

6 CHAPTER 6

Understanding Children

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CHAPTER 6

Understanding Children



HOMEWORK RECAP

PSYCHOLOGICAL & EDUCATIONAL ISSUES

Read the descriptions in the Chapter 6 Resource Materials of common psychological and educational issues that affect children. Consider the following questions in preparation for this session:

- How will this information assist you in your work as a CASA/GAL volunteer?
- What collaborations will you need to form in order to be a more effective advocate?
- What is one question you have about the reading?
- What more do you need to know about children?

COMMUNITY RESOURCES

Continue to gather information about the community resource you selected during a previous training session. You will present your reports on community resources during the session addressing Chapter 9.



GOAL

In this chapter, I will learn about child development, attachment, separation and loss, permanence, and resiliency in order to advocate effectively for a child. I will also become familiar with a range of educational, emotional, and psychological issues that affect children.

OBJECTIVES

By the end of this chapter, I will be able to . . .

- ✓ Identify age-appropriate behavior for children from birth through adolescence
- ✓ Name behavioral signs of attachment and lack of attachment in children
- ✓ Describe the concept of resiliency and identify protective factors
- ✓ Recognize typical reactions of children and their parents to separation and loss
- ✓ Articulate a child's need for permanence
- ✓ Recognize psychological issues that affect children and identify indicators that a child might need professional assessment
- ✓ Describe educational challenges faced by children in foster care



The Needs of Children

Children served by CASA/GAL programs come to the court's attention because their parents or caretakers are not meeting their most basic needs—for food, clothing, shelter, or security. Usually, parents are their children's advocates—a CASA/GAL volunteer is needed only when the parents or caregivers cannot fulfill that advocacy role. To make sure these children are protected from maltreatment, the child protection system removes many of them from their homes and their primary relationships. While removal from the home may be necessary to ensure the children's safety, it does have consequences. Later in this chapter, we will look more closely at the effects of disturbing children's attachments to their primary caretakers.

Activity 6A: The Needs of Children

Part 1: Listen as the facilitator explains Abraham Maslow's theory of human needs, often called "Maslow's hierarchy of needs."

Part 2: In the large group, brainstorm a list of things that all children need. The facilitator will record the list on a flipchart. Answer the following question:

- Which of the needs on the list are child protection issues?

Maslow's Hierarchy of Needs

Maslow's first two categories are self-explanatory. The third level, primary relationships, refers to people's need to experience love and a feeling of belonging. People need to give and receive affection and belong to a group or to a society. Sound primary relationships make it possible for people's need for esteem—the fourth of Maslow's categories of need—to arise. Self-esteem and esteem from others allow people to feel self-confident and self-worthy. Without such respect in their lives, people feel inferior and worthless. When the need for esteem is met, the need for self-actualization surfaces. Maslow called this level "community and wholeness." At this level, people strive to realize their potential and exercise their talents to the fullest. Maslow noted that most people do not reach self-actualization because they never fully satisfy their needs for love and esteem.

Maslow's Hierarchy of Needs

Abraham Maslow believed there are five categories of needs that all people have, and that these needs have to be met in sequence from the first level on up. If the needs at one level are not met, the needs at the next level cannot be met.



Abraham Maslow, *Motivation and Personality*, New York: Harper and Row, 1960.

IMPORTANT POINTS ABOUT CHILDREN'S NEEDS

- To be an effective CASA/GAL volunteer, you must keep the child's needs clearly in mind. The child's needs are paramount.
- Healthy growth and development depend on adequately meeting basic needs (e.g., the development of friendships depends on more basic needs being met).
- Children's needs depend on their age, stage of development, attachment to their family/caregivers, and reaction to what is happening around them.
- The essence of your role as a CASA/GAL volunteer is to identify the child's unmet needs and to advocate for those needs to be met.

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Activity 6B: The Needs of Ben, Robert & Rose

Part 1: Assume you are the CASA/GAL volunteer for Robert and Rose, the younger children in the Harris-Price training case. In small groups, list Robert's and Rose's needs and answer the following questions:

- Which of the needs that appear on the flipchart list for the previous activity would you wish to address for Robert? Which would you wish to address for Rose?
- Where do Robert's needs fall on Maslow's hierarchy? Where do Rose's fall?

In the large group, share your responses.

 **LEARN MORE!**

For more information on advocating for youth who are aging out of the system, see the National CASA E-Learning series entitled "Aging Out: Supporting Youth Transitions into Adulthood."

Part 2: Now, assume you are the CASA/GAL volunteer for Ben, the eldest child in the Harris-Price case. As a CASA/GAL volunteer working with a child who has reached adolescence, you will face unique issues. Read the following material on working with adolescents and review the list of tips for assisting youth in the transition to adulthood. On which tip would you focus when working with Ben? Why?

In the large group, share your responses.

Working with Adolescents

Young people are empowered when they have a voice in planning for their future. There are many opportunities to involve adolescents in planning, but in order to do so, you must build a trusting relationship with them. You must get to know the young people for whom you advocate well enough to understand their needs and their wishes for the future. In your role as a CASA/GAL volunteer, you will communicate the youth's wishes to the judge. You will also communicate your recommendations, which may or may not be the same as the youth's wishes. The important thing is to ensure that the youth's voice is present in the court system. Many states require that children above a certain age receive notice of court hearings in which their permanent plan will be addressed. As a CASA/GAL volunteer, you can help young people decide the best way to participate in these events. To help adolescents become healthy, self-sufficient adults, their permanent plan should enhance their opportunities to participate in meaningful planning for their future. This planning may be about educational goals, occupational goals, or transitional-living programs that meet their unique needs. Most importantly, all adolescents need a meaningful connection with at least one healthy adult. In your role you can assist the youth in staying connected to the adult(s) who will be there for them in the long run.

