VIEWS ON FOSTER CARE AND ADOPTION IN NORTH CAROLINA

# fostering perspectives

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## Parenting special populations in foster care

"Special population" is a term generally used to refer to a disadvantaged group. People with disabilities, economically disadvantaged families, and children in foster care are often considered to be special populations.

So if you're a foster parent, you already parent children who are part of a "special population." But there are also special populations ***within*** foster care, such as children who identify as LGBTQ (lesbian, gay, bisexual, transgender, or questioning/queer), those whose parents are in prison, and those who have conditions such as fetal alcohol spectrum disorder (FASD).

If you're not prepared for it, caring for a child who's in a special population can be confusing and challenging.

Thank goodness resource parents don't shy away from a challenge! Nor do they pass up a chance to learn something helpful or put another tool in their parenting tool box. In recognition of this fact, this issue of *Fostering Perspectives* explores ideas and strategies for understanding and parenting children who belong to special populations.

We hope you find it helpful!

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## Learning to support, include, and empower LGBTQ youth in substitute care

by Lindley Myers

When I began designing training about enhancing safety, well-being, and permanence for LGBTQ youth in foster care, I had no idea how much I had to learn. I found my thinking challenged most profoundly by interviews with young people, foster parents, case workers, and community partners across our state. Their willingness to share has given me lots of new insight.

But I'm getting ahead of myself. My first order of business was to explore the vocabulary. At first glance this seemed an easy enough task—see the definitions in the sidebar. Yet once I started, unexpected lessons came to light. I hope that sharing some of my learning experiences will interest you in exploring as well.

### What I Learned

My first lesson is that meanings are not static, nor are they always shared. Language used to describe concepts related to gender and sexuality, like most culturally significant words, evolves over time, and the meanings are not always understood the same way by everyone.

Take the "Q" in LGBTQ. In some instances, the Q is understood to stand for "Queer." This expression was used for decades as a derogatory term for people identifying as LGBT. Today, the word is often used as a way to identify as a member of the LGBT community without choosing a specific label.

When we're talking about youth and identity development, however, the "Q" is most helpful as a placeholder for "Questioning." The concept of questioning led me to other interesting ideas.

The development of sexual and gender identity is a normal and expected part of human development. We all fall

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### Key Terms

**LGBTQ**. A shorthand description of sexual orientations and gender identities/expressions often included when discussing lesbian, gay, bisexual, transgender, questioning, or queer issues.

**Lesbian**. Women emotionally, romantically, and sexually attracted to other women.

**Gay**. Men emotionally, romantically, and sexually attracted to other men; may be used as an umbrella term referring to all people, regardless of sex, who are attracted to people of the same sex.

**Gender Identity**. One's inner concept of self as male, female, both, or neither. Can be the same or different than the gender assigned at birth. Some people's gender identity is different from their assigned gender.

**Gender Expression.** Refers to the ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and other forms of presentation. All people have gender expression.

**Bisexual**. Individuals emotionally, romantically, and sexually attracted to people of their own gender and people of other gender(s).

**Transgender/Trans**. Individuals whose gender expression, gender identity, or gender orientation differs from what is expected based on their sex assigned at birth.

**Queer**. An umbrella term sometimes used to refer to gender and sexual minorities. Due to its past use as a derogatory term and its association with radicalism, the use of queer is somewhat controversial.

**Questioning**. Individuals uncertain of or exploring their sexual orientation or gender identity.

**Cisgender**. Individuals who exhibit attitudes, feelings, appearance and behaviors that are compatible with cultural expectations associated with their sex assigned at birth.

*Sources: GLBT Center, 2015; NCAA, 2012*

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somewhere on the sexual orientation, gender identity, and gender expression continuum. It rarely occurs to most of us to look at the subject from that perspective because most people have a gender and sexual orientation that fit within typical social norms and expectations, so there is no dissonance. This is referred to as ***cisgender*** and, like all areas of cultural privilege, if we have it we don't have to think about it. Our culture and environment validate that we are feeling and acting in the "right" way.

Identity formation often involves lots of questions and confusing feelings for all of us but that confusion is compounded if there is limited access to accurate, age-appropriate information or positive role models. When young people seek self-understanding, it is important for the adults in their lives to provide an affirming environment in which to ask important questions.

So, what seemed like a simple assignment—define key terms—turned into valuable lessons about the power and flexibility of language, the normalcy of sexual identity formation, and the importance of providing affirming, safe environments.

## At Risk

At every turn there are opportunities to learn more. Here's another valuable lesson this journey has afforded me. When we compare well-being data of LGBT teens ages 13-17 with their non-LGBT peers, the differences are striking. According to Human Rights Campaign (2014), kids identifying as LGBT are:

- Twice as likely to be verbally harassed and called names at school (51% vs. 25%)
- Only half as likely to say they were happy (37% vs. 67%)
- More likely to say they do not have an adult to talk to about their personal problems (29% vs. 17%), and
- More apt to turn to experimentation with alcohol and drugs (52% vs. 22%).

These findings are startling enough on their own. But there are other factors to consider here. The statistics cited come from surveys of young people across America and do not take into account the additional challenges faced by kids in foster care.

In the interviews I mentioned, a theme emerged we called the "Double Whammy." Several folks described how debilitating it is for a young person to have to deal with the challenges youth face living in foster care as well as those related to their LGBTQ identity.

It's important to note that the most concerning risk factors for LGBTQ youth arise due to a lack of understanding and acceptance by society, communities, and family members. In other words, a young person's identity is not the root of the problem. The problem stems from other people's reactions, often those responsible for care and safety of these youth.

## Repeated Rejection

Biological families and substitute care providers sometimes reject their children. Sometimes they do this out of a desire to help or protect them. The very things they suppose will improve life for their children, like helping them "fit in" with heterosexual peers or trying to change their sexual orientation or gender expression, end up causing emotional distress and hopelessness. These approaches are never in the best interest of the child.

Research shows us these efforts, no matter how well meaning, are deeply rejecting, not just of children's sexuality, but of children themselves. This rejection diminishes their self-worth and self-esteem, leading to poor health and mental health outcomes, including high rates of attempted suicide, depression, use of illegal drugs, and high risk sexual behavior (Family Acceptance Project, 2009).

## Ways You Can Help

(Adapted from Minnesota Department of Human Services, 2012):

**Encourage visibility.** You may have youth in your care that are LGBTQ and not realize it. It is easy to assume that everyone is heterosexual. This can lead to unintentional rejecting behavior such as asking about a boyfriend or girlfriend instead of asking more generally if there is anyone they like. Use language and symbols in your home that make it clear you are open and accepting of different gender or sexual orientations so youth will feel safe talking to you.

**Be an active learner and encourage healthy exploration in your home**. Be willing to examine your own beliefs and attitudes and to have respectful discussions about differing views. Learn about LGBTQ issues through training, books, films, and information on the web. Share what you are learning with others in your home. All young people thrive in a safe, nurturing, and nonjudgmental environment.

**There's more to each of us**. Acknowledge that every person is a complex, continued next page

## Reflections from a Father and Son

### What LGBTQ Children in Foster Care Need

by Mark Maxwell

Tim and I read the file and we made the decision to remove Justin's "caution tape." When we met him, we saw a beautiful child who needed permanency. Time was running out to help him heal. Justin was and is more than a statistic.

Some may have only seen a skinny gay boy. My family saw a child who is a gifted writer and student. He is funny and extremely charming. He's also one of the children who willingly said, "I cannot live with my mother another day."

As a parent, I know for sure LGBTQ children in foster care need the same things all children need. They need loving individuals willing to see them through nonjudgmental, unscaled eyes. They need individuals who are willing to learn that sexual orientation or gender identity do not define a whole person. LGBTQ children are parentable and like all children, deserve individuals who see them as whole and are willing to work to help them heal from past trauma.

With your help LGBTQ kids can soar like eagles with unbroken wings.

### I Have a Light, Somewhere in Me

by Justin Maxwell

**There's no one in this galaxy handmade and woven like me.**

Before you give me something to live for I need you to freeze, read the caution tape that I have tried to hang myself with since last January. Study the crime scene that sent me into foster care. My heart has been broken into, bashed and now abandoned. It has a no trespassing sign on it. I have irrevocable trust issues. Knock on the door of my reflection if you want the real me.

I'm warning you, I'm a downpour on a sunny day. I wear the same rugged frown and my head hangs. What's to look up to? Is there a God beyond the sunset? I'm weak. Settle in your bone structure in a non-threating position, and then I'll feel the comfort to spill the ink of me onto the paper.

Look at my face… fifty different shades of emotions within one day. The world is foreign to me. I know nothing outside of trailer trash. So, excuse the mess I always leave behind. Look into my eyes, not too deep. A child's ghost lives in my irises. My levee tear ducts break when the truth hurricanes from the gulf of my mouth. I have vandalized my skin. My scars are notes on the surface of my pain.

I may never give you grandchildren; my body is only interested in guys. My closet door was never really shut. I never had to unlock my lips to say, "I'm gay." Please don't judge me. I'm human. I have a light, somewhere in me. I just need help finding it. I'm unique. There's no one in this galaxy handmade and woven like me.

Are you going to pass the caution tape and save me from the crime scene I relive every day? Are you scared? I am too.

# Parenting children who've experienced trauma

by Bob DeMarco

When our family joined your ranks as foster parents we didn't know we were bringing children into our family who had special needs. We knew only that they were a brother and sister who had suffered considerable loss and that there were some behavioral issues that resulted in their being moved around. Our family was chosen for the kids on Wednesday, they learned of the impending move on Thursday, and they were in our home on Friday.

## Taken by Surprise

In the days, weeks, and months that followed we began to experience significant behavioral challenges with the children.

We'd raised four biological children who were pretty well adjusted, and we thought we were "good enough parents" who had something to offer children who were hurting.

