

FOCUS: Youth Share the Stories of Their Foster Care Experiences

Fostering FAMILIES TODAY

**A Foster Care and Adoption
Resource for America**

www.fosteringfamiliestoday.com

November/December 2018

FOSTER YOUTH EXPERIENCES

*Youth Share Stories
of Their Foster
Care Journeys*



WHO CARES?

***A National Count of
Foster Homes and Families
Report Released***

*To learn more about siblings
Daisy, Jhonefe and Eduardo
see page 6 of this issue.*



Just add chaos
laughter
awkwardness
mistakes
love



Mark Wahlberg
Rose Byrne
Octavia Spencer

instant family

only in theatres **november 16**

PARAMOUNT PICTURES PRESENTS A CLOSEST TO THE HOLE / LEVERAGE ENTERTAINMENT / TWO GROWN MEN PRODUCTION A SEAN ANDERS FILM MARK WAHLBERG ROSE BYRNE "INSTANT FAMILY" ISABELA MONER
MARGO MARTINDALE JULIE HAGERTY AND OCTAVIA SPENCER MUSIC BY DAVE JORDAN AND JUSTINE VON WINTERFELDT MUSIC BY MICHAEL ANDREWS COSTUME DESIGNER LISA LOVAAS EDITED BY BRAD WILHITE PRODUCTION DESIGNER CLAYTON HARTLEY
DIRECTOR OF PHOTOGRAPHY BRETT PAWLAK PRODUCED BY MARK WAHLBERG, p.g.a. STEPHEN LEVINSON, p.g.a. SEAN ANDERS, p.g.a. JOHN MORRIS, p.g.a. MARC EVANS, p.g.a. WRITTEN BY SEAN ANDERS & JOHN MORRIS DIRECTED BY SEAN ANDERS

#InstantFamily InstantFamilyMovie.com



A BIMONTHLY RESOURCE MAGAZINE FOR FAMILIES AND PROFESSIONALS

editorial

Listening, Learning and Growing in Our Parenting Roles

Today my daughter and I got into an argument, which escalated to her losing her phone for the day, because she refused to answer me when I asked why she suddenly had so much extra room in her backpack. This afternoon I'm chuckling about the whole thing, but earlier today I was second guessing every part of the conversation I had with her.

What it really boils down to is that parenting teens is like navigating a foreign planet without a map, compass or any directions. That's why it's important to really lean in and listen. I'm pretty sure our fight this morning had nothing to do with room in her backpack and instead had everything to do with her not wanting me to be so nosy and to assert her independence. I'm sorry it escalated to the point it did, but I hope it's a learning lesson for her ... and me.

Likewise, I hope the stories shared in this issue by youth who've lived in foster care, struggled with mental health issues, bounced through foster homes and successfully completed huge life goals despite their early childhood trauma, are good learning lessons for you as well. Youth who've walked the foster care path can provide valuable insight into not only their experiences, but can also provide a window into the world of the very children currently in your home.

I believe that the perspectives of teens aren't valued enough, and those of foster youth even less so. That's why I'm so very excited to have so many youth perspectives shared in this issue. In some stories it's easy to see where had an adult leaned in a little bit more it could have made all the difference. Listening isn't always easy and reading between the lines of behaviors can be difficult, but in the long run it's worth it if we make a difference in a child's life.

Tonight, my daughter and I will be having a conversation ... and my plan is to start it by leaning in and listening.

Kim

kim phagan-hansel



Fostering FAMILIES TODAY

A Foster Care and Adoption Resource for America

Nov/Dec 2018
Volume 18 Issue 5



20



26



44

focus

- What to Do When They Blow Your Trust** . . . 14
By Josh Shipp
- Love is Honest.** . . . 18
By Heather Matheson
- The Real World is Out There** . . . 20
By David Ortiz as told to Emma Davis
- Q&A with Dr. Douglas Waite** . . . 21
By Emma Davis
- How Camp for Kids in Care Change My Life** . . . 24
By Kimmy McGee
- Liberating Myself from the Chains of My Past Trauma** . . . 26
By Missy Hart
- Pocket Change** . . . 28
By Aubrey Benoit
- Getting into College Doesn't Always Guarantee Success for Foster Students.** . . 30
By Elexus Hunter

features

- Instant Family** . . . 10
By Kim Phagan-Hansel
- Words Matter.** . . . 34
By Allison Davis Maxon, MS, LMFT
- Understanding Autism** . . . 36
By Anjali Van Drie, MA, MSW, BCBA
- Role of Resource Parents in Supporting Family Recovery and Reunification in Family Treatment Drug Courts** . . . 40
By Philip Breitenbucher, MSW
- Social Media.** . . . 44
By Pat Rhoads

- Resiliency: Understanding How Children Overcome Trauma** . . . 48
By Roxanne Thompson
- Parenting Children with Fetal Alcohol Spectrum Disorder.** . . . 52
By Kathryn Shea
- Respect** . . . 55
By Lesia Knudsen
- Indian Child Welfare Act Under Fire: Federal Judge Strikes Down 40-Year-Old Law, Appeals to Supreme Court.** . . . 56
By John Kelly

Correction: In the last issue's Everyday Hero section, it erroneously stated Childkind saved Medicaid approximately \$1.28 million dollars over a two-year period . . . It should have read, "Childkind saved Medicaid approximately \$3.1 million over a two-year period."

In the last issue we incorrectly identified Lily Eagle Dorman Colby as Lily White Eagle Colby.



columns

- Who Cares: A National Count of Foster Homes and Families** 12
By John Kelly
- Born in June, Raised in April** 32
By April Dinwoodie
- The Early Years** 38
By Noelle Hause, Ed.D., LPC
- The Trauma Navigator** 58
By Janice Goldwater, LCSW-C
- NFPA: Guiding Principles on LGBTQ Foster Parents, Kids in Care** 50
By Lori Ross
- Foster Movement: Finding Your Piece of the Foster Care Puzzle** 60
By Jason Weber
- Spilled Milk** 62
By Carrie Dablin



in every issue

- Editorial** 3
- News & Views** 6
- Everyday Heroes: New Documentary Shows Young People Finding Their Passions After Foster Care** 8
By Melinda Clemmons
- Must Reads** 46
By Kim Phagan-Hansel
- CEU Quiz** 63

Daniel Heimpel
 Publisher

Kim Phagan-Hansel
 Editor & Art Director

Christie Renick
 Managing Editor

John Kelly
 Senior Editor

Bryan Curiel
 Business Development Manager

Advisory Board

Lisa Albers, M.D. M.P.H.
 Harvard Medical School

June Bond, M.Ed.
 Adoption Advocacy of South Carolina

Irene Clements
 National Foster Parent Association

M. Kim Combes, LBSW, M.Ed.
 Adoptive Parent, Therapist, Presenter

Nicole Dobbins
 Casey Family Programs

Maureen K. Flatley
 Adoption Advocate

Jerry Foxhoven
 Director, Iowa Department of Human Services

Sarah Gerstenzang
 Adoptive and Foster Family Coalition of NYS

James Kenny, Ph.D.
 Psychologist and Founder of Adoption in Child Time, Inc.

Peter Kenny, JD
 Lawyer and Founder of Adoption in Child Time, Inc.

Pat O'Brien
 Adoptive and Foster Parent Coalition of NYS

Eileen Mayers Pasztor, DSW
 California State University at Long Beach

Joyce Maguire Pavao, Ph.D.
 Pavao Consulting and Coaching (PCC)
 Pre/Post Adoption Consulting and Training (PACT)

Debbie Riley, M.S.
 C.A.S.E. of Maryland

Fostering Families TODAY is published bimonthly by Fostering Media Connections: 412 W. 6th St. Suite 925, Los Angeles, CA 90014. Periodical postage rate paid in Los Angeles, California and additional mailing offices (USPS 23-523)
 POSTMASTER: Send Address Changes to:
 Fostering Media Connections
 412 W. 6th St. Suite 925
 Los Angeles, CA 90014

Subscriptions: \$24.95 a year in the U.S. Please allow six to eight weeks for delivery. Subscriptions should be sent to
Fostering Media Connections
Subscription Department
412 W. 6th St. Suite 925
Los Angeles, CA 90014

Subscribe Online at:
www.fosteringfamilies.today.com
call 213-265-7707.

Manuscripts and photographs are welcome and should be sent to the Editorial Office, Fostering Media Connections: 412 W. 6th St. Suite 925, Los Angeles, CA 90014 or to editor@adoptinfo.net. All materials sent in for publication will not be returned unless accompanied with a stamped, self-addressed return envelope, and the publisher assumes no responsibility for unsolicited material.

The views expressed within this publication are those of the authors and do not necessarily represent the opinion of Fostering Media Connections or its employees. Publication is not an endorsement, and Fostering Media Connections assumes no responsibility for editorial content.

Send address changes to:
Fostering Media Connections
412 W. 6th St. Suite 925
Los Angeles, CA 90014
E-mail: info@fosteringmediaconnections.org

Fostering Families TODAY (USPS 23-523)
© Copyright 2018 by Fostering Media Connections
All Rights Reserved

On the Cover

Daisy 11, Jhonefe, 7, and Eduardo, 6, share a close sibling bond. Daisy is sometimes shy and soft spoken but once she gets to know you, she will open up. Daisy enjoys solving math problems in school, playing soccer, swimming and a good home-cooked meal. Jhonefe (aka Juanito) is a sweet and energetic young boy who loves to smile and laugh. He loves playing soccer and being outdoors, whether it is riding his bike, going for a swim or playing a game of tag. Eduardo relishes the smaller moments in life. He loves nature, especially flowers and climbing trees. To learn more about these siblings, call 888-811-1121. *Photo by Natasha Calzatti*



news & views

California Artificial Intelligence Company Tops Annual List of Adoption-Friendly Workplaces

When it comes to helping employees who have decided to adopt a child, nobody beats NVIDIA.

The California-based artificial intelligence company that offers employees up to 20 weeks of paid parental leave and assists employees financially with the costs of adoption, was named the most adoption-friendly employer in America last week by the Dave Thomas Foundation for Adoption (DTFA)

NVIDIA topped the foundation's 100 Best Adoption-Friendly Workplaces list, an annual report that highlights organizations across the country that support their employees who grow their families through foster care and adoption.

Rita Soronen, CEO of the foundation, said in an email NVIDIA is unique among the list of employers this year because its "financial benefits for an adoption are unlimited (no other organization on the list has this unlimited benefit) and it is offered to all of their employees, part or full-time." The financial benefits cover adoption-related expenses, including agency fees, travel expenses and other related fees. Both part- and full-time employees also get up to 20 weeks of paid time off when adopting.

"We're committed to supporting employees in different phases of their life and to understanding that each stage has different needs. We want to support all employees — single parents, biological parents, LGBTQ community members — with family-forming benefits and to do so equitably across all of our programs," said Beau Davidson, vice president of employee experience at NVIDIA, in an email.

An adoptive parent himself, Davidson said he appreciates the value NVIDIA places on family and supporting the ways all families are formed.

"When we look at our programs at NVIDIA we want to make sure that we support employees equitably and not make an unintended value statement by providing different levels of support," Davidson said. "Instead, we look to harmonize our programs and show support for all."

Since the Adoption-Friendly Workplaces list was started in 2006, Soronen says the number of companies offering benefits related to foster care and adoption has grown exponentially. Each year independent contractor Aon Hewitt surveys 1,000 American companies about the adoption-related benefits they offer to employees.

"We have seen companies on our list not only grow, but their benefits have become more robust," Soronen said. "In addition to adoption benefits, there has also been a notable increase in companies offering benefits to foster parents."

Rita Soronen recognized all the organizations on the list with a video. To view the entire list, click [here](#).

Note: The Dave Thomas Foundation has made charitable contributions to Fostering Media Connections, the parent organization of Fostering Families Today and The Chronicle of Social Change.

New Mexico Foster Youth Sue State for Lack of Services, Adequate Caregivers

Advocates in New Mexico filed a lawsuit Monday on behalf of 13 children and youth in foster care against the Children, Youth, and Families Department (CYFD) and the Human Services Department — the state agencies charged with their care.

Kevin S. v. Jacobson was filed in federal district court in New Mexico by Disability Rights New Mexico and Native American Disability Law Center. The 95-page complaint alleges that the state has failed to provide adequate caregivers and placements for youth as well as the medical, mental and behavioral health services children in foster care are entitled to receive.

"After suffering unspeakable trauma in their homes, New Mexico's foster children need and deserve a foster care system that provides opportunity, rather than one that subjects them to further trauma," said Grant Davis-Denny, co-lead counsel and attorney at Munger, Tolles & Olson, in a statement. "The clear violations of law detailed in this case are unconscionable and must be remedied as soon as possible."

Also raised in the lawsuit is the state's lack of appropriate foster homes for American Indian children and youth under the Indian Child Welfare Act (ICWA), resulting in, "among other problems, the cycling of Native children in custody through multiple, nonpreferred placements," the complaint reads.

According to Therese Yanan, executive director of the Native American Disability Law Center, "New Mexico does not have enough foster families to meet the intent of the Indian Child Welfare Act. As a result, the state fails to meet its obligations to Native children in custody who, like all children, need family settings to thrive."

The complaint cites the example of 16-year-old Diana D., a youth enrolled in the Navajo Nation who has been in foster care since 2016. In that time she has moved between 11 different placements – none of which meet the preferred placement requirements of ICWA – and has been prescribed nine different medications for diagnoses of Post Traumatic Stress Disorder,

complex neurodevelopmental trauma, depression and borderline personality traits.

Diana's mental health and education have both suffered as a result. She is being taught in a segregated classroom without a clear Individualized Education Plan in place, the complaint says. Because the state has nowhere to put her, she is stuck in an overly restrictive residential treatment center where she is subject to a form of strip-search on a daily basis. She also went without adequate orthodontic care for more than six months, resulting in cuts in her mouth and other issues.

The complaint outlines the steps plaintiffs believe are necessary to remediate the state's alleged failings, including: screening for trauma and providing related services in a timely manner, consistent monitoring of children's health and treatment, implementing a holistic wraparound service model that emphasizes sustaining relationships, and a commitment of resources to better train caseworkers, mental health professionals and foster parents.

CYFD did not respond to a request for comment. The agency's spokesman, Henry Varela, told the Albuquerque Journal on Monday that the state had a net gain of 258 foster parents since 2015.

North Dakota Wants to Curb Foster Care Use, Emphasize Kinship Care

In October, North Dakota is launching a new initiative to encourage earlier engagement with

families of children who enter the foster care system. With about 1,600 children currently in foster care in the state, the Department of Human Services' (DHS) Children and Families Division is introducing the Family Centered Engagement initiatives in a handful of counties.

The initiative "is a facilitated team process that includes participation from parents/caregivers, extended family members, children, service providers, child welfare professionals, juvenile court staff, community partners and others involved in a child's life," said Tracy Miller, who oversees maltreatment prevention and family preservation for DHS in an email to The Chronicle of Social Change. "The meetings have only one purpose and that is to make critical decisions with families regarding the removal of children from their homes to the least restrictive and safest placements that are in the best interest of the children."

The initiative is being rolled out in Burleigh, Grand Forks, Mercer, McLean, Oliver, Sheridan and Stutsman counties this month. The meetings for children at risk of removal from their biological families, or already with juvenile justice and child welfare involvement will be led by a neutral facilitator from The Village Family Service Center.

The idea behind the initiative is to create a goal-oriented action plan with a family to keep their child out of foster care and create a safety plan emphasizing kinship care if the child is

One Simple Wish: A Foster Child's Wish Come True

Edward, 18, loves to ride bikes. A new bike allows him to get around his neighborhood and to work. He's an athletic young man who also loves to play basketball. Riding his bike would also help keep Edward in shape. Edward is an amazing young man. He sets a wonderful example for his foster brother. Edward is a whiz on the computer and has stated he wants to go to college and become an engineer. He loves to talk and laugh and gets along well with others.

One Simple Wish enables everyone to make a difference in the lives of foster children and at-risk youth by allowing them to grant their wishes through One Simple Wish's website at www.onesimplewish.org. If you are interested in granting a wish or have a foster child who would like to submit a wish, write to info@onesimplewish.org.



WHO CARES

A National Count of Foster Homes and Families

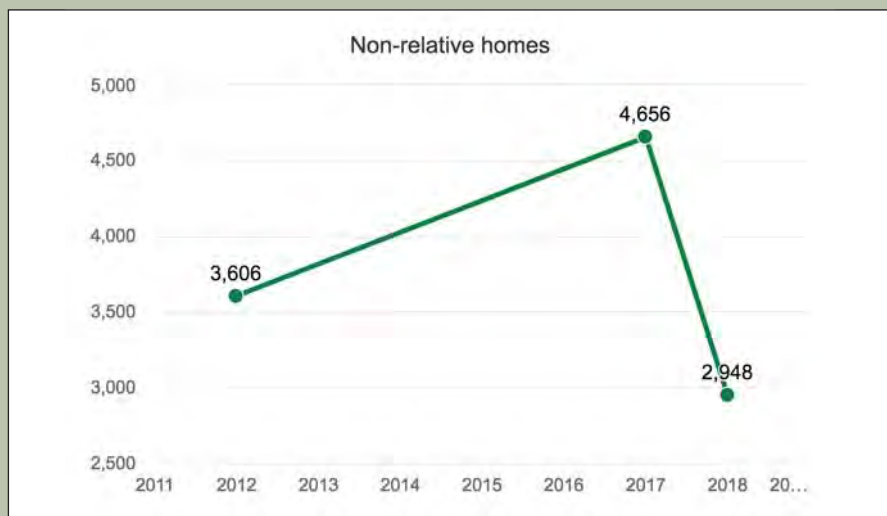
In October of 2018, *The Chronicle of Social Change* released the second installment of its annual investigation of foster care capacity.

This work resulted in a report and interactive website — “Who Cares: A National Count of Foster Homes and Families” — that uses state records, federal data sets and independent journalism to depict America’s capacity to provide safe and stable housing for children who are removed from their families and placed into foster care.

In addition, “Who Cares” includes a first-of-its-kind analysis conducted by partners at the University of Pennsylvania’s School of Social Policy and Practice that examines how foster care payments, housing prices and the labor market affect foster care capacity.

Overall — this work suggests that:

- Overall foster care numbers may be on the decline, indicating that the five-year trend of increasing numbers of children entering the system may be broken — even in the face of an opioid epidemic blamed for causing more entries into care.
- 15 states saw foster care capacity dip in one year, led by Georgia that lost more than one third of its non-relative foster care placements.
- States place more kids with relatives, but aren’t paying them what they do for non-relative foster parents. 44 states saw an increase in relative placements from 2012 to 2016, but in 23, more than half of all relative caregivers receive no assistance.
- In the face of federal law calling for reduced use of group homes, 31 states have seen their reliance on so-called congregate care placements go up from 2012 to 2016.



These findings come as local child welfare agencies gird themselves for implementation of the sweeping Family First Prevention Services Act. The law will go into effect in 2019 and will reduce the amount of federal support to states to pay for “congregate care” placements like group homes and institutions. Reducing reliance on group settings, in the short term, could require that local child welfare systems find even more family-like placements.

Readers can view all of our “Who Cares” data, analysis and stories at FosterCareCapacity.org. Following are some highlights from our first two years of research...

Is the Foster Care Surge Cresting?

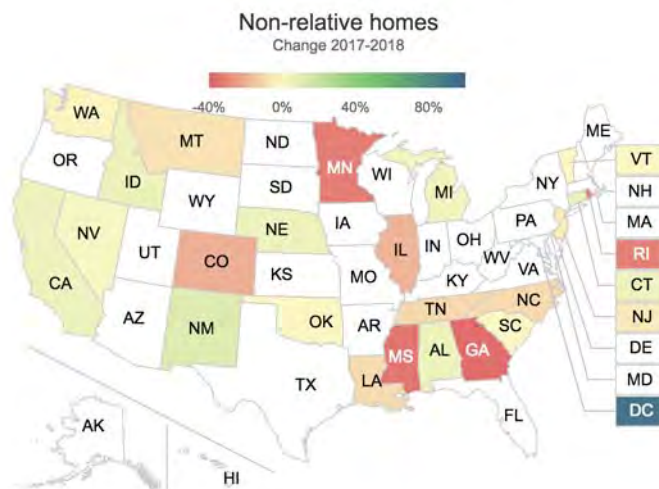
We collected 2018 “youth in foster care” figures from every state except Maine. Using those states’ most recent federal data as a stand-in, we calculated a total of 438,925 youth in foster care.



WHO CARES:

A National Count of Foster Homes and Families

After years of steady increase, the number of youth in foster care appears to be plateauing—but even as numbers drop, many states are struggling to provide homes for the children and teens in their care. This data weighs the number of youth in out-of-home foster care in each state against the capacity of that state to house them, and provides insight into the types of places America's foster youth are growing up.



Director and Screenwriter Sean Anders on the set of "Instant Family" that he wrote based on his own experience as a foster-to-adopt parent.

Photo courtesy of Paramount Pictures



Instant Family

New Comedy highlights the Humor, Joy of the Foster and Adoptive Experience

When Director Sean Anders and his wife Beth decided about eight years ago to look into adopting from the foster care system, it started as a joke. After struggling some financially as Hughes focused on launching his directing career, they held off on starting a family. So by the time they were ready, Hughes joked that maybe they should just skip the early years and adopt a 5-year-old.