TIPS FOR ASSISTING YOUTH IN THE TRANSITION TO ADULTHOOD

- Help them develop support systems and lifelong connections to family and other significant adults.
- Help them form a positive and realistic picture of the future.
- Respect the grief that comes from loss of their family.
- Tailor services to their needs.
- Advocate for resources—don't leave them hanging.
- Help them understand their rights and responsibilities.
- Explain what you see as best for them and why.
- Involve them in decisions.

- Make sure someone is talking with them about puberty and relationships.
- Know what permanence means to them. According to Casey Family Programs, one element of permanence is “a permanent connection with at least one adult who provides love; unconditional commitment; lifelong support; a safe, stable and secure parenting relationship; and a legal relationship if possible.”

Materials for this section were adapted from “Litigating the Independent Living Case,”
Kathi Grasso, *ABA Child Law Practice*, July 1999.

Did You Know That . . .

- Approximately 20,000 youth age out of foster care each year.
“Youth Aging Out of Foster Care,” Network on Transitions to Adulthood, 2005.
- The most recent federal study, which was completed a decade ago, found that two years after leaving the system, almost half the young people who “aged out” of foster care had not completed high school and less than half were employed. Not surprisingly, 40% of these foster care “graduates” had become a “cost to the community” (on either welfare or prison rolls) and only 17% were completely self-supporting.

“Reversing the Failure of the Foster Care System,”
Harvard Women’s Law Journal, 2004.

- According to a study of foster children in the Midwest who had “aged out” of the system, two-thirds of 19-year-olds were not in school; fewer than half were employed; more than one-third were neither in school nor employed; more than one-third had received food stamps and more than a fourth had received TANF; one-third had been arrested since leaving care; less than half had health insurance; and one in seven had been homeless at least once since discharged from care.

Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 19, Chapin Hall Center for Children, 2005.

Activity 6C: Peter’s Story

Watch Peter’s story from “Powerful Voices: Stories by Foster Youth,” and in the large group discuss what Kevin, his CASA/ GAL volunteer, did to help get Peter’s needs met and to support his transition.

How Children Grow & Develop

When children's needs are met appropriately, they are able to grow and develop optimally. It is important in your work as a CASA/GAL volunteer to be able to assess age-appropriate behavior for children from birth through adolescence. This unit provides information on growth and development that will be a resource to you in your work.

Activity 6D: Ages & Stages

Consider which of the following age groups you have the most interest in or experience with:

- Birth to 6 months
- 6 to 12 months
- 12 to 18 months
- 18 months to 3 years
- 3 to 5 years
- 6 to 9 years
- 10 to 15 years
- 16 to 21 years

Divide into small groups according to the age group that you select. The facilitator will give each group an envelope, which contains cards with behaviors written on them. Several different age groups' behaviors are represented in each envelope. Trade cards with the other groups until you have a set of cards that you think is descriptive of the age group you have chosen. After every group has finished collecting their cards, check your work by referring to the Child Development Chart that the facilitator provides. A copy of this chart appears in the Chapter 6 Resource Materials as well.

In the large group, share what you discovered and any questions you have.

How Children Grow & Develop

1. No two children are alike. Each one is different. Each child is a growing, changing person.
2. Children are not small adults. They do not think, feel, or react as grown-up people do.
3. Children cannot be made to grow. On the other hand, they cannot be stopped from growing.
4. Even though children will grow in some way no matter what care is provided for them, *they cannot reach their best growth possibilities unless they receive care and attention appropriate for their stage of development from a consistent figure in their life.*
5. Most children roughly follow a similar sequence of growth and development. For example, children scribble before they draw. But no two children will grow through the sequence in exactly the same way. Some will grow slowly while others grow much faster. Children will also grow faster or slower in different areas of development. For example, a child may be very advanced in language development but less advanced, or even delayed, in motor coordination.
6. During the formative years, the better children are at mastering the tasks of one stage of growth, the more prepared they will be for managing the tasks of the next stage. For example, the better children are able to control behavior impulses as 2-year-olds, the more skilled they will be at controlling behavior impulses they experience as 3-year-olds.
7. Growth is continuous, but it is not always steady and does not always move smoothly forward. You can expect children to slip back or regress occasionally.
8. Behavior is influenced by needs. For example, active 15-month-old babies touch, feel, and put everything into their mouths. That is how they explore and learn; they are not intentionally being a nuisance.
9. Children need to feel that they are loved, that they belong, that they are wanted. They also need the self-confidence that comes from learning new things.
10. It is important that experiences that are offered to children fit their maturity level. If children are pushed ahead too soon, and if too much is expected of them before they are ready, failure may discourage them. On the other hand, children's growth may be impeded if parents or caregivers do not recognize when they are ready for more complex or challenging activities. Providing experiences that tap into skills in which children already feel confident as well as offering some new activities that will challenge them gives them a balance of activities that facilitates healthy growth.

Resources for Child Caring, Inc., Minnesota Child Care Training Project,
Minnesota Department of Human Services.

PARENTIFICATIONUNIT
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While some children in foster care may lag in certain areas of development, they may be ahead in others. For instance, due to parental abuse, neglect, or substance abuse, some children prematurely develop skills to take care of themselves and/or other family members. When this happens, it is referred to as “parentification”—a process by which a child takes on the burden of responsible care for the well-being of other family members, especially parents or younger siblings.