So we were surprised when we couldn't get these children to listen or follow directions. As things in our home became more and more chaotic, my wife and I became desperate for answers and for help. We reached out to social workers, read books, went to support groups, and attended conferences.

## Understanding "Stuck"

We began to learn that children like ours who've endured emotional trauma are in many ways "stuck." They're stuck with anxious feelings that result from adrenaline, cortisol, and other fear-related chemicals coursing through their bodies. Stuck with negative thoughts and beliefs about themselves, adults, and the world around them. Stuck with painful memories of their hurts and losses always close at hand. Stuck emotionally at well below their chronological age (Purvis, Cross & Sunshine, 2007).

## What Our Kids Need

As a result of all this, our kids have special needs. They need their parents to help them feel safe; over time this will help reduce their body's fear responses. They need us to show them that they are valued and loved; over time this will help them to change their belief that they are worthless. They need us to demonstrate that there are safe adults; over time they will learn to trust others. They need us to listen without judgement to their stories of their past and their feelings about those stories; over time this will help them process their past and come to terms with it. They need us to understand and respond to them as if they are emotionally half their age; over time this will help them grow and move through developmental stages they skipped in order to survive.

**You may be pushed beyond what you think you can bear, only to find you are stronger than you thought.**

## Not for the Faint of Heart

Parenting children who've experienced trauma is not for the faint of heart or for those not fully committed to seeing it through. You may be inclined to take my words at face value, but I encourage you to pause and consider.

Think about what it might mean to parent a child who doesn't believe in their core that they are loveable or that they need you to lead them; a child who doesn't trust you and truly believes that they—not you—know what's best. Imagine how you might feel as you search for the right response when you find that your favorite [insert object here] is intentionally broken or stolen. Or the exasperation you might feel at the end of a long day when your precious one refuses to go to bed until they are good and ready.

In these situations you may find out a lot about yourself that you either didn't know or had previously avoided. You may be pushed beyond what you think you can bear, only to find that you're stronger than you thought. You may be confronted, as I was, with the reality that "authoritative parenting" (I didn't even know it had a name) will not work with these children. Or you may find that your feelings of success and failure as a parent have been rooted in how well your children behave. Perhaps you have an insatiable need to be in control. No matter what your particular challenges may be, you'll likely find that you, too, have some "special needs."

And though it might not feel like it, this is good news. Why? Because it's an opportunity to identify with your child in a real way. By experiencing how difficult it can be to overcome a deeply ingrained belief, I'm able to put my money where my mouth is and (try) to live the very advice I give to him.

No, inviting someone who's been traumatized into your family is not for the faint hearted, but it is worth it. The benefits may take time to realize…a long time. And I'd be less than truthful if I didn't say that there are some pretty hard days, days where I fear I'm just making things worse.

## A Journey of Hope

But there are great days, too. Days like today, when my attachment-challenged child prayed for someone she knows who's hurting. It's these days that make the other days easier to bear, because it's from these days that hope is born.

And hope is one of the main reasons we set ourselves on this journey in the first place.

*Bob DeMarco is an adoptive parent in North Carolina.*

# LGBTQ youth

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unique individual. Avoid making assumptions based on one or two characteristics. Not every struggle faced by an LGBTQ youth is the result of this one aspect of their identity.

Help young people explore all aspects of themselves. One way to do this is to respect privacy and apply the same standards to LGBTQ youth with regards to appropriate, age-appropriate romantic behavior.

**Be an advocate**. Help others understand that being LGBTQ is not a choice or something a youth can change. LGBTQ youth face real dangers in their schools and communities; help increase safety in young people's environments by learning to advocate for and with the youth. Take advantage of community resources for both foster parents and LGBTQ youth. Explore resources such as those in the box at right.

*Lindley Myers is a trainer and instructional designer with the Center for Family and Community Engagement at NC State University.*

## Learn More about Supporting LGBTQ Youth

- **Learning to Support Lesbian, Gay, Bisexual, Trans* and Questioning Youth in Substitute Care**. Keep an eye out for this upcoming online, on-demand training from the Center for Family and Community Engagement at http://go.ncsu.edu/cfface_on-demand_training
- **Getting Down to Basics: Tools to Support LGBT Youth in Out of Home Care** (2012) from the Child Welfare League of America and Lambda Legal at http://bit.ly/1nWwwRt
- **Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children** (2009) by Caitlin Ryan at the Family Acceptance Project at San Francisco State University at http://bit.ly/1FcXXkb
- **Advocating for LGBTQ Youth** (2013), a tip sheet by the Wisconsin Foster Care and Adoption Resource Center at http://bit.ly/1NR504U

# Parenting a child with intellectual and developmental disabilities: Suggestions and resources

by Marlyn Wells

*After pre-service training, Libby and Ben felt ready to welcome a child into their home. Two months after a baby boy was placed with them, however, they were struggling. The baby's development was much slower than expected. He was sleeping more and eating less. Sometimes they even had to wake him to eat.*

*After many clinic visits and referrals their fears were confirmed—the baby was diagnosed with a genetic syndrome. He had delays in all areas. Libby and Ben' knew little about intellectual and physical disabilities. Suddenly the gap between what this child needed and what they knew to do seemed huge.*

## IDD and Children in Care

Intellectual and developmental disabilities (IDD) are gaps in development diagnosed at birth or in childhood. Developmental disabilities can be caused by a range of factors, including genetics; parental health, behaviors, or infections during pregnancy; complications during birth; or high levels of environmental toxins. In many cases, we don't know the cause (CDC, 2015a).

Children do not outgrow IDD: it has a life-long impact. People with IDD often have difficulties in the following areas:

- Self care (e.g., bathing, etc.)
- Learning
- Communication
- Moving or mobility
- Personal decision-making
- Living independently
- Financial independence

Compared to other children, children born with disabilities are more likely to be maltreated and to enter the child welfare system. If they enter foster care, they often stay there longer. About 10% of kids in the general population have a developmental disability; estimates of IDD among children in foster care are much higher, and range from 20-60% (Nat'l Council on Disability, 2008).

## Your Role Is Key!

Foster parents play a crucial role for children in care with IDD. Yet the journey of parenting these children can be difficult, especially at first. Here are some suggestions for those of you who find yourself on this challenging, rewarding path.

### Learn all you can

Although there is a learning curve with every child, the learning curve with a child who has an intellectual and developmental disability often takes more time, follows a muddier path, and the effort is more emotionally and physically challenging.

However, this is a well-trod path. There are parents and professionals who have both loved and worked with kids with IDD and who have wisdom to share.

### Understand how much you matter

All parents struggle with feelings of ignorance and uncertainty. Yet your role as nurturer, cook, disciplinarian, nurse, and host makes you very smart about the person in your care. Without the information you bring to the table, making decisions on behalf of the child becomes harder and less certain. Recognize—and make sure others recognize—that parents are key to helping the child.

### Acknowledge your feelings

Caring for a child opens a window into emotions. Not all will be positive. Raising children is tiring. Caring for others is hard work.

Pay attention to your emotional health. It is important to acknowledge the "tough stuff" and the sad, scared, or angry feelings that may arise for you. If you give them room to be felt, moving forward is easier.

**The best way to support and care for children with IDD is to be informed, invested, and involved.**

### Get to know helping systems

Learn all you can about the many systems that can and will serve the child, such as school, health, DSS, and mental health. This will help you be sure you are involving the right professionals in the child's care. It'll also help you know where to go for answers to the questions that will come up for you.

### Communicate

To improve a child's future, foster parents must know how to communicate effectively with professionals.

Writing an email requesting an evaluation, reading special education policy documents, speaking at a child and family team meeting, and listening at the high school awards banquet are the skills that will enable you to help a child live a fuller, more satisfying life. It's possible to learn these important skills, and it is powerful to use them well.

### Be involved

To be an effective partner and advocate, it is important to show up and speak up. Attend teacher conferences, PTA meetings, and therapy sessions. Always go to child and family team meetings and IEP meetings. When you're there, share your ideas and suggestions. Negotiate for services that are appropriate and important for your child. Negotiate for a full, rich life for the child. You may be the only one who knows it is possible.

## You Are Not Alone

There are many agencies available to help you gain knowledge, learn skills, share stories, and be an advocate for children with intellectual and developmental disabilities. You can find a partial list in the box below.

*Marlyn Wells is a program coordinator for the Exceptional Children's Assistance Center.*

### NC Resources – Intellectual and Developmental Disabilities

*This list is not comprehensive.*

**Family-Led/Supported Education & Advocacy Organizations**

**Arc of North Carolina**. Provides advocacy and services to people with intellectual and developmental disabilities.
1-800-662-8706 - http://www.arcnc.org

**Autism Society of North Carolina**. Provides advocacy, training, education, and direct care services to individuals with autism, their families, and professionals.
1-800-442-2762 - http://www.autismsociety-nc.org/

**Exceptional Children's Assistance Center (ECAC)**. Provides information and resources to families of children and youth with special health care needs and disabilities.
1-800-962-6817 - http://www.ecac-parentcenter.org/

**Family Support Network of NC**. Provides resources to families, including connections to other families and resources in the community. 1-800-852-0042 - http://fsnnc.org/

**National Alliance on Mental Illness (NAMI) NC**. Offers support, education, advocacy, and public awareness to those affected by mental illness and their families.
1-800-451-9682 - http://naminc.org/

**NC Families United**. Family support and advocacy organization dedicated to improving the lives of children, youth, and families with emotional, behavioral, or mental health needs. 1-336-395-8828 - http://www.ncfamiliesunited.org/

**University, Governmental Services Organizations**

**Carolina Institute for Developmental Disabilities**. Provides clinical services for children and adults who have or are at risk for developmental disabilities.
1-919-966-5171 - www.cidd.unc.edu

**Disability Rights NC**. Provides advocacy and legal services at no charge for people with disabilities across our state.
1-877-235-4210 - www.disabilityrightsnc.org

**NC Department of Public Instruction**. DPI's Exceptional Children Division is charged with ensuring students with disabilities develop intellectually, physically, emotionally, and vocationally through an appropriate individualized education program in the least restrictive environment.
1-919-807-3969 - http://ec.ncpublicschools.gov

**NC Division of Mental Health/Developmental Disabilities/Substance Abuse Services**. Works with individuals to achieve a better quality of life and well-being.
1-919-733-7011 - www.ncdhhs.gov/divisions/mhddsas

**NC Division of Vocational Rehabilitation**. Provides counseling, training, education, transportation, job placement, assistive technology, and other support services to people with disabilities.
1-919-855-3500 - www.ncdhhs.gov/divisions/dvrs

# Parenting a child of a different race

by Tonia Jacobs Deese

If you're a foster parent, chances are you'll have the opportunity to care for a child whose race or culture is different from yours. The same is true if you are considering adopting a child or youth from foster care.