"I made this joke that I'm going to be one of those old dads," Anders said. "But my wife ran with it. That turned into a conversation and then to a visit to a website."

The couple eventually decided to check out a foster parent orientation which led to them becoming licensed foster to adopt parents. Along the way, they learned about kids who needed healthy, safe families to care for them in case reunification efforts with their biological parents didn't work out.

Seven years ago, 6-year-old Johnny, 3-year-old Charlene and 18-month-old Josh moved into the Anders' home and have never left. The Anders ultimately ended up adopting them.

That journey of fostering and adopting was profound for Anders, screenwriter for mainstream comedies like “Mr. Popper’s Penguins” and “Hot Tub Time Machine,” and more recently the “Daddy’s Home” films starring Mark Wahlberg and Will Ferrell.

Pulling from his own story, Anders has created his new film “Instant Family” starring Mark Wahlberg, Rose Byrne and Octavia Spencer to reflect the humor, joy and sometimes challenges foster and adoptive parents experience in their parenting journeys.

“There were so many legitimately funny moments,” Anders said. “It was all such a mystery to us. Everything we learned was all new. This is something more people need to learn about.”

Crafting the script by pulling from his own experience and highlighting the funny aspects of their story was the easy part for Anders. But making sure he got it right for all members of the adoption and foster care communities required more work. He consulted with Allison Davis Maxon, who was the regional executive director at the Kinship Center that conducted a home study of Sean and Beth.

When Anders was looking for a professional to help him with the script his original caseworker connected him to Maxon and the two have been working together for a few years now on the project.

“In the first conversation I was so impressed because he hit on my own frustrations that most of the world doesn’t know about foster care and adoption,” Maxon said. “And he wanted this movie to be something every human being would want to see.”

In order to do that, there had to be the perfect mix of getting the foster care and adoption narrative right and crafting something that



Photo courtesy of Sean Anders
Director and Screenwriter Sean Anders with his family. Anders’ new film “Instant Family” is based loosely on his experience adopting his children.

would peak the interest of a wider general audience.

“None of the laughs come at the expense of the kids or the parents,” Anders said. “We took it very seriously, deciding where it was OK to laugh and where it wasn’t.”

By hosting a few listening sessions with foster and adoptive parents as well as former foster youth, Anders was able to hone-in on the common experiences shared by many families. He scripted the film to really focus on the big moments families experience and include as many of those as possible.

“With the kids who had been in care, we asked, ‘What were the pivotal moments for you? At what point were things going in one direction and then it went another?’” Anders said. “It gets into the awkwardness of the first day. Youth are seeing foster and adoptive parents in a different light. Kids are understanding their parents in a different way.”

The film, set to release November 16, has been shown at several adoption-related events,

including national conferences for the North American Council on Adoptable Children (NACAC) and ATTACH.

“I was a little worried it (the film) was too sunny in its disposition,” Anders said. “The positivity has been overwhelming. People are just so excited to have positive and light shown to it (adoption). It (the film) gets into the joy and positivity of what can come out of it.”

Ultimately, Anders said he wanted to highlight the positive stories of adoption that has brought so much joy to his own life. So many times he said films focus on the negatives and the stereotypes that exist in foster care and adoption and he wanted people to be able to share in the laughter and joy that so many foster and adoptive parents experience raising their children.

“Adopting my kids is the best thing that ever happened to me,” Anders said. “We’re seven years into it but we’ve got a long ways to go and challenges ahead. But this experience has been so enriching.”

The end of the film highlights ways that everyone can get involved in helping a child in foster care. The new website Instantfamily.org will serve as a resource and way people can find out more about foster care and adoption.

“Everyone can do something,” said Maxon, who has worked in the foster care and adoption field for more than 30 years. “It’s a call to action to have the community step up in different ways.”

“Instant Family” releases in theaters November 16. 🌟

ABOUT THE AUTHOR: Kim Phagan-Hansel is the editor of *Fostering Families Today* and managing editor of *The Chronicle of Social Change*.



Photos by Melinda Clemmons
Drake McCarthy (left) with Zimbabwe Davies at the premier screening of *Different Stories*. Right, Producer Zimbabwe Davies with his wife Denisha at the premier screening of *Different Stories*.



everyday hero

New Documentary Shows Young People Finding Their Passions After Foster Care

In the warmly lit opening frame of the film, a young man leans in, listening intently to soulful music streaming from a laptop. As the song ends, someone beside him says, “I love it.” “Yeah?” the young man asks, his face glowing with pride and excitement.

In these opening moments of *Different Stories*, the new documentary short from producer Zimbabwe Davies and director Alan Kimara Dixon, Drake McCarthy is sharing one of his original musical compositions with Davies.

The film premiered at a September 2018 screening hosted in Oakland, Calif., by non-profit foster youth service provider Beyond Emancipation (B:E), where Davies has been a residential counselor for more than 10 years.

This scene sets up a recurring theme of the film: Young people who have experienced foster care have powerful artistic creations

and complex stories to share, and having them heard is empowering beyond measure.

We soon learn that McCarthy was placed in foster care — eventually residing in 36 foster homes and eight group homes — after his mother became too ill to care for him. Having recently survived cancer, McCarthy is now building a music career and aims to become a foster youth advocate to help other youth find their passions.

Different Stories, which is available now for screenings and will soon be available on Vimeo, is a follow-up to Davies’ and Dixon’s first film, *Enter a Challenger, Exit a Champion*, which told the story of Davies’ own life before, during and after the years he spent in foster care. Davies had seen a lot of stories about foster care that focused on the challenges, he told *The Chronicle of Social Change* when that movie came out in 2015, but he hadn’t seen many success stories.

He made *Enter a Challenger*, he said, to “give young people hope that could lead to change.” In an interview with *Fostering Families Today* two days before his new film’s premier, Davies said with that first film he “wanted to give back, tell my story, so other young people would be comfortable to tell their stories.”

To that end, in *Different Stories*, Davies turns the camera on three young people, all in their twenties, who are on the other side of their foster care experiences, each doing what Davies aims for the film to show: “finding their passion and diving in to meet the challenge.”

McCarthy, along with Ruthie Price and Chris West, the other two subjects of the film, share their stories directly, with little other narration. Their experiences in foster care vary starkly, with McCarthy describing feeling disrespected and “like a paycheck” in his foster homes while West says his foster parents were “beautiful human beings” with whom he remains close.

Price unflinchingly describes the pain of foster care, yet when asked how she feels about her foster mother, she doesn't hesitate to say, "I love her to death."

It was her foster mother who bought Price her first drum kit when she was 6 years old after she broke a coffee table while drumming on it. "Music saved my life," she says. Now a professional musician who has toured internationally, Price is seen in the film playing a rousing set onstage at San Francisco's famed Black Cat Club.

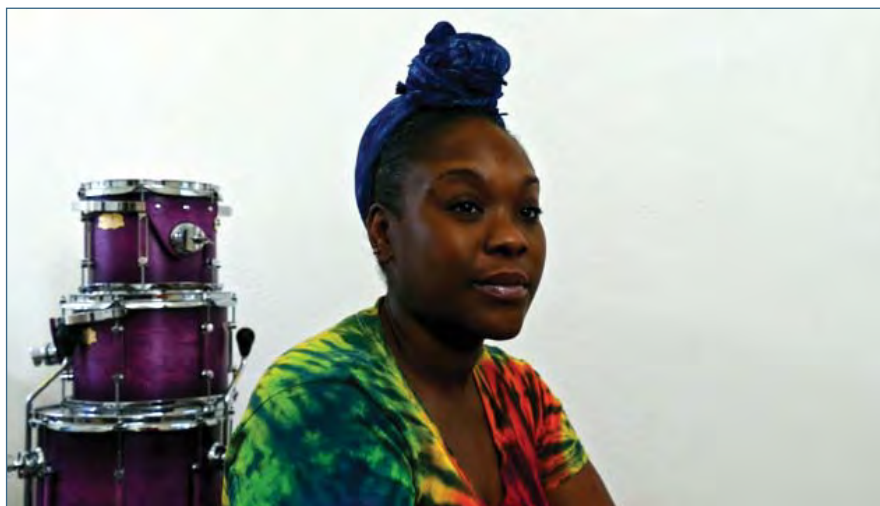
West is shown teaching his young son the alphabet and tenderly helping him button his shirt.

"I'm going to show him there's nothing you can't do in this world as long as you've got good people around you, and good supporters," West says of his son. "I'm going to keep striving for him while he strives for himself."

In addition to wanting the film to give hope and inspiration to young people in foster care, Davies aims for his films to impact everyone who works with and cares about them. He wants to change the public perceptions about foster youth, who are often viewed, he says, "as charity cases instead of as young people who have a lot of strengths."

"I want young people not only to survive but to thrive, and jump into the best version of themselves," Davies said. "They've already gone through a lot of challenges. Often we don't realize how strong we are until we sit back and reflect on what we've been through, and then we think, 'If I've been through this I can shift that energy and put it into something I love and share it with the world.'" ❁

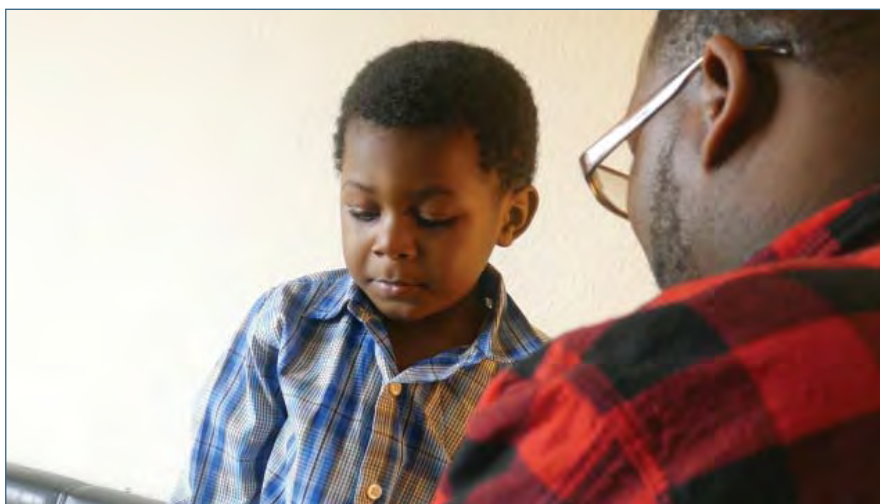
ABOUT THE AUTHOR: Melinda Clemmons is a freelance writer and editor based in Oakland, California.



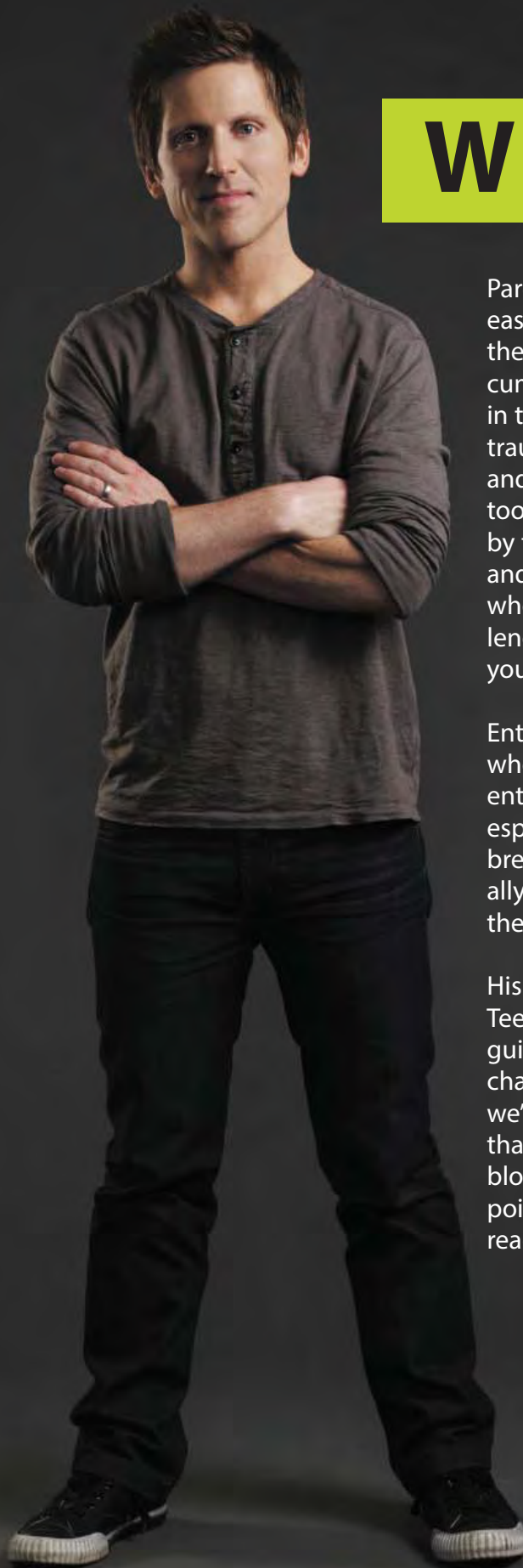
Photos by Alan Kimara Dixon
Ruthie Price in a scene from the movie Different Stories.



Photos by Alan Kimara Dixon
Drake McCarthy in a scene from the movie Different Stories.



Photos by Alan Kimara Dixon
Chris West with his son in a scene from the movie Different Stories.



What to Do

Parenting is no easy feat, even in the rosiest of circumstances. Add in the layers of trauma, rejection and uncertainty too often faced by foster youth, and you've got a whopper of a challenge ahead of you.

Enter Josh Shipp, a former foster youth who has made it his mission to help parents learn how to deal with their kids, especially when times are tough. By breaking down what kids' behavior actually means, he helps us understand what they really need from us.

His book, "The Grown-Ups Guide to Teenage Humans," offers playbook-style guidance for some of the more common challenges in a parent's life. In this issue, we're sharing a chapter from this book that offers advice for when your kid blows your trust — they all do it at some point, and in foster situations, how you react could have a big impact.

THE GROWN-UP'S GUIDE TO TEENAGE HUMANS

How to Decode Their Behavior, Develop Unshakable Trust, and Raise a Respectable Adult

Josh Shipp

When They Blow Your Trust

focus
BY JOSH SHIPP

The Challenge

If you're like most parents, you have rules. And it's likely you spend a lot of time talking about those rules with your teenager, because you hope those rules will help your teen become a certain type of person. Now, if your teen breaks those rules out of ignorance or due to an accident or carelessness, that's one thing. It's quite another for your teen to do something in willful and knowing defiance of the rules you spent dozens of hours reviewing ad nauseam. This drives us parents nuts. (It's at times like this that I harken back to the words of my tenderhearted, angelic grandmother, who said — and I quote — “It's not wrong to want to tase that child. It's the doing such that's a felony.” Sage words, Nana. Sage words.) And it really does put a strain on the relationship. But if failure is inevitable for everyone, then letting kids fail early and often — and giving them the chance to learn from their failures in safe and supportive environments — is the best way to help them grow. Here's how to make that happen.

Your Goal

Use your teen's foolish mistake as a way to improve honest communication and guide your teen toward healthy self-governance. Then provide a clear plan to rebuild trust.

What to Expect

At some point, your teen will blow your trust. This will happen to you.

Teenagers, by definition, are not adults. They make mistakes. They don't think things through. They make bad decisions. Think about when you were a teenager: Did you ever do something half-thought-out or just plain idiotic or wrong, something that is rather cringe-worthy looking back at it? Of

course you did. So expect that this is coming.

When your teen messes up, you should also expect that he or she is going to compound this error with another and lie to you. And teens usually lie for one of these two reasons:

- Self-preservation. They are afraid of getting in trouble, so they hide the evidence, omit key details, or straight-up tell you things that are untrue. This isn't because they are pathological sociopaths intent on destroying civilization. It's because they are scared.
- Because they value you. Teens know instinctively when they do something that will disappoint you, so they lie to attempt to hide

people need to take tend to be concrete and straightforward. So give your teen clear next steps.

What to Do

1. Change your perspective: What if this is a good thing? We get it. Your teen has messed up, and you're upset. Maybe what they've done is just stupid, or maybe they've gone and done something that violates every single value you've tried to teach them for the last decade and a half, and you can feel yourself turning into the Hulk just thinking about the situation.

But what if this isn't about you at all? What if this is a golden opportunity to get a glimpse into what's going on beneath the surface of

Your teen might pretend otherwise, but your opinion of them carries tremendous weight. And whether they show it or not, they are probably scared. They aren't stupid; they know they blew it.

it from you because there is nothing worse than looking into the eyes of someone we love and seeing disappointment. Try to look beneath the actions to their motives.

Your teen might pretend otherwise, but your opinion of them carries tremendous weight. And whether they show it or not, they are probably scared. They aren't stupid; they know they blew it. They are looking for clues on how to restore your trust and restore the relationship, and they need a clear plan. It's true that knowing when to trust someone again is pretty subjective. But the steps that

your teen's life? What if you leverage this debacle in a way that could lead to some honest conversation? Was your teen caught drinking at a party? Maybe he's struggling to find and listen to the right friends (and maybe he knows it). Did they blow up at you over something trivial? There's likely something going on that they're not talking about. Did they post a photo of themselves in their underwear? Maybe they feel insecure and are trying to get (the wrong kind of!) attention.

2. Do the difficult work of defusing your own anger, disappointment and fear. When your

teen does something immature, dangerous or stupid, it can trigger your anger. But anger is usually the tip of the emotional iceberg with hurt, disappointment, rejection, fear or humiliation underneath. What are you feeling? Why are you feeling it?

The goal here is to compose yourself, which, depending on the situation, might mean you need to remove yourself from the presence of your teen for a few minutes. A good line to use might be “I heard what you said, and I appreciate your words. But I need a few minutes to think about all this.”

Questions to consider:

- If I am honest, this episode upset me because _____.
- I am afraid that this incident means _____.
- I am most concerned about _____.

3. Your teen expects the hammer. Surprise him or her with vulnerability. Your teen thinks the thing you want most is to punish her by grounding her until she's 30. And there's likely a side of you that wants to do

and concerns you have? What if you openly shared the “why” driving your anger, so that your teenager could see behind the scenes and realize that you aren't mad because she broke “your rules” but because you are genuinely worried about her well-being?

Use the sentences below as conversation prompts to get the ball rolling:

- I'm worried that _____ might happen if _____.
- I'm concerned about _____.
- What scares me most is _____.

Remember: Vulnerability leads to vulnerability.

4. Ask your teen: “What do you think should happen next? How can we make this right?” Involving the teen in the discussion about consequences is a sound approach. And a vast majority of adults say that what their teen came up with as a punishment was much more severe than what they had been thinking.

Make sure the consequence the teen comes up with is a natural consequence, not a non-

Natural consequence: If your teen takes your car without permission, a better punishment is that he or she can't drive anywhere without you for a month or two, or doesn't get to borrow the car for a certain period of time.

5. Teach them to accelerate trust by over-communicating. Teach teens that if they want to rebuild trust, they need to over-communicate with you. Ask them to inquire about their chores, then communicate with you when they have completed assigned tasks. Ask them to let you know where they are going to be, when they arrive at a destination, what they're doing, what they are planning to do next, and when they will be home. Explain to your teen that this over-communication tells the adults in your life, “I want you to trust me again.”

6. Ask the question “What did we learn from this?” One of your primary roles is to develop your relationship with your teen in order to help him or her toward a healthy and productive self-governance. A key way to do this is to guide him or her through some self-reflection.

Try asking your teen:

- What was most difficult for you during this whole thing?
- How will I know when you are acting more trustworthy and honest?
- What did you learn about yourself from this episode?
- If you had to go back and do this all again, what would you change?
- What do you want me to know that you don't think I know?

One of your primary roles is to develop your relationship with your teen in order to help him or her toward a healthy and productive self-governance. A key way to do this is to guide him or her through some self-reflection.

that — even if that means she'd still be living with you through her twenties.

There will likely be very real consequences. But what if all of that is secondary? Your teen knows that a conversation is going to happen. But what if you used all your leverage to talk honestly about the event, and the fears

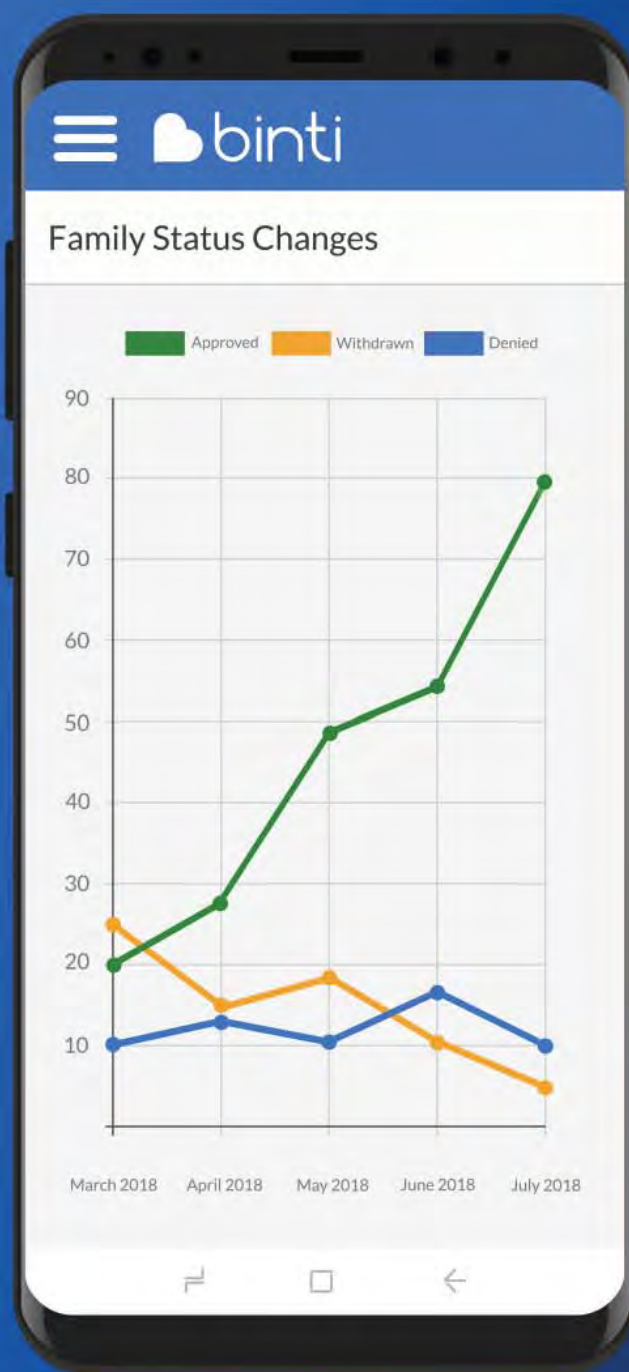
sequitur. The point is to establish a clear link between actions, the erosion of trust, and consequences, not simply self-flagellation.

