

# **BUILDING FOREVER FAMILIES**

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Wisconsin Public  
Adoption  
Workbook

DAY 1 of 3

June 2021



## **Agenda Day 1**

- I. Welcome and Introductions
- II. Wisconsin Adoption & Permanency Support
- III. What is Trauma?
- IV. Maltreatment
- V. Essential Elements Common to all Children: Child Development
- VI. Education
- VII. Questions for a Birth Parent
- VIII. Conclusion

### **Learning Objectives**

1. Describe the reasons children and youth may display undesirable behaviors
2. Discuss effective parenting strategies to manage children's behavior while promoting healthy development, and self-esteem
3. Identify multiple ways to advocate for your child to receive necessary support while at school
4. Explain the importance of working with the educational team to support the adopted child
5. Describe how trauma impacts learning
6. Explain the types of life skills that can be taught to assist children with transitioning to independence

### **Questions that will be Answered in the Training**

1. Who are the children in care? What kinds of experiences may they have had that you need to know as you prepare to adopt?
2. How does adoption impact the child, birth family, and adoptive family?
3. What should you consider and be ready to do to best parent a child you adopt?

## Information

Information and referral services are provided through a direct toll-free number available to text or call 24/7 at 1-833-WIS-APSP.

A thorough website, including a quarterly newsletter, First Step Form and state-wide directories for community resources and mental health professionals, is available at [www.wisapsp.org](http://www.wisapsp.org).

Lending library materials are available by contacting us and visiting offices located in Eau Claire, Green Bay, Madison, Milwaukee, and Wausau. Most items are also available to be shipped throughout Wisconsin via our website.

## Education

Opportunities for on-going education and training are available throughout the state, offered both in-person and via web. Current event listings can be found on our website or Facebook page at [facebook.com/wisapsp](https://facebook.com/wisapsp).

## Support

Supports available cover a wide range of needs, including family needs assessments, in-home case management, education support and advocacy, peer support, in-person and online support groups, family events and more!

## Find or Contact Us



Offices are located in Eau Claire, Green Bay, La Crosse, Madison, Milwaukee & Wausau.

Contact us today by calling or texting 1-833-WIS-APSP.  
[info@wisapsp.org](mailto:info@wisapsp.org)  
[www.wisapsp.org](http://www.wisapsp.org)  
[facebook.com/wisapsp](https://facebook.com/wisapsp)

Wisconsin Adoption & Permanency Support is funded through a grant from the Wisconsin Department of Children & Families and facilitated by Catholic Charities of La Crosse in collaboration with Catholic Charities of Green Bay and Madison.



WISCONSIN DEPARTMENT OF CHILDREN AND FAMILIES



Wisconsin Adoption & Permanency Support





## Our Services

We offer supportive services that cover a wide continuum of needs for Wisconsin's adoptive, guardianship & kinship families, adult adoptees and birth families. Services range from information and referrals to education, training & support services.

Contact us today via our toll-free 24/7 text/phone line at 1-833-WIS-APSP or [info@wisapsp.org](mailto:info@wisapsp.org).

## Collaboration

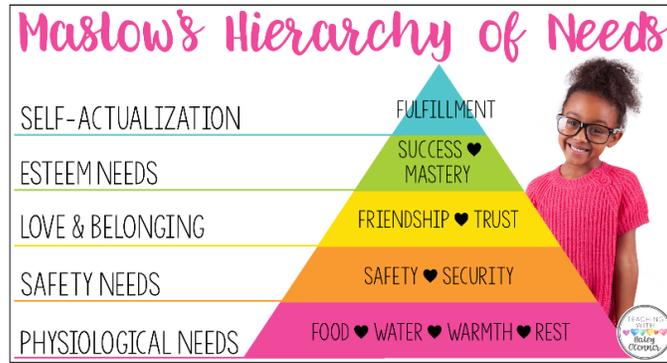
Our program is built on collaboration with individuals, professionals, organizations and community members throughout Wisconsin who are impacted by adoption, guardianship & kinship. We are always open to new applicants to join our regional advisory boards, which assist in steering the work of our program. We welcome you to contact us with your story and vision of involvement!

## GIFTS Program

The GIFTS (Giving Incredible Families Tools for Success) Program is our short-term, in-home support program for post-adoptive or guardianship families with a higher level of need to support permanency. It is a strengths-focused, trauma-informed program. If a family is determined to be eligible for the program, a GIFTS Case Manager will work closely with that family in their home over the next 6 months to assist in:

- Finding resources
- Navigating cross-system needs
- Identifying family strengths and goals
- Offering consistent support and advocacy

To find out more about the program or determine eligibility, give us a call toll-free at 1-833-WIS-APSP or fill out the First Step Form on our website at [www.wisapsp.org](http://www.wisapsp.org).



For each level of need, write down the idea that you want to try in order to meet that level of need.

### Physiological Needs

These are biological needs. They consist of needs for food, water, housing, and a balance between rest and play. They are the strongest needs because if a person were deprived of any of these needs, the physiological ones would come first in the child or youth's search for satisfaction.

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### Safety Needs

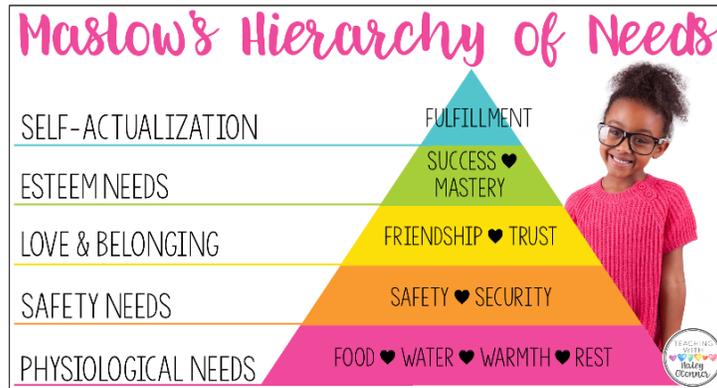
When all physiological needs are satisfied and are no longer controlling thoughts and behaviors, the needs for security can become active. Maltreated children often display signs of insecurity and the need to be safe. However, we have to know what the signs are as it may be different at different ages.

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### Need for Love, Affection and Belongingness

When the needs for safety and for physiological well-being are satisfied, **then** the needs for love, affection and belongingness can emerge. Maslow states that people seek to overcome feelings of loneliness and alienation. Therefore, no child wants to feel lonely either. This involves both giving and receiving love, affection and a sense of belonging. This definitely becomes an important developmental need for youth in those tween and teen years.

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### Need for Esteem

When the first three classes of needs are satisfied, the needs for esteem can become dominant. Maslow believed humans have a need for a stable and firmly based high level of self-respect and respect from others. When these needs are satisfied, the person feels self-confident and valuable as a person in the world. When these needs are not met or not consistent, the person feels inferior, weak, helpless and worthless.

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### Need for Self-Actualization

When all of the previously identified needs are satisfied, then and only then are the needs for self-actualization activated. Maslow describes self-actualization as a person's need to be and do that which the person was "born to do," as he says, "A musician must make music, an artist must paint, and a poet must write." These needs make themselves felt in signs of restlessness. The person feels on edge, tense, lacking something, in short, restless. If a person is hungry or unsafe, not loved or accepted, or lacking self-esteem, it is very easy to know what the person is restless about. It is not always clear what a person wants when there is a need for self-actualization.

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Any person's self-esteem is an ongoing and often lifelong journey. For a child—especially a maltreated or neglected child—acquiring or maintaining self-esteem can be even more difficult. As you can see, any acquisition of self-esteem is based on a solid foundation of safety. If a child does not feel safe, then his or her development will be affected in a variety of ways.

## Contributing Factors to Maltreatment

### Personal Characteristics of the Parent or Primary Caregiver

These might include:

- Limited and ineffective coping skills
- Difficulty in forming interpersonal attachments/relationships
- Lacks empathy; does not recognize or address children's needs
- Impulsive, unable to take responsibility or delay gratification
- Personal history of victimization, abuse, sexual abuse, or neglect
- Lacks knowledge of child development, parenting skills, or child care
- Poor anger management, prone to violence
- Untreated condition, such as mental illness, drug or alcohol abuse, depression
- Parent may be developmentally delayed, intellectual disabilities
- Parent may have emotional or character disorders

### Lack of Resources and Support Systems, Including Relationships

These might include:

- Poverty; non-basic needs for food, clothing, shelter, medical care
- Chronic unemployment
- Lacks supportive interpersonal and extended family relationships
- Does not know how to use community supports
- Parent may not trust others; views world hostile; may isolate self

- Limited choices to solve problem

### Special or Higher than Normal Needs or Characteristics of the Child that a Parent Lacks Skills to Address

These might include:

- Child is sickly, premature, developmentally delayed, medically fragile, or has developmental disability, requiring high level of parent care and involvement.
- Child's condition places excessive burden on family members' time and resources.
- Parent perceives the child to be "different" and having "undesirable qualities" in some manner.
- Child is difficult to care for; edgy, temperamental, easily upset, whiny, stubborn, hyperactive, displays oppositional behavior, demanding, hard to please and placate.

### Excessive Stress in the Family and Surrounding Environment

These might include:

- Family frequently in crisis
- Illness of family members
- Violent and threatening physical environment, neighborhood
- Racism and discrimination limits choices, increase stress
- Recent losses of significant relationships and supports; divorce, move or death
- Frequent relocation; new to a community
- Isolated, lacks transportation

## Physical Abuse

### Thumb Print



Here you see a thumb print. The face is one common location for bruises from grabbing. Additionally, you may see these bruises on the upper arm, shoulder, or extremities. This could be accidental when a parent may grab the child leaving bruises in this pattern. If you see grab marks on the arms of an infant, you need to be concerned as it may indicate the baby was shaken. The same is true with grab marks on the baby's torso.

### Slap Marks



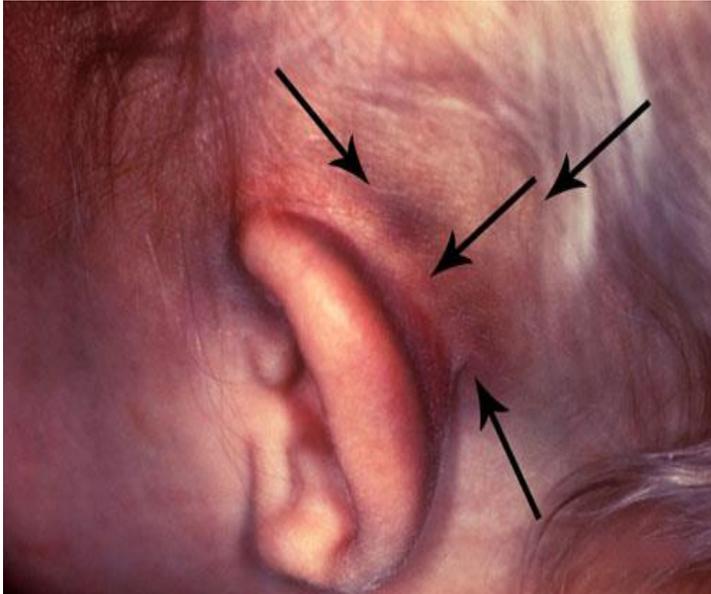
This is an example of a slap mark. Slap marks frequently leave two or three linear, parallel bruises similar to the outline of the fingers. The compression of the hand on the soft tissue of the cheek in the slap causes the capillaries around the fingers to break. This results in bruising around the fingers, rather than bruised in the shape of the fingers. A handprint is almost always an inflicted injury!