One reason for this is that there are more children of color in foster care than would be expected based solely on their numbers in the general population. For example, in 2014, African American children made up about 15% of U.S. children in the U.S. but accounted for 24% of the children in foster care (US Census, 2015; ACYF, 2015). The term for this is "disproportionality."

Though disproportionality has decreased nationally in recent years, transracial foster care and adoptive placements are still common. Critics of transracial placements argue that children do better when placed with families of the same race, but research also tells us that transracial placements do not in themselves cause problems for children (Smith, et al., 2008). Still, these children face unique challenges, often struggling with:

- **Feeling different**. It may be obvious the child was not born into the family; the child may be the only one of their race at their school; or may feel excluded by their peers (de Haymes & Simon, 2003).
- **Developing a positive identity**. These children are often confused at how to identify themselves. The most poorly adjusted are those who struggle to be a member of two different races and never develop a clear affiliation with either (Smith, et al., 2008).
- **Racial discrimination**, especially learning how to cope with prejudice and racism.

### Suggestions for Parents

Here are tips for parenting children facing these challenges (IFAPA, n.d.; Kim, et al., 2010):

**1. Acknowledge and discuss differences**. Children will have questions about why they look different than you. Minimizing racial differences won't make them disappear, and acknowledging them won't make your child self-conscious. As one child said, "My parents never discussed race with me. EVER. I think they felt that if they ignored my ethnicity, it would kind of go away. And a lot of other kids would ask me questions. But by the time I was 10, the questions turned into insults" (Samuels, 2009).

Show children it's OK to talk about race and differences. We want them to turn to us for help instead of struggling on their own (Smith, et al., 2008).

Pre-school children (ages 2-4) may not understand the concept of race, but they are aware of physical differences. For example, a 4-year-old may say, "Mommy, why am I brown and you are pink?"

Answer these questions honestly but simply. Acknowledge that differences are normal and celebrate them. For example, you might say "people have different skin colors and all are beautiful." If your child asks a question you aren't ready for, say "Let me think about it" and revisit the question later (LCCRE, 1995).

> **"My parents never discussed race with me. EVER. I think they felt that if they ignored my ethnicity, it would go away."**

Talking to children between age 5 and 8 is especially important. At school, children interact with people whose values are different from yours, and kids are impressionable at this age. Talk regularly about acceptance and inclusion now, as kids' beliefs become more rigid around fourth grade (LCCRE, 1995).

**2. Prepare yourself for prejudice and racism**. What if someone asks where your child "came from?" What if your child comes home crying because someone called her a racial slur?

These are things you may face as a transracial parent. Think through in advance how you want to respond. One parent's advice: "You don't want to pass it over when your child gets called a racist name...by saying something like 'All children get called names'... Some children get called names because they wear glasses. That's a whole different issue than racism" (Kim, et al., 2010).

Clearly communicate to your child that these actions are not OK, that you will advocate for them, and that your family believes in diversity and acceptance.

**3. Prepare your child for prejudice and racism**. Many children struggle with identity once they notice racial differences at school. "Some girls in [my daughter's] class made comments about her race. Our daughter didn't know quite how to handle it....She wants to be the same as everyone else" (Kim et al., 2010). Acknowledging and celebrating differences early can prepare your child for these comments from their peers.

Children need to know about stereotypes and racism they may face. African American families tend to talk about this with their children regularly and coach them on how to respond. This coaching is a buffer against prejudice and gives children skills to navigate a race-conscious society (Butler-Sweet, 2011; Samuels, 2009; Smith, et al., 2008).

**4. Celebrate your child's race and culture**. Expose them to books, TV shows, and toys that include characters and historical figures of their race. Celebrate holidays that relate to the child's culture, such as Kwanzaa or Día de Los Reyes Magos. Link the child to activities in the community where he can interact with other kids who look like him. Consider finding a mentor of the same race for your child.

**5. Think about where you live and where your child goes to school**. Will your child consistently be the only person of their race in their environment? Will their differences be accepted or will they be treated differently? One child said, "I would advise a family who wanted to adopt transracially to find out what the neighborhood is like where they are going to live....Make sure people will not treat the kids as outcasts, but like normal children, which is what we are" (Kim, et al., 2010).

As you can see, a challenge of transracial caregiving is having difficult conversations with our children—but we must not stop at race! We must also have conversations about things such as gender, age, and sexuality. This encourages the child to explore all parts of their identity, to define themselves, and to prepare for any form of oppression they may face.

*Tonia Jacobs Deese is a clinical instructor with the UNC-CH School of Social Work.*

## Parenting and Learning Resources

**Books**

- *Black, White, Just Right,* by Marguerite W. Davol (ages 6-9)
- *Dancing Home,* by Alma Flor Ada (ages 8-12)
- *I Love My Hair!* by Natasha Anastasia Tarpley (ages 1-6)
- *Jim Thorpe's Bright Path,* by Joseph Bruchac (ages 6-11)
- *Let's Talk About Race,* by Julius Lester (ages 4-8)
- *Mooncakes,* by Loretta Seto (ages 4-8)
- *Muskrat Will Be Swimming,* by Cheryl Savageau (ages 7+)
- *Shades of People,* by Shelley Rotner (ages 3+)
- *The Skin You Live In*, by Michael Tyler (ages 4-8)

**Websites**

- **Pact (an adoption alliance)** – pactadopt.org  
  *Great information on transracial adoption; has an online support group*
- **North American Council on Adoptable Children** – http://bit.ly/1jW82YZ  
  *Includes a database of parent groups*
- **New York State Citizens Coalition for Children** http://bit.ly/1NxZCUj  
  *"Ask the Experts" page has helpful advice*
- **AdoptiveFamilies** – http://bit.ly/1Or6EKO  
  *Also has parent support groups*

# Recognizing and responding to disclosure or signs of sexual abuse

by Donna Gillespie Foster

If you are a foster or adoptive parent, I am sure you will believe me when I say that my 17 years as a foster parent positively changed my life forever. I bet you can say the same thing.

### I Felt So Unprepared

Starting out I felt capable of helping children who had experienced physical and emotional abuse. But when it came to meeting the needs of children who had been sexually abused, I felt emotionally paralyzed. I doubted my ability to help these children. I knew so little about the signs of sexual abuse or how to help children feel safe with us. So I went on a personal mission to learn all I could.

After years of fostering and of teaching the course "Fostering and Adopting the Child Who Has Been Sexually Abused," I am in a good position to share the following information with you. I hope it will help you feel more prepared to care for children who have been sexually abused.

### Be Ready for Disclosures

When children first enter foster care, agencies—and therefore foster parents—often don't know that they've been sexually abused. It is only after they start trusting other children or the adults in their foster home that some children disclose this secret to us through their words or actions. Reasons children don't disclose sexual abuse include:

- The behavior is "normal" in the family, so the child doesn't know it is abuse.
- They are told by family members to keep the secret or the family will be divided.
- They love the abuser and don't want them convicted.
- They feel responsible for the sexual abuse.
- They feel guilty and ashamed.
- They don't know how to tell. Young children don't know the words to use.
- The children have been taught to obey and respect adults without exception.
- Children don't trust adults. They've learned that big people hurt little people.

### Know the Signs

As Sam's story on this page illustrates, some young people disclose sexual abuse not with their words, but with their behaviors, so it is important to know the signs outlined in the box at right. Please note that many of the "other common indicators," such as bedwetting and trouble sleeping, can occur after sexual abuse, but they may also be due to a medical problem or some other crisis in a child's life and not sexual abuse.

No child will show all the signs shown in the box below, but please learn what they are so when you see one you can record it and seek help from the team.

### How You Can Help

Here are some strategies for meeting a child's needs when they disclose (or you suspect) they have been sexual abused:

1. Believe them. Don't question whether they are telling the truth.
2. Listen without problem-solving, and with your undivided attention. If you're driving, pull to the curb and listen.
3. Let them know their feelings are OK. They may be full of confusing emotions.
4. Don't say you know how they feel. Even if you were sexually abused as a child, every situation is different. Instead say, "Thank you for trusting me enough to tell me."
5. If it's a new disclosure, don't promise not to tell. Say you will only share with someone who can help. Tell the child's worker.
6. Have house rules for everyone that provide privacy and security. Ask the child what they need to feel safe.
7. Never talk badly about the birth family. Degrading them is degrading the child.
8. Create opportunities for normal fun family times, such as family bowling, laughing, playing board games, cooking together, and other family activities.
9. Be an active part of the child's team (social worker, therapist, and teacher) by working together on a plan for the child.
10. Keep learning! You can always learn something new about this topic by taking courses, reading, and talking to other foster and adoptive parents.