Non sequitur: I took your car without permission, so for the month of May, I will have to clean all the bathrooms in the house with my toothbrush.

From the book “The Grown-up's Guide to Teenage Humans: How to Decode Their Behavior, Develop Unshakable Trust, and Raise a Respectable Adult” by Josh Shipp. Copyright © 2017 by Josh Shipp. Published on September 19, 2017 by Harper Wave, an imprint of HarperCollins Publishers. Reprinted by permission. ❁

Find the best family for every child

- ✓ **Recruit** more families with online applications
- ✓ **Approve** families quickly with an applicant tracking system
- ✓ **Match** children and families on location and preferences



Contact us for a free demo
partnerships@binti.com

Love Is Honest

On a warm March school night 12 years ago, my drunk father threatened my mother and me at gunpoint after she had made the tough decision to leave him. Although I didn't know it in that moment, it would be the last night I would ever spend with my biological parents.

Before I was placed in foster care, my experience of love was learned from my father, a man who was hopelessly in love with my drug addict mother and whatever beer was cheapest at the corner store. He displayed that love to my mother in a drunken rage every night, which would end in black and blue mornings.

My father loved my mother with the kind of love that could change forms quickly. He loved her in an obsessive, controlling, violent way. He was infatuated with her, and she only loved numbing her pain.

My father had a way of making me feel like a second-class citizen next to my mother. The only time I felt he truly cared about me was when he would hurt me for "being just like her." Even though it was scary and painful, I thought it must be coming from a place of love, because if he really didn't care, he wouldn't waste his time.

It was a complicated love.



Photos courtesy of Heather Matheson
Heather Matheson with foster parents at graduation from San Francisco state University.

My five years in foster care taught me that having a child is different than being a parent, being a ward of the state is different than being someone's daughter, and saying you love someone is sometimes very different than truly loving them.

One common misconception about foster care is that you get taken out of a bad situation and put into a good, loving home.

"Boom! You will now live happily ever after." Don't get me wrong — not living with abusive, addicted parents was nice. At the very least I felt safer.

But it was in foster care where I began to really struggle to find familial love, in both my foster and biological families. This confusion about love and the struggle to find it

was tough to navigate because people in my life couldn't relate.

From ages 13 to 18, while I was in foster care, I felt like I was walking on eggshells. If I did or said something my foster family didn't like, I could be sent to a different one — and that happened to me three times. Most teenagers just get grounded for making mistakes, not kicked out of their homes.

My experience in foster care perpetuated my understanding of conditional love. My biological parents loved me only when they were sober, just as my foster families — whose job

wasn't to love me but to keep me safe — put up with me only as long as I behaved how they expected me to. This experience taught me that love and affection can be taken away just as easily as it's given. During those years I did not understand what it was like to love or feel loved at home.

While I struggled to feel loved in foster homes, I also struggled to navigate a love for my biological parents whom I hadn't seen in years. How do I love someone who never really showed me love? How do I love a mother and father who don't really play those roles in my life? Saying "I love you" to someone I would only speak to once every couple of years just didn't feel honest. These are questions none of my friends could relate to, and my confusion made me feel distant and frustrated.

Even with all that baggage, I've always felt like I turned out pretty normal. I think this is because even though I saw violence in a "loving" relationship growing up, I knew the respect I deserved in my own relationships. I always told myself that I would never let anyone treat me the way my father treated my mother, the way my father treated me.

Despite knowing that if someone loves me they shouldn't hit me, in college I found myself in an abusive relationship. Even though I told myself it would never happen, I heard myself say the words I heard my mother say on those black and blue mornings: "He has his moments, but I know he really loves me."

I let myself believe "I love you" was an acceptable form of "I'm sorry." After that relationship was over, a friend said to me, "I had no idea you were in an abusive relationship," and my response was, "Neither did I." It took me a long time to realize that just because it felt familiar didn't mean it was right.

I will admit now that even after I realized I was in an abusive relationship, I let it go on for months. I hated myself, was scared to



Photos courtesy of Heather Matheson
Heather Matheson with foster siblings and mom.

leave him, and was too embarrassed to talk about it. I now know that leaving an abusive partner is much harder than it sounds. There are so many layers involved, and honestly, it was hard for me to walk away from the first person I ever believed when they told me they loved me.

What I didn't understand then, and definitely do now, is that love is not complicated, relationships are.

At its core, love is pure and love is honest.

Today, I'm 25 years old, and my days in foster care are long behind me. I was lucky enough to be taken in by a wonderful family at the end of my time in foster care, and

unlike a lot of former foster youth, I am fortunate enough to still call them family today. Every day that goes by they are helping me learn what "unconditional" love truly is.

I still struggle with how to navigate the relationship with my biological family, and probably always will, but I have learned to protect my feelings while I cope. I'm also happy to say that I'm in a healthy, loving relationship with a partner who's helped me build a happy home of love and respect for us and our adorable dog, Winnie.

Relationships are complicated — that much is still true for me, and probably most of you too, but I'm hopeful. Every day I'm improving my relationship with love. I'm learning how to trust others and myself with my heart. Navigating these experiences has made me feel confident and proud of myself. More important than anything else, I love myself, and that is something I will not let anyone take away from me again. 🌸

ABOUT THE AUTHOR: Heather Matheson is a 25-year-old San Francisco State University graduate from Los Angeles, California. She currently lives in San Francisco, California.

(kids in waiting)

Kaylyn, 11, is full of confidence and knowledge, which best describes Kaylyn. She is good with technology and enjoys staying active and busy. Kaylyn also likes participating in gymnastics and karate. She has a love for animals as well and enjoys caring for them. She says, "I take good care of pets." In school Kaylyn's favorite classes are science, art and music, as she says "they are a lot of fun." Funny cartoons, jokes and playing around with people make her laugh. When Kaylyn grows up she wants to be a chef. She needs a family that can help guide and support her as she grows, providing her with reassurance and positive examples. A strong, tight-knit family that can offer patience and attention is ideal.

Most of all she deserves a family that will love her and be there for her no matter what. To learn more about adoption visit www.adoptskids.org or call 877-457-5430. Kaylyn's case number is CH-7327.

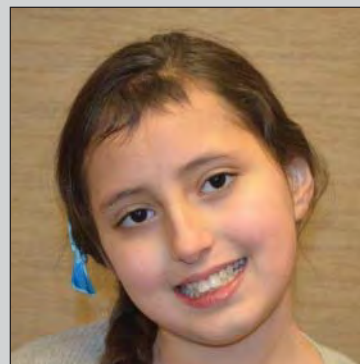




Photo by Emma Davis
David Ortiz with his
therapy dog Athena.

focus

BY DAVID ORTIZ AS TOLD TO EMMA DAVIS

The Real World is Out There

Managing Mental Illness After Aging Out of Foster Care

I was born and raised in the Bronx, New York. My mom had me when she was 18 years old and in foster care. She met my dad in a group home. I don't remember her ever being an alcoholic, but I knew she drank sometimes.

[Growing up], it was just me, my mom, my step-dad, and my younger brother and sister. I didn't get along with my parents, especially my mom, who always made me feel like there was something wrong with me. She and her boyfriend were very physical, hitting us with plastic bats and extension cords. Even though I was little, I knew things weren't supposed to be that way.

When I was 6 or 7 years old, I ran away from home. A lady in my neighborhood saw me and said, "If I see you over here again, I'm calling the cops, because you're too young to be outside by yourself." I ended up walking by her again, and the police got involved.

I took my brother and sister with me when I went into foster care because I felt like home wasn't a safe place for them. We went through three or four foster families together. I think it was because I fought a lot when I was small, and I was a troublemaker in class. I was just all over the place.

When I was 8 years old, I was sent to [a mental hospital]. That was the first mental hospital I was in, and the first time I started being medicated, too, with Seroquel. It's a mood stabilizer for people with bipolar [disorder], or anything that falls under mood swings. It just made me sleepy and dehydrated; that was the only thing I ever felt like it did.

After that, I went to three more foster homes by myself, where some of my foster parents didn't think I needed medication and didn't want to give it to me. One of them, a woman who lived in the Bronx, was going to adopt me.

Q&A with Dr. Douglas Waite

Douglas Waite is medical director of the Keith Haring Clinic at Children's Village and a developmental-behavioral pediatrician specializing in fetal alcohol spectrum disorders and the medical care of children in foster care.



YOU'VE KNOWN DAVID FOR ALMOST HALF HIS LIFE. WHAT DO YOU REMEMBER ABOUT MEETING HIM WHEN HE WAS 13 YEARS OLD?

The first time I met David, he had a distant look in his eyes and an almost desperate wish to trust someone. David had been admitted to psychiatric hospitals more than seven times for aggressive behavior and suicidal threats, including an admission to a residential treatment facility for five years where he had been placed on more than five medications. He had past diagnoses of attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder, post-traumatic stress disorder (PTSD), bipolar disorder, depression and schizoaffective disorder.

At that time, it was difficult to imagine David living independently as an adult. Still, he enjoyed writing lyrics for rap music, worked in our dog training program at Children's Village, and hoped to be a baseball player or a famous actor.

WHAT ARE THE CHALLENGING BEHAVIORS DAVID HAS OVERCOME?

David often responded to real or perceived threats with aggression and self-destructive acts. These reactions are common among children who have lived through physical abuse or neglect or who have witnessed domestic violence. At times, David expressed thoughts of suicide that resulted in psychiatric hospitalization. Perhaps most importantly, David's great difficulty interacting with peers and adults left him feeling isolated.

David attributes much of his low self-esteem to being told from a very early age that he would never amount to anything. I suspect these experiences are complicated by his history of neglect, as well as underlying disabilities in receptive and expressive language and non-verbal social communication.

WHAT MIGHT BE THE UNDERLYING CAUSE OF DAVID'S MENTAL ILLNESS?

Children who have suffered abuse are more likely to be diagnosed with psychiatric illness, be started on medication, seek drugs and alcohol to self-medicate their pain, and underachieve in school and later life. There is also a direct correlation between psychiatric illness and the number of past foster care placements.

In addition, one of the most common reasons for children being placed in foster care is substance use disorder in one or both parents. Children who are exposed to drugs or alcohol during pregnancy are at great risk for developmental and psychiatric disabilities. When these risks are

compounded by abuse and neglect, multiple psychiatric diagnoses often result in concurrent use of multiple psychiatric medications.

WHY ARE CASES LIKE DAVID'S SO OFTEN MISDIAGNOSED?

Many children are initially diagnosed with ADHD, depression, oppositional defiant disorder, or disruptive mood dysregulation disorder before they are identified as having bipolar disorder. Children with fetal alcohol spectrum disorders (FASD) are also commonly diagnosed with two or more psychiatric disorders and treated with medication without anyone ever considering the underlying neurological problem of FASD.

The reason for making a diagnosis of FASD is to obtain support services for developmental, learning, behavioral and social disabilities that are often overlooked for a more readily apparent psychiatric disorder. One primary barrier to diagnosis of FASD is the difficulty of obtaining a history of maternal alcohol use during pregnancy (especially in the child welfare system), as well as the lack of awareness of the disorder among professionals and foster and adoptive parents.

WHAT TREATMENT DO YOU RECOMMEND FOR SOMEONE LIKE DAVID? HOW EFFECTIVE IS PSYCHIATRIC MEDICATION?

Psychiatric medication can be very helpful in managing aggressive outbursts and is certainly effective in cases of psychosis. Children with ADHD, depression and bipolar disorder often benefit tremendously from medication. I become concerned, however, when as many as five medications are given concurrently in an effort to help a child with complex psychiatric issues.

I see adolescents like David who tell me they began to function better after stopping their medications. Many teens with PTSD find they are better able to manage their symptoms when not taking medications that make it difficult for them to think clearly. In addition, many children on two or more psychiatric medications have underlying neurological disabilities like FASD that have not been diagnosed.

WHAT ARE YOUR HOPES FOR DAVID IN THE YEARS TO COME?

I have great hopes for David. David has a real love for animals and plans to pursue training to become a veterinary assistant. I can easily imagine David building a life he wished for as a child. All children should feel that there is a place for them in the world and people to help them get to that place. 🌻

Common symptoms of Fetal Alcohol Spectrum Disorder (FASD)

- Developmental delays in speech. Children with FASD may not talk until age 3 or 4, but tend to be much more playful and interactive than children with autism.
- Delays in gross or fine motor abilities or social skills. Kids with FASD have difficulty with hyperactivity, attention and aggressive or impulsive behavior. They are frequently diagnosed with ADHD by age 5 or 6 and seen by parents and teachers as “problem children.”

What you can do

- Spread the word about FASD. Children with FASD are often labeled as lazy or bad for being unable to meet expectations, making them feel as though they will never succeed.
- Enforce routine and be willing to repeat yourself. Kids with FASD require a highly structured environment and may need to hear directions multiple times to understand. Most children want to please adults, and even antagonistic behaviors can result from the frustration of trying to follow orders beyond their ability to carry out.
- Make home a quiet space. Children with PTSD — whose symptoms include aggressive outbursts, difficult to explain fears, nightmares and withdrawal from social interactions — benefit from reassurance that they are safe.

Foster parents like her only come around once in a while. She had high expectations; she cared. When I had an asthma attack, she ran into the room, put on Vicks [Vapor Rub], and helped me to sleep. I remember those acts of kindness.

From age 13 on, I was in and out of group homes and mental institutions. [The doctors at one group home] said I had bipolar disorder and depression, and they actually increased my Seroquel.

I wasn't a big fan of Seroquel because I looked at it as a severe psychiatric drug. At the mental hospital, I would see people who stayed in their room all day the first time they took it, and when they did come out to eat, they had trouble picking up a spoon. I don't agree with giving kids medications like that. It's the wrong solution.

The majority of the kids in these group homes were on medication, and some of us came up with techniques not to take it anymore. We'd just hide it. One of my friends, he was able to hold it in his throat and cough it back up.

When [the group home where I was staying] closed down, I moved back with my mom in the Bronx and went to a special education high school.

At home, my mom and I would argue about certain things, and sometimes she would try to smack me. That was a trigger for me, and I was like, “If you touch me again, we're going to fight, because you didn't raise me. You've sent me to group homes and mental hospitals since I was little, so what gives you the audacity to put your hands on me now?”

We would get so heated that my mom would end up calling the cops, and the cops would call the mental hospital. I kept going back and forth between mental institutions and home because my mom's favorite sentence was, “He's bipolar, he's all this and that ... so he needs to be hospitalized.”

When I was 16 years old, I went straight from a mental hospital to Children's Village, [another group home]. One time, I heard a staff member say about me, “Yeah, he's almost 18. He's probably going to stay here until he's 21.” That stuck in my mind, and as soon as my birthday hit, I signed myself out of foster care.

You'd be surprised by how many foster kids wait for that moment. In foster care, it feels like everything stops, like you're locked in and the real world is out there.

When I left care, I didn't stay with my mom for long. She ended up kicking me out, and I went to a friend's house. I was there for a little bit, like one or two years, and then I had to leave.

At age 22, I went through a period of homelessness. I ended up calling Dr. Waite, [a pediatrician] I've known since I was 13, when it got more serious. Dr. Waite was always that person who held his hand out and tried to help. You could just tell that he was one of those people who actually cared about kids. It didn't matter where you came from.

Dr. Waite helped me get this [subsidized] apartment [at the Children's Village building in Harlem]. I've been here for almost two years, and this April, I got a mini Shar-Pei puppy for my 25th birthday. I named her Athena because I used to love reading Greek mythology.

Athena is my emotional support animal, and she can read me very well. When a mood swing kicks in, she tries to calm me down.

Recently, for example, I felt super excited and started spending more money than I should have, bar hopping and buying a lot of stuff. After I stopped shopping, I got really depressed and locked myself in my apartment, not coming out for two to three days.

I've noticed that certain activities help with bipolar disorder, too, like going to the gym and working with animals. People are very quick to judge or assume or not be understanding. With animals, you don't have that problem.

I know now that I'm older that I can't take Seroquel because I can't function. It just has too many side effects. And I haven't gone to therapy [in a while] because when I see my therapist, I do all the talking. "Hey, it's been 30 minutes ..." I feel like I'm talking to myself. I don't like therapists like that.

I've had the same job working with animals for a year. I don't feel comfortable telling my co-workers about my mental illness; I feel like they would get scared, like, "If he doesn't take his meds, he's going to kill everybody in here."

And I don't think my previous employer would have hired me if she knew I had bipolar disorder; she would look at it as, "You're not reliable."

In foster care, you're surrounded by people who have maybe the same issues as you, and then you come into the world where others look down on that. So I can't go up to people and tell them, "Hey, most of my childhood, all the way up to age 18, I was in mental institutions and group homes, so I didn't have a lot of time to learn the things you did."

The environment I was put in and the inconsistency of [my time at] home played a big role in how I acted at such a young age, and some of the choices I made, and some choices I still make. I also know that [bipolar disorder] is genetic. It comes from both sides of my family.

I haven't talked to my mom or siblings since I was 21. My brother and sister spent a lot of time with my mom, and they made it seem like I was the crazy one for trying to protect them from her. After a while, I got fed up with it and was like, "I'm done, and I'd rather be on my own." I felt like her home was a toxic environment.

Right now, my goal is to be successful somehow. I hope it's in music. I've written close to 150 songs, but I haven't recorded most of them. I also haven't put any online yet, because I want to get all the pieces right. I think the first thing I throw out there should be meaningful.

To foster parents, the best advice I would give is to be patient. Never giving up gets you a long way in foster care.

The woman who almost adopted me was very, very patient, even when I did things on purpose to push her away, and I wish I'd never left her.

You rarely bump into people like her or Dr. Waite in the whole system. ❁

ABOUT THE AUTHOR: Emma Davis is a reporter in New York City. She has previously written about foster care for NBC News, Today.com, and *The Chronicle of Social Change*.

(kids in waiting)

Meet Michael, 14, who has a fun personality, a tender heart, determination that will inspire you, and a contagious smile. Michael loves to be near other children and hear their voices and laughter. Michael is happy when around other children at daycare and school. Michael is currently in a foster home with other children who adore him. One of Michael's favorite things is the sound of water and he loves playing in water any chance he can get! When he went to the circus he loved the sound of the motocross bikes. Michael loves music and toys or objects that make noise and have lights on them. Michael loves going camping and on car rides and he is an excellent traveler in the vehicle. He enjoys being out in the sun.



Michael has medical needs. He has a wheelchair, but primarily uses it when out in the community and during his feedings at school. At home or daycare, he prefers to be out of his chair. Michael loves to be active and moving around. Michael can become anxious around new people or activities and prefers routine and predictability. He is able to walk up and down stairs independently, and he can walk well for short amounts of time without assistance. He requires limited assistance when getting in and out of vehicles. Although Michael is nonverbal, his receptive language skills continue to progress and he understands many words spoken to him.

Michael needs a forever family who has experience with medical and developmental special needs children. Michael will need a very special and committed family. Michael will bring so many blessings and joy to his adoptive family. For more information contact Anne McGovern at anne.mcGovern@chssd.org or 605-343-2811.



Kimmy McGee at an RFK camp birthday celebration.



Kimmy and her fiancé, Eric.



Kimmy, 19, volunteering as support staff at RFK camp in Orland Park, Illinois.

focus BY KIMMY MCGEE

How Camp for Kids in Care Changed My Life

As a Royal Family KIDS (RFK) camper when I was young, I was the child every counselor dreamed of. I was quiet, compliant and entirely willing to just go with the flow. I did as I was told and followed my fellow campers and counselors wherever it was we needed to go.

But while I was their dream, I was living a nightmare. I was carrying the burdens of my past and had no idea what the future had in store for me or even how to begin looking at it or toward it. Earth felt and still to this day feels like a war zone between demonic and angelic forces, the good and the evil.

My very childhood was just that, a war zone. The only real peace I experienced was the three weeks — one week each summer for three years — I spent at camp. I was a victim of evil's identity, and I carried it around like a sack of old potatoes. For the other 51 weeks of each year, I was told that I was worthless, useless and a burden.