Slap marks on babies are especially concerning. Young babies have heavy heads and weaker necks which can result in brain injury from acceleration of the head.

## Injuries to the Ears

Ears are an easy spot to miss, especially in children with longer hair. Injuries to the ear occur frequently when a caregiver pinches or pulls the ear. Sometimes, it can be a caregiver has twisted the child's ears.

## Blows to the Ear



© Andrew Sirotna MD

Blows to the ear will cause bruising to the ear and may cause bruising and swelling of the scalp, as well. An injury like this should always be considered suspicious. Accidental injury to the ear is quite rare as it is an area well protected by the geometry of our body. We form a triangle from the top of our head to our shoulders and neck. Accidental blows or falls would not commonly involve the ears.

## Bruising on the Child's Neck



© Andrew Sirotna MD

Bruises or cuts to the neck are almost always caused by being choked or strangled by a human hand, rope, dog collar. This was caused by a cord. Sudden traction on a shirt or bib could also cause bruising to the neck.

## Injuries Made by Objects

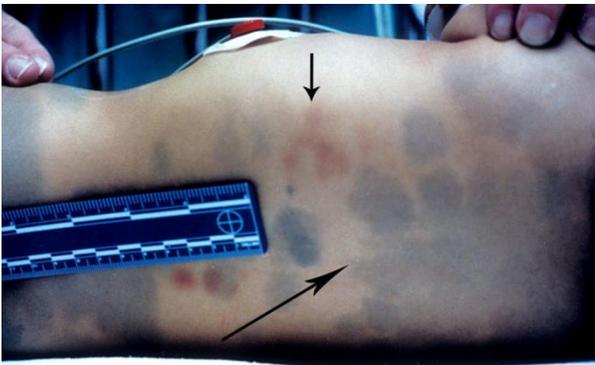


This child was hit with a looped electrical cord. His or her back shows only bruises, but it not unusual to find lacerations, as well. This is one of the most commonly recognized abusive marks.

© Joyce K. Moore and Jean C. Smith

## What Else Could it Be? Naturally Occurring Cutaneous Marks

### Mongolian Spots and Bruising



The fact that Mongolian spots commonly occur in areas of the body that are the frequent site of abuse is cause for a medical evaluation when there are any questions. Mongolian spots don't change color within the timeframe of bruises and Mongolian spots are not tender to the touch.

Here is a slide of a child that has both Mongolian spots and bruises. The large arrows point to the Mongolian spots. The small arrow points to the bruises.

## Cultural Healing Practices

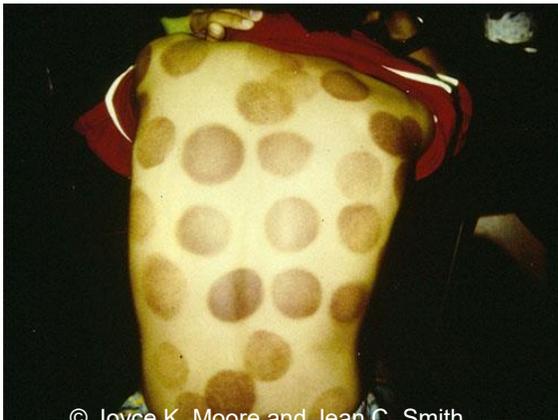
### Coining



© Joyce K. Moore and Jean C. Smith

Here is a slide with an example of coining. People sometimes react strongly to marks on a child from healing practices different from Western medicine. It is important to consider, however, if Western medicine ever use practices on children that result in pain or injury. Examples would include vaccinations, chemotherapy, circumcision, and orthodontia.

### Cupping



© Joyce K. Moore and Jean C. Smith

Here is an example of cupping, though it is an extreme example.

## Physical and Behavioral Indicators of Child Maltreatment

### **Physical Indicators:**

#### *Unexplained, Chronic or Repeated Bruising*

Be especially alert to bruises:

- On the face, throat, upper arms, buttocks, thighs or lower back.
- In unusual patterns or shapes which suggest the use of an instrument (loop, lash, linear, circular or rectangular marks.)
- On an infant.
- In the shape of bite or pinch marks.
- In clusters.
- In various stages of healing.

#### *Unexplained Burns*

Be especially alert to:

- Cigarette burns. This type of burn is circular and often found on the child's palms, soles of feet, genitalia or abdomen.
- Immersion burns. These burns characteristically will produce sharp lines of demarcation and appear on the buttocks, genital area or extremities. On the hands and feet, burns can produce a glove or stocking effect; on the buttocks, immersion burns often will be doughnut shaped.
- Rope burns.
- Burns in the shape of common household utensils or appliances.

#### *Unexplained Skeletal Injuries*

Skeletal injuries resulting from physical abuse often include:

- Injury to the facial structure, skull and bones around the joints
- Fractures and dislocations caused by a severe blow or twisting or pulling of the arm or leg.
- Any skeletal injury in an infant.

### *Other Unexplained or Repeated Injuries*

Injuries resulting from physical abuse often include:

- Lacerations, abrasions, welts, scars, human bite or pinch marks.
- Missing, chipped or loosened teeth; tearing of the gum tissue, lips, tongue and skin surrounding the mouth.
- Loss of hair, bald patches.
- Broken eardrum.
- Retinal hemorrhage.
- Abdominal injuries.

### **Behavioral Indicators:**

- Behavioral extremes (withdrawal, aggression, regression)
- Inappropriate or excessive fear of parent or caretaker
- Unusual shyness, wariness of physical contact
- Antisocial behavior, substance abuse, truancy and running away
- Reluctance to return home
- Belief that punishment is deserved
- suggestion that other children should be punished in a harsh manner
- victim's disclosure of abuse
- depression, excessive crying
- unbelievable or inconsistent explanation for injuries
- attempt to hide injuries

### **CLUES TO RECOGNIZING NEGLECT**

Indicators of neglect must be considered in light of the parent's cultural norms and financial ability to provide. Failure to provide for a child because of poverty is not necessarily neglect. Because many situations of neglect require judgment calls, you must be careful not to use personal values as the decision-making standard. Instead, ask yourself if the child is:

- adequately supervised?
- appropriately and sufficiently clothed for the weather?
- clean and practicing good hygiene?
- receiving necessary medical and dental care?
- having his nutritional needs met?
- assured of a safe, warm and sanitary shelter?
- receiving adequate love and emotional support?
- receiving necessary developmental and educational stimulation?

### **Physical Indicators:**

- Abandonment of a child
- Chronic uncleanliness or poor hygiene including untreated lice, scabies, severe or untreated diaper rash, bedsores, chronic and severe body odor
- Unsuitable clothing to protect the child from the weather; missing key articles of clothing such as underwear, socks, shoes or coat; or overdressed in hot weather
- Untreated illness or injury
- Excessive sunburn, colds, insect bites or other conditions which would indicate prolonged exposure to the elements
- Height and weight significantly below age level
- Lack of immunizations
- Child is repeatedly left unsupervised, in a potentially dangerous environment, or is left in the care of persons not qualified or able to care for the child

### **Behavioral Indicators:**

- Problematic school attendance such as frequent or chronic absence, lateness, coming to school early or leaving late
- Chronic hunger, tiredness or lethargy
- Begging or collecting leftover food
- Substance abuse
- Assuming adult responsibilities beyond the child's developmental capacity
- Reporting no caretaker in home
- Vandalism or delinquency; child appears to have few limits set on his/her behavior

### **CLUES TO RECOGNIZING EMOTIONAL MALTREATMENT**

Other than obviously bizarre and deviant behavior, there is a wide range of opinion of what is emotionally abusive or neglectful. Some argue that spanking is a degrading experience, humiliating to a child, while others regard physical discipline as a necessary parental behavior. The Model Child Protection Act, developed by the National Center on Child Abuse and Neglect, provides criteria to aid in identifying emotional maltreatment:

- Emotional maltreatment causes emotional or mental injury.
- The effect of emotional maltreatment can be observed in the child's abnormal behavior and performance.
- The effect of emotional maltreatment constitutes a handicap to the child.
- The effect of emotional maltreatment is lasting rather than temporary.

### **Physical Indicators:**

- Eating disorders, including obesity or anorexia
- Speech disorders, such as stuttering or stammering
- Developmental delays in the acquisition of speech or motor skills
- Weight or height level substantially below the norm
- Flat or bald spots on an infant's head
- Frequent vomiting
- Nervous disorders such as hives, rashes, facial tics or stomach aches

### **Behavioral Indicators:**

- Habit disorders such as biting, rocking, head banging
- Regressive behaviors such as thumb-sucking, baby talk, bedwetting in an older child, wetting or soiling by school-age child
- Poor relations with peers
- Withdrawal or self-isolation
- Cruel behavior, seeming to get pleasure from hurting children, adults or animals; seeming to get pleasure from being mistreated
- Substance abuse, excessive risk taking, suicide attempts, severe depression, prostitution, delinquency
- Fire-setting
- Age-inappropriate behavior
- Loss of touch with reality, frequent daydreaming, hallucinating, over-fantasizing
- Behavioral extremes: overly compliant-demanding; withdrawn-aggressive; listless-excitabile

# National and Statewide Resources for Caring for Maltreated Children

## Child Welfare Information Gateway

Phone: 1-800-394-3366

Email: [info@childwelfare.gov](mailto:info@childwelfare.gov)

Website: <https://www.childwelfare.gov>

Facebook: <https://www.facebook.com/childwelfare>

Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

## National Child Traumatic Stress Network

Phone: (310) 235-2633 or (919) 682-1552

Email: [info@nctsn.org](mailto:info@nctsn.org)

Website: <https://www.nctsn.org>

Facebook: <https://www.facebook.com/NCTSN>

The National Child Traumatic Stress Network (NCTSN) was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. Over 10,000 local and state partnerships have been established by NCTSN members in their work to integrate trauma-informed services into all child-serving systems, including child protective services, health and mental health programs, child welfare, education, residential care, juvenile justice, courts, and programs serving military and veteran families.

## Wisconsin Adoption Permanency Support

Phone Number: 1-833-WIS-APSP (947-2777)

Email: [info@wisaspsp.org](mailto:info@wisaspsp.org)

Website: <https://wisaspsp.org>

Facebook: <https://www.facebook.com/wisaspsp>

The Wisconsin Adoption & Permanency Support program offers supportive services that cover a wide continuum of needs for Wisconsin's adoptive & guardianship families, adult adoptees and birth families. Our program is built on collaboration with individuals, professionals, organizations and community members throughout Wisconsin who are impacted by adoption & guardianship.

### **Wisconsin Foster and Adoptive Parents Association, Inc. (WFAPA)**

Email: [twfapa@new.rr.com](mailto:twfapa@new.rr.com)

Website: <https://www.wfapa.org>

Facebook: <https://www.facebook.com/wfapa>

WFAPA is a non-profit peer and volunteer-based organization that supports and advocates for foster and adoptive parents by offering training and support programs. Members are adoptive and foster parents and those interested in child welfare. WFAPA holds conferences each year which brings in highly qualified speakers who help educate on how hard and better understand tough issues.

