

BUILDING FOREVER FAMILIES

Wisconsin Public
Adoption
Workbook
DAY 2 of 3
June 2021



Agenda Day 2

- I. Welcome and Introduction
- II. Attachment
- III. Loss, Grief, and Healing
- IV. Positive Parenting: Building Emotional Safety
- V. Conclusion

Learning Objectives

1. Describe the trauma associated with separation, placement disruption, multiple placements, or institutional care
2. Discuss loss and grief as a normal part of adoption for children, birth families, and adoptive families
3. Identify some initial ways to support the healing process
4. Recognize how their family system changes after adoption and how to manage those changes
5. Explain "Positive Parenting" as the framework for parenting adopted children
6. Explain how discipline is an education strategy meant to guide and promote healthy development
7. Describe the reasons children and youth may display undesirable behaviors
8. Demonstrate how to select discipline strategies
9. Discuss effective parenting strategies to manage children's behavior while promoting healthy development, behavior and self-esteem

Questions that will be Answered in the Training

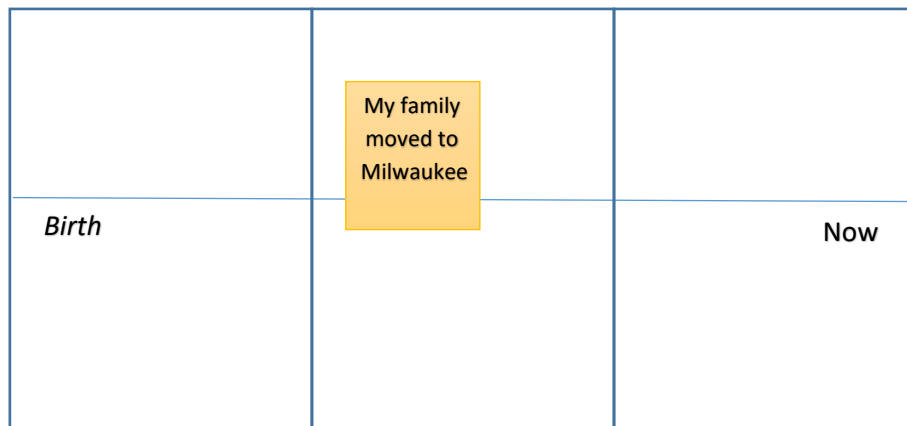
1. Who are the children in care? What kinds of experiences may they have had that you need to know as you prepare to adopt?
2. How does adoption impact the child, birth family, and adoptive family?
3. What should you consider and be ready to do to best parent a child you adopt?

Significant Events

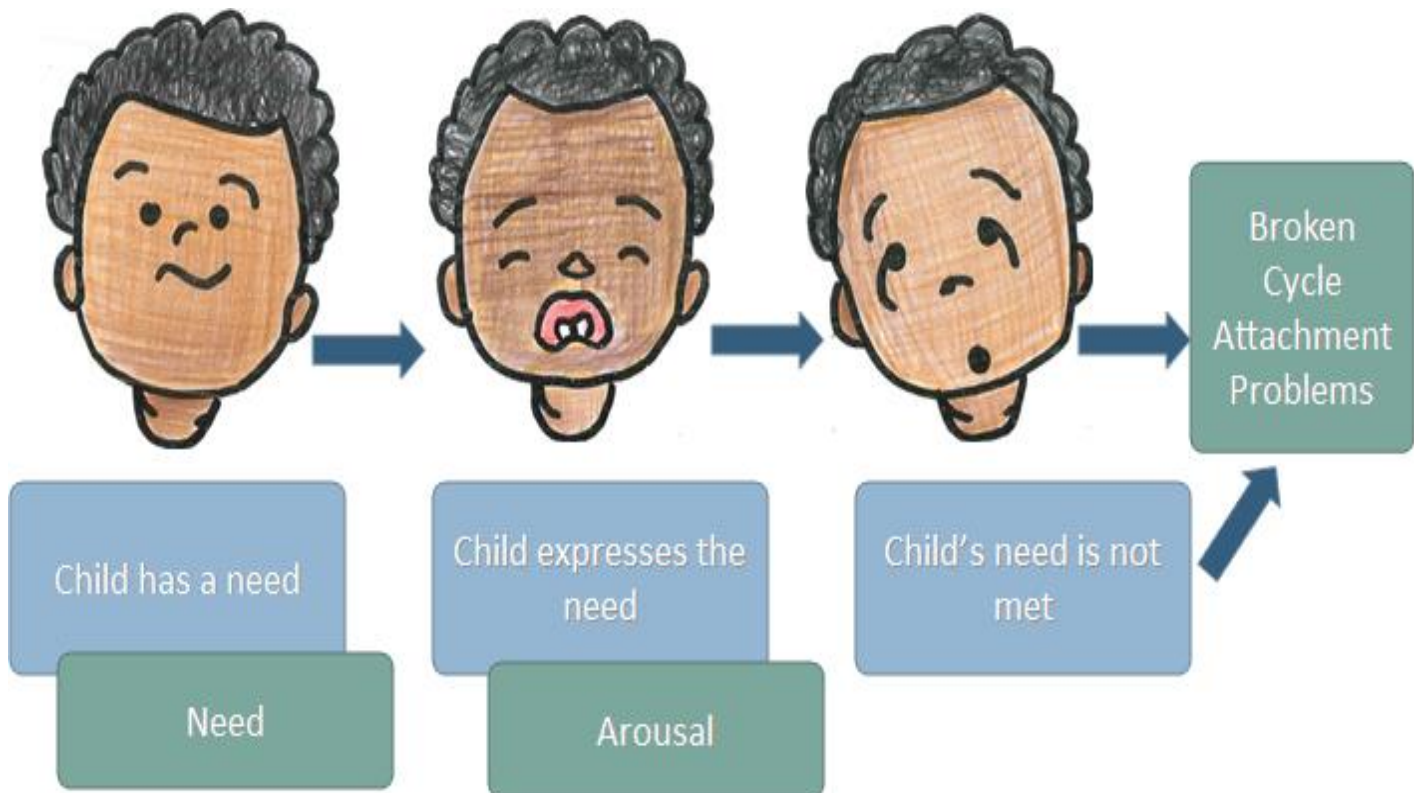
Think about an event that has occurred in your life at any moment from birth to now.

On a Post-it note, at your table, write your name and a brief description of the event that occurred. The event you write should represent a high, low, significant event or turning point of your life to date. The event should not be something that is too private for you to share with the entire group and should only take 1-2 minutes for you to explain.

Once you have written your event on your Post-it note place the note on the lifeline at the front of the room, in the space where it would have occurred in your life from birth to now. An example for you to reference is on the bottom of this page.



Trauma Cycle



Understanding Developmental Domains

Developmental tasks are typically divided into five primary categories, referred to as *domains*. The five primary domains are ***physical, cognitive, social, emotional, and sexual***.

- ***Physical development*** consists of the development of the body structure, including muscles, bones, and organ systems. Physical development generally consists of ***sensory*** development, dealing with the organ systems underlying the senses and perception; ***motor*** development, dealing with the actions of the muscles; and the nervous system's coordination of both perception and movement.

Motor activity depends upon muscle strength and coordination. ***Gross motor*** activities, such as standing, sitting, walking, and running, involve the large muscles of the body.

Fine motor activities, including speech, vision, and the use of hands and fingers, involve the small muscles of the body. Both large and small muscle activities are controlled and coordinated by the central nervous system.

- ***Sensory development*** includes the development of vision, hearing, taste, touch, and smell, and the coordination and integration of perceptual input from these systems by the central nervous system.

Note that vision has both motor and sensory components. Muscles regulate the physical structures of the eye to permit focusing; neurological pathways transmit visual input to the brain.

- ***Cognitive*** development is sometimes referred to as intellectual or mental development. Cognitive is the proper term. Cognitive activities include thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language, with its requirements of symbolization and memory, is one of the most important and complicated cognitive activities.

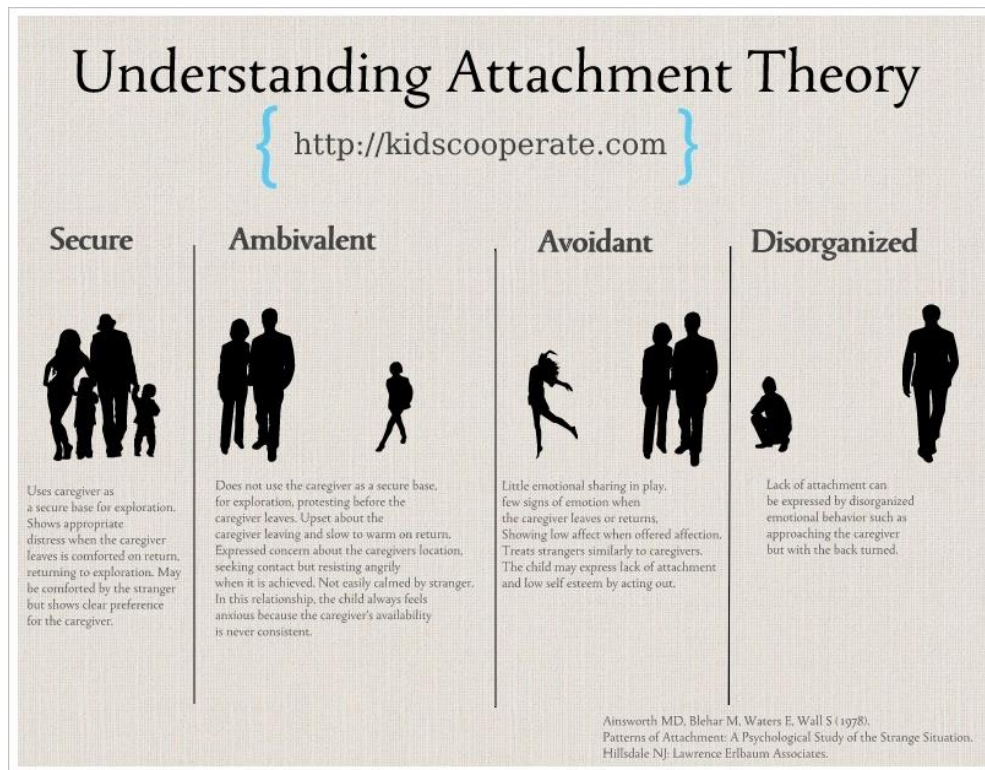
It is important to differentiate language and speech. Understanding and formulating language is a complex cognitive activity. Speaking, however, is a motor activity.

Language and speech are controlled by different parts of the brain.

- ***Social development*** includes the child's interactions with other people and the child's involvement in social groups. The earliest social task is *attachment*. The development of relationships with adults and peers, the assumption of social roles, the adoption of group values and norms, adoption of a moral system, and eventually assuming a productive role in society are all social tasks.
- ***Emotional development*** includes the development of personal traits and characteristics, including a personal identity, self-esteem, the ability to enter into reciprocal emotional relationships, and mood and affect (presentation of feelings and emotions) that are appropriate for one's age and for the situation.
- ***Sexual*** development is the gradual process of reaching sexual maturity. Sexual development involves physical and emotional growth and is affected by a combination of biological, genetic, environmental, social, psychological and cultural factors. The process of sexual development begins before birth and continues throughout the life of an individual.

While each of these five developmental domains can be examined individually, it is misleading to suggest that development occurs separately in each of the five domains.

Development in any domain affects, and is affected by, development in all of the other domains.



Secure: Uses caregiver as a secure base for exploration. Shows appropriate distress when the caregiver leaves; is comforted on return, returning to exploration. May be comforted by the stranger but shows clear preference for the caregiver.

Ambivalent: Does not use the caregiver as a secure base, for exploration, protesting before the caregiver leaves. Upset about the caregiver leaving and slow to warm on return. Expressed concern about the caregiver's location, seeking contact but resisting angrily when it is achieved. Not easily calmed by stranger. In this relationship, the child always feels anxious because the caregiver's availability is never consistent.

Avoidant: Little emotional sharing in play. Few signs of emotion when the caregiver leaves or returns. Showing low affect when offered affection. Treats strangers similarly to caregivers. The child may express lack of attachment and low self-esteem by acting out.

Disorganized: Lack of attachment can be expressed by disorganized emotional behavior such as approaching the caregiver but with the back turned.

Ainsworth MD, Blehar M, Waters E, Wall S (1978). **Patterns of Attachment: A Psychological Study of the Strange Situation. Hillsdale*

Causes of Insecure Attachment

Major causes of insecure attachments include:

Physical neglect – poor nutrition, insufficient exercise, and neglect of medical issues

Emotional neglect or emotional abuse – little attention paid to child, little or no effort to understand child's feelings; verbal abuse

Physical or sexual abuse – physical injury or violation

Separation from primary caregiver – due to illness, death, divorce, adoption

Inconsistency in primary caregiver – succession of relatives, neighbors or staff at daycare centers

Frequent moves or placements – constantly changing environment; for example: children who spend their early years in orphanages or who move from foster home to foster home

Traumatic experiences – serious illnesses or accidents

Maternal depression – withdrawal from maternal role due to isolation, lack of social support, hormonal problems

Maternal addiction to alcohol or other drugs – maternal responsiveness reduced by mind-altering substances

Young or inexperienced mother – lacks parenting skills



Insecure Attachment Affects Adult Relationships

Insecurity can be a significant problem in our lives, and it takes root when an infant's attachment bond fails to provide the child with sufficient structure, recognition, understanding, safety, and mutual accord. These insecurities may lead us to:

Tune out and turn off – If our parent is unavailable and self-absorbed, we may—as children—get lost in our own inner world, avoiding any close, emotional connections. As adults, we may become physically and emotionally distant in relationships.