But all it took was one week of being told that I have significant worth. I was told I was made for great things and my name literally meant "from the woods of the royal forest." I felt so at home at camp. All of these people at Royal Family KIDS camp took time out of their busy schedules and took a vacation for me, they introduced me to Jesus, just by reflecting His love. I saw Jesus in them. And that's the best way to be introduced.

Since I was a kid who had undergone a lot of trauma and malfunction in my everyday life, I was finally able to just be a kid again when I entered into the world of camp. I was able to have fun and not worry about a single thing. I was living the camp dream. I was tucked under the staff's righteous wing and I was protected as if my life actually mattered. I was introduced to my counselor, Bekki. We shared so many teachable moments together. She told me she loved me and provided me with safe hugs and stories. She entrusted me with her testimony. Bekki had been a camper at

Royal Family KIDS just like me, and when she told me that, I knew that I too could be a staff member at camp and have tons of fun and protect kids just like all my staff did for me.

When I turned 16, I became a support staff at camp and somewhere along the way, I found my voice and since then have allowed for God to use it. When I go to camp, I am a singer and a dancer and I get up in front of the campers and I become this brave warrior who is able to bring forth healing in the lives of the children who share my story. All I had to do was reach out and ask if I could be a part of the camp that entirely changed my worldview as to what a kid was supposed to be.

I got to come back to camp in this role, and now I see the other side of camp: staff conflict, drama people drag along, and all of the stuff that as a camper, I was oblivious to. And for that, I was thankful. I learned how to healthily and prayerfully understand and handle all of the things that as a kid, I



Photos courtesy of Royal Family Kids

Royal Family Kids campers enjoy an afternoon ride. Horseback riding is one of many activities offered at RFK camps.

was just unable to process in a constructive way.

When I turned 18, I started to travel with a regional ambassador of Royal Family KIDS and his wife. I began to experience more healing as I shared my story and my testimony. Not only did I experience healing, but I brought healing to adults who had struggled with multiple things that I spoke about in my testimony — things like forgiveness, future camps and self-control. Through my new voice, I spoke words of wisdom and visions of God into other adults. I get to talk truth and encouragement into other volunteers.

At the age of 22, I decided to go to RFK camp Directors Training and firsthand raise up volunteers to help heal children who have had to overcome things scarier than most people's worst nightmares. I have had

potential volunteers share their fears with me of coming to a camp and not being good enough to help these kids. I have gotten the opportunity to debrief with people over the hardship and heartbreak of letting a kid go after spending a week with them. I have been made into a warrior at camp. And because of that, I am well equipped to now make other people into warriors to serve at my camp.

I wish I could say that everything has been perfectly overcome since I was a little girl. Every day, when I feel threatened or scared or any type of attack, I feel that frightened little girl coming out. The relationships that I, as an adult, carry now constantly feel on edge. When I feel as though I am being attacked in the slightest of ways I run. I shut down. I become a little girl who has lost her voice and the ability to speak up about what is wrong. But, through strong and

healthy relationships, my walls are slowly being chiseled down. I now have the honor of teaching children and volunteers about God's identity and plan for them. I am able to do that. Who thought that a scared little girl could end up changing the lives of kids and volunteers at the very camp where it all began? ✿

ABOUT THE AUTHOR: Kimberly Ann McGee goes by the name "Kimmy." She is a former foster child and a Royal Family KIDS (RFK) camp alumni. She is an advocate for foster children and speaks on occasion at RFK events and fundraisers. McGee is a cosmetologist who loves helping people feel beautiful inside and out. She is engaged to her fiancé Eric Zwartz, who she deems a "patient and amazing man." The wedding is slated for November 2018. For more information about RFK, visit RFK.org.

focus
BY KIMMY MCGEE

Liberating Myself from the Chains of My Past Trauma

Gang member, poor kid, ward of the court, foster youth, violent felon, lost cause ...

Growing up I was often told who I was by the adults around me before I ever had the chance to figure out who I wanted to become. Often, that made me doubt my ability to have any control over my life. But for as long as I can remember, I've been learning how to overcome obstacles rather than learning how to utilize opportunities.

That's typical for a youth caught in the cycle of growing up in the hood: the pain, the trauma, the incarceration, the hypervigilance that follows throughout life, the struggle to create a life after leaving the system. It's all too familiar for youth who grow up like I did.

To help heal is to understand; we must first understand what it's like to experience what youth in the foster care and juvenile justice systems — like I was — go through at such a young age.

I was born and raised in the impoverished neighborhood of North Fair Oaks in Redwood City, California. My mother is a product of the gang culture and became a mother as a teenager. My father committed suicide shortly before my second birthday and his family made the decision not to be a part of my life for the next 17 years.

I was raised by my mother, but she worked multiple jobs to support us, so she would

often be asleep on the living room couch before I headed off to school.

I spent most of my childhood years close to my grandmother, who suffered from schizophrenia and bipolar disorder. I learned to grow up fast by taking care of my grandmother, along with my older brother. As I grew up I struggled to find my identity. I was a young, biracial, lesbian kid confused about my place in the world. With little guidance at home, I soon found myself on the streets with other lost, misguided youth.

Influenced by the gang culture I grew up in, it was no surprise that I joined street gangs,

looking for love and attention in the wrong places.

Being a girl and smaller than everyone else, I was determined to prove myself. In the streets it's all about your reputation and I built a reputation of being ruthless, crazy, down to break the law and have little regard for anyone else's feelings. Living a life like that didn't just turn me cold inside.

It resulted in many trips in and out of juvenile detention and bouncing around from group home to group home. I attended more than 12 different high schools because of my frequent displacements.

But my development was also stunted by a court order to take psychotropic

medications at age 13 to "manage" my behaviors. That stripped me of the chance to naturally grow, develop and actually feel any emotions. To this day I still struggle in this area. Sometimes in very emotional situations my emotions come in tidal waves, hard to control and confusing to understand. At other times where more emotion should be shown I struggle to feel any. Which makes it difficult for me to form close personal relationships because my emotional growth extends past the here and now but trying to play "catch up" for all the years I lost.

During the years I spent navigating both the juvenile justice and foster care systems

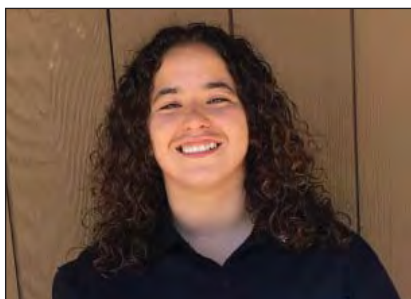


Missy Hart with one of her paintings, which hangs at the library at Foothill College.
Photos courtesy of Missy Hart

I felt like my life was frozen. I was of course growing older, but my emotional and mental intelligence was like that of the 11-year-old I was when I first entered the juvenile justice system.

Being only 13 years old when I was given a general placement order and sent into the foster care system I was hardly prepared for the traumatic experience of homelessness after going AWOL from different group homes around California. I found myself a kid on the streets in the cold with nowhere to go and no one to call for help.

I had felt helpless before, but what I had experienced in those times — sleeping in laundry rooms, cars, friend's houses, abandoned



apartments, staying up all night because there was nowhere safe to go, stealing hygiene products from stores to bathe in park restrooms to stay clean, and street hustling to eat — are things no kid should ever experience. These experiences were unimaginable, but they helped manifest a deep empathy and passion for change within me.

When I was first released from the juvenile justice system at age 18, I was tasked with the biggest job of my life yet, rebuilding my life. Despite the adversities I faced growing up, I resiliently affirmed my belief in myself and my potential to succeed by working hard to change my life and pursuing a higher education no matter the obstacle.

In June 2014, I became the first in my family to earn a high school diploma and in June 2018, I became the first in my family to graduate from college with an associate's degree in psychology. Today, I attend the University of California at Santa Cruz on a scholarship, studying psychology and the history of consciousness. One day, I hope to become an art therapist and earn a doctorate

building my toolbox to help others heal and defy the odds, too.

I have learned that life is not only about helping ourselves, but how in becoming better people, we can help others do the same. Influenced by my challenges, the opportunities to inspire and grow in my life have shaped me into a leader with the voice of the underrepresented. Even though I had a hard upbringing, I would not change a thing because it all made me who I am today and has given me my purpose in life. ✿

ABOUT THE AUTHOR: Missy Hart is a recent graduate from Foothill College, where she earned an associate's degree in

Despite the adversities I faced growing up, I resiliently affirmed my belief in myself and my potential to succeed by working hard to change my life and pursuing a higher education no matter the obstacle.

in developmental psychology, specializing in working with underrepresented populations, specifically youth in the system.

Education and art have been my means of liberating myself from the chains of my past traumas. I am not only learning how to heal and work through my own pain, but I am

psychology. She now attends the University of California, Santa Cruz, working toward a bachelor's degree in psychology with a minor in the history of consciousness. She aspires to earn a doctorate in developmental psychology. Her career goal is to open a group home with an art therapy program for youth in the system.

SUBSCRIBE
TODAY!



The **CHRONICLE**
of **SOCIAL CHANGE**

CHILDREN & YOUTH, FRONT AND CENTER

Current funding leads & profiles • Trends in grant-making • News from the youth services field

Visit ChronicleofSocialChange.org

Ph: 213.265.7707

Email: info@chronicleofsocialchange.org

Pocket Change

A Youth's Look at the Way She's Viewed Her Foster Care Experience Over the Years

Ten years involved in the fostering system has given me time to notice how strange it is for “a half” to mean so many different things. Half of an hour is 30 minutes, half of a dollar is 50 cents, half of a gallon is 8 cups, half of an average lifetime is 37 years, and all of these things have been clear to people since they can remember. But the one thing that can never be defined is half of a heart. One day, 30 minutes could feel like an hour, just as 50 cents can be spent as easily as a dollar, just as a gallon can be used as fast as 8 cups, just as a lifetime can be spent as well in 37 years as it can in 74, and just as half of a heart can fake you out to be a whole one. It all depends on how you value it. Half of a heart is not worth the hour, the dollar, the gallon or the lifetime you say it is.

I've come to learn that you should allow yourself to have the whole you know is best. The only person who defines that is you and your experiences, not your watch, your pocket change, your tap water or your will. Half of a heart is half of a person, and in regard to perception and validity, you know you are worth more than half of what's meant to be whole.

My experience in the fostering system has allowed me to have an entire new perspective on self-recognition. When I was 8 years old, I was placed into the system because of a typical reason — impoverished parents. I barely attended school, and even if I did, the other kids strayed away because I would be wearing the same dirty clothes every time I showed up, I was sick, and didn't have a grasp of what was socially acceptable, just because of how I was being raised. The neglect my parents showed to me and my three siblings resulted in the feeling that I can now appropriately define as half-heartedness.



Without any friends, I resorted to my siblings. Through this process, the four of us were split up in opposite sides of the state of Vermont: myself with my brother Gavin, and my two youngest siblings, Maria and Jacob, with each other. I remember being so infuriated that my parents inability to care for us ripped apart my siblings and I — the one thing that made me feel whole in all of my uncertainties.

After my parents refused to show at the last court hearing, on which their parental rights depended, I came to see half-heartedness in them.

I spent way too many years counting my pocket-change — focusing on what I lacked, rather than what I had. I beat myself up, grinded myself down to some cheap coffee grounds, losing motivation to find the fault in anyone besides myself for my family being torn apart. I picked at the lint next to my change and told myself that I caused what happened; that their mistakes and mishaps were because of me, and, with more thought, I came to the naive conclusion that I deserved it all.

Eventually, my siblings and I were happily adopted and unfortunately saw each other less and less with our new lives. With their absence, I noticed how much they impacted my life without me even noticing, and my ignorance to this drove me to be passionate about working on self-recognition. I tried to look at all things from a different perspective while still respecting myself. I had seen pictures of my siblings working hard to live their best lives, despite the hardships they were faced with, and somehow they always stayed with me as this symbol of hope to live life in a brighter light.

We have reached an age where we can have a mature conversation about our lives — sympathizing with how we felt during that time, or comparing how we feel now. It's simply amazing to see what beautiful things can come out of the worst. Gavin, Maria and Jacob are the biggest parts of my life. They encouraged me to grow when they didn't even understand the concept and broke my habit of living my life behind the walls of only the things I was comfortable in being behind. The only validity I need is them in their being. They helped me define what half of a heart was by showing me what a whole one really looked like, and for that I'm forever grateful that something so seemingly shattered became so whole. ❁

ABOUT THE AUTHOR: Aubrey Benoit, 17, lives in Barre, Vermont. She enjoys creating art and literature. She's currently completing high school and hopes to attend college majoring in writing and rhetoric. Her goal is to eventually become an editor or own a large magazine business that circulates around current issues that aren't being spoken or taught in corporate and/or schooling systems.



Making Moments Matter



What if **you** could be the **deciding factor** of whether or not a seven year-old boy will spend the rest of his **life in prison**?

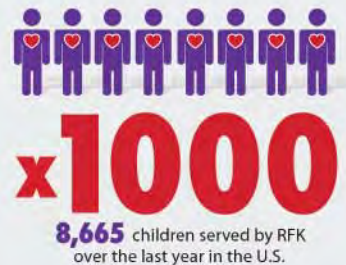
What if **you** could **choose the future** for a ten year-old girl ... between **pregnant teenager** vs successful, **college-bound young adult**?

Royal Family KIDS is **changing the trajectory** of these children, by creating life-changing moments during weeklong summer camps and throughout the year with its Mentoring Club program.

We invite **individuals, church leaders, and businesses** to engage with us in their community in efforts to **serve more foster children**.



*To protect Camper confidentiality, models are used in some photographs.



GET INVOLVED TODAY - RFK.ORG

3000 W. MACARTHUR BLVD. • SUITE 412 • SANTA ANA, CA 92704 | (714) 438-2494



focus
BY ELEXUS HUNTER

Getting into College Doesn't Always Guarantee Success for Foster Students

Outside looking in, you may think foster youth have got it made.

In California, youth in foster care are eligible for several state and federal grants aimed at helping them succeed in college.

But the truth is, even state and federal scholarships, grants and loans allocated for foster youth are not enough to support success in higher education.

As college students head back to campus for the start of the school year, it's a good time to remember that government assistance may not be enough to help foster youth graduate from college.

When aging out of the foster care system, you could imagine that it's like every kid's dream to go off to college, get a degree and land their

dream job. It sounds cool and easy to do, but for most youth who age out of the foster care system at 18 and head to college, the road is not easy. They may have their acceptance letter, but many struggle with what's next.

As a former foster youth, it was hard going to college out of state and trying to harmonize my personal life while also trying to fit in with the rest of my peers. During the first week of school, waiting in the financial aid office, trying to figure out if my scholarship checks had cleared, it was already obvious that I had little family support. Looking around, I noticed that a lot of the students' families were present for their big day.

I experienced an anxiety attack during my first week in college, leading to thoughts of suicide. I didn't eat for almost a week, and I felt scared of what might happen. I didn't like

the feeling of being alone. And there wasn't much my social worker could do; I was more than 2,000 miles away from home.

Kids who come from a family with one or two involved birth parents are often a lot more prepared for college. But they also tend to have more resources than foster youth who are headed off to college. They have furniture and groceries ready to go when moving into their dorms. Tuition, books and other expenses are paid for in advance and they're less likely to stand in the financial aid line for hours. They also have a parent or guardian present for moral support.

I wasn't as 100 percent prepared as I thought when I first arrived at Clark Atlanta University. Coming from California, I wasn't sure how to navigate in a new city. I tried reaching out to local organizations in Atlanta that supported

foster youth, but got no response. There are so many restrictions while being in foster care, it's hard getting help sometimes. I wasn't expecting to have my hand held, but it would be a lot easier if someone were there to help.



Elexus Hunter

Housing is another important issue. Being able to go home during the holidays to a nice cooked meal would be nice, but many are often struggling to find temporary housing for winter, spring and summer breaks. A recent report from the California legislature found that 63 percent of foster youth in California's public higher education system experience food insecurity. About 25 percent were homeless, at a rate 2.25 times that of their peers. This is why many foster youth are constantly in survival mode, even after they've left a situation of abuse or neglect. It's not like they receive any care packages in the mail from mom and pop.

For me, holidays were a pain in the butt. I was always scouting for people to let me stay at their place. There were times where I would consider sleeping on the municipal buses whenever I returned to San Francisco, just so I wouldn't be an inconvenience to anyone. Thank goodness, people actually cared, knew my situation and allowed me to stay with them until it was time to go back

to school. Otherwise, I would hop from place to place whenever I didn't have a permanent place to sleep.

Even when youth age out of the foster care system or when they have left for college, they often still need help. In college, it can be a challenge to navigate and find resources as swiftly as peers. It's troublesome for some

at college. For example, greater access to financial literacy, leadership development, therapy and mentoring programs would be helpful if we want young people to thrive in higher education.

People fail to realize that just because you're 18, 21 or even 25 doesn't mean you have all your ducks lined up and everything's

I experienced an anxiety attack during my first week in college, leading to thoughts of suicide. I didn't eat for almost a week, and I felt scared of what might happen. I didn't like the feeling of being alone.

youth to ask for help when their parents have never been to college. First-generation college students don't always understand the dos and don'ts of life on campus.

Based on my experience in the foster care system, I started my own nonprofit called Tragic is Magic, which supports youth aging out of the foster care system in California, who are attending a four-year college. By providing small grants, we hope to increase their chances of finishing college, becoming debt free and creating a path to financial security.

We should also consider more projects that support the well-being of foster youth while

all peaches and cream. With more support, we can help foster youth reach their full potential, expand new horizons and reach for the stars. ✨

ABOUT THE AUTHOR: Elexus Hunter is a former foster youth from San Francisco, California. A recent graduate of Clark Atlanta University, Hunter advocates for underprivileged youth in California. She recently founded Tragic is Magic, an organization that helps subsidize educational expenses for youth aging out of foster care in California who want to go to college.

(kids in waiting)

Caleb, 13, loves to stay active and on the go. Among his favorite sports to play are football and basketball. In his downtime Caleb enjoys playing video games, especially on his game boy and original Nintendo. In school his favorite class is math as he says he enjoys working with numbers. When Caleb grows up he says he wants to be a professional basketball player. He is proud of working hard in school and the progress he has made. Caleb has goals set for himself so a family that can help him be the best he can be is ideal.

A family that will provide structure, guidance, support and most of all love is something that he certainly deserves. To learn more about adoption visit www.adoptskids.org or call 877-457-5430. Caleb's case number is CH-7377.



Born in June, Raised in April



Who Has a Seat at Your Holiday Table?

At Thanksgiving, the centerpiece is the turkey dinner, but the connections and conversations around the table are what sustain us. As I glance around my table, I see my family, the only one I have ever known, but I don't see anyone who resembles me. There is no physical mirror reflecting parts of me back to me. And then, inevitably, the moments of relative comparison come — “gosh Mackenzie, Kyle and Cooper look so much like Dawn, and Dawn looks so much like Grandma, and Grandma looks so much like Great Grandma Ellie.” These very basic, often unconscious moments are standard fare for biological families.

For many of us who are separated from biological families of origin and don't look like anyone around the table, these moments of natural, genetic comparison, while not intended to be mean-spirited, can be confusing and leave us feeling left out. What can be even more complicated is not having a safe space and opportunity to talk about these feelings.

As a child, while Thanksgiving and Christmas brought so many good feelings, there were also feelings of anxiety and sadness in not knowing more about my biological connections. I often wondered if I would ever have a chance to explore them and to look across the holiday

table into eyes that looked like mine. Now, as an adult, after years of searching, I have the opportunity to share connections to biological relatives, and it brings me great joy. I am still creating relationships and balancing this aspect of my adoption experience, but my motto remains — never too many people to love or to love me.

With that in mind, as you make plans to celebrate the season, be sure to think about the children you are parenting and the connections they may be missing during this special time of year.

- Set aside some time to talk about family gatherings before they happen. Don't wait until right before when things can be busy and tense; start to bring it up well before the time comes. You can always share your feelings first and open the door so they know they are not alone in thoughts about extended family members.
- Remember that holidays can be stressful for children and young people, especially those who are away from family members that they once spent holiday time with. Make sure you are in tune with this, and if a child or young person is acting out and/or needs a break, give them space for the complex feelings.
- Make wise invitations for holiday dinners and make sure that those you are inviting to the table are sensitive to your child and will

not make things more stressful with their actions or comments.

- And lastly, would you consider actually inviting your child's family of origin to your holiday dinner table? While this idea can be overwhelming, it can also be an amazing way to expand your family and model for your child that their biological family members need not hang on the edges but rather be invited to gather around the table and be part of the family! 🌸

ABOUT THE AUTHOR: April Dinwoodie is a transracially adopted person and nationally recognized thought leader on adoption and foster care. She is committed to improving the lives of everyone in the extended family of adoption through research, education and advocacy. Dinwoodie created a specialized mentoring program called Adoptment, where adults who were adopted and/or spent time in foster care serve as mentors to youth navigating foster care and adoption. To raise awareness surrounding the many layers of the adoption experience, Dinwoodie candidly shares her experiences at workshops, conferences, schools and via her iTunes podcast “Born in June, Raised in April.” Before she entered the nonprofit world, Dinwoodie served as a senior level executive within the marketing and communications departments of some of today's most recognized brands.