### **WI Family Ties**

Phone Number: 800-422-7145

Email: [info@wifamilyties.org](mailto:info@wifamilyties.org)

Website: [www.wifamilyties.org](http://www.wifamilyties.org)

Facebook: <https://www.facebook.com/wisconsinfamilyties>

Wisconsin Families Ties has advocates throughout the state provides support for families with children who have serious emotional and behavioral disorders. At Wisconsin Family Ties, the programs empower and support parents of children with emotional and behavioral health challenges. Because we are parents of children with similar needs, we are uniquely equipped to understand the parent perspective and help others understand too.

## Caring for Children Who Have Been Sexually Abused: Strategies for Parents

1. Be able to discuss sex and sexual abuse with relative comfort. Children in their care must know that they can talk about what happened to them without causing the parent to become upset.
2. Parents must be patient, as children need time to develop trust, to feel comfortable disclosing the circumstances of prior sexual abuse, and to develop alternative ways of thinking and behaving. Parents must also remember that any child entering their home *may* have experienced sexual abuse, but may have not yet disclosed the abuse to the agency. Parents must be prepared to recognize and deal with issues related to sexual abuse when they arise.
3. Parents must be flexible. Different children need different things from a parent at different stages of their recovery.
4. Parents must realize that bringing a child or children into their home will often change it. Adults may need to alter their own behaviors, or develop and/or change house rules, to provide a safe and comfortable environment, both for the sexually abused child and for the whole family. For instance, one young girl who had been sexually abused became very upset every time her pre-adoptive mother nursed her infant son. The child could not handle even modest attempts to nurse in the child's presence. The mother had to be willing to nurse her son in private.
5. Parents must be willing and able to provide **high levels of supervision**, when necessary, to children. Some children who have been sexually abused develop overly sexualized behaviors. These behaviors could involve or be directed at other children in the home, or at pets. A small percentage of children may develop other kinds of harmful behaviors directed at themselves or others. Parents will need to be able to recognize that some behavior problems are actually symptoms of prior sexual abuse; seek help from appropriate professionals; and learn strategies to protect their child and others.
6. Parents must be open to seeking and using help from external sources like the Post Adoption Resource Center and other professional. Parents will need to consult with others in helping the child who has been sexually abused.

## Family Environment for Youth Experiencing Challenges with Sexual Abuse

It is helpful to keep a home atmosphere that is neither sexually stimulating nor sexually repressive. Parents have to be the role models for privacy and clear boundaries around sexual matters, such as where sexual activities or discussions are appropriate and where they are not. At the same time, it is important that sex not be a “taboo” topic.

Good parenting involves being aware of the attitudes we carry about sex and asking if these attitudes are healthy ones for our children. The following are some rules of thumb for creating a healthy sexual atmosphere in your home.

1. Remove sexually explicit materials such as sex magazines, X-rated videos, video games, computer access, and music from the home. Teenagers will always find these. Set blocks on your television and internet.
2. Avoid movies or shows depicting sexualized violence or deviant sexuality. These often model the idea that sexual arousal and force or violence go together.
3. Enforce appropriate modesty in the home. Nudity, partial nudity, or displays of sexual behavior should be avoided. Youth should be informed that parental sexual activity will occur in private. For single parents, discretion needs to be used before bringing a new person into the family for overnight stays.
4. Youth should be sleeping in their own bedroom and not allowed up after parents or adults have gone to bed. Access to one another’s bedrooms must be closely supervised and only with permission.
5. Discuss sexual matters in open, frank, and direct terms, encouraging ~~parents~~ youth to use correct terminology. Monitor sexual talk between children in the home.
6. Avoid punishing or judgmental reactions to children’s questions or statements about sexuality.
7. Restrict all horseplay such as wrestling and tickling in the home as this type of touch may take on sexual overtones.
8. Offer close supervision to remove opportunities for an incident.
9. Avoid any opportunities for youths to assume an authority role such as time at the bus stop, church activities, sporting events, and other community activities. No babysitting at any time.
10. Create a family sexual safety plan.

## **“Remembering Trauma” Short Film**

- 1. What was the child maltreatment and trauma Manny experienced?***
- 2. What were some signs or indicators that Manny was traumatized?***
- 3. How was Manny’s development impacted? Do any of you have examples of the impact abuse and neglect has had on your child’s development?***
- 4. As Manny’s caregiver, how could you have helped build resilience in Manny to combat his trauma responses when he was initially getting into trouble in school?***



## Assessment of Complex Trauma by Parents and Caregivers

Please read the statements below. If you answer yes to two or more, you may want to consider referring your child for a complete assessment for complex trauma. The survey below is a tool to help you decide when you need to seek professional help.

- My child has been exposed to many potentially traumatic experiences.
- My child has difficulty controlling emotions and easily can become sad, angry, or scared.
- My child has trouble controlling behaviors.
- My child often exhibits significant changes in activity level, appearing overactive or agitated sometimes and then calmer, or even quite slowed down at other times.
- My child has trouble remembering, concentrating, and/or focusing. He/she sometimes appears “spacey.”
- My child has problems with eating, sleeping, and/or complains about physical symptoms even though doctors find nothing physically wrong to explain these symptoms.
- My child has difficulties in forming and sustaining relationships with other children and adults.
- My child seems to need and seek out more stimulation than other children and/or can be easily distracted by noises, sounds, movements, and other changes in the environment.
- My child has many mental health diagnoses but none of them quite seem to explain his/her problems.
- My child is taking medication (or many medications) for these diagnoses but the medicines are not helping.

Accurate assessment is important because it helps clinicians to choose the best treatment possible. Children and adolescents with complex trauma may have a wide range of symptoms. Different children can have different combinations of symptoms, and these symptoms may change over time. How a child reacts depends on age, experiences, personality, strengths, and individual vulnerabilities.

There currently is no official diagnosis that captures the full range of complex trauma symptoms. However, through a comprehensive assessment, informed and experienced mental health professionals can help determine if your child's problems are related to complex trauma. Children with complex trauma sometimes carry multiple diagnoses (for example, bipolar disorder, attention deficit hyperactivity disorder, posttraumatic stress disorder, and so on) for which they may be prescribed several different medications. This may happen when the professionals making the diagnoses have not fully taken into account the impact of the child's trauma history. This can lead to a child's receiving improper diagnoses or treatment.

## Age-Related Reactions to a Traumatic Event



A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children's lives and the lives of their families.

### HOW CHILDREN MAY REACT

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children's age and level of development.

**Preschool and young school-age children** exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

**For school-age children**, a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.



**Adolescents** exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

*Some adolescents engage in self-destructive or accident-prone behaviors.*

## HOW TO HELP

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

**For young children**, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don't feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents' whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

**Older children** will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

**For adolescents** who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing.

When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others' experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family's emotional recovery.

## Developmental Milestones Quiz

### Developmental Activity

### Age (On Average)

1. Child is charged with physical energy and likes to do things on his/her own terms. Likes to pretend a lot and enjoys scribbling on everything.

2. Child likes to talk about issues in the adult world, and is quite self-conscious

3. Child is conscious of his/her schoolwork and is beginning to compare his/her work and self with others.

4. Child can roll over and sit with support, and can hold his/her own toys.

5. Child loves to question "Why?" and "How?"

6. Child is interested in doing group activities, sharing things and his/her feelings.

7. Child may be able to pull his/her self up and side step around furniture, and may begin walking.

8. Child may follow you around the house just to find out how you (the adult) feel and think, especially about him or herself.

9. Child feels powerful and independent, can think for his or her self, and is eager to become an adult.

10. Child likes to be part of the decision-making and still needs help and encouragement in doing his/her homework.

11. Child is slowing a little in growth, has good motor control, and his/her play has direction.

12. Child can one day be as responsible and cooperative as an adult, and the next be more like a 6-year-old.

13. Child likes to be with older children more than with younger ones, and often will have a close friend, and together will sometimes exclude a third child.

## Developmental Milestones Summary

### Birth to Eighteen Months: An Overview

In the first eighteen months after birth, an infant makes miraculous progress. In this relatively short time span, an infant sees her world through her senses. Babies gather information through touch, taste, smell, sight, and sound. To help infants mature and learn, the caregiver should stimulate but not overwhelm them. The overall goal is not to “teach” your baby but to interact and explore her world with her. Older infants are on the move. They take great pleasure in discovering what they can do with their voice, hands, feet, and toes. Soon they practice rolling skills, crawling, walking, and other great physical adventures. Through “the eyes of a child,” here is what you might expect during the first eighteen months.

### One Month

**What I’m Like:** I can’t support my own head and I’m awake about one hour in every ten (though it may seem like more).

**What I Need:** I need milk, a smoke-free environment, a warm place to sleep, hugs and kisses, and to hear your loving voice. It’s not too early to sing or read to me. The more you talk and introduce different things to me, the more I learn.

### Three Months

**What I’m Like:** My hands and feet fascinate me. I’ll laugh and coo at them and you. I’m alert for 15 minutes, maybe longer, at a time. I love to listen to you talk and read to me.

**What I Need:** Talk to me, feed me, and sing to me. My favorite songs are lullabies. Cuddle me. I need fresh air, a ride in a stroller. Give me things to pull and teethe on.

### Five Months

**What I’m Like:** I may be able to roll over and sit with support. I can hold my own toys. I babble and am alert for two hours at a time. I can eat most baby food. Put toys just out of my reach and I will try to reach them. I like to see what I look like and what I am doing.

**What I Need:** Make sure I’m safe as I’m learning to crawl. I need happy sounds, and I like to be near you. Dance with me, tickle me, and tell me about the world you see.

### Nine Months

**What I’m Like:** I’m busy! I like to explore everything! I crawl, sit, pull on furniture, grasp objects, and understand simple commands. I like to be with other babies and I react to their happiness and sadness.

**What I Need:** I need locks on cabinets with medicines, household cleaners, or other dangerous things. Put away small sharp objects. I need touches, nutritious food, and educational toys to keep me busy.

## Twelve Months

**What I'm Like:** I may be able to pull myself up and sidestep around furniture. I may begin walking. I make lots of sounds and say "Mama" and "Dada." I'm curious about flowers, ants, grass, stones, bugs and dirt. I like to get messy, 'cause that's how I learn. My fingers want to touch everything. I like to play near others close to my age but not always with them. If I'm walking, please walk at my pace.

12

**What I Need:** I need lots of cuddling and encouragement. I need a safe place to move around as I will be getting into anything I can get my hands on. Read to me again and again. Sing our favorite songs. Give me freedom to do most things—until I need help. So please stay near.

## Twelve to Eighteen Months

**What I'm Like:** I like to eat with a spoon, even if I spill. And I will spill, spill, spill. I will explore everything high and low, so please keep me safe. I may have temper tantrums because I have no other way of expressing my feelings or frustrations. Sometimes I'm fearful and cling to you. I like to have evening routines: music, story, and bath time. I like balls, blocks, pull toys, push toys, take apart toys, put together toys, and cuddles. Sometimes I say "No" and mean it. By eighteen months I can walk well by myself, although I fall a lot. I may jump. I say lots of words, especially the word "mine"—because everything is mine! I like it when we play outside or go to a park. I like being with other children. I try to take off my shoes and socks. I like to build with blocks.

