

# fostering perspectives

MAY 2015 • VOL. 19, No. 2

WWW.FOSTERINGPERSPECTIVES.ORG

Sponsored by the NC Division of Social Services and the Family and Children's Resource Program

## Taking care of yourself

Being a resource parent can be one of the most important, most deeply rewarding roles in the world.

It can also be one of the hardest: intense, stressful, frustrating, and immensely draining.

If resource parents don't make a serious commitment to self-care, they can quickly find themselves overwhelmed and ineffective. Because it is hard—some would say impossible—to support the recovery and healthy development of children who have experienced trauma if you aren't doing so well yourself.

It's hard to support children who have experienced trauma if you aren't well yourself.

Self-care is a cornerstone of success for foster and adoptive parents and relative caregivers, a thing on which all other successes depend.

For this reason, this issue shares perspectives and reflections from foster parents and others and points you to self-care ideas and resources.

We sincerely hope this issue of *Fostering Perspectives* will help you build your resilience and commitment to taking care of yourself, so you can enjoy the rewards of caring for others for a long time to come.

### Sign Up Today!

In the near future *Fostering Perspectives* will go completely online—copies will no longer be printed and mailed out to readers.

But don't panic!

We are developing an email list for notifying people when new issues appear online, so no reader is left behind.

To join the list, just go to <http://eepurl.com/brPe9b> and sign up.

Don't miss an issue. Sign up today!



## Self-care: Do it for yourself, your family, and your kids

This article draws extensively from Chapter 8 of the National Child Traumatic Stress Network's curriculum (2010) "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents."

If resource parents had a motto, it might be "children first." Or perhaps "children and their families first."

Either would be fitting. Foster and adoptive parents and kinship caregivers do what they do because they want to see children and their families heal and thrive. Their focus is on the welfare of others.

But they've got to be careful. Meeting the needs of the children in their care can be so all-consuming that sometimes they put themselves and their own needs last.

This, of course, is a mistake. To be healthy, children need healthy families. But when we neglect ourselves, we may suddenly find we are overwhelmed, exhausted, drained, frustrated, angry, resentful, and unable to take joy in the good work we do.

### Compassion Fatigue

Caring for children who have experienced trauma can take a toll on resource parents. When the stress of parenting affects our mental and physical health or interferes with our ability to parent effectively, we are suffering from "compassion fatigue." The following can be signs of compassion fatigue:

- Feeling mentally or physically exhausted most of the time
- Using alcohol, food, caffeine, or other substances to fight feelings of being overwhelmed
- Sleeping too much or too little
- Feeling numb and distanced from others or your own life
- Feeling unsatisfied in your work
- Feeling moody, frequently lashing out at children or your partner
- Catching every cold that comes along, or frequent headaches or stomachaches

When we start showing these signs, chances are we aren't providing the consistent, predictable, enriching, and nurturing care the children in our homes need. Self-care can help us get back on track; it can also keep us from getting to this point in the first place.

### Barriers to Self-Care

We know we should exercise, eat right, and do the "other stuff" needed to take care of ourselves. But family life

Taking care of ourselves helps our children learn how to take good care of themselves.

### Common Barriers to Self-Care for Resource Parents

- **Outward Focus.** Most days, foster and adoptive parents devote far more energy to others' needs than to their own well-being. In fact, many are uncomfortable being on the receiving end of other people's attention and assistance.
- **Busyness.** Many caregivers really want to be there for others. They want to remember birthdays with a cake, they want to help out at church, or deliver a meal to a sick friend. So they work harder and longer.
- **Uncertainty.** Too many caregivers simply do not know what meaningful self-care looks like for them. They know something is missing but they can't quite put their finger on just what might make them feel better.
- **Denial.** Too many caregivers believe they somehow don't or shouldn't need support.
- **Minimizing/feelings of unworthiness.** Natural and man-made disasters and other terrible occurrences in the news remind us there are always other people who are worse off. We're taught as children to be happy with what we have, since other people have it much harder. As a result we sometimes feel guilty because our stress and struggles pale in comparison.

Adapted from Weissberg, 2012

continued next page

# Self-care continued from previous page

can be chaotic and demanding. When you add in parent-child visits, therapy appointments, school meetings, check-ups, and the other things we have on our plates, it is easy for self-care activities to be forgotten.

As the sidebar on the previous page illustrates, there can be many barriers to self-care for resource parents. If you've struggled with self-care, you're not alone.

As they turn out the light at the end of the day, how many resource parents think wistfully to themselves, "Maybe I'll be able to grab a quiet moment for myself tomorrow."

## Self-Care Is a Skill

One thing to keep in mind about self-care is that it is a skill—something you can practice and get better at. You will make mistakes or slip up, but if you keep at it, it will become easier and a natural part of your daily life.

## Self-Care Basics

Suppose you are a resource parent who is presently doing nothing to take care of herself. Where should you begin?

Here are a few basic self-care practices that should be part of every person's life:

- Get enough sleep most

nights; for some people this is six hours a night, for others eight.

- Eat a healthy, balanced diet, including breakfast. Avoid eating on the run, behind your desk, or in your car.
- Get some form of regular exercise.
- Visit your doctors and follow their recommendations.
- Use alcohol in moderation, or not at all.
- Take regular breaks from stressful activities. Nonstop parenting can be a stressful activity. Find a way, somehow, every day, to have at least a few minutes to yourself. Take a relaxing bath, read a book, sit on the porch, have a cup of herbal tea.
- Laugh every day.
- Express yourself. If you're feeling frustrated, sad, or angry, be honest about your emotions before they get out of control. Tell your children or spouse calmly that you are angry before you fly off the handle. Express the positive, as well, by making time to engage in something that you love, such as a craft, a game, writing, painting, or a sport.
- Nurture your relationships with your partner, family,

## Sample Self-Care Plan

I promise to make time to take care of myself by doing the following at least . . .

### Daily

- walk the dog
- play with the cat
- exercise
- pray/meditate
- read a book for pleasure
- write in my journal
- listen to music in the car

### Weekly or Monthly

- go bowling
- nice dinner out with my partner
- get a manicure, pedicure, etc.
- go out with a group of friends
- attend a support group meeting
- go to the movies
- attend religious services

*Note: Your plan should include a few items in the daily and weekly/monthly categories—not too many!*

*Source: NCTSN, 2010*

and friends. Have a hobby or take a class, get a massage, or have a regular night out.

- Let someone else do something to take care of you.

By taking care of ourselves, we make it easier to face the challenges that come with parenting children who have endured trauma.

## Create a Self-Care Plan

Setting goals can help you get the self-care you need. Consider creating a written self-care plan. The goal here is to maintain a balance between work and relaxation, and between your commitments to others and to yourself.

Your plan should include activities you do purely for fun. It should also include a regular stress management approach,

such as a physical activity you enjoy, meditation, yoga, or prayer.

Your plan should list things you plan to do either daily or weekly/monthly. As you build your plan, be careful to include things that are reasonable—that you really can do—and that are just for you. The box above shows a sample self-care plan.

Remember, the best plan in the world will only work if you actually follow through with it. Deliberately place your self-care plan somewhere you can see it, and where it can serve as a reminder of your commitment to taking good care of yourself, as well as your children.

*Source: Chapter 8 "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents" (NCTSN, 2010)*

## Social Connections and Self-Care

You've heard this before, but it is worth repeating: no one can do the demanding work of parenting children involved with the foster care system without a robust support system. For resource parents this system should include informal supports, such as family and friends, as well as more formal supports such as social workers, therapists, or coaches.

Indeed, social connections are so helpful that they have been identified as an important **protective factor**—a condition or attribute that mitigates or eliminates risk, even in the face of adversity. Extensive research has confirmed what people have known for millennia: that friends, family members, neighbors, and other members of a community provide the emotional support and concrete assistance that all parents need. Networks of support connect parents to assistance in times of need and serve as a resource for parenting information or help solving problems.

Including other foster and adoptive parents and kinship caregivers in your support networks can be tremendously helpful. When your emotional well is running dry or you start to think you are alone in your struggles, talking and spending time with others who understand what you're going through can be a lifesaver. See the list at right to find an association or support group in your area. If your community doesn't have one, consider starting one yourself!

## NC FOSTER PARENT ASSOCIATIONS/SUPPORT GROUPS

If your North Carolina foster parent association or support group isn't listed below, please contact Jamie Bazemore (jamie.bazemore@dhhs.nc.gov).

### Alamance County.

Contact Sherry Ford (336-229-2965; sherry.ford@alamance-nc.com)

### Durham County.

Email: fpadurhamnc@gmail.com; Online: www.durhamfpa.org

### Iredell County.

Online: http://bit.ly/19FkCaa

### Mecklenburg County.

Online: http://www.mcfapa.com/

### Orange County.

Contact Alice Pelland (919-732-5778; Pelland@embarqmail.com) or Debbie Meyer (919-942-3252; writetoelise@gmail.com)

### Pender County.

Contact Tyshea Harris (910-259-1396; tharris@pendercountync.gov)

### Randolph County.

Online: www.facebook.com/RandolphCountyFosterAdoptiveParentAssociation

### Stokes County.

Mailing address: PO Box 1004, Rural Hall, NC 27045; Email: slatelee@yahoo.com

### Vance County.

Contact Barbara Dunston Email: bdunston3@ncrr.com

### Wilkes County.

Online: www.facebook.com/FosterParentAssociationOfWilkes

### Yadkin County.

Email: info@yadkincountyfpa.com; Online: www.yadkincountyfpa.com



# My ongoing journey as a foster dad

by Bob DeMarco

## Or, learning to be the father my children need me to be

If I had to sum up how I feel into one word, it would be **impotent**... It's taken me some time to come to grips with it, but like it or not, that's the word.

### It's a Different Kind of Parenting

Like some of you, I stepped into this world of fostering/adopting at my wife's prodding and it took me a while to "get on board." But once I did, I was equally committed to helping one or more children who desperately needed it. I felt that I'd done a good job raising my biological four, so I reasoned that I had something to offer other children, too.

What I didn't realize was that the parenting paradigm I'd operated under needed to be thrown out the window, and that the things I count as strengths are of little value to kids who have been traumatized. Or so it seems. For these little ones, learning to be respectful, responsible, and obedient aren't a priority. For them, continued survival is their core goal, and they pursue it in ways that have worked for them in the past: by distrusting adults, lying, stealing, sneaking, ignoring directions, hoarding, fighting, manipulating... the list goes on.