## "Sam's" Story

It is so important to share with your child's social worker and therapist if you observe something that concerns you. When I was fostering I would write down what I observed, the date and time of day, and the environment when I saw a certain behavior. I encourage you to do the same.

I once cared for a teen I'll call Sam, who showed signs that he had been sexually abused.

Sam always wanted to be last when going up the stairs. He never wanted to be touched. At night he had bowel movements in his underwear and hid them under the bed. I found them and told him it was OK. I gave him a garbage can with a liner and asked him to put them in the can. I told him I would buy him more underwear so he would have clean ones to wear. Never did I scold him.

I did what I could to make him feel safe in my home. When he told me he had nightmares and needed a light on all night, he got it.

All of this I shared with his social worker. It wasn't until Sam was in his late twenties that he told me he had been sexually abused for years. He said he just couldn't tell anyone because he loved the person who abused him. He thanked me for keeping him safe and not making him feel guilty.

Today Sam is a part of our family. He knows I will always be in his corner.

I hope this encourages you. You are not alone when caring for children. Children don't need you to make all their problems go away. They need you to be there for them; to care and accept them. I believe you can do that.

*Donna Foster is a national trainer, consultant, and author of the series "Shelby and Me: Our Journey Through Life Books" (reviewed on p. 8 of this issue).*

## Signs of Possible Sexual Abuse

### The Most Significant Behaviors

*Source: Cooper, et al., 2005*

- Engaging in "sexualized" behavior with toys or in talk and seeing sexual meanings where there may be none
- Precocious sexual knowledge: sexually explicit drawings, comments that indicate knowledge beyond their developmental age
- Acting out sexual acts on other children, with or without their consent
- Excessive or compulsive masturbation that continues despite attempts at redirection or sanction; excessive or compulsive means masturbation that occurs until the child injures themselves or masturbates to the exclusion of other pleasurable activities

### Other Common Indicators

*Sources: Aprile, et al., 2009; Crosson-Tower, 2015*

- Fear and anxiousness
- Nightmares or sleep disturbances
- Withdrawal from family and friends
- Low self-esteem, shame, depression, or suicide attempts
- Eating disorders, substance abuse, running away
- Regressive behaviors (bedwetting, thumb sucking)
- Aggression, anger, rage
- Poor or decreasing school performance

Many of these "other common indicators" can be caused by other stressors or crises in a child's life and **do not necessarily indicate child sexual abuse.**

# Caring for children with nonsuicidal, self-injurious behavior

by Jeanne Preisler

Someone close to me used to intentionally cut himself when he was younger. He wasn't trying to kill himself. He wasn't trying to harm himself at all. On the contrary, he cut himself because it helped him cope in really difficult situations.

This is often referred to with terms such as "nonsuicidal self-injury" or "self-harm" or "self-mutilation." Youth who use self-injury *can be* suicidal, so this can be a complicated behavior to address.

But for the purposes of this article, let's assume we've asked the young person directly if they are thinking of killing themselves and they have told us no. Therefore, we are faced with a youth engaged in a nonsuicidal self-injurious behavior.

### Common Behaviors

There are many forms of self-injurious behaviors, including cutting, burning, scratching, self-bruising, ripping/tearing skin, interfering with the healing of wounds, banging objects, pulling out hair, and many more.

These behaviors are common. Walsh (2010) found self-injurious behavior occurred in 10–20% of middle and high school students in the U.S.

Given how common they are, as foster and adoptive parents, we need to educate ourselves about these behaviors, know how to identify the signs of self-injury (youth can be skilled at hiding their injuries), and know how to support a young person with these behaviors.

### Why Does It Happen?

It is vitally important that we understand that self-injury is a ***coping mechanism***; therefore we must strive to understand what is driving the behavior. According to Klonsky and Muehlenkamp (2007) young people may engage in these behaviors to:

- Manage painful feelings of current or past trauma
- Punish themselves
- Exert influence over others
- End feelings of unreality or being detached from themselves
- Avoid or combat suicidal thoughts
- Feel pain or relief
- Show control of their body

### Examples

Some examples might look like:

*A young man* cannot concentrate in class because he keeps remembering the violence he witnessed over the summer. He uses a paperclip to carve in his skin, which forces the intrusive memories out and allows him to focus on what his teacher is saying.

*A young lady* who experienced years of sexual abuse uses matches to make burn marks on her body so she feels unattractive. She believes this will thwart additional sexual advances from anyone.

*Another young person* whose mind is racing all the time with worry about being bullied picks at scabs. This allows their mind to focus on something specific and to forget, even for a little while, what bullies and others think of them.

None of these are healthy coping mechanisms (and there are many other strategies we want to teach these young people) but right now, the strategies these young people are using are "working" for them.

### What to Do

As resource parents, if we discover a child or youth is engaged in a nonsuicidal self-injurious behavior, our job is to be supportive and non-judgmental and to ask what we can do to help.

Our primary message should not be "stop cutting, it is bad for you!" Rather, our focus should be on learning what happened to make them want to cut, understanding how the cutting helps them, and exploring alternatives. Ultimately, we will help connect the young person to professionals who can teach them safer coping skills.

**This is a *coping mechanism*; therefore we must strive to understand what's driving the behavior.**

### Detection

As mentioned earlier, some youth are skilled at hiding their injuries. If a young person is consistently wearing long sleeves or long pants, even when it's hot outside, this may be a sign they are using self-injurious behavior to cope. (*Then again, they may simply have fair skin—always keep an open mind.*) If your home is consistently running out of first aid supplies or you find blood on the clothing of a youth, it may be a sign to investigate further. If you notice a young person frequently has an injury of some kind (a bruise here, a burn there, scabs that won't heal, etc.), it may be time to say that you have noticed these things, are concerned for their well-being, and begin a dialogue about it.

### Emergency Situations

And finally, there may be times when self-harm turns into a medical emergency. If a burn gets infected, if a cut will not stop bleeding, if punching something caused a broken bone, if banging against a wall causes unconsciousness, use your First Aid/CPR skills and seek professional medical attention as needed.

If a young person threatens to hurt or kill themselves, keep them safe and get professional help as soon as possible. For youth ages 10–14, suicide is the third leading cause of death; for ages 15–24 it is the second (CDC, 2015). One thing you can do right now is program your cell phone with the national suicide hotline (800-273-8255). You never know when you will be near someone who needs help.

### Youth Mental Health First Aid

It is exactly because we never know when we will be near someone who will need our help that the North Carolina Department of Health and Human Services (NC DHHS) wants to increase the skills of every North Carolinian to address mental health concerns. NC DHHS, along with other public and private partners, wants to give you the skills to recognize symptoms, intervene appropriately, and help teens who are struggling. For this reason they have invested in a training called Youth Mental Health First Aid®. Nonsuicidal self-injurious behavior is just one of many common behaviors discussed throughout this training.

Youth Mental Health First Aid® USA is an 8-hour course designed to give you skills to offer help to a young person experiencing a mental health challenge, mental disorder, or a mental health crisis. Mental Health First Aid (MHFA) is given until appropriate help is received or until the crisis resolves.

To locate a MHFA course near you, go to www.mentalhealthfirstaid.org. I encourage you to take this course with other foster or adoptive parents (check with your supervising agency, but it should count toward your relicensure hours), or your church group, or friends and neighbors. It is a powerful course and something we can use to strengthen our communities, support young people and ultimately, try to avert crises before they happen.

*Jeanne is a Program Consultant with the NC Division of Social Services and is leading an effort to help our child serving system become more trauma-informed. She is also a Certified Youth Mental Health First Aid Instructor. While developing this article she used, with permission, the Youth Mental Health First Aid® for Adults Assisting Young People manual developed by the Maryland Department of Health and Mental Hygiene, Missouri Department of Mental Health, and National Council for Community Behavioral Healthcare (2012).*

By and for Children in Foster Care

# Kids' Pages

Vol. 20, No. 1 • Nov. 2015

### *Writing Contest*

## Maintaining connections …

In the last issue of we asked young people in foster care "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?" Here's what they had to say.

### Aaron, age 13

When I came into care my mind ran away with me. I thought of stories I had heard from foster kids. First I want to say I was separated from my twin sister. My foster parents only accepted boys. This was very disappointing that DSS couldn't keep us together. There wasn't availability for both of us that day, but they promised to keep working on it. Well, my foster parents had a change of heart overnight. The very next day after school my sister came with me. I was reconnected!

**I thank God my foster parents never say no when I ask to call my mother.**

I thank God that my foster parents never say no when I ask to call my mother. They really show me (and my twin sister) love and respect. I always thought foster care meant never seeing your mother again. Not so! My foster parents informed us that this was their first year fostering and that we would work together at all things. I thank God he placed us in a Christian home and I can have a peace of mind when I lay down at bedtime. Also, our social worker has always followed through with everything, including our visits with our mother. Our foster parents' church is right by our great grandmother's facility and they allow us to visit her often. My foster parents also agreed for me to have my dog. I was so relieved. I walk my dog and talk to her as if she knows what I am saying.

Helpful experiences have been learning how to do things for myself. I can make my own bed and wash my own clothes. I said to myself, "Why do I have to do this? I never had to do it before!" But I like learning how to take control of my own personal stuff.

I can't think of anything less helpful than I need to learn how to cook but the kitchen is off limits for the kids when it comes to cooking. My foster parents are overprotective at times. But I see and know they are really trying and I will have patience to wait for what's best for me and my twin sister that I love so much.

*Aaron received $100 for taking top prize in the writing contest.*

### Who Helps You Stay Connected?

My social worker has always helped me stay in touch with my mama by doing lots of visits with her and bringing cards and gifts to me. And my social worker was helpful by putting me in a wonderful place—I love it so much.

My foster mom and my foster dad have been helpful by taking me on visits and bringing gifts and cards for my mama and sending pictures of me and my brother to her. My foster mom also made a photo book for my mom.