**What I Need:** Let me touch things. Let me try new things with your help, if I need it. I need firm limits and consistency. Please give me praise. The more you talk with me, the earlier I will tell you how I feel and what I need. I need you to observe me and to understand why I'm upset or mad. I need your understanding and patience. I want a routine. I need you to not mind the mess I sometimes make. I need you to say I'm sorry if you made a mistake. And please read to me over and over again!

### The Toddler's Creed

If I want it, it's mine. If I give it to you and change my mind later, it's mine. If I take it away from you, it's mine. If it's mine it will never belong to anybody else, no matter what. If we are building something together, all the pieces are mine. If it looks just like mine, it's mine.



## **Eighteen Months through Two Years: An Overview**

During the next stage of life, your child is beginning to define himself. Look for child care activities that spur his imagination and vocabulary. During the toddler years, children get into everything, so do your best to keep your child safe from a potential accident. Yet, realize accidents do happen even to the most careful parents and children.

### **When looking for quality care for your toddler, consider:**

- Is the child care setting safe and does it provide small group sizes and adult-to-child ratios?
- Are there enough toys and activities so sharing isn't a problem?
- Are there a lot of toys for building which can be put together?
- Is there a dress-up area?
- Do art activities allow the children the freedom to make their own art or do all crafts look the same?
- And last, what are the toilet training and discipline practices of the provider?

### **Two Years:**

**What I'm Like:** I am loving, affectionate, and responsive to others. I feel sorry or sad when others my age are upset. I may even like to please you. I don't need you so close for protection, but please don't go too far away. I may do the exact opposite of what you want. I may be rigid, not willing to wait or give in. I may even be bossy. "Me" is one of my favorite words. I may have fears, especially of sounds, separation, moving household objects, or that big dog.

**What I Need:** I need to continue exploring the world, down the block, the parks, library, and stores, etc. I like my routines. If you have to change them, do so slowly. I need you to notice what I do well and PRAISE me. Give me two OK choices to distract me when I begin to say "No." I need you to be in control and make decisions when I'm unable to do so. I do better when you plan ahead. Be FIRM with me about the rules, but CALM when I forget or disagree. And please be patient because I am doing my best to please you, even though I may not act that way.

## Three through Five Years: An Overview

During the preschool years, your child will be incredibly busy. Cutting, pasting, painting, and singing are all daily activities. When your child starts kindergarten around age five, make sure home and child care activities include learning numbers, letters, and simple directions. Most public school kindergarten programs are usually only a few hours a day. You may need care before and after school. It is never too early to begin your search.

### When looking for quality care for your preschooler, consider:

- Are there other children the same age or close in age to your child?
- Is there space for climbing, running, and jumping?
- Are there books and learning activities to prepare your child for school?
- Is television and movie watching selective?
- Are learning materials and teaching styles age-appropriate and respectful of children's cultural and ethnic heritage?
- Are caregivers experienced and trained in early childhood development?
- Are children given choices to do and learn things for themselves?
- Are children rushed to complete activities or tasks?
- Or are they given enough time to work at their own pace?

## Three Years

**What I'm Like:** Watch out I am charged with physical energy. I do things on my own terms. My mind is a sponge. Reading and socializing are essential in getting me ready for school. I like to pretend a lot and enjoy scribbling on everything. I am full of questions, many of which are "Why?" I become fairly reliable about using the potty. I may stay dry at night and may not. Playing and trying new things out are how I learn. Sometimes I like to share. I begin to listen more and begin to understand how to solve problems for myself.

**What I Need:** I want to know about everything and understand words, and when encouraged, I will use words instead of grabbing, crying, or pushing. Play with me, sing to me, and let's pretend!

## Four Years

**What I'm Like:** I'm in an active stage, running, hopping, jumping, and climbing. I love to question "Why?" and "How?" I'm interested in numbers and the world around me. I enjoy playing with my friends. I like to be creative with my drawings, and I may like my pictures to be different from everyone else's. I'm curious about "sleepovers" but am not sure if I'm ready yet. I may want to be just like my older sister or brother. I am proud that I am so BIG now!

**What I Need:** I need to explore, to try out, and to test limits. Giving me room to grow doesn't mean letting me do everything. I need reasonable limits set for my own protection and for others. Let me know clearly what is or isn't to be expected. I need to learn to give and take and play well with others. I need to be read to, talked to, and listened to. I need to be given choices and to learn things in my own way. Label objects and describe what's happening to me so I can learn new words and things.

## Five Years

**What I'm Like:** I'm slowing a little in growth. I have good motor control, but my small muscles aren't as developed as my large muscles for jumping. My activity level is high and my play has direction. I like writing my name, drawing pictures, making projects, and going to the library. I'm more interested now in doing group activities, sharing things and my feelings. I like quiet time away from the other kids from time to time. I may be anxious to begin kindergarten.

**What I Need:** I need the opportunity for plenty of active play. I need to do things for myself. I like to have choices in how I learn new things. But most of all, I need your love and assurance that I'm important. I need time, patience, understanding, and genuine attention. I am learning about who I am and how I fit in with others. I need to know how I am doing in a positive way. I understand more about things and how they work, so you can give me a more detailed answer. I have a big imagination and pretend a lot. Although I'm becoming taller, your lap is still one of my favorite places.

## Six through Eight Years: An Overview

Children at this age have busy days filled with recess, homework, and tear-jerking fights with their friends. They begin to think and plan ahead. They have a thousand questions. This age group has good and bad days just like adults. Get ready, because it's only the beginning!

**When looking for quality care for your school-age child, consider:**

- Is the staff or provider trained to work with school-age children?
- Is there space for sports activities, climbing, running, and jumping?
- Are there materials that will interest your child?
- Is television and movie watching selective?
- Is there a quiet place to do homework or read?
- Is transportation available?

### Six Years

**What I'm Like:** Affectionate and excited over school, I go eagerly most of the time. I am self-centered and can be quite demanding. I think of myself as a big kid now. I can be impatient, wanting my demands to be met NOW. Yet I may take forever to do ordinary things. I like to be with older children more than with younger ones. I often have one close friend, and sometimes we will exclude a third child.

**What I Need:** This might be my first year in real school. Although it's fun, it's also scary. I need you to provide a safe place for me. Routines and consistency are important. Don't accept my behavior one day and correct me for the same behavior tomorrow. Set up and explain rules about daily routines like playtime and bedtime. I need your praise for what I am doing well. Since I may go to before-and after-school care, help me get organized the night before. Make sure I have everything ready for school.

### Seven Years

**What I'm Like:** I am often more quiet and sensitive to others than I was at six. Sometimes I can be mean to others my age and younger. I may hurt their feelings, but I really don't mean to. I tend to be more polite and agreeable to adult suggestions. By now I am conscious of my schoolwork and am beginning to compare my work and myself with others. I want my schoolwork to look "right." If I make mistakes, I can easily become frustrated.

**What I Need:** I need to tell you about my experiences, and I need the attention of other adult listeners. I really want you to listen to me and understand my feelings. Please don't put me down or tell me I can't do it—help me to learn in a positive way. Please check my homework and reading assignments. Let me go over to my friends and play when possible. I still need hugs, kisses, and a bedtime story.

## Eight Years

**What I'm Like:** My curiosity and eagerness to explore new things continues to grow. Friends are more important. I enjoy playing and being with peers. Recess may be my favorite "subject" in school. I may follow you around the house just to find out how you feel and think, especially about me. I am also beginning to be aware of adults as individuals and am curious about what they do at work. Around the house or at child care, I can be quite helpful.



**What I Need:** My concept of an independent self has been developing. I assert my individuality, and there are bound to be conflicts. I am expected to learn and read and to get along with others. I need support in my efforts so that I will have a desire for achievement. Your expectations will have a big impact on me. If I am not doing well in school, explain to me that everyone learns at a different pace, and that tiny improvements make a difference. Tell me that the most important thing is to do my best. You can ask my teachers for ways to help me at home. Problems in reading and writing should be handled now to avoid more trouble later. And busy eight-year-olds are usually hungry!

## Nine through Eleven Years: An Overview

Children from nine to eleven are like the socks they buy, with a great range of stretch. Some are still “little kids” and others are quite mature. Some are already entering puberty, with body emotions, and attitude changes during this stage. Parents need to take these changes into account when they are choosing child care for this age group. These children begin to think logically and like to work on real tasks, such as mowing lawns or baking. They have a lot of natural curiosity about living things and enjoy having pets.

**What I'm Like:** I have lots of energy, and physical activities are important to me. I like to take part in sports and group activities. I like clothes, music, and my friends. I'm invited to sleepovers and to friends' houses often. I want my hair cut a certain way. I'm not as sure about school as I am about my social life. Those of us who are girls are often taller and heavier than the boys.

Some girls may be beginning to show signs of puberty, and we may be self-conscious about that. I feel powerful and independent, as though I know what to do and how to do it. I can think for myself and want to be independent. I may be eager to become an adult.

9-11

**What I Need:** I need you to keep communication lines open by setting rules and giving reasons for them, by being a good listener, and by planning ahead for changes in the schedule.

Remember, I am still a child so don't expect me to act like an adult. Know that I like to be an active member of my household, to help plan activities, and to be a part of the decision-making. Once I am eleven or older, I may be ready to take care of myself from time to time rather than go to child care. I still need adult help and encouragement in doing my homework.

*As children enter adolescence, they want their independence. Yet they still want to be children and need your guidance. As your child grows, it's easier to leave him at home for longer periods of time and also ask him to care for younger children. Trust your instincts and watch your child to make sure you are not placing too much responsibility on him at one time. Talk to him. Keep the door open. Make sure he is comfortable with a new role of caregiver and is still able to finish his school work and other projects.*

## Eleven through Fourteen Years: An Overview

Your child is changing so fast—in body, mind, and emotions—that you hardly know her anymore. One day she’s as responsible and cooperative as an adult; the next day she’s more like a six-year-old. Planning beyond today’s baseball game or slumber party is hard. One minute she’s sunny and enthusiastic. The next she’s gloomy and silent. Keep cool. These children are in process; they’re becoming more self-sufficient. It’s Independence Day!

**What I'm Like:** I'm more independent than I used to be, but I'm quite self-conscious. I think more like an adult, but there's no simple answer. I like to talk about issues in the adult world. I like to think for myself, and though I often feel confused, my opinions are important to me, and I want others to respect them. I seem to be moving away from my family. Friends are more important than ever. To have them like me, I sometimes act in ways that adults disapprove of. But I still need reasonable rules set by adults. However, I'm more understanding and cooperative. I want nothing to do with babysitters—in fact, if I'm mature enough I can often be by myself or watch others.

**What I Need:** I need to know my family is behind me no matter how I may stumble in my attempts to grow up. This growing up is serious business, and I need to laugh and play a lot to lighten up and keep my balance. I need you to understand that I'm doing my best and to encourage me to see my mistakes as learning experiences. Please don't tease me about my clothes, hair, boy/girl friends. I also need privacy with my own space and things.