My kids need a dad who has characteristics such as kindness, patience, gentleness, loving, wisdom, self-control, and empathy. I don't have many of these traits. Sure, I have love to give, and I'm as compassionate as the next guy, but patience and gentleness and wisdom...maybe not so much.

### Thank Goodness for My Wife

My wife, on the other hand, navigates the challenges of our home quite well, seeing beyond the kids' behavior and meeting them where they are. Where I get angry, she finds compassion. Where I think we should come down hard, she thinks we should go easy. Where I take disrespect and blatant disobedience personally, she knows it's not about me. My wife is very well read on the subject of traumatized children. Although she, too, gets frustrated and tired, in general I find myself often deferring to her judgment.

In contrast, at work I'm part of the leadership team. I'm respected. People listen to me and appreciate my contribution. My opinion is sought. It's stressful, fast-paced, and results-driven, but I know my job and I know what needs to be done. At the end of the day, when I leave the realm of mutual respect and teamwork to enter into the realm of constant bickering, disobedience, yelling, and school suspensions, my energy is sapped and there is little left in my mental gas tank.

It's hard to make the shift. One minute I'm in the middle of a corporate deal and the next

I'm irrationally tangled up with a disrespectful child, desperately but futilely trying to gain control of the situation. At just that moment, my wife swoops in to rescue one of us, either me or the child, I'm not sure which.

### That Chorus of Doubts

It's just here, in the midst of all these complex emotions, that the quiet voices start. Just like in Whoville, they start off low but then they start to grow. They say:

*It's better for the kids if you just keep quiet.*

*You can't get them to do what you ask or be who you know they should be.*

*All you do is make things worse.*

*You have nothing to offer.*

*You can look forward to 10 more years of this.*

On and on they go, cutting at my core. Once strong, I find myself succumbing to these relentless voices, now a chorus. I pull back. Because otherwise I'm just impotent and in the way. Or so I feel.

### A Big Conversation with My Daughter

Recently, this all came to a head. My daughter's sarcasm and cutting remarks were in especially rare form, and I HAD HAD ENOUGH. Fuming, I decided I was done. I would stop trying. From here on out, I told myself, she and I would simply coexist in the same house!

When it came time for dinner, and knowing that I didn't have anything good to offer, I chose to spare my family my misery and took my plate into my office and began to eat alone. I was low and at a loss for what to do.

After about 10 minutes there was a small knock at the door and I heard my daughter ask if she could talk to me. Worn out, I quickly responded, "No! I don't want to talk to you, just leave me be."

As soon as the words left my lips, I felt regret and disappointment that I could not rise up and do what I should. But I was at the end of my rope.

To my surprise and relief, 5 minutes later came a second small knock. "Daddy, I'd like to talk to you, please." This time I invited her in but I expected her usual fake apology where she blames everyone else and then just tells me what she thinks I want to hear.

I was wrong. She perfectly communicated her feelings, along with an apology. She didn't just come in and stare at me as she so often did. She didn't need the usual coaching for every word. She looked me in the eyes and clearly communicated her message and waited for my reply.

Even in the face of my failures (and they are many), I teach my children the power of forgiveness and that each day we get to start fresh.

With my face in my hands and tears in my eyes, the anger quickly melted away. All I could do was admire her strength in that moment: this was a really big deal for her!

I congratulated her on this momentous accomplishment. We spent the next several minutes connecting, apologizing, and forgiving each other.

In a word, it was beautiful. She managed to overcome her feelings *and* my feelings, to connect with me and repair what had been broken. In that moment, of the two of us, she was the stronger—I needed help and it came from my eight-year-old daughter.

Great healing, growth, and connection happened that evening. It also highlighted what I already knew: I was not being effective or helpful. But I felt inspired. Her strength encouraged me and caused me to want to be better.

### A Powerful Choice

We have therapists and support people in our home every week. Many times, the therapist seems to be more help to my wife and I than to our kids. At the next opportunity, I shared my daughter's feat of strength and my feelings of impotence and hopelessness.

The therapist reminded me that the worst day in my home is still helping my children heal from the trauma they experienced before entering foster care. She reminded me of the important role I play in my kids' life and that I show them every day that men don't hit women and that dads stick it through even when it gets hard.

She reminded me that even in the face of my failures (and they are many), I teach my children the power of forgiveness and that each day we get to start fresh.

Then she wrote this down on a piece of paper and handed it to me:

**You have the power to choose to forgive.**

She said, "You are not impotent. You have all the power and control; the power to forgive your children for not responding to the love and caring that you give them."

Suddenly it all made sense. This was the key I'd been looking for!

I keep that paper with me so I'll always remember that the choice to forgive is mine to make as often as I need to. It helps me to take the disrespect and disobedience, because in the end, I must take the onslaught, but I cannot be forced to forgive. That is my choice. **AND IT IS POWERFUL.**

*Bob DeMarco is therapeutic foster parent in North Carolina.*



# Resource parent self-care and secondary traumatic stress

*The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.*

— Rachel Naomi Remen

Many children in foster care have experienced trauma—events that threatened their life or sense of safety, or the life or safety of a parent, sibling, or someone important to them. Traumas experienced by children in foster care can include things such as:

- Physical abuse or assault
- Sexual abuse or assault
- Neglect
- Separation from loved ones.
- Exposure to domestic violence or community violence

Trauma's impact varies. Some children recover very quickly. Others struggle. Trauma can profoundly affect children's behavior, feelings, relationships, learning, physical health, and view of the world. Research convincingly shows that if it is not treated, trauma can negatively affect children for the rest of their lives.

Because it can have such a big impact, resource parents and others who work with children in foster care need to understand trauma and how to help children recover from it. They need to be "trauma-informed."

A key part of being trauma-informed—and self-care—is understanding secondary traumatic stress.

## Secondary Traumatic Stress

As the "secondary" in the name suggests, the cause of secondary traumatic stress (STS) is indirect. It is trauma that results from exposure to someone else's trauma, or to their trauma reactions.

Because they work so closely with traumatized children and care so much about them, foster and adoptive parents and kinship caregivers are at increased risk of STS. Resource parents' exposure to children's trauma commonly occurs through:

- What a child tells them or what they hear a child say
- A child's play, drawings, or written stories
- A child's reactions to trauma reminders
- Media coverage, case reports, or other documents about the trauma

Resource parents' reactions to these things can vary. Some are troubled or moved by what they hear and see but are able to continue on as before. Others may begin to experience signs of STS. These signs can include intrusive images; nervousness or jumpiness; difficulty concentrating or taking in information; nightmares or insomnia; emotional numbing; feelings of hopelessness or helplessness; anger (e.g., at the birth families,

society, etc.); and feeling disconnected from loved ones.

Like a primary trauma, secondary traumatic stress can change the way you see and feel about the world. It can cause you to:

- Lose perspective and identify too closely with the child
- Respond inappropriately or disproportionately (e.g., you may try to "cocoon" your child from any possible trauma reminders)
- Withdraw from the child
- Go to great lengths to avoid further exposure to the child's trauma (e.g., try never to be alone with the child)

Unaddressed, STS can disrupt lives, feelings, personal relationships, and even foster care and adoptive placements.

## When You Have Unresolved Trauma

If a resource parent had a trauma in their past (e.g., loss of a family member, death of a close friend, physical or emotional abuse, domestic violence) and it was not fully resolved, they may be more vulnerable to STS. The pain of resource parents' past experiences can be "re-awakened" by exposure to children going through similar situations. As a result, they may have trouble differentiating their experience from their child's or expect the child to cope with the trauma the same way they did.

Here are some suggestions for coping when a child's trauma is a reminder for you:

- Recognize the connection between your child's trauma and your own history.
- Distinguish which feelings belong to the present and which to the past.
- Be honest: with yourself, with your child, and with your caseworker.
- Get support, including trauma-focused treatment. It's never too late to heal.



Because they work so closely with traumatized children and care so much about them, foster and adoptive parents and kinship caregivers are at increased risk for secondary traumatic stress.

- Recognize that what worked for you may not work for your child.

## Preventing STS

What can resource parents do to protect themselves from secondary traumatic stress?

You have already taken one important step, which is learning about STS—what it is and how it is caused. Knowing the signs to look for will help you recognize early on when you see possible symptoms in yourself or other family members.

Self-care is tremendously important, too. If you regularly do things that help you live a balanced life, you are protecting yourself against secondary traumatic stress. Creating and using a self-care plan is strongly recommended. For more on self-care plans and for ideas for daily, weekly, and monthly self-care activities, see page 2 of this issue. The sidebar below also offers helpful suggestions.

## Conclusion

To help the children in your care, you must take care of yourself—physically, psychologically, emotionally, socially, and spiritually. If you do this, you can be there for children and their families when they need you.

Sources: NCTSN, 2010; Conrad, 2004; Children's Home Society of Missouri, n. d.; Remen, 2006

## Strategies for Fighting Secondary Trauma

- **Understand and respond to your own needs.** Learn to recognize your body's signs of stress.
- **Set limits.** You cannot be everything to everyone. Learn to say "no" to requests for your time or attention. Recognize the job of parenting children who have been traumatized requires a change in other priorities and other relationships.
- **Create time for rest and leisure.** Small ways of taking care of yourself can include a morning cup of coffee, a special bubble bath, a walk in the park. Focus on healthy ways to relax—increasing your consumption of alcohol or eating sweets may feel good in the moment but will lead to further stress in the future.
- **Maintain positive view of the world.** Bad things happen, but there is a lot of good in the world. Remember that you are part of the good that is happening in your child's life.
- **Seek out help for your own feelings.** You are your child's lifeline. Taking care of you is taking care of your child. Find others who will listen without judgment—a friend, a sibling, a therapist, or a support group. (All of the above, if possible!)
- **Choose your battles.** Ask yourself "does this really matter?" See what you can let go of. Realize that life will go on even if you are not perfect.
- **Keep hope alive.** Focus on the glimmers of hope and change in your child and your relationship with your child.

Source: Children's Home Society of Missouri, n. d.

# Stress, your worker, and you by Mellicent Blythe

## *A conversation with child welfare social workers*

As a resource parent, you've seen first-hand the effects chronic trauma can have on a child's health and well-being. And as discussed elsewhere in this issue, your own functioning can be affected by exposure to children's traumatic histories.