It would have been more helpful if I got to see my brothers at the same time, and more often. — *Kayla, age 11, 2nd place ($50)*

It has been helpful when social workers set up meetings with my parents and family members and my adoptive parents agree with it. What has been less helpful is when my parents or family members don't have time for these meetings. But I am so thankful for my adoptive parents and social workers' support, time, and help. — *Dawn, age 17, tied for 3rd place ($25)*

My foster mom and my biological brother's foster parents always let us spend quality, brother-to-brother bonding time. They let us see our other biological family members as well. They have done lots of things that have been helpful, such as giving us family time and letting us communicate over the phone.

I wish they could let us bond a whole lot more. But overall I have to say that my foster mom and my brother's foster parents play a very important role in our lives.

— *Dakota, age 12, tied for 3rd place ($25)*

### Book Review

## Shelby and Me: A resource for maintaining connections

Every once in a while someone will come up with a new take on a classic dish, dramatically improving something we thought we knew all about. Donna Foster has done this for a classic tool for foster and kinship parents—the life book.

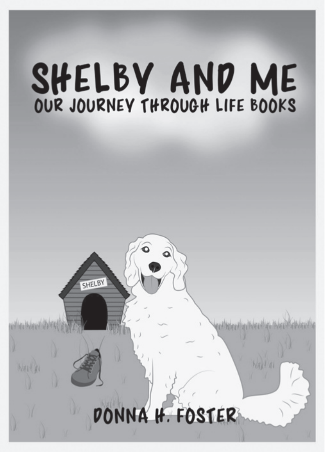
Written for children ages 3-12, Foster's "Shelby and Me" is really two books that come as a set. In the first book Shelby, a cuddly Golden Retriever, tells the story of her life, which includes losing her birth parents, living in foster care, and being adopted. In language a child can understand, Shelby also explains the differences between foster care, reunification, and adoption. Throughout the book suggested questions are given to children to ask their birth parents, foster parents, adoptive parents, social workers, and others.

Children will love Shelby's sweet personality, laugh at her silly antics, and delight in the book's illustrations and photos. Parents will love Shelby for the way she helps them open up important conversations with children and send the clear and helpful messages every child in foster care should hear. Donna Foster's warm wisdom—drawn from years of experience as a foster and adoptive parent, teacher, and author—shine through on every page.

As they make their way through the story, Shelby encourages children to use the second book in the series to tell their own stories. In this "blank" life book children are invited to record not just the kind of information captured in traditional life books, but also to explore how they feel about fitting into a new family, missing friends, and much more. Shelby and the other animals from the first book are a kind and reassuring presence throughout.

"Shelby and Me" is a great tool that will help adults and children build a trusting relationship by exploring memories, hopes, and dreams together. Consider adding it to your toolbox.

To purchase "Shelby and Me," ($23.95 plus shipping and handling) contact Donna Foster (DonnaFoster@shelbyandme.com).



# When a parent is incarcerated: A primer for social workers and foster parents

by Melissa Radcliff

> "I guess some caseworkers assume your mom is a bad person when they hear she's incarcerated. But they should keep an open mind and remember that every child has only one mother, one father. The ones we're given are special to us, even if we can't live with them, even if they're not perfect."
>
> *—Youth speaker with Foster Change for Children*

* * * * * * * * *

Many children of incarcerated parents love their parents. They may not like them on certain days (welcome to the child-parent relationship!) but they love them and want to figure out what their relationship looks and feels like now that their parent is away.

At Our Children's Place, the agency where I'm the director, we've hosted "Parent Day" at three men's prison facilities. This reinforced for me how important it is to children to maintain their relationships with their parents, even if those parents are incarcerated. We, the adults—the big people in a child's life—can help them do this.

Even when a decision has been made that it's not safe for the child to have a relationship with his parent, it's still important for a person trusted by the child to be able to explain this to the child, answer questions, and provide support. Out of sight is NOT out of mind. Our goal is not to "make" the child forget.

At Our Children's Place we remind folks that we don't all need to be therapists or criminal justice professionals. But we never know who a child will talk to about their parent, so we believe it's important for all the adults in a child's life to have at least a basic understanding of the traumas endured by the children separated from their parents. What a wonderful way to reduce possible shame, stigma, and a sense of isolation if you're the adult a child can talk to!

### Language

The words we use matter. Instead of inmate, convict, or offender, consider using mother, father, or parent. Listen to how a child refers to his or her parent and use that as your cue.

Know the difference between jail (local county facility usually run by the sheriff) and prison (state facility run by the North Carolina Department of Public Safety or a federal facility run by the Bureau of Prisons).

The words we use may stem from our feelings about people who are or have been involved in the criminal justice system. Acknowledging those feelings is important as you support the child and interact with the parent. Never badmouth the parent; this can confuse the child emotionally. You may not agree with the parent's choices and actions, but he or she is still the child's parent.

### Visiting in Jail or Prison

Ask how the DSS handles visitation for children with incarcerated parents. Will you be part of that? What are the expectations? Think about preparing a child for a visit (see Resources) and debriefing afterwards. Some people think visitation in a jail or prison setting isn't good for a child. If the child has a therapist or counselor, talk with that person. If it's decided that right now visitation isn't in the child's best interest (vs. not convenient for the adults), ask if there's a plan to re-evaluate in the future. Children may also change their minds about visiting; a younger child might be excited about seeing her mother while an older child might be bored with a prison visit after having gone on several. A child should never be forced to visit.

A visit can reassure a child that the parent is still around, is OK, and still loves the child. Children who don't have the opportunity to visit may base their vision of prison on what they see on TV, at the movies, or online.

It's always wise to contact a facility right before a visit to confirm rules (such as contact visit vs. behind the glass), times, procedures (must a child go through a metal detector?), and any other important information and to share that with a child in an age-appropriate manner, which may include role-playing.

### Other Ways to Communicate

Visiting isn't the only way to communicate. Phone calls to incarcerated parents can be expensive, are usually time-limited, and may be difficult for younger children. Consider talking with a child ahead to time to plan for the call: what time of day it might come, what a child wants to share with a parent, what to do if the child doesn't feel like talking, etc.

Letter writing may seem outdated, but there's something to be said for mail that arrives addressed to you, that was written by a person who loves you, and that you can read over and over. Check on limitations set by DSS and the prison. Can a parent write directly to a child, or must it go through a third person? Do prison staff read all letters?

Younger children may want to send drawings or other artwork. They could start a drawing or a story, then ask their parent to add to it and send it back. Again, check on what a parent can receive. A child may want to create a special box or scrapbook in which to store mail received from parents.

### Be Creative

Think about ways to engage an incarcerated parent in their child's life. How about sending a copy of a child's report card or certificate of achievement? Or sending a newspaper article about a child's basketball game or school play? Is it possible to have a parent-teacher conference via conference call?

These require extra time and effort, but can make a real difference in the child's relationship with the parent.

### Recognizing Trauma

Having a parent in jail or prison often is a source of trauma for children. Traumas associated with parental incarceration can include witnessing a parent being arrested and adjusting to a parent returning home after serving a sentence.

We all appreciate when someone really listens to us, without interruption, and without judgment. Think about that when a child tells you how she's feeling about what happened with her parent. Acknowledge feelings, be open to listening to what can be hard to hear, answer honestly and age-appropriately when asked questions ("I don't know" may be appropriate if followed up with, "But let's find the answer."), and encourage her to come back if she wants to talk further. Explore finding a counselor or therapist with experience working with children in these situations if it seems like this will be helpful to the child.

### Support for You

Don't forget to take care of yourself as you care for a child with a parent who is incarcerated. Exposure to the criminal justice system may challenge some of your perceptions. You may be asked to take on responsibilities you hadn't anticipated. Maybe you, too, feel alone and unsupported. Consider what you need for your own care (maybe a support group?) before you need it.

Our efforts together mean we can create a community where children of incarcerated parents are recognized, supported rather than shamed and stigmatized, and encouraged to share their stories.

*Melissa Radcliff is the Executive Director of Our Children's Place (www.ourchildrensplace.com), a statewide awareness and advocacy agency focused on children of incarcerated parents.*

## Resources

- **National Resource Center on Children and Families of the Incarcerated** https://nrccfi.camden.rutgers.edu/
- **Arkansas Voices for Children** www.arkansasvoices.org/
- **Osbourne Association** - www.osborneny.org/
- **Straight Talk Support Group** www.straighttalksupportgroup.org/
- **Sesame Street** - www.sesamestreet.org/parents/topicsandactivities/toolkits/incarceration

# Navigating reasonable and prudent parenting

by Teresa Strom

For years, many young people in foster care have been prevented from participating in everyday activities essential for their development and for a successful transition to adulthood. Because of real and perceived legal and policy constraints, many have missed out on the chance to engage in simple, commonplace activities such as going to a friend's house, taking a school trip, working a job after school, joining a club, dating, attending the prom, and learning to drive (Pokempner, et al., 2015).

To address this problem, recent federal and state laws have introduced the "reasonable and prudent parent standard." This standard, which went into effect in North Carolina on October 1, is something foster parents, group homes, and child welfare professionals should understand well.

### The Standard

Earlier this year, in response to federal legislation (Public Law 113-183), North Carolina passed Senate Bill 423, also known as the "Foster Care Family Act."

According to this law, foster parents and group homes must use the reasonable and prudent parent standard when deciding whether children and youth in foster care can participate in normal childhood activities. This standard is really no different than the standard most parents use when making decisions about children's activities.

The standard states that foster parents and group homes must consider the health, safety, and best interests of each child and youth, as well as their needs and situation, when deciding whether they can do things such as playing school sports or going on an overnight field trip.