Source: Ages and Stages of Development Care of About Quality was published by the California Department of Education in 2000, <https://www.cde.ca.gov/sp/cd/re/caqdevelopment.asp>

## Normal Development Milestones Summary

### Infancy and Toddler (Birth to 3 Years)

#### **Physical development**

*Birth - 1 year:* The development of control and mastery over one's own body in both gross and fine motor skills is the infant's primary physical task, culminating toward the end of the first year in walking.

*Age 1-2 years:* The infant perfects the gross and fine motor skills that emerged during the first year by developing balance, coordination, stability, and an improved ability to manipulate objects.

*Age 2-3 years:* The child develops increased strength and uses motor skills to master challenges in the environment, such as bicycles, stairs, balls, playground equipment, eating utensils, crayons, and other objects. The child is developmentally ready to master toilet training.

#### **Cognitive development**

*Birth - 1 year:* Cognition begins with alertness, awareness, recognition, and interest in visual, auditory, and tactile (touch) stimuli. As motor development improves, the infant begins to explore and manipulate objects and develops a rudimentary understanding of their properties. Infants develop **object permanence** toward the end of the first year.

*Age 1-2 years:* The emergence of symbolic thought is central to cognitive development. This results in the ability to understand and produce language.

*Age 2-3 years:* Perfection of language skills and the use of language to communicate with others are the principal cognitive tasks.

#### **Social development**

*Birth - 1 year:* The most important social task is the development of attachment to the primary caretaker, most often the child's mother.

*Age 1-2 years:* The child develops affectionate and trusting relationships with other family members and with adults outside the family. The child can also be engaged in simple games and play.

*Age 2-3 years:* The child develops rudimentary relationships with other children. These relationships are usually characterized by "parallel play," that is, play in the presence of, rather than in interaction with, other children. Children also begin to imitate social roles at this time. Toilet training represents a significant internalization of social rules and expectations.

“Teachable moments” are helpful to begin nurturing independent living skills. One example is the using the parallel play to clean up toys.

### ***Emotional development***

*Birth - 1 year:* The development of basic trust, a derivative of the positive attachment between the infant and the primary caretaker, occurs during the first year. This is a cornerstone of emotional development.

*Age 1-3:* The primary developmental task involves the development of autonomy, which includes mastery and control over oneself and one's environment. Children develop a rudimentary self-concept, experiencing pride and pleasure at behaving well and embarrassment, shame, and distress at behaving poorly

### ***Sexual development***

*Birth – 3 year:* The child is learning that touch and physical expression of affection is good. Initial contact with others is sensory or tactile and primary gratification come from sucking, being held, stroked, and handled. Randomly grabbing own genitals as an early infant, exploratory play with genitals is common in boys 6-7 months and in girls at 10-11 months. You can also find reflexive erections to be common in boys, vaginal lubrication in girls, and rhythmic rocking (in bed) for genital stimulation in infants. Children will learn about difference between boys and girls and being awareness of gender identity and role differences. During toilet training, interested in and talk about eliminative or sexual body parts and are curious about male and female anatomical differences.

## **Preschool (3-5 Years)**

### ***Physical development***

Most basic gross motor abilities have emerged. Existing skills are practiced and perfected, and the child develops mastery in applying motor skills to increasingly challenging and complex situations.

### ***Cognitive development***

Language develops rapidly. Grammar and syntax are developed and vocabulary increases dramatically. The child uses language as a communication tool. Thinking is concrete and egocentric in nature. Problem solving is illogical and magical thinking and fantasy are prevalent.

### ***Social development***

The child expands social relationships outside the family and develops interactive and cooperative play skills with peers. The child begins to understand, explore, imitate, and practice social roles.

The child learns concepts of “right” and “wrong” and begins to understand the nature of rules. He experiences guilt when he has done something wrong.

Independent living skills can begin as part of family routines.

### ***Emotional development***

The preschool child has been described as “on the make.” Erikson refers to the child's primary mode of operation during this stage as “initiative.” The child is intrusive, takes charge, they are very curious and continually try new things, and they make every attempt to actively manipulate the environment, and are self-directed in many of their activities.

The child's ability to understand “right” and “wrong” leads to self-assessments and affects the development of self-esteem.

### ***Sexual development***

The child will have a continued interest in the anatomical differences between male and female. The child will have heightened interest in bathroom and dressing activities. They will engage in mutual games between other children involving showing each other body parts. Children may engage in mutual exploration of body parts between children. This can involve stroking, kissing, and touching genitals; this behavior is not usually planned, it is opportunistic. Conscious masturbation for pleasurable feelings, usually without penetration by fingers or objects. The child will have many questions regarding urination, pregnancy, and delivery.

## School Age (6-11 Years)

### ***Physical development***

The child practices, refines, and masters complex gross and fine motor and perceptual-motor skills.

### ***Cognitive development***

The child's thinking becomes more logical and rational. The child develops the ability to understand others' perspectives.

### ***Social development***

Relationships outside the family increase in importance, including the development of friendships and participation in a peer group. The child imitates, learns, and adopts age-appropriate social roles, including those that are gender-specific. The child develops an understanding of rules. Rules are relied upon to dictate proper social behavior and to govern social relationships and activities. Independent living skills continue to develop as well. Household or family contribution acts (aka "chores") are critical to them maturing these skills.

### ***Emotional development***

The child is industrious, purposeful, demonstrates goal-directed activities, and is confident and self-directed. The child is developing a sense of being an individual, with both likes and dislikes and special areas of skill. The child is capable of introspection. The child evaluates their worth by the ability to perform. Self-esteem is largely derived from their perceived abilities.

### ***Sexual Development***

*Age 6-9:* The child will practice social roles through play activities; children play school, store, and family. Increased questions regarding pregnancy, birth, and intercourse. Competitive games involve urination and sexual activity contests, such as truth or dare and stripping for club initiation. You may find interactive touching like stroking or rubbing, open-mouthed kissing, re-enacting intercourse without penetration and only with clothes on. Child will experiment with sexual swearing and look for nude pictures in books, magazines, and catalogues, and engage in private masturbation.

*Age 10-12:* The child is learning about the mechanical and emotional aspects of sexuality and understanding how to behave around children of the opposite sex. Some children will begin puberty (including menstruation and wet dreams). Child begins to focus on their own body development and compares self to same gender peers and can feel awkward, concerned, and embarrassed about physical changes. Interest in reading information about sex, intense interest in viewing other's bodies, and discreet masturbation. Social relationship begin through flirting, kissing, hand holding, and spending time together.

## **Adolescence (12-17 Years)**

### ***Physical development***

Physiological changes at puberty promote rapid growth, the maturity of sexual organs, and development of secondary sex characteristics. The youth must become accustomed to the changes in his or her body and adapt behavior accordingly.

### ***Cognitive development***

During early adolescence, precursors to formal operational thinking appear, including a limited ability to think hypothetically and to hold multiple perspectives.

During middle and late adolescence, formal operational thinking becomes well-developed and integrated in a significant percentage of adolescents.

### ***Social development***

Social relationships in early adolescence are centered in the peer group. Group values guide individual behavior. Acceptance by peers is critical to self-esteem. Most peer relationships are still same-sex. Social roles are still largely defined by external sources.

Young adolescents become interested in dating, but most contact is through groups. Some youth may begin to experiment with sexual behavior, but many early adolescents are not sexually active with partners.

During middle, a transitional period, and late adolescence, values become individualized and internalized after careful consideration and independent thought.

Friends are more often selected on personal characteristics and mutual interests. The peer group declines in importance, individual friendships are strengthened, and more youth date in one-on-one relationships.

The youth experiments with social roles and explores options for career choice. Also, independent living skills should be continuing to develop during adolescence.

### ***Emotional development***

The early adolescent is strongly identified with the peer group. Youth depend upon their peers for emotional stability and support and to help mold the youth's emerging identity. Self-esteem is greatly affected by acceptance by peers.

Early adolescents are emotionally labile with exaggerated affect and frequent mood swings. They are very vulnerable to emotional stress. During middle and late adolescence, identity is more individualized, and a sense of self develops and stabilizes that is separate from either family or peer group.

Self-esteem is influenced by the youth's ability to live up to internalized standards of behavior. Self-assessment and introspection are common.

***Sexual development***

The adolescent is learning about social and emotional implications of dating, choosing a mate, sexual intimacy and sexual identity. They will engage in appropriate flirting, courting, and dating behavior. There is a co-ed focus in social activities. Adolescents will have interest in viewing bodies of opposite sex, discreet masturbation, mutual masturbation, foreplay, and intercourse mostly commonly in a stable dating relationship.



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## **Adoption and the Stages of Development What Parents Can Expect at Different Ages**

**by Beth Hall**

### **Attachment and Separation: The First Year**

Many experts view early childhood as a series of alternating attachment and separation phases that establish the child as an independent person who can relate happily to family members and friends, and be capable of having intimate relationships with others. A baby's primary task is to develop a sense of trust in the world and come to view it as a place that is predictable and reliable. Infants accomplish this task through attachment to their caretakers. After birth, an infant must reach a new physiological balance as a result of being outside rather than inside the body he shared for nine months. In adoption, he must also make a change to a new set of parents. Birth in itself is exhausting. Learning how to adapt to the world without the comfort of familiarity takes longer. No matter how warm the reception by new parents, extra stress on baby must be anticipated. Although baby doesn't understand these changes, he senses changes in sounds, smells, stress, and rhythms. His world is upset. He experiences a loss and reacts. Responses may include crying, difficulty sucking, bowel or bladder disturbances, or withdrawal. Usually such changes are temporary and reverse as he adjusts. Humans have an enormous capacity to recover.

### **Attachment and Separation: The Second Year**

Toddlers are faced with an internal conflict between wishing for autonomy and anxiety about separating from the primary caregiver. During this stage, when you must guide and protect your child, you become the embodiment of "no." Not surprisingly, your child becomes frustrated, demonstrating this frustration in behavior ranging from crying to throwing, hitting, biting, pinching and temper tantrums. For adoptive parents, who sometimes worry that this frustrated behavior has something to do with the child being adopted, it helps to know that this kind of behavior is typical of toddlers. Children who are adopted sometime after infancy usually follow the same attachment and separation paths as other children, but possibly in a different time sequence.

### **Identity, Feelings and Fears: Age Two to Six**

Language skills allow children to explore the world in a new way. Parents need to view their children's questions as an opportunity to talk about feelings and experience, not to worry about having "right" answers. Children in this stage engage in fantasy and "magical" thinking. They are trying to develop a reliable sense of what is happening in their world. During these years, their world is expanding enormously; thus, so is the necessary repertoire of responses. There can be a great deal in their expanded world which threatens their sense of security. Two- to five-year-olds often have anxiety

and fears, especially about being abandoned, getting lost, or being no longer being loved by their parents. Children must work out their awareness of their smallness compared to their parents and their urges toward autonomy and independence. They want to be big but also want the benefits of infancy. Sometimes, competitive feelings towards a parent become a way of expressing individuation.

