need an "other" to develop a "self," children who can rely on an adult from birth will be able to rely on themselves when they get older—particularly because they will know when to seek the counsel or comfort of a trusted other.

   Of course, the opposite is also true: Children without a secure attachment can end up having trouble relying on themselves when they're older, or they can end up unable to rely on anyone but themselves

7. **Secure attachment is a foundation of true self-esteem.**

   Self-esteem has become a controversial concept. Not long ago, many parents and other adults dealing with children believed that self-esteem came from ensuring that children didn't feel inferior to others: a gold star for everyone! Just for showing up!

   But conventional wisdom has held that it is competence, actually, that feeds self-esteem. At this point it probably won't surprise you to read that secure attachment is the foundation for confidence and other attributes needed to develop competence.

   When a parent is there for us a lot of the time, we get the message that we must be pretty deserving of love. If when a baby cries his mother consistently shows up to soothe him, mom is essentially sending the message that "I am here, and you are worth it," from which the baby can conclude, "You are here, and I must be worth it."

   Lastly, the idea that low self-esteem increases stress seems self-evident. We want our children to feel good about who they are and what they can do and not be wracked with envy or relentless competitiveness to prove their self-worth.

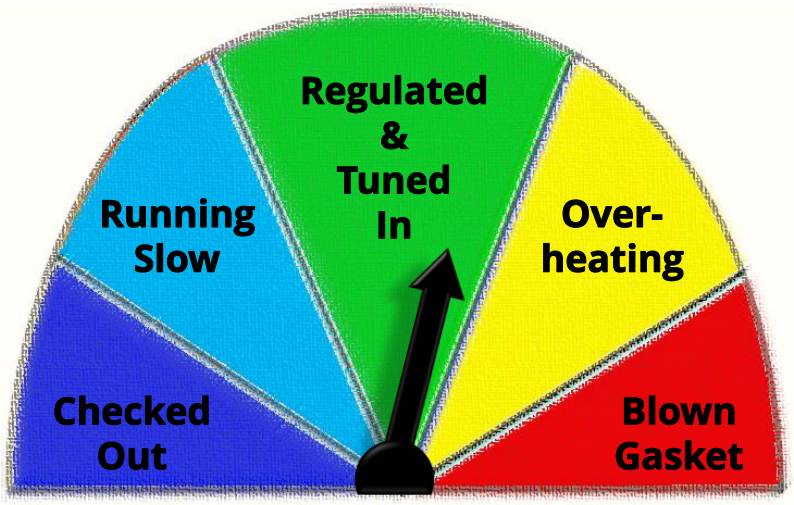
8. **Secure attachment sets kids up for social competence.**

   Relationships are the key to health and happiness in all the ways that these conditions can be measured. The idea of social competence encompasses all the ways we can benefit from the social parts of our lives: intimacy, mutual support, empathy, and getting along in all the domains of life, from school to work to home and community. In fact, social relationships affect a range of health outcomes, including mental health, physical health, health habits, and mortality risk.

9. **Security makes way for better physical health.**

   Secure attachment with others benefit immune, endocrine, and cardiovascular functions and reduce wear and tear on the body due, in part, to chronically overworked physiological systems engaged in stress responses. These processes unfold over the entire life course, with effects on health.

Engine Check



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Doodle Box

Video

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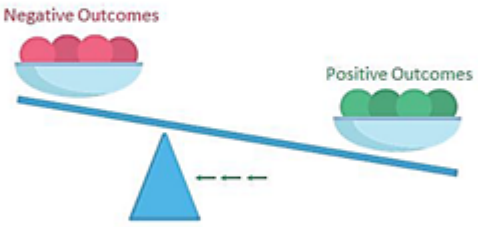
Fostering Resilience



Overtime, the cumulative impact of positive life experiences and coping skills can shift the fulcrum's position, making it easier to achieve positive outcomes.

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Children of Color and LGBTQ Youth

Children of color are more likely to experience systemic barriers to building resilience due to the series of locked doors children face as a result of under-resourced communities and harmful policies negatively impact health, development and life potential by loading the negative side of the scale with stress.

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Children of Color and LGBTQ Youth

These barriers also decrease access to those safe, stable, nurturing relationships and environments that would offload negative weight and load the positive side of the scale. *(Little access to youth programs in the community, financial barriers to services to improve their "fulcrum")*

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Activity

- **Allow children to express their feelings**
- **Be consistent**
- **Teach the importance of healthy behaviors**
- **Be patient**
- **Model a positive outlook**
- **Build confidence**
- **Express support**
- **Build connections**

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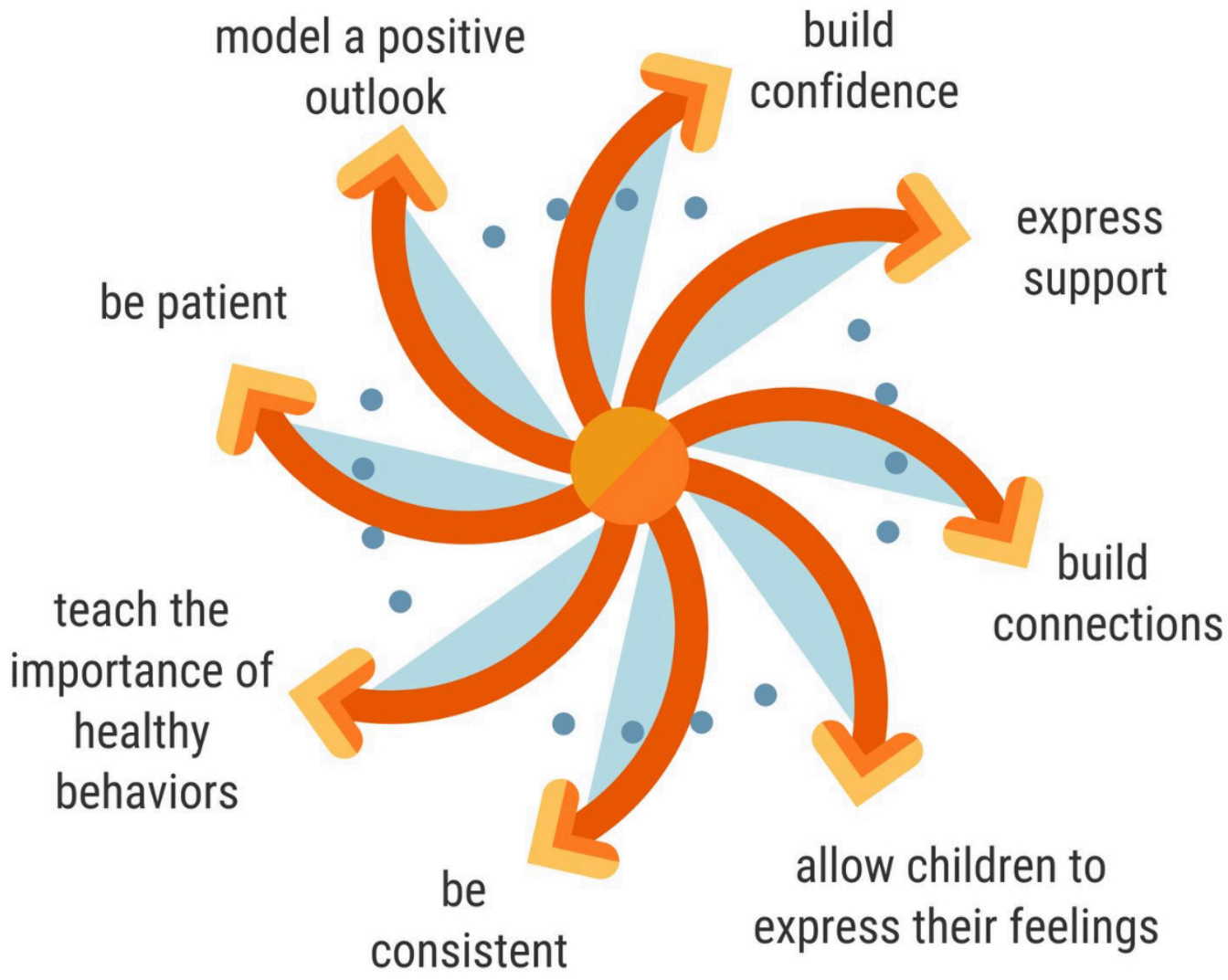
Doodle Box

8 WAYS TO BUILD RESILIENCE IN YOUR CHILD



Quote

"The single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver or other adult."

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Quote

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Video

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NOTES

Self-Care

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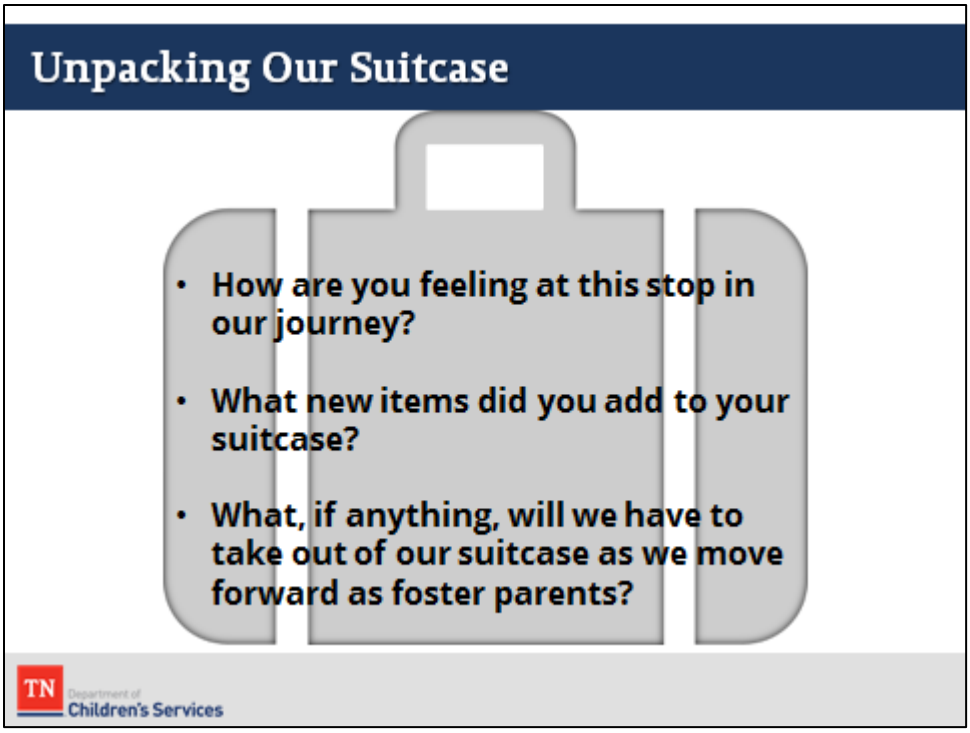
NOTES



How are you feeling at this stop in our journey?