But what about social workers? Unfortunately, they are also at risk for **Secondary Traumatic Stress** (STS), a condition which can affect their professional and personal lives.

You're not responsible for taking care of your social worker or "fixing it" when they have STS. However, understanding how STS can contribute to common frustrations between workers and families may reduce your stress and help you partner more effectively with your worker.

To get a first-hand perspective, we talked with two former DSS social workers about ways STS affected them. (*Their names have been changed.*)

### Did you ever experience signs of STS?

**Ann:** Yes. I was a supervisor for years. **Avoidance** was always a huge one for me and my workers, especially writing case notes describing a visit. To write those notes you had re-live it, and sometimes it was too painful.

Eventually I realized I had to document difficult experiences right away, just push through it. Otherwise I would put it off.

It's easy to recognize that CPS social workers see horrible stuff. But foster care, adoption, and licensing workers see really sad and tragic things, too, especially placement disruptions. And they have a relationship with the child and with the birth and foster families. I felt a ton of responsibility if it was not only "my" kid that had a disruption but also "my" family—a family I had found and trained and supported. Sometimes I felt really let down, and it was hard to figure out how to maintain an ongoing relationship with them. I'd be going out to see them about a different child and re-live my emotions about the disruption.

Something I never really

thought about that's common is the **guilt**—the apologizing profusely even if what I did was completely warranted. Instead of focusing on what I had done well, I'd fixate on the negatives.

And there's the **emotional exhaustion**. There would be times when a child or parent would have great news, and you couldn't get to that happy place with them because you had dealt with a disruption all day, or notified a parent you were terminating their rights. You just can't celebrate the way you'd like to.

**Zoe:** I can definitely see myself in the **hyper-vigilance**. Sometimes when my on-call phone rang I would right away have that stress reaction.

I also can relate to looking for that "quick fix." With certain families the needs are so large, you feel overwhelmed. You spend a lot of time trying to put out small fires, so you may not be working towards that permanency plan and outcome that you're supposed to be focusing on.

And some days I felt very heavy, just a sense of fatigue and being worn down. Sometimes I just had to take a mental health day.

### Are there other ways in which traumatic stress affected you or your co-workers?

**Zoe:** I saw others at my agency showing signs. At first you think, "I'm not going to be that person. I'm going stay motivated. I won't be overwhelmed." And at times I accomplished that. But as cases increased it became harder.

If CPS goes out and those kids have to come into care, you don't have space to deal with your feelings. You have to be with that family and do what you need to do. You have to push all those feelings aside and do the work.

But we're not robots. Even though parents can be abusive or neglectful, they still love the child and the child still loves them. We know we're hurting that family, even if it's the right thing to do.

**Ann:** Sometimes it almost feels like you have PTSD. I was at a fancy dinner on vacation and a cell phone at the table next to us

went off. I had a visceral, physical reaction. I got shaky, my heart sped up. I felt intense anxiety. I felt sick to my stomach. I realized it was the same ring I used for my old on-call phone. When that phone rang, it meant something was wrong and I was probably going out at night, usually to a remote location. I never knew what I was walking into. That is scary and can wear you down.

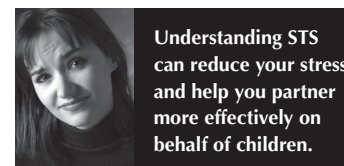
### What would you say to resource parents about workers and STS?

**Ann:** Knowing about traumatic stress may open a conversation. A foster parent might say, "I'm feeling some symptoms of stress, and I'm wondering if you are too." Talking about it can be a way to build partnership.

Social workers should never seek support from those we're supposed to be supporting. But sometimes it can be a reciprocal relationship.

It's also important for foster and adoptive parents to build their own network of support. Your social worker cannot do it all. Do they wish they could? Absolutely. But they can't.

What should you do? Prioritize. Ask: is this something I need to reach out about right now, or can I go to my informal support network? What supports do I have to help me process and decompress? Obviously you have to be mindful of confidentiality, but do you have people you can talk to about how you're feeling?



Understanding STS can reduce your stress and help you partner more effectively on behalf of children.

But it's a balance. Always share any experiences or symptoms you're having that might lead to a disruption. Be willing to own it, to say early on, "I need some support." Rather than waiting until you're at the breaking point and then saying, "If he wipes his feces on the wall one more time, I'm out of here!" And your social worker is thinking, "What? I didn't know that was going on!"

Agencies have protocols, like needing to give two weeks' notice for a move. This is so important. Unless someone's safety is at risk, those protocols are in place to protect everyone.

Whatever we can do to reduce the trauma for that child, it's also going to reduce the stress and anxiety for the resource family and for the social worker.

People don't realize when we say we don't have another placement for the child, that means the child is sleeping on the floor at the agency. That's not good for anyone, especially the child.

**Zoe:** Don't forget to tell your workers about the good things! They need to hear about successes in kids' and families' lives—this reminds them of why they do this work, and that they're making a difference.

*Mellicent Blythe is a Clinical Associate Professor at the UNC-CH School of Social Work.*

Signs of STS and What You Might See in a Social Worker	
<b>Hypervigilance</b>	Signs of being nervous, "on edge," or worried about things that don't bother you
<b>Inability to embrace complexity</b>	Looking for a "quick fix"; seemingly quick to blame someone for complex problems
<b>Inability to listen, avoidance of clients</b>	Delaying or failing to return phone calls or schedule appointments
<b>Anger and cynicism</b>	Appearing "burnt out" from their job; negative or pessimistic about new ideas or people
<b>Chronic exhaustion</b>	Signs of fatigue, low energy; may look like they "don't care"
<b>Physical ailments</b>	Frequent health problems, sick days, physical discomfort
<b>Minimizing</b>	Seeming to dismiss your concerns or not take them seriously
<b>Guilt</b>	Quick to take blame; focusing conversation on what they have not been able to do for children
Sources: NCTSN, 2011; van Dermoot Lipsky, 2009	



# Window pain by Mark Maxwell, PhD

## ***A broken porch window was a wake-up call our family needed***

My eyes immediately went to the broken window pane next to our front door. Justin lay asleep on the front porch bench. It was an 85-degree summer day, but he wore a long-sleeved flannel shirt and sweats. There was broken glass but, thank goodness, no blood.

"Justin, do you want to harm yourself?" I asked.

His answer: "Yes."

We feared the worst. Dealing with Justin had pushed our family to its limit. Would he self-medicate? Take a knife to his wrist? Or would it be just another 16 hours of sleep and nothing else?

We loved Justin, but the broken window was a wake-up call.

### **Meeting Justin**

Justin came into our lives in 2012. A Guardian ad Litem friend told me about a 15-year-old young man who was an outstanding student, had no behavioral problems, took no medications, and self-identified as gay. My spouse and I agreed to meet Justin.

The GAL was right. Justin is an amazing young man. He's studious, a gifted writer and orator, and wants a good life.

Over several months, Justin met our three other sons and other family members. Shortly before his 16th birthday, Justin's adoption was finalized. We became his forever family.

It wasn't until after Justin was an intricate part of our family that we discovered the periods of despair and mania that clung to him like thorns on a rose.

As parents, we were accustomed to teenagers' moods. Justin's struggles were something else, but we didn't see it at first. It wasn't until the blinds started to shut in his radiant eyes, his grades slipped, and his normal prideful appearance changed to oversized sweats that we realized our beautiful son carried deep mental scars from his experiences of abuse and neglect.

### **Staying Strong to Help Justin Heal**

Helping Justin heal requires us to first acknowledge that his past trauma is real. Helping Justin reach self-sufficiency is our goal. We love our son, but we know that his health depends on the state of our health.

What do we do to take care of ourselves? We surround ourselves with a support system of friends and professionals. We ask lots of questions. We look for family-friendly documentaries that help us understand that Justin did not create his pain, but he is responsible for asking for help and allowing those who care about him to keep him healthy and help him heal. (See a list of recommended documentaries at right.)

Justin is one of the best gifts we have ever received in our lives. He cannot be blamed for the impact of his reactions to past emotional abuse and neglect. He is a child and he is learning to cope.

### **Life Today**

Today, because of his internal fortitude, the right medications, and the love of family and friends, Justin is thriving, writing his first book of poetry, and preparing for college. His smile is back. He understands that there are consequences for breaking things. He works part-time and agreed to repair the broken window.

We chose to share our story to encourage other families not to give up hope. When we as a family felt love and logic were not enough, we started honest conversations with professionals, family, and friends. We asked for help and support and we continue to get it. Children like Justin matter. During the emotional storm, we reflected on photos from family vacations and his gifts as a writer and artist. We allowed ourselves to feel the anger and emotional pain.

As a family we laugh a lot. As a father, I'm proud of my son for realizing that his existence is a gift to our family and the world.

*Mark Maxwell and his life partner Timothy Young-Maxwell have four children adopted from North Carolina's foster care system.*

## **I Needed Help** by Justin

I was sixteen when winter crystallized over my skin. Like dirty road salt, it exfoliated my pride and joy.

Below-zero, I lay frozen, attached to my bed. Tears dripped onto my Pima Cotton sheets and feather mattress handpicked by my parents for my comfort. Flashbacks rolled through my mind of the singlewide tinfoil trailer planted into the dry dirt on the outskirts of the city that I once called home.

Tap water, a loaf of bread, and a fist of knuckles that stood out like stones. Those knuckles stepped across my face more times than I can count. A dark pine forest grew around my heart, blocking out the sunlight.

On a lakeside sits a skeleton staring at purple bruises and crooked teeth. "This blood family doesn't flow right."

On January 26, 2010 I stared at the barrel of gun. Mom owed them money for drugs. They came to collect and shot my dog.

The word "mom" chaps my lips. I can't give blood during a routine doctor's visit without seeing her with a needle in her arm.

I sat in therapy sobbing the words "I can't go back." I exited Hell for foster care. Like a bird, I landed into a forever family at age 15.

Finally...family meals and family outings that didn't end with me picking up the mess. I am just a kid!

For a year, I hung up my memories of abuse like a dropped call on a payphone...just gone. I was vibrating and happy.

At 16, I got the call from my past life. My mind and body became like a building that had been vandalized. I got high just to eat and forget. Nightmares rolled through me. My mind was drenched in gasoline. I couldn't sleep, I cut myself, and I put amphetamines into my nostrils.