The law explicitly states that children and youth in foster care are to be allowed to participate in extracurricular, enrichment, cultural, and social activities as long as those activities are appropriate to the child's age, development, and maturity level. The child's cognitive, emotional, physical, and behavioral capacities must also be taken into consideration to identify suitable activities for them.

**The standard's emphasis on normalcy is the right thing for children and youth in foster care.**

### The Standard in Action

What does the reasonable and prudent parent standard look like when it is applied in the day-to-day activities of children and their caregivers? Although the standard sounds straightforward, there is no black and white answer to this question. Following the standard means carefully applying it to each individual child and youth in foster care. To help foster parents, social workers, child-placing agencies, residential child care facilities, and other institutions in their decision making about which activities youth and children in foster care participate in, the NC Division of Social Services has developed two tools:

1. *Applying the Reasonable and Prudent Parent Standard*
   http://bit.ly/1GAsaEL
2. *Reasonable and Prudent Parenting Activities Guide*
   http://bit.ly/1RxWiad

The scenarios below illustrate what it is like for a parent to apply the reasonable and prudent parent standard. These scenarios aren't black and white, but they do depict the critical, careful, sensible thinking the standard requires.

It is important to realize that the reasonable and prudent parent standard must be applied individually to

continued next page

## Two Illustrations of Applying the Standard

### Adam

You've been a foster parent for eight years. Adam is an 11-year-old in foster care. He's lived with you for 13 months. When Adam first came to you, the agency didn't know much about him. His grandmother, who was his primary caretaker, had died. His father is unknown. Due to her substance abuse, his mother has had little contact with Adam over the years.

Adam appeared to have some issues with authority, often appeared angry, and did not like school. His only activity aside from school and going to church with you has been weekly therapy. You have worked to provide structure for Adam and he has not had any serious behavior issues in the home for the last 8 months.

#### Adam's Opportunity, Your Decision

Adam recently made honor roll and the school is planning a special overnight field trip for everyone on honor roll to see a professional baseball game. Adam has come home excited about the field trip and asks you for permission to go. You want to be sure to correctly apply the reasonable and prudent parenting standard as you make this decision, so you do the following.

- You consult NC's *Reasonable and Prudent Parent Activities Guide*. It tells you that a foster parent can provide approval for a school field trip lasting less than 72 hours without notifying the child's social worker.
- Next, you consult *Applying the Standard*. Participating in this extracurricular activity is reasonable and age-appropriate for Adam and would promote both his social development and his self-confidence. It would also help him feel like all the other children at school who earned the trip. You know several parents who are planning to go on the field trip, including a neighbor who knows Adam. His participation in this trip would not contradict a court order or safety plan. You are not aware of any other issues or concerns that should prevent Adam from participating in the field trip.

Based on all this, you tell Adam he can attend the overnight field trip and you sign the permission slip.

### Lukas

You've been a foster parent for three years. Lukas, a 15-year-old, has been with you for three months. This is his second placement. He came into foster care through delinquency court for shoplifting. He also has a history of exposing himself to girls, although this has not happened since he has been in your home.

Lukas is the youngest of four boys. His mother passed away years ago and his father says he can no longer manage Lukas' behaviors. Two of Lukas' brothers are incarcerated; Lukas doesn't know where his other brother is.

Lukas follows the rules of your house. He is not involved in any extracurricular activities and has struggled to make friends at school. He also seems lonely.

#### Lukas' Opportunity, Your Decision

Lukas comes home saying he has been invited to hang out at a male classmate's house to play video games next Friday night. You want to be sure to correctly apply the reasonable and prudent parenting standard as you make a decision about this, so you do the following.

- You consult NC's *Reasonable and Prudent Parent Activities Guide*. It tells you that a foster parent can provide approval for normal childhood social activities outside the foster parent's direct supervision without notifying the child's social worker.
- Next, you consult *Applying the Standard*. You believe Lukas has been doing well overall. This activity would be good for Lukas' self-esteem and confidence. It doesn't interfere with his schedule.
- You don't know Lukas' classmate's family, so you call them. You learn that in addition to their son, there are also two daughters in the home. You conclude the call but don't commit, saying you still need to discuss the plans. You're concerned about Lukas being around the girls in the classmate's home with less supervision and worry that might trigger Lukas to expose himself.

Based on the circumstances, you decide to ask Lukas to invite his classmate over to your house instead, so that he can still benefit from this activity.

# Navigating

continued from previous page

each child and youth, based on the totality of their situation. The standard and the passage of the Family Foster Care Act do not mean that every foster child or youth can automatically participate in anything. It means that foster parents and social workers must use all the tools at their disposal—including shared parenting, child and family team meetings, and monthly visits—to ensure they have a good grasp of the child's strengths, needs, and skills. They must also engage the birth family (if their whereabouts are known) so they can express their desires for their children.

### Conclusion

The emphasis on normalcy that comes with the reasonable and prudent parent standard is the right thing for children and youth in foster care. When they are grown they should be able to recall their childhood friends, the field trips they went on, and the other childhood experiences so many of us take for granted. It's up to us to find balance in addressing the needs that bring children and youth into foster care while still allowing them to grow up with normal childhood memories.

*Teresa Strom is the Child Welfare Services Local Support Team Leader for the NC Division of Social Services.*

### Applying the Reasonable and Prudent Parent Standard

1. Is this activity reasonable and age-appropriate?
2. Are there any foreseeable hazards?
3. How does this activity promote social development?
4. How does this activity normalize the experience of foster care?
5. Will this activity violate a court order, juvenile justice order, a safety plan, a case plan, or a treatment plan or person-centered plan (PCP)?
6. Will this activity violate any policy or agreement of my licensing agency or the child's custodial agency?
7. If appropriate, have I received consultation from my social worker and/or the child's social worker?
8. If able and appropriate, have I consulted with this child's birth parents about their thoughts and feelings about their child participating in this particular activity?
9. Will the timing of this activity interfere with a sibling or parental visitation, counseling appointment, or doctor's appointment?
10. Who will be attending the activity?
11. Would I allow my birth or adopted child to participate in this activity?
12. How well do I know this child?
13. Is there anything from this child's history (e.g., running away, truancy) that would indicate he may be triggered by this activity?
14. Does this child have any concerns about participating in this activity?
15. Has this child shown maturity in decision making that is appropriate for his age and ability?
16. Does this child understand parental expectations regarding curfew, approval for last minute changes to the plan, and the consequences for not complying with the expectations?
17. Does this child know who to call in case of an emergency?
18. Does this child understand his medical needs and is he able to tell others how to help him if necessary?
19. Can this child protect himself?
20. When in doubt, refer to number 7.

*Adapted from Florida's Caregiver Guide to Normalcy http://www.kidscentralinc.org/caregiver-guide-to-normalcy/*

## Witnessing a Change in Foster Care

On July 2, 2015, the Governor signed a new law called the Foster Care Family Act (SB 423). Governor McCrory asked that SaySo be represented on this day. SaySo supporters and foster care alumni Chaney Stokes, Roman Rys, and Marcella Middleton were present, as was Nancy Carter, SaySo's chief administrator.

After touring the Governor's mansion, Chaney, Roman, and Marcella were invited to stand with the Governor as he signed this bill which, among other things, will allow youth in foster care to participate in "normal" activities such as field trips, extracurricular activities, sleepovers with friends, and obtaining a driver's license. To top things off, the Governor gave each of them one of the pens he used to sign his name to the bill. What a souvenir!

At right are some of Chaney, Roman, and Marcella's thoughts about this momentous occasion.

SB 423 is affectionately known as the "normalcy act." SaySo members have actively participated in helping to establish guidelines for caregivers and DSS representatives to implement this new law. SaySo is proud to be part of this process from its conception. After almost 18 years, young adults in foster care are being heard and their suggestions and ideas are being implemented.

*SaySo alumni were invited to witness Governor McCrory sign SB 423 into law. Chaney Stokes, Marcella Middleton, and Roman Rys were joined by Senator Tamara Barringer and others for this historic moment.*

**Chaney Stokes**

*"As a former foster youth, I felt many emotions the day SB 423 was signed. Tears filled my eyes as Governor McCrory lifted his pen. This law is such a blessing to the young people who are currently in foster care. Although this change does not directly impact me, the fact that it will help those whom I've dedicated my life to advocating for brings me great joy."*

**Roman Rys**

*"Being at the event . . . gave me an uplifting, victorious, almost overwhelming emotion. Now youth will be able to get their driver's license before turning 18. Foster parents will now receive liability insurance so that when foster youth placed with them have something severe happen to them (e.g., broken leg when playing football) they will have financial assistance. These are good changes.*

*However, this is just one step. Some youth in the substitute care system will thrive because of this change. Yet others will still be falling through the cracks of the system. We as well as lobbyists, politicians, stakeholder groups, non-profit organizations, and others must keep listening to individuals who have experienced substitute care. We must continue to use their input to make practical changes in policy to benefit minorities in substitute care. Some are still not receiving the resources needed to be successful. We must make the effort needed to make policy change one step at a time."*

**Marcella Middleton**

Marcella says she remembers that many years ago her foster family saved so they could bring her and her sister to Disney World. That request was denied, but the memory of that missed opportunity has not been forgotten. Now, families will be able to take their foster children on vacation and be a real family together.

# Parenting a child with FASD

When a pregnant woman drinks alcohol, it can harm her developing baby's brain, even before she realizes she is pregnant. This can result in Fetal Alcohol Spectrum Disorders (FASDs), a term used to describe a range brain-based challenges and disabilities caused by prenatal exposure to alcohol.

FASD is a leading cause of preventable intellectual disabilities and birth defects. Up to 5% of children born in the U.S. are possibly exposed to alcohol during pregnancy (FASD Center for Excellence, 2014). Based on this projection, in North Carolina close to 6,000 babies are born each year with FASDs (NC State Center for Health Statistics, 2015). Some of these children, at some point in their lives, are served by the foster care system.