_____

_____

_____

What new items did you add to your suitcase?

_____

_____

_____

What, if anything, will we have to take out of our suitcase as we move forward as foster parents?

_____

_____

_____

Roadwork: Watch the videos from the slide and answer the following questions:

1. List 3 main points from “Reimagining Empathy” video:

_____

_____

_____

_____

_____

_____

_____

_____

2. How does Empathy build resilience?

3. What is the difference between Empathy and Sympathy?

4. How would I develop empathy in a foster child?

Next Week

- **Module 4: Rerouting Trauma Behaviors**
- **What's Next**

See you then!

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Tennessee KEY

knowledge empowers you

Module 4: Rerouting Trauma Behaviors

TN-KEY Participant Guide

Tennessee Department of Children's Services| Ver. 22.12.6

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Review: Roadmap to Resilience

- **What do you remember from class last week?**
- **What are your thoughts about the ReMoved Part 2 video after processing it for a week?**

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Objectives

- Define discipline as a teaching process by reviewing the DCS Discipline Policy
- Describe reasons why physical punishment does not work with foster children or birth children they are housed with
- Identify appropriate house rules for foster children
- Discover how a child's physical, cognitive and emotional ages can all be different due to trauma
- Identify the benefits of teaching skills as part of the discipline process
- Explore the importance of REROUTING Tools for regulating behavior

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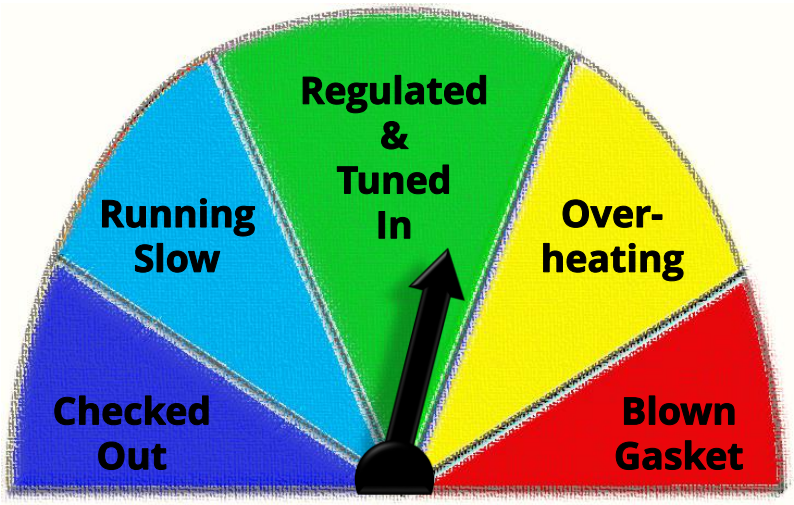
Engine Check



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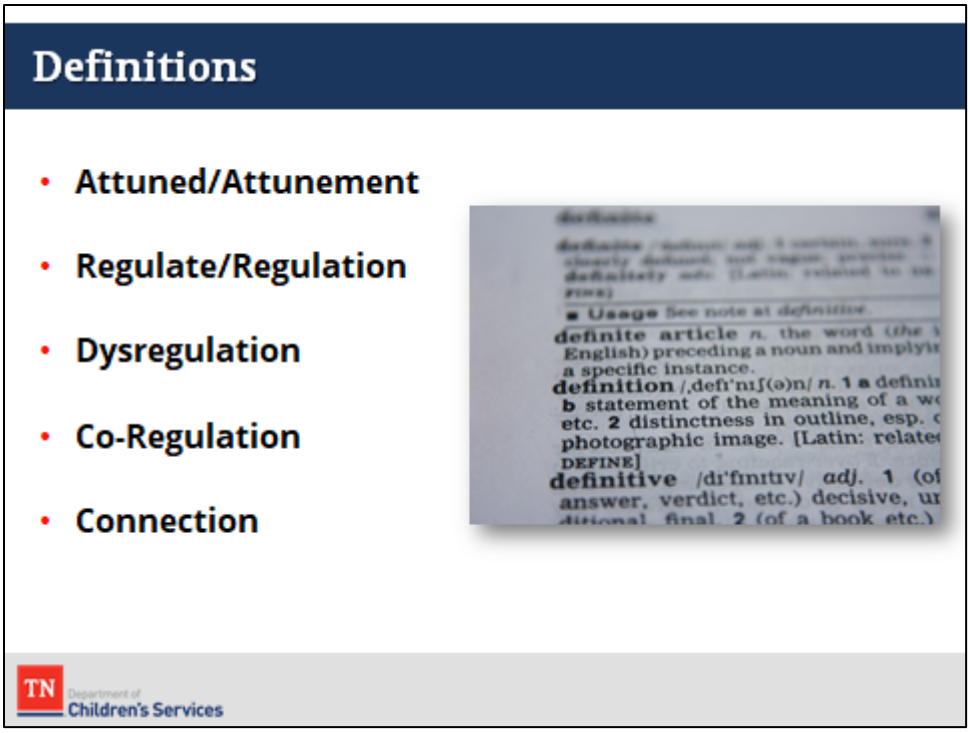
Doodle Box

- Instead of asking, "How can I stop my child from behaving like this?" ASK "How can I improve my _____ with my child?"
- Children's behavior is a form of _____.
- Children are more likely to behave well when they are feeling _____ in their emotional _____.
- Your children need for you to be _____, _____, _____, and _____.
- Whatever the question, learning to be _____ is part of the answer.

"You can take an important step toward eliminating tantrums and misbehaviors—and enabling learning and positive family relationships—by providing an atmosphere where your children feel and experience safety for themselves. This strategy is called providing ***'felt safety.'*** *You provide 'felt safety' when you arrange the environment and adjust your behavior so your children can feel in a profound and basic way that they are truly safe in their home and with you. Until your child experiences safety for himself or herself, trust can't develop, and healing and learning won't progress."*

An excerpt from the book "The Connected Child" about "felt safety."

--Dr. Karyn Purvis and Dr. David Cross



- **Attuned/Attunement:** Attunement describes how reactive a person is to another's emotional needs and moods. A person who is well attuned will respond with appropriate language and behaviors based on another person's emotional state. They are good at recognizing moods and emotions in another person and adapting their own response in accordance. Well attuned parents are important in that they are able to detect what their children are feeling or thinking and respond appropriately.
- **Regulate/Regulation:** Regulation as a whole refers to the ability of being able to adjust as a response to change. Therefore, self-regulation is an internal (individual/self) response to change. For example when you're upset, with good self-regulation, you would be able to calm yourself down and cheer yourself up.
- **Dysregulation:** Refers to the inability to control the emotional response outside of the 'typically' accepted range.
- **Co-Regulation:** Co-regulation refers to the social relationships and the way one can adjust themselves when interacting with another, in order to maintain a regulated state. Example from "ACEs in Education: acesconnection.com:

  - Co-Regulation is particularly challenging with young people in crisis. It runs counter to the "tit-for-tat" inclination to hurt those who hurt us. Co-Regulation requires recognition and safe management of one's counter-aggressive impulses. It is hard to provide support to someone who is fighting against it. **But as, Cozolino (2006) suggests, the willingness to absorb the rage of a furious adolescent is a gift that can be given, modeling the self-restraint they so desperately need.** Co-Regulation can take many forms that typically involve warmth, a soothing tone of voice, communication that acknowledges the young person's distress, supportive silence and an invitation to have reflective problem-problem solving.

- **Connection:** Connection is the sense of well-being and felt safety that comes from a relationship with another person. It helps us to gain knowledge about ourselves and the other person while giving an increased sense of worth and a desire for more connections beyond that particular one.

Traditional Discipline:

DCS Discipline Policy: Read

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Discipline Policy: Goals of Discipline

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings, etc.)
- To feel good about relationships with other adults and other children
- To have a positive self-concept

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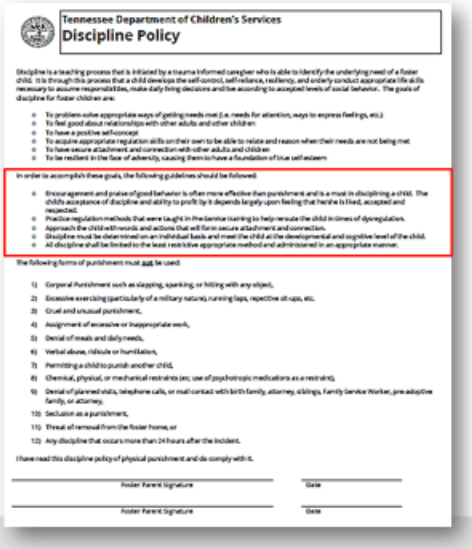
Discipline Policy: Guidelines



Tennessee Department of Children's Services
Discipline Policy

Discipline is a teaching process that is initiated by a trauma informed caregiver who is able to identify the underlying need of a foster child. It is through this process that a child develops the self-control, self-reliance, resiliency, and orderly conduct appropriate life skills necessary to assume responsibilities, make daily living decisions and live according to accepted levels of social behavior. The goals of discipline for foster children are:

- To problem-solve appropriate ways of getting needs met (i.e. needs for attention, ways to express feelings, etc.)
- To feel good about relationships with other adults and other children
- To have a positive self-concept
- To acquire appropriate regulation skills on their own to be able to relate and reason when their needs are not being met
- To have secure attachment and connection with other adults and children
- To be resilient in the face of adversity, causing them to have a foundation of true self-esteem

In order to accomplish these goals, the following guidelines should be followed:

- Encouragement and praise of good behavior is often more effective than punishment and is a must in disciplining a child. The child's acceptance of discipline and ability to profit by it depends largely upon feeling that he/she is liked, accepted and respected.
- Practice regulation methods that were taught in Pre-Service training to help re-route the child in times of dysregulation.
- Approach the child with words and actions that will form secure attachment and connection.
- Discipline must be determined on an individual basis and meet the child at the developmental and cognitive level of the child.
- All discipline shall be limited to the least restrictive appropriate method and administered in an appropriate manner.