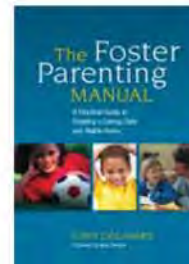
Dr. John DeGarmo

**Speaker, Trainer, Author, Radio Host and Leading Expert
in the Foster Care System**



Find all the latest Foster Care News, Resources, and Information, updated every day at his Facebook page-Dr. John DeGarmo, or at his website- drjohndegarmofostercare.weebly.com. Email him at drjohndegarmo@gmail.com. Listen to Dr. John each Monday nights on America's foster care radio show, **Foster Talk with Dr. John.**

Best Selling and Inspirational Book Foster Care Books



Training Webinars Dr. John's online training webinars are ideal for the busy foster parent who needs more training and licensing hours. Dr. John offers both 30 minute training webinars, as well as his popular and interactive one hour LIVE webinars.

Foster Parent Coach

Need help with your foster parenting? Have a foster child in your home that is challenging, and disrupting the peace in your home? Dr. John can help you to understand your foster child's behavior, and teach you what to do to help it improve in a positive and healthy fashion.



Speaker and Trainer Dr. John brings tremendous energy to his delivery. He is a powerfully dynamic speaker, engaging the audience from the beginning to the end. His presentations are both informative and emotional.



WORDS MATTER!

*"The difference between the right word and the almost right word
is the difference between lightning and the lightning bug." – Mark Twain*

Words have power. They can build us up and help us feel valuable, loved and connected. Or they can tear us down and help us feel stigmatized, worthless and/or disconnected.

I want you to take a minute and really think about the term "foster child," "foster kid" and "foster youth." What images, feelings and words come to mind? What kinds of stories have you heard or read about "foster kids?" What are the stereotypes that you think most people have about "foster children?" How do you think it would feel to live inside a system

that called you a "foster child" most of your life? What if you lived inside that system and you heard yourself being called a "foster kid" hundreds of times? How do you think that would feel? What attitudes and beliefs would you have about yourself?

Agencies, advocates, social workers, therapists, teachers and other helpers are all responsible for the negative and/or stigmatizing language that they use when talking about children in the foster care system. Our culture has been using terms like "foster child" or "foster kid" for almost 100 years. Given what

we have learned about child development, self-esteem and identity formation, it is time that we eliminate these stigmatizing phrases from our vocabulary and allow children to develop their self-concepts free from our limited or negative influence or biases.

Foster care is something that happens to children and youth. It should not be something that defines who they are as they are actively forming their beliefs and attitudes about themselves. Children are developing their self-concept throughout childhood and are more intensely focused on identity formation

in adolescence. Children form attitudes and beliefs about themselves based on what the adults around them are saying and writing about them. When social workers, therapists, teachers and other adults refer to them as a “foster child” or “foster kid” they are inadvertently reinforcing a stereotypical view of the child. When agencies, the media and other influencers speak about “foster children” and “foster youth” they are also reinforcing a stigmatizing label on children and youth in the foster care system. Foster care is something that happens to a child or youth due to circumstances outside of their control. We must ensure that we see the child first, not their foster care status. They are children in a foster care system.

Every child and youth in care has a right to be treated with dignity and respect, which includes eliminating prejudicial language. Is it respectful to say “foster child,” “RAD kid,” “abused child,” “orphan,” “damaged,” “disturbed” or any of the other terms we have all been hearing and using for decades? This is important because children are impressionable and are taking all of these phrases, words and images into their personal constructs of themselves. It is careless of professionals and “helpers” to label and stigmatize children who have entered foster care due to neglect, abuse and/or trauma. Children and youth who enter the foster care system are in crisis, have suffered traumatic losses, and have little to no power over the decisions the court is making on their behalf. They lose even more when we, the professionals and broader culture, help to define who they are by repeatedly using stigmatizing and pejorative words and labels.

A child’s story belongs to them. Their perspectives, beliefs and attitudes will shape who they are and the choices they make in the future. As someone who has worked with hundreds of children and youth in the foster care system, I have learned that my words have power and I choose them very selectively and intentionally. Words can empower a child to take back their story and tell it in

a way that feels authentic to them. Children and youth in care get accustomed to telling the details of their private story to each new social worker, therapist, foster parent and professional. Being empowered to “take back” their story, hold the details and events as uniquely their own and make sense and meaning out of their experience is a monumental task.

Dr. Jonathan Adler states, “Life is incredibly complex, there are lots of things going on in our environment and in our lives at all times, and in order to hold onto our experience, we need to make meaning out of it. The way we do that is by structuring our lives into stories.” Each and every time professionals, advocates, caregivers and other helpers label a child in foster care as a “foster child,” we are inserting a negative label and/or narrative into a child’s story of themselves.

Three things we can ALL do to stop the labeling and stigmatizing of children/youth in foster care:

1. Use “child first” language always. There is no such thing as a “foster child.” Stop using the phrase today and anytime you hear it or see it, please correct the language. They are children or youth in a foster care system. Adults and agencies should be evolving and changing to meet the needs of the children they are serving.
2. Treat every child/youth in foster care with dignity and respect. Their story (including the facts, events and details of how they came into the foster care system) is not information to be shared with others. Their story belongs to them.
3. Give children/youth choices about the words and phrases they want to use when talking about their life before, during and after foster care. Help them explore choices and options that feel right to them. Remember they are currently in a culture that has been using pejorative and stigma-

tizing language for decades. They are saturated on social media with terms, phrases and images that are negative.

As I look out into our culture, across the various “child serving” agencies and social media platforms, I am frustrated by the lack of awareness and sensitivity to children and youth in foster care. We have an obligation to those we serve to stop this legacy of labeling and stigmatizing children and youth.

The heart of a child is a scroll,
A page that is lovely and white;
And to it as fleeting years roll,
Come hands with a story to write.
Be ever so careful, O hand;
Write thou with a sanctified pen;
Thy story shall live in the land
For years, in the doings of men.
It shall echo in circles of light,
Or lead to the death of a soul.
Give here but a message right,
For the heart of a child is a scroll.
— Author Unknown ❁

ABOUT THE AUTHOR: Allison Davis Maxon is a clinician, educator and advocate specializing in attachment, trauma and adoption/permanency. She is passionate about creating systems of care that are strength-based and trauma-informed. She has 27 years of experience in child welfare, children’s mental health and trauma-informed care. She is the executive director at the National Center on Adoption and Permanency. Maxon is co-author and master trainer of Kinship Center’s “ACT: An Adoption and Permanency Curriculum for Child Welfare and Mental Health Professionals,” co-author and master trainer of “Pathways to Permanence: Parenting the Child of Loss and Trauma,” and creator of “10 Things Your Child Needs Every Day,” a video training tool that assists parents/caregivers in strengthening their attachment relationship with their child. Maxon can be reached at www.allisondavismaxon.com, allisonmaxon@cox.net or 949-939-9016.

Understanding Autism

Acquiring Information to Create a Safe and Supportive Home



feature

BY ANJALI VAN DRIE, MA, MSW, BCBA

The prevalence of autism is on the rise. It may seem like everybody you speak to either knows someone diagnosed, or has a personal connection with someone diagnosed with an Autism Spectrum Disorder (ASD). The Centers for Disease Control and Prevention verify this is the case. According to their reports, the prevalence of ASD, which was previously 1 in 68, has recently increased to 1 in 59 children in the United States. While it is unclear what accounts for the rise in numbers, some suggest recent changes to the way ASD is diagnosed may contribute to the differences. Regardless of the reason behind the changes, there is an increasingly greater likelihood of having a child with ASD placed in your foster home.

Children with ASD are 2.4 times more likely to enter into foster care than their typically developing peers. So, what can foster parents do to help ensure a successful placement for both you and the child? First, it's important to know your facts about ASD. Here are a few:

1. ASD occurs across all racial, ethnic and socioeconomic groups.
2. Boys are four times more likely to be diagnosed than girls.

3. The ASD umbrella now encompasses other diagnoses that used to be separate such as Asperger's Disorder and Pervasive Developmental Disorder.
4. ASD is often referred to as an "invisible diagnosis" because there are no physical characteristics that indicate a person may be diagnosed.
5. Forty-four percent of children diagnosed with ASD have average to above average intellectual ability.
6. Children with ASD have an 83 percent chance of being diagnosed with one or more non-ASD diagnoses such as developmental, psychiatric, neurologic, chromosomal or genetic.
7. The causes of ASD are not all known. The latest research indicates there are many causes for the multiple types of ASD, however, there is clear evidence vaccinations do not cause autism.

Because ASD is, by definition, a spectrum disorder, there is a large range of behaviors and skill levels you should expect. Some children, who may have previously been classified as Asperger's, are highly verbal and do not exhibit cognitive delays. Other children may

be nonverbal, with a limited communication system and significant cognitive delays. Regardless of the level of function, every child diagnosed with ASD exhibits:

- A. Persistent deficits in social communication and social interaction across multiple contexts, in relation to social-emotional reciprocity, nonverbal communicative behaviors, and developing and maintaining relationships.
- B. Restricted, repetitive patterns of behavior, interests or activities (e.g., repetitive motor movements, fixated interests, over/under reactivity to sensory input, insistence on sameness).

Further, the symptoms must be present from an early age, cause impairment in the child's life, and not be better explained by intellectual disability. So what does this actually look like? Sometimes it may be a child who is a little bit quirky (but let's be honest, we are all a little bit quirky). Other times it can be a child who is truly overwhelmed by the noise of the fluorescent lights buzzing overhead in his classroom.

Mainstream media and TV often focus on the so-called “savants” or high functioning individuals who have a special talent or knowledge base. This is not an accurate representation of the child who will be placed in your home. The child coming to you will be much like the other children you may have fostered: scared, confused, anxious, over-affectionate, isolated ... and will likely have much more difficulty adjusting to your home because of their preference for routine and sameness.

So with all of these in mind, what can you do?

Even though every child with ASD is different, there are some things you can do that will help set the child up to be successful in your home.

Be proactive! When you find out you have a child coming into your home with an Autism Spectrum diagnosis, prepare! You may not have much time, but there are simple things you can do to help the transition.

1. Use visuals. Because verbal communication is a challenge for many children with autism, having things written down will help both you and your child. You may want to write down routines for your household such as what a “typical” morning looks like. What is your nighttime routine? What about your expectations for behavior in your home? Even though it may seem like things such as asking for permission, keeping hands to self and sharing should be known, children with ASD may still need the supports to know exactly what is expected, particularly in a new environment. It may also help to have a written schedule for your child. It doesn’t have to be fancy — a dry erase board with times and activities can work. Being aware of what is coming next can greatly help make transitions between activities successful.
2. Label items. Children with ASD may have limited verbal skills. Even if they do not, they may have difficulty approaching you and asking for help. You can either use written labels or pictures of where things like cups, plates, the bathroom, their room, your room are located in your home. Again, all these visual cues will help your child have a better understanding of you and your home.
3. Create consistency! If you are able to find out any information about your child’s preferences, try to recreate as many of these as possible. This may be foods, toys, phrases, routines — anything that will help create a sense of familiarity.
4. Plan time — rushing through the routine or morning can quickly become a trigger for a behavioral outburst. Many times, children with ASD need time to process what you are asking, particularly when it is all new to them. Plan wait time. When asking your child to do something, use short, direct statements. Then wait. Do not repeat yourself multiple times in different ways. Imagine when you speak, they are taking it in, deciphering what you are saying, wondering what you mean, why you are looking that way at them ... and then act on it. Each time you make another statement, the process starts again. Allow them time to figure out what you are asking. You may have to show them what you mean the first few times as well. The way in which you ask may be confusing to them. Plan for patience.
5. Provide a “safe space.” Children with ASD can become overwhelmed easily by things in the environment you don’t even notice such as the whirl of the fan, the buzz of the lights, the ticking of the clock. These things can be too much in a familiar environment. Being in a new environment may make the experience much more taxing. Give your child a place he can go to relax. Find out what is calming for your child and create an area of your home to cater to that. Some may like smaller spaces — things like pop
6. Ask for help. Applied Behavior Analysis (ABA) is the evidence-based approach recommended for children with an Autism Spectrum Disorder diagnosis. ABA clinicians work with children and families to increase prosocial positive behaviors and decrease maladaptive behaviors. Other therapies, such as speech and occupational therapy can also be beneficial, particularly when used in conjunction to ABA. Early intervention is best, so don’t be shy in asking for these services.

While this list is not exhaustive, it is a good start to adapt to your home and help both you and your child be happy and successful. As a popular quote says, “If you’ve met one person with autism, you’ve met one person with autism.” 🌸

ABOUT THE AUTHOR: Anjali Van Drie, MA, MSW, BCBA, is the vice president of Family Initiative, Inc., a local agency in Southwest Florida providing in-home behavioral and counseling services to families in the community. As part of the organization, she assists in leading various programs for children diagnosed with an ASD including a weekly social skills group, a teen group and various arts programs. Prior to this role, she served as program director for a local nonprofit agency in Southwest Florida, providing behavioral services to both families at risk for entering the child welfare system, as well as foster parents and their children. Van Drie has worked in the field of child welfare for almost a decade, collaboratively with the local community based care agency, with hundreds of foster families across Southwest Florida. She has

The Experience of the Baby

There is nothing normal or natural about removing a baby or toddler from his parents. Yet there are times in which a baby's very survival and ability to thrive depends on entrusting him with other caregivers. Unlike the thoughtful process of planning for the day that parents will return back to work leaving their baby with a trusted, highly recommended child care provider, the baby who enters the child welfare system is often moved quickly with little or no transition preparation. The goodbyes are stressful and there are no promises to be picked up at the end of the day. There is, in the experience of the baby an abrupt change in caregiver, routines and environment, felt through changes of different tastes, voices, touch, smell, feelings, sounds and sights.

These abrupt changes are processed differently depending on the baby's stage of brain and physical development, which change daily. When babies begin to understand that things and people exist even when they cannot see them, i.e. object permanence, separation anxiety rushes in complicating and confusing their understanding of the world. This developmental task from an evolutionary standpoint, is a built-in mechanism meant

to create stress allowing the baby to protest separation. This response minimizes the likelihood of future separation and maximizes survival. A caregiver's response to separation anxiety can vary across cultures, with some encouraging autonomy and others dependence.

As the cognitive process of object permanence grows and develops, so does the baby's emotional development. You may wonder what she is thinking or feeling at any moment. A newborn can experience pleasure, distress, disgust, interest and discomfort. By 3 months, babies imitate the happy, sad and angry faces of their caregivers. Babies between 3 and 9 months will become distressed when their caregiver shows anger and sadness. As they gain more experience with relationships and objects, and as their cognition develops, babies will begin to form expectations of what they think will happen through cause and effect. As a result, they will demonstrate anger, frustration, joy and contentment, within the context of their relationships.

Conversely, the baby is also capable of developing fear due to associated memories of pain and unpleasantness. At the end of their first year of life, babies have the ability

to give empathetic responses to others by noticing distress and touching or patting another in an effort to comfort.

As babies enter toddlerhood, they grow aware of their emotions. This cognitive shift allows them to become self-conscious and is demonstrated through the feelings of shame, embarrassment, guilt, pride and concern. Additionally, they have not developed the cognitive concept of time. Rather they depend on consistent, daily caregiver routines to signal activities such as eating, sleeping, toileting, play time and visits. At 3 years old, if development is on track, a toddler can recognize his own anger, fear, happiness and sadness.

So how can we minimize the suffering of babies as they transition from home to out-of-home placement to home again, once permanency orders are established?

Parents

Most parents will not be prepared for their baby to be moved to another's care. Child welfare workers can help them to understand the reason for out-of-home placement; how they can support their baby during this transition into care, while in care, during the transition home from care and in and out of

visits; and what they can expect in terms of the child welfare process. Their success and emotional stability are paramount to the successful transitions of their baby.

Kinships and Foster Providers

Just as we know the importance of goodness-of-fit for parents and their infants, goodness-of-fit between foster and kinship providers and infants in their care is just as important. Out-of-home placement providers should be considered based on their understanding of infant development and their ability to accommodate the baby's unique social/emotional and behavioral needs. Out-of-home placement with a caregiver that the baby is familiar with, such as a kinship placement, can help to ease the transition.

All Parents, Kinship and Foster Providers and Other Professionals

- Like adults, babies have different temperaments. Some transition more easily than others. This is normal.
- Arrange for the baby to spend time with the adult who transports and transitions her from home to placement with the receiving

caregiver, if possible.

- Be mindful of your tone of voice. Is it loud? Quiet? Hard? Soft? Talk to the baby in a calm and reassuring voice.
- Ensure that the baby's basic needs are met prior to the transition. This will help the infant cope with the changes. Is the infant tired? Hungry?
- Goodbyes are important. While it may seem that "sneaking" away is easier, it will ultimately increase an infant's feelings of anxiety. Always say goodbye.
- Regulate your own affect. Match your body language and facial gestures to your words. Infants look to their caregivers to determine how they should feel about an event, activity or person.
- Separation anxiety may increase during naps or nighttime sleeping. Briefly reassure the baby using a soothing voice and soft touch, limiting interaction so that he can learn to settle down and fall asleep on his own. Separation anxiety may also show up seemingly out of nowhere. This is normal.
- Babies depend on nurturing, touch, interactive vocalizations, talking and singing.

- Keep a routine with regular eating and sleeping schedules.
- Transition the baby with familiar objects such as a blanket, stuffed animals, chew toys or bottles.
- Set up a regular and frequent visiting schedule.
- Build in extra time around transitions.
- Advocate for expedited permanency plans to limit the length of out-of-home placement.

Out-of-home placement of infants in the child welfare system may be inevitable. It is essential to recognize and attend to the sensory, emotional, cognitive and physical experiences of the baby. By minimizing and limiting abrupt changes in caregivers, routines and environments, the impact of transitions and out-of-home placement can be softened. ✿

ABOUT THE AUTHOR: Noelle Hause, Ed.D., LPC, (IMH-IV)-C, is an Irving Harris Infant Mental Health Fellow graduate and has provided infant and early mental health services including supervision, training and consultation for more than 30 years.

(kids in waiting)

Tierra, 14, is a creative and kind ninth grader with a quick wit and great sense of humor. If you know anything about the K-Pop music scene or if you know how to ride a skateboard, chances are this young lady would be impressed! While Tierra tends to present as somewhat shy with a quiet personality, she has a calm and playful demeanor once you get to know her. When she's not listening to music or hanging out with her friends, Tierra enjoys learning about different cultures, watching movies and TV, and talking with her friends. Tierra would like to learn how to speak another language. She hopes to travel to new places, and she desires a parent(s) who will teach her things like how to cook and drive.

Tre'von, 10, is a curious, smart, and friendly 4th grader. He enjoys school, he gets excited about being outdoors, and he likes playing sports — football and soccer are his favorites! He is sensitive and kind, and he hopes for a family who will take him camping and fishing. Tre'von will benefit from a family who fully claims him and can provide the sense of belonging he desires and deserves. Tre'von craves affection and benefits well from structure, nurturing, and guidance. Tre'von will do best in a family who understands the impacts of trauma on behaviors and child development. Tre'von has siblings he would like to maintain connections with. For more information contact Anne McGovern at anne.mcgovern@chssd.org or 605-343-2811.





Role of Resource Parents

in Supporting Family Recovery and Reunification in Family Treatment Drug Courts

With the prevalence of substance use disorders across the country, foster care agencies are strained to handle the increased number of children coming into protective custody. After years of a declining number of removals, the number of children placed in out-of-home care jumped 10 percent from 2012 to 2016, according to the Department of Health and Human Services (HHS). Approximately 92,000 children were removed from their homes in fiscal year 2016 because at least one parent had a drug abuse issue, according to HHS.

Traditionally, the lack of coordination and collaboration across child welfare,

substance use disorder treatment, and family or dependency drug court systems has hindered their ability to fully support these families, according to the 1999 report to Congress “Blending Perspectives and Building Common Ground.” These families have multiple and complex needs as a result of poly-substance use and co-occurring issues such as trauma, mental health disorders, unemployment, homelessness and domestic violence.

Consequently, parental substance use is associated with longer out-of-home placements for dependent children and higher rates of child maltreatment and termination of parental rights, according to

a 2009 article in *Children and Youth Services Review*. To better meet the needs of these families, Family Treatment Drug Courts (FTDC) provide a collaborative solution of enhanced treatment and accountability.

Foster Parents as a Resource and a Valued Member of the Team

The FTDC model is based on a foundation of collaboration acknowledging that no single agency has the resources or expertise to effectively meet the needs of these families. As FTDC programs are expanding and strengthening their collaborative partnerships, foster parents are being recognized as valuable members of the team and the important role they can play

in supporting the goals of family recovery and reunification.

Foster parents are now referred to as “resource parents” to reflect the critical role they have in the lives of families involved in the child welfare system. In addition to providing for the needs of the child, resource parents provide support for the birth family as they seek to achieve recovery, safety, stability and permanency. Resource parents can be a valuable source of information used for making important decisions regarding the child and family. Research has shown that the involvement of resource parents is a critical factor for successful reunification, according to 2011 information from the Child Welfare Information Gateway on family reunification.

Learn more as a family about addiction and brain disease

Families affected by parental substance use are some of the most challenging families to serve in the child welfare system. They are also the most misunderstood due to stigma associated with the disease of addiction.

- Some common misconceptions include:
- Addiction as a moral failure or character flaw.
 - The parents must love their drugs more than their kids.
 - Treatment will never work.
 - They lack the willpower to become sober.

