

Child Welfare Pre-Service Training

Placement Tasks

Participant Guide

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Learning Objectives

Placement Tasks is designed to assist workers to:

- Recognize the dynamics of separation on the child and family
- Prepare and support the child, parents, and caregivers during the placement process

Module 1: Separation and Placement

- Describe children and families behaviors related to separation and placement.
- Identify the emotional responses of parents whose children are in licensed care.

Module 2: Working with Children, Biological Parents and Caretakers

- List ways to prepare and support the child, the biological family, and the caregivers for the placement.
- Identify ways to complete casework activities to engage the parent at the time of the placement.
- Recognize ways to properly plan and execute placements to minimize the trauma and long term negative consequences for the child and the family.

Children's Reactions to Loss: Common Grieving Process Behavior Patterns

Stage: SHOCK/DENIAL

General Description

- Person appears compliant and disconnected from the event, as if the loss were of little significance. They may appear stunned, robot-like, or "shell shocked."
- Person may deny the event and its' accompanying feelings. There is little emotional expression.

Behavioral Expressions in Separated Children:

Children may:

- seem indifferent in affect and behavior.
- not show an emotional reaction to the move.
- appear to make a good adjustment for a period of time, often referred to as the "honeymoon period."
- go through the motions of normal activity but show little commitment or conviction.
- be unusually quiet, compliant, or eager to please. In retrospect, the child's behavior may appear passive and emotionally detached or numbed.
- deny the loss, and make statements like "I'm not staying here. Mommy will get me soon."

Diagnostic Implications

Case workers, substitute caregivers, and parents often misinterpret the child's compliant and unemotional behavior during this stage and assess the placement as "an easy move, he did fine." When it is assumed that a child has handled the move without distress, later behavioral signs are often not recognized as part of the grieving process. These signs may be ignored or attributed to emotional or behavior problems, and the child may be punished for them. This may intensify the child's distress and deprive him of support and help.

A few children who have not developed strong attachments to their caretakers may not react at all when moved. This lack of response may indicate that the child's ability to form relationships has been damaged. The absence of an emotional response by children in placement that extends beyond the "shock" stage of the grief process should be of considerable concern to both you and the substitute caregiver.

Stage: ANGER/PROTEST

General Description

- The loss cannot be denied any longer. The first emotional response is anger.
- Anger may be generalized or directed at a person or object blamed for the loss.
- Guilt, blaming others, and accusations are common.

Behavioral Expressions in Separated Children

Children may:

- be oppositional and hypersensitive.
- display tantrum behaviors & emotional, angry outbursts.
- withdraw, sulk or pout, & refuse to participate in social activities.
- be crabby or grouchy & hard to satisfy.
- be aggressive or rough with other children.
- break toys or objects, lie, steal and/or exhibit other antisocial behaviors.
- refuse to comply with requests.
- compare the foster home as inferior to their own home.
- have sleeping or eating disturbances, and may not talk.

Diagnostic Implications

Living with an angry child is difficult. The child's oppositional behavior may disrupt the care giving family. Confrontations between caregivers and children may promote a struggle for control. The child may be diagnosed as "severely behaviorally handicapped" or "emotionally disturbed," and may be punished for misbehavior.

If the child's behavior is properly identified as an expression of normal grieving, caregivers are generally more able to provide support and give the child opportunities for appropriate expressions of angry feelings, while gently setting firm limits for the child's behavior.

Stage: BARGAINING

General Description

- Attempts to regain control and prevent the finality of the loss.
- Resolves to do better from now on.
- Tries to "bargain" with however they think has the power to change the situation.
- Believes that a certain way of behaving or thinking will prevent the finality of the loss.

Behavioral Expressions in Separated Children

Children may:

- be eager to please and make promises to be good.
- try to undo what they think has been done to cause the placement.
- believe that behaving or thinking the "right" way will bring about reconciliation. These behaviors become ritualized, as the child attempts to formalize "good behavior" and assure its consistency.

Diagnostic Implications

Remember that while many of the child's behaviors may be inherently desirable, they do not represent a positive change in character; at this point, they represent a desperate attempt to control the environment and to defend against feelings of emotional turmoil. In reality, there is little chance

of the child's behaviors producing the desired results of reunification.