The following forms of punishment must not be used:

1) Corporal Punishment such as slapping, spanking, or hitting with any object,
2) Excessive exercising (particularly of a military nature), running laps, repetitive sit-ups, etc.
3) Cruel and unusual punishment,
4) Assignment of excessive or inappropriate work,
5) Denial of meals and daily needs,
6) Verbal abuse, ridicule or humiliation,
7) Permitting a child to punish another child,
8) Chemical, physical, or mechanical restraints (ex: use of psychotropic medications as a restraint),
9) Denial of planned visits, telephone calls, or mail contact with birth family, attorney, siblings, Family Service Worker, pre-adoptive family, or attorney,
10) Seclusion as a punishment,
11) Threat of removal from the foster home, or
12) Any discipline that occurs more than 24 hours after the incident.

I have read this discipline policy of physical punishment and do comply with it.

Foster Parent Signature Date

Foster Parent Signature Date

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Discipline Policy: Prohibited Punishment

- Corporal punishment
- Excessive exercising
- Cruel and unusual punishment
- Assignment of excessive or inappropriate work
- Denial of meals and daily needs
- Verbal abuse, ridicule, or humiliation
- Chemical, physical, or mechanical restraints
- Denial of planned visits, telephone calls , or mail contact birth family, attorney, siblings, Family Service Worker, or pre-adoptive family
- Seclusion as punishment
- Threat of removal from home
- Any punishment that occurs more than 24-hours after the incident.

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- **Corporal punishment** - Spanking, hitting, shoving, slapping or any use of hands or objects to punish. This includes hitting the top of the hand .
- **Excessive exercising** (particularly of a military nature) such as running laps, repetitive sit-ups, etc.
- **Cruel and unusual punishment** – Making a child hold a position for hours such as their arms out or squatting, washing a child's mouth out with soap, etc.
- **Assignment of excessive or inappropriate work** - Cleaning the floors with a toothbrush, several hours of chores or picking up in the yard for hours.
- **Denial of meals and daily needs** - Refusal to provide food or water, not allowing bathroom usage, locking the refrigerator, etc.
- **Verbal abuse, ridicule, or humiliation** - Telling the child they are stupid, crazy, or lazy or that their parents are drug addicts, abusers, etc. or talking about the child to others in front of the child.
- **Permitting a child to punish another child** – Allowing a birth child or sibling punish/strike another child.
- **Chemical, physical or mechanical restraints** – Prohibited:
    - **Chemical Restraints (Medication):** A chemical restraint is defined as any drug that is used for inappropriate discipline or parenting convenience, and not required to treat the medical symptoms, such as Benadryl, increased dosage of psychotropic medication, sleeping aids, etc.
    - **Physical Restraints:** The use of body contact by staff/foster/ kinship parents with a child/youth to restrict freedom of movement or normal access to his or her body. Examples include physical confinement or control of a child by forcibly holding them in place such as face down on the bed or floor, a knee on the back or neck, pulling the arm forcibly up behind their back for the purpose of restricting a child's free movement. Children should not be in any position where they are unable to free themselves at will.

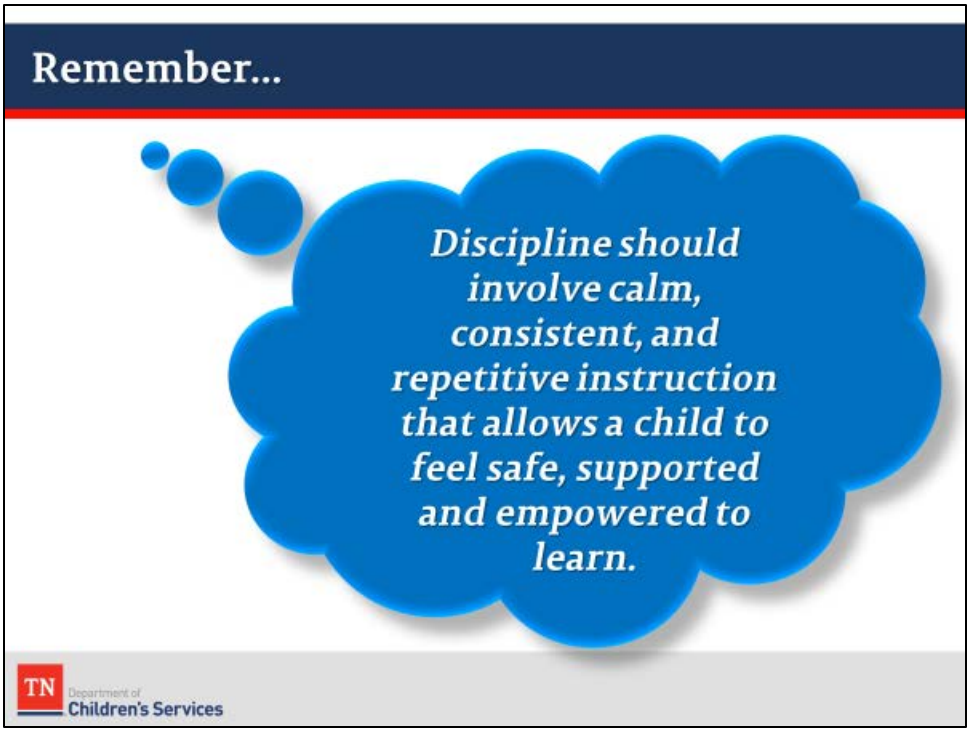
      The following is not considered physical restraint and is considered acceptable:
    - *Physical touch associated with prompting, comforting or assisting that does not prevent the service recipient's freedom of movement or normal access to his or her body.*

  - **Mechanical Restraints:** The physical confinement or control of a child by using a restrictive device such as the use of ropes, belts, cages, or any other mechanical method of immobilizing a child's freedom of movement.

- **Denial of planned visits, telephone calls, or mail contact with birth family, attorney, siblings, Family Service Worker, pre-adoptive family, or attorney** – Keeping a child from a visit or phone call with parents or case worker due to child's behavior.
- **Seclusion as punishment** – "Seclusion" is the confinement of a child/youth alone in a room or an area where the child/youth is physically prevented from leaving. This definition is not limited to instances in which a child/youth is confined by a locked or closed door. Examples include locking or leaving a child in his or her bedroom or closet for hours or ignoring or not speaking to a child for hours for the purpose of confinement.

  Seclusion does not include:

  a) *The segregation of a child/youth for the purpose of managing biological contagion consistent with the Centers for Disease Control Guidelines;*
  b) *Confinement to a locked unit or ward where other children/youth are present. Seclusion is not solely confinement of a child/youth to an area, but separation of the child/youth from other persons; or*
  c) *Voluntary time-out involving the voluntary separation of an individual child/youth from others. The child/youth is allowed to end the separation at will.*
- **Threat of removal from home** - Telling a child that you will have them removed from your home due to their behavior.
- **Any punishment that occurs more than 24 hours after the incident** - Address the behavior as it occurs.


Remember...
Discipline should involve calm, consistent, and repetitive instruction that allows a child to feel safe, supported and empowered to learn.
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Doodle Box

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Discipline Policy

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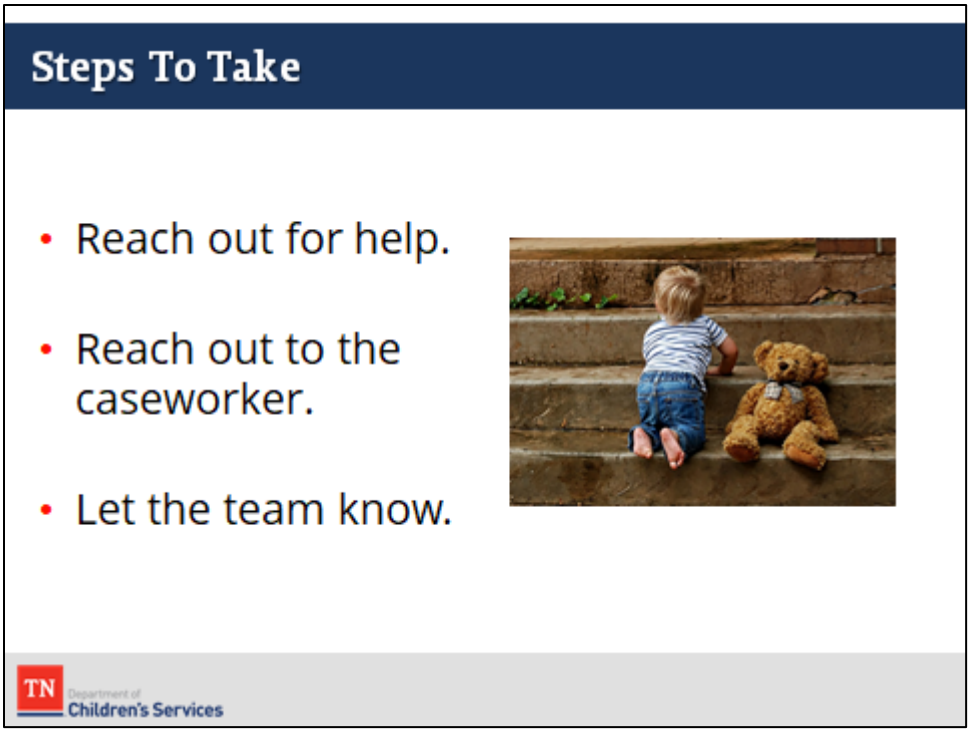
_____ _____

Foster Parent Signature Date

_____ _____

Foster Parent Signature Date



- **Reach out for help**. Birth parents and other foster parents may have some ideas for us or we can research some creative strategies that adhere to DCS policy. Remember, we are not the only case the FSW has so it will be important to utilize your eco-map resources.
- **Reach out to the caseworker.** Let them know we are struggling because asking for help is a strength. As partners we can brainstorm ideas such as appropriate consequences, the need for counseling, other resources, or maybe an adjustment on visitation or phone calls.
- **Let the team know**. The team will be able to determine next steps.