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For more information on culture and child development, see the article “The Implications of Culture on Developmental Delay” in the Chapter 6 Resource Materials.

Activity 6E: Ages & Stages—Rose

In pairs, look back at the Harris-Price case in Chapter 1. Using the Child Development Chart from Activity 6D, try to place the developmental level of 9-month-old Rose. Make notes in the chart on the next page for each of the areas of development: cognitive, psychological, moral, sexual, and motor. Consider these questions:

- Is Rose on target?
- What might a CASA/GAL volunteer do to gather additional information in order to assess her?
- What might help her in any areas in which she is lagging behind?

As you complete this activity, keep in mind the principles of development from the section “How Children Grow and Develop.” Also, remember that as a CASA/GAL volunteer you are not expected to be a child development expert. Rather, you need to be aware of typical child development so you will know when to recommend an assessment by a child development professional.

In the large group, the facilitator will ask for a few volunteers to share responses.

When observing a child’s development, keep in mind these key points:

- There is a wide range of typical behavior. At any particular age 25% of children will not exhibit the behavior or skill, 50% will show it, and 25% will already have mastered it.
- Some behaviors may be typical—in the sense of predictable—responses to trauma, including the trauma of separation as well as abuse and neglect.
- Prenatal and postnatal influences may alter development.
- Other factors, including culture, current trends, and values, also influence what is defined as typical.
- As a CASA/GAL volunteer, you need to become aware of your values, attitudes, and perceptions about what is typical in order to be more objective and culturally sensitive when assessing a child’s needs.

Rose's Developmental Needs

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CHAPTER

| | <i>An example from the Harris-Price case</i> | <i>Sources of information or materials for further assessment</i> | <i>Resources to help child</i> |
|----------------------|--|---|--------------------------------|
| COGNITIVE | | | |
| PSYCHOLOGICAL | | | |
| MORAL | | | |
| SEXUAL | | | |
| MOTOR | | | |

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Attachment & Resilience

Activity 6F: The Importance of Attachment

Listen as the facilitator presents information about the importance of attachment in child development and the risks for children who lag developmentally or lose the ability to attach to a parent or caretaker.

In the large group, share any questions you have.

What Is Attachment?

Attachment is an emotional and psychological connection between two people that endures through space and time. In child development, attachment refers to a strong, enduring bond of trust that develops between a child and the person(s) he/she interacts with most frequently.

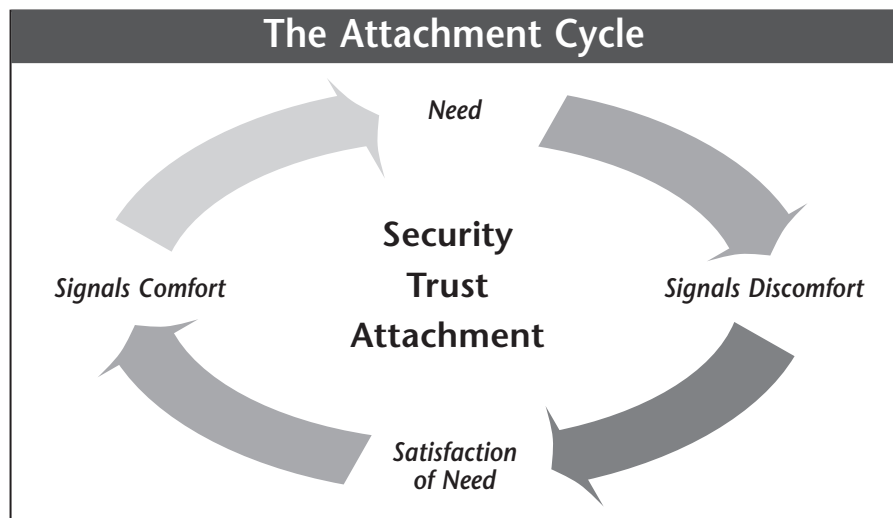
Attachment develops intensely throughout the first three years of life. After age 3, children can still learn how to attach; however, this learning is more difficult. The child's negative experiences with bonding will strongly influence the child's response to caregivers and other individuals throughout the child's lifetime.

Children who are learning to attach will be influenced by three specific factors:

1. The child's genetic predisposition
2. The conditions under which the child is cared for
3. The child's parents or caretakers

*Healthy attachments **are** based on the nature of the relationship between the child and the caretaker. They **are not** based on genetic ties to or the gender or culture of the caretaker.*

Attachment behaviors may look different in different cultures. Keep this in mind as you work with children and families as a CASA/GAL volunteer.



When a baby cries, the caretaker responds by picking up the child. The caretaker continues to stroke, talk to, and hold the baby during feeding or diaper changing. After several days of this routine the child learns that to get needs met, all he/she has to do is cry. The caretaker responds and immediately begins to soothe the infant, resulting in an increased sense of trust and security. This cycle of consistently meeting a child's needs creates a secure attachment between the infant and caretaker. It is referred to as the "attachment cycle" or the "trust cycle."

The basic needs of many of the children in the CASA/GAL program have not been met. Some children may cry for hours at a time or may get hit when they cry. As a result, a child may stop crying when hungry and may not trust adults. This child might turn away from the caregiver, refuse to make eye contact, push away, or fight to avoid being close with another individual. When this type of child is distressed, he/she may not seek out a caregiver for soothing or comfort, or may seek satisfaction from any potential caregiver, including a total stranger.

It is very important to understand the normal process of attachment because the experiences of most of the children in the child protection system increase the likelihood that they will have attachment problems, which may or may not rise to the level of a reactive attachment disorder.