Between ages three and six, children begin to wonder where they came from and how they got here. There is some question about whether a child under six can understand the meaning of adoption. At this stage, children are working very hard to understand relationships, and their family relationships are the first to be scrutinized and explored. It is important for children to be helped to understand that they are both born AND adopted, not one or the other. It takes years of periodic returns to the subject of adoption before children will fully grasp its meaning. At least two studies suggest that adopted adolescents were better adjusted if they came from families in which all emotional issues—including, but not limited to, adoption—were discussed among family members, beginning in early childhood. Children who learn early that it is all right to ask questions and be curious usually carry this behavior over and develop a sense of mastery over their lives. Both attachment and separation behaviors should be encouraged and endured by parents. Both are necessary for children to create their identity and to develop and sustain intimate relationships.

### Further Steps in Separation and Identity Formation: Age Seven to Eleven

The chief task of elementary-school-aged children is to master all of the facts, ideas, and skills that will equip them to progress toward adolescence and independent life. During this time, children are supposed to consolidate their identification with parents and cement their sense of belonging to their family. Children have a strong inner life during this stage, as indicated

by their dreams and fantasies; they are more attuned to the world inside their heads. Loss is one of the issues with which adopted children will continue to grapple throughout their lives. The full emotional impact of loss comes to children during this stage. Knowing that birth parents made an adoption plan for them often makes adopted children feel devalued and affects their self-esteem. They may feel their status in society is ambiguous. Your willingness to “connect” with your children about their adoption, instead of denying the differences between entering a family through adoption rather than through birth, can help them grieve this important loss. If facts and feelings about adoption are not discussed at all, children’s fantasies about their backgrounds may be acted out unconsciously, expressing an unconscious self-identification as an unworthy person.

It’s important to remember that all adopted children have feelings about their adoption, and that throughout their development they will struggle in various ways to understand why their birth parents made an adoption plan for them. You can help your children in this task by letting them know that they are not alone in these feelings and that it is all right with you if they express them and try to get explanations for what puzzles or troubles them. The more open family discussions have been from the beginning of verbal communication, the more likely it is that communication will continue, no matter how intense or complex the subject becomes.

### Who Am I? Where Am I Going?: Adolescence

Adolescents’ behavior is in transition rather than not fixed; their feelings about the world and their place in it are tentative and changeable. Physical growth changes the body from child to adult, in preparation for procreation, but mental and emotional development may take years to catch up with the body. The adolescent’s primary task is to establish a secure sense of identity. Being able to live and work on one’s own, to maintain a comfortable position in one’s family, and to become a contributing citizen in one’s community are the goals.

Adolescents need to *take* their independence rather than to be *given it*. A parent’s most difficult task is to create a delicate balance of “to love and let go.”

If normal adolescence involves a crisis in identity, it stands to reason that adopted teenagers will face additional complications. Adolescents often express their reactions to loss by rebelling against parental standards. Knowing that they have a different origin contributes to their need to define themselves autonomously. Sexual identity is an issue to all adolescents. Adopted children often have conflicting views of parenthood and sexuality. On the one hand, there is the perhaps infertile adoptive parent; and on the other hand, there is the fact of the birth parents' fertility and decision—whether voluntary or otherwise—not to parent the baby. By conforming to others' behavior, beliefs, or expectation, adopted adolescents may be inhibiting a part of themselves for the sake of basic security or out of a sense of guilt or responsibility.

# Roles of the Educational Team Members

**Each group will assume the role of a team member to examine the role of another member, barriers to communication, and solutions to the communication barriers.**

## **Teachers:**

What word(s) best describes the role of the parent as a team member?

What are some of the barriers that prevent you from working more closely with parents?

What solutions can you think of to lessen the barriers?

## **Parents:**

What word(s) best describes the role of the child's teacher as a team member? What can be some barriers between you, and the school working together? What solutions can you think of to lessen the barriers?

## **Principals:**

What word(s) best describes the role of the parent as a team member?

What word(s) best describes the role of the teacher as a team member?

What solutions can you think of to help parents and teachers work more closely together?

## **Video: What Is the Difference Between IEP and 504 Plan?”**

As you watch these videos, take some notes on the following aspects.

**1. What is the purpose of an Individualized Education Plan (IEP)? And 504?**

**2. How can you support a child academically through an IEP or 504?**

## Supporting Your Child's Education

Read each scenario and answer the questions following it. Please be prepared to discuss your responses with the large group.

### Scenario 1

Susie has an intellectual disability. She is placed in a self-contained class, but she has been participating in some general education classes. Susie's 2nd grade general education teacher has required her to participate in spelling tests. Susie received a failing grade for the past four spelling tests.

- What should you do as the parent?
- What suggestions should I offer the teacher or school?
- How should I follow up to ensure the suggestions were implemented and the plan is in place is being integrated effectively?

### Scenario 2

Jacob is a ninth grade student who receives special education services. When reading, Jacob continuously blinks and moves his head, skips lines, omits or transposes words, and loses his place often, even when using a place marker.

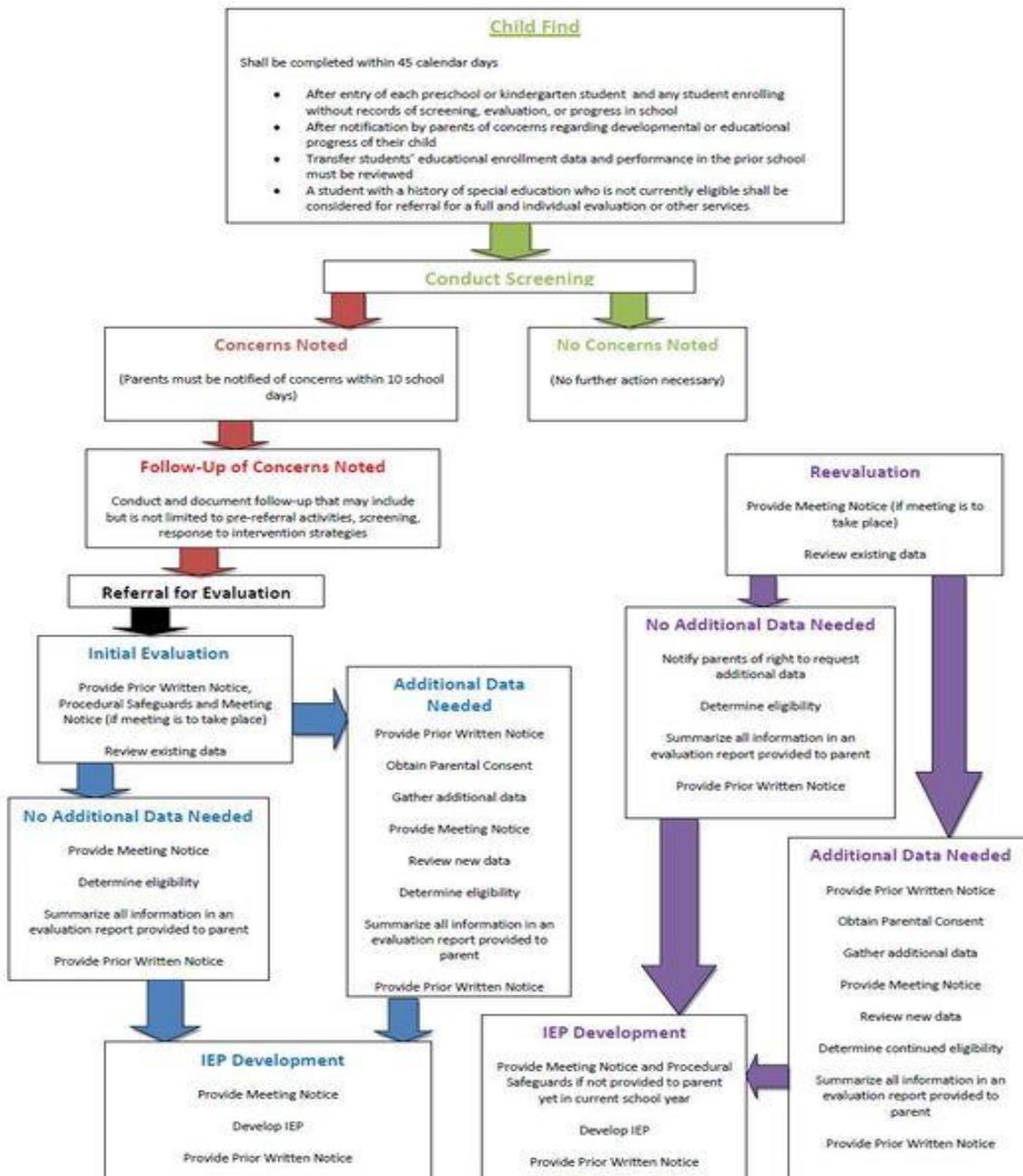
- What you should do as the parent?
- What suggestions should I offer the teacher or school?
- How should I follow up to ensure the suggestions were implemented and the plan is in place is being integrated effectively?

### Scenario 3

Tonya is a seventh grade student who loves science. She is a student who is high functioning on the autism spectrum. Her dad is concerned that Tonya fails to fill out her daily agenda. She performs poorly on in-class assessments, because she doesn't study for the tests. Tonya has six assignments missing from Mr. Jones' class.

- What you should do as the parent?
- What suggestions should I offer the teacher or school?
- How should I follow up to ensure the suggestions were implemented and the plan is in place is being integrated effectively?

### Special Education Process



# 10 Basic Steps in Special Education

(<http://www.parentcenterhub.org/steps/>, April 2017)

## 1. Child is identified as having a potential need for special education and related services.

- Using the child find system where the school is legally required to “find” (or identify) children who may have a disability and may be entitled to special services. Child find covers students ages birth to 21. The school must evaluate any child that it knows or suspects may have a disability.
- With a referral from a parent or school professional. The parent will contact the teacher or school personal to request an evaluation in written or verbal form.

Through either form of recommendation the parent must consent and the evaluation must be completed within 60 days of the referral.

Trainer Tips: If the parent’s rights have not been terminated they maintain the authority to consent or may disagree. The parent maintains the ability to make educational decisions per the law.

If the parent’s rights have been terminated the agency has the ability to consent. The foster parent does not have the right to consent to the services.

## 2. The child is evaluated.

The evaluation is the second step in the special education process. It’s intended to answer these questions:

- Does the child have a disability that requires the provision of special education and related services?
- What are the child’s specific educational needs?
- What special education services and related services, then, are appropriate for addressing those needs?

The evaluation results will be used to decide the child’s eligibility for special education and related services and to make decisions about an appropriate educational program for the child.

## 3. Eligibility is decided.

A group of qualified professionals and the parents look at the child’s evaluation results. Together, they decide if the child is a “child with a disability,” as defined by IDEA. If the parents do not agree with the eligibility decision, they may ask for a hearing to challenge the decision.

**4. Child is found eligible for services.**

If the child is found to be a child with a disability, as defined by IDEA, he or she eligible for special education and related services. Within 30 calendar days after a child is determined eligible, a team of school professionals and the parents must meet to write an individualized education program (IEP) for the child.

**5. IEP meeting is scheduled.**

The school system schedules and conducts the [IEP meeting](#).

**6. IEP meeting is held and the IEP is written.**

The IEP team gathers to talk about the child's needs and write the student's IEP.

**7. After the IEP is written, services are provided.**

The school makes sure that the child's IEP is carried out as it was written. Parents are given a copy of the IEP. Each of the child's teachers and service providers has access to the IEP and knows his or her specific responsibilities for carrying out the IEP. This includes the accommodations, modifications, and supports that must be provided to the child, in keeping with the IEP.