Research from the National Institute on Drug Abuse about the brain science of addiction, however, has dramatically changed how substance use disorders are viewed, enabling systems to respond effectively to the problem.

In that research, “Drugs, Brains, and Behavior: The Science of Addiction,” addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive drug seeking and use, despite harmful consequences.

Traditional language	Affirming language
Foster parents	Resource parents
Visitation	Family or parenting time
Foster child	Child in care
Hard to place kids	Children affected by trauma
Addicted parents	Parents with a substance use disorder
Drug addicted baby	Infants with prenatal exposure

Addiction is similar to other diseases, such as heart disease. Both disrupt the normal, healthy functioning of the underlying organ, have serious harmful consequences, but can be successfully treated and managed through treatment and recovery supports.

As resource parents learn more about addiction, they will become better equipped to work directly with birth parents with less judgment and greater effectiveness and understanding. Training can also ensure that resource parents share common principles and the same vision on how these families can be supported.

Child welfare agencies and foster family agencies can better prepare and support resource parents by ensuring that information about substance use disorders are part of the recruitment, orientation and training materials.

Learning more about addiction changes the way we think and talk about families affected by parental substance use disorders. Language matters and being more mindful of language decreases stigma and can have an affirming effect when working with these families.

Embrace the challenges and opportunities of shared parenting

One of the most significant challenges for resource parents is co-parenting or shared parenting. Shared parenting is a practice in which resource parents cultivate positive, supportive relationships

and open communication with birth parents, according to a 2010 article in North Carolina Division of Social Services’ *Fostering Perspectives*. Shared parenting with birth parents with substance use disorders can be particularly challenging given the complexities related to the disease and recovery. But the benefits achieved through shared parenting are worth the effort. Children are spared inherent conflict between their parents and caregivers while birth parents also benefit as they learn positive parenting skills from the resource parents. A shared parenting relationship can also result in an ongoing supportive relationship with the family after the child returns home.

Support and facilitate frequent and quality family time

Resource parents have the opportunity to build strong, positive connections with birth parents by supporting frequent and quality visits with their children. Children and youth who have regular, frequent contact with their families are more likely to reunify, spend less time in out-of-home care, and are less likely to re-enter foster care after reunification, according to Dr. Gerald Mallon’s “Visiting the heart of reunification.” Research shows frequent visitation also promotes healthy attachment and reduces negative effects of separation, according to the National Resource Center for Foster Care and Permanency Planning.

Family time honors the parent-child relationship and recognizes that families have the need and the right to see each

other. Family time also provides an important opportunity for parents to apply what they are learning in parent education programming. Through the observation of family time, partner agencies have opportunities to gather information about a parent's capacity to appropriately meet their child's needs, as well as the family's overall readiness for reunification.

Closing

Resource families have the most challenging and difficult work as they temporarily care for children during a difficult season of trauma, separation and loss. They should be seen as invaluable members of the collaborative team and recognized for their unique abilities and commitments.

Partner agencies should ensure that they receive the training, support services and resources needed to serve these children and families well. Child welfare agencies and child and family-serving programs that want to recruit, train and retain quality well-trained caregivers to meet the growing foster care population should focus on integrating topics related to substance use disorders and how they can effectively support children and their families.

For more information, download a recently published technical assistance resource, "The Role of Foster Parents in Supporting Family Recovery and Reunification" by visiting www.cffutures.org. ❁

ABOUT THE AUTHOR: Philip Breitenbucher, MSW, is a director at Children and Family Futures where he manages multiple programs and initiatives. Breitenbucher currently serves as the program director of the U.S. Office of Juvenile Justice and Delinquency Prevention's National Family Drug Court Training and Technical Assistance Program and as program director for the Prevention and Family Recovery Initiative supported by the Doris Duke Charitable Foundation and Duke Endowment. He has more than 20 years of experience in the management of public child welfare and community-based prevention services. Breitenbucher earned a master's degree from California State University, San Bernardino, a bachelor's degree in psychology from California Baptist University and his certificate in Addiction and Recovery from Light University.

Success in the Field

In Louisiana, the Department of Children and Family Services, along with Judge Thomas Duplantier of the Lafayette Family Preservation Court (LFPC) developed the Foster Parenting Report which allows foster parents to be heard by the court without needing to appear and testify. The LFPC has also been intentional in their efforts to strengthen the relationships between birth parents and foster parents as well as foster parents and the court. The LFPC hosts a number of events throughout the year such as an Easter Egg Hunt, Christmas events and graduations which birth parents, foster parents and children are encouraged to attend. The LFPC has seen incredible success in their efforts to build these positive relationships as noted by the LFPC coordinator, "We have had a handful of clients that have asked their foster parents to remain in their children's lives by becoming godparents."

The Milwaukee County Family Drug Treatment Court (FDTC) in Wisconsin recognizes the importance of engaging foster parents in the process and having them be involved in key activities such as parenting time and family events. SaintA, one of the ongoing case management agencies for FDTC, has implemented the Fostering Relationships model which helps guide foster parent involvement during parenting time. The Milwaukee County FDTC is currently developing ways to engage caregivers in the process through education and outreach, including by previous caregivers and participants. For example, the FDTC is in the process of creating a video on the court process for foster parents.

The Miami-Dade Dependency Drug Court (DDC) in Florida holds Icebreaker meetings between the birth parent and foster parent to learn more about the child(ren), to discuss the need to co-parent, and to assist with relationship-building. Icebreaker meetings are facilitated by the child welfare agency. Professionals such as the DDC specialist recognize the importance of strengthening relationships and the critical role resource parents have in co-parenting, "Foster parents love, care for and advocate for children's needs while their birth parents are given the respite to receive treatment, heal, build parenting skills, get well and until the children are able to return to a healthy and safe home with their birth parents."

orphan
sunday

ONE DAY. ONE VOICE. ONE PURPOSE.

NOV 11
2018

orphansunday.org

Believers across the globe are uniting on behalf of every orphan, as God's heart beats for the fatherless. Join us and thousands of others as we speak out in churches and communities around the world. On Orphan Sunday, activities and events will be held, simple meals will be shared, music will be lifted up. Let your voice echo with others around the world.

For event ideas, resources, a global map of countries and more, visit

orphansunday.org



Navigating Social Media

with Foster and Adopted Teens

feature

BY PAT RHOADS

Whether we like it or not, social media is here to stay.

Social media has gone from the cool new fad to an ever-present reality in the lives of most Americans. This is especially true for teens. Roughly 94 percent of them are online every day, where they are spending an average of nine hours on an ever-increasing array of social media sites — from Snapchat and Instagram to YouTube and Facebook.

Further complicating your life if you are a parent who wants to keep tabs on your children's online activity are mobile phones. Sixty-nine percent of social media access happens via our smartphones. Where you might once have been able to keep an eye on activity happening on a family computer in the living room, teens can now access the internet at any place, at any time, and while

actively avoiding your prying eyes.

If those teens are in foster care, or recently adopted from foster care, there may be even more risks to be aware of when it comes to their online activities.

How teens use social media

For the most part, teen development hasn't changed. This phase of life is one of self-exploration. Teens want to find out who they are, and they do so through experimenting with their clothes, social circles and personas.

It is also a time for making mistakes. Adolescents' brains are still developing, and they are often not able to predict consequences for their actions. In the era before social media, those consequences could be severe, but they were typically contained

within a person's community. That's not necessarily true anymore.

Some of that bad judgement can be dangerous when teens exercise it online:

- 55 percent have provided information to someone they didn't know.
- 29 percent have been contacted by a stranger.
- 43 percent change behavior if a parent is watching.
- 67 percent know how to hide their online activity from parents.

Social media and our foster and adoptive teens — the bad

When it comes to foster and adoptive teens, you may have even more to worry about than the standard (and already stressful) array of teen activity that can get them into trouble. In particular, there are two primary

concerns I see:

- Unauthorized contact with birth family. For many teens from foster care, contact with birth parents and other members of their birth family is approved and healthy. However, there are times where this is not the case, and contact with a birth parent or other birth family member may prevent them from healing from past trauma.
- Unhealthy (or downright dangerous) connections from their time in care. Children who spent time living on the streets or in the company of people who took advantage of them can be contacted by people who preyed on their vulnerabilities in the past and may plan to in the future.

It's not all bad news

While it's easy to focus on the risks social media use can bring, there are a number of benefits, especially for foster and adopted children:

- Maintaining sibling connections. Safe and healthy relationships with siblings (and other similar family connections) should be preserved if at all possible. Those relationships might be disrupted when children enter foster care, and continuing contact through social media can offer needed support and stability to a child in foster care.
- Sustaining relationships with other people who have provided encouragement and support when their lives were in turmoil — such as previous caseworkers, CASA volunteers and foster parents — can provide a sense of security.
- Monitoring their activity. Keeping an eye on children's social media profiles can give you a lot of insight about their lives, especially who they hang out with and what they like to do — at least what they're willing to post online, which is usually a lot.
- Establishing a connection when things go awry. I recall a story of a young man in foster care who was prone to running away from his foster homes. He also had a habit of frequently posting on Facebook. So when he would run away, his caseworker

would simply keep an eye on his Facebook page, and sure enough he'd post something about where he was and who he was with within a few hours.

What can you do?

With all the risks out there, it might be tempting to consider banning your teens from social media completely. That's not only impractical, but in the end it could do more harm than good.

Instead, approach social media and other online activity like you do other sensitive topics: communication. Talks with your teen

they can't access it at night, such as in your bedroom.

- Consider installing a parent-control app on your child's phone; Digital Trends and Tom's Guide publish lists of apps and how they can help you monitor your child's activity.
- Educate yourself about apps used by some teens that hide or disguise what they have on their phones; TeenSafe maintains an annual "Smartphone App Blacklist" that parents can use to learn more.

It's said that parenting in the days of mobile phones and the internet is a lot harder than

Adolescents' brains are still developing, and they are often not able to predict consequences for their actions. In the era before social media, those consequences could be severe, but they were typically contained within a person's community. That's not necessarily true anymore.

should include:

- Teaching them how to manage their privacy settings.
- Cautioning them about what information they include in social media posts, including what's in their photos.
- Insisting that they don't connect with anyone online unless they know them "in real life" already.

There are other things you can do to try and ensure your teen's safety online. A few tips:

- If you pay for their phone or their monthly plan, consider making them sign a contract that stipulates that you are allowed access to their device (better for younger teens).
- Conduct regular searches online for your child's name — you may find information about your child published online that you were previously unaware of.
- Keep your child's phone somewhere where

parenting when we were young. That may very well be true. But the changes are here to stay, and we owe it to our children to do everything we can to prepare them for the world they live in now, and to keep them safe while they learn. ☀

ABOUT THE AUTHOR: Pat Rhoads is the social media manager for AdoptUSKids, a national, federally-funded project working to ensure that children and teens in foster care get safe, loving, permanent families. During his nearly eight years at AdoptUSKids, Rhoads has spoken and written numerous times on the topic of social media in child welfare. In his day-to-day job, Rhoads spends his time using social media to raise awareness about the need for foster and adoptive families, and providing information and resources to the public.

must reads

Three Identical Strangers

Directed by Tim Wardle
2018, PG-13, 96 minutes,
documentary

One of the most unforgettable documentaries from recent years — “Three Identical Strangers” won a special jury award at Sundance Film Festival and appears Oscar-bound — tells the story of identical triplets separated at birth. Their lives are changed forever when they reunite in college. One of their surprised mothers remarked to the New York Times in 1980, around the time of the reunion, “They talk the same, they laugh the same, they hold their cigarettes the same — it’s uncanny.” A media storm ensued, with much discussion about the role of genetics and environment in shaping identity. But the less you know about the stem-winding Tim Wardle-directed film “Three Identical Strangers,” the better. There’s probably never been a better film about twins, let alone adoption and its troubled 20th century history in this country.

Fame soon consumed these suburban New York boys (Bobby, Eddy and David) with infectious smiles, whose restaurant Triplets in Manhattan’s trendy Soho neighborhood you may recall from the 1980s tabloids. After the mainstream attention faded, questions remained about why the fun-loving triplets got separated in the first place. The documentary makers appear to have escalated pressure and exposure for everyone involved, especially the adoption agency that separated the boys, which had remained quiet for decades, and another larger institution you’ll recognize, that has recently become embroiled in the controversy.

The movie is a composite of interviews, old footage of the boys, and perhaps overly dramatic re-enactments of key scenes in the boys’ life (no need to embellish this story). Three Identical Strangers starts with a joyous reunion, but descends into a much darker, more revelatory place. It may even help augur a new, potentially litigious chapter in the nationwide debate over access to birth certificates and origin information for adoptees. Viewers with identical siblings especially, might want to bring tissues.

— Reviewed by Michael Fitzgerald



Instant Family

Written and directed by
Sean Anders
<http://www.instantfamily.org>

Stumbling into the world of foster care adoption, Pete (Mark Wahlberg) and Ellie (Rose Byrne) initially hoped to take in one young child but unexpectedly find themselves the foster parents of three siblings, including a rebellious 15-year-old girl (Isabela Moner).

Inspired by writer/director Sean Anders’ own story of adopting from the foster adoption system, “Instant Family” illustrates real challenges faced by children and families through comedic lense.

“Instant Family” presents difficult conversations, alongside cheesy, hilarious moments that remind us that daily life is a rollercoaster of events and emotions — and even tough situations can have levity. The hardest conversation to watch was when Pete and Ellie were facing a particularly tough week with their new kids and candidly discussed giving them back to the agency. They expressed how people would understand and see them as the victims because it can be so hard to raise “these kinds” of kids but that they would also miss being viewed as heroes. The scene was cringe inducing but so honest. It is vulnerable to lay your inside thought-monsters bare and then, as was done in the scene, acknowledge that you don’t mean any of it but you needed to say it aloud. Caution to parents that this scene may stir a lot of feelings and need conversations post-movie.

The film does a nice job of addressing other common issues within foster adoption including children coming from trauma, white savior complex and reunification with biological families. Overall, “Instant Family” is an uplifting story that demonstrates the need for more caregivers in a growing system of children. Kin care is not really addressed but that does not detract from the actual facts and figures that the film presented of the need.

The theater was filled with people that have lived experience, and hearing their laughs and seeing their tears made it clear the film was clearly resonating with those who feel close to the story. In a time where we say that representation matters, the movie does a solid job of representing some real stories of foster adoption, although not all.

— Reviewed by Victoria Rocha



A photograph of a baby being held by an adult. The baby is wearing a blue and tan striped zip-up hoodie and red pants. The adult is wearing blue jeans and a purple long-sleeved shirt. They are standing on a green grassy field. The background is slightly blurred, showing a brick wall and some foliage.

Leading the way
towards the
next generation
of human
services.

PCG | **Human Services**
Public Focus. Proven Results.™

Resiliency

Understanding How Children Overcome Trauma

As a psychotherapist working with foster and adopted children for the past 26 years, I have observed the effects of trauma and abuse on development, world view and attachment. It has made me wonder why some seem to recover quickly and with ease, while others, however, struggle for many years. Even siblings, raised in the same environment, tend to have differing abilities to bounce back after life situations such as separation and loss, crime, natural disasters and sexual, physical or emotional abuse. Through my curiosity, I began searching for answers to not only satisfy my own wondering, but to assist the children I work with who are struggling to resolve their past.

One of the most common beliefs of children

who are not recovering from trauma is that they are worthless, unlovable, stupid and different. In addition, children often believe that they are a failure and their life will never be better. I have observed that if a child's self-esteem is low, there is a high incidence of anxiety and depression.

Children who are resilient have a different view of themselves. They tend to have higher self-worth, can see that they can move forward from their past, have a better



THOMPSON

capacity to forgive their perpetrators and have a positive world view.

As therapists and parents of the children who have experienced tragedy or trauma, it is important to promote resilience at the same time we are taking them through the journey of healing. The therapeutic process can be a long and difficult one. However, with support and stability, the child has an anchor to rely on as they resolve the challenges that become barriers to a productive and happy life.

In an article from the Center on the Developing Child at Harvard University, there was an important statement. "The single most common factor for children who develop resilience is at least one stable and

committed relationship with a supportive parent, caregiver or other adult.” I certainly found this to be true as well. Children who have the support of a consistent adult learn to regulate emotion better, find a higher level of trust and attachment, and have a more positive view of their life in general.

There seems to be another side of resilience. The question is, are some children born with a higher ability to be resilient? I believe the answer is yes, just as we all have different personality traits and temperaments. However, this is debated in literature and research. Some make the statement that resilience is taught and others say it is genetic. I have concluded that it is both. Although I am not a scientist, after reading many studies on both sides of the argument, there is evidence that some children have a higher ability to bounce back than others.

Of course, there are many factors regarding environment, development and in utero influences that may have an impact on how well a child does or does not respond to the process of healing from difficult circumstances. Also, from the Harvard researchers, science tells us that “resilience is born from the interplay between internal disposition and external experience.” That said, as parents and professionals, we have to consider both sides of the discussion.

Since no one has the ability to change a child’s DNA, we have to focus our attention on what we can do to promote resilience after they enter this world. Here are some tips that may help.

1. Make sure that your child is in a consistent environment with structure, routine, unconditional love and predictability.
2. Give them reasonable choices so they are able to feel they have some control and mastery in their life. We all need control and choices to feel self-worth and confidence.
3. Provide opportunities for the child to connect not only with family members,

- but with people in the community.
4. Help your child set short-term and long-term goals and guide them to achieve those goals.
5. Teach your child to take care of themselves emotionally and physically.
6. Be a role model that shows the child that they can face adversity in a healthy manner and survive it.
7. Recognize the child’s strengths and encourage them to use those strengths when they are up against a challenge.
8. Teach some type of spirituality. This is present in almost all the research.
9. Teach problem solving skills. If you can solve problems, you do not get stuck.
10. Create safety for the child to express feelings and help them work through them appropriately.

Children who have the support of a consistent adult learn to regulate emotion better, find a higher level of trust and attachment, and have a more positive view of their life in general.

So why do we need to address this issue? If children are in a loving, consistent foster or adoptive home, why would we have concern? One, you have no idea the triggers that show up when your child is at school, Scouts, dance lessons, church or in the neighborhood, to list a few. What we know about that part of the brain that stores memory but doesn’t know time, is that it can be activated at any given time, any given place. A resilient child can move through these episodes of being triggered, not without discomfort or big feelings, but quicker and easier than a child who has a lower ability to bounce back. If you know how your child handles these situations, your expectations will be more appropriate for that specific child.

Also, knowing your child’s ability to handle

triggers and recover gives you the information you will need to teach the child resilience. Your charge as a parent, no matter if the child is biological, foster or adopted, is to provide guidance, a safe environment to heal, consistency and the opportunity to grow into an adult who has recovered from past experiences in the best way possible. If no intervention occurs to teach a child to be resilient, frequently the role of “victim” plays out throughout childhood and beyond. A feeling of hopelessness and frustration that things will never be any different than their birth family’s history may continue through the life span. The child who has the ability to recover more easily will experience triggers, emotional issues and a variety of challenges, but will adopt the attitude and confidence to move forward and resolve internal conflict.

So, as parents, professionals and community members come together to be part of the idea that “it takes a village,” we are all contributing to the possibility and probability that a child will move more closely to resilience and the healing that is imperative to have a successful and happy life as an adult. ☀

ABOUT THE AUTHOR: Roxanne Thompson, MA, LPC, has been a private practice psychotherapist for the past 26 years. The majority of her work has been with foster and adoptive children and families. She also trains foster and adoptive families throughout the country. Presently, Thompson is providing part time consultation and therapeutic services for The Institute for

Guiding Principles on LGBTQ Foster

feature

BY LORI ROSS

The National Foster Parent Association (NFPA), being fully aware of the unique challenges facing children within the foster care system, and acknowledging the need to recruit and support as many safe and appropriate loving homes for those children as is possible, has determined it is important to reach out and welcome the contribution made by foster parents who identify as lesbian, gay, bi-sexual and transgender.

Additionally, foster parents, as advocates and caregivers for the children in their families, must also be prepared to understand, accept, welcome and affirm the sexual orientation and gender identity of the children placed in their families in order to help them to heal from the traumas they have suffered.

It is because of these two critically important factors that the NFPA has formed its first committee designed to support both LGBTQ+ foster parents and foster youth.

LGBTQ Foster Parents

Currently there are approximately 400,000 children in foster care in the United States. More than 100,000 of those children are waiting for adoption. For those waiting children only about 50,000 annually find adoptive families, according to federal AFCARS data.

Over the last decade there has been a sharp increase in the number of gay and lesbian families who are choosing to parent. Current estimates from the ACLU are that nationally the number of children living with at least one gay parent is somewhere between 6 and 14 million.

“All of the research to date has reached the same unequivocal conclusion about gay parenting: The children of lesbian and gay parents grow up as successfully as the



To find out more information about the National Foster Parent Association, visit <http://nfpaonline.org> or call 800-557-5238.

children of heterosexual parents. In fact, not a single study has found the children of lesbian or gay parents to be disadvantaged because of their parents' sexual orientation,” it states in an ACLU factsheet. Other key findings from the ACLU fact sheet, “Overview of Lesbian and Gay Parenting, Adoption and Foster Care” include:

- There is no evidence to suggest that lesbians and gay men are unfit to be parents.
- Home environments with lesbian and gay parents are as likely to successfully support a child's development as those with heterosexual parents.
- Good parenting is not influenced by sexual orientation. Rather, it is influenced most profoundly by a parent's ability to create a loving and nurturing home — an ability that does not depend on whether a parent is gay or straight.
- There is no evidence to suggest that the children of lesbian and gay parents are less intelligent, suffer from more problems, are less popular, or have lower self-esteem than children of heterosexual parents.
- The children of lesbian and gay parents grow up as happy, healthy and well-adjusted as the children of heterosexual parents.