Think about what you have observed in a healthy relationship between a child and parent. There is a distinct cycle of infant attachment development: (1) expressing a need (by crying); (2) having that need met (through feeding, diapering, holding); (3) growing familiar with the person who meets the need; and (4) trusting that the caretaker will be there every time. This leads to “bonding” with that person, the trusted caretaker. This is the healthy attachment cycle.

Activity 6G: Resilience & Protective Factors

Read the chart on the following page detailing the risk factors and protective factors that influence a person’s response to adversity. As you read, put a check mark by the protective factors that you believe can be influenced. For example, a person cannot do much to become the firstborn child, but he/she could become a better reader. Then, pick two of the protective factors you checked and answer the following question:

- What is one action you can take as a CASA/GAL volunteer to strengthen this protective factor for a child?

In the large group, the facilitator will ask for a few volunteers to share their ideas for action.

What Is Resilience?

Not all children subjected to lives of severe adversity go on to suffer problems. While abuse and neglect certainly increase the likelihood of developing problems, some children don’t experience problems, or do to only a minor degree. This is resilience. In short, resiliency theory suggests that certain children (and adults) have qualities of personality, family, relationships, outlooks, and skills that allow them to rise above enormous hardship. Resilient people are those who escape the ravages of poverty, abuse, unhappy homes, parental loss, disability, or many of the other risk factors known to set many people on a course of life anguish. Numerous studies of resilient people have identified the presence of the same protective factors—aspects of their personalities, their families, their significant relationships, or their experiences—that help them succeed.

LEARN MORE!



For information on disturbances in attachment, see the section “Reactive Attachment Disorder” in the Chapter 6 Resource Materials.

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LEARN MORE!



For additional information on this topic, see the article “Resiliency: The 40 Developmental Assets” in the Chapter 6 Resource Materials.

Risk Factors & Protective Factors

RISK FACTORS

Early Development

- Premature birth or complications
- Fetal drug/alcohol effects
- "Difficult" temperament
- Long-term absence of caregiver in infancy
- Poor infant attachment to mother
- Shy temperament
- Siblings within two years of child
- Developmental delays

Childhood Disorders

- Repeated aggression
- Delinquency
- Substance abuse
- Chronic medical disorder
- Behavioral or emotional problem
- Neurological impairment
- Low IQ (less than 80)

Family Stress

- Family on public assistance or living in poverty
- Separation/divorce/single parent
- Large family, five or more children
- Frequent family moves

Parental Disorders

- Parent(s) with substance abuse problem
- Parent(s) with mental disorder(s)
- Parent(s) with criminality

Experiential

- Witness to extreme conflict, violence
- Removal of child from home
- Substantiated neglect
- Physical abuse
- Sexual abuse
- Negative relationship with parent(s)

Social Drift

- Academic failure or dropout
- Negative peer group
- Teen pregnancy, if female

PROTECTIVE FACTORS

Early Development

- "Easy" temperament
- Positive attachment to mother
- Firstborn child
- Independence as a toddler

Family

- Child lives at home
- Parent(s) consistently employed
- Parent(s) with high school education or better
- Other adult or older children help with childcare
- Regular involvement in religious activities
- Regular rules, routines, chores in home
- Family discipline with discussion and fairness
- Positive relationship with parent(s)
- Perception of parental warmth
- Parental knowledge of child's activities

Child Competencies

- Reasoning and problem-solving skills
- Good student
- Good reader
- Child perception of competencies
- Extracurricular activities or hobbies
- IQ higher than 100

Child Social Skills

- Gets along with other children
- Gets along with adults
- "Likable" child
- Sense of humor
- Empathy

Extrafamilial Social Support

- Adult mentor outside family
- Support for child at school
- Support for child at church, mosque, synagogue, etc.
- Support for child from faith, spirituality
- Support for child from peers
- Adult support and supervision in community

Outlooks & Attitudes

- Internal locus of control as teen
- Positive and realistic expectations of future
- Plans for future
- Independent minded, if female teen

Adapted from materials by Marci White, Methodist Home for Children, Raleigh, North Carolina, 1999.

Separation

Understanding typical reactions of children and their parents to separation and loss provides motivation for fulfilling your CASA/GAL volunteer role. By integrating this understanding about separation and loss with information on child development, behavior, attachment, and a child's sense of time, you will be able to assess a child's needs more accurately.

When children are removed from their homes, no matter how strong or weak the attachment, they feel isolated and detached. Not only do they worry about not seeing their parents, but they also fear losing their peer groups and siblings, changing schools, or missing something as simple as their bed or toys.

Activity 6H: The Separation Experience for Children

Listen as the facilitator reads the scenario that follows. Afterward, take a few minutes to reflect on the child's story. If you would like, share with the group the feelings you experienced as you imagined being removed from your home and your parents.

In pairs, answer the following questions:

How would this experience have felt different . . .

- If the foster parents were of a different race?
- If they were very old?
- If the foster parent was in a wheelchair?
- If the foster parents were of a different faith?
- If both foster parents were women?

In the large group, share your responses.

The Separation Experience

For the next few minutes, imagine the experience of being a child who is removed from his/her home as a result of the local child protection agency filing a petition for abuse or neglect. Sometimes this exercise makes people feel sad or uncomfortable as they think about experiences that they have had, or as they feel how difficult it is for a child experiencing separation from his/her parents. If you need to open your eyes or leave the room at any point, please do so.