Discipline Policy

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SIU: Special Investigations Unit

- Asking for help is a strength, so avoid allowing behaviors to advance to unmanageable levels.
- They investigate allegations that foster children might make against foster parents.
- Working with birth parents and reunification with their children, can decrease the instances of false allegations being made.
- The foster parent advocate can assist families during the investigation process.

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SIU Frequently Asked Questions

Q: Why is the investigation taking so long and why haven't I heard from anyone?

A: Investigators make an initial assessment and try to gather as much information as possible. Typically, they are waiting on a response from law enforcement, the results of a medical exam or statements from witnesses. The investigation does not stop after the initial child interview. There are many factors that can delay the process. You may contact the investigator, SIU supervisor or foster parent advocate to voice concerns. Investigators are under strict timeframes for completion (60 days) and cases usually take several weeks to complete.

Q: How do I prepare for an SIU investigation?

A: Be knowledgeable of DCS policies and keep accurate records. Stay informed and communicate concerns to appropriate DCS staff. Keep a current phone list for DCS staff, contract agencies and know how to contact your foster parent advocate. Document all concerns and potential problems and address them with DCS staff, to prevent them from becoming a CPS investigation. Plan to attend foster parent events where SIU staff makes presentations. This is an opportunity to meet the staff and have open dialogue about concerns. Foster parents should make themselves along with other household members available to SIU. Be honest and cooperative during an investigation.

Q: What can I ask during an SIU investigation?

A: Foster parents can ask about the allegations, but the SIU investigator cannot reveal the identity of the referent. Foster parents can ask if they are the subject of an investigation. However, the investigator will decide at what point in the investigation certain information is shared. Cooperation is essential and strict confidentiality rules must be followed.

Q: Will my foster child be moved during an investigation?

A: Frequently during an investigation, the SIU investigator will ask that a child be placed in respite until a determination is made. If the foster parent is named as the alleged perpetrator, the alleged child victim and foster parent must be separated. This prevents any future allegations being made and protects both parties. The SIU investigator along with local DCS staff will make a team decision about whether or not the child(ren) need to be removed or placed in respite.

Q: Will I be falsely accused?

A: There is a possibility that a child placed in the foster home may try to manipulate the placement or lash out by making a false allegation. Please know that SIU investigators ae highly trained and they are sensitive to these issues. They will determine as quickly as possible if there are concerns and make recommendations as needed.

Finally - Stay informed, be proactive, partner with the Department, ask questions and KNOW HOW TO REACH THE REGIONAL ADVOCATE!!

Creating House Rules: Policy 16.8

All household rules are clearly communicated to the youth and written down so that any age appropriate child/youth can read and understand. The structured daily household routine provided for the youth may include:

- Clear and concise household rules
- Identified acceptable and unacceptable behavior
- Possible consequences for unacceptable behavior

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Examples of House Rules

- ✓ No hurts: be kind to others and yourself
- ✓ Show respect: use kind words and actions
- ✓ Be honest
- ✓ Must be dressed when leaving the bedroom or bathroom (use robe)

****Post as few rules as possible and adjust the rules as needed.**

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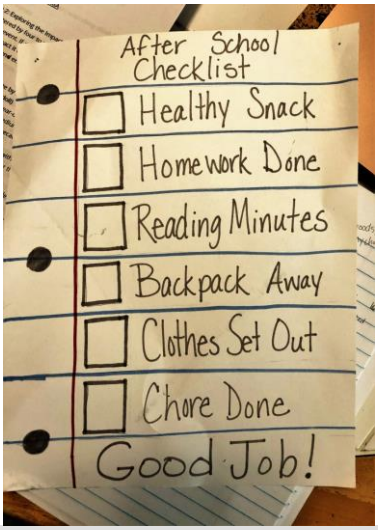
Daily Routines and Sample List

- ✓ Morning Routine
- ✓ Getting ready Routine *("HaBoT" = Hair, Body and Teeth)*
- ✓ Meals
- ✓ Afterschool Routines
- ✓ Bedtime Routines/Rituals



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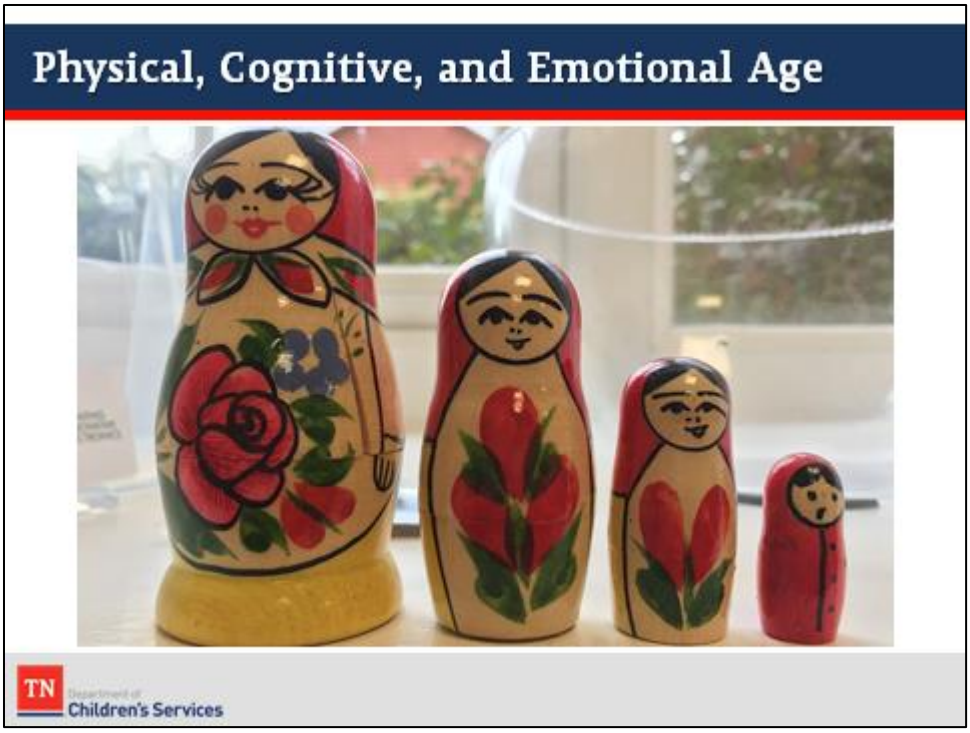
Doodle Box



- Physically, a fourteen-year-old can look her age and even appear to look like an adult, and so we look at them as if they should act like an adult. (Large doll)
- Cognitively, when she is regulated, she may think as a 14-year-old, but when she becomes dysregulated, she might think on a 7-year-old level. (Medium doll)
- Emotionally, she may behave more like a 3-year-old when her lid is “flipped.” (Extra-small doll)

Remember...

When assessing physical, cognitive, and emotional age, it is important to note that not all behavior is trauma related, and could be connected to normal adolescent development.

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Teen Angst vs Teen Adversity

- Strong emotions
- Overreacting to minor irritations
- Disturbed sleeping patterns
- Withdrawing from family and friends
- Wanting to spend more time alone
- Increased need for independence
- Self-absorption, caring only about themselves
- Loss of interest in school activities, friends, and life in general
- Pessimistic outlook on life
- Depression and feelings of hopelessness
- Difficulty with short term memory, concentration and problem solving.

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Easy Ways to Connect

Smile	Laugh
Hug	High Five
Ask about their favorite (music, food, time of day...anything!)	Play a board game
Play a card game	Make up your own game
Sing a song	Make up a song
Have a dance party	Be quiet together
Color	Read a book
Tell a true story	Make up a story
Talk about when they were little	Look at family pictures or baby pictures
Write in a journal together	Do a craft project
Bake	Cook
Tell a joke	Be silly
Get down to their eye level	Look them in the eye
Share a snack	Ask more questions
Write a note	Talk less
Make paper airplanes	Play Simon Says
Play Tag	Play Hide and Seek

Notes:

Easy Ways to Connect with Children/Teens

Smile	**Laugh**
Hug	**High Five**
Ask about their favorite (music, food, time of day...anything!)	**Play a board game**
Play a card game	**Make up your own game**
Sing a song	**Make up a song**
Have a dance party	**Be quiet together**
Color	**Read a book**
Tell a true story	**Make up a story**
Talk about when they were little	**Look at family pictures or baby pictures**
Write in a journal together	**Do a craft project**
Bake	**Cook**
Tell a joke	**Be silly**
Get down to their eye level	**Look them in the eye**
Share a snack	**Ask more questions**
Write a note	**Talk less**
Make paper airplanes	**Play Simon Says**
Play Tag	**Play Hide and Seek**
Brush hair	**Paint nails**
Do yoga	**Take a walk**
Make a fort	**Watch a sunrise or sunset**
Be curious	**Give them your full attention**
Ask them to play with you	**Join in their play**
Listen	**Offer help with a complicated/unpleasant task**

Brainstorm: Teach-Learn-Consequences

Teach	Learn

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This is Discipline

The skills mentioned here are considered discipline because they train us to be competent in specific areas of our lives using methods that maintain our positive self-image. We do not learn a task before it is taught.

Children are the same as we are.

We tend to make rules and ask children to follow them, then correct before knowing if they understand the rule or not. We must teach first, and sometimes over and over again depending on their level of understanding.

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Brainstorm: Consequences

Consequences

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Proactive means...

...creating or controlling a situation by causing something to happen rather than responding to it after it has happened.

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Dictionary.com

Musical Brainstorm

- **R**outines/Structure
- **E**ngaged Contact
- **R**espect
- **O**ngoing Consistency
- **U**nderlying Needs
- **T**each Skills
- **E**njoy Time Together

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Doodle Box

- **R**outines/Structure: Children often come into care from chaotic environments that create stress and fear. Our job is to provide stability by creating routines and structure that in turn allows the child to feel secure thus building trusting relationships.
- **E**ngaged Contact: Find ways to fill the gap that they might have missed in early childhood, by providing soothing tones, eye contact, healthy touch, and loving response to their emotional and physical needs.
- **R**espect: We must be aware of our own buttons and what it takes to become dysregulated. If we communicate disrespect, they will model or mirror that right back to us. Learn to stay calm.
- **O**ngoing Consistency: If we say we will do something, mean it every time. If we have to give consequences for a particularly difficult behavior to regulate, provide a consequence every time.
- **U**nderlying Needs: Using a trauma lens, determine what their underlying need is and help meet their needs there first. One of the reasons children behave negatively, is they feel that all of their control has been taken away. Provide opportunities for children to have a choice about what they eat, wear or go, guiding those decisions for safety along the way.
- **T**each Skills: We have seen that children may be ten chronologically, but much younger emotionally. We may have to teach dozens or even hundreds of times, but that is the definition of discipline.
- **E**njoy Time Together: The importance of play and spending time together has reached new heights in the trauma informed world, and quite possibly could be considered the most important tool for regulation that can be found. Play, eat, and move together.