If you are not fooled by the surface quality of the child's behaviors, you can provide the support needed when the child realizes the ineffectiveness of the bargaining strategy and begins to experience the full emotional impact of his loss.

Stage: DEPRESSION

General Description

- Express despair and futility, listlessness.
- May have episodes of fear or panic, withdrawal, and a general lack of interest in people, surroundings or activities.
- The individual often cannot be comforted.

Behavioral Expressions in Separated Children

Children may:

- lose hope and experience the full impact of the loss.
- fail to respond to other people; withdraw socially and emotionally.
- be touchy, "out of sorts", and cry with little provocation.
- become easily frustrated and overwhelmed by minor events and stressors.
- be listless, without energy.
- "go through the motions"; activities are mechanical, without direction, investment or interest.
- have a short attention span, be easily distracted and unable to concentrate
- exhibit regressive behaviors such as thumb sucking, toilet accidents, baby talk.
- exhibit generalized emotional distress with emotional and physical symptoms, especially in young children (e.g., whimpering, crying, rocking, head banging, refusal to eat, excessive sleeping, digestive disorders and susceptibility to colds, flu and other illnesses).

Diagnostic Implications

There may be a considerable lapse of time between the original separation and the onset of depressive behavior in the child. Knowing this, you will be less likely to attribute depressive behavior at this time to a more recent event unassociated with the earlier separation.

This is a critical period in the child's relationship with their parent. Once the child has completed the grieving process, it will be extremely difficult to reestablish the parent/child relationship. Foster parents may feel frustrated and helpless by their inability to comfort or help the child. When you recognize the child's depression as part of the grieving process, you can provide support to the child and increase visitation to prevent the child from emotionally detaching from the parent.

Stage: ACCEPTANCE/RESOLUTION

General Description

- Symptoms of depression and distress lessen. The person begins to respond to people around them in a more normal manner.
- Person begins to invest emotional energy in the present or planning for the future, and thinks

less about the past.

- The final stage of grieving ends when the person returns to an active life in the present.

Behavioral Expressions in Separated Children

The child:

- begins to develop stronger attachments in their new home and tries to establish their place in the family structure.
- may begin to identify as part of a new family and demonstrate stronger emotional attachments to family members.
- can once again experience pleasure in normal childhood as the intensity of the emotional distress decreases.
- is better able to concentrate. Goal directed activities reoccur and the child's play and activities become more focused and planned.
- becomes more secure in the new environment and emotional reactions to stressful situations diminish.

Diagnostic Implications

Behaviors suggesting resolution are generally positive signs, IF the case plan includes permanent separation of the child from her family.

If permanent separation is not part of the case plan, then resolution behavior by the child indicates that your case management activities have been deficient. It is inappropriate for a child to resolve the loss of a family if the plan includes reunification.

Stages of Grief and Behavior Signs

Stage	Characteristics	Behavior
Shock/Denial	<ul style="list-style-type: none"> • Child is not dealing with what has happened. • Child feels numb-child's body may shut down and the child may feel ill. 	<ul style="list-style-type: none"> • refusing to talk or listen • eager to please • confused or irrational • lethargic or withdrawn
Anger/Protest	<ul style="list-style-type: none"> • Child is moving into dealing with the reality of what has happened and may feel angry at parents, case-workers, or substitute care givers. • Child may also feel angry with himself. 	<ul style="list-style-type: none"> • misbehaving • testing boundaries at home and/or school • lashing-out at those around • self-inflicting harm
Bargaining	<ul style="list-style-type: none"> • Child tries to "strike a deal" with the powers that be. • Child may believe that he or she can change the situation by doing certain tasks or "being good." 	<ul style="list-style-type: none"> • promises to behave a certain way or to perform certain chores in exchange for going home • makes an exaggerated effort to be "perfect"
Depression	<ul style="list-style-type: none"> • Child feels depressed and hopeless. • Child's feelings are directed inward and the child feels an intense yearning for the lost person(s). 	<ul style="list-style-type: none"> • lack of appetite • overeating • sleep habits may be disturbed • seems to "give up" and not care about future
Acceptance/Resolution	<ul style="list-style-type: none"> • The child begins to behave normally for his age. • Child re-engages with those around him. • Child makes plans for the future. 	<ul style="list-style-type: none"> • expresses feelings and thoughts • begins to form new relationships • focuses on the future rather than the past

Preparing Caregivers

Always provide caregivers with complete and accurate information about the child so that they can maintain continuity in the child's life and reduce their stress.