Multiple hospital stays later, the journals and the scars on my arms remind me that I wrote the same poetic suicide note over and over again. I saw the hurt in my dad's eyes the first time he hospitalized me. On the day I broke the window pane I didn't care.

But I knew I needed help.

**At 16, I got the call from my past life. My mind and body became like a building that had been vandalized.**

## **Related Learning Resources**

*Our family looks for films that help us gain insights and promote our resilience. Here are a few I recommend. — Mark Maxwell, PhD*

- [Call Me Crazy](#): An anthology of five short films exploring the impact and stigma of mental illness. Three of the five stories are connected. This excellent film offers a peek into the impact of issues such as PTSD on individuals and families.
- [CAMP](#): Eli is brought into foster care when his mother dies of a drug overdose. Placed in a group home, he attends a summer camp intended to help foster kids form relationships with caring adults. Eli is assigned to Ken, a counselor who cares more about money than about kids. However, Ken eventually learns to care for Eli. He becomes trustworthy, and Eli becomes able to trust.
- [The Dark Matter of Love](#): Documentary on the psychological aspects of growing up with and without parental love. Centers on a family with children that adopts three orphans from Russia.

**NOTE:** Some agencies offer training credit to foster parents who document that they have watched relevant movies and/or documentaries. Always check with your agency before using this approach to meet training requirements.





# "Self-care" CFT meetings for resource parents

by Billy Poindexter

In this issue we've talked a lot about the stress that can come with being a foster, kinship, or adoptive parent, and about how important self-care is for resource parents. Although a lot of good strategies have been suggested, I'd like to talk to you about one you may not have considered or even heard of: a "self-care" child and family team meeting.

Officially, child and family team meetings (CFTs) are meetings where DSS brings birth family members and their community supports together to create, implement, and update a plan with the child, youth, and family. These are structured discussions that seek to ensure child safety and build on the strengths of the child, youth, and birth family and address their needs, desires, and dreams.

But the CFT format is versatile. It doesn't always have to focus on court or crises. A CFT can be a "self-care" meeting for resource parents experiencing stress in their home.

## CFTs for Resource Parent Self-Care

Child and family team meetings are a chance to demonstrate one of the core practice principles of North Carolina's child welfare system: **everybody needs to be heard**. Self-care CFTs provide a forum for open, honest, non-judgmental discussion about life in the home. CFTs can be held for the express

purpose of providing clarity, support, and options for resource parents dealing with the stress of their situation.

To be sure resource parents feel heard, we need to pay attention to the CFT guideline that asks: "Who are the right people to be at the meeting?" Just like youth in care, resource parents need a team to support and strengthen them so they can avoid the burn-out that sometimes occurs in helpers.

Who are the right people for this type of CFT?

- All professionals working with the child: GAL, therapists, social worker, etc.
- People from resource family's support system, and possibly . . .
- The biological family of the children the resource parents are caring for.

What are all these people doing at the meeting? LISTENING. This CFT is a place where the resource parent is free to talk to the whole system at one time. In this way resource parents can explain the impact of the situation on them and their family. This ensures team members, as a group, have the information they need to do their best thinking about support.

This is also an opportunity for the group to connect the family to resources to help them meet the children's needs. This will provide resource parents support and an outlet to

cope with the stress of helping. As a resource parent you will now be clear there's a team supporting you as well as the youth in your care.

Self-care CFTs can also be helpful to case-workers because it can give them insights for preventing placement disruptions.

If the biological family is involved, a self-care CFT becomes an extension of Shared Parenting, strengthening ties between the two families and encouraging both the youth in care and the bio-family to move more smoothly to transitions and reunification.

## Conclusion

As a resource parent, you have a right to ask for a CFT if you think one is needed. Don't see the CFT process as a tool for meeting court orders or answering questions around reunification. CFTs can be a place to explain your life and seek answers that will help the young people in your care, their families, and you.

*Billy Poindexter is a CFT trainer for the Center for Family & Community Engagement at NC State University.*

## To Learn More about CFTs . . .

Read *Fostering Perspectives*, vol. 16, no. 2 at [www.fosteringperspectives.org](http://www.fosteringperspectives.org)

CFTs can be a place to explain your life and seek answers that will help the young people in your care, their families, and you.

# Mobile App for Building Resilience in Foster Families

**Helps foster/adoptive families and youth build strengths, connect to supports, and overcome common challenges**

Have you heard about "FOCUS on Foster Families"? Designed for foster/adoptive families and youth, this free mobile application aims to provide support for youth and those who care for them in the form of video interviews, skill-building games, and access to downloadable PDFs to help promote resilience in the face of challenges.

This app was developed by a UCLA team that specializes in using technology to provide information, skill training, and support for families. With guidance from a large number of foster/adoptive youth, parents, and human services experts, FOCUS on Foster Families includes guidance, shared experiences, practical training, and interactive games, all designed to build individual and family strengths, resilience, and hope.

The app provides information and support in the form of candid interviews with current and past foster/adoptive

youth, parents and grandparents, and experts on the foster/adoptive process. FOCUS on Foster Families also includes scripted family training videos that provide practical instruction on helpful ways of dealing with common challenges, interactive games to help youth build skills in problem-solving and emotional regulation, and lists of resources and links organized by topic.

Patricia Lester, Director of UCLA's Nathanson Family Resilience Center, which developed this app, says "We are especially excited about the opportunity to feature the stories of real foster youth and parents who can help guide our users through their experiences with common challenges."

Members of the UCLA Guardian Scholars, a program which offers support to foster youth attending UCLA, provided consistent support for this project and are featured in a number of

videos within the app's resource section. The students candidly shared their experiences and helpful tips for parents and youth currently involved in foster care. The project also benefitted from advice and collaboration provided by a number of community-based organizations that work with foster youth and families.

"Sharing your experiences in foster care is difficult," said Annika Taber, UCLA Guardian Scholar, "but I think I can speak for everyone in saying, we did this because we were all there once and all any of us wanted to hear was that we weren't alone."

FOCUS on Foster Families works on mobile phones and tablets. It can be downloaded free from the iTunes App Store (<https://itunes.apple.com/us/store/>) and the Google Play Store (<https://play.google.com/store>).

To learn more, go to <http://www.focusfoster.org>.



Download FOCUS on Foster Families today and . . .

- Get tips, answers to common questions, and encouragement from foster caregivers, youth and experts
- Watch demonstration videos to help you learn key strategies for dealing with common challenges
- Play interactive video games for youth designed to build skills in problem-solving and emotional regulation
- Download FOCUS tools and visit online resources

# Kids' Pages

Words and Pictures by and for Children in Foster Care

Vol. 19, No. 2 • May 2015



## Writing Contest

### Adults taking care of themselves ...

In the last issue of *Fostering Perspectives* we asked young people in foster care "What do your foster, adoptive, or kinship parents do to take care of themselves so they can do a good job taking care of you?" Here's what they had to say.

1<sup>st</sup>

#### Maria, age 16

My foster parents do a good job taking care of me by taking care of themselves first. How? Well first of all, they always respect each other. No matter how bad the situation is, they respect each other. They always discuss anything that is going on. If it's private they wait until night to discuss the situation.

Also, they always make sure we have family time. You know family time is the most important in the world. Having a family and not having family time is like making ketchup without tomato. They also have respect for each other's feeling. Also, they take care of each other when they are sick.

And what I love is that they also work on putting up an example so when I am older I will know what to do and not suffer. *Maria received \$100 for taking first prize in the writing contest.*

No matter how bad the situation is, they always respect each other.

2<sup>nd</sup>

#### Dakota, age 10

My foster mom does a lot to take care of me and three other kids. She takes herself to the doctor to help herself be healthy . . . She also exercises to stay in shape. There are also tons of other things she does for herself to help me. I love and appreciate her for that. *Dakota received \$50 for taking second prize in the contest.*

3<sup>rd</sup>

#### Anayah, age 13

My adoptive parents go to the doctor and the dentist whenever the need to. . . They spend time with us and time without us to sift their minds out. They make sure they keep in contact with our teachers. They try to keep on top of what's going on! Oh, I forgot—they also go to a lot of workshops about children.

*Anayah received \$25 for taking third prize in the contest.*

## Parents Practicing Self-Care

My adoptive mother gets her nails done. My adoptive parents go grocery shopping to make sure we have enough to eat. They exercise every day. They really take care of themselves so they can take care of me. — *Caroline, age 7*

They take their medicines. They make sure they go to the bank. My adoptive mom gets a yearly checkup. — *Byanca, age 8*

My foster mom, Ms. Michelle, does everything she can to take care of me and my foster sister. I've been in foster care for about six and a half months. It's not easy being in foster care. It's actually kind of difficult. I've had my ups and downs with both Ms. Michelle and my foster sister.

Ms. Michelle will do almost anything for us, but it has to be within her budget. She makes sure we have clothes to wear and food to eat. She gets rest at night and she'll wake us up in the morning to get ready for school.

I know that's pretty much the basic needs of Maslow's hierarchy of needs, but I don't care, it still counts, because she doesn't have to buy us clothes, or stuff to do in our free time. For instance, she buys me yarn because I crochet and she knows it keeps me busy.

I had three A's and a B on my report card for the end of the first nine weeks as a freshman, so she took me to Michael's and she bought me three things of yarn. — *Malia, age 14*

*These young people received \$20 for having their work published in Fostering Perspectives.*

## A Better Girl by Natosha, age 13

Once upon a time there were two girls living with their mother. Hailey and Natosha were the best of friends when they were little, but as they got older they started arguing and fighting non-stop. Separating and punishing did not work—they still fought.

One day Natosha got so mad at her mother and her sister she ended up running away. Natosha's mom called the cops and asked them to help find her missing daughter. When Natosha returned her mom said she had had enough.

Natosha was sent away to a therapeutic foster home, but not forever—just until she got her act together.

Natosha was furious and really sad. But when everything settled down, things changed. Natosha started to get better and better. Finally everything calmed down enough she could go home. Natosha was filled with joy.

When Natosha saw her mother standing there with open arms, Natosha gave her a big, big hug and said she was sorry and will be good for the rest of her life. What Natosha said was true. Natosha will never have to leave her mom ever again.

*Natosha received \$20 for having her work published in Fostering Perspectives.*



She saw her mother standing there with open arms.