REROUTE

Routines/Structure
- Bed time
- School
- Morning
- Going out
- Meal Time

Engaged Contact
- Eye contact
- Healthy Touch
- Play
- Spatial boundaries (hula hoop)

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reROUTE

Respect:
- Birth parents
- Culture
- Emotions
- Beliefs
- Space
- Ideas

Ongoing Consistency:
- Follow through
- Mean what you say every time
- Avoid making promises
- Be a good role model
- United front
- Family Meetings

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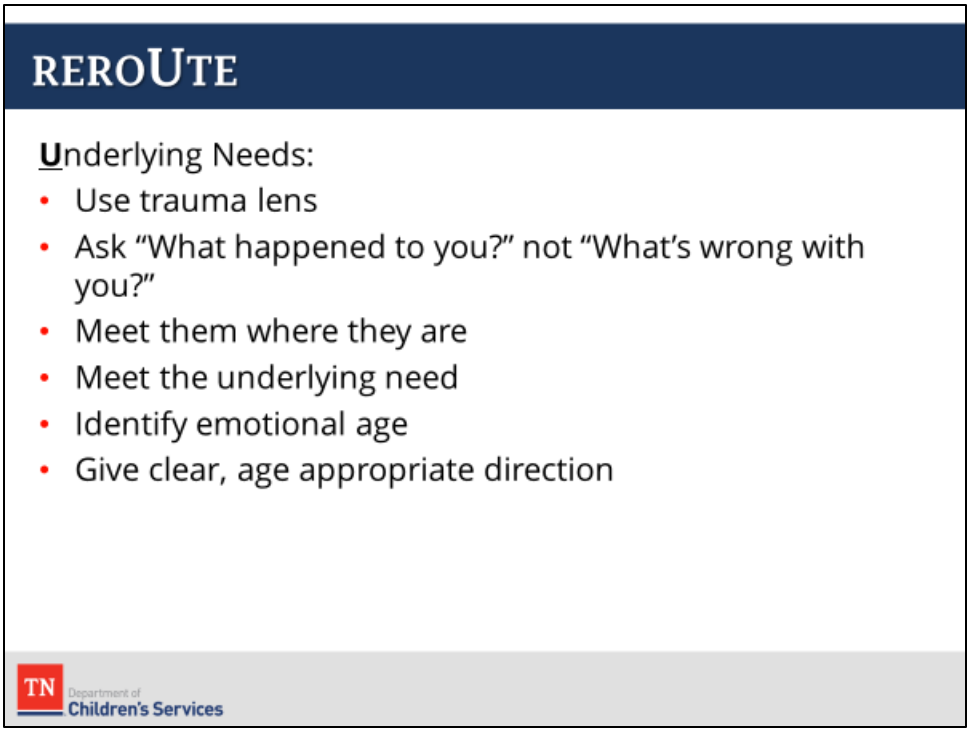
REROUTE
Underlying Needs:
• Use trauma lens
• Ask "What happened to you?" not "What's wrong with you?"
• Meet them where they are
• Meet the underlying need
• Identify emotional age
• Give clear, age appropriate direction
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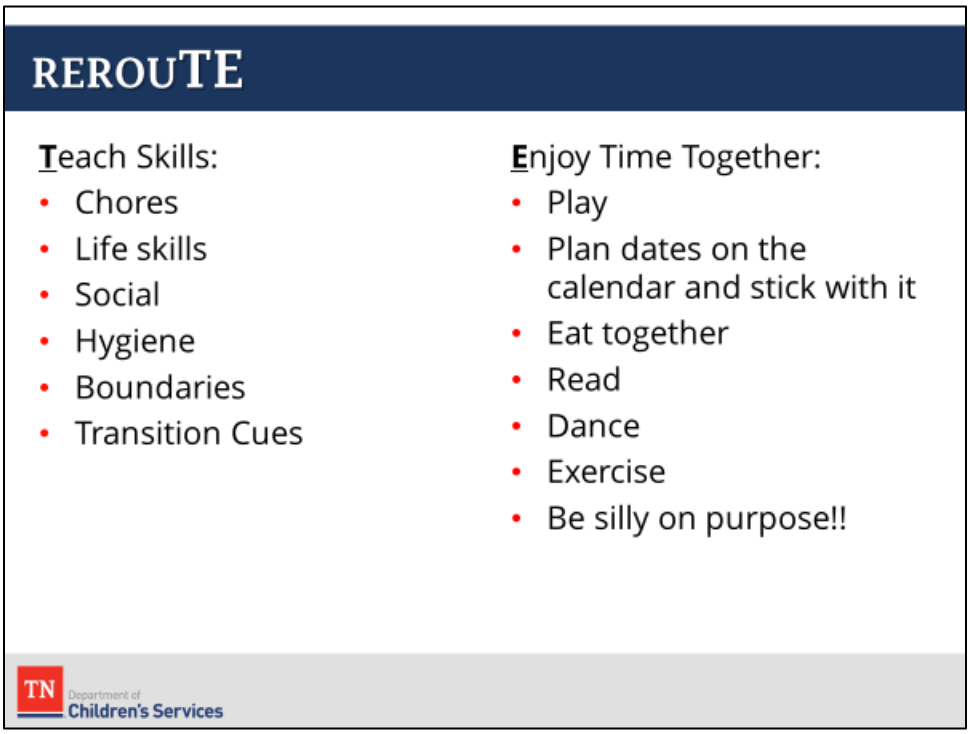
REROUTE
Teach Skills:
• Chores
• Life skills
• Social
• Hygiene
• Boundaries
• Transition Cues
Enjoy Time Together:
• Play
• Plan dates on the calendar and stick with it
• Eat together
• Read
• Dance
• Exercise
• Be silly on purpose!!
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Responding to Misbehavior –Karyn Purvis

- ❑ Respond quickly
- ❑ Clarify expectations
- ❑ Offer simple choices
- ❑ Present consequences
- ❑ Give immediate retraining & opportunity for a "re-do"
- ❑ Practice, practice, then practice some more
- ❑ Keep the child near you
- ❑ Offer praise and encouragement for successes
- ❑ Redirect Your Child's attention

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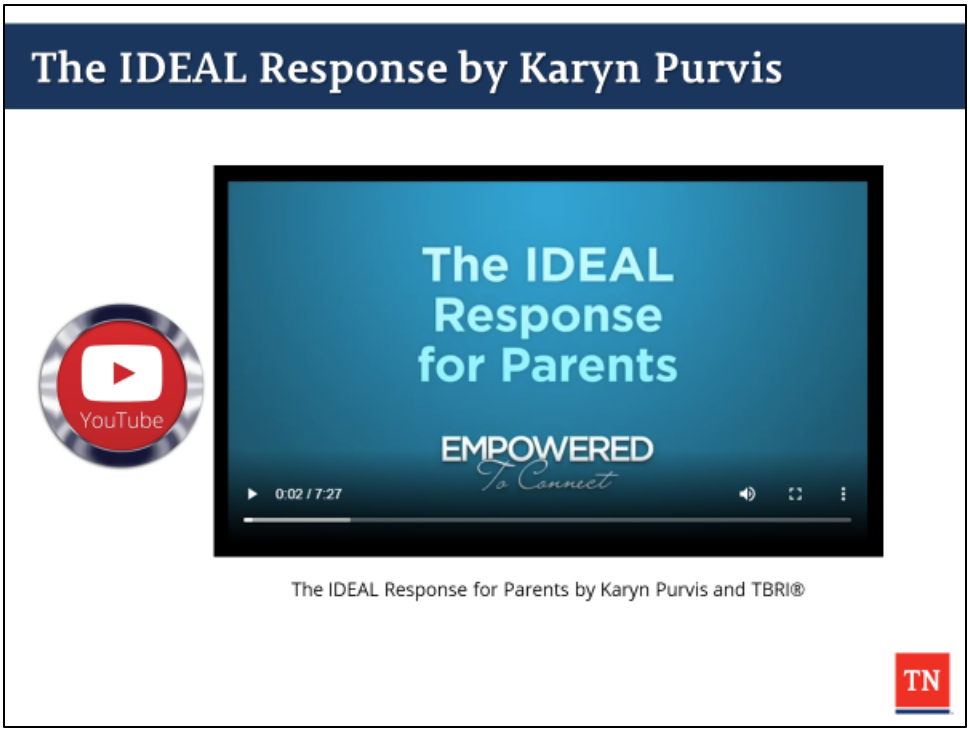
"The Connected Child" by Karyn Purvis & David Cross