- Schedules and habits
 - Sleeping, bathing, and eating
- Medical needs
 - Conditions, medications, special physical problems
- Copy of the Child's Resource Record 65C-30.011(4)
- How the child is accustomed to being comforted when upset
- Food likes and dislikes
- Interests, skills and favorite activity
- How the child was disciplined, and how they should be disciplined
- Fears and anxieties
- School information
 - Behavior, academic ability, extracurricular involvement, special academic needs
- Verbal ability and ability to communicate
- Behaviors and behavior problems to expect and recommended methods of handling them
- History of abuse, neglect, or sexual abuse and how this may impact the child's development and response to the caregivers
- Positive relationships that the child had before placement that should be maintained
- Child's parents
 - Background information, expected case plan goals and objectives, proximity and the level of interaction they are expected to have with the caregiver

Encourage caregivers to tell you anytime during the planning or placement process if they realize they do not want to proceed with the placement. Placements that are pursued despite the caregiver's concerns are at an extremely high risk of later disruption.

Preparing the Child for Placement

Preparing the Child for Placement Serves Important Purposes

- Provides support and alleviates many of the child's anxieties, thereby greatly reducing the child's stress.
- The preparation period provides time to for you to get to know the child and assess their strengths and needs.
- Casework with the child during the preparation phase helps you establish a supportive relationship with the child which can help the child during the placement and early adjustment phase.

Preparation Strategies

INFANCY (Birth to 18 Months)

- There is very little direct preparation of the child. Prepare the environment to receive the child and maintain as much consistency and stability between environments as possible.
- Give the infant an opportunity to become accustomed to the foster caregiver before they are moved, through pre-placement visits with the birth parent, if at all possible.
- Very frequent contact with the parent is necessary to maintain the parent/child relationship, which is critical if reunification is planned.

PRESCHOOL (2-5 Years)

- Preschool children become frightened and anxious when they think that the parent is upset. Ask the parent to help you explain each step in the move to their child in simple, concrete language. Use photographs, drawings, and other visual aids to help the child understand what is happening.
- Preschool children need to feel security and support from the people around them.
- You can use play techniques to communicate information about the move.
- Encourage children to make decisions for themselves, about the belongings they will take with them, where they want to sit in the car, and what they want the new mom to give them for lunch.

SCHOOL AGE (6-9 Years)

- Help school age children talk about the placement and their experiences.
- School age children will probably be able to recognize some of their feelings, including being sad, scared, mad, lonesome and worried. You and the child's caregiver should elicit and acknowledge these feelings.

- Ensure that the “rules” in the new family are clarified for the child and that the child understands them.
- Talk to children about WHY they have to be removed. They may think removal is a punishment for something they did wrong, often the last misbehavior for which they were punished. Reassure children and provide the reasons for the placement in terms they can understand.

PREADOLESCENCE (10-12 Years)

- Fully explain placement reasons, including the family problems that led to the placements and the child’s own need for safe care. Encourage children to ask questions and express their feelings.
- Encourage preadolescent children to make as many choices as possible about the placement. Making their own choices increases their feeling of control.
- Provide a detailed description of the placement setting before taking the child for pre-placement visits.
- Preadolescent children may feel conflicts over loyalty. They need a consistent message from all persons involved that they do not have to choose between their parents and their foster parents.

EARLY AND MIDDLE ADOLESCENCE (13-17 Years)

- Discuss the reasons for the move, describe the placement setting, and plans for the future. Some adolescents retain considerable loyalty to their biological families; in these situations describe foster care as “a safe place to stay” rather than “a new family.” This helps to prevent loyalty conflicts.
- Encourage adolescents to participate to whatever degree possible in choosing and planning the placement.
- Adolescents may try to hide their anxiety and distress about the move. Explain all aspects of the placement and acknowledge how most children feel about moving “just in case the information might be of interest.”

Conducting Placement Activities to Reduce Stress and Trauma

Separation and placement are universally painful for children and result in feelings of loss, abandonment, fear, anxiety, confusion, isolation, anger, guilt, rejection and depression. Adults may feel guilty for having caused the pain or feel of helpless because they cannot alleviate the pain.

Conduct Pre-Placement Visits

- Schedule at least one, and preferably several, pre-