Sit comfortably and close your eyes as you visualize yourself as a 4-year-old boy or girl at home one evening with your mom and dad. A lady came to the daycare center today and asked you lots of questions about what your mom and dad do when you are bad, whether you have enough food at home, how much your daddy drinks, and how often he hits your mommy. You are pretty sure you are going to be in a lot of trouble because the lady said she had to tell your parents that she talked to you. You can barely eat your dinner and your mom is already mad about that. Your dad is drinking another beer, which usually is a bad sign.

There is a knock on the door and that same lady is standing there with a policeman. Now you know you are really in big trouble. She tells your mom and dad that she is taking you away with her. Will they put you in jail? She sits near you at the table and tells you not to worry. She asks your mom or dad to get some clothes together. She asks if there is any special toy or blanket that might help you sleep better. You just can't imagine what it will be like to sleep in jail with all of those mean people that were there with your dad the last time he went.

But the lady doesn't take you to jail. The policeman and the lady take you to a big house in another part of the town. They are chatting and laughing on the way. You can tell they are trying to be nice, but you are really scared. The lady walks you to the door and another lady opens it up. She has a big smile on her face and takes your bag of stuff and says, "Come right in." Behind her is a man. He is smiling, too. There are a bunch of other kids who are all looking at you. The new lady says, "Welcome. This is your new home. We are so glad to have you." She keeps smiling and seems really nice, but there must be some mistake. You didn't ask for a new home . . . you already have a mom and dad . . . you don't have brothers and sisters . . . this isn't your room . . . and what is this food that they are giving you? You realize that this is all your fault and that your mom and dad must be really mad now. You wonder if you'll ever see them again.

As a CASA/GAL volunteer, there are a number of things you can do to help children who are experiencing difficulty with the separation from their parents. Children in the foster care system are damaged every time they are moved from one place to another. Each placement increases the likelihood of irreversible damage to their emotional and psychological health. However, because a child's safety has to be the primary consideration, sometimes he/she must be moved for protection. A CASA/GAL volunteer is generally not assigned to the case until the child has been removed from the home. Once you are appointed, you can advocate that the child not experience multiple placements.

Activity 6I: Separation Anxiety Disorder

Listen to the presentation on separation anxiety disorder and how it affects children. In the large group, share any questions you have.

Separation Anxiety Disorder

While all children would be expected to show signs of distress if removed from their homes, some children have extreme reactions. In a child with separation anxiety disorder, the feelings of anxiety become so intense that they interfere with the child's ability to participate in daily activities.

WARNING SIGNS

Following is a list of characteristics of a child who suffers from separation anxiety disorder:

- Recurrent excessive distress when separation from home or caretakers occurs or is anticipated
- Persistent and chronic worry about losing a caretaker or that person being hurt
- Persistent worry that an event will lead to separation from a caretaker (e.g., getting lost or being kidnapped)
- Reluctance or refusal to go to school, camp, or a friend's house because of the fear of separation
- Clinging to a parent or shadowing the parent around the house
- Excessive fear of being alone in the child's room, the child's house, or elsewhere
- Reluctance or refusal to go to sleep without being near a caretaker or when away from home
- Nightmares involving separation
- Complaints of physical symptoms (headaches, stomachaches, nausea, vomiting) when separation from a caretaker takes place or is anticipated
- Enuresis (bed wetting) and encopresis (soiling)

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TREATMENTS AVAILABLE

The child should receive a thorough evaluation before treatment is started. For some children, medication can significantly reduce the anxiety and allow them to return to school. These medications may also reduce the physical symptoms. Generally, psychiatrists use medications as an addition to psychotherapy. Both play therapy and behavioral therapy have been found helpful in reducing anxiety disorders. In play therapy, the therapist helps the child work out the anxiety by expressing it through play. In behavioral therapy, the child learns to overcome fear through gradual exposure to separation from the parents.

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WHAT A CASA/GAL VOLUNTEER CAN DO

- Advocate for additional therapeutic services
- Explain to the child when he/she might see his/her parent (but don't make promises!)
- Take a strong stand against court hearing continuances
- Advocate for a maximum amount of visitation, when appropriate
- Advocate for permanency so the predictability and security of a primary attachment is restored

**LEARN MORE!**

For more information about sibling separation issues, see the Chapter 6 Resource Materials.

Activity 6J: Separation & Loss in the Harris-Price Case

Taking into account the issues that are raised for children when they are moved, consider the Harris-Price case. Remember that Ben, Robert, and Rose are not placed together in their emergency foster care placement. In the large group, share your responses to the following questions:

- What issues does this separation raise for Ben?
- How is it different for Robert?
- Since Rose can't tell you how she is feeling, what might be some signs that the separation is affecting her negatively?

Activity 6K: The Separation Experience for Parents

Read the following material about a parent's feelings about the separation experience. In pairs, list similarities you notice between a parent's and a child's experiences with separation. Share your responses in the large group and together answer the question:

- How might knowing this information about the separation experience for parents impact your recommendations for visitation and your expectations about the parent's compliance with court orders?

A Parent's Feelings About the Separation Experience

Following is a description of what it's like to have your children removed from your home and placed in foster care. Knowledge about parents' feelings leads to more meaningful contact with parents. You may often observe that both a parent and a child have a similar reaction to the separation experience because grief and loss are experienced universally as a series of emotions including denial, anger, sadness, and, eventually, acceptance. Sometimes these reactions proceed in the order outlined below; sometimes people skip around or cycle back to a previous stage as they work through their personal reactions to grief and loss.