**8. Progress is measured and reported to parents.**

The child's progress toward the annual goals is measured, as stated in the IEP.

**9. IEP is reviewed.**

The child's IEP is reviewed by the IEP team at least once a year, or more often if the parents or school ask for a review. If necessary, the IEP is revised.

**10. Child is reevaluated.**

At least every three years the child must be reevaluated.



**STUDENT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Examples of Classroom Accommodations

Place a ✓ or ✗ next to the accommodations you've done already.

### Environment:

|                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Change Seating |
| <input type="checkbox"/> | Change Groups  |
| <input type="checkbox"/> | Change Class   |

### Teaching Techniques:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Vary Voice Volume                                       |
| <input type="checkbox"/> | Increase Eye Contact                                    |
| <input type="checkbox"/> | Hand on Shoulder Contact                                |
| <input type="checkbox"/> | Circulate Around Room                                   |
| <input type="checkbox"/> | Use Visual Cues   |
| <input type="checkbox"/> | Provide even more examples                              |
| <input type="checkbox"/> | Use Positive Reinforcement                              |
| <input type="checkbox"/> | Teach Through Child's Interests                         |
| <input type="checkbox"/> | Individualize Instruction                               |
| <input type="checkbox"/> | Model Expectations                                      |
| <input type="checkbox"/> | Peer, Cross Age, or Adult Tutors                        |
| <input type="checkbox"/> | Repeat Instructions                                     |
| <input type="checkbox"/> | List Assignments/Instructions on Board/Individual Paper |

### Schedule:

|                          |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Activity Breaks                       |
| <input type="checkbox"/> | Free Time After Task Completion       |
| <input type="checkbox"/> | Work with Student Before/After School |
| <input type="checkbox"/> | Change Schedule                       |

### Material:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Timer                                     |
| <input type="checkbox"/> | Manipulative                              |
| <input type="checkbox"/> | Learning Games                            |
| <input type="checkbox"/> | Computer                                  |
| <input type="checkbox"/> | Overhead Projector                        |
| <input type="checkbox"/> | Word Banks                                |
| <input type="checkbox"/> | Notebook for Personal Spelling Dictionary |

### Learning Style:

|                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Limit # of Oral Instructions |
| <input type="checkbox"/> | Teach Note Taking Skills     |
| <input type="checkbox"/> | Copy of Notes                |
| <input type="checkbox"/> | Cooperative Learning Groups  |
| <input type="checkbox"/> | Vary Reading Approach        |
| <input type="checkbox"/> | Alternatives to Writing      |
| <input type="checkbox"/> | Assignment Modifications     |
| <input type="checkbox"/> | Use Best Learning Modality   |

### Assignments:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Simplify   |
| <input type="checkbox"/> | Shorten  |
| <input type="checkbox"/> | Fold Paper in 1/2 or 1/4                         |
| <input type="checkbox"/> | Highlight Parts                                  |
| <input type="checkbox"/> | Alternative Assessment                           |
| <input type="checkbox"/> | Notebook for Assignments                         |
| <input type="checkbox"/> | Enlarge Materials on Copier                      |
| <input type="checkbox"/> | Break Instructions/Narrative into Sections       |
| <input type="checkbox"/> | Make Instructions Clearer, more concrete, simple |
| <input type="checkbox"/> | "Do 3: See Me"                                   |
| <input type="checkbox"/> | Keep Work Samples                                |
| <input type="checkbox"/> | Assign Buddies for Assignments                   |
| <input type="checkbox"/> | Use Student Helpers/Aides                        |

### Assistance:

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | Contact Parent           |
| <input type="checkbox"/> | Consult Counselor        |
| <input type="checkbox"/> | Consult with other Staff |

### Other:



## **BASICS OF SPECIAL EDUCATION**



### **WHAT LAWS ARE APPLICABLE IN SPECIAL EDUCATION?**

- The Individuals with Disabilities Education Act (IDEA)
- Section 504 of the Rehabilitation Act of 1973 (Section 504)
- The Americans with Disabilities Act (ADA)

### **WHEN DOES SECTION 504 APPLY AND WHAT DOES IT REQUIRE?**

- Section 504 applies when an agency or program receives federal funding
- Section 504 defines a person with a disability as an individual who has a physical or mental impairment that substantially limits one or more of the individual's major life activities
- A free appropriate education (FAPE) is required, but this is not the same FAPE as required by the IDEA
  - Equal access to educational services for students with disabilities is guaranteed
  - Accommodations and support services are generally determined during a meeting with the student's parents and appropriate general education staff
  - Services and accommodations are usually written into a student's 504 Plan
- Schools must evaluate students believed to have a 504 disability before placing in regular or special education
- Manifestation determination meetings must be held prior to disciplining or changing student's placement
- Assistive technology must be provided
- Students must be educated in the least restrictive environment (LRE)

### **WHEN DOES THE ADA APPLY AND WHAT DOES IT REQUIRE?**

- The ADA applies to employment, state and local governmental services and transportation, to goods and services provided by public accommodations, and to telephone and telecommunication services regardless of whether or not the agency or program receives federal funding

- FAPE not specifically required in the ADA, but The Office for Civil Rights has interpreted the ADA to have the same FAPE requirements as Section 504
- The ADA requires that school districts provide auxiliary aids and services to ensure effective communication
- Private schools are included within the list of public accommodations, therefore they are prohibited from discriminating against qualified students with disabilities

#### **WHEN DOES THE IDEA APPLY AND WHAT DOES IT REQUIRE?**

- The IDEA applies only to schools; students qualify as having a disability if they have an impairment and need special education and related services
- The IDEA requires that students receive a free appropriate education (FAPE) (different than Section 504 FAPE); services must
  - be provided at public expense, under public supervision and direction, without charge
  - meet the standards of the state educational agency
  - include appropriate preschool, elementary, or secondary school education
  - be provided in conformity with the student's individualized education plan (IEP)
  - include any related supplementary aids and services that a child needs
- IDEA requires that students be educated in the least restrictive environment (see Disability Law Colorado's handout on LRE for additional information)
- Students may have an extended school year if their IEP team determines it is necessary (see the LRE handout for more information about the IEP team)

#### **WHAT LAWS PROTECT MY CHILD FROM BEING HARASSED BECAUSE OF HIS/HER DISABILITY?**

- Disability harassment violates both Section 504 and the ADA
- The laws also protect people against retaliation for trying to enforce or taking advantage of their rights or the rights of their children

**\*\*\* DISCLAIMER: This is not intended as legal advice, but rather for informational purposes only. Always consult a lawyer if you have questions about your legal rights. \*\*\***

#### References:

*The Everyday Guide to Special Education Law: A Handbook for Parents, Teachers, and Other Professionals*, by Randy Chapman, Esq.  
 Randy Chapman's Ability Law Blog, <http://randychapman.wordpress.com/>  
 Disability Law Colorado – [www.disabilitylawco.org](http://www.disabilitylawco.org)  
 Department of Education, Office for Civil Rights – [www.ed.gov](http://www.ed.gov)



# Opening the Doors to College

Education is the key to opening doors to a successful future. It can lead an individual on a limitless path. The following information can help guide and inform youth, and the adults working with them, of how to best access and pay for the educational opportunities available to them. Taking advantage of the services, programs, and information available here and in the cited resources will help them achieve higher levels of education and training and overall success.

## How to prepare

### Information Gathering and Initial Planning

The pursuit of higher education may require youth to start to prepare as early as middle school. School counselors in middle and high school are great resources. They can encourage youth to take advantage of programs and resources related to education beyond high school; contact college and university staff for additional information; and help youth maneuver the Internet to locate college information and resources. Once such website is [knowhow2gowisconsin.org/](http://knowhow2gowisconsin.org/), where Wisconsin youth can learn about planning and preparing for college.

### Precollege, Precollege, Precollege!

Precollege programs are shown to help students think about, plan for, and enter postsecondary education. Hundreds of precollege programs related to many academic areas are available throughout Wisconsin. For information, contact one of the following:

- Precollege programs and opportunities throughout the University of Wisconsin System, call UW HELP at (800) 442-6459 or use the searchable database of precollege programs at [uwhelp.wisconsin.edu/precollege](http://uwhelp.wisconsin.edu/precollege).
- Programs offering Department of Public Instruction (DPI) scholarships, visit [dpi.wi.gov/weop/precollege](http://dpi.wi.gov/weop/precollege).
- Precollege programs at Wisconsin's private colleges, contact the Wisconsin Association of Independent Colleges and Universities (WAICU) Student Access Center at (800) 433-4733 ext. 227.
- Precollege programs offered at Wisconsin technical colleges go to [wtcsystem.edu/colleges](http://wtcsystem.edu/colleges), where you will find a map of the individual colleges.

### College Goal Wisconsin

Students are encouraged to take advantage of College Goal Wisconsin, an annual event where students, families, and caregivers can receive professional help completing the FAFSA. Events are held at locations throughout the state and attendees may win scholarship funding just for attending! Visit the College Goal Wisconsin website at [collegegoalwi.org/](http://collegegoalwi.org/) for more information.

## Where to go

### Wisconsin Tribal Colleges

Wisconsin is home to the College of the Menominee Nation and Lac Courte Oreilles Ojibwa Community College. Learn more at [www.menominee.edu](http://www.menominee.edu) and [www.lco.edu/](http://www.lco.edu/).

### Wisconsin Technical Colleges System

The Wisconsin Technical Colleges System (WTCS) offers more than 400 career education programs at 16 different colleges throughout the state. Many programs can be completed in a year or less and many associate degree programs are able to be completed within two years of full-time study. Check out [wistechcolleges.org](http://wistechcolleges.org) for information on WTCS and what its 16 colleges have to offer.



### Wisconsin Private, Nonprofit Colleges & Universities

WAICU includes 24 of Wisconsin's private, nonprofit colleges and universities that offer hundreds of majors and programs of study. To learn more about Wisconsin's private colleges visit [wisconsinsprivatecolleges.org/](http://wisconsinsprivatecolleges.org/).

The website also includes free ACT and SAT test prep, career exploration tools, and plenty of helpful advice to plan and prepare for college. WAICU representatives are available to assist at 800-4-DEGREE (800-433-4733 ext.227) or [studentaccess@waicu.org](mailto:studentaccess@waicu.org).

### University of Wisconsin System

The University of Wisconsin System includes 13 four-year campuses, and UW-Extension. The campuses throughout the state offer something for everyone! Visit UW HELP Online at [uwhelp.wisconsin.edu](http://uwhelp.wisconsin.edu) for information on planning for college, careers, majors, admission, financial aid, and much more. Speak with educational advisors about UW campuses and college planning by calling UW HELP at (800) 442-6459.

# Opening the Doors to College

## How to pay

### Financial Aid

The only thing more expensive than going to college is not going to college! Financial aid is available at every college, including technical colleges.

Students applying for financial aid must complete the Free Application for Student Aid (FAFSA). Students must register for a Federal Student Aid ID – “FSA ID” – and then complete the FAFSA online at <https://fafsa.ed.gov>. Youth placed in out-of-home care at the age of 13 or older are considered independent for financial aid purposes, regardless of the length of time in care, and should be designated as such when completing the FAFSA. It is important to complete the FAFSA in the timely way in order to access maximum funding.