While this issue remains controversial to some people, and some parts of the country continue to struggle with legislative conflict

over the issue of LGBTQ foster parents or LGBTQ adoptions, all of the national organizations which generally provide guidance around keeping children safe, happy and healthy have unanimously moved to supporting the practice of welcoming LGBTQ people, who are otherwise qualified and who want to be foster or adoptive parents, as valuable resources for our children.

The American Academy of Pediatrics, the American Counseling Association, the Child Welfare League of America, the National Association of School Psychologists, and the National Education Association all stand in support of welcoming and affirming all families for all foster children.

The NFPA recognizes, especially in parts of the country where people continue to wrestle with this issue, the importance of providing factual information, garnered from scientific research, and teaching best practices in terms of how to work with, welcome and affirm LGBTQ families into the foster parent community. It is an invaluable opportunity that should be available to NFPA members and to those parent groups and organizations that look to the NFPA for guidance and support.

LGBTQ Foster Children

Youth who identify as LGBTQ are over-represented in both the foster care and homeless youth populations in the United States. This means that a higher percentage of LGBTQ-identified youth are in foster care than the percentage of LGBTQ people in the population. This happens for some pretty sad reasons. A 1996 survey conducted in Philadelphia found that 30 percent of LGBTQ youth reported having suffered violence at the hands of family members after coming out. Twenty-six percent of LGBTQ youth reported being forced to leave their families

Parents, Kids in Care

due to conflicts around their sexual orientation or gender identity.

In a small study conducted by Jennifer A. Clements MSW, Ph.D., and Mitchell Rosenwald MSW, Ph.D., within a private, faith-based foster care organization, out of 25 foster parents, seven of the participants reported having an openly gay child placed in their home. And of those seven parents, six had requested removal of the child due to behaviors surrounding their sexual orientation.

Youth who identify as LGBTQ in foster care are moved more frequently (one study by Dr. Gary Mallon in 2002 reported an average of 6.35 placements per youth), suffer verbal and physical abuse from other young people in foster or group homes, and are verbally harassed by adult caregivers. Seventy-eight percent of foster youth surveyed in a 2001 study by the Urban Justice Center reported running away or being removed from placements because of hostility toward their sexual orientation or gender identity. Fifty-six percent reported a period of living on the street because it felt safer than being in their foster or group home.

Foster youth who identify as LGBTQ, and youth who may not have self-identified with any gender identity or sexual orientation, but who demonstrate characteristics such as being too feminine or too masculine, are always subjected to the perceptions of the caregivers with whom they live, just as foster youth with mental health issues, difficult behaviors and other challenges are subjected to the perceptions of caregivers. For the latter, we have all embraced the research that has proven the physiological impact of trauma on the developing brains of children who suffer abuse and neglect. We educate our foster parents to understand the reason our kids behave the way that they do, and



we work to help them to develop the skills to manage those challenges.

For our LGBTQ young people, if their caregivers are unable to welcome and affirm them because of deeply held religious beliefs, or if other factors in the home cause LGBTQ youth to be teased, forced to comply with gender-normative expectations, expected to attend a church in which their understanding of themselves is described as an abomination, then the youth is experiencing emotional abuse despite having been brought into the system for protection.

The goal of the NFPA committee on LGBTQ foster parents and children is to make specialized training and resources available so that we can help our partner organizations and agencies to increase their capacity to understand this important issue. None of us wants to further traumatize children who

have already suffered more than any child should. We anticipate that this committee will be able to provide a wide range of resources to assist individual organizations and parents to more effectively respond to the children in their homes. If you'd like to be part of this committee, visit NFPAonline.org/LGBTQ. ☼

ABOUT THE AUTHOR: Lori Ross has been a foster/adoptive parent since 1985, caring for more than 400 foster children. Ross began her work supporting foster parents by serving as a MAPP instructor while fostering in Kansas. Ross has worked with the Missouri Children's Division as a teaching foster parent for 29 years and is one of the founders of FosterAdopt Connect (formerly Midwest Foster Care and Adoption Association) a support and advocacy organization for foster and

Parenting Children with Fetal Alcohol Spectrum Disorder

“Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. The term FASD is not intended for use as a clinical diagnosis.”

I am a licensed clinical social worker and parent of a 29-year-old son with Fetal Alcohol Syndrome (FAS). Little did I know when Seth came to us at age 4 months from the foster care system, how our lives would change.

I remember the phone call so well. The caseworker said, “We have a small boy ready for discharge from Harlem Hospital. He has fetal alcohol syndrome (FAS) and a cleft palate, which can be repaired.”

I had no idea of the long-term effects of FAS. As a clinical social worker in 1989, I believed nurture always won out over nature, and with love, a nurturing environment and appropriate stimulation, he could overcome anything. Love is a wonderful healer, but it cannot undo brain damage.

By the time Seth was 2, he was totally out of control. If I were not experiencing it myself, I would have never believed a 2-year-old could have taken such control of a family’s life. I called the pediatrician and asked for help and a week later we were meeting a pediatric neurologist.

At 3 he started on medications for behavioral control. The neurologist advised us not to



adopt Seth. She told us the brain damage he suffered as a result of his mother’s alcohol consumption during pregnancy was so severe, he would probably require institutionalization by the age of 7.

But we had fallen in love with him and could not imagine what would happen to him if we did not adopt. He would become one of those statistics that I witness every day in my work. Another foster child moved from one home to another, possibly abused, multiple psychiatric hospitalizations, and then long-term residential care or even worse, a detention facility. The mere thought of that possibility created sheer panic, so we moved forward with the adoption, which was finalized when Seth was 4.

Fast forward 25 years, and Seth is now doing well. He attends an adult day treatment program and is very happy. The staff are

amazing and enjoy having him in the program. This was certainly not the case over the years. School environments and teachers are often the greatest source of stress for children with fetal alcohol spectrum disorder, as well as for their parents. He has had his greatest success when teachers recognized and praised his strengths and intervened in a loving way when he had challenges, increasing his sense of safety and security.

When I look back over the years and think about the most important elements leading to his success, I think there are many. There is no one single magic bullet. In the first of this two-part series, I will focus on two important elements: early diagnosis and early intervention.

Early diagnosis (before the age of 6) is one of the eight Universal Protective Factors, identified by Dr. Ann Streissguth in 1996, for treating youth who suffer from FAS. Another of the eight protective factors: being diagnosed with Fetal Alcohol Syndrome as opposed to just being on the spectrum of Fetal Alcohol Spectrum Disorder.

That is somewhat counterintuitive: FAS involves more severe secondary effects than

FASD, so why would its diagnosis be a protective factor in treatment? The diagnosis of FAS is a medical diagnosis and physically recognizable due to growth retardation, facial abnormalities, and often structural or functional brain defects. Children on the FASD spectrum do not always have these recognizable physical abnormalities and usually appear physically normal. It is their behavior that sets them apart, which is often seen as “willful” behavior instead of “brain-based” behavior.

There are three specific criteria for the diagnosis of FAS:

- Prenatal or postnatal growth retardation in height, weight or head circumference below the 10th percentile.
- Abnormal facial features — a person with FAS has three distinct facial features:
 - Smooth ridge between the nose and upper lip (smooth philtrum)
 - Thin upper lip
 - Short distance between the inner and outer corners of the eyes, giving the eyes a wide-spaced appearance.
- Central Nervous System problems, which are structural brain differences found through MRI/functional brain differences.

Children with FASD are at high risk of being misdiagnosed, punished, expelled and getting into trouble with the law. At least we knew Seth’s diagnosis from the moment of birth and did not go years trying to figure out what was wrong with him.

The second important element is early intervention services. Seth received home-based speech, language and physical therapy from the time we got him and attended an amazing preschool program that also offered these important interventions. The majority of children with FASD have language and motor delays, which can contribute to their behavior problems. Infants and toddlers with FASD can exhibit challenging behaviors due to their poorly developed sensory system.

Sensory Interventions

They are often bombarded by incoming sensory stimuli, unable to process and integrate the sensory information. These sensory difficulties can create problems in infancy such as poor sleep patterns, difficulty feeding, fussy/irritable temperament, prolonged crying, difficulty soothing, over/under reactive to stimuli or sensations, and difficulty forming attachment. Many of these behaviors can continue into toddler and early childhood years and can progress to aggressiveness, high activity level, impulsive behavior, poor attention span, disorganized, no sense of danger, pica and self-injurious behaviors.

When Seth started occupational therapy (OT) at age 3, we learned about Sensory Integration Disorder, sometimes referred to as Sensory Processing Disorder. Seth was evaluated by two of the top OTs in the nation at age 5 and was found to not have one functional sensory system operating in his body.

What a revelation this was! We learned every sensory intervention we could, understanding from the experts that until his sensory system was more operational, we would see no changes in behavior or learning. Trust me, this was motivation enough to do the “sensory diet” 24/7. The more his sensory system developed, the more his behavior improved and he became motivated, curious and ready to learn. And he became a happier child because he was not in so much distress. His distress was painful to watch and I cannot even imagine how it felt to be in his body.

We have learned over the years that early intervention should focus on three critical areas: sensory, relationship and environmental interventions. These interventions need to be carried out in all environments and by all adults involved in the child’s life.

Sensory interventions need to be prescribed by an occupational therapist with expertise in Sensory Processing Disorders based on the child’s specific sensory processing needs.

Relationship interventions

Interventions most appropriate for infants and toddlers include:

- Ensuring living situations are safe and that the parent/caregiver is well-informed of the needs of a child with FASD.
- Limiting the number of caregivers who care for the baby.
- Encouraging attachment to objects/toys that soothe.
- Using transitional objects and activities for toddlers.
- Implementing DIR Model (Floor Time).
- Practicing Theraplay.
- Receiving Child Parent Psychotherapy (CPP).
- Participating in Families Moving Forward (FMF), a specialized program specifically for caregivers raising children with FASD.
- Receiving Circle of Security parent training, highly successful with birth and foster parents.
- Ensuring any child care center the child is attending is high quality, has high staff-to-child ratio, and is knowledgeable about FASD.
- Ensuring the quality of the interaction between the child and any caregiver is one that nurtures and supports the child at all times.
- Remaining flexible and, if the child is struggling with a specific task or instruction, modifying the expectation. Give time to process information, especially demands.
- Remembering their behaviors are brain-based, not willful.
- Always using a calm voice, even when you are angry, especially when you are angry.
- Displaying enthusiastic/animated style.
- Utilizing a strengths/interest-based approach.
- Having reasonable expectations; understand “won’t do” vs. “can’t do.”

- Patience; it takes a lot of repetition.
- Recognizing that the most consistent thing you can count on is their inconsistency; what they can do one day, they may not be able to do the next day.
- Reinforcing positive learning behavior (“I like how you just waited for me to stop talking before you asked me a question.”)
- Keeping mood positive. Negative behavior usually follows negative mood.
- Anticipating difficulty and providing necessary supports.
- Intervening at first signs of sensory overload. Don’t wait for a crisis.
- Being structured, but NOT rigid.
- Being empathetic. Imagine being in their shoes.

Environmental Interventions

The environment plays a huge role in the infant or toddler’s ability to self-regulate. Even young infants have the ability to

- decrease arousal — “calm box”
- Net/platform swing
- Music, books
- Modeling /role playing behavior you want to see
- Minimize transitions
- Opportunities for safe movement
- Use of oral-motor treat/activities (bubble blowing)
- Choices
- Preferential seating
- Pacing the day (active learning/quiet time)

Universal Approaches to Intervention

- Adapted mental health therapy for child and family
- Cross-disciplinary approach (OT, PT, speech, mental health, health)
- Strong family support/education/advocacy system — Families Moving Forward (FMF)
- System of care model with care coordina-

By age 3, a child’s brain has formed about 1,000 trillion connections, and by age 5, 90 percent of the brain is developed. The first five years of life are the most critical period of development ... for those affected with FASD.

calm themselves if the environment is not overwhelming to their senses. Children with FASD have compromised brains that make self-regulation challenging. They can also startle and stress easily in reaction to loud or unexpected sounds, lights, certain textures, touch, smells, tastes.

Provide:

- Consistent bedtime/daily routines (lessens anxiety, gives predictability)
- Calm, low stimulation from noise/visual
- Cushions on seats
- Cloth bean bags, rocking chairs
- “Womb space” or “calm corner” items to

tion/case management and wraparound services

There has now been so much research on early brain development. There are things we know today we did not know 29 years ago, but the OTs did, and all the work we were doing on his sensory system was “fixing” his brain. All the work on infant attachment and bonding, stability of placement and understanding “brain-based” behavior, certainly had a positive impact. Babies’ brains grow rapidly.

By age 3, a child’s brain has formed about

1,000 trillion connections, and by age 5, 90 percent of the brain is developed. The first five years of life are the most critical period of development where the right interventions and supports can make all the difference in long-term outcomes for those affected with FASD.

Seth’s brain is still not that of a “normal” 29-year-old, but it is so much better. And the great news is, it is still developing and it is amazing to watch. 🌟

ABOUT THE AUTHOR: Kathryn E. Shea, MSW, LCSW, currently serves as CEO of The Florida Center. She is an experienced administrator and clinician with more than 35 years experience in infant mental health, emotional and behavioral disturbance in children, and fetal alcohol and drug effects. She has served as CEO of a nonprofit child serving agency for infants and young children with vulnerabilities, providing an array of prevention and intervention services. As agency COO, she was instrumental in working with local and state government and private foundations to build sustainable systems of care for young children with mental health and fetal alcohol related problems, thus expanding agency services statewide. She developed two fetal alcohol diagnostic clinics in the country and is a national trainer on this topic. She has directed one of three infant mental health pilot projects in Florida and developed a crosswalk from the DC: 0-3R Diagnostic Manual to the ICD-9-CM, which was accepted by the state Department of Children and Families and the Agency for Health Care Administration (AHCA), the state Medicaid agency. She is skilled in training on a variety of topics related to infant mental health, child welfare, fetal alcohol spectrum disorder, leadership development and social advocacy. Shea served as past chair of the Community Alliance of Sarasota County and chair of the Legislative Advocacy Committee of the Alliance.

R-E-S-P-E-C-T

*The following is a chapter from the book **Life in the Foster Lane, Practical Insights on Fostering Teens** by Foster and Adoptive Mom Lesia Knudsen*



There is a book that I highly recommend called “Parent As Coach” by Diana Sterling. It’s the book that totally revolutionized the way I parent.

In the book, Sterling did a survey of teens and found out what teens want. The top two things are to be listened to, and respected. Now, we old-school moms and dads are not expected to respect our kids — they are supposed to respect us. They do what we say without question. They do it “because I said so!” But now we are in a whole new era.

Kids these days want to know why, and if the answer is good enough they will possibly do what you ask. The other reason they may do what you ask is because they respect you. It’s not easy to gain the respect of most young people, especially the ones we get.

I’ve worked with kids in juvenile probation for years and the one thing I have found is that if you don’t respect them they won’t respect you. By respect I mean acknowledging them as human beings with common sense (though that may be questionable), valuing their opinion, not treating them like they are stupid (though their actions may justify that assumption), and listening to what they have to say without judgment. This also includes speaking to them in a respectful manner.

Don’t yell at them or talk down to them. This is ironic, because most of them regularly disrespect adults, foster parents and their friends. But God forbid we come at them sideways (with an attitude).



I can count on one hand the times I’ve yelled at the teens I’ve worked with. Now, my own kids back in the day? All the time. I’m a recovering scream-aholic! Thankfully, I’ve grown as a person and have learned to keep my peace.

My success in building relationships with teens is based on mutual respect. I always tell them how much I respect them, as well as how proud of them I am. “I respect you for going to school when all your friends ditched.”

Teens, whether in the probation system, foster care or just plain ol’ teens, want to be treated humanely and not like they are rebellious, stubborn, disrespectful kids (which they can be). So, a little respect

goes a long way with anybody, but especially teens.

R-E-S-P-E-C-T, find out what it means to teens. ❁

ABOUT THE AUTHOR: Lesia Knudsen is the mother of three adult children. She shares an “empty nest” with her husband of 37 years and is a foster parent to teens. Knudsen has coached and mentored at-risk youth, their parents and families for more than 25 years. She currently serves as an independent contractor for Marin County’s Child and Family Services, coaching foster parents and foster teens. Knudsen created and presents her class, *Managing Expectations*, as part of the county’s foster parent certification training curriculum. She recently authored the book, *Life in the Foster Lane, Practical Insights on Fostering Teens*.

Indian Child Welfare Act Under Fire

Federal Judge Strikes Down 40-Year-Old Law, Appeals Could Lead to Supreme Court

A federal judge has declared unconstitutional a 40-year-old law that was passed to protect against the separation of American Indian children from their families and tribes by state-run child welfare systems.

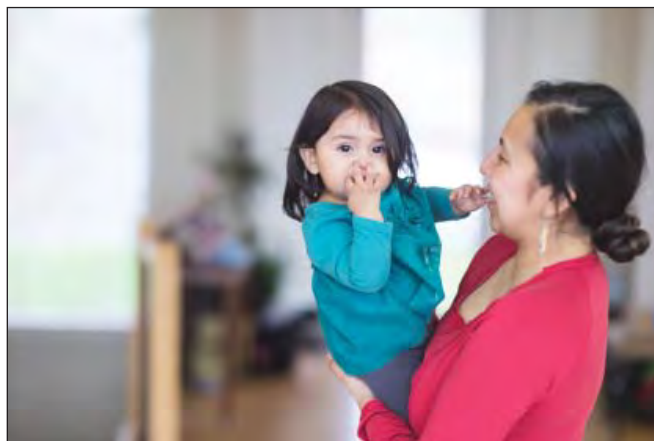
In *Brackeen v. Zinke*, U.S. District Judge Reed O'Connor ruled in favor of three states — Texas, Indiana and Louisiana — and several foster and adoptive couples, declaring that the Indian Child Welfare Act (ICWA) was a race-based law lacking a present-day articulation of its need. Citing a recent Supreme Court ruling on sports gambling, O'Connor also ruled that ICWA unfairly expected states and tribes to enforce federal standards.

Though ICWA has been contested in court myriad times since its passage in 1978, this is the first time that a federal judge has put the future of the law in jeopardy.

No federal court “has determined any provision of ICWA to be unconstitutional, even though these arguments have been raised in various courts, including the Supreme Court,” said Chrissi Ross Nimmo, deputy attorney general of Cherokee Nation, in an email to *The Chronicle of Social Change*.

Critics of ICWA praised O'Connor, saying it rolls back a law that puts Native American children at risk.

The decision “is a great victory for the rights of Native American children throughout the United States, who deserve the same strong protections against abuse and neglect as their peers of other races,” said Timothy Sandefur,



vice president for litigation at the Goldwater Institute, which filed a friend of the court brief in the case. “ICWA denies them that protection and prioritizes their race over all other considerations. That’s immoral, and today’s decision rightly holds that it’s also unconstitutional.”

The Cherokee Nation and three other tribal defendants will seek an immediate stay of the ruling and appeal O'Connor’s decision to the Fifth Circuit, Nimmo said. The other defendants in the case are leaders of two federal agencies: the Department of Health and Human Services (HHS), and the Department of the Interior.

“We remain optimistic that the federal government will continue to defend the constitutionality of ICWA as they have done thus far,” Nimmo said.

“The Department of the Interior strongly opposes any diminishment of ICWA’s protections for Indian children, families, and tribes,” said Tara Mac Lean Sweeney, assistant secretary for Indian affairs at the agency. “The Department will continue to work with tribes and states to implement ICWA moving forward.”

HHS has not issued any public statement yet about the decision.

If the Fifth Circuit upholds O'Connor’s decision, the fate of ICWA could wind up in the hands of the U.S. Supreme Court.

Protecting Tribes

ICWA was passed in 1978 at a time when a staggering number of Indian children were taken from reservations and placed with white families, often far away from their tribes and families-of-origin. In the 1960s and 70s, the Association on American Indian Affairs found that 25 to 35 percent of all Native children were being removed from their families.

The law mandates that, when a child is removed from home for abuse or neglect, state and tribal child welfare agencies take clear steps to keep children connected to their families and tribes. Placement with non-Indian foster families should thus be a placement of last resort in the foster care continuum. Adoptions by non-Indian families can be challenged for up to two years by tribes if they believe the parent’s consent for it was obtained by fraud or under duress.

Opponents of ICWA have long argued that the law endangers Indian children. Attorneys with the conservative Goldwater Institute have challenged ICWA nearly a dozen times on grounds that the law “discriminates” against Native children, placing the tribe’s best interests above those of the child.

Nimmo dismissed those claims as mostly emanating from think tanks that see rolling back ICWA as a “first step in the erosion of tribal sovereignty.”

“If they are allowed to take our children, then they are allowed to steal the future of our tribes and undermine our very status as the indigenous people to this country,” Nimmo said.

Some youth advocacy groups have filed briefs critical of ICWA’s reach — though not opposed in principle to the law — in previous court challenges, including the Center for Adoption Policy, Advokids and the National Council for Adoption.