STAGE 1: DENIAL

When the loss of your child hits you, it is like going into shock. You may cry, feel shaky, and find it hard to hear what people are saying to you. You can't think of anything except the child who has been taken. You take care of the rest of the family or go to work like a sleepwalker without really knowing what you're doing. You wonder what your child is doing now. If you have a car and know where the foster home is, you may drive by just to be sure it is there.

You wonder if the foster parents are taking good care of your child and doing all the things the way he/she is used to. You may think you hear your child or see him/her in his/her old room. You remember all the good times, even if there weren't very many. You try to keep busy and not think at all, but you keep coming back to your last glimpse of your child. This shock usually lasts from a few days to a few weeks. Other people may try to be comforting to you, but you feel distant from and "outside" the rest of the world.

STAGE 2: ANGER

As you come out of the numbness of shock, you experience sadness, anger, and physical upset. You might lose your appetite, or you might eat constantly. It may be hard to fall asleep. You may increase your use of alcohol, cigarettes, or sleeping pills. You might start using drugs, or increase your use. You may find yourself suddenly tearful "over nothing." You are afraid of what people think of you.

You are angry at perfect strangers on the street because it is you going through this and not them. You are angry with God. If your child was placed in foster care against your wishes—or even if he/she wasn't—you are furious at the social agency, the court, and everybody there. You are mad at yourself and go over and over and over in your mind what happened to see what you could have done to make it different. You can't come up with anything, but you can't quit thinking about it either.

You are angry at your child and feel he/she was difficult on purpose. You tell yourself you are glad your child is gone and never want him/her back. You think how nice it is without him/her. Above all, you resent your child for making you go through all this pain.

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You get scared at how angry you are or feel guilty about the anger and start avoiding your child or your work. But it is normal to feel angry when things are not the way you would like them to be. Anger sometimes helps you act to change things. When anger doesn't help, you learn to give it up and try something else to get what you want. You might stay with being angry because it hurts less than the next step, which is sadness.

STAGE 3: SADNESS

When the anger has worn off, you go into the blues. You may feel you don't care about anybody or anything. It isn't worth getting up each day, and nothing interests you. You may feel worthless and no good. You might think about suicide. You might get ill.

If you are a single parent and all your children have been taken, you may feel desperately lonely. You don't know who you are without your children to care for, or what to do with your day with no one to fix meals for. The world seems barren and silent, and you feel empty and hollow.

You might feel guilty because there is less stress with the child out of the home. You might find you can survive without your child, but feel bad because of it.

STAGE 4: ACCEPTANCE

One day things just seem to be better. You begin eating and sleeping well again. You miss your child but are now more realistic about his/her being in foster care. You again pay attention to the house, your work, and the rest of the family. You get interested in keeping your agreements about visiting your child and making your appointments with your caseworker. You begin to realize that you may actually have more time with your child now and feel better when you're with him/her than you did before the foster care, when you were trying to handle too much. You begin to see that both you and your child need relationships with others to deal with the loneliness, and now you have some energy for that.

Adapted from *The Parents' Guide to Foster Family Care*, Barbara Rutter, New York: Child Welfare League of America, 1978.

Understanding a child’s need for permanence can guide your recommendations for placement and services that are in the best interest of the child, honoring the child’s sense of time.

Permanence for Children

Activity 6L: Kadia’s Story

Part 1: Watch Kadia’s story from “Powerful Voices: Stories by Foster Youth.” As you watch this video, think about the issues that have been addressed in this chapter so far, including children’s needs and development, attachment, resilience, and separation. A child’s need for permanence is the guiding light in the work of the CASA/GAL volunteer.

In the large group, identify some of the ways Kadia’s CASA/GAL volunteer helped her find permanence.

Part 2: Listen as the facilitator presents the material that follows and gives an overview of how you will put this information into action during a case.

Permanence

All children need a “parent,” a primary attachment figure who will care for them through life’s ups and downs, protect them, and guide them now and into adulthood. In our culture, typically the parents are a father and mother, but one or more other caring adults who are willing to commit unconditionally to the child can also meet the child’s need for permanence. One of your primary goals is to advocate for a safe, permanent home as soon as possible, honoring the child’s culture and sense of time. While there is never a guarantee of permanence, having such intentions can ensure that you are working toward a plan that supports permanence.

At a very basic level, permanence is most probable when the *legal* parent is also the *emotional* parent as well as the *parenting figure present in the child’s life*.

There are two possible “permanent” resolutions:

- 1. Return to parent**
- 2. Adoption by a relative or nonrelative**

A third option, while not truly “permanent,” is sometimes considered an appropriate choice when the other two are not available to a child. It is the next best thing:

- 3. Placement and custody or guardianship with relatives**

It is important to know that some Native Americans have a strong bias against adoption, and certain tribes do not approve of adoption. This creates a special situation when considering the permanent options for an Indian child. In some cases, placement with an Indian custodian can truly be considered permanent.

LEARN MORE!



Additional information about permanence can be found in the Chapter 6 Resource Materials.

CONCURRENT PLANNING

Given these possible outcomes, your role is to encourage what is called “concurrent planning,” which means working on two plans at the same time from the very beginning of a case: one to return the child home and another to find an alternative permanent placement. Traditionally, case management in child welfare has consisted of efforts to reunite children with their parent(s), and if those efforts failed, a second plan would be pursued. This created a process that kept many children in foster care for too many years.

Concurrent planning was developed as an alternative that moves a case more quickly through the system with better results. The concurrent planning approach is family-centered, with parents involved in decision making from the start. Throughout the case, parents are regularly given direct, culturally sensitive feedback about their progress. From the start of the case, while providing services to the parents, the caseworker explores kinship options, the applicability of the Indian Child Welfare Act, and possible foster/adoptive situations for the child.