## Mine & Yours

by Jacob, age 13

in my life  
we had to hide the knife

in your life  
you grew up right

in my car  
we couldn't drive too far

in your car  
you could probably  
go for a tour

in my kitchen  
they talked of snitchin'

in your kitchen  
all you could smell is  
chicken

near the trees  
is where we grew the  
weed

near your trees  
you could hear the bees

on my land  
there were lots of  
beer cans

on your land  
is a box of sand

*Jacob received \$20 for having his poem published in Fostering Perspectives.*





# Taking care of yourself while engaging in shared parenting

by Donna Foster

By now you should know that I'm a big fan of shared parenting. In past issues of *Fostering Perspectives* I've worked hard to explain why I think this practice is good for children, good for birth families, and good for foster parents.

I believe this with all my heart, based on my own experience and the experiences other people have shared with me. That's why I'm so committed to sharing suggestions and insights that can make shared parenting go more smoothly.

But I'd be lying if I said shared parenting was easy, or that it comes naturally to everyone. In this article I'd like to offer some suggestions for taking care of yourself in the face of the challenges that can come your way when you engage in shared parenting with birth families.

## Step One: Pat Yourself on the Back!

There are so many terrific things you probably do on a daily basis to support shared parenting. They may include:

- Sharing photos of the child with the birth parent
- Creating rules and discipline ideas with the birth parent
- Talking positively in front of/to the child about the birth parent
- Going to school events with the birth parent

There are many other examples. These are wonderful things to do!

Recognizing your own efforts is a way to find joy in shared parenting and your role as a caregiver. So when you catch yourself doing these things, **pat yourself on the back!** Don't wait for someone else to notice.

In fact, take it one step further. Why not document what you do to support children's connections with their families and share it with your social worker? These are things social workers—and the birth parents—want to hear! Your worker will put what you share in your family's file for relicensing, and in the child's file.

## Managing First Meetings

Before meeting the birth parents of the first child we fostered, I felt uneasy and apprehensive. How do I start a conversation with someone who may dislike me for being the foster parent of their child? How do I convince them I am here to care for their child and not to take their child? I spent hours going over the right words to use.

After years of fostering and talking to others, here are some suggestions for handling the natural anxiety you will feel before first meeting the birth parents.

- Center yourself. When I prepared to meet

a birth parent I would take deep breaths, say a prayer, and remind myself that this parent feels alone and frightened. My anxiety lessened and my empathy for them grew stronger.

- Be sure in your heart that your job is to first help children go back home.
- Meet the birth parents as soon as you can. The more time passes before this meeting, the more upset parents feel and the harder it is for them to trust you.
- Be yourself. How do you greet someone you don't know? Remember the birth parent is anxious to meet you, too. Can you imagine the power of comfort behind words such as, "Hi. My name is Donna. I know you must be worried about your child. She misses you. How do you want me to take care of her until she comes home to you?" If you can use words like these—and mean them—parents will see you more as an ally and less as the enemy.
- If parents are angry, don't take what they say or do personally. Their anger is not at you. It is at their situation. Being calm and understanding will change the birth parent's defensiveness.
- Parents involved with the child welfare system are people with struggles. We aren't here to punish them, but to support them in parenting their children.

## Coping with Co-Parenting

When fostering the children in my home, I had to remind myself daily that they were someone else's children and were going back home. I needed to be careful not to change the children's lifestyle. I didn't want them to have any trouble fitting back with their family when they reunified.

Of course, acknowledging that didn't make it easier for me. I was parenting my birth children at this same time. Life can be confusing when everyone is under the same roof!

Co-parenting can be hard. Can you be open to the birth parent's suggestions on how they would like to have their children parented?

You needn't do everything they suggest. But when you do even some of the things, pat yourself on the back. Telling the child his mother wanted you to make boxed macaroni and cheese will give comfort to the child and build higher self-esteem for the parent.

Debbie Gallimore, a foster and adoptive parent, has said, "We are here to support the birth parents, not fix them." If you do this, both child and parent will trust you more and parenting will be easier for you.

## Grappling with Grief

If you foster, you will grieve. You may grieve

when a birth parent misses visits and the child is upset. You may grieve because the child wants his mom and dad to become healthy but they won't accept the help they're offered. Your whole family may grieve because you love the child and they are moving from your home and maybe from your life.

Knowing you will grieve at times, how do you prepare yourself and your family? It helps to let everyone talk about their feelings. Let each one share what they need to move through the grief. Sometimes taking a break from fostering or meeting with a therapist to talk through the feelings can help.

Caring for children who need a home is an honorable thing to do. Knowing you are making this world a better place can help you through the sad times. Pat yourself on the back!

## Tips for Taking Care of Yourself

1. Have a life outside of foster care or adoption. Schedule time with your spouse/partner and friends. You deserve to laugh with adults and share hopes and dreams.

2. Maintain your spiritual life. It will get you through the happiest and toughest times. You won't feel alone.

3. If birth parent visits with their children can be held outside of the agency's office, try to meet in parks or other family-friendly locations. This can be relaxing for everyone.

4. If you need a break, take it. Use the respite program in your agency. If they don't have one, lobby for one.

5. Create healthy boundaries when working with birth families. If they want to call their child, let them know the best times for their child to talk. Don't lend them money. Lending money starts a bad habit you will regret.

6. Keep the social worker involved. For example, if the birth parent needs housing, let the social worker handle this. You can be encouraging without doing the work for the birth parent.

7. Remember what you are doing is very important for children and families. Adults outside of foster care and adoption may not understand why you are doing this or what it takes to do this job. Surround yourself with people who are doing what you are doing so you can support each other.

8. Allow yourself to grieve when a child goes home or moves into adoption.

9. Create a life book for your family with photos and stories. It can be comforting to look at your memories.

10. Always remember to pat yourself on the back. You deserve it!

*Donna Foster is an author, national trainer, and consultant who lives in Marshville, NC.*

# Self-care for relative caregivers: One family's story by Tonia Jacobs Deese

If you are caring for a loved one's child due to abuse or neglect, our child welfare system relies on you. One in four children in foster care in North Carolina are in "kinship placements," which typically means a county department of social services has legal custody of the child, but the child lives with a relative (Duncan, 2014).

## Benefits and Challenges

"Kinship care helps children maintain familial and community bonds and provides them with a sense of stability, identity, and belonging, especially during times of crisis. Kinship care also helps to minimize the trauma and loss that accompany parental separation" (Annie Casey Foundation, 2012).

We know kids often do better when they're with family. Research tells us that children in kinship placements have:

- Fewer behavioral problems
- Lower rates of mental illness
- Better overall well-being
- Fewer placements and placement disruptions (Jordan Institute, 2014).

We also know that kinship care has some unique challenges. Kinship caregivers tend to receive fewer services, less financial support, and less training. Relatives often must take in a child with little time to prepare, and the change in roles can cause conflict between the birth parents and kinship providers (Crumbly, 2015).

Still, kinship care is a valuable option for families. To learn more, we spoke with "Ms. Maxwell," a North Carolinian who has custody of her two adolescent grandkids, "Kera" and "Audrianna." (Note: all names used in this article have been changed.)

## A Conversation with Ms. Maxwell

### What made you decide to take in Kera and Audrianna?

Their mom has bipolar and personality disorder and has been hospitalized seven times, sometimes for a month or more. I was called to the ER and told the kids would have to go with me or into a foster home. The kids had to go into a foster home for a weekend and that really bothered me. I didn't ever want to see them go back to a foster home.

### What has it been like caring for the girls?

It's a joy to know they're here and happy. Kera has been asking for love and wants to know somebody loves her. They've been put down and picked on. They've had trauma. It's been trying at times, especially with two teenagers, but therapy has really helped. It teaches them how to handle stress, their thoughts, and their attitudes. I really believe in therapy. Anytime a child is taken out of their home, it's hard on them and they need therapy.

**A lot of times I neglect myself because I know my priority is the kids. The girls push me to do things to take care of myself.**

### What are the benefits of caring for the girls?

Knowing that they are happy. I think I give them a sense of hope. I constantly tell them they can do what they put their minds to.

### What are the biggest challenges?

Getting them into a routine: having chores, introducing them to discipline and consequences. Dealing with their attitude. The kids weren't used to being disciplined by their mother. They really miss their mom.

### What kind of impact has caring for them had on you?

A lot of times I neglect myself because I know my priority is the kids. The girls push me to do things to take care of myself.

My relationship with my daughter (their mother) is getting better. We were estranged for a while. At first I really felt it was my fault that she was in her situation. I had to come to the conclusion that I wasn't the one who made her do the things she did. I had to understand her mental illness. I think our relationship is better because she knows I'm taking care of her kids.

### What kind of impact has this placement had on the girls?

They now know that people are concerned about them and are doing things to help them. They've always known me as grandma, but we are getting closer.

### What support have you received in caring for the children?

I get Work First (TANF) and Social Security Disability benefits, and the kids have Medicaid. A local private child-placing agency and Big Brothers Big Sisters have provided food for Thanksgiving, Christmas presents, clothes, and fun activities for the kids.

Big Brothers Big Sisters just started a grandparent support team. We meet once a month and I really enjoy it. Sometimes it feels like you're the only one struggling to raise your grandkids. This group reminds me I'm not alone. I've gotten good ideas on what to do from other grandparents and from the kids' therapists. My DSS workers have been wonderful. I don't know how I would've done it without support.

### Is there anything you'd like to say to other kinship families?

Keep in there. Hang tight. Keep your faith strong and the end result will be very beneficial and helpful. It will get tough sometimes, but it will be a pleasure knowing you had some role in helping the kids.

## Key Take-Away Messages

Ms. Maxwell's story reminds all kinship caregivers that:

- You don't have to do this alone.
- You're doing the best you can.
- Don't be surprised or ashamed if you feel angry, shocked, sad, or guilty about why the child is living with you. Whatever you're feeling—it's okay and normal.
- You've added another member to your family, and that can make it tough to make ends meet. Check with your social worker to see if you qualify for Work First benefits, housing assistance, tax credits, child care assistance, or SNAP benefits (also known as "food stamps").
- Take care of yourself, too! Caring for someone else's child can be stressful. Self-care helps prevent burnout. Remember, for the child to be OK, you have to be OK.