Three Families, Three States

This current case centers on three non-Indian families seeking to adopt children of Native American ancestry. Two of the children have parents or grandparents who are enrolled members of tribes; one child’s biological father is an unregistered descendant of a tribe.

The Brackeen family, of Texas, is seeking to adopt a baby from Arizona identified in the case as A.L.M. The child’s biological parents — the mom a member of the Navajo Nation and the father a member of the Cherokee Nation — both support the Brackeens’ efforts to adopt.

The adoption process is moving forward, but under ICWA, either tribe could challenge it for up to two years to argue for a placement with a relative or another Native American family.

The states involved in the case as plaintiffs claim that the requirements of ICWA are a burden on their ability to recruit foster and adoptive parents, and find suitable placements for Indian children. The Texas Department of Family Preservation Services asserts that, because of the process dictated by ICWA, the Brackeens said they were unlikely to seek adoption of another Native American child.

Race and States

U.S. District Judge Reed O’Connor, writing the decision for the District Court for the Northern District of Texas, found ICWA to be

a race-based law that requires “strict scrutiny” aimed at avoiding unnecessarily broad protections. This assertion contradicts previous court findings that ICWA is a political protection that requires only a “rational basis.”

In his opinion, O’Connor, who was appointed in 2007 by George W. Bush, criticized government and tribal lawyers for failing to offer a defense of the law’s importance.

“The Federal Defendants have not offered a compelling governmental interest that the ICWA’s racial classification serves, or argued that the classification is narrowly tailored to that end,” O’Connor wrote. “Because the government did not prove — or attempt to prove — why the ICWA survives strict scrutiny, it has not carried its burden to defend the ICWA.”

Nimmo said that “decades of federal case law has held that statutes that give unique benefits or burdens to Indian people and Indian tribes are not race-based,” and that “there was no reason to justify why ICWA withstands ‘strict scrutiny’ because the law is . . . not subject to such review.”

It will surely be a point of debate in the Fifth Circuit appeal. Nimmo said that even if the law were to be considered race-based, it would stand up to strict scrutiny.

“Sections 1901 and 1902 [of ICWA] list Congressional findings on the need for ICWA and the federal government’s role as trustee for Indian tribes and their people,” Nimmo said.

O’Connor also ruled that ICWA amounted to an unconstitutional shift of costs and enforcement to state governments. He cited the recent *Murphy v. NCAA* case, which this year ended the federal limitations on states permitting sports gambling. The gambling ban violated the anti-commandeering doctrine because it “regulated states rather than individuals.”

ICWA, O’Connor judged, violates the same

principles. Under the law, he wrote, “Congress shifts all responsibility to the states, yet ‘unequivocally dictates’ what they must do.”

Destined for High Court?

Should this case reach the high court, soon operating for the first time with a full slate of nine justices, it will be the second high-profile ICWA case in five years. The other, a 2013 case called *Adoptive Couple v. Baby Girl*, involved a Native American father fighting the adoption of his daughter by a non-Indian couple in South Carolina.

The court did not strike down ICWA or any provision of it in that case, but did make clear that its protections were limited.

“The Indian Child Welfare Act (ICWA) was enacted to help preserve the cultural identity and heritage of Indian tribes, but under the State Supreme Court’s reading, the Act would put certain vulnerable children at a great disadvantage solely because an ancestor — even a remote one — was an Indian,” said Samuel Alito, writing for the majority.

Native Americans in Foster Care

There were 17,896 American Indian or Alaska Native youth in foster care in 2012, according to federal data obtained by *The Chronicle*. That number had risen to 20 percent, to 21,576, by 2016.

In most states, these youth make up a tiny fraction of the overall foster care population. But they make up a third of all foster youth in six states: Minnesota, Oklahoma, Montana, North Dakota, Alaska and South Dakota.

Federal data also shows an increase in foster homes that identify as American Indian or Alaska Native households. There were 3,793 such foster homes in 2016, about 1,000 more than there were in 2012.

Sixty-four percent of those homes are in the six states with the highest percentage of Native foster youth, but it is hardly an even



Connection Before Correction

Raising children who struggle with 'Taking Things' and 'Telling the Truth'

When I was 8 years old we had a teenage babysitter named Linda who lived on our block. One Saturday night she was mean to us. When my parents came home she told them I had made her cry by calling her fat and said she would never babysit for us again. My parents were angry and asked why I had been so mean. I vehemently denied knowing anything about it. They pushed me hard; I finally admitted that I had asked her what it was like to be a “fat girl.” My punishment was that I had to write, “I will not lie,” 500 times. I also had to walk over to Linda’s house and apologize to her. She would not look at me as I stood shaking on her front porch.

Fifty years later I can still recall the feeling of

being caught in that lie and the humiliation I experienced.

Children of all ages speak untruthfully in a variety of ways for many different reasons. When parents are curious as to what is behind the behavior they often learn important information. In this case I did not tell the truth because I did not want to get in trouble. As a neurotypical child who had not experienced significant trauma, my brain was intact enough to register cause and effect. As a chunky child I knew how awful it felt to be called fat so, in my mind, I had carefully chosen my “mean girl” words.

I was initially able to create a strategy to deny the accusation but, when pushed, was

able to own it and accept the consequences. While my parents’ strategy worked to stop the problem behavior, it kicked up my shame and created distance relationally between us. Their correction blocked our connection.

Imagine if my parents had approached me with curiosity and asked how things had gone the night before. Imagine if they had created an environment where I could tell them what she had done, how she teased and humiliated us, and how unsafe we felt with her. My parents loved us and would never have intentionally left us in the care of someone who treated us poorly. Because my behavior triggered their own humiliation, the opportunity for connection was lost when they confronted me in that way.

How parents respond to situations when they suspect that their child may not be telling the truth is critical. It can make or break their connection. The healthiest of human relationships are framed in deep enduring connection. Our goal in managing the relational breach of a mistruth is to find a way to reconnect, create a chance for repair and join together to better understand and create a strategy to address the behavior.

When you are confronted with something you believe to be untrue, or your child has taken something that is not theirs to take, the first thing to do is stop, drop into your breath and feel the energy in your body. Take at least three breaths followed by a long exhale before stepping into the challenge.

Most of us feel mad when we think someone is not telling us the truth or has taken something of ours. Be aware of your mad. Then, with intention, blow it away for the time being. Mad does not build connection, nor does it help us to learn what's behind a behavior or create a strategy to manage the behavior. Find your calm and curious voice to learn about the situation. Use your breath to manage your own emotions. By creating the space for an honest answer (even when you don't like the answer) you are also modeling that all parts of the child are acceptable.

If you know your child is not telling the truth, don't ask questions that you know the answer to, and will set him up. Rather than ask, "have you cleaned your room," when you can see it's a big mess, help her save face and focus on a plan of action rather than inventing a story. Many children with hygiene challenges will say they showered, brushed teeth, hair etc. when clearly they did not. If you can see that they took something that was not theirs, don't ask if they took it. Assume they took it and be curious as to why and focus on how it can be returned to its proper place.

Remember to focus on what can be done rather than what has not been done, then reinforce the positive.

Although it is not intuitive to positively reinforce someone who has just been dishonest, even after they have made a correction, it can be a critically important part of turning this pattern around. Many of our children have been rejected by one or more adults in their lives. Feeling unlovable and waiting to be rejected again is typical for a child who has experienced loss and rejection. You can show them a new way of being and that there's nothing they could possibly do that would change your commitment to them.

Another strategy for managing falsehoods is to frame missteps as mistakes which a child can learn from and make better choices in the future. If your children know there's room to mess up and you won't be angry or disappointed (or get rid of them), they'll be more likely to share honestly. Work together to brainstorm ways to learn from what happened and, if they could do it over, how they'd do things differently. You can also work together to create safeguards at home that prevent the taking of items.

A child's prenatal environment, trauma, attachment disruption and postnatal environment has a huge effect on behaviors and ability to establish trust and interpret their environment as safe. For a child who had to forage for food, live in poverty, deprivation and emotional emptiness, it can take years of a consistent abundance of love and stability for their limbic system to quiet enough for the fear-based responses of not telling the truth or taking things to cease. Remember, stress directly impacts decision making and it could take years of small steps to establish they can trust you. It is incumbent upon us as parents to adapt our responses to help our children's brains rewire to develop more prosocial behavior.

For children who may have had prenatal

exposure to alcohol, parents must learn alternate strategies that go beyond cause and effect for responding to their children's behaviors. If you find that the relationship-based strategies you are employing are not working, it may be because your child can't follow the rules because of how their brain is working rather than that they won't follow the rules. Has your child ever come up with a story so creative that you wonder where it even came from? We call that confabulation. This is a process that occurs when a person does not know the answer but responds with information related to "memories" of events or conversations that never happened. The inability to separate fantasies from reality is a common occurrence among people suffering from various forms of brain damage; this is not a deliberate attempt to deceive.

If a child consistently takes things that are not theirs to take, a parent must lock up things that matter. Processing all transgressions with simple language and relationally in baby steps is the best path toward long-lasting change. As we navigate the holidays you may see an increase in difficult behaviors. You are not alone. Ensuring that you have the support to sustain yourself so that you have the capacity to stay connected is critical.

Connection before correction is the key to real change. 🌟

ABOUT THE AUTHOR: Janice Goldwater, LCSW-C, is the founder and executive director of Adoptions Together, a Maryland, D.C., and Virginia licensed child placement agency that provides a full spectrum of services to support families and the systems they interact with to maximize the opportunity for success. She has more than 35 years working in the field, raised four children and has lived experience managing these complex challenges. Goldwater is available for consultation and training with parents and the institutions that serve them



Finding Your Piece of the Foster Care Puzzle

How to help others know what part they can play

Puzzles are hard. I am OK with the part where you separate the sky pieces from the flower pieces from the kitty cat pieces into piles. But shortly after that, I start to lose interest. At that point, the pieces in each pile all look the same to me.

And, while the kitty cat pieces look the same sitting there in a fuzzy little pile, the truth of course is that they are not. If they were, the puzzle wouldn't work. Each of those pieces is unique. The problem is that I don't really want to take the time and effort to figure out how each of these pieces is different, so the puzzle never gets put together.

We do the same in foster care advocacy. When we have a chance to talk to a group of people in a congregation or at a civic gathering about foster care, we tend to treat the crowd like a pile of puzzle pieces that all look the same to us. We tend to see the

whole group as potential foster parents and use the time we have with them accordingly. However the reality is, they are not. In fact, very few of them ever will be. If we want to put together a complete puzzle that will meet the incredible diversity of needs that our foster youth have, we have to begin to look a little closer at our communities and realize that the puzzle pieces are not all the same.

Every group of people you talk to contains a potential CASA, a potential mentor, a potential respite care provider, a potential support person for a foster family, a potential event planner for your next recruitment event, and a potential advocate that may one day recruit more foster parents than you could ever dream of. The list goes on and on. If all we see are potential foster parents, we are missing most of the puzzle.

Tyrone Flowers entered foster care when he

was 7 after his grandmother, whom he lived with, was diagnosed with throat cancer. No one explained to him why he couldn't stay with any of the other multiple relatives he knew. He quickly grew angry.

Eventually he was able to turn his attention to athletics where he excelled. In fact, in high school he began to get scholarship offers from colleges. He recalls, "I literally didn't understand what they meant by 'scholarship'." In sharing about his guidance counselor at school, he said, "She never talked to me about college because they never expected me to go. No one in my family's ever been in college. I was more comfortable going to the penitentiary . . . than I was college. I knew family members of friends who've been to jail and came out more successful than they were when they went in — looked better and everything. And so I just didn't know. I turned down the

scholarships.”

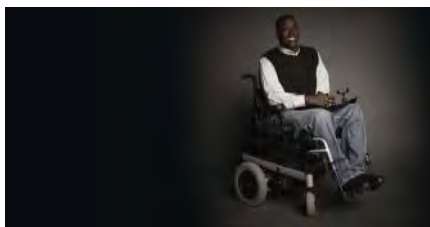
He decided to go into the military instead. He felt like he'd grown accustomed to people telling him what to do in the juvenile justice system so he thought that would be a good fit and a way to escape poverty.

The day after he passed his physical exam to join the Army, he met up with a friend to celebrate. They boarded a bus where he ran into the starting point guard on his high school basketball team. There was a verbal confrontation. When Tyrone got off the bus, the point guard followed. Tyrone prepared for what looked to likely be a fist fight and put up his fists. The other guy pulled out a .357 magnum and shot him in the hand, the leg, and the neck, where the bullet nicked his spinal cord. Tyrone is in a wheelchair to this day.

This tragic event led Tyrone on a journey to find purpose in his pain. He had questions for God and a lot to sort through. A significant part of his faith journey was learning to forgive his shooter. He shares, “I forgave him. And then eventually we became friends.”

Tyrone ended up going to college and then to law school. He eventually would found Higher M-Pact, a ministry in Kansas City, Missouri, focused on walking with young people who are living many of the same realities Tyrone did. He shares, “I have not met one kid in my program . . . where there's not an aspect of what they're going through that God hasn't put me through it.”

Tyrone is passionate about being available to be a significant piece of a child's life. He



“We got to keep in mind that we are the significant pieces to the puzzle of life . . . Whatever you have to offer, give that to them.”

felt like the adults in his story never really understood the part they could play in his life and Tyrone is committed to changing that reality for the kids in his community: “We got to keep in mind that we are the significant pieces to the puzzle of life . . . Whatever you have to offer, give that to them.”

The truth is, there are a lot of people in your community who would step up and make a difference in a child's life . . . if they only knew where they fit. That is where you come in. Here are three practical things you can do:

1. Take the time to explore your audience's uniquenesses with them and help them use their gifts. (One tool for this is called Find Your Fit in Foster Care and can be found at CAFO.org/fostermovement.)
2. When you speak to a group, talk more

about things that everyone can do (rather than just the things only a few can do) and then trust the process. A small engagement now will eventually result in more foster parents later.

3. Your job as an advocate is to help find all the various pieces a child needs. Kids need a community of people pulling for them. You may be the one to help them put that together.

Like I mentioned before, puzzles are hard. And giving up on a picture of a fuzzy kitten in a field of flowers is one thing. But when it comes to the kids in our community, giving up isn't an option. We have a responsibility to do our part to complete the puzzle.

NOTE: An extended version of Tyrone's story is featured in episode 12 of the Foster Movement podcast. It's available for download from iTunes, Google Play, Stitcher and Overcast. 🌟

ABOUT THE AUTHOR: Jason Weber is the national director of Foster Care Initiatives for the Christian Alliance for Orphans. He has helped to produce and write several books, Bible studies, and other tools all created to serve the church as it cares for hurting kids including the children's book, “Farmer Herman and the Flooding Barn.” Weber is a host of the Foster Movement Podcast which features former foster youth and national foster care advocates. Weber and his wife, Trisha, have been caring for and adopting children from foster care since 2001 and have adopted their five children. They live in Plano, Texas. To learn more about the National Foster Care Initiative, visit www.cafo.org/fostermovement.

Spilled Milk

column: spilled milk

BY CARRIE DAHLIN

Who Do They Need?

Sometimes you have to be a parent that your kid needs, and let go of the parent you hoped to be. There are things we want to provide for our kids, experiences we want them to have, memories we hoped they could make and sometimes, because of various reasons, they can't handle those situations.

One night, after a few stressful days, my husband took care of the kids and let me climb into bed early with a mellow movie and a cup of tea. It was a much needed hideaway. I felt incredibly exhausted from the back and forth that came from my anxiety-filled-kiddo.

My poor little guy had spent days struggling after reconnecting with a sibling he hadn't seen in a long time. This was also around the same time we traveled out of town as a family for a mini vacation. Both of these activities included excitement, but the fear of the unknown and not being able to process all of the feelings that came with them brought on a storm of fear and worry.

I was left feeling like I had no idea what I was doing. Yes, this still happens even after over a decade of parenting. My poor kiddo was physically and emotionally exhausted from the stress and our whole house felt it.

While I knew an evening alone wouldn't change the pattern we found ourselves in, I did know that some immediate self-care was needed to face the next day. Our kids need us

to fill our cup first so we can pour into their lives. This was some of the best advice I ever received from a professional who invested in my children years ago.

Many of us have an idea of the type of parent we want to be; the crafty-baker-homemaker parent, the super involved parent, the sports-focused active parent, the parent who shows their kids the world through travel, the relaxed go-with-the-flow parent . . . the list goes on. Oftentimes as the foster parent we have added hopes of being someone who provides comfort and safety, with a sense of calm during an uncertain part of their life.

There are many little titles we give ourselves and all of them come from good intentions. Yet, the hope is that we adapt and live the way we need to, so our family can thrive, even if this means letting go of who we planned to be.

Our kids might need a parent who brings a lot of structure in their day, even when we want to be laid back and have much needed free time.

Our kids may need a parent who gives them transition cues for every step of their day, even when we want to push them to transition on their own.

Our kids might need a parent who says no to the sugary treats because the food dye will have a negative impact, even when we desperately want to be the fun parent that says yes.

Being the parent our kid needs, in place of the parent we dreamt of, is incredibly hard to do. Maybe even as hard as our kids digesting their big emotions at such a small age like my sweet boy who was trying so hard to get through his days.

Lying in my bed staring into my favorite mug, my heart ached. Surprisingly, it wasn't because we had been through what felt like a mini tornado, but I felt grief, a sense of loss. I knew that it was time to let go of some of my ideas in regard to where I thought we should be at this stage.

Our children may not be ready to emotionally move forward, and just like potty training, they will only be successful when they are ready. We have to be careful not to let the little ideas of our identity become more important than they need to be. If we hold onto them too tight, we may miss the bigger things that our children need.

Remember, your role as their parent, for however long, will change shape over the years, and this is how it is supposed to be. So take your evening of self-care, shed the tears of grief, do what you need so you can be the parent your child needs. ❁

ABOUT THE AUTHOR: Find more about Carrie Dahlin at www.carriedahlin.com. Her book, "What Led Me to You," is available on amazon.com.

Fostering Families TODAY CEU Quiz – November/December 2018

This is an “open-book” exam. As you read the articles identified below you should be able to answer the questions. Either photocopy or tear out this page and mail it with a processing fee of \$5 made out to Fostering Media Connections to: **Fostering Media Connections CEU Quiz Monitor • 412 W. 6th St. Suite 925 • Los Angeles, CA 90014** Be sure to check with your placement agency to see if they will credit you for completing the CEU Quiz. All responses must be returned by January 31, 2019, to receive your Certificate of Credit for this issue.

NAME	PRIVATE OR STATE AGENCY CONTACT
ADDRESS	
CITY	OFFICE ADDRESS/PO BOX
STATE	CITY
ZIP	STATE
CEU Processing Fee \$5 payable to FMC enclosed.	ZIP

Learning Objective: to increase foster and/or adoptive parents’ ability to apply and respond to new information and conceptual frameworks in their work with children in their care.

Please rate the following on a scale of 1-4 (1 is poor, 4 is excellent):

- The information was informative: (1-2-3-4)
- The information was useful / helpful in my role as a foster or adoptive parent: (1-2-3-4)
- The information was thought provoking, (1-2-3-4) especially the story on page(s) _____
- Would you read FFT if it helped you meet your state’s licensing objectives? (1-2-3-4)
- I would be interested in reading more on the topic(s) of: _____

1. According to the article “What to Do When They Blow Your Trust” on page 14, what can you do to build trust with your teen? (Choose all that apply.)

- a. Let them stay out as late as they want.
- b. Surprise your teen with vulnerability.
- c. Teach them to accelerate trust by overcommunicating.
- d. Enjoy family activities together.

2. According to the article “The Real World is Out There” on page 20, what are some common symptoms of FASD? (Choose all that apply.)

- a. Poor grades in school
- b. Impulsive behavior
- c. Depression
- d. Hyperactivity

3. According to the article “Words Matter” on page 34, which of the following are among the things we can all do to stop labeling and stigmatizing kinds in foster care?

- a. Treat every youth in foster care with dignity and respect.
- b. Give youth choices about the words and phrases they want to use when talking about their life before, during and after foster care.
- c. Use “child first” language always.
- d. All of the above.
- e. None of the above

4. According to the article “Understanding Autism” on page 36, what are some things foster parents can do to

help a child with ASD transition to their home (Choose all that apply.)

- a. Provide a safe space.
- b. Introduce them to your family.
- c. Label items.
- d. Meet with the school immediately.

5. According to the article “Navigating Social Media” on page 44, what are the benefits of social media for foster and adoptive children? (Choose all that apply.)

- a. You can install tracking apps on their phones so you know where they are at all times.
- b. You have one more thing to argue about with your child.
- c. Establishing a connection when things go awry.
- d. Maintaining sibling connections.

6. According to the article “Resiliency” on page 48, what can we do to promote resiliency in children? (Choose all that apply.)

- a. Recognize the child’s strengths and encourage them to use those strengths when they are up against a challenge.
- b. Be a role model that shows the child that they can face adversity in a health manner and survive it.
- c. Enroll them in empowerment courses.
- d. Create an environment that children can make their own schedul.

7. What have you learned from the children in your home?



Adoption Fundraisers That Work

Through shoe drive fundraisers, Shoes With Heart works with adoptive families to help you tell your story, raise money and **bring a child into your home**. There's no need to ask anyone for money or sell merchandise that no one wants. Just collect gently worn, used and new shoes in your community and **Shoes With Heart will issue your family a check!**

Start Your Journey Today!



ShoesWithHeart.com | asap@shoeswithheart.com | (407) 930-2979