“Permanent” Resolutions: Questions to Consider

There are only two truly permanent resolutions: return to parents and adoption. These resolutions are most possible when the following questions can be answered and the underlying issues they suggest have been dealt with.

| Return to Parents | Adoption |
|---|--|
| <ul style="list-style-type: none"> • Have issues that brought the child into care been addressed by the agency? • Have the parents made the changes that the child protection agency requested? • Has the child protection agency caseworker observed and documented a reduction of risk? • What have the visits we observed told us about the parents’ ability to care for the child? • Have we considered recommending a trial placement as a way to observe actual changes in childcare? • Have new issues that relate to risk been observed and addressed? • Has the child protection agency changed the rules or “raised the bar” in reference to expectations that are not related to risk? • Would the child protection agency remove this child today? • Is this a multiproblem family that is likely to relapse? • What services can be put in place to prevent relapse? • Have the legal and/or biological fathers been identified? • Have we recognized the child’s grief and need to reconnect to the family of origin? | <ul style="list-style-type: none"> • Are we ready to proceed with a termination of parental rights (TPR) case? • Do legal grounds exist? • Have we also considered the best interest issues that must be presented to the judge? • How long will the court process take? • Have the parents been asked to release the child for adoption? • Is the child already living with caretakers who are willing and able to adopt? • Are there relatives who are available to adopt? • How soon can the child be placed? • Who can help the child through the placement process? • Have we assessed and evaluated the child’s particular needs and strengths? • What is the child’s relationship with his/her siblings? • Should the child be placed with siblings? Can the child be placed with siblings? • Have we identified a placement option that will be able to meet the child’s needs? • Have the child’s ethnic and cultural needs been considered and addressed? • Are we holding up the child’s placement waiting for a specific type of family? • Are the child’s needs so severe that finding appropriate parents is unlikely? • Is the child able to accept “parenting”? |

Materials created by Jane Malpass, consultant, North Carolina Division of Social Services, and Jane Thompson, attorney, North Carolina Department of Justice. Used with permission.

Placement with Relative or Kin: Questions to Consider

Living with someone the child already knows and feels safe with can mitigate the child's feelings of loss, which are part of any placement. The use of a relative or kin placement should be evaluated from the beginning of agency involvement. The following questions should serve as guidance in considering both the pitfalls and benefits involved with kin and relative placements:

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- Have the relatives/kin been carefully evaluated? Is there a written home study?
- What are the parents' thoughts and wishes in reference to this relative?
- What will be the ongoing relationship with the parents?
- Will the parents create problems with the placement or compromise the child's safety?
- Will the relative be able to protect the child from hostile or inappropriate parental behavior?
- Will the relative be able to be positive about the parent to the child?
- Will there be an "unofficial" return to the biological parents?
- Will this relative support the present service plan?
- If the plan changes, will the relative support the change?
- How will visitation be accomplished?
- Are the relatives able to understand and cooperate with agency expectations?
- Have the relatives of both parents been considered, regardless of the removal home?
- Is placement with relatives a way we can protect the child's roots in his/her community?
- Will placement with a particular relative mean that the child must leave the community?
- Will placement with a particular relative mean that the child will lose other important relative or kinship ties?
- Will a relative placement mean that the child will have to endure another move?
- What losses will the child experience if another move is required?
- Have we considered sibling attachments, as well as any "toxic" sibling issues?
- Is this potential caretaker related to all the siblings?
- Is this relative able and willing to take all the siblings?
- Will placement with the siblings be positive for this child?
- Will this placement support the child's ethnic and cultural identity?
- Is this seen as permanent by the potential caretakers?
- Would this relative consider adoption?
- Are there the same issues in the extended family that existed with the parents?
- What preplacement relationship existed?
- Does the child have any attachment to these relatives?
- Have the child's wishes been considered?

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Long-Term Foster Care—An Impermanent Solution: Questions to Consider

Despite the advocacy efforts of CASA/GAL volunteers and the hard work by caseworkers, many children remain in foster care and a family is not found for them. These children live in foster homes or group homes—or move from placement to placement during their time in care.

Long-term foster care becomes the plan for older or difficult children for whom there is no identified family. Sometimes these children are actually placed in a family setting but their caregivers do not want to adopt them. In any case, when the plan is permanent foster care, what the child protective services system is actually doing is planning for these children to belong to no one. Clearly this is unacceptable. When faced with this as the “only” alternative, it is our obligation to insist that this not be the end of the planning process, but rather the beginning of a new dialogue around how to make permanence a reality, even for the most difficult child. Begin this dialogue with these questions:

- What other options have been explored?
- Does the child need specialized care? Is it possible for him/her to have a legal and emotional attachment with a person with whom he/she does not live?
- Is there a significant role model or mentor involved with this child? What barriers exist to this person becoming the legal parent?
- What are the barriers to the caregiver adopting? How can these barriers be removed?
- Have all adoption subsidies, other financial resources, and continuing services been explored and offered?
- Who have been the child’s support and attachments in the past? Can any of them be involved now?
- Who are the child’s attachments and support in the present? What is their current involvement?
- What family or kin connections are available—especially with siblings?
- Can parents or other kin be involved anew in this stage of the child’s life?
- What does the child want?
- What resources and persons will be available when this child is an adult?
- Who will be this child’s family for the rest of his/her life?