Remain insecure – If we have a parent who is inconsistent or intrusive, it's likely we will become anxious and fearful, never knowing what to expect. As adults, we may be available one moment and rejecting the next.

Become disorganized, aggressive and angry – When our early needs for emotional closeness go unfulfilled, or when a parent's behavior is a source of disorientation or terror, problems are sure to follow. As adults, we may not love easily and may be insensitive to the needs of our partner.

Develop slowly – Such delays manifest themselves as deficits and result in subsequent physical and mental health problems, and social and learning disabilities.

How different attachment styles affect adult characteristics

Secure Attachment style:

- Parental style: Aligned with the child; in tune with the child's emotions.
- Resulting adult characteristics: Able to create meaningful relationships; empathetic; able to set appropriate boundaries.

Avoidant Attachment style:

- Parental style: Unavailable or rejecting.
- Resulting adult characteristics: Avoids closeness or emotional connection; distant; critical; rigid; intolerant.

Ambivalent Attachment style:

- Parental style: Inconsistent and sometimes intrusive parent communication.
- Resulting adult characteristics: Anxious and insecure; controlling; blaming; erratic; unpredictable; sometimes charming.

Disorganized Attachment style:

- Parental style: Ignored or didn't see child's needs; parental behavior was frightening/traumatizing.
- Resulting adult characteristics: Chaotic; insensitive; explosive; abusive; untrusting even while craving security.

Reactive Attachment style:

- Parental style: Extremely unattached or malfunctioning.
- Resulting adult characteristics: Cannot establish positive relationships; often misdiagnosed.

<https://www.helpguide.org/articles/relationships/attachment-and-adult-relationships.htm>

12 Keys to Responsive Parenting

12 ways to form a healthy attachment with your adopted child



By JoAnne Solchany, Ph.D., R.N.

Reprinted from:
Building Your Family
The Infertility & Adoption Guide

Whatever your child's history, responsive parenting is key to a secure, loving relationship. The keys to forming a healthy attachment are the same whether a child has been adopted or born into a family.

When an older baby or young child comes to us with a history – having experienced, say, the loss of an adored caregiver at his orphanage – many of us worry: Will this child form a strong attachment to me? The basic steps of healthy attachment are the same whether a child has been adopted or born into a family. Attachment is a process. Just as one wonderful moment of love and protection does not make an attachment between parent and child, neither does one difficult moment mean an attachment problem.

No matter what your child's history, she almost certainly has the ability to form a healthy, secure, well-attached relationship with you. I originally prepared these points of responsive parenting with babies, toddlers, and young children in mind. But parents who have adopted older children, too, can use them as a basis for enhancing and supporting the relationships they want to develop with their children.

12 Keys to Responsive Parenting

1. Be predictable. Be there for your child. Respond to his cries, yells, and calls. No matter what your child's age at the time of adoption, respond either verbally or physically within 15 seconds. Your child needs to take you for granted; she needs to know that if she needs you, you will come.
2. Be empathetic and sensitive. Ask yourself, "What might my child be thinking right now?" or "What would this look like from my child's point of view?" Don't assume that your child is experiencing events as you do – or as you think he should. Go slowly. Watch for your child's cues.
3. Be emotionally available. Your child should see you expressing a range of emotions. Demonstrate pleasure when you see her and smile when you talk to her; talk about sadness when you have tears. Your child needs to begin to understand and express his own emotions. If he has words to describe his feelings, he won't need to act them out or keep them buried inside.
4. Don't take your child's behaviors personally. Many parents share how hurt they feel when their child pushes them away, runs from them, or refuses to cuddle. As children learn to express themselves with words, a parent might hear "You're mean!" "I hate you!" or the dreaded "You are not my real mommy." These aren't rejections, but expressions of fear, anger, frustration, terror, and other difficult feelings. Your child's ability to express emotion is not yet fully developed.
5. Pair words with actions. When you walk into your child's room after his nap, begin talking. "Good morning! How was your nap? I'm going to get you up now, and then we can go for our walk. How does that sound? I missed you when you were sleeping. I hope you had a good rest. You are the best boy in the whole world!" Your child needs to associate nurturing actions with you and your voice.
6. Interact with expectation. Behave with your child as if she has reacted to you in the way you wanted or expected. If your child turns his head when you come to pick him up, pretend that he looked right at you, reached for you with open arms, and smiled. Look right at your child, hold your arms out and open as you walk into the room, smile, and say loving, welcoming words, such as "There you are! I've been waiting for you. Look, my arms are all ready to hold you."
7. Become child-centered, and follow your child's lead. Under normal circumstances, children come to feel they are the center of the universe. This is an expected part of development, and an important one. Having a period in your life when you feel the center of all that goes on around you helps to define who

you are and your sense of self-worth. It builds inner strength. Parents who are supportive in this phase of development often find their children becoming more independent and self-reliant. Allow your child to be in charge. Imitate her, play follow-the-leader or Simon-says, or let her pretend she is Mom and you are the child.

8. Make eye contact. If your child refuses, work on it over time – not forcing, but not ignoring the behavior either. Play "I See You" by peeking at your child, making eye contact, then hiding again. Playfulness decreases feelings of threat and makes interactions with you fun and rewarding.

9. Expect whininess, clinging, and tantruming. Don't leave – stay and see it through. The child's goal is to keep you close to him. These behaviors will subside when your child learns to express himself better. Respond in a positive manner. Put words to your child's actions: "It looks like you need to be with Dad right now." "Are you trying to tell me you want me to stay with you?" Pulling away usually intensifies these behaviors. It is okay, however, to set gentle limits: "It sounds like you need me to sit with you right now; can you tell me that in a big girl voice?" "I would love to have you sit on my lap, but you have to give me a little 'mommy space' so I can see you better." Stay with a tantruming child and tell her everything will be alright, and it is okay to be mad. This does not mean you give in to tantrums and let the child have his way – except when his "way" is being closer to you. And sometimes you have to leave – for instance, at daycare drop-off. Your child will come to understand this. Also, be aware of the child who never tantrums; he may not know how to express his needs and may need help in learning how to express difficult feelings.

10. Create rituals and routines. If your child knows what to expect, he will experience less stress. Routine built into transitions, such as going to bed or going to daycare, increases confidence. Predictable activities also help to provide structure for the expression of emotion. Your child may cry when you leave, but the crying should be related to normal sadness over the temporary separation, not because of a disorganized transition. Over time, as the child grows, the rituals and routines should change. A reading of *Goodnight Moon* might be an every-bedtime activity when a child is a year old; when she is 2, she may be able to select two or three books for you to read; and when she is 8 or 9, she may read her own book before bed.

fostering perspectives

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The effects of grief and loss on children in foster care

by Selena Berrier

All children in foster care have experienced tremendous loss. Even in the very best of foster care placements, children will experience loss of their familiar home surroundings, at least some disruption of daily routines, loss of personal belongings, pets, and family members—parents, siblings, and kin.

Even when the plan is reunification, and there is a good possibility that they will be returned home, children experience profound loss while they are separated from their caregivers. How a child experiences loss depends on many factors, including:

- The child's developmental level
- The significance of the people separated
- Whether the separation is temporary or permanent
- The degree of familiarity of the new surroundings

Of these factors, a child's developmental level will most deeply impact his or her understanding of the situation, and therefore influence how he or she behaves while in foster care. The following is a brief summary of how a child's developmental level will affect his or her response to grief and loss.

Infancy

A child's major developmental task during infancy is establishing trust. When an infant experiences the profound loss of a parent or primary caregiver, the infant is at risk of losing his or her basic sense of trust in adults, and the world at large. Specific grief and loss related behaviors include crying loudly, withdrawal, apathy, and mournful crying. Foster parents can help reduce an infant's experience of loss by maintaining the infant's routines (as best as possible). Infants also find comfort in familiar smells—although sometimes

it goes against our instincts not to wash all of the infant's belongings, it gives the infant a sense of security to keep something that smells of the infant's home.

Preschool: Two Years to Five Years of Age

At this age, children have not developed logical thinking abilities, and do not understand cause, effect, or permanence. Children of this age who experience loss may feel sadness, hopelessness, denial, and guilt. The fear of further loss may make the child clingy, anxious, and stubborn. Foster parents can help reduce the stress of loss by answering the child's questions honestly, providing loving, stable interactions, and patiently attempting to connect with the child.

School Age: Six Years to Eleven Years of Age

During this period, children are developing their ability to understand cause, effect, and time. They are beginning to form concrete and logical thoughts. Grief will show itself in school or learning problems, and preoccupation with the loss of caregivers and or related worries. Foster parents should be available, sympathetic listeners and help teachers and other significant adults understand that the child's behavior and performance is related to his or her overwhelming sadness.

Adolescence: Twelve Years to Nineteen Years of Age

At this stage, children understand permanence and will grieve like an adult, following the five stages of grief described by Elizabeth Kubler-Ross (Shock/Denial, Anger/Protest, Bargaining, Depression, Resolution). Complicating the grief process is the adolescent's primary developmental task: forming his or her own identity. Issues of independence, resistance, and separation are already occurring—profound loss adds a tremendous amount of stress to his or her maturation process. When faced with loss, adolescents can turn to destructive behaviors such as substance abuse, eating disorders, depression, etc. Foster parents can help adolescents deal with their conflicting emotions by helping them maintain their sense of identity, allowing them to make choices (that are not harmful), and by encouraging safe expressions and experiences of freedom and independence.

Foster children are often in a state of "limbo." When initially placed into care, it is often unknown whether the child will or will not return home. Until a birth parent's rights are relinquished or terminated, it is difficult for a child to complete the grief process. Foster parents who are providing care during this time of limbo need to help children maintain attachments with their caregivers. Continual contact between birth parents and the child (even if it is not face-to-face) is recommended. Through contact and visits, the child's family can reassure the child he or she is safe and loved.

When separation from the birth family is permanent, it is the foster parents' responsibility—along with the social worker—to help the child feel safe, secure, and prepared for the future. Honest, developmentally appropriate communication is essential. Social workers and foster parents need to work closely together to develop a plan to help the child grieve and adapt during this transitional time between permanent homes.

Selena Berrier is an educational specialist with the Family & Children's Resource Program at the UNC-Chapel Hill School of Social Work.

Resources for Foster Parents

A Child's Journey Through Placement. This highly readable book is a must for social workers and foster parents. Dr. Vera Fahlberg explains the impact of separation and loss on attachment and includes concrete tips and examples for helping minimize the trauma of moves, managing behavior problems, and communicating with children. (Fahlberg, V. (1991). *A child's journey through placement*. Indianapolis, IN: Perspectives Press.)

Helping Children Cope with Separation and Loss. In this classic book, author Claudia Jewett provides detailed information about helping children (of different ages and developmental stages) cope with separation and loss. (Jewett, C. (1982). *Helping children cope with separation and loss*. Harvard, MA: Harvard Common Press.)

WHAT LOSS LOOKS LIKE TO A CHILD.

For children who are developmentally on par...



Infant to Age 2

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

Between Ages 2 and 5

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



Between Ages 5 and 9

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

Between Ages 9 and 11

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



Between Ages 12 and 18

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



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

SOURCES:

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

From: Don't Call me Resilient: What Loss & Grief Look Like for Children and Youth in Care, Office of the Children's Advocate, MANITOBA, 2016 <http://cwrp.ca/sites/default/files/publications/en/loss-and-grief-final-mb.pdf>

Coping Behaviors of Grieving Children and Youth

Normal/Worrisome Behaviors

Normal Behaviors

Verbal

- Talking about the person a lot
- Not talking about the person a lot
- Wishing to be with the person
- Saying silly things
- Voicing fears
- Asking questions

Emotional

- Excessive Crying
- Over reacting to different situations
- Being clingy
- Lowered self-esteem
- Irritability
- Relief
- Inability to concentrate or focus
- Confusion
- Sense of disbelief
- Searching for the meaning of life and death

Physical

- Excessive eating/ not eating
- Excessive sleeping/ not sleeping
- Urine and bowel accidents
- Aggressive behaviors
- Physical pains unexplainable by a physician
- Regressions
- Headaches
- Dizziness
- Feelings of hollowness
- Shakes

Worrisome Behaviors

- Risk taking behaviors
- Self-destructive behaviors
- Threatening hurt or harm to others
- Violent play
- Withdrawal from people and environment
- Change in personality or functioning
- Any behaviors lasting an extended time period

Adopted Child Profile 1

Mariah Brown is a 10-year-old female. Before her adoptive home, she was placed with an aunt who was unable to care for her due to her behaviors.

Mariah's behaviors include lying, yelling, screaming, becoming physical, and being belligerent and disrespectful when she is upset.

Mariah had been in the care of her aunt from December 2016 until she moved into her adoptive home in March 2017. Before that, she was with a different relative from September 2011 until December 2016. She was in foster care prior to 2011.

Mariah does not have any contact with either biological parent. Her mother has not parented her since 2009. Other relatives are unsuitable or unwilling to care for her. Mariah has siblings that are with other relatives.

She is eligible for membership in the Bad River Tribe. Her adoptive home is in Ashland, WI and she attends school there. She does well in school overall, and likes to make friends and talk to boys – she is on an IEP for behavioral issues.

Mariah is diagnosed with depression and PTSD. She is a victim of sexual abuse and has recently demonstrated some sexualized behaviors including watching sexual content online and taking pictures of herself with minimal clothing on.