## Characteristics of FASD

Behavioral Traits. According to the Wisconsin Foster Care and Adoption Resource Center (2010), young people with FASD may exhibit one or more of the following behavioral or neurological traits:

- Trouble understanding abstract concepts (e.g., math, time, money).
- Poor short term memory; this may prevent a child from linking a behavior to a consequence; can lead to academic problems.
- Difficulty making predictions; this may lead to poor social skills or risky behavior.
- Poor impulse control.
- Poor judgment, caused in part by poor memory, prediction, and impulse control.
- Poor boundaries. The young person may misunderstand personal space and property or be over friendly with strangers.
- Hyperactivity and attention deficits; children with FASD often have these.
- Developmental delays; may affect physical, social, and academic development.
- Sensory issues; may affect a child's mood or behavior in certain environments, as well as their preferences for lighting, food, noise, or clothing.

For children with FASD these symptoms are not behavior problems. Rather, they are "soft signs"—symptoms of permanent, unchanging damage to the brain. They are not within the child's control (Kellerman & Kellerman, 2002).

Physical Traits. Many children with FASD show no physical signs of the disorder. However, if the mother drank alcohol when the child's midface was developing during pregnancy, the child may have facial characteristics such as small eye openings, thin upper lip, a smooth, wide philtrum (area between your upper lip and nose), and a smooth, wide nose bridge. Children may also have other physical traits such as low birth weight, low body weight, and small head circumference. Often physical signs of FASD diminish or disappear with the onset of puberty.

**The most helpful strategies focus on structure, routine, clear rules, and environmental factors.**

## If You're Concerned

Diagnosing FASD can be difficult. The physical, behavioral, and neurological symptoms of FASD can have many other causes. Many people are never diagnosed, misdiagnosed, or have co-occurring disorders such as ADHD, sensory processing disorder, bipolar disorder, and other challenges.

If you think a child in your care may have FASD, talk to your social worker and the child's doctor. They may refer the child to a clinical geneticist or developmental pediatrician for clinical assessment. Diagnosing FASD often includes:

- A comprehensive history, which includes a medical record review and an interview with the family.
- Standardized testing and consultations given by an occupational therapist, speech/language therapist, neuropsychologist, and/or genetic counselor.
- Genetic testing (to rule out other disorders).
- Physical examination by a geneticist.

### The Way FASD Presents May Change Over Time

**INFANCY TO PRESCHOOL**

- Small in height and weight
- Poor sleep patterns
- Poor feeding
- Difficult to soothe
- Bonding problems
- Stranger anxiety
- Temper tantrums
- Trouble learning rules
- Shuts down easily
- Overly sensitive or under responsive to stimulation

**SCHOOL AGE AND ADOLESCENCE**

- Memory problems
- Trouble processing information
- Delays in social emotional development
- Executive functioning deficits
- Impulsivity
- Difficulty with abstract concepts
- Lower IQ
- Behavior problems

**ADOLESCENCE INTO ADULTHOOD**

- Less obvious facial features; in puberty, both the facial abnormalities and the growth deficit tend to disappear, making detection challenging
- Poor judgment and impulsivity
- Defiant and uncooperative
- Can't predict consequences
- No "stranger danger"

If a child or youth in your care is diagnosed with an FASD, keep in mind that behaviors, abilities, and physical characteristics vary greatly from one child to another. It's also important to note that the way this disorder presents may change across the lifespan, as the box below shows.

## Parenting Suggestions

*The following is adapted from Wisconsin Foster Care and Adoption Resource Center, 2010*

Parents of children with FASD usually find that strategies focused on routine, structure, clear rules, and increased awareness of environmental factors are most helpful.

- Young people with FASD often struggle connecting consequences to their actions. Concentrate on the desired outcome rather than on correcting inappropriate behavior. Stay positive.
- Role-playing can be very helpful. Try practicing appropriate behavior before a situation that may be challenging or after a situation where the child's behavior was not appropriate.
- Consistently adhere to rules and routines; always follow through.
- Give no more than one direction at a time.
- Anticipate unsafe situations, such as a parking lot or a busy street. If they are thinking about something else, often children with FASD don't see potential dangers in the environment (e.g., traffic).
- Always think about the child's developmental age, not their chronological age.
- Consequences (positive or negative) should immediately follow the behavior.
- Don't negotiate basic rules.
- Frequently review expectations for behavior and rules with the child.
- Avoid circumstances where the child is likely to be overwhelmed (e.g., crowds).

If a parenting technique isn't working, don't try harder—try something else.

## Creating a Calming Environment

Environmental factors influence how children with FASD behave. A calm, plain room free of bright colors and background noise is usually best. This is true in the classroom, too. Sometimes even having a locker at school can be overwhelming for children with FASD, since items can collect there quickly. Here are some other environmental suggestions:

- Keep bedrooms simple and furnished with things that aren't easy to break.
- Use digital clocks, since they are easy to read.
- In each room, post rules specific to that room.

*continued next page*

# SaySo (Strong Able Youth Speaking Out) announces new executive director

Coleman

SaySo is pleased to announce that on August 10, 2015, Carmelita Coleman joined us as SaySo's executive director. SaySo is a statewide association made up of youth who are or have been in out-of-home care. Its mission is to improve the substitute care system by educating the community, speaking out about needed changes, and supporting youth who are or have been in substitute care.

### Carmelita Coleman

Carmelita Coleman is well known to those who frequent SaySo and NC LINKS events. She began her journey with the North Carolina child welfare system in 2001 at Forsyth County DSS. She served there for over 13 years, first as a social worker for adolescents and LINKS coordinator and later as a supervisor. Most recently she has been an independent contractor and a supervisor in Davie County DSS.

One of Carmelita's most prized professional achievements is the orchestration of the TEAM-UP program, a week-long summer business camp for youth and young adults in foster care interested in starting their own businesses. TEAM-UP, which stands for "Teens Engaged in Aspiring Mentorships an Uplifting Partnership," won a Best Practice award from the NC Association of County Directors of Social Services for the creative collaborative program design. TEAM-UP has served over 200 youth from 10 counties; it is open to all LINKS-eligible youth ages 16-21 in our state.

Carmelita's experience as a licensed foster parent, LINKS coordinator, and SaySo adult advisor will help her jump into our activities and programming very quickly. Asked about becoming SaySo's executive director, Carmelita says, "I feel specifically charged and dedicated to create a tapestry of opportunities throughout the state for youth and young adults involved with SaySo with the hopes that these experiences will facilitate a positive change in their journey."

Carmelita will be officially commissioned in her new role at SaySo's December board meeting. You can reach her at 919-384-1457, 800-820-0001, and Carmelita.Coleman@ilrinc.com. Nancy Carter continues to serve as chief administrator for SaySo and executive director for Independent Living Resources, Inc.

## SaySo Updates

### Upcoming Activities

**It's My Transition**. Jan. 30, 2016 Granville County. This is a one-day youth workshop sponsored by the department of social services LINKS communities of Granville, Franklin, and Vance counties, along with SaySo (Strong Able Youth Speaking Out). It is designed specifically for older teens in foster care and will focus on how to achieve successful outcomes for youth transitioning out of substitute care—specifically, how to blossom into a productive adult citizen in your local community.

**SAYSO Saturday**. March 5, 2016, Guilford County, NC. This will be the 18th Annual "Family Reunion" and Celebration of SaySo's existence. It is also a chance to celebrate and honor all youth in foster care who may not have had the opportunity celebrate their individual birthdays. The day will be full of workshops for youths and adults and elections for the next Youth Board of Directors.

*NOTE: SaySo activities are free and open to any youth age 14-24 in out-of-home care. This includes all types of substitute care: foster care, group homes, kinship placement, and mental health placements. Youth do not have to be a member of SaySo to attend!!!*

### SaySo Newsletter

SaySo produces four newsletters a year. If you wish to stay updated on SaySo events email us at sayso@ilrinc.com or call our office at 800-820-0001.

### Superstars Rewards Program

SaySo is pleased to announce a new program to help get youth engaged in LINKS. The new "SaySo Superstars Rewards Program" provides incentives for youth to get involved with community service, advocacy, fund raising, member recruitment, local chapter development, monthly meetings, and SaySo events. Youth earn points for each activity they engage in. Local chapters earn points for each activity they plan and implement.

Individual points can be used to purchase reward items in the SaySo Store at SaySo Saturday. Items currently in the store include Carolina Panther hats, shirts, and bags, Converse Chuck Taylor duffle bags, Otterbox Phone cases, gift cards, and more. In addition, the top ten points holders will be entered into a raffle for a Dell Latitude laptop with Windows and Microsoft Office. The local chapter with the most points will win a gift for a party.

If your county does not have a local chapter, now is the time to start one. All you need is a supporting adult and two youth who qualify as SaySo members. Start a new chapter and get 50 reward points immediately. For more on starting a local chapter go to http://www.saysoinc.org/about_us/sayso_local_chapters/

For more on the Superstars Rewards Program, go to http://www.saysoinc.org/sayso_superstar_points_system/sayso_superstar_rewards/. If you need additional information please call SAYSO at 1-800-820-0001.

# FASD

continued from previous page

- Don't move things around: furniture and the child's basic self-care items should always be in the same place.

### Helping Them Reach Their Potential

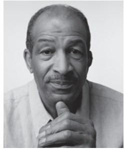
Young people with an FASD may be at increased risk for mental health issues, disrupted school experience, substance use disorders, involvement with the criminal justice system, employment problems, and difficulty living independently. You can mitigate these risks by ensuring the following key protective factors are in place:

- Diagnose early (before age 6)
- Link the child to early intervention services
- Provide a stable and nurturing home environment
- Prevent exposure to violence
- Connect the child to social and educational services

Children with FASD can be caring, creative, determined, and eager to please the adults around them. They also do best with structure and routine, good communication, and close supervision. While parenting a child with FASD isn't always easy, having a good support network helps. It's also important to remember to look after yourself (Wisconsin Foster Care and Adoption Resource Center, 2010). For self-care suggestions and ideas for building your own resilience, see the May 2015 issue of *Fostering Perspectives* (http://bit.ly/1QxlxJ2).