- **I – Immediate:**

  _____

  _____

- **D – Direct**

  _____

  _____

- **E – Efficient**

  _____

  _____

- **A – Action**

  _____

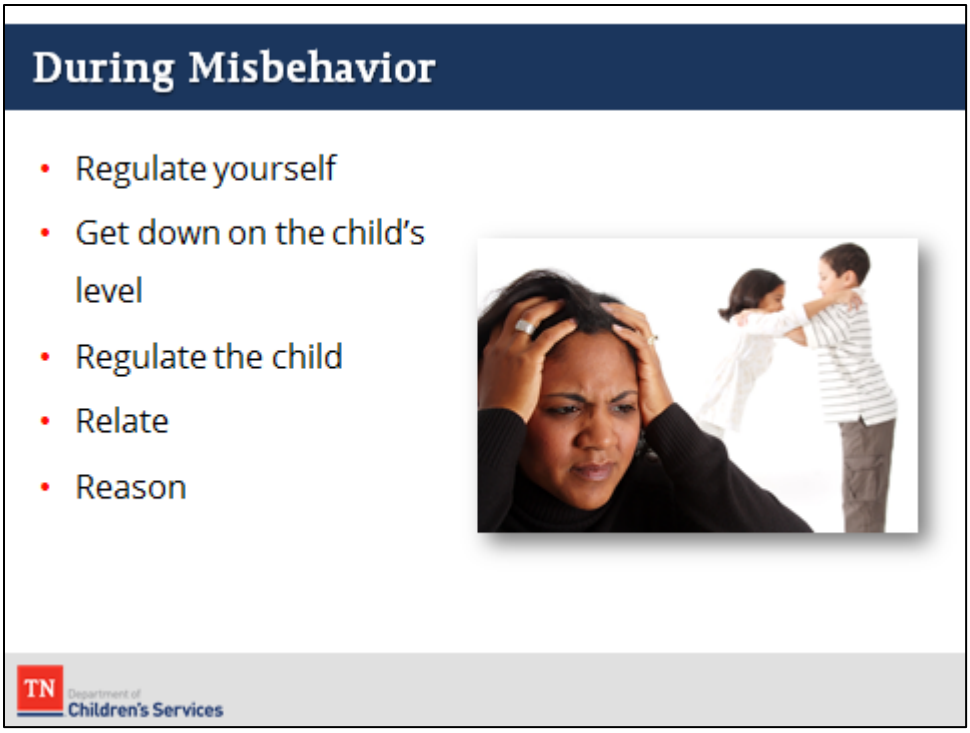
  _____

- **L – Leveled at Behavior (not the child)**

  _____

  _____

Notes:



- **REGULATE YOURSELF:** Stay in the present moment and breath steadily, focus your attention on your child, and clear your mind. If you have a difficult time regulating yourself, then use learned skills to regulate before responding.

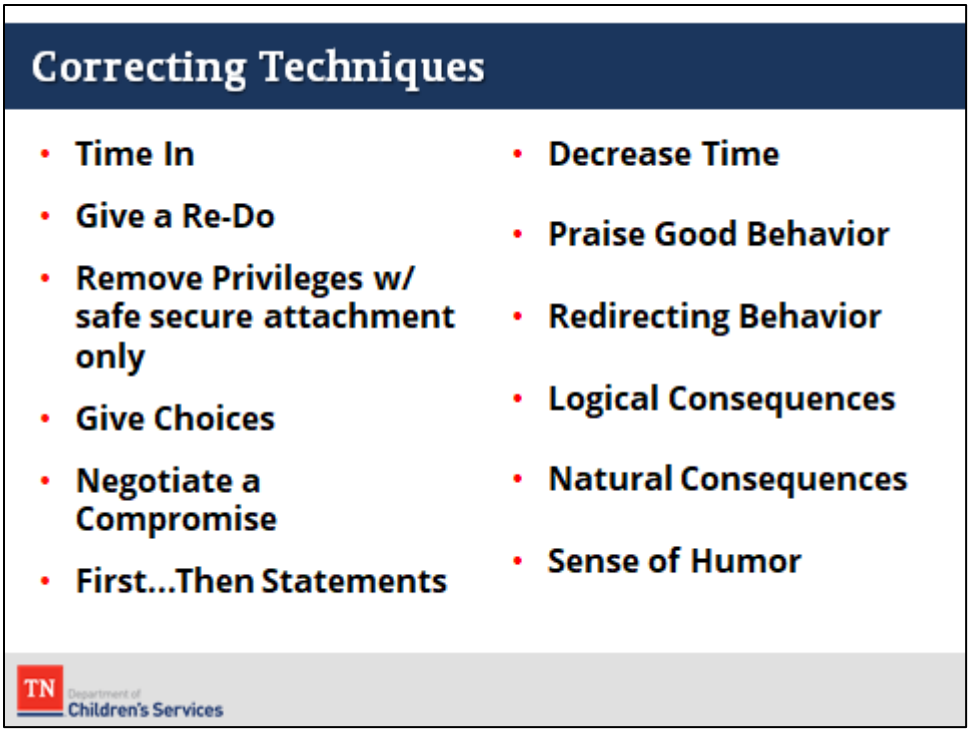
  Get down on the child's level: Nothing signals the brain's threat alarm like something or someone towering over us. Everything appears bigger in the heightened state and just getting on their level can remove the threat.

- **REGULATE the child:** During trauma behaviors, your child is responding from the low road of the brain and trying to reason with them or have a teachable moment will only escalate the situation. Your main goal during the dysregulation is helping them feel calm, safe and loved.

- **RELATE:** When children begin to calm down, use short sentences to sooth them and let them know they are loved, while also providing a hug or touching their hand. (e.g. "I know you feel angry right now, this is hard to go through.") Your focus should be relating and connecting.

- **REASON:** ONLY when they are calm and you are calm, is it time to discuss alternatives to their behavior while still reinforcing the limit you set before. You can reassure them that you love and care about them, but the behavior will need to be adjusted.

Doodle Box



- **Time-In**: Time-in (as opposed to time-out) is an important strategy to help parents learn to "connect while correcting" with their children. (For helpful background on the time-in strategy, watch **Using Time-In Instead of Time-Out** featuring Dr. Karyn Purvis.) https://www.youtube.com/watch?v=T1-jOm2PyrA
  When using the time-in strategy it's critical to remember that time-in is not intended to punish your child. Instead, time-in is designed to help your child calm and regulate so that he can express his needs (or wants) appropriately. Also, be sure not to jump the gun and resort to time-in when another, lower level strategy (such as playful engagement or choices) might address the behavior more effectively.
  But there are moments when a time-in is precisely the strategy that is called for. So here are eight keys to help you implement an effective time-in with your child:

  1. **Develop a plan**. In fact, you will need multiple plans. You will need plans for implementing a time-in when you are at home, in public, or any other place you frequently go with your child. If you have multiple children, you will need a plan for effectively implementing a time-in when more than

one child needs to be in time-in. You will also need a plan for how to keep the other children in your home occupied while you deal with a child (or children) in time-in. One family chose to have a special basket of toys that can only be played with when the parent is sitting with one of the other children in a time-in. This helped to occupy the other children while the parent finished the time-in. All of these plans will likely differ if you are the only parent present as opposed to if both parents are present – so be sure to share your plans (and agree in advance) with your spouse or others who will be helping you to implement them.

2. **Determine a consistent location**. Consider designating a consistent place where time-in's will happen. The location for a time-in can literally be any place that is ideal for helping your child to calm, and it can even change as your child grows older. For example, one family had a "time-in chair" in their living room with another chair right beside it – one for the child to sit in and the other for the parent. As a child gets older the time-in location may move to a bedroom or the kitchen table. In fact, some parents will take an older child for a walk or even do a task or chore together a means to de-escalate the situation and help the child calm. Whatever the case may be, develop a consistent location, especially when using a time-in at home.

3. **Stay calm.** Let's be honest – if you (the parent) are not calm, you will be of little use in helping a dysregulated, out-of-control child to calm. So it is critical that you remain calm when implementing a time-in. If a time-in is needed and you are not calm, then "calmly" lead your child to the time-in location and walk away to give yourself a brief time-out. Remember, it takes a calm parent to implement an effective time-in.

4. **Keep your focus.** In the face of misbehavior it's all too easy for parents to become distracted and lose focus. In these moments we are tempted to punish, lecture, yell, shame, become angry, or all of the above. Time-in is not designed for any of these things. Instead, remember that time-in is about helping your child calm and regulate so that together you can

tackle the problems or issues that led to the need for the time-in. For example, many children are prone to become dysregulated and misbehave when they are hungry, thirsty, or have low blood sugar. In addition, providing a child in time-in with a healthy snack or something to drink can often help them calm and regulate much more quickly. At first this may seem like you are rewarding "bad behavior," but when you stay focused on the goal and purpose of time-in these steps simply become yet one more way to meet your child's needs and help her succeed. So remember to stay focused on your child and what she needs and then be willing to meet her where she is to help her move forward.

5. **Stay with your child.** The primary difference between time in and time out is that time-in is designed to teach your child that you are always there for him and that in a family the "big person" (that would be you) stays with the child to help them solve problems and repair mistakes. This doesn't mean that you cannot walk away to calm yourself (you should), or that after you and your child have become practiced in using time-in's you can't sometimes walk into the next room for a moment (you can). It does mean, however, that early on in your use of this strategy you need to send the message not with your words, but with your presence, that you are sticking with your child most especially when she is struggling or even pushing you away with her behavior. It is not unusual if your child tests you on this at first. But in time your child will receive and begin to believe the message that "we are a team" and that you are committed to her. Along the way don't lose hope. Parents often report that time-in's that once lasted well over an hour can quickly become a time-in that lasts only a minute or two – if they will simply be persistent and implement the strategy effectively.

6. **Give your child voice.** It is critical that a child be given voice even when she is in time-in. But this can be tricky given that she is likely in time-in because she was out-of-control or unable to calm herself. One family navigates this tension by allowing the child to say anything she wants in time-in, as long as she says it with respect. Whoa, do what?!? Yes, that's

right. This means while in time-in the child can talk about how unfair she feels things are, or how much she does not like the decision that was made. But, she must say it with respect, meaning she may not yell, scream, or call names. So for example, she may not yell “You are so mean!” but she may say, in very frustrated tones, “I am mad and I hate it when you do that!” In time these parents reported seeing a dramatic shift as they noticed their child was learning to express her feelings, as in “I feel sad and angry when you won’t let me…” A clear sign of progress for sure. This is no doubt a fine line to walk, but giving voice is not optional if you want a child from a hard place to learn to trust. In addition, many parents allow the child to use her words to indicate once she is calm and ready to resolve the situation. Sharing power with a child by allowing her to tell you she is ready with a simple, calm “I’m ready” can be a very effective way to help her learn to recognize that she is calm again and able to begin to move forward.

7. **Finish with success.** Many parents have learned to use time-in as an opportunity to help their child not only calm and regulate, but also finish with success. By incorporating a re-do after your child is calm and regulated, you can give him an opportunity to learn (through body memory) how to get it right and then praise him for doing so. For example, if the behaviors that escalated and led to the time-in started with a request from a mom to her son to turn off the TV and start his homework, the mom might want to return and replay the scenario (complete with asking her son to turn off the TV) and praise him when he gets it right. She could even offer him a “reward” this time around, as in “would you like me [mom] to stop cooking and come sit with you while you get started on your homework?” Unconventional for some, but highly effective with many children who simply do not have the brain development, relational maturity, or the practice and competence at navigating their needs in healthy ways. But remember, a re-do is only appropriate and effective once your child is calm and regulated, so don’t rush into it. Depending on the situation and your child’s needs, the re-do may not happen immediately (or, in some cases, at all).