Adopted Child Profile 2

Jane Peters is a 13-year-old girl. She is diagnosed with a mild intellectual disability, Adjustment Disorder with mixed disturbance of emotions and conduct, Attention Deficit Hyperactivity Disorder, which is mild to moderate, Oppositional Defiant Disorder, which is mild to moderate, and Post Traumatic Stress Disorder.

Jane is a mixture of a very young girl who wants to be loved and one who has been very hurt by past abuse and neglect, therefore not trusting outsiders easily. Because of her issues with trust, she is vulnerable.

Jane loves her biological mother even though Jane often took on the role of caretaker, at times, in their relationship.

The family tries to work with Krystal, Jane's mother, even though Krystal sometimes tries to sabotage the relationship between Jane and the adoptive family. Jane has also been told to keep secrets and her loyalty to her mother and her need to confide is a constant struggle.

Jane has a history of aggressive or acting out behaviors but she has shown great control while in residential treatment in the past. Through her time in treatment she has gained independence in her hygiene skills and ability to help with chores.

She has trouble processing information and also expressing her thoughts in a coherent fashion. Jane is aware of this and it frustrates and has caused her to 'shut down'.

Her sexually acting out behaviors consist of breaches of personal space, writing love notes to a classmate, staring, and touching one of the girls she had a crush on. She still has not grasped how vulnerable she makes herself and would not be safe alone in the community.

Her social skills are greatly lacking and immature for her age. She does have 'feelings' about certain people who make her uncomfortable but does not have the ability to use this sense to keep safe. She mistakes feelings of friendship with sexual feelings.

Jane is quite far behind where she should be in school. Due to the lack of knowledge, she thinks of herself as dumb and stupid. Her self-esteem is very low at times. As her reading skills continue to improve, so will her level of confidence.

Adopted Child Profile 3

John Wilks is 17 years old and will turn 18 in October. He is a thinker: quiet and reserved, but will open up more when he trusts someone. It is important to him to be viewed as a “normal” kid, and he is highly adaptable, and cooperative.

He doesn’t exhibit acting-out behaviors, but he does internalize his feelings of sadness. Due to circumstance, John has been placed in the role of protector and caretaker of his siblings throughout his life and he is very close to them.

He is currently placed with his 16 year old brother, and has two younger siblings in separate placements.

He can be anxious about their welfare at times, and is sometimes more concerned with their welfare than he is with his, which can lead to neglecting himself. He struggles with asking for his own needs to be met.

John has many friends at school, and is viewed as a wonderful child by everyone he comes into contact with. He does very well in school and is aspiring to go to UW River Falls upon graduating. He is very excited about his future and would like to do something in the psychology field.

John would thrive with caregivers who provide routine, structure, empathy, and can assist him with gaining the confidence to express his needs to others.

Adopted Child Profile 4

3 Boys: Isaiah (age 13) Mario (age 12), and Jordan (age 10)

This family is very dysfunctional and has a lot of trauma. The oldest child age 14 was recently removed from the family home and placed at the shelter home because he sexually abused his younger siblings. Initially the children were removed from the mother's home due to neglect.

They have all been exposed to severe criminal activity and abuse. All of the children have been physically abused, neglected and sexually abused. The home environment at their father's house was chaotic and unsupervised. Their father attempted to care for the four children, but recognizes he cannot provide for their needs.

All of the children attend ongoing mental health counseling, they have a mentor and have supports through the North Central Health Care Center. All of the children have expressed that they want to leave their father's house because there are too many people in the home and because their dad is never home (due to work).

The children display several different behaviors, but this is believed to be because of their environment and their past trauma. The 13 year old can do very well when he is supervised and supported. It is reported he has had anger issues and he is currently on a delinquency order. The 12 year old has been cutting his arms and discloses that he is depressed and hates living with his father. He can be defiant with his words and with his actions. The 10 year old is angry and thrives for attention he is often ignored and picked on by his older siblings and when they do give him attention it is in a negative way. The two younger siblings are prescribed medicine for their ADHD. All of the children have experimented with alcohol and drugs.

The children are presently with their father, however he is unable to meet their needs.

HELP KIDS AND YOUTH EXPRESS AND MANAGE THEIR BEHAVIORS BY NORMALIZING

Because children may grieve at any age there are different suggestions for what you can do to help normalize behaviors.

Infants and toddlers may express grief through the following means:

- Crying loudly
- Withdrawal
- Apathy
- Sleeping and eating problems (too much or too little)
- Needing to be held
- Separation anxiety
- Regression
- Irritability and temper tantrums
- Rocking back and forth
- Head banging

Here are suggested ways to help infants and toddlers with the grieving process:

- Provide physical contact and nurturing
- Provide a consistent routine
- Provide rules and limits
- Explain what has happened in child appropriate language
- Play with the child
- Allow the child to have items from their former home or birth family that provide comfort

Preschoolers may express grief through the following means:

- Bedwetting
- Thumb sucking
- Clinging to adults in authoritative roles
- Excessive crying
- Temper tantrums
- Regression
- Stubbornness

Here are suggested ways to help preschoolers with the grieving process:

- Answer the child's questions honestly
- Help the child share their fears and worries
- Provide simple routines
- Give the child affection and nurturing
- Play with the child
- Be patient with regressive behavior such as bedwetting and thumb sucking
- Keep them focused on their immediate environment and activities
- Let them know where you are going and when you will be back

Elementary-School age children may express grief through the following means:

- Educational Issues
 - Confusing the order of letters in words
 - Struggling with each word
 - Reading very slowly and tiring easily from reading
- Preoccupation with the loss of parents and related worries; trouble paying attention
- Bedwetting
- Eating and sleeping problems
- Daydreaming
- Fighting, anger

Here are suggested ways to help Elementary-School age children with the grieving process:

- Keeping tasks simple
 - Explain instructions to them before they participate in the experience
- Provide a structured environment
 - Limit choices
 - Give small manageable choices
- Contain acting out behavior
 - Push them to express themselves using their words
- Encourage them to let you know when they are worried or having a difficult time

Pre-teens and teens may express grief through the following means:

- Physical symptoms
 - Headaches
 - Stomach aches
 - Sleeping and eating disorders
- Mood Swings
- Verbally expresses emotions but also needs physical outlets
- Feelings of helplessness and hopelessness
- Increase in risk-taking and self-destructive behaviors
- Anger, aggression, fighting, resistance, oppositional behavior
- Withdrawal from adults, increased time with friends
- Depression or sadness
- Lack of concentration and attention
- Identity confusion: testing limits

Here are suggested ways to help pre-teens and teens with the grieving process:

- Accept that they will experience mood swings and physical symptoms
- Encourage them to honestly recognize their painful feelings and find positive outlets in physical and creative activities.
- Listen for the feelings behind their words and actions and respond with empathy
- Be truthful and factual in explaining their circumstances
- Help them develop and maintain their sense of identity
- Allow teens to make choices that are not harmful. Encourage safe expressions and experiences of freedom and independence

Here are some other ways to support and encourage a grieving child

- Address the physical and medical needs of a child
 - Encourage healthy habits, proper nutrition, and grooming
- Seek extra educational assistance for the child
- Help children develop a positive self-identity
 - Survivor vs. Victim
- Give children affection and nurturing
 - Infants through preschoolers need physical contact for a sense of security
 - Affection and attachment with older children is important but takes time

- Be empathetic to the emotions that children express directly and indirectly through acting out or withdrawal.
- Maintain an atmosphere of openness to verbal expression and feelings, but not allowing bad or harmful behavior to self or others in the expression of those feelings.
- Be alert to expressions of grief and use listening skills to help children talk about what is on their mind.
- Be truthful and factual explaining the situation. This will help the child feel more in control.
- Crying really does help. Give children a safe place to talk and cry as a form of expressing themselves.
 - Encourage therapeutic counseling services as often as possible
- Use planning, structure, and clear limits to help children who have been traumatized to stay in control.
- Keep the child's tasks simple
- Encourage children to find positive outlets for emotional energy that accompanies grief through playtime, physical activities and creative activities.

Elementary-School age children may express grief through the following means:

- Educational Issues
 - Confusing the order of letters in words
 - Struggling with each word
 - Reading very slowly and tiring easily from reading
- Preoccupation with the loss of parents and related worries; trouble paying attention
- Bedwetting
- Eating and sleeping problems
- Daydreaming
- Fighting, anger

Here are suggested ways to help Elementary-School age children with the grieving process:

- Keeping tasks simple
 - Explain instructions to them before they participate in the experience
- Provide a structured environment
 - Limit choices
 - Give small manageable choices
- Contain acting out behavior
 - Push them to express themselves using their words
- Encourage them to let you know when they are worried or having a difficult time.

Pre-teens and teens may express grief through the following means:

- Physical symptoms
 - Headaches
 - Stomach aches
 - Sleeping and eating disorders
- Mood Swings
- Verbally expresses emotions but also needs physical outlets
- Feelings of helplessness and hopelessness
- Increase in risk-taking and self-destructive behaviors
- Anger, aggression, fighting, resistance, oppositional behavior
- Withdrawal from adults, increased time with friends
- Depression or sadness
- Lack of concentration and attention
- Identity confusion: testing limits

Here are suggested ways to help pre-teens and teens with the grieving process:

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- Encourage them to honestly recognize their painful feelings and find positive outlets in physical and creative activities.
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Guidelines to Consider When Adopting

Prepare your children for a new sibling

Whether your older children were adopted or biological, and whether you are giving birth or adopting their younger sibling, or whether you are adopting a relative, it is always important to prepare everyone in your family for a new member. Regardless of how your family is formed, older children sometimes feel insecure or jealous when a new child joins the family. Assure your child that you have enough love and attention to go around, and involve them in your family's preparation for a new child, whether it's picking out toys for the new child or drawing pictures to welcome him or her to your family.

Consider birth order

Children naturally develop their own roles in the family, due in part to the order in which they were born. Parents who are considering adopting an older child should pay special attention to the displacement of their oldest child and consider their children's feelings and personalities before adopting out of birth order. Being the oldest may give your child a sense of esteem that it would hurt to lose for reasons out of his/her control. This may be something to discuss with your child ("How would you feel if you had an older sister?"), perhaps identifying potential problems and solutions ("Your sister may be older but you are still going to babysit when we go out.")

Explain your new child's needs

When a new child enters a family, parents' time and attention must be divided among all of their children. New babies often require extra care, and older children adopted from the foster system may have special needs, difficult behaviors or just need extra help adjusting to your family. Let your older children know that while they may not receive as much one-on-one attention as they did in the past, you will always be there when they need you.

Avoid favoritism

Do not give any child special treatment. Divide chores fairly, and praise and discipline all children in a consistent way. Also be aware of displays of favoritism from extended family members. If a family member seems to be favoring one child over another, share your observations with them, educate them about adoption and ask that they treat all members of your family fairly.

Address physical and cultural differences

Children who are not genetically related to their parents or siblings often do not resemble their families. Physical and cultural differences can especially be emphasized in transracial adoptive families. Teach all of your children about adoption and diversity, and remind them that these differences are beautiful and something to be celebrated. If your adopted child comes from a different cultural background, celebrate their heritage and incorporate those traditions into your family celebrations.

Expect a normal sibling relationship

While it may initially take some adjustment, it may take some time for adopted and biological children to get along with each other. Expect and anticipate helping with negotiating and supporting the children as they work through issues as they occur. Soon, your children will develop deep bonds — and likely, the expected sibling rivalry. Allow your children to develop their own special relationships, complete with all of the normal joys and challenges of growing up with siblings.

When in doubt, consult an expert

If your children are having trouble adjusting to your new family dynamic, or if you notice significant changes in a child's behavior or personality, it may be time to consult a professional. Consider reaching out to a family counselor or adoption professional for additional help.

Retrieved from: http://www.americanadoptions.com/adopt/article_view/article_id/4497

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Relatives Say The Strangest Things

How to explain adoption to relatives who just don't get it.

by [Leonard Felder, Ph.D.](#)

TAGS: [Advocacy](#), [Friends & Family](#), [Reluctant Relatives](#)



"Whatever you do, don't adopt," insists my pushy uncle Bruce at a family holiday gathering.

"Why not?" I ask.

"Well, I heard somewhere that all adopted kids have problems," he announces in a booming voice. My wife and I look at each other in disbelief. This is not the first time Bruce has said something insensitive. Yet for Linda and me, his comments are especially painful.

We had gone through six years of trying to start a family and several more years of infertility procedures. Now that we had finally made up our minds to adopt, here's Uncle Bruce and his "I heard somewhere."

In a perfect world, our immediate and extended families would be educated, sensitive, and supportive about our journeys in the world of adoption. Yet as an adoptive parent and a psychotherapist who has counseled many families about adoption issues, I am constantly amazed at the clumsy, invasive, and hurtful things that certain relatives have to say.

For example, have you ever:

- ...been treated as a second-class member of your family because you were childless, or because your children were adopted?
- ...had to listen to one of your relatives spout nonsense, rumors, or generalizations about “all adopted children?”
- ...gotten tired of hearing, “Oh, but she looks exactly like you!” (As if it mattered.)
- ...been asked, “Don’t you wish you could have a real child?” or “How could you be so stupid as to stay in touch with that irresponsible birth mother?”
- ...been aghast when one or more of your relatives made insensitive or stereotypical remarks about your child’s racial features or special needs?
- ...felt slighted by a grandparent who gives a little less love, money, gifts, or attention to your child who is adopted?

How does an adoptive parent or adopted child respond to family members who say and do strange things due to misinformation or discomfort about adoption? Here are the four rules that have worked for my counseling clients and in my own family encounters:

Appoint yourself ambassador of adoption.