(Crumbly, 2008; Foster Care & Adoption Resource Center)

## RESOURCES FOR KINSHIP CAREGIVERS

- **AARP Grandparent Information Center** has a resource guide and a quarterly newsletter for relative caregivers. Visit [www.aarp.org/grandparents](http://www.aarp.org/grandparents) or [www.aarp.org/nc](http://www.aarp.org/nc).
- **Family Caregiver Support Program** offers counseling, support groups, training, respite care, and information about community services in 17 North Carolina counties. Visit [www.ncdhhs.gov/aging/aaa.htm](http://www.ncdhhs.gov/aging/aaa.htm).
- **Grandparents Raising Grandchildren and Kinship Support Group.** Offered through the NC Cooperative Extension Program, this group provides a series of six classes for grandparents focusing on support, accessing resources, and helping the child. Call 919-515-2813 or visit [www.ces.ncsu.edu](http://www.ces.ncsu.edu).
- **Senior Resources of Guilford** has lunch & learn groups once a month. Call Debra Stokes at 336-373-4816 or email [fgp@senior-resources-guilford.org](mailto:fgp@senior-resources-guilford.org).
- **Buncombe County:** Bair Foundation operates a kinship program in Buncombe that includes support groups, a community garden, newsletter, and other assistance. Visit <http://bit.ly/1Bnds4y> or call 877-213-0723 (toll-free).
- **Catawba County** has a kinship care support group, provides legal assistance, and helps families access resources. Call 828-465-8901 or visit at <http://bit.ly/1B0J8YJ>.
- **Relatives as Parents Program** offers education and support groups in a number of NC counties:
  - **Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, and Yancey Counties:** To learn more visit <http://www.regiond.org/> or call 866-219-3643 (ext. 128) (toll-free).
  - **Forsyth County:** Email Susan Parker at [parkerse@forsyth.cc](mailto:parkerse@forsyth.cc) or call 336-703-3744.
  - **Other counties:** Contact Alicia Blater at 919-733-0440 or Dr. Luci Bearon at 919-515-9146 to see if there is a group in your county.



# SaySo update by Lauren Zingraff, SaySo Executive Director

## SaySo Turns 17

SaySo celebrated its 17th birthday on Saturday, March 7, 2015 at Guilford Technical Community College in Jamestown, NC. This yearly event, also known as SaySo Saturday, is our largest conference every year.

This year's theme was "Super 17: Family Reunion." It was a fantastic time!

SaySo Saturday is also our annual membership meeting. At this meeting young people break into their state regions and vote for the 2015-16 SaySo Youth Board of Directors to represent them on the state level.

The wonderful workshops at SaySo Saturday this year included:

1. CFT – What's In It for Me? – Come and learn about child and family teams that are for you and all about YOU!
2. Local Chapter Superstars – Come learn how to create a local chapter with other powerful youth in your area.
3. NC REACH/ETV – Do you have hopes and dreams to attend college? Find out what financial support you have available to fulfill those dreams!
4. Professional Trendsetters – Come and learn how to look good, feel good, and be your best!
5. Risky Business – Your body is your temple. Come learn important tips about overall health and wellness.

Our keynote speaker was La'Ticia Nicole, and she was AWESOME! La'Ticia had us all laughing, crying, inspired, and encouraged. She reminded all of the young people that your past does not determine your future success. You can find out more about her

at her website: <http://www.laticiaspeaklife.com>.

We also had several SaySo alumni return for the day. SaySo had a record-breaking 270 birthday guests this year. This was phenomenal and we are so thankful for everyone who came to celebrate with us. We look forward to turning 18 next year!

The SaySo organization holds several events throughout the year that are free for youth ages 14-24 who are or who have been in the foster care system. We encourage you to find out more on our website: [www.saysoinc.org](http://www.saysoinc.org).

## SaySo Survivor

Another one of our annual events is SaySo Survivor. This is held at Camp Chestnut Ridge in Efland, NC. The young people spend Friday through Sunday at camp, working on building their resiliencies and identifying personal strengths. We focus on finding a word or statement that helps describe the youth's resiliency. Throughout the weekend we "Name It. Claim It. Use It. Share It."

Below La'Sharron Davidson's, who is currently a SaySo Regional Assistant, shares her experience of attending SaySo Survivor.

## Remembering My First SaySo Survivor Weekend

by La'Sharron Davidson

SaySo Survivor weekend is a time for youth to build resiliency. Name it. Claim it. Use it. Share it. Everyone comes to camp and has a great time.

My first time there was the BEST! I had never been camping before and I'm a city girl, so that's saying something!

When I arrived we had to put our belongings in our cabin, make up our beds, and clean the cabin out. There were spiders and other little creatures. (I was freaking out—I never knew there were so many bugs in the world!)

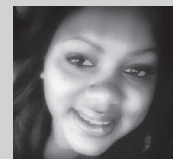
After that I went to the cafeteria and joined other staff and youth with playing games and so forth. I learned that at SaySo Survivor we have a chance to go horseback riding, canoeing, kayaking, and enjoy s'mores and a bonfire. I had not ridden a horse before, so it was scary at first. (It actually took me two SaySo Survivor weekends to get adjusted to the horses.)

I also went canoeing for the first time ever. I stayed on the canoe for a couple of seconds and got out very quickly, as I was afraid that I was going to flip over. It felt so weird. (Again, it actually took two SaySo Survivor weekends to get adjusted to canoes!)

But overall my experience at this event was great! I learned that even when I was very wary or anxious about the horses, bugs, and kayaking/canoeing, I still had the inner ability to become stronger and do all those things.

This helped me gain resilience. I think young people in foster care should know that this event helps you overcome challenges. You learn that you are much stronger and can be more successful than you could ever imagine.

*La'Sharron Davidson is a Regional Assistant for SaySo, a United Way Youth Director, and a Fostering Youth Opportunities & Community Engagement Fellow.*



I learned that even when I was anxious about the horses, bugs, and canoeing, I still had the inner ability to become stronger and do all those things.



Youth enjoy a campfire and horseback riding during this year's SaySo Survivor weekend.

## SaySo

SaySo, Strong Able Youth Speaking Out, is a statewide, North Carolina-based association of youth aged 14 to 24 who are or have been in out-of-home care. This includes all types of substitute care, including foster care, group homes, and mental health placements.

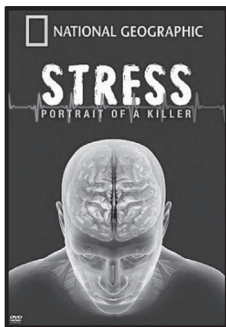
### MISSION

"To work to improve the substitute care system by educating the community, speaking out about needed changes, and providing support to youth who are or have been in substitute care."



SaySo, Inc.  
Tel: 800/820-0001 (toll-free)  
Email: [sayso@ilrinc.com](mailto:sayso@ilrinc.com)  
Web: [www.saysoinc.org](http://www.saysoinc.org)





## LEARNING RESOURCE REVIEW

# What is Your Stress Level Today? by Jeanne Preisler

National Geographic produced a documentary a few years ago called "Stress: A Portrait of a Killer." It's available online and takes an hour to watch.

It is an hour well spent.

### Stress in the Lives of Resource Parents

We know through an abundance of research that adverse childhood experiences (ACEs) can have a lifelong impact on our social, emotional, and physical health.

As adults, it would sound a bit strange, though, to refer to our current negative experiences as "adverse adult experiences." Instead, we simply talk about "stress."

And we have stress in abundance, don't we? Resource parents see and hear about the horrors a person can inflict on another human being. We are stressed by having to juggle countless meetings, court hearings, after school activities, car pool lines, homework, and doctor's appointments. All this on top of family stressors, work stressors, and financial stressors.

What I like about this documentary is how clearly it shows how my stress today is physically impacting me and, just like ACEs, how it will impact the rest of my life. The documentary highlights research conducted in North Carolina, California, Great Britain, East Africa, and the Netherlands. It describes the impact of stress on various populations, including mothers caring for children with disabilities, baboons and macaque monkeys, people in the workplace, and on children *in utero*.

### My Challenge to You

Your mission, should you choose to accept it, is watch the entire documentary. There are so many elements that all tie together, it's important to stick with it until the end.

Bring a healthy lunch to work and watch it during your lunch hour if you cannot find any other time. But it would also be good to watch as a family and then discuss it.

This documentary will give you a deeper appreciation for how stress affects hormone levels, body weight, brain cells, immune system, memory, arteries, and even chromosomes! And that deeper appreciation (in addition to being *mind-blowing* at points) might actually add years to your life.

My hope is that everyone watches this free online video. But if that is not possible, here is its bottom line message: stress is not an abstract concept that is "just in our heads." It is something real, measurable, and dangerous to our health.

We must all prioritize stress reduction. In the workplace. In our homes. In our schools. In our community. Everywhere!

For stress we cannot avoid, we must learn ways to keep it in perspective, to manage it better, and to find stress reduction options that work for us.

Our very lives depend on it.

### Watch the Video Online

<https://www.youtube.com/watch?v=eYG0ZuTv5rs>

Jeanne Preisler works for the NC Division of Social Services on Project Broadcast, an effort to help the child welfare system become more trauma-informed.

## Foster parent training: "Helping Youth Reach Self-Sufficiency"

Do you have teens in your home? Are you worried about what will happen to youths in foster care once they leave the child welfare system? If so, you are not alone.

The NC DHHS LINKS program and Independent Living Resources teams up every year to conduct a three-day training seminar called "Helping Youths Reach Self-Sufficiency." Youths aging out of foster care face enormous challenges. Statistics indicate they have higher than normal rates of homelessness, unemployment, incarceration, mental illness, and are undereducated. We are trying to change those odds in North Carolina with programs such as SaySo, LINKS, and Helping Youths Reach Self-Sufficiency (HYRSS).

Foster parents working with private and public agencies are invited to apply to attend this training for free. However, there is a hook (there's always a hook). If you attend the training, you will be asked to return to your home county and share what you've learned. The materials you receive at the training will help you share the message and encourage all caregivers to teach life skills to all youths and allow them to practice those skills at home.

HYRSS accepts 24 participants per session (two parents per agency). Over the years, caregivers have shared their new-found knowledge with thousands of other caregivers through statewide conferences and through informal conversations over coffee.

Caregivers attending HYRSS increase their learning by an average of 220%. The course is taught by a foster/adoptive couple and a young adult who was previously in care. Caregivers say they find the weekend training "invaluable, inspirational, and rejuvenating."