8. **It's not over until it's over; but when it's over, it's over.** Remember that it's not over until it's over. Many families use the "3 C's" outlined by Dr. Karyn Purvis – changed behavior, connection, and contentment – as a good measure of when it's over. In addition, parents should place a high value on the need to repair the mistakes that were made by seeking and giving forgiveness. But keep in mind, this applies to all involved – it is not unusual that a parent might need to seek forgiveness from the child as well. If this is case, parents should lead by example and offer an unconditional apology for any mistakes they made in responding to their child. But when it's over it's over! No pouting, no sulking, no grudges. It's over. Once your child is calm and you and he are re-connected, you have accomplished your goal. It's time to move on and begin looking for new opportunities to connect with your child. https://empoweredtoconnect.org/resources/keys-to-an-effective-time-in/

- **Give a "Re-Do:"** In the book The Connected Child the concept of using re-do's with children from hard places, and state that "re-do's give children a chance to practice a new behavior in a fun and playful way while building self-esteem through success." A re-do replaces an inappropriate behavior with an appropriate behavior and instead of punishing or reprimanding a child it allows a child to try again while being taught and encouraged. **Here are ten tips for effective Re-dos as taught through Trust-Based Relational Intervention model (TBRI®):**

  1. **Be consistent** – Work on a couple behaviors at a time and request a re-do every time. As a child becomes proficient on a behavior start working on new behaviors. There may be resistance in the beginning but once they get the hang of it a re-do should become a quick and easy fix, like pressing pause in the middle of a conversation to quickly correct a behavior.

  2. **Connection must come before correction** – TBRI® explains that parents cannot influence their children to correct behavior until they have a connection with them. The better connection you have with your child the better they will respond to correction.

3. **Respond immediately** – To request a re-do Purvis and Cross recommend responding within 3-5 seconds of the behavior, if possible.
4. **Stay calm**– Use a calm and friendly tone of voice and body posture. Try to keep the interaction playful. Get down to your child's level and keep eye contact. If faced with resistance parents can respond in a firmer voice without being scary. If a child becomes dysregulated an adult will need to help them to calm down before the child can attempt a re-do.
5. **Don't lecture** – Children learn best when parents speak to them at their level. Keep re-do's short and sweet, and use life value terms as reminders.
6. **Use a team approach** – Parents should encourage their child that they are in it together, like a team. Parents should be helpful and supportive.
7. **Practice** – Keep at it until they get it right. Model appropriate behavior if needed. Also incorporate re-do's into role plays and pretend play to practice intermittently.
8. **Be patient** –Learning a new behavior takes time.
9. **Praise** – Give your child praise for a job well done! High-fives work great too!
10. **Move on** – Afterwards press play, continue with daily activities like normal.

Re-do's are a very effective tool to help your child learn new behaviors, especially manners and respect. It may take a little getting used to in the beginning but once they understand they will start to correct their own behavior. Sometimes all I have to do is give my child a raised eyebrow or sideward glance and they correct themselves. To learn more about TBRI® and Re-do's read The Connected Child or attend an Empowered to Connect Conference.

- **Remove Privileges w/ safe secure attachment only:** Taking away privileges can also serve as an effective teaching tool. It's important to learn about what types of privileges will be most effective with your child. While taking away TV time may work for some kids, removing a specific toy may be most effective for others. It is important to remember to not take everything away and to only take away for a day or two or it becomes ineffective. Again, this

should be done in a calm, loving way and the point will still be made. (if a 4-year-old comes with a pacifier …don't remove)

- **Give Choices:** During defiant moments, giving choices can de-escalate the situation and still give the child options and a feeling of "control" at the same time. After asking them to put the video controller away ten minutes before and giving them timed reminders, we could say, "I have asked you to put the controller away and so we can leave for the party. You can either put the controller away or I will put it away and you will have to give up game time tomorrow. Your choice." This kind of interaction is a way to share control even though the choices they had were give be us.
- **Negotiate a Compromise:** A compromise can occur when the situation is still calm and there are no high level behaviors occuring, such as harming others or themselves. The youth was asked to make her bed, but she is on the phone with a friend. The father says in a calm voice, "Please put your phone on mute, thank you. You were asked to make your bed; you can either do it now, or ask for a compromise. The youth asks for a compromise and the father says, "You can either make the bed now and then we can play that game you love, or you hang up the phone, make your bed, and call your friend back to talk for only five minutes more. Your choice." Offer choices that we can uphold and then ask them to repeat back the choice they made and whatever choice they make, part of the deal is no fussing when the time is up.
- **First…Then Statements:** This rule of discipline gives children in foster care a sense of control, which is critical to children who have little control over most aspects of their lives.
  So rather than say, "No TV until you put your toys away," say, "First, put your blocks away, then you can watch TV." That slight difference in the way you word your statement will show your child he has control over how and when he earns privileges.
- **Decrease Time:** If a youth does not respond to requests to end an activity, explain calmly that they will have less time the next day. If they do not end an activity when asked, decrease their gaming time the next night.

- **Praise Good Behavior:** "Power of praise | Building self- esteem in children using Effective Praise" https://www.youtube.com/watch?v=306Mb6ASP84
- **Redirecting Behavior**: https://youtu.be/SsapgGJOAwM?t=57 Use a younger child's short attention span to your advantage. If he's banging his blocks together loudly and you want him to stop, invite him to help you put the dishes away. Similarly, if he's yelling because you said he can't go to the park, remind him of something you're planning to do tomorrow. Redirection can avoid a lot of power struggles.
- **Logical Consequences:** Logical consequences are ones that require the intervention of an adult because the behavior causes potential danger (child is playing in the street) or causes problems for others (child throws rocks at another person) or doesn't seem like a problem to the child (child doesn't bathe, refuses to do homework, and steals).

  Here are some examples of logical consequences:

Behavior	Logical Consequence
Riding tricycle into the street	Tricycle is put up for one week
Refusal to brush teeth regularly	No more sweets until regular tooth brushing is begun
Brother and sister fuss all morning	Family outing to the park is cancelled
Stealing	Make restitution

- **Natural Consequences:** These happen naturally following the behavior. They happen without adult intervention.

Behavior	Natural Consequence
Handling cat roughly	Getting scratched
Not wearing coat on cold day	Being cold
Getting ready for school very slowly	Being late for school in the morning and explaining to the teacher why you are late
Breaking a toy on purpose	Having a broken toy that is not replaced by a new one

- **Sense of Humor:** Parenting can get too serious. It's okay not to be serious all the time. Try telling the child who is reluctant to do chores that there is an article about him in the newspaper. Then pretend to read how your son/daughter was

interviewed and said how much he or she loves to wash the dishes. You can pretend you are reading an ad in the paper that says, “Remember to hug your parents five times a day.” For those kids who have a hard time finishing what they start, try introducing them to the beginning-middle-end concept. Let them know they are great at beginnings, fair on middles, but you haven’t seen an end yet. Later, you can ask, “How are those ends coming?”

Children like being joked with when parents accept their idiosyncrasies and use humor.

Role Play

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NOTES

Practice Activity

- In small groups, discuss assigned scenario and using all of the tools learned today, answer the following questions.
- Record answers on a flipchart page.

1. What is the child's underlying need in this scenario?
2. Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?
3. Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?

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Trauma Behaviors

1. Anger
2. Approaches strangers indiscriminately
3. Hyperarousal/Restlessness
4. Hoards or steals food
5. Withdrawal
6. Flirts or is sexually mature
7. Defiance
8. Aggressive/Bullying
9. Difficulty Sleeping
10. Values issues (lying and stealing)

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1. **Anger:** I am terrified and trying to protect myself from a situation that resembles a terrible experience I had in the past. I am so frustrated because I do not know you or how to express my feelings or if I am allowed to express my feelings. I have never had the foods you provide and because I often did not eat, I am afraid there will be nothing for me to eat so I respond inappropriately. My body feels exhausted and my brain chemistry is imbalanced, but I do not know how to solve the problem. I feel like I just want to rest. Please don't leave me; I am terrified of being abandoned again. I must be in control because I have never known trustworthy adults before.

   A foster parent and child are playing a board game and both are having fun. The child says "I'm glad you're playing with me. I never got to play with my mom at home. She was gone a lot. I wish I could teach my mom this game". Another child enters the room and asks to play the game. The foster parent turns their attention to the other child and encourages them to come and play. When the child sits down to play the game, the first child becomes upset and says "why does she have to play? She always ruins everything. I never get to play alone with you!" The foster parent tries to explain that they all can play the game together, but the first child becomes more upset and yells "I'm tired of her getting all of the attention. You like her better than me! Why can't it ever be just me and you"? The child pushes the game board and pieces off the table and stomps out of the room.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

2. **Approaches strangers indiscriminately:** My caregivers were not reliable and abandoned me, so I desperately seek security and approval wherever I am and however I can, as a kind of insurance. I crave interactive and physical contact because of my sensory processing disorder (picky eater, odd sleeping habits, trouble transitioning from one activity to another, oversensitivity to textures, sounds and smells, etc.)

   Maxine, age 8, never seems to meet a stranger. No matter where the foster family goes (store, restaurant, church, community event), Maxine will go up to anyone whether she has met them or not and hug them or try to sit in their lap. The foster parents are concerned Maxine is too trusting of everyone and worry she is an easy target for sexual predators. While the family is at the zoo and Maxine sits beside a stranger on a bench and asks "can you buy me an ice cream"?

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

3. **Hyperarousal/Restlessness:** I must stay alert and prepared to defend myself at all times because in the past there was no adult to protect me.

   Nancy and her two younger siblings come into foster care due to their birth parents drug addictions. Nancy is constantly restless and fidgety. The foster parents thought this restlessness would decrease as she began to feel more comfortable in their home, however it has been 3 months and Nancy continues to be restless and fidgety. The foster parents have purchased some fidget cubes, spinners, and other fidget toys for Nancy, but they haven't helped. Nancy picks the cuticles around her nails until they bleed and is unable to sit still for more than a minute.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

4. **Hoards or steals food:** I was painfully hungry and undernourished and nearly starved before coming to you, and I am haunted by the fear it will happen again.