Rather than feeling shocked or belittled each time something bizarre comes out of a relative’s mouth, see him or her as an innocent soul who lacks in basic knowledge about adoption. Your task is to teach this person what he or she needs to know in order to stop hurting or insulting you and your child.

In order to be a knowledgeable ambassador, educate yourself and your children about the best methods of explaining adoption: emphasize the positive aspects of adoption and know what to say to the nonsense certain people utter. That could mean two hours a month attending a support group of adoptive parents or taking a class on post-adoption issues at a local agency. Or it could mean reading magazine articles or books on situations you and your family are encountering or will be facing in the future.

One of my counseling clients told me recently, “I often get useful information from my catch-up phone calls with other adoptive parents. Just a half hour every couple of weeks talking with those who have kids a bit older than mine gives me a great preview of what I’ll be facing.”

“Immunize” yourself before family encounters.

How do you protect yourself and your child from certain members of your family who just don’t get it?

First, prepare before a family event to stay calm and positive. A few days or several hours before a family gathering, ask a supportive person who will be at the event with you — a longtime friend, a sibling, or some other informed relative — to be your “booster shot” if anyone says something unpleasant. Tell this person, “If anyone says or does something ridiculous, I’m going to look at you, and we’re going to make eye contact to remind each other that I’m a good parent and I’ve got an amazing kid.” Knowing ahead of time that someone understands and is rooting for you will immunize you against whatever toxic comments come your way.

At the Vista Del Mar Adoption Support Groups in West Los Angeles, adoptive parents are taught to say numerous times to their infants and toddlers, “Hey, do you know what adoption is? It’s how we became a family, and we’re so glad that we’re all together as a loving family.”

One of my counseling clients, an adoptive mother of two children, told me, “My kids and I are so comfortable with adoption because from the time they were old enough to talk, we would play this game of asking ‘Hey, do you know what adoption is...?’ Now at ages five and eleven, whenever they hear negative comments, they wonder, ‘What is wrong with this person? Doesn’t he know that adoption is a great thing? He is so out of it.’”

Do a background check on problematic relatives.

Another way to deal with the odd remarks of an opinionated relative is to uncover the hidden insecurities that underlie the strange comments. If you ask a few of your family members why a relative tends to say hurtful things, you will probably discover something very interesting.

Quite often, the most invasive or chronically advice-giving relatives are that way not because you need advice, but because they were raised by an invasive or chronically advice-giving mother or father. Or you’ll find this person to be judgmental with his or her own spouse and kids — it’s not just your kid who gets picked on. Or maybe you’ll come to understand that the relative who cannot get comfortable with your child’s racial or ethnic features is uncomfortable with her own appearance or social status.

For example, Jenny, 44, is the Caucasian parent of 12-year-old Alicia, whose Latin-American features are part of her beauty. Yet Jenny’s mother, Bernice, 64, can’t stop making negative comments about Alicia’s skin, eye, and hair color, and her ethnic pride as a Latina.

According to Jenny, “For years my mother has urged me to make Alicia look, sound, or act more ‘classy.’ What she really means is that she wants Alicia to be more ‘white.’ I want my daughter to feel connected to her extended family, yet I often feel like screaming at my mother and forbidding her to see Alicia.”

I asked Jenny to find out why her mother is so obsessed about status, race, looks, and fitting in. A few weeks later, she told me, “I spoke to my mom’s younger sister and found out something I’ve never known before. When my mother was in high school, she was in love with a Cuban immigrant whom her parents refused to let her marry.”

Jenny continued, “You would think my mother would have learned from that painful episode, but it’s just the opposite: My mom was rejected by the status-oriented cliques at her high school, and she’s always tried to make up for that painful experience by doing everything she could to look affluent, act sophisticated, and fit in socially. She probably thinks she’s trying to help by being so concerned about Alicia’s looks and whether she too will fit in.”

Even if your relatives are carrying hidden pain or shame, that doesn’t make their prejudices excusable. It simply allows you to think about their problems rather than feeling insecure about your own life.

Hold your ground firmly but with compassion.

Even though you might feel like lashing out at relatives who say or do hurtful things, you will be far more effective if you respond in a more sensible way. The next time Jenny heard Bernice say, “Why don’t you put some blonde highlights in Alicia’s hair?” her first impulse was to snap at her mom. But instead, she took a deep breath and tried out a communication technique we had practiced in a counseling session. It utilizes both firmness and compassion to let the family member know you care about him or her but you will not put up with hurtful comments about your child.

The technique consists of two reassuring statements surrounding an assertive middle one. In a calm and sincere tone, Jenny said, “Mom, I know you care about Alicia and that you want the best for her.” (This was the reassuring top layer.) “But your comments about hair color are dangerous to her self-esteem. They make it sound as though she needs to pretend to be white in order to be OK. I love you, Mom, and I want Alicia to have a good relationship with you. But if you make one more remark about her looks or her racial features, I won’t be able to let her be around that kind of harmful talk.” (That was the assertive middle part.) Jenny then concluded, “I know you can do it, Mom. You

are an intelligent, considerate person and you can appreciate that my daughter, your granddaughter, is a beautiful Latina who is going to do quite well in this world.” (That was the reassuring bottom layer.)

Jenny could tell during the next few months that it wasn’t easy for her mother to get beyond her own insecurities. Bernice still gave holiday and birthday gifts of clothes and accessories that were “preppy” and not quite what Alicia or her friends like to wear. Yet Bernice did stop making hurtful comments to Alicia or to Jenny. Over time and with several one-on-one conversations, Jenny was able to teach her mother that, to some extent, times had changed.

As Jenny told me during her final session, “I don’t know if I’ve completely changed my mother from being an insecure or prejudiced person. But I’ve helped to change her comments and her behavior. And for now, that’s enough. She is supportive and positive with Alicia most of the time.”

As with many of our relatives, the expectation in Jenny’s case was not perfection or 100% compliance. A few of our relatives will still sometimes say and do things that make our hair stand on end. But if you become more adept at responding with a mixture of compassion and firmness, you and your children will survive any clumsy family moments. Without being shocked or crushed at occasional misinformed remarks, you can smile and say to yourself, “It’s all relatives.”

I Can't Believe He Said That!

Comments you may hear — and how to respond:

Your Relative: Her birth mother was a teenager, right?

You: We're keeping information about Janie's birth family private right now.

Your Relative: How could anyone give up such a beautiful child?

You: Her birth mother decided that she couldn't raise any child right now.

Your Relative: It's too bad you couldn't have a child of your own.

You: Janie is our own.

Your Relative: Aren't you worried his birth parents will come and take him back?

You: No. We're Michael's family by law.

Your Relative: I hear adoption is outrageously expensive. How much did you have to

pay for a newborn?

You: After tax credits and employee benefits, adoption was no more expensive than giving birth. And, you don't buy a baby — the legal and social work fees are all approved by the courts.

Your Relative: Aren't most adoptees really troubled?

You: Studies show that adoptees are as well-adjusted as their non-adopted peers.

KEEP IN MIND: The most important thing is to reinforce your child's sense of belonging in your family; you never need to "explain" your family or your child to anyone. You may choose to educate relatives at a time when your child is not around.

Retrieved from: <https://www.adoptivefamilies.com/talking-about-adoption/explaining-adoption-relatives-family/>



The Changing Role of Caregivers: Grandparents

Raising children is a difficult task, and there's a reason that people are typically in their 20s and 30s when they have kids. Raising *grandchildren* (or in other cases nieces, nephews, cousins, and even younger siblings) is an even more challenging undertaking.

A growing number of grandparents who have given years of love, money, time and energy to their first family, find themselves giving those same things to their children's children.

Grandparents returning to the role of primary caregivers find themselves recreating their relationship with their children who cannot raise their own offspring. Conflicting emotions of love and resentment are compounded by grandparents' new role as the primary caregiver. How do you, as a grandparent, balance support for your adult child with raising the offspring of that same child?

Here are some ideas you might find useful and some resources for helping you make those adjustments. That grandchild is a precious gift, and you also have your own gifts to help you with your new role in their lives.

What can you do to make the adjustment the easiest for you, your spouse, and the child who just entered your home?

Reflect on your past parenting. Think about what you did that made you a good parent. What would you have done differently? How can you apply what you have learned to the way you want to raise this child? You might also want to:

- Write down your feelings. Then, discuss these memories and ideas with your spouse, and trusted relatives and friends. It helps to make plans for your new role as grandparent.
- Consider parenting courses. The support and parenting ideas may help you raise this new, young member of your household with more ease and grace, and help you get connected with others.
- Check out books and DVDs from [our resource center](#) or the public library about grandparenting and good parenting ideas.
- Join grandparent support groups and foster parent support groups.

Many grandparents walk the tightrope of raising grandchildren whose parents come into the lives of their children only to leave again. How are you going to handle that?

- Keep a record of all communication, visits and contacts with your adult child. This informs the social workers about



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what is happening, and can be important in legal proceedings.

- Talk to your child if possible. Work out visitations, financial matters, and how his or her boundaries have changed in regard to their child.
- Discuss what your child needs to do to become a better parent and get her life in order. Written contracts with stated goals and expectations give you a basis to talk and to refer to when needed.
- Get to know your legal and decision making powers. Lay them on the table with your child. In most family situations like this, it will help to get an attorney or legal advice to define your rights and those of your child who is relinquishing parenting to you.
- Work with your county social workers. They can help you know your rights, find ways to communicate with your adult child, and give you the piece of mind that comes with knowing how to handle the child who comes into and out of the life of your grandchild.

How can I deal with the grief and anger that I feel and all that is happening?

These feelings are pretty universal when adult children cannot or do not parent their own children. But knowledge empowers people to deal with hard situations and move toward some peace and acceptance. Grieve and let your grandchild grieve the situation. You might also want to:

- Talk to a therapist. Therapy has helped many people find satisfying ways to deal with these difficult entangled relationships.
- Read about grief and develop ways of dealing with it in order to find peace and acceptance in your situation.
- And again, one of the most helpful things you can do may be to join grandparent and caregiver support groups.

Levels of Care

In Wisconsin, child welfare agencies are now licensing all qualified relative caregivers as foster parents.

Laws have changed to allow foster parents to be certified at different levels based on their training and experience. Level 1 certification is reserved for “child-specific placements” only. For relative caregivers, this means they are licensed to care for a specific relative, but not any other foster children. There are fewer requirements, and Level 1 foster parents only need 6 hours of training.

All foster parents will also have the opportunity to move up to a Level 2 certification, which offers a higher monthly payment that is based on the age and needs of the child in care. Level 2 providers need an additional 30 hours of pre-service training, as well as 10 hours of training each year.

A copy of the current [DCF 56 Foster Care Licensing code](#) can be found [here](#).

How do I handle the financial responsibilities of this new person to support?

Find out about community resources. Go to the [University of Wisconsin Extension website](#). Badger Care Plus, WIC, Food Share Wisconsin, and Energy Plus are a few of the many resources you may be able to access. This site will tell you where to start.

Tell your employer as soon as you can about your new role raising your grandchild. Find out about insurance changes, and options for scheduling and child care that may be available to you.

I have to deal with the courts now. What should I do?

The court works best when you are involved as much as possible. Go to all the proceedings, even if someone tells you that

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you don't need to be there. Other things to consider:

- Get legal help. If you can't afford it, contact [legal aid services](#) for help. A lawyer can advise you about what documents you need, guide you through the steps and help you implement good plans.
- Speak up at court or submit a letter (to all parties) for the court proceedings. Be objective. Facts, not emotions, will serve you best in court.
- Save all of your notes and documents in special files or boxes.

I have not been in a school in a long time. What should I do?

If your grandchild cannot stay in the same school, register your grandchild for school as soon as possible. Explain to the school staff your grandchild now lives with you. Other things that will likely be helpful include:

- Attending conferences, open houses, and school events that involve your grandchild.
- Getting involved. Introduce yourself, and tell staff who your grandchild is. You won't be alone. There will be other caretakers there in your same situation. Join the parents organization or a booster club. Statistics show that kids whose families are involved in school do better.
- Maintaining contact with teachers. Don't wait for them to seek you out. Feel free to call or email them or offer to volunteer in the classroom, if you're able to.

- Sharing some of the family situation, if you're comfortable doing so. This often helps teachers understand your child better.

My grandchild is so unhappy and struggling with all that has happened. What can I do?

It's common for kids to show a lot of anger, sadness, depression, and inability to deal with life in a process like this. Every person, child or adult, reacts differently and has to work things out in his or her own way. You can help by:

- Letting them know that you are also sad.
- Not belittling the missing parent.
- Taking your grandchild to a therapist. Most therapists will want to include you at times with your grandchild in therapy so that you can learn more about what you are doing that works and to know what you can change to help your family function with peace.

Since time began, grandparents, relatives, and other concerned adults have raised

children when their parents were not able to do so themselves. These precious children have blessed many lives. Bill Clinton, Barack Obama, Colin Powell, and countless others have spent years of their childhood being cared for by grandparents who gave them what they needed to succeed in the world. May your gift of love and sacrifice be honored for that precious child you are now raising.