### To Learn More about FASD

- For more information on preventing alcohol-exposed pregnancies and Fetal Alcohol Spectrum Disorders, contact the NC Fetal Alcohol Prevention Program's Amy Hendricks (amy.hendricks@msj.org).
- Additional information about FASD can also be found here: http://www.nofas.org/parents/



## A reader asks . . .

# What to say when children reunify

**We're members of a tight-knit community and many people know we are foster parents. The children in our home are transitioning back to their birth parents. We know we'll get questions from the community about where the children went. How do we explain?**

Social workers and their agencies often encourage resource parents to use their natural supports and resources while providing care to children in foster care. And rightly so! Having a strong support system and being members of tight-knit communities help resource parents weather the surprises and occasional storms that inevitably come their way.

Yet when children must leave your home due to the need for a placement change that better suits the child's needs or because permanency has been achieved, the people you rely on and are close to may have a lot of questions.

Here are some tips for responding to those questions, managing the event within your family and community, and making sure the overall transition is healthy and positive for everyone involved.

- **Maintain the confidentiality** of the children, their birth parents, and any others involved. Specifically, avoid sharing significant details about the progress made by the birth parents or the child's needs.
- **Educate and celebrate**. Use this chance to make sure your friends and family understand how important resource parents are in your community. This should be an opportunity to celebrate your role in the successful return of the child to their birth family or transition to an adoptive home.
- **Don't neglect yourself.** Do not overlook your own needs. Seek support through your licensing agency to make sure you are managing your losses as the children return to their birth parents. While reunification is a positive moment for all involved, there are inherent losses you need to acknowledge and grieve.
- **Prepare a response**. If this is an emotionally difficult transition for you, prepare a stock answer such as, "The children have returned to their biological parents. We are excited for them but sad for us and not ready to talk about it yet." Remember that all of the parties involved—including the child—need the opportunity to feel sad, angry, concerned, and happy. Honor and validate everyone's feelings, even feelings that are conflicting.
- **Smooth the way for the child**. It is very important that children receive the same message from all of the adults involved in this transition, including "emotional permission" and approval to leave the home and community.

  Make sure the children get a chance to say goodbye to friends, family, and community members if they will not remain a daily part of the children's lives. This will also prepare everyone for the transition ahead and prevent you from having to answer questions once the children have left your home. Some suggestions would be to have your community add things to a child's life book such as letters, drawings, and pictures; host an *achievement party* for the children and their birth parents; talk to the children about who they want to share with and allow them the opportunity to say farewell.
- **Don't jump to conclusions**. Do not assume that because the children are leaving your home, they'll no longer be a part of your life or community. The intention of *shared parenting* is for birth and resource parents to work together to parent children. Shared parenting can continue after reunification, with you and your community providing ongoing support and love to the birth parents and children.

**Here are tips for responding to questions, managing the event, and making sure the transition is healthy and positive for all.**

Many emotions and dynamics occur when children transition out of a foster home. Always plan for transitions and work together with your licensing agency to manage the conversations and information you share before, during, and after a child's transition.

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 top right.

**fostering perspectives** **(Nov. 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.

***Advisory Board***. Nancy Carter (Independent Living Resources); Carmelita Coleman (Independent Living Resources); Bob DeMarco (foster and adoptive parent); Kathy Dobbs (NC Division of Social Services); La'Sharron 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); Mark Maxwell (foster and adoptive parent); Jeanne Preisler (NC Division of Social Services); Billy Poindexter (Center for Family and Community Engagement).

***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.

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***Online***. 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 or call 919-419-3474, extension 300.

**To find a therapist in your area, go to 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>

**Natalie (age 12)**

Natalie is an outgoing young lady who is inquisitive, funny, persistent, and artistic. She loves fashion and jewelry. Natalie likes playing volleyball, swimming, horseback riding, and she loves animals. She dreams of becoming a doctor, model, artist, or veterinarian. Natalie's favorite musical artists are Taylor Swift and New Direction. Natalie also likes to watch Monster High and other cartoons.

Natalie longs for a forever family that will love her no matter what. She has said that she wants a family that "won't give me away when I do one thing wrong." Natalie will do well in a family with a strong mother figure. A forever family for Natalie must be willing to provide her with unconditional love, clear boundaries, and a high level of stability and structure.

**Jamale (age 14)**

Jamale is an affectionate young man with a good sense of humor. He thrives on verbal encouragement and joking around. Jamale enjoys playing basketball, football, and computer and handheld games. He loves music, especially rap and R&B. Jamale loves Spiderman and enjoys reading, listening to music, and going to church. He would like to be a police officer.

Jamale's forever family should be strong advocates for him in the school and community. A family who has experience parenting children with special needs will be ideal. Jamale's adoptive family will need to have reasonable expectations of him due to his specific needs. Jamale very much wants to be adopted like his younger siblings and looks forward to a forever family of his very own.

**Josh (age 9)**

Josh is a sweet, energetic child who likes to give hugs. He loves helping others and is eager to please. Josh enjoys playing outside, jumping on the trampoline, fishing, and hunting. Josh loves animals. He is most successful in a structured classroom environment.

It is imperative that Josh's forever family be willing to actively participate in the therapeutic process he is currently engaged in. Josh will benefit from a family with a considerable and active support system. His ideal family will need to be calm and able to receive additional training regarding how to best manage his behaviors. His forever family will need to be committed to loving him unconditionally through childhood and into adulthood. Josh is a kind and sweet child who will thrive in a home where he can receive structure, patience, and unconditional love!

**Josue (age 13)**

Josue is a handsome young man who finds a special place in the hearts of all who meet him. Some activities that bring Josue the most joy are being read to, listening to music, and going for long walks, especially in the springtime. Though Josue is legally blind, after visiting with him a couple of times, he is able to sense your presence and he will light up when he recognizes those speaking to him. Josue is nonverbal, non-ambulatory, and requires daily care for his basic needs. Josue receives educational and wraparound services through the medical facility where he currently resides.

Josue's forever family should have experience with medically fragile children and those who have multiple disabilities. Although his medical diagnosis may prevent him being able to reside in his forever family's physical home, Josue needs a forever family to provide unconditional love and support, as well as ongoing advocacy to ensure his needs are always met. "Although Josue cannot speak to you, his beautiful spirit will warm your heart."

**Abigail (age 10), Brannon (age 8), and Brandy (age 8)**

Abigail, Brannon, and Brandy are happy, loving, and affectionate children with sweet and joyful smiles.

Abigail is active in Girl Scouts and she likes playing with Barbie dolls. Her favorite place to go on vacation is Great Wolf Lodge.

Brannon and Brandy are twins. Brannon enjoys playing outside and playing games on his tablet. Brandy loves playing dress up, playing outside, and playing with dolls. A favorite activity for the twins is singing in their church choir.

These three children all experience some level of intellectual disability. They need a loving and patient family who can provide them with structure and ongoing support throughout their lives. They thrive on attention and will bring great joy to a special family.

**Spread the Word!**

Help these children find their forever families.
Post this page on a bulletin board near you.

# 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:

**If you were a foster parent, what would you do to help the children living in your home?**

**DEADLINE: February 2, 2016**

E-mail submissions to 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 *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 v20 n1

1. Name four things you would do to support a young person placed in your home who was LGBTQ.
2. Bob DeMarco has learned a lot from parenting children who have experienced trauma. What has it taught you?
3. Some children in foster care who are placed transracially struggle with identity issues. What would you do (or what have you done) for a child in your home who was struggling in this way?
4. What struck you most in Donna Foster's story about "Sam"?
5. What are some possible signs of nonsuicidal, self-injurious behavior? What should you do if you see one of these signs?
6. Name three things you would do to support a child placed in your home who has a parent in prison.
7. Name one question you have for your supervising agency about the reasonable and prudent parent standard.
8. How might the signs of FASD change as a child grows up?
9. What advice does this issue offer about responding to questions from friends when the children you've been caring for are about to reunify or move to another placement?
10. Soon we'll stop sending out printed copies of *Fostering Perspectives*. Go to http://eepurl.com/brPe9b and sign up for the list that notifies you when new issues appear online!

# Have You Heard about NC Reach?

Our state's NC Reach program provides college funding and support services to young people adopted from North Carolina DSS foster care after the age of 12 and those who age out of the system at 18. Benefits include:

- **Funding**. NC Reach provides last dollar funding after all federal, state, and private dollars have been applied, to ensure that students can the meet the cost of attendance at community colleges or four-year public schools.
- **Mentoring**. Be matched with a volunteer online mentor based on your professional, academic, and personal interests and goals.
- **Workshops**. You must attend at least one workshop every semester. Topics relate to school, work, and home life.
- **Academic Support**. Participants are coached by NC Reach staff; if they fall below a 2.0 GPA they are enrolled in a program for intensive academic support.
- **Internships**. NC Reach coaches students on finding and successfully applying for internships in their communities and across North Carolina.

### Eligibility Requirements

- Applicants must have aged out of North Carolina's DSS foster care system at age 18 or have been adopted from the system after the age of 12.
- Applicants must be considered residents of North Carolina for tuition purposes.
- Applicants must attend a North Carolina state university or community college. For a list of eligible schools, visit www.northcarolina.edu.
- Participants must maintain a 2.0 GPA on a four-point scale and be making "satisfactory progress" towards a degree.

For further information or to enroll, visit www.ncreach.org.

fostering perspectives
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