For additional financial aid information, visit the following resources:

- For information on federal aid, visit Student Aid on the Web at <https://studentaid.ed.gov>.
- Learn about the State of Wisconsin’s financial aid programs (scholarships, grants, and loans), visit the Higher Education Aids Board website at <http://heab.wi.gov>.
- For information about general scholarship opportunities FastWeb.com at <http://fastweb.com>.
- Conduct a comprehensive search for college scholarships via the College Board Scholarship Search at [bigfuture.collegeboard.org/scholarship-search](http://bigfuture.collegeboard.org/scholarship-search).

In addition to the above resources, it is advantageous to explore financial aid websites at college and universities of interest. Most colleges and universities will provide campus-based scholarships.

### Wisconsin Educational Opportunity Program

The Wisconsin Educational Opportunity Program (WEOP) provides great information about state scholarships, loans, grants, and other aid to students. The WEOP satellites located in offices throughout the state are ready, willing, and able to assist students with college planning, college admission applications, and FAFSA completion. Visit the WEOP website at [dpi.wi.gov/weop](http://dpi.wi.gov/weop) for more on the program and opportunities, as well as local contact information.

### DCF Scholarship Fund

The Department of Children and Families (DCF) awards scholarships to youth formerly in out-of-home care. Scholarship funds are available for tuition, room, and board expenses for postsecondary education and training programs. For information about scholarships and to access application materials, visit the website at [dcf.wisconsin.gov/youthservices/college](http://dcf.wisconsin.gov/youthservices/college).



Created by the Foster Youth to College Advisory Council, Fall 2017

For more information related to this document or about the FYC Advisory Council, please contact [DCFILCoordinator@wisconsin.gov](mailto:DCFILCoordinator@wisconsin.gov).

*Flexible funding for youth formerly in out-of-home care to help them reach their goals!*

## What is Brighter Star?

The federal government recognizes that young people transitioning from out-of-home care to post-secondary education have unique insights and barriers that can make their journey different than their peers. In 2002, Education and Training Voucher (ETV) funds were added to an existing federal law called the [John H. Chafee Foster Care Independence Program](#) that allocates funds to states specifically for supporting older youth who have spent time in out-of-home care in their transition to adulthood.

In 2016, the Wisconsin Department of Children and Families (DCF) began contracting with regional Transition Resource Agencies (TRA) to provide independent living services and some ETV funding to former foster youth between the ages of 18 and 21. Moving forward, these same agencies will have additional flexibility to provide eligible youth with ETV funds, now known in Wisconsin as **Brighter Star**. TRAs will now serve as “one-stop-shops” for youth eligible for independent living services and supports! All youth eligible for independent living services until age 21 are also eligible for Brighter Star up to age 23, or a maximum of up to 5 years, if they meet the school type and academic requirements.

As a state, we recognize that planning for post-secondary education is important. The goals of this change are to increase the number of youth accessing Brighter Star, maximize the amount of funding each eligible youth receives, and reduce their financial burdens while pursuing their post-secondary goals.

The chart below contains information regarding who to reach out to about Brighter Star. These contacts also offer other services and supports, and can help youth with things like budgeting, finding an apartment, filling out the FAFSA, and more! If you have general questions about Brighter Star, contact DCF at [DCFILCoordinator@wi.gov](mailto:DCFILCoordinator@wi.gov). Youth who receive Brighter Star funds through a TRA are in no way obligated to participate in other services.

| Region | Counties Included   | Tribes Included  | Agency  | E-mail                               | Phone                    |
|--------|---|--|---|--------------------------------------|--------------------------|
| 1      | Adams, Forest, Lincoln, Langlade, Marathon, Oneida, Portage, Vilas, Wood  | Forest County<br>Potawatomi, Lac du Flambeau, Sokaogon | Wood County in collaboration with CW Solutions  | independentliving@changewithin.net   | (715) 421-8927           |
| 2      | Brown, Calumet, Door, Florence, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago | Stockbridge-Munsee, Menominee, Oneida                  | Bay Area Workforce Development Board            | ILPCoordinator@bayareawdb.org        | (920) 431-4107           |
| 3      | Milwaukee   | N/A  | SaintA  | ETV@sainta.org                       | (414) 465-5750           |
| 4      | Kenosha, Racine, Walworth   | N/A  | KHDS  | ILsupport@khds.org                   | (262) 657-3330           |
| 5      | Columbia, Dane, Dodge, Grant, Green, Iowa, Jefferson, Lafayette, Marquette, Richland, Rock, Sauk, Washington, Ozaukee, Waukesha   | N/A  | Workforce Development Board of South Central WI | klarson@wdbscw.org                   | (608) 249-9001           |
| 6      | Buffalo, Chippewa, Clark, Crawford, Dunn, Eau Claire, Jackson, Juneau, La Crosse, Monroe, Pepin, Pierce, St. Croix, Trempealeau, Vernon                                 | Ho Chunk, St. Croix                                    | Family and Children's Center                    | PostSecondaryFundingL@fccnetwork.org | (608) 785-0001 ext. 350  |
| 7      | Ashland, Barron, Bayfield, Burnett, Douglas, Iron, Polk, Price, Rusk, Sawyer, Taylor, Washburn  | Bad River, Lac Courte Oreilles, Red Cliff              | Workforce Resource                              | DCFscholarship@workforceresource.org | (715) 232-7380 ext. 1411 |

# Frequently Ask Questions (FAQ)

## Q. How do I know if a youth is eligible for Brighter Star funding?

A. Did the youth already, or will they in the future:

1. "Age out" or leave one of the following court-ordered placements on or after their 18th birthday?
  - Foster home
  - Residential care center
  - Group home
  - Court-ordered placement with a relative
2. Be adopted or placed in subsidized guardianship after the age of 16?

If so, they are likely eligible for Brighter Star funding!

Brighter Star funding is money specifically for youth formerly in court-ordered out-of-home care who are attending an accredited or pre-accredited school for a:

- 4-year degree
- 2-year degree
- Technical Diploma
- Apprenticeship
- Professional license/certification (some short-term programs may apply)

Not sure if the program the youth is interested in falls into one of these categories? Contact the Transition Resource Agency Brighter Star contact and ask!

## Q. How much funding is available for each youth?

A. Eligible youth can receive up to \$5,000.00 per academic year to put towards specific expenses as youth determine with the Transition Resource Agency.

## Q. What can youth use this money for?

A. We know youth's needs vary greatly. Some things Brighter Star funds can be used for are: tuition, books and school supplies, child care costs, housing, transportation, rent, and food.

## Q. Can Brighter Star funds be used to help pay for expenses at post-secondary schools out-of-state?

A. Absolutely! As long as an eligible youth is attending a program that is accredited or pre-accredited, Brighter Star funding can be used.

## Q. How do these changes impact the DCF Scholarship?

A. The DCF Scholarship no longer exists in its previous form, however, the same amount of money is available to youth previously in out-of-home care and will be easier to access than ever!

Historically, ETV funding Wisconsin received from the federal government was separated into two pots of money – the DCF scholarship and local ETV funds that Transition Resource Agencies provided to clients. This process resulted in duplicative work, time delays, and underspending. In 2019 and onward, recombining the two pots will better serve the youth and maximize fund allocations. Youth who have accessed the DCF Scholarship before can now contact the Brighter Star contact in their region (see chart on Page 1) to continue to receive post-secondary supports.

## Q. Who do I contact to get more information about Brighter Star?

A. Find the Transition Resource Agency Brighter Star contact information for your area by looking at the chart on Page 1. If you don't know which county a youth was placed in out-of-home care with, don't worry – connect with a Transition Resource Agency anyway! They will be able to help point you in the right direction. If a youth experienced court-ordered out-of-home care placement with Juvenile Corrections, contact Renee Jahnke at [renee.jahnke@wisconsin.gov](mailto:renee.jahnke@wisconsin.gov).

## Sonny Scenario

Listen to this real scenario from an adoptive parent who speaks to the benefits:

“Sonny (Name changed), our little guy, was placed with us when he was 2 days old. We were lucky enough to adopt him shortly after his second birthday. What exactly we were scared of, I don’t know. Maybe we were scared of losing Sonny, whom we loved so deeply, being taken advantage of, being hated or not being good enough. I will always remember the first time I met his birth mother; I so desperately wanted her to know we could take care of him and would love and cherish him. In hindsight, we were thinking about ourselves and not Sonny or his birth family.

Working with Sonny’s birth family was really bumpy for a couple of years. We did not agree on much of anything. After we adopted him, we did not see his birth family for several years. Our communication was poor and hurtful, not healthy for anyone. When we were going through the termination of parental rights (TPR) process, we stated we would be open to communication with his birth family if it was positive for all parties. Since it was harmful, we made the tough decision to stop all visits and communication. Two years ago, we started talking with Sonny’s birth mother again (it had been 2 years). We would send pictures and give her updates about him. During the first year, we all learned how to talk to each other and eventually developed mutual respect. About a year ago, we started seeing her in the community for visits, something we swore we would never do.

Now we have a strong relationship with his birth mother. Sonny sees his mom about once a month in the community. He enjoys spending time with her and we love the connection he is developing with her. His birth mother still gets to see him and be a part of his life. As adoptive parents, this relationship gives us many things, including access to Sonny’s family history. When Sonny was 3, he was diagnosed with a heart murmur and we were asked a lot of questions about family cardiac history that we couldn’t answer. Now we can answer those questions — this is a gift of foster care. Sonny gets to know he is loved by both his birth family and his forever family.

This relationship did not happen overnight. Working with Sonny’s birth family has been a roller coaster. There have been times where it goes really well and other times it is much more challenging, but we’ve all worked really hard. We have learned how to keep his needs in the forefront of our relationship. After all, we share our love for Sonny, who is the center of our worlds. (online blog, April 2016)

## **Additional Resources**

### *Talking about adoption:*

- <https://www.pactadopt.org/app/servlet/HomePage>
- <https://www.childwelfare.gov/topics/adoption/adopt-parenting/talking/>
- <https://www.healthychildren.org/English/family-life/family-dynamics/adoption-and-foster-care/Pages/Respectful-Ways-to-Talk-about-Adoption-A-List-of-Dos-Donts.aspx>
- <https://www.psychologytoday.com/us/blog/navigating-the-adoption-journey/201703/how-and-when-discuss-adoption-your-child>

### *Adoptee Perspective:*

- <https://adoption.com/10-things-adult-adoptees-wish-you-knew>
- <https://www.adoptalovestory.com/2017/08/02/10-needs-adoptees-want-know/>
- [https://www.huffpost.com/entry/adoption\\_b\\_2161590](https://www.huffpost.com/entry/adoption_b_2161590)
- <https://chlss.org/blog/adoptees-perspective-10-things-child-needs-know/>

### *Online Resources and Tools:*

- <https://www.childwelfare.gov/topics/adoption/adopt-parenting/>
- <https://www.adoptuskids.org/adoption-and-foster-care/parenting-support/for-adoptive-parents>
- <https://adoption-support.org/education-resources/for-parents-families/free-resources-links/>
- <https://www.adoptioncouncil.org/resources/general>

***(\*\*Please note that online links and sites can, and often do, change\*\*)***