HYRSS will next be held from Fri., Oct. 23 (starts at 3 p.m.) through Sun., Oct. 25, 2015 (ends at 1 p.m.). To apply, complete the form at right or visit [www.ncswlearn.org](http://www.ncswlearn.org). You may also visit <http://www.ilrinc.com/about-ilr/training/nc-links-programming/>

### "Helping Youth Reach Self-Sufficiency" RESIDENCY TRAINING REGISTRATION FORM

Independent Living Resources, Inc.  
411 Andrews Road, Suite 140, Durham, NC 27705  
(919) 384-1457 or fax (919) 384-0338

Fill out this form (please print) and mail or fax to above address.

**Registration Deadline:** September 18, 2015

**Registrant Information:** (Parenting partners from same household may register together)

Participant #1 Name: \_\_\_\_\_

Participant #2 Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Email #1: \_\_\_\_\_ Email #2: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency Social Worker: \_\_\_\_\_

Do you have training experience? ☐ yes ☐ no

How do you plan to use the skills learned in this seminar?

When do you anticipate conducting your first foster parent training?

**Place:** Country Inn & Suites, Burlington, NC

**Times:** Fri., 10/23: 3 p.m. – 8 p.m. • Sat., 10/24: 9 a.m. – 4 p.m. • Sun., 10/25: 9 a.m. – 1 p.m.

# Living with addicts

by Jacob, age 13

*Names of the people in this story have been changed.*

How do most people think life is for a child of alcoholics and drug addicts? Horrible? Violent? Well, violent is true, but horrible is wrong. Addicts are often happy when they are drunk or high, but it is the day after when they are miserable. Then they grab their faces and moan or cry. This is described by the addicts as a “stomachache” or “migraine.” When a kid has to be around parents who have a hangover or withdrawal, the child feels like he or she has to take care of their parents, which makes the child feel unwanted. I could list names of people besides my family who do drugs, but that would take forever, so I will just talk about my family.

My mother’s abusive ex-boyfriend, Joey, was sometimes funny and playful when he was drunk. Joey and I used to wrestle for fun with fake punches: “Pow!” “Smack!” We always made sound effects. I felt joyful when we wrestled each other, and I did not care if he was drunk or not. When he was actually violent towards my mother, he was also always drunk. At these times, I cared tremendously that he was drunk, because he would scare us enough to make us run away. When Joey was drunk, you could not tell if he was or not, because he was drunk most of the time. Because of this, he did not feel it anymore when he had a hangover.

I have never seen my mother drunk, but I have seen her drink alcohol. My mother has smoked cannabis before. When my mom, Joey, and their friends did drugs, they always called this a “safety meeting,” because the kids were safer when the parents did drugs away from them, so the kids would not have to be exposed to second-hand smoke or chemicals. The adults always had the “safety meeting” in one of the adult’s bedrooms. They would tell us kids, “we’re having a safety meeting, so don’t come in.” Once, I walked in on a safety meeting on purpose because I was going to tell on my brother for hitting me. Then I saw my mother’s friend snorting my brother’s ADHD medication. I knew it was my brother’s medication because of the color of the capsule that was sitting on the plate. My mom yelled at me to leave the room and she cussed. Later, she pretended it did not happen.

So many things that are associated with alcohol and drugs have happened in my life, good and bad. The police have searched our house many times and found drugs hidden or planted in our yard. I have seen my mother being choked when Joey was drunk. My mother has been put in jail four times that I remember. Her ex-boyfriend, Joey, is in prison right now, and so is my daddy. These

So many things that are associated with alcohol and drugs have happened in my life, good and bad.



people have a bad history with alcohol and drugs. I have tried not to follow their footsteps, but it seems like their footsteps follow me.

How has my life been as a child of alcoholics and drug addicts? Surprisingly, I think my life always has been great and will only get better. I have grown as a writer and in knowledge of why drug addicts and alcoholics act the way they do. I hope I do not end up like my parents, but if I do, I hope my kids will not end up like me. Is that not every parent’s fear? Well, stop worrying—the children of alcoholics and drug addicts already would hate to be like their “embarrassing parents.” But remember they might end up like their parents anyway if the children see the parents do things that are not okay. So, if parents ever find themselves getting drunk, remember: like father, like son. Monkey see, monkey do.

*Jacob received \$20 for having this essay published in Fostering Perspectives.*

## Caring for Children Whose Parents Struggle with Drugs or Alcohol

When a child’s primary caregiver has a substance abuse disorder, he or she often needs:

- To be screened for developmental delays, medical conditions, mental health problems, substance abuse problems, and appropriate follow-up needs to be provided;
- Counseling or support groups;
- Consistent, ongoing support and caregivers who keep them safe and help them recover over a long period of time;
- The opportunity to identify and express feelings with a safe and trusted adult;
- Information about substance abuse and the disease of addiction so that they know they are not to blame.

Child welfare social workers will take the lead in identifying and responding to most of these needs. However, as the person looking after the child 24 hours a day, seven days a week, foster parents and kin caregivers should know about and follow up on these items. For example, if the placing social worker does not tell you whether the child has been screened for developmental delays and other issues and you know substance abuse is an issue in the child’s family of origin, ask about this.

As a resource parent you should also be ready to talk to a child about his or her parent’s substance abuse. To guide these discussions, you may wish to use the following talking points from the National Center for Substance Abuse and Child Welfare (2003):

- **Addiction is a disease.** Your parent is not a bad person. She has a disease. The alcohol or other drugs cause your parent to lose control. When they drink or use drugs, parents can behave in ways that do not keep you safe or cared for.
- **You are not the reason your parent drinks or uses drugs.** You did not cause this disease. You cannot stop your parent’s drinking or drug use.
- **There lots of children like you.** In fact, there are millions of children whose parents are addicted to drugs or alcohol. Some are in your school. You’re not alone.
- **Let’s think of people you might talk with about your concerns.** You don’t have to feel scared or ashamed or embarrassed. You can talk to your teacher, a close friend, or to an adult in your family that you trust.



### Want to Know More?

Consider taking “Understanding Substance Use Disorders, Treatment and Family Recovery,” a free online course about alcohol and drug addiction. Although the course is geared toward child welfare workers, resource parents can also benefit from the valuable information contained in this course. To take it, go to <https://www.ncsacw.samhsa.gov/>



## A reader asks . . .

### Will I get more support if I transfer?

**My spouse and I are not getting the support we need from our licensing agency, so we are thinking of switching agencies. What advice do you have for us?**

Informal and formal support for foster and adoptive parents is an absolute necessity in order to be successful meeting the needs of children and families. However, before you make the drastic decision to switch agencies, here are some things you can do to improve your relationship with your current agency and social worker.

**To meet the needs of children, foster parents and agencies must work in partnership. This involves communication!**

#### 1) Determine the exact nature of the problem and communicate your needs.

Often, issues can be addressed by first identifying what you need from your agency and then articulating those needs. Many times it is natural to attribute "intent" to your worker's action (or lack of action) before you know their side of the situation.

For example, if your calls have not been returned, you may jump to the conclusion that the worker no longer cares about your family. In reality, it is possible that circumstances beyond her control prevented her from responding to you.

As you learned in MAPP, "we all have strengths and needs." This includes your social worker. Sometimes, by simply communicating clearly about those strengths and needs we see in ourselves and in others, we can resolve the issue at hand.

#### 2) Use the chain of command.

Customer service is important to all agencies. Agency leadership wants to know what your experience is (good and bad) and your ideas for making their services better.

When faced with an issue you cannot resolve directly with your social worker, take the issue to the worker's immediate supervisor. If necessary, take the matter up with that person's supervisor, and so on. Hopefully, in the end, the issue can be resolved.

#### 3) Make use of your agency's, community's, and North Carolina's resources.

If you are not receiving the support you desire from your social worker, are there other options at your agency or in your community to receive the support you need? Seek out foster parent associations and support groups in your area or the surrounding community. Start a foster parent association at your agency if they do not have one. If you are not receiving

enough support from your social worker, speak to your licensing or training social worker about ways they can support you.

On a state level, NC Kids helps the NC Division of Social Services identify and (if possible) resolve obstacles parents face. Should you encounter an obstacle to fostering or adopt-

ing, please contact NC Kids toll-free at 877-625-4371. In cases where you would like the State's opinion and/or intervention, call their toll-free customer service line at 800-662-7030.

#### 4) Weigh your decision to switch agencies carefully.

Research the new agency you are considering. The agency may require you to go through many steps you have already completed for your current agency, such as attending its 30-hour pre-service training program. You may feel like you are starting over.

Know too that your current agency and new agency will also share information. If you have not attempted to resolve your issues with your current agency, your new agency may not be open to working with you until you at least try.

Most importantly, consider the needs and well-being of any children placed in your home. Consider how the transition to a new agency may affect them and have a discussion with the agency that has custody of the children about any possible effects on the children before moving forward with switching agencies.

The one thing to keep in mind if you feel you are not being supported by your social worker or agency is that to meet the needs of children, foster parents and agencies must work in partnership. Working together as partners first and foremost involves communication.

If after communicating with your social worker and agency you decide it is in everyone's best interest for you to switch to a new agency, keep those lines of communication open with both your current and new agency. This will help to make the transition as smooth as possible.

Response by the NC Division of Social Services. If you have a question about foster care or adoption in North Carolina you'd like answered in "A Reader Asks," send it to us using the contact information in the box at right.

## fostering perspectives (May 2015)

**Sponsors.** NC Division of Social Services, the NC Foster and Adoptive Parent Association, SaySo, and the Family and Children's Resource Program, part of the UNC-Chapel Hill School of Social Work's Jordan Institute for Families.

**Contact Us.** *Fostering Perspectives*, c/o John McMahon, Family and Children's Resource Program, UNC-Chapel Hill School of Social, CB# 3550, Chapel Hill, NC 27599-3550. Email: [jdmcmaho@unc.edu](mailto:jdmcmaho@unc.edu).