Resources on page 4



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Resources

- [Wisconsin Family Caregiver Support Helpline](#)
Toll-free at (866) 843-9810
- [The University of Wisconsin Extension](#)
- [Kids Matter, Inc.](#)
- [Wisconsin DCF Kinship Care Program](#)
- [Understanding the Uniform Foster Care Rate](#)
- [AARP Wisconsin's Legal Guide for Grandparents & Other Relatives Raising Children](#)
2008, 2nd Ed.
- [Grandparenting Today Publications](#)



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Navigating Family Relationships as a Relative Caregiver

Anytime a new person joins a household, there will be changes in the family dynamic. These changes can be positive and can enrich the relationships between all involved, but there may also be some challenges and mixed feelings, too. In this tip sheet, we'll discuss some of the possible situations you may encounter as a relative caregiver, as well as some ideas to help you and your whole family navigate the changing roles.

You and the child

Where once you were the aunt or uncle, cousin, sibling, grandparent, etc., you are now the primary caregiver to this child. Your role is now to be the parent. This may be a situation that you never thought you'd be in, and you might be feeling myriad emotions—anger, resentment, shame, sadness, guilt. While none of these emotions feel good, they are quite common and normal to experience. They are not really about the child, but rather have more to do with the situations you may find yourself in now that you are playing this different role in the life of the child.

For example, as a grandparent, you may have viewed your role as the one who could “spoil” your grandchild. Your interactions may have been focused on the fun and carefree, without enforcing rules or handing out consequences. Now, however, you have to be the one ensuring household rules are followed and boundaries are set. Or, perhaps, as the aunt or uncle of the child, you now find yourself caring

for another person full time and you may worry about how the new circumstances will affect your biological children. Regardless of what your “title” was before this child entered your care, you are probably also feeling worried about the child and sad for the situation they are in; you want to make it better for them in whatever way you can.

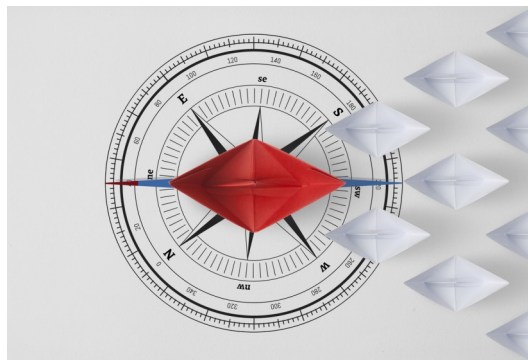
All of these feelings are completely normal to experience. You may find that it helps to talk openly and often with the child about how you

both are feeling. You might also discuss the changes that have or will be happening between the two of you. There will be new rules, routines, and dynamics for everyone in your home. Being open about those changes can help you and the child navigate the road ahead together. Be flexible with and understanding of the child

(and yourself!) as everyone gets used to the new living situation. You might also find the support of an experienced counselor a useful resource for both of you as well.

You and the child's parent(s)

Whether the parent of the child in your care is your own child, your sibling, or another relative, this change in your role will impact your relationship with them. You may find yourself experiencing some complicated feelings about this person whom you love and care about. They, too, are most likely experiencing similar feelings. This is new territory for both of you, and the change in your relationship may be for the better or for



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the worse. As hard as it can be, sometimes relationships do go sour before they can get better.

- As the caregiver in the role of parent, you have your own rules and boundaries for the child, and there may be times when the child's biological parent doesn't like or agree with those decisions. This can be a tricky and uncomfortable situation. Do your best to keep lines of communication open and focus your attentions on what is best for the child. This can give you and the child's parent a better chance at having a successful co-parenting relationship, and more positive interactions with one other overall.
- You will be responsible for following the case plan and having ongoing communication with the agency and social workers involved. There will probably be a visitation plan in place and it will be important to follow that plan closely. Be sure to seek permission before making any changes to the plan. You may feel that you and the parent are able to work out any changes between yourselves, which is a positive step! Being flexible and working together are great; however, it is always best to keep the child's case worker(s) in the loop and seek direction when situations come up that you may feel uncertain about.
- While you can never be prepared for any and everything, it doesn't hurt to talk through some scenarios with your child's worker or another kinship parent. Doing so can help you feel more prepared to handle things that may come up.
- There may be times when you have to say no to the child's parent, or when you have to override something the child's parent has said. While it probably won't feel good to have to do so, it may be required. For example, the child's parent may tell the



child that he can spend the night at the home of a new friend. However, you may have a rule in your home that no one spends the night at a friend's house if you don't know that friend or the friend's parents. It's a tricky spot to be in. Be firm and gentle in your communication, keeping the focus on staying in compliance with the child's case and care plan, as well as ensuring the safety of the child.

- While the child is in your care, you are doing the day-to-day parenting. Your decisions are certainly important. It is also important to involve the child's biological parent as much as possible. Here are a few ways you might include the birth parent in the child's everyday life:

- Invite the parent(s) to school meetings
- Invite the parent(s) to extracurricular events for child
- Invite the parent(s) to counseling and medical appointments
- Have the parent(s) over for a meal in your home
- Talk with the parent(s) about what's happening in the child's life – include both the positive and the not-so-positive
- Consult with the parent(s) on parenting decisions when possible

You and your extended family

All families are different and have different dynamics. For example, one of your siblings may have a closer relationship with the child's parent than with you. This could result in your sibling taking on the role of a reporter to the child's parent, gathering and sharing all of the details about what goes on in your home. Or, perhaps you are the grandparent of the child and your other children are upset with the child's parent for having put you in this situation. There are all sorts of similar circumstances which could come up—and

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could result in loyalties being divided between family members.

Open communication and transparency about confidentiality up front is essential. As the caregiver, you will need to maintain confidentiality for both the child and the child's parent. This may become really challenging when extended family get involved. They may feel curious and want to know the details about what is going on. Your requirement to maintain confidentiality may be challenging for them to understand; after all, they're family, not strangers. Even so, confidentiality for the child in your care is of the highest importance. They child may not want all of their aunts and uncles or cousins to know why they are living with Grandma and Grandpa right now. There may be some painful experiences associated with why they came into care and the child may not feel comfortable answering questions or giving explanations to extended family members, even well-meaning ones.

It may feel very backwards to share family experiences and goings-on with a social worker or case manager and not with your own family. Your social worker can help you prepare for and have conversations about boundaries and confidentiality with your extended family. Letting them know up front that you can't talk about certain subjects may dissuade them from asking in the first place. You may also find support by connecting with other kinship or relative caregivers in support groups. Many caregivers who have connected in this way say that it is immensely helpful to have a place to go to be understood, listened to, seek out guidance, and to help them feel "normal."



You and your partner

You and your partner, while "in it together," will likely experience this situation differently. Taking time to nurture your relationship—even amid all of the stresses, excitements, and frustrations that come along with this journey—is important and falls into the self-care category. Whether it is a weekend without kids, a regular date night, or attending a support group, make sure you to take care of yourselves and each other, whatever that looks like for you.

When a relative child enters your home, remember to allow time for adjustment for everyone in the home. Remember that there are other caregivers like you out there able and willing to give you support to help you navigate these changing relationships. And remember that you can always contact the Coalition for Children, Youth & Families, too. You'll find additional tip sheets and resources with more information for relative caregivers below.



Resources

Tip Sheets

- [Getting Started as a Relative or Kinship Caregiver](#)
- [The Changing Role of Caregivers: Grandparents](#)
- [The Emotional Journey of Relative Caregiving](#)

Additional Resources

- [Resources for Relative Caregivers](#)
- [Kinship Care Resource Center](#)
- [Resources for Kinship Caregivers: Changing Family Dynamics](#)



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The Emotional Journey of Relative Caregiving

Many relative caregivers have said they just didn't know how hard everything would be until the day came when they realized that they were now the "parent" to their relative's children.

Many also didn't know that parenting again would bring them on a roller coaster of emotions and change the way they feel about everything, including their own definition of family.

Change is Hard

Often children are placed in the homes of relative caregivers because of safety concerns for the children or concerns about the parent's ability to provide appropriate care for their children.

Maybe you are hoping that your relative will turn things around and come to see how her behaviors are affecting her children's lives. Maybe the children were only supposed to be with you for a few months and those few months have now turned into a couple of years.

When the children were first placed, you probably worried more about the children. But as more and more time passes, you may be beginning to understand the amount of loss and stress this family change has brought you.

Journey of Feelings

The feelings that you experience are probably total opposites and range from being happy

one moment to angry and sad the next. You're not alone—many caregivers feel like this.

Emotional Ups

Not everything is stressful, however. Or, if they are stressful, many families thrive in spite of it. Jeff and Cindy Ziegler are an aunt and uncle in southern Wisconsin who took in their niece.

Jeff Ziegler says, "It was fun to see her meld into the family and be just another part of it. I also enjoyed the candid conversations of what her life was like and how she helped to improve it."

All in all, the experience was quite wonderful. As time went by, we all forgot the ugly parts and revel in all the good times and fun we had.

He goes on to say, "She seemed to appreciate that we were home with our children and cared what they were up to. She had a chance to be a kid instead of being the care giver in the family."

Other caregivers have had similar feelings that include:

Comfort that you're able to provide a safe, nurturing environment.

Pride and accomplishment when the children learn a new skill, like tying a shoe.

Patience in learning how to parent your relative's children and navigate systems like foster care, energy assistance, or Women Infants and Children (WIC).

Inspiration from other relative caregivers who are doing the same thing as

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you everyday. How do they do it and why don't the news shows talk about this more?

Encouragement from your family and friends that you are really doing the right thing—even when it feels like nothing is going right.

Happiness when you see the smiles on the faces of the children or hear their laughter.

Love from the hugs and kisses you get.

Compassion for the children when they cry because they miss their parent(s).

Hope for the children, your relative, and yourself as you all go through a time of big change.



Emotional Downs

About the emotional struggles, Ziegler says, “The lows were a while in coming but they came. She *did* start to resent the fact that she was one of the family and that she needed to live up to the same standards as the rest of the children in the house. Bed times, permission, her share of the duties, homework schedules, and someone that made her be accountable were things she was not used to and was quite unhappy about it.”

Ziegler says, “After a couple of months, she forgot about all the ‘stuff’ that was happening at her house and defended those who had caused her all that pain.”

“Being compared to those who gave her no limits was also a problem for me,” he says. “I felt bad when she would lash out at me. I also

thought I was taking away from my own children to spend so much time on her problems.”

Other caregivers have lows that include:

Fear that you do not have enough resources to provide for the children like you desire.

Anger that the child's parents are not doing all that they can or should be doing to make the situation better for the children.

Guilt when feeling angry and responsible for your relative's poor choices or inability to parent.

Sacrifice of your time, energy, financial resources, and role as the grandfather or cousin or uncle to be the parent instead—so many sacrifices yet so

little appreciation.

Loss and disappointment of everything that was familiar, including your goals and future plans. Your world has turned upside down, yet few acknowledge your personal loss. What you had planned in this stage in your life now looks completely different.

Frustration if the reunification plan isn't working out like you hoped.

Sadness for yourself—that you're giving up a piece of yourself and your established role to parent these children.

Confusion. Some days it can feel like you don't know which way is up or down.

Embarrassment that your relative isn't able to be the parent due to many possible

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reasons like mental health issues, incarceration, drugs, alcohol, violence, or abandonment.

Isolation when you feel like you're the only one in this situation.

These losses can also leave you without very many people to talk to because of the stigma, fear of judgment, lack of social recognition, understanding, and support of others. Your feelings *do* matter and if your support system doesn't understand, your emotional journey can seem that much more difficult.



Find out if there is a local support group or find a couple of close adults who understand your situation. Find a counselor if you are having difficulty finding a neutral support network or need professional help. Talking about things and finding others who have experienced similar situations can really help. You can find a [list of support groups](#) on our website.

You're Not Alone

So how can you recognize your feelings in order to deal with them? You can start by recognizing that the behaviors of your adult relative are not necessarily a reflection on you, your family, or your parenting (if you're a grandparent).

By knowing this, hopefully you'll be able to talk about your situation more and ask for help. If you haven't checked out a support group for relative caregivers, now might be the time to make that call.

After all, it might not be an easy journey that you are on but you are not alone. Many others have walked in your shoes and have felt the same exact way as you.

Finally, sometimes you just need some time to regain some perspective. As Ziegler says about their experiences, "All in all, the experience was quite wonderful. As time went by, we all forgot the ugly parts and revel in all the good times and fun we had. After the fact, my niece was incredibly thankful for the opportunity to have been one of our family and never misses a chance to tell me that."



Resources

[Resources for Relative Caregivers](#)

From our [Library](#):

- ***Grandparents as Parents: A Survival Guide for Raising a Second Family***, by Sylvie de Toledo & Deborah Edler Brown
- ***Relatives Raising Children: An Overview of Kinship Care***, by Joseph Crumbley & Robert Little
- ***To Grandma's House We Stay***, by Sally Houtman
- ***Parenting Someone Else's Child: The Foster Parents How To Manual***, by Ann Stressman
- ***Understanding Your Special Needs Grandchild: A Grandparents' Guide***, by Clare Jones



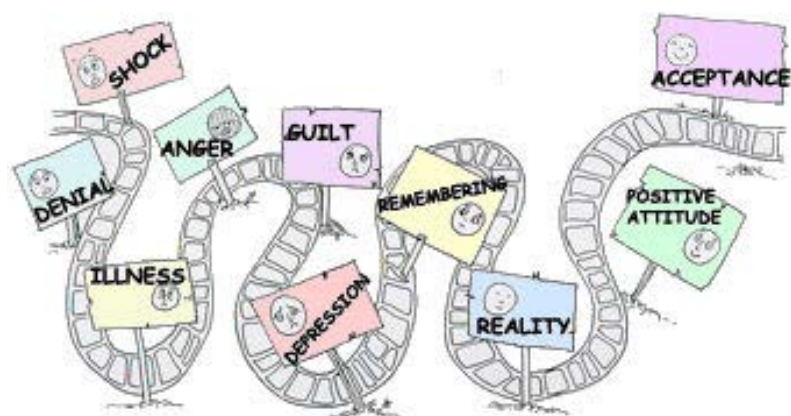
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THE GRIEF PATH








The stage of grief: _____

How might the adopted person experience this stage? What could they be thinking, saying or doing?