Jonathan has been in his foster home for almost a year. The foster parents continually find food in Jonathan's room, which is against their house rules. They have talked with Johnathan on several occasions about keeping food in the kitchen and reassuring him there will always be enough food. The foster mom was spring cleaning and followed and ant trail to Jonathan closet where she found an opened bag of cookies.

1. **What is the child's underlying need in this scenario?**

2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

5. **Withdrawal:** I do not know how to cope with my surroundings. Everything seems new, confusing and scary. I'm on sensory overload in your home and need to relax and recharge.

   A foster family takes in Billy, age 10. This is Billy's third foster family over the past two years. The first foster family moved out of state and the second got divorced. The current foster parents have given Billy space to adjust, but are becoming more concerned that he is spending too much time alone. The have decided he needs to join the family for meals, but when mom asks him to join them for dinner, he yells "leave me alone" and slams his bedroom door.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

6. **Flirts or is sexually mature:** This was what I was trained to do because I was sexually abused by caregivers. Inappropriate sexuality was the only way I ever got positive attention when I was younger, and I do not know how else to please people.

   Elle is 14 years old girl who talks openly and explicitly about sex at the dinner table. She attempts to go into the bathroom while your teenage son is taking a shower and then today after school she sits in the foster dad's lap to tell him some exciting news.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

7. **Defiance:** I do not understand all of the words and messages coming at me because I was often deprived of language exposure when I was young, and I still have difficulty processing what people are saying to me. I want to be in control because adults have always proven to be unreliable, so I can only depend on myself. I have learning delays that prevent my understanding your instructions.

   A couple days after Dustin, age 12, was placed in the Byers foster home, Mr. and Mrs. Byers have a conversation with Dustin about their house rules. Their house rules include: be respectful, clean up after yourself, and come out of your bedroom/bathroom fully dressed. Even after explaining the house rules several times to Dustin over the past week, he continues to be disrespectful and leave a mess everywhere he goes. Foster dad goes into the kitchen and finds crumbs all over the counter and dirty dishes on the table. Foster dad asks Dustin to clean the counter and put his bowl in the dishwasher. Dustin responds with a snide remark "I don't have to listen to you. Clean it yourself".

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

8. **Aggressive/Bullying:** I am treating others the way I was treated. I am scared and sad. My neurochemistry is unbalanced and I am trying to numb my emotional pain by creating pain in you.

   Lucas has been in foster care for 6 months. The foster parents have received a call from the school about a bullying incident in the past. The foster parents have talked with Lucas about bullying and he seems to understand what they are saying. Today they received a phone call that Lucas was in a fight at school.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

9. **Difficulty sleeping:** I must stay alert and prepared to defend myself at all times because in the past, I never knew when I would get hurt by the people I lived with. My brain chemistry is in fight, flight or freeze mode and will not shut down.

   Robin has had trouble sleeping since she came into foster care four months ago. The foster parents have spoken with her caseworker and therapist about this, and a sleep aid has been prescribed, however it isn't working. Robin is up at all hours of the night and the lack of sleep affects her ability to concentrate in school. The foster parent is awakened at 3:00am to Robin watching TV.

   1. **What is the child's underlying need in this scenario?**

   2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

   3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

10. **Values issues (lying and stealing):** What I learned from my birth family and through the system is very different from your family. If I tell the truth, I may be hurt. I had to steal what I needed in order to take care of myself.

    Steve came into care when after his mom was arrested for prostitution and found to be living in their car. The foster parent prepares to wash a load of laundry by making sure all clothing pockets are empty. The foster parent finds money and candy in the pocket of the foster child's jeans. The parent asks Steve where got the money and candy and the Steve replies "school".

    1. **What is the child's underlying need in this scenario?**

    2. **Using the REROUTE, Corrective Tools and 3 R's, what would you do in this situation?**

    3. **Thinking proactively, what could you have done to prevent this situation from escalating, that you will now implement?**

Sexual Abuse Disclosure

- Listen carefully (Do not be judgmental)
- Remember that the child is never responsible for the abuse
- Believe the child
- Do not probe for more information as this could confuse the child, and jeopardize the investigation
- Protect the child's privacy: Do not share with anyone who does not need to know
- Report the abuse immediately through the DCS 24 hour child abuse hotline: **877-237-0004**

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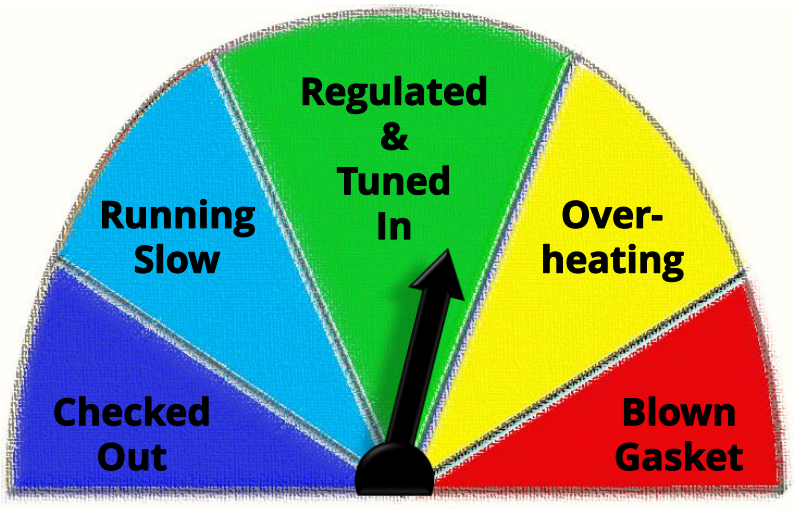
Engine Check



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Rest Stop

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Dr. Bruce Perry

"We must regulate people, before we can possibly persuade them with a cognitive argument or compel them with an emotional affect. The only way to move from these super-high anxiety states, to calmer more cognitive states, is rhythm," he says. Patterned, repetitive rhythmic activity that includes:

- Singing, dancing, drumming, and most musical activities;
- Meditation, yoga, Tai Chi, and Qi Gong;
- Theater groups, walking, running, swinging, trampoline work, equine grooming and other animal-assisted therapy.... even skateboarding.

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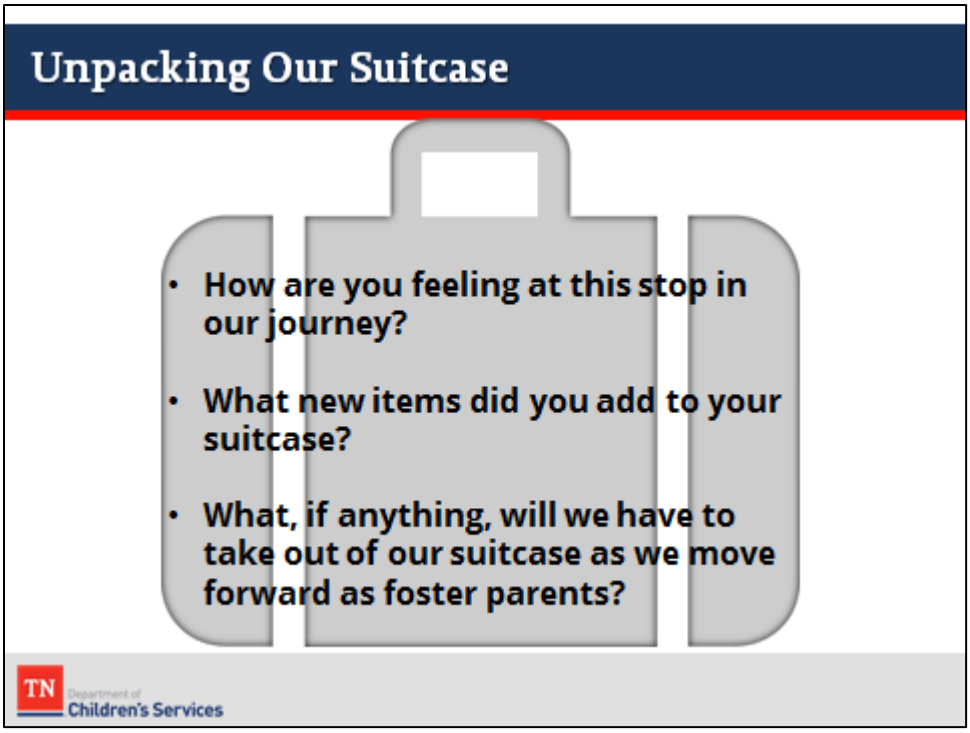

- How are you feeling at this stop on our journey? *(How do you feel?)*

- What new items did you add to your suitcase? *(What did you learn?)*

- What, if anything, will we have to take out of our suitcase as we move forward as foster parents? *(What will not be useful as a foster parent?)*

Module 4: Roadwork

- Use the MAP Questionnaire Link to access the form: https://stateoftennessee.formstack.com/forms/tnkey_map
- Do not begin the questionnaire until you have completed the last module of TN-KEY.
- Each participant will complete their own questionnaire.

****Be sure to select your assigned trainer, so they will receive your information.**

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M.A.P. Meeting Information

- MAP Meeting: Required
- Timeframe: Up to one week after completing TN-KEY
- Length: One Hour
- Location: DCS/Agency Office, Training Sites, etc.

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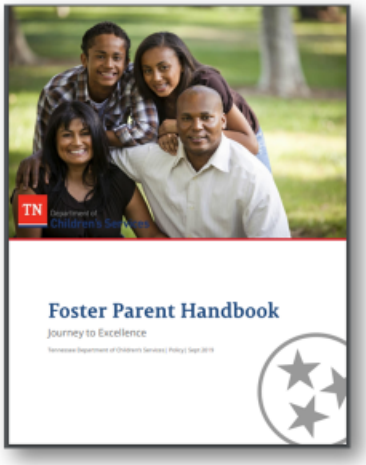
M.A.P. Meeting Information

Agenda:

- ✓ Review all Roadwork and MAP Questionnaire Responses
- ✓ Cover training requirements
- ✓ Receive Foster Parent Handbook
- ✓ Answer your questions



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Good Luck On Your Journey!!

TN Department of Children's Services

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