**Advisory Board.** Nancy Carter (Independent Living Resources); Bob DeMarco (foster and adoptive parent); Kathy Dobbs (NC Division of Social Services); La'Sharon Davidson (SaySo); Tonia Jacobs Deese (UNC-CH); Cy Gurney (NC Administrative Office of the Courts); Jennifer Hull-Rogers (Person County DSS); Trishana Jones (NC Coalition Against Domestic Violence); Claudia Kearney (Center for Family and Community Engagement); Mark Maxwell (foster and adoptive parent); Jeanne Preisler (NC Division of Social Services); Billy Poindexter (Center for Family and Community Engagement); Lauren Zingraff (Independent Living Resources).

**Newsletter Staff.** John McMahon (Editor); Mellicent Blythe (Assistant Editor)

**Mission.** *Fostering Perspectives* exists to promote the professional development of North Carolina's child welfare professionals and foster, kinship, and adoptive parents and to provide a forum where the people involved in the child welfare system in our state can exchange ideas.

**Disclaimer.** The opinions and beliefs expressed herein are not necessarily those of the NC Division of Social Services or the UNC-Chapel Hill School of Social Work.

**Printing Information.** The NC Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. 9,800 copies printed at a cost of \$933.27, or \$0.10 per copy.

**Frequency and Distribution.** Issues appear every May and November. Printed copies are sent directly to all NC county DSS agencies and to all foster parents and child-placing agencies licensed through the NC Division of Social Services. If you think you should be receiving a printed copy but are not, please contact us at the address above.

**Online.** [www.fosteringperspectives.org](http://www.fosteringperspectives.org)

**Subscribe Online.** To be notified about online issues, go to <http://eepurl.com/brPe9b> and sign up.

**References.** See the online version of this issue for references cited in this issue.

## The NC Child Treatment Program

### *Effective Mental Health Treatment for Children and Families*

Established in 2006, the North Carolina Child Treatment Program serves children, adolescents, and families coping with serious psychological trauma or loss. Its faculty has trained a network of community-based mental health clinicians to provide effective, evidence-based treatments.

One such treatment, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), is designed to:

- Reduce negative emotions and behaviors, especially those related to Post Traumatic Stress Disorder (PTSD), depression, and sexual reactivity
- Correct unhelpful thoughts that make healing difficult
- Provide caregivers with the support and skills they need to help their children move past trauma and loss.

For more information, go to [www.ncchildtreatmentprogram.org](http://www.ncchildtreatmentprogram.org) or call 919-419-3474, extension 300.

**To find a therapist in your area, go to**  
**[www.ncchildtreatmentprogram.org](http://www.ncchildtreatmentprogram.org)**





# Help us find families for these children

For more information on these children or adoption in general, call the NC Kids Adoption and Foster Care Network at 1-877-NCKIDS-1 <[www.adoptnckids.org](http://www.adoptnckids.org)>



**Noelia (age 15)**

Noelia always has a big, bright, infectious smile for those around her. She is a sweet, friendly young lady who is a joy to be around. Noelia enjoys receiving hugs and giving affection, and she enjoys listening to children's songs and watching Dora The Explorer shows and movies. Her favorite toy is stuffed monkeys. Noelia, who is currently a middle school student, loves school. To help her in school, she receives speech, occupational, and physical therapy. Noelia

needs a forever family that can make a lifetime commitment to her. Noelia's forever family will be extremely lucky to have her as a part of their family!



**Mariana (age 12)**

Sweet and caring, Mariana is insightful and curious. She loves hugs and reassurance! Mariana enjoys nature, science, and animals. Mariana would love to expand her knowledge of horses and her riding ability. She would love to have a pet. Mariana has expressed an interest in participating in Girl Scouts and sewing. Mariana is an A/B student and is described by her teachers as intelligent, helpful, and spunky. Mariana very much wants a family to call her very own. She would like to be adopted by a single mother or a two-parent home where she

receives lots of positive reinforcement and structure. More than anything, Mariana wants a "typical" childhood and the chance to be a part of a loving family.

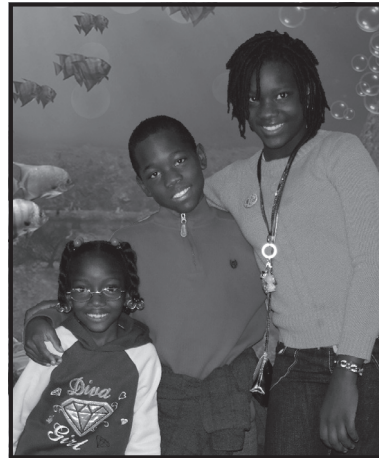


**Te'naszeia and Ke'nazseia (both age 15)**

Twins Ke'nazseia and Ta'nazseia are polite, well-mannered young men. They very much want an adoptive family who will adopt them together. While they initially seem shy, they warm up easily. Ke'nazseia is a handsome young man who attends the YMCA and enjoys spending time on the computer. He enjoys sports, particularly football and Karate. In his free time, Ke'nazseia likes to watch ESPN and BET. He also likes listening to hip hop music and reading.

Ta'nazseia also attends the YMCA and enjoys spending time on the computer. Like his brother, Ta'nazseia watches BET and listens to hip hop music. He also enjoys working in the yard and attending church.

These boys are excited about the adoption process. They look forward to finding a forever family committed to their well-being. The boys would benefit most from a family that is nurturing, loving, structured, and fair. A family that is patient with the boys while providing loving guidance will allow them to flourish.



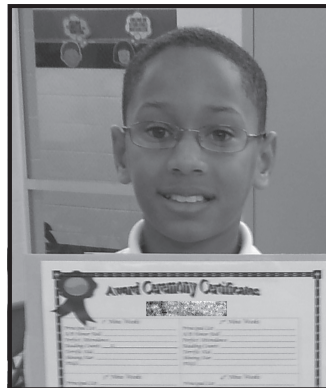
**Shamyah, (age 7)  
Joshua (age 10), and  
Destini (age 12),**

These siblings are a joy to be around. Shamyah is a happy, outgoing little girl full of energy. She gets along well with others but craves one-on-one attention. Shamyah loves to go to the beach and her favorite food is pizza.

Joshua is smart, well-mannered, and eager to learn. He enjoys helping out at home. Some of his favorite things are soccer, basketball, action figures, and spaghetti. He wants to be a doctor.

Destini has a beautiful smile to go along with her friendly personality. She loves spending time with her siblings, shopping, playing volleyball, and singing. She hopes to participate in chorus once she's adopted.

All of the children are doing well in school and are on grade level. These siblings are truly bonded and need a forever family where they can grow up together.

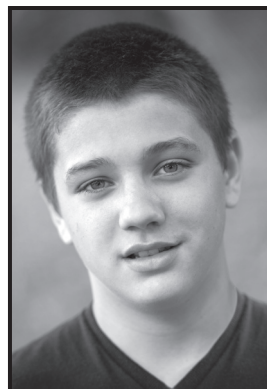


**Tymarion (age 11)**

Tymarion is confident, charismatic, and outgoing. He loves to play basketball or watch it on television. He wants to be a professional basketball player one day. Tymarion is helpful around the house and likes to help wash the car and plant in the garden.

Tymarion would do best in a two-parent family where expectations and personal boundaries are clearly set and followed. A family who could maintain a positive structured environment while encouraging him to develop his strengths would be ideal. It is important

for his adoptive parents to be able to provide him with firm but loving discipline and close supervision. Tymarion is hoping to be adopted by a loving family who will help him maintain contact with his sibling.



**Ezekiel "Zeke" (age 14)**

Zeke is a wonderful young man! He enjoys sports, electronics, and reading. Zeke is a very helpful gentleman who loves sports. He wants to be a professional football player when he grows up. A social butterfly, he loves to spend time with family. Zeke is a loving child who gets along well with his friends, at home, and in school. He does well in school, making A's and B's. He is well liked by his teachers and peers and plays band and sports for the school.

Zeke has an older sister and it is very important that he maintain his relationship with his big sister and other birth family members.

Zeke would prefer to be adopted by a family who lives in the southeastern portion of North Carolina. He would very much like a forever family where he has brothers around his age. Zeke needs to be made to feel that he is a part of the family not just until he turns 18, but forever.

# Writing Contest

First Prize: \$100 • Second Prize: \$50 • Third Prize: \$25

If you are under 18 and are or have been in foster care, please send us a letter or short essay in response to the following question:



**Who has tried to help you stay connected to your parents and other family members while you've been in foster care? What have they done that's been helpful? What has been less helpful?**

**DEADLINE: August 4, 2015**

E-mail submissions to [jdmcmaho@unc.edu](mailto:jdmcmaho@unc.edu) or mail them to: Fostering Perspectives, Family & Children's Resource Program, CB#3550, UNC-CH School of Social Work, Chapel Hill, NC 27599-3550. Include your name, age, address, and phone number. In addition to receiving the awards specified above, winners will have their work published in the next issue. Runners-up may also have their work published, for which they will also receive a cash award.

## Seeking Artwork and Other Writing Submissions

Submissions can be on any theme. There is no deadline for non-contest submissions: submit your work at any time. If sent via U.S. Mail, artwork should be sent flat (unfolded) on white, unlined paper.

## Get in-service training credit for reading this newsletter!

Enjoy reading *Fostering Perspectives* and earn credit toward your relicensure. Just write down the answers to the questions below and present them to your licensing social worker. If your answers are satisfactory, you'll receive 30 minutes of training credit. If you have questions about this method of gaining in-service training credit, ask your worker.

### In-Service Quiz, FP v19 n2

1. Create a self-care plan listing two things you will do every day to take care of yourself and two things you will do weekly or monthly.
2. What is secondary traumatic stress? How is it relevant to resource parents?
3. Describe three signs of possible secondary traumatic stress you might see in your social worker.
4. What struck you about reading Bob DeMarco's reflection about his ongoing journey as a foster dad?
5. If you were to call a self-care CFT, who would you invite?
6. List four talking points that can be helpful when you are caring for a child whose parents struggle with drugs or alcohol.
7. What suggestions does Donna Foster have for introducing yourself to a birth parent for the first time?
8. What is SaySo Survivor Weekend and how can it be helpful to youth in foster care?
9. What advice does this issue give to foster parents who are thinking about switching to another agency?
10. What struck you from reading the essays by Mark Maxwell and his son Justin?

NONPROFIT ORG.  
U.S. POSTAGE  
PAID  
PERMIT 177  
CHAPEL HILL, NC

**fostering perspectives**

Jordan Institute for Families  
UNC School of Social Work  
Campus Box #3550  
Chapel Hill, NC 27599-3550