How might the adoptive family experience this stage? What could they be thinking, saying or doing?

How might the birth family experience this stage? What could they be thinking, saying or doing?

Stages of Grief

Stage of Grief	Qualities that identify the stage	How you may see a child experiencing this stage	Words children or youth may use to express feelings during this stage
 DENIAL /SHOCK	<ul style="list-style-type: none"> Protects the individual from intensity of the loss Will slowly diminish as the individual acknowledges the impact Helps children to cope and makes survival seem possible. 	<ul style="list-style-type: none"> The world becomes empty and devastating The child thinks life makes no sense Children can go numb wondering how life can go on 	<ul style="list-style-type: none"> I feel so alone, this can't be happening to me. My siblings need me.
 BARGAINING	<ul style="list-style-type: none"> Dwelling over what could have prevented the loss Important to resolve because it may hamper the healing process 	<ul style="list-style-type: none"> May take the form of the "what ifs" Want life to return to what is was, no matter how dysfunctional it may have been. Guilt often accompanies bargaining 	<ul style="list-style-type: none"> Maybe if I get better grades he won't have to worry too much and I can get home
 DEPRESSION	<ul style="list-style-type: none"> Depressive symptoms like sleep and appetite disturbance, loneliness and crying spells Unpleasant but essential to the healing process 	<ul style="list-style-type: none"> Feelings of emptiness and loneliness present themselves The feeling of grief appears on a deeper level 	<ul style="list-style-type: none"> I feel so alone, nothing can make this pain go away
 ANGER	<ul style="list-style-type: none"> Can result from feelings of abandonment Can lead to guilt after the individual acknowledges the anger The more that a child feels it the more they will heal in the process. 	<ul style="list-style-type: none"> The feeling of anger may seem endless A common stage to think "why me?" and "life's not fair!" 	<ul style="list-style-type: none"> How could she do this to me? It's her fault I hate her
 ACCEPTANCE	<ul style="list-style-type: none"> Will integrate the range of emotions into his or her set of life experiences Healing occurs 	<ul style="list-style-type: none"> Accepting the reality that our loved one is physically gone Recognizing that this new reality is or could be the permanent reality. 	<ul style="list-style-type: none"> I'm not going home anytime soon so I better get used to being here.

Maturational and Situational Loss

Understanding Maturational & Situational Losses...

What is a maturational loss?

There are two types of losses that occur in everyone's life. "Maturational loss" are losses that predictably occur during the life cycle. "Situational loss" are losses that are caused by unexpected or unusual circumstances. Children will likely experience both types during the preschool years, and will need adult support and recognition of these losses.

Event	Loss
Birth	Comfort and security of the womb
Walking	Security of being held
Talking	People anticipating and meeting your needs
Toilet Trained	Attention, physical contact from parent
Starting School	Constant care by parent
Becoming a teenager	Letting parents make decisions, child status, structure, security, protection of grade school
Leaving home as an adult	Financial and emotional support from family, school friends
Marriage/Coupling	Independence, name change
Birth of Children	Independence, energy, time, money
Middle Age	Youth, physical ability, lifestyle, dreams or plans not accomplished, parents
Retirement	Income, friends from work, productivity
Old Age	Health, spouse, friends, own life

What is a situational loss?

Children may experience these losses personally or may be affected by a parent's experience with these losses.

- Loss of health
- Loss of family member due to early death
- Loss of home through financial set back, disaster, or relocation
- Loss of ability to conceive or give birth to a child
- Loss of hope, "dreams" or innocence through sexual abuse
- Loss of normal developing child
- Loss of relationship due to death, divorce
- Loss of friends due to moving
- Loss of body function
- Loss of body image
- Loss of control
- Loss of freedom
- Loss of job, income
- Loss of role
- Loss of safety
- Loss of treasured object



Promoting Healthy Social Behaviors in Child Care Centers

Coping Skills Checklist <ul style="list-style-type: none"> • Check off the ones that you do now • Circle the ones you want to try • Cross off the ones that don't work 	
Calming Skills	Distraction Skills
<ul style="list-style-type: none"> • Deep breathing using a pinwheel • Deep breathing with bubbles • Deep breathing with a stuffed animal • Deep breathing with a feather • Take a mindful walk • Yoga • Imagine your favorite place • Think of your favorite things • Picture the people you care about • Say the alphabet slowly • Remember the words to a song you love • Run water over your hands • Carry a small object • Touch things around you • Move • Make a fist then release it • Positive self-talk • Take a shower or bath • Take a drink of water • Counting • Block out noises • Take a break • Calming jar • 	<ul style="list-style-type: none"> • Write a story • Crossword/ Sudoku Puzzles • Bake or cook • Volunteer/community service • Random acts of kindness • Read • Clean • Play with a pet • Play a board game • Play video games • Screen time • Play with a friend • Start a garden • Creative thinking • Make up your own game • Plan a future event • Start a new hobby • Do a crafting project • Your favorite things • Be silly and laugh
www.copingskillsforkids.com	

TYPES OF COPING SKILLS

Self-Soothing

(Comforting yourself through your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)

Distraction

(Taking your mind off the problem for a while)

Examples:

Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

Opposite Action

(Doing something the opposite of your impulse that's consistent with a more positive emotion)

1. Affirmations and Inspiration
(ex: looking at or drawing motivational statements or images)
2. Something funny or cheering
(ex: funny movies / TV / books)

Emotional Awareness

(Tools for identifying and expressing your feelings)

Examples:

A list or chart of emotions, a journal, writing supplies, drawing / art supplies

Mindfulness

(Tools for centering and grounding yourself in the present moment)

Examples:

Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

Crisis Plan

(Contact info of supports and resources, for when coping skills aren't enough.)

Family / Friends
Therapist
Psychiatrist
Hotline
Crisis Team / ER
911

7 CORE ISSUES for ADOPTED CHILDREN and ADOPTIVE PARENTS

Adoptee	Adoptive Parent
<u>Loss</u> <ul style="list-style-type: none"> • Fears ultimate abandonment • Loss of biological, genetic, and cultural history • Issues of holding on and letting go 	<u>Loss</u> <ul style="list-style-type: none"> • Infertility equates with loss of self and immortality • Issues of entitlement lead to fear of loss of child and overprotection
<u>Rejection</u> <ul style="list-style-type: none"> • Placement for adoption as personal rejection • Can only be “chosen” if first rejected • Issues of self-esteem • Anticipates rejection • Misperceives situations 	<u>Rejection</u> <ul style="list-style-type: none"> • Feeling of being ostracized because of procreation difficulties • May make partner the scapegoat • May expel adopted child to avoid anticipated rejection
<u>Guilt/Shame</u> <ul style="list-style-type: none"> • Feels deserving of misfortune • Ashamed of being different • May take defensive stance • Anger 	<u>Guilt/Shame</u> <ul style="list-style-type: none"> • Ashamed of infertility • May believe childlessness is a curse or punishment • Religious crisis
<u>Grief</u> <ul style="list-style-type: none"> • Grief overlooked in childhood or blocked by adult leading to depression and/or acting out • May grieve lack of “fit” in adoptive family 	<u>Grief</u> <ul style="list-style-type: none"> • Grieve loss of “fantasy” child • Unresolved grief may block attachment to adopted child • May experience adopted child’s grief as rejection
<u>Identity</u> <ul style="list-style-type: none"> • Deficits in information about birth parents, birthplace, etc. may impede integration of identity • May seek identity in early pregnancies or extreme behaviors in order to create a sense of belonging 	<u>Identity</u> <ul style="list-style-type: none"> • Experiences a diminished sense of continuity of self • “Role Handicap” – I am a parent/I am not a parent
<u>Intimacy & Relationships</u> <ul style="list-style-type: none"> • Fears getting close and risking reenactment of earlier losses • Concerns over possible incest (unrecognized sibling) • Bonding issues may lower capacity for intimacy 	<u>Intimacy & Relationships</u> <ul style="list-style-type: none"> • Unresolved grief over losses may lead to intimacy and marital problems • May avoid closeness with adopted child to avoid loss
<u>Control/Gains</u> <ul style="list-style-type: none"> • Adoption alters life course • Aware of not being a party to initial adoption decisions, in which adults made life-altering choices • Haphazard nature of adoption removes cause-and-effect continuum 	<u>Control/Gains</u> <ul style="list-style-type: none"> • Adoption experiences lead to “learned helplessness” where sense of mastery is linked to procreation • Lack of initiative

Retrieved from: <http://www.adoptionssupport.org/res/7core.php>

Helping Children and Youth Accomplish the Task of Grieving

Talking: Children may feel the need to be isolated from the family, world, and other instances where they are in social settings. But talking actually helps them grieve. If children need help talking about feelings, use markers and paper plates to make some “feeling faces”: sad, mad, worried, happy. The faces can be good conversation starters (“When do you feel this way?”).

Listen: Let kids know you’re truly listening. When a child is ready to talk, stop what you’re doing, sit down, and look at them. Listen to their words, and try to sense the feelings behind the words, too.

Exercise: Negative emotions can be released with physical activity and help reduce feelings of aggression, anxiety and tension. It can also aid in relieving symptoms of depression and intense grief.

Hope: Have children trace around one hand. Within the outline of each finger, they can write about or draw something they are looking forward to (or you can write it for them). Start small: hearing the first “ribbit” of frogs in the spring, starting a new grade, learning to ride a bike.

Recording emotions: Let the child record their experiences and emotions by writing in a personal journal. This simple and surprisingly effective method allows the child to release pent up emotions and unload their feelings into a book. When the child writes down things, they see, feel and hear themselves in a private and safe environment. Expressing their emotions can also help them deal with the many emotional and psychological facets of mourning.

Art therapy: If talking about grief is not enough, let the child try creative expression through art be it painting, music, dance, crafts etc. Encourage them to share through art by simple activities like drawings, collages, scrapbooks, etc.

Sobbing: Tears are not the signs of weakness. Tears are the purest expression of heartfelt love and profound sadness. Don’t stop the child from crying when they have to. Tears can be a catalyst for release and can help them feel lighter.

Laugh: Start a laugh-a-day club. Let one child be responsible each day for telling a silly story, sharing a joke, or just making a funny face that everyone else can copy.

Connect: Help kids connect to the loved one they have lost. Encourage them to think of qualities they share with their parent (“I have Dad’s smile,” “Mom was a great singer, like me”).

Cry: Let kids know it’s okay to cry and that grown-ups do, too (you might say something like “I’m thinking of Dad, and missing him makes me cry. But I’m still here for you.”).

Strategies to Address Family Changes

Couple Relationship: regularly scheduled “dates”, regular communication “check ins” (for emotional issues as well as family schedules), supporting each other to use “individual time”.

Single to Head of Household: Identify 1-3 supportive people and use them, create a budget to use, learn to say “no.”

Creating Sibling Bonds: planning family time, have special 1:1 moments regularly, include siblings in room preparations.

Extended Family Members: set and discuss expectations, discuss why relationships will change, plan special family gatherings.

“This Too Shall Pass” Advice from an Adoptive Parent

“If I could share some parenting advice to others who are embarking on this journey, this is what that phrase has meant to us:”

1. **Choose your battles**, after a few months of my husband and I being exhausted with trying to address every challenge we were facing by adopting 4 kids at one time we realized that we needed to develop a new strategy. We actually were able to work with our kids to identify a short list of challenges/struggles that we would focus on with them in helping them master those challenges. The more they mastered, the more rewards they earned (many were no cost).
2. **The First Year Is (Probably) the Hardest**, we adopted our children 7 years ago so we are not new to this journey and we can definitely say the first year was the hardest but it has gotten better for us; and for the majority of adoptive families. Give yourself time to embrace the “new normal” and that is where we started saying, “this too shall pass”. Make sure you and your partner have healthy self-care strategies that you support each other in using as much as needed.
3. **Make Time to Be a Family**, don’t get caught up in the busyness of life and activities; make a conscious effort daily to continue to teach your kids who your family is by eating together, having limited outside activities (kids and parents); and have Family Night weekly. These are some successful strategies that help to build the family bond.
4. **Don’t Do It Alone**, get involved with the adoptive family community in your area as well as online; let your support system know what you need and when you need them; use the professionals and formal agencies as needed. As it is said, it takes a village to raise a child.
5. **Celebrate Your Successes**; parenting is one of the greatest honors. Parenting children who have a trauma history is challenging but can be rewarding. Take time periodically to reflect on where your family started and where your family has developed. Then the family together should celebrate each success, there is no success too small. Also collect those celebrations through rituals or pictures so any family member can see those reminders to remember the progress that has been made.



Preparing the Kids in Your Home for Fostering

Not only do parents make adjustments in their lives when a child in care enters their home, the children in the house are in for changes too . . . big changes! It doesn't matter if they are born or adopted into the family or are currently in foster care. Adjustments come easily for some—they move over at the table, know they will have to share your time and smile—while others are still processing the changes they had to make well into adulthood.

Humor and Insight

One Wisconsin dad, with humor and insight, tells a story about his nine-year-old son. On the evening that he and his wife were going to foster parenting classes, his son said, "Dad, so you and Mom are going to be gone all night and neglecting me all evening so that you can learn how to care for other kids you're going to bring into our house?"

This wise father knows that his son anticipates making some big changes and is probably fearing it. It's the savvy parent who knows that the whole family will be making changes.

On the other hand, some birth children take

fostering and adopting for granted. They are in a position to appreciate what their parents are doing and feel part of it. They learn their new dances in the family circle.

One woman who grew up with biological, adopted and foster siblings says, "I think I lived in my own bubble all my life. The kids who came were almost all younger than me, so I didn't have to compete with them for anything, other than the bathroom. But that was just normal."



She goes on to say, "I was old enough to understand the basics of foster care, so the comings and goings weren't a big deal either. Growing up in a foster home is what it is—it's hard to describe

unless you have lived another way to compare it to something."

Both reactions are valid. Be open to any reactions your kids may have and have some tools ready to help the family expand.

Educating Your Family

Long before the first child arrives in your home, prepare your family for changes are coming. Here are some suggestions from Wisconsin foster parents to help you.

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Discuss what you learn in foster care training and discuss this decision to foster as soon as you can.

Talk to your kids. When a mom is pregnant, the parents tell their children to expect a sibling. People talk to them for months to prepare for the upcoming event. Do the same when preparing to foster.

Anticipate how you're going to answer some of the tough questions, like, "Why can't she live with her real mom?" Or "Why does he do that?"

When answering tough questions, it helps to talk in generalities by talking about why some kids are in care or why some kids might act out because of past trauma.

Teach your kids about confidentiality and remind them frequently about how they are expected to honor it. Tell them what they can and can't talk about and how to answer questions. Teach them to tell others, "That's not something I can share, but feel free to ask him directly."

Show your kids how to be empathetic. The child coming in has just been through a huge change and he or she is probably having a hard time with a lot of things. Talk about how this new household member needs some time to adjust.

Suggest that they put themselves in his or her shoes. Most kids can understand how challenging it would be to adjust to a whole

new family, school, foods, friends, teachers, and neighbors all at once.

Remind your children that they can be good teachers for the kids in their home. Remind them that their behavior can influence the new children in the home.

So you and Mom are going to be neglecting me all evening so that you can learn how to care for other kids you're going to bring into our house?

Consider making Welcome Home Books and Life Books for the children who come into your care and enlist the help of your whole family. Read our tip sheets about Welcome Home Books and Life Books on our website.

Be realistic with your children about sharing your time and energy with other children. Acknowledge that this new child may require more than might seem to be his or her fair portion of attention. Remind them how much you love them, and let them know how special they are for being part of a family that cares about people.

Learn a little about the history of orphans and children whose parents have not been able to care for them. Some movies and books to look into include: The Orphan Trains, Evelyn, The Martian Child, Antoine Fischer, Annie, Lilo & Stitch, The Blind Side, Meet the Robinsons, Hotel for Stray Dogs, Anne of Green Gables, The Lost Boy, and many more.

Prepare your family for the inevitability of children leaving your home. Talk about it and let them grieve in their own ways. Some may not seem touched by the change and another child might feel the separation and loss

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deeply. Read *A Brother's Point of View* in Chapter 5 of the [Wisconsin Foster Parent Handbook](#).

Stress and Support

If you find yourself or your children having a hard time with fostering, talk to your workers. You can also find tremendous support from other foster parents.

Contact the [Wisconsin Foster and Adoptive Parents Association](#). Other foster parents are often an invaluable resource—they listen to your concerns, offer tremendous support, and they may have ideas to help your family adjust.

It's likely you will be part of family therapy with the child in care. The therapist may also have some ideas to help with your family, marriage and other relationships. Sometimes periodic check-ins with therapists can help prevent crises in foster care and families.

Your children might also be involved in some of the sessions with one of the children in care—especially if there's some kind of ongoing conflict.

Honor their feelings and step back to look at the whole scene, even when you may want to judge a child's reactions.

Safety

Tell all of the children in your home that they can come to you any time if they don't feel safe—for whatever reason. Make that a primary household rule and repeat it often.

Children who have been traumatized or who may have experienced sexual or physical violence might act out. You must teach all the children to say "no" and tell you if something happens.

Adjusting

Make household tasks and jobs part of the new routine of the child who comes into your family, and do so in the first weeks. The new child may have to learn how dishes are washed in your home but that should start soon after they come.

Children learn to adjust to changes in a family, and fostering does change the family dynamics.

As your children navigate the waters of fostering with you, they learn a tremendous amount about the world and how to live when they become adults.

As a parent who opens their arms to embrace children needing the fundamental love and care required by fostering, you are teaching your children the truest kindness of the human heart. Teach them well.



Coalition Library Resources

Brothers and Sisters in Adoption: Helping Children Navigate Relationships When New Kids Join the Family, by Arletta James

Orphan Train, by Verla Kay

On the FCARC Website

[WI Foster Care and Adoption Handbook](#)

A Voice From Within: Growing Up As a Birth Child in a Foster and Adoptive Home

Other Resources

American Experience: The Orphan Trains, DVD from National Public Television

Preparing Your Children for Foster Care or Adoption, by Carrie Craft



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Resources

National Organizations

- 1.) NACAC- National Council on Adoptable Children
 - a. Write To: 970 Raymond Avenue, Suite 106, St. Paul, MN 55115
 - b. www.nacac.org
 - c. info@nacac.org (email)
 - d. 612-644-3036
- 2.) National Resource Center for Special Needs Adoption:
 - a. 17390 West Eight Mile Rd. Southfield, MI 48075
 - b. 313-441-0300
 - c. No other information found
- 3.) NAIC- National Adoption Information Clearinghouse
 - a. 11426 Rockville Pike, Ste. 410 Rockville, MD 20852
 - b. 301-231-6512
 - c. No other information found
- 4.) National Adoption Center
 - a. 1500 Walnut St, Suite 701 Philadelphia, PA 19102
 - b. 215-735-9988
 - c. nac@adopt.org (email)
 - d. www.adopt.org
- 5.) National Council for Adoption
 - a. 1930 17th St. NW, Washington D.C 20009-6207
 - b. www.adoptioncouncil.org
- 6.) RESOLVE
 - a. 1310 Broadway, Somerville, MA 02144
 - b. 617-623-1156
 - c. www.resolve.org
- 7.) American Adoption Congress
 - a. 1000 Connecticut Ave. NW, Suite 9 Washington, DC 20036
 - b. 202-483-3399
 - c. www.americanadoptioncongress.org

YOUTH BOOKS

- A MOTHER FOR CHOCO
- ALL KINDS OF FAMILIES
- BENJAMIN BEAR
- DEAR ELIZABETH
- DID MY FIRST MOTHER LOVE ME?
- DON'T CALL ME MARDIA
- DON'T FEED THE MONSTER ON TUESDAYS!
- DON'T POP YOUR CORK ON MONDAYS
- I LIKE ME!
- I MISS MY FOSTER PARENTS
- IT'S NOT YOUR FAULT
- LEARNING TO SLOW DOWN AND PAY ATTENTION
- LOST IN THE CAVE
- LUCY'S FEET
- NOBODY'S PERFECT, NOT EVEN MY MOTHER
- ORDINARY MIRACLE
- PUTTING ON THE BRAKSE: A YOUNG PEOPLE'S GUIDE TO UNDERSTANDING ADHD
- TAKE CARE WITH YOURSELF
- TIGER, TAKE OFF YOUR HAT
- TUFFY'S BIKE RACE
- WILLIAM IS MY BROTHER
- ZACHARY'S NEW HOME; A STORY FOR FOSTER AND ADOPTED CHILDREN

ADULT BOOKS

- ADOPTING THE OLDER CHILD
- ADOPTION AND THE SEXUALLY ABUSED CHILD
- ASSESSING ATTACHMENT, SEPARATION AND LOSS
- BEYOND DISCIPLINE
- GOOD KIDS, BAD BEHAVIOR
- HELPING CHILDREN COPE WITH SEPARATION AND LOSS
- MAKING SENSE OF ADOPTION
- RAISING ADOPTED CHILDREN
- REAL PARENTS REAL CHILDREN: PARENTING THE ADOPTED CHILD
- SPECIAL COLLECTIONS: THE BEST OF ADOPTED CHILD FOR PARENTS ADOPTING CHILDREN AFFECTED BY SUBSTANCE ABUSE OR SEXUAL ABUSE
- SPECIAL COLLECTIONS; THE BEST OF ADOPTED CHILD ON ISSUES CHILDREN FACE IN SCHOOL
- TALKING WITH YOUNG CHILDREN ABOUT ADOPTION

- TANGLED FEELINGS- SEXUAL ABUSE AND ADOPTION
- TRANSRACIAL ADOPTION: CHILDREN AND PARENTS SPEAK
- TROUBLED TRANSPLANTS: UNCONVENTIONAL STRATEGIES FOR HELPING DISTURBED FOSTER AND ADOPTED CHILDREN
- WHAT DO YOU DO WITH A CHILD LIKE THIS?
- WHY KIDS LIE
- WORKING WITH ADOPTIVE FAMILIES BEYOND PLACEMENT
- YOUR HYPERACTIVE CHILD

AUDIOTAPES

- ADOPTING SIBLING GROUPS
- ADOPTION IS NOT SECOND BEST
- ANSWERING YOUR CHILD'S QUESTIONS ABOUT ADOPTION
- BLENDING BIRTH AND ADOPTION KIDS
- FINDING AN EFFECTIVE THERAPIST
- KEEPING HEALTHY SIBLINGS HEALTHY
- LEAVING HOME-EMANCIPATION ISSUES OF ADOPTED KIDS
- PARENTING A SEXUALLY ABUSED CHILD
- RITUALS IN ADOPTION
- STRENGTHENING THE MARITAL BOND
- THE ADOPTED ADOLESCENT WHAT A PARENT GROUP CAN DO FOR YOU
- WHO SHOULD KNOW: SECRECY PRIVACY, AND OPENNESS IN ADOPTION

DVDs

- ADD/ADHD AND ADOPTIVE FAMILIES: HOPE, HELP AND SUPPORT
- ADHD: WHAT CAN WE DO? ADHD WHAT DO WE KNOW?
- BUILDING CHILDREN'S SELF-ESTEEM
- COPING WITH BEDWETTING
- EATING PROBLEMS IN FOSTER CARE CHILDREN
- NURTURING TOUCH: INSTRUCTION IN THE ART OF INFANT AND CHILD MASSAGE

MAGAZINES/ NEWSLETTERS/PODCASTS

- ADOPTED CHILD
- ADOPTIVE FAMILIES
- THE HONESTLY ADOPTION PODCAST
- INFERTILITY ADOPTION FOSTER: CREATING A FAMILY PODCAST
- BARELY BRAIDED: A FOSTER CARE, ADOPTION AND PARENTING JOURNEY PODCAST

Discipline

Healing vs Punitive Parenting Activity

The school calls and leaves a message that your teenage son was not in school even though he left and returned at the normal hours for school.

Please provide 3-5 responses for each of the following questions based on the scenario

1. How would you respond using an attachment focused approach?
2. How would you respond using a punitive approach?
3. Looking at both questions above, how might the youth respond?

Your 14-year-old son yells at your younger child cursing and slamming the door in his face when he asks to have the iPod he let him use returned to him.

Please provide 3-5 responses for each of the following questions based on the scenario

1. How would you respond using an attachment focused approach?
2. How would you respond using a punitive approach?
3. Looking at both questions above, how might the youth respond?

You ask your daughter to take out the trash before school and again after school. She agrees but the next morning still has not taken out the trash.

Please provide 3-5 responses for each of the following questions based on the scenario.

1. How would you respond using an attachment focused approach?
2. How would you respond using a punitive approach?
3. Looking at both questions above, how might the youth respond?

Your 16-year-old daughter locks herself in her room when you tell her she cannot go out on a weeknight. She refuses to leave her room and will not open the door so you can talk to her.

Please provide 3-5 responses for each of the following questions based on the scenario

1. How would you respond using an attachment focused approach?
2. How would you respond using a punitive approach?
3. Looking at both questions above, how might the youth respond?

Learning How to Discipline Adopted Children

Aug 05, 2014

By: Kids in the House (kidsinthehouse.com)

Adopting a child is one of the most life changing experiences a family can pursue. It's a significant transition for both the family who is adopting and for the child who is coming into the new home. Understanding the different the needs of adopted children are is key to creating positive dynamics in the family. Parenting an adopted child is not the same as parenting biological children, as the adopted child has a different set of needs and requires a different style of parenting in order to grow emotionally.

The way most parents discipline children is not necessarily helpful for adopted children. Time outs, removal of privileges, and certainly corporal punishment are generally not appropriate for adopted children. As explained by child psychologist Gregory Keck the best method for changing negative behaviors in adopted children is to try allowing the natural consequences of their actions create a negative reinforcement for them. For instance, if the child refuses to eat the food the family is having for dinner, then the natural consequence is hunger. If the child refuses to wear their coat to school on a chilly day, then the natural consequence is they are cold. This method removes the adoptive parents from the chain of consequences rather than damaging the fledgling relationship between the child and parent. It also fosters independence and life understanding on the part of the child.

Another way to discipline an adopted child is to use "time-ins" rather than time-outs. According to psychologist Jeanette Yoffe, time-outs for a foster or adopted child are damaging to the child, emotionally and psychologically. Remember that these are children who already feel a deep sense of isolation and rejection. Removing them from the family and forcing them to be alone creates further damage to an already hurting child. This can spiral into further negative behavior and cause escalating issues for the family. Instead of isolation, Yoffe recommends more active engagement in order to mediate negative behavior. Parents must focus on coping and healing techniques. This will help the child to navigate their often difficult past experiences. When a child's behavior is inappropriate, the traditional method of time-outs would have the parent remove the child and isolate them. In the "time-in" style of discipline, the parent still removes the child from the situation, but the parent also comes to the level of the child and offers an open and safe place for the child to work through the issue.

While it can be a challenge to change your focus as a parent in regards to discipline, it's worth the effort that it takes in order to create a healthier environment for the unique needs of the adopted child.



What Do These Behaviors Mean?

I'm a convert!" said one formerly skeptical Wisconsin foster-adoptive parent. "It really is all about fear, and sometimes it really is as simple as asking, 'What are you afraid of?'"

Kim talks about how frustrated she was in not being able to break through her daughter's defiance. Finally one day while driving, she asked her daughter, "You don't act out at school, right? But you do with me. Why is that?" Right away her daughter answered, "I'm afraid that Monique [her daughter's biological mom] is drinking again and if she drinks, she might hurt someone and I don't want her to go to jail."



Kim was stunned. She had no idea how much her daughter still thought about her past and how scared she was to have someone she loved potentially be incarcerated. What's more, Kim was surprised that there was no real link to the "why" behind her daughter's behaviors and her daughter's fears. Like most of us, Kim was taking her daughter's outbursts personally.

While Kim says that she was glad for the immediate breakthrough in that particular incident, she also admits that it wasn't the cure-all she was hoping for and didn't always have the same results in other attempts.

Not An Easy Fix

As with other parenting approaches, this is not an easy fix. It may not generate immediate results, but over time, it can help you with your child's most challenging behaviors.

Heather Forbes wrote about a lot of these behaviors in her book, *Beyond Consequences Logic and Control: A Love Based Approach to Helping Children with Severe Behaviors*.

Here are some different approaches that may help in understanding some of the most challenging behaviors.



Fear and Stress

Most children lack the words and understanding to identify what they are feeling and what they need. Instead, children may act out when the emotions are too big or scary. Often, the emotion causing the behaviors is fear—triggered especially when too

much stress is present. It's hard when your *own* stress level is high, but try to respond to the fear *behind* your child's actual behavior.

The following behaviors are common in children who have had a history of trauma or challenges with attachment. Some behaviors, however, are just ingrained in people—every child is born with a certain temperament and resilience level.

Aggression

A child displaying aggression can be scary to encounter. Kim says that even though her six-year-old can be completely heart melting at times, the sheer rage continues to amaze her. "It's a shock to hear someone that little and sweet have so much hate directed at you and to have her use the f bomb, threats to kill and gestures that she does. It's hard to think of her as vulnerable."

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The aggressive behavior may seem as though it is an attempt to push you away, but at those times, your child needs you the most. Remaining calm is the best thing that you can do. It will help to calm your child and that is probably what he or she wants.

Your primary focus is to keep your child and others safe. Reasoning with your child at this point usually only serves to *increase* the aggression and reinforces the behavior. During times of high emotion, people can't process information very well and thus no learning occurs. Approach the topic later when you and your child have regained composure and are calm again.

Defiance

When your child defies you, it often triggers feelings of anger in you. Children may be defiant because they're fearful. One of the things they fear most is not having *any* control, and paradoxically, being *out* of control. While it might seem like they're trying to push your buttons (and they can be gifted at this!), defiant children might be trying to gain some control—or push you to be in control.

Some children are also defiant as a way to push you away. Again, there's a paradox of wanting to be loved, but also being afraid to be loved—and thus possibly hurt or abandoned.

Some children are naturally more assertive and ready to speak up than others, and some have learned to be defiant as a survival mechanism. Meet your children where they are by validating their feelings.

For example: *Are you afraid of... you can talk to me about that. I'm not going anywhere.*

Defiance is more likely to happen at certain times, usually during transitions from one activity to another, such as school time, bedtime and bath time. Remain firm in what you're asking, but

don't add consequences to your child or soon you'll be in a lose-lose spiral.

Try not to place demands on your children, but give options like, "When you've taken your meds, then you can leave the table, but do you want to take them before dinner or after dinner?"

Lying

The child who lies may continue to do so even after he's caught, making the behavior hard to understand. Your child may be lying because he's fearful of something. Our job—and it's not an easy one at all—is to find out what the fear is.

When your child is scared, he won't be receptive to hearing why lying is wrong. Instead, try to reassure your child that you're there for him, even if he's done something wrong. Imagine being a gazelle on the African Savannah, backed up against a wall with a lion staring you down. You would do and say (if you could speak) anything to make the lion turn and leave you alone. Unfortunately, this is how many of our children feel, and they truly believe they must lie to survive.

Lying is often motivated by fear, but sometimes it's also "hard wired" in. In [Deborah Hage's, *Antecedents to Lying and Telling the Truth* article](#), she explains that in normal brain development, a baby will be hungry or wet and will cry.

But with some kids who are neglected, the baby doesn't get fed or changed, so he learns to lie to himself. As Hage says, "The internal messages he must give himself in order to survive are, 'I am no longer hungry. I am not cold.' The internal lying messages continue, 'I am not worthy of being kept warm, comforted, held, cuddled, rocked. The world is unsafe. No one cares.' The lies enter his psyche and embed themselves in his brain."

Continued on page 3



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Hoarding and Gorging

Hoarding and/or gorging are common among many kids adopted from foster care or institutionalized care. There was usually a time when they didn't have enough food or have experienced negative events around food.

This behavior is often present for years—even in a place where the child has access to food and where there are healthy rituals around food. Stress, fear and habit all contribute to children regressing to hoarding food.

Tips for helping you deal with hoarding, include:

- Provide access to snacks and food, and reassure your children that there will always be enough to eat.
- Remind your children that they can count on you and that you'll try to help them "feel full" with their emotional needs.
- Be aware of when and where the behaviors are taking place. This is often when your children are feeling the most stress.
- When you find food stashed in rooms where food isn't allowed, calmly remind your children where food is allowed.

Stealing

Children who have spent time in homes without a consistent person to help soothe them, often have trouble soothing themselves. They may seek an external way to soothe, and stealing is one way. This may seem like a strange way to cope, but having the power to control the situation can be very calming to a child who has felt powerless and was used to a chaotic environment.

This behavior can become repetitive because the body becomes used to the relief achieved from stealing. Wait until your child is calm and emphasize *your* responsibility.

Reminders

We Can't Really Ever Know

The late Joel Ungrodt, who founded a foster care agency in Wisconsin, used to stress that, "We often *think* we know why someone behaves a certain way, but we never *really* know." We can, however, be available to listen and be supportive.

Some Behaviors Aren't Trauma-Related

Those of us who are parents and workers in the child welfare field are sometimes quick to make the connection between a behavior and past trauma. While this is often insightful, we forget that lying, being oppositional, bingeing, etc. are behaviors that many kids exhibit, at various stages of development.

Try to Look at Your Child's "Negative" Behaviors as Gifts

As Kim says about her daughter, "I look at her athleticism/aggression, defiance and sheer stubbornness and I see some of the very skills she would need to be an Olympic figure skater or some other kind of athlete."

For example: *I am the parent and when you steal, it's my responsibility. Is anything bothering you? Can I help with anything?*

Children may steal things that they don't even want. They may not hide what they have stolen from you because they aren't trying to sneak it past you. They simply couldn't control the urge to be soothed through stealing.

The place that children steal from may give you with insight as to where the child has stress. For example, if they steal from a sibling, then perhaps they feel that sibling receives more attention.

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Fear and Triggers

When children are already scared and have engaged in one of the behaviors in this tip sheet, you probably won't be able to get through to them. Instead, try to identify what triggered the fear so you can help to reduce it in the future. Once (or perhaps more likely, if!) your children are calm, try to talk to them constructively about why their behavior was inappropriate.

Children often don't consciously know what they are doing at the time they are doing it. If enough fear takes over them, they often go into survival mode. And everyone expresses that differently. Take the time to walk away, calm down, and then return to the situation. Try to develop a plan for what you'll do in the future.

This tip sheet was intended to get you thinking about what might be behind these behaviors . . . but coming up with solutions can be an equally frustrating journey. Please call us at the Coalition for Children, Youth & Families if we can help you with coming up with concrete solutions.

You might also check out these related tip sheets:

- [Reaching Your Boiling Point](#)
- [Making a Positive Difference](#)



Coalition Resources

You can find the following resources by calling us at: 800-762-8063 or by visiting our library at:

<http://www.wifostercareandadoption.org/>

- *Beyond Consequences Logic and Control: A Love Based Approach to Helping Children with Severe Behaviors*, by Heather Forbes
- *All About Adoption: How to Deal with the Questions of Your Past*, by Anne Lanchon
- *Being Adopted: The Lifelong Search for Self*, by Dr. David Brodzinsky
- *Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past*, by Betsy Keefer
- *Brothers and Sisters in Adoption*, by Arletta James

Children's Books

- *Never Never Never Will She Stop Loving You*, by Jolene Durrant
- *Alexander and the Terrible, Horrible, No Good Very Bad Day*, by Judith Viorst
- *The Best for You*, by Kelsey Stewart

Other Resources

Child Trauma Academy

<http://childtrauma.org>

The National Children's Traumatic Stress Network

<http://www.nctsn.org/>

“Removed” Film Questions

1. What were the traumatic events that Zoe saw and heard, which caused her to experience grief and loss?
2. What normal or worrisome behaviors did Zoe exhibit?
3. What was the message Zoe got from the abuse she experienced?
4. Zoe said, “if you push hard enough the (promises) all prove to be empty.” What do you think she meant?
5. How many placements did Zoe have? If you were her third placement, what positive parenting strategies could you include to help Zoe with the transition?
6. What did you see and hear from Zoe that illustrated the effect multiple placements had on her?
7. What was the caregivers’ means of normalizing the trauma for Zoe? How does this response help with attachment or attunement?
8. What do you think was the trauma for the baby brother?
9. “Slowly seasons started to change around...slowly starting to trust this new life” What do you think contributed to Zoe feeling this way?

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Aug 05, 2014

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Continued on page 3

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- Be aware of when and where the behaviors are taking place. This is often when your children are feeling the most stress.
- When you find food stashed in rooms where food isn't allowed, calmly remind your children where food is allowed.

Stealing

Children who have spent time in homes without a consistent person to help soothe them, often have trouble soothing themselves. They may seek an external way to soothe, and stealing is one way. This may seem like a strange way to cope, but having the power to control the situation can be very calming to a child who has felt powerless and was used to a chaotic environment.

This behavior can become repetitive because the body becomes used to the relief achieved from stealing. Wait until your child is calm and emphasize *your* responsibility.

Reminders

We Can't Really Ever Know

The late Joel Ungrodt, who founded a foster care agency in Wisconsin, used to stress that, "We often *think* we know why someone behaves a certain way, but we never *really* know." We can, however, be available to listen and be supportive.

Some Behaviors Aren't Trauma-Related

Those of us who are parents and workers in the child welfare field are sometimes quick to make the connection between a behavior and past trauma. While this is often insightful, we forget that lying, being oppositional, bingeing, etc. are behaviors that many kids exhibit, at various stages of development.

Try to Look at Your Child's "Negative" Behaviors as Gifts

As Kim says about her daughter, "I look at her athleticism/aggression, defiance and sheer stubbornness and I see some of the very skills she would need to be an Olympic figure skater or some other kind of athlete."

For example: *I am the parent and when you steal, it's my responsibility. Is anything bothering you? Can I help with anything?*

Children may steal things that they don't even want. They may not hide what they have stolen from you because they aren't trying to sneak it past you. They simply couldn't control the urge to be soothed through stealing.

The place that children steal from may give you with insight as to where the child has stress. For example, if they steal from a sibling, then perhaps they feel that sibling receives more attention.

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Fear and Triggers

When children are already scared and have engaged in one of the behaviors in this tip sheet, you probably won't be able to get through to them. Instead, try to identify what triggered the fear so you can help to reduce it in the future. Once (or perhaps more likely, if!) your children are calm, try to talk to them constructively about why their behavior was inappropriate.

Children often don't consciously know what they are doing at the time they are doing it. If enough fear takes over them, they often go into survival mode. And everyone expresses that differently. Take the time to walk away, calm down, and then return to the situation. Try to develop a plan for what you'll do in the future.

This tip sheet was intended to get you thinking about what might be behind these behaviors . . . but coming up with solutions can be an equally frustrating journey. Please call us at the Coalition for Children, Youth & Families if we can help you with coming up with concrete solutions.

You might also check out these related tip sheets:

- [Reaching Your Boiling Point](#)
- [Making a Positive Difference](#)



Coalition Resources

You can find the following resources by calling us at: 800-762-8063 or by visiting our library at:

<http://www.wifostercareandadoption.org/>

- *Beyond Consequences Logic and Control: A Love Based Approach to Helping Children with Severe Behaviors*, by Heather Forbes
- *All About Adoption: How to Deal with the Questions of Your Past*, by Anne Lanchon
- *Being Adopted: The Lifelong Search for Self*, by Dr. David Brodzinsky
- *Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past*, by Betsy Keefer
- *Brothers and Sisters in Adoption*, by Arletta James

Children's Books

- *Never Never Never Will She Stop Loving You*, by Jolene Durrant
- *Alexander and the Terrible, Horrible, No Good Very Bad Day*, by Judith Viorst
- *The Best for You*, by Kelsey Stewart

Other Resources

Child Trauma Academy

<http://childtrauma.org>

The National Children's Traumatic Stress Network

<http://www.nctsn.org/>