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Psychological & Educational Issues for Children

The issues explored in this unit can impact any child, not just those who have come to the attention of the child welfare system. It is not the purpose of this training to make you an expert in child development or child psychology, but to help you recognize warning signs that might indicate the need for evaluation. *It is critical that you do not try to diagnose.* A referral to a competent professional is the best course of action if you learn about or observe red flags as you complete your initial investigation and as you continue to monitor the child's situation.

Activity 6M: Psychological & Educational Issues—Homework Review


Listen as the facilitator answers the questions you posted at the beginning of this session. The facilitator will also briefly highlight the material below about reasons you might recommend an assessment for a child.

Reasons for Assessment

During a case, you may wish to recommend that a child undergo psychological assessment. Assessment is a process, not just a series of tests. The reasons why assessment is recommended, the particular instruments (tests) used, the individual conducting and evaluating the tests, the timing of the assessment in the context of the child's life, the information available from caregivers familiar with the child's behaviors and needs, and the intended uses of the assessment are all important parts of this process. Children are referred for psychological assessment for many reasons, including:

1. **Dysfunctional and negative behavior**, such as tantrums, a demanding personality, excessive crying and whining, delinquency, defiance of rules and limits
2. **Developmental concerns**, such as perceptual and motor problems, speech and learning problems, delayed development, school readiness determination
3. **Educational problems**, such as inadequate performance and progress, aggressive behavior, dislike of or disinterest in school
4. **Sleeping and eating problems**, such as infant feeding and nursing problems, excessive crying, bulimia, anorexia nervosa, over- and undereating, and any suspected nutritional deficiencies that may be contributing to learning problems, sleep and behavior problems, fatigue
5. **Toilet training problems**, including any manifestations of encopresis (soiling), enuresis (bed wetting), or excessive fear of going into the bathroom
6. **Behavioral issues**, such as poor self-control, lack of motivation, irresponsibility, lying, stealing, dependence/independence conflict, setting fires, "mean" behavior toward animals and others, self-inflicted injuries, sexuality issues

7. **Family problems**, such as sibling conflict, dysfunctional communication, inadequate support system in social relationships and skills, attachment and separation problems, aggressiveness, and abuse; problems of change prompted by divorce, custody issues, separation, adoption, termination of parental rights, moving, visitation issues, grieving and death issues; problems related to how the child learns and processes information that the family presents (the belief system within the family leading to attitude, temperament); parents' negative feelings for the child, poor relationship indicators, conflict over discipline, family arguing
8. **Medical considerations**, such as psychophysiological reactions to stress, adjustment to illness of the child or family member, terminal illness of the child or family member, physical or sexual abuse, neglect, drug and alcohol abuse by child or other family member
9. **Psychiatric manifestations**, including personality disorder, cyclothymic mood disturbance (alternate periods of elation and depression), disassociation and psychic numbing (emotional shutting down and flat affect), excessive fears, harming others, and psychotic behavior such as hallucinations and thought disorder

LEARN MORE!  Information about the instruments used in assessments appears in the Chapter 6 Resource Materials.

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Activity 6N: Educational Advocacy for Robert

Read the section below entitled “Education Challenges for Children.” Then imagine you are the CASA/GAL volunteer for Robert, the 9-year-old middle child in the Harris-Price case. When Robert moves in with his father, he transfers to a new school. There the teachers find that he is falling behind his peers.

In pairs, answer the following questions to determine what you might do to advocate for Robert’s educational needs:

- Who would you talk to about Robert’s school experience?
- What might be affecting Robert’s learning?
- How would you find out what might help Robert?
- Are there services you might recommend to help him catch up in school?

In the large group, share your ideas.

Education Challenges for Children

Chaos in a child’s life often results in the neglect of educational concerns. Parents or caregivers may not be available to help with homework, attend school conferences, or make referrals for evaluation when concerns arise. Children entering foster care often have school issues. Addressing these issues can allow a more positive experience for a child who hasn’t known the rewards of success in school.

Teachers who see the child every day have a wealth of knowledge about the child’s behavior, attitude, likes, and dislikes, and about the best ways

**LEARN MORE!**

National CASA's E-Learning series entitled "Education and Youth in Out-of-Home Care" provides more information on educational advocacy issues. Ask local program staff if you can complete this series as part of your in-service/continuing education requirement.



to communicate with that child. As you inquire about a child's progress in school, you may discover that your child has special educational needs and should be referred for an evaluation. In some areas, an abundance of resources may be available for special-needs children, and in other areas, you may have to advocate for the creation of needed resources.

Children from racial, ethnic, or cultural backgrounds different from the majority culture may also have special needs based on discriminatory practices in the educational system. For instance, children may face racist or homophobic taunts, teachers who believe they can't learn, and testing that is racially/culturally biased. It is important to realistically assess the school difficulties of any child and determine what role the educational system, as well as the child's particular school setting, may be playing in creating or sustaining those problems.

Homework**RESOURCE MATERIALS EXPLORATION**

Look at the Chapter 7 Web Resources or the Chapter 7 Resource Materials. Pick at least one website or article to explore, and bring back what you learn to share with the group, the facilitator, and your local CASA/GAL program. When you come to the next training session, write up a brief description of the resource on an index card provided by the facilitator.

COMMUNITY RESOURCES

Reminder: Earlier in training, you selected an agency to research. The facilitator provided a worksheet as a tool to assist you in gathering information about services provided, access to services, etc.

This activity was assigned early in training to allow time for you to gather the information. You will share the materials and information that you gather during the Chapter 9 training session, when community resources will be introduced.

If you are having any trouble collecting information, be sure to ask for help from the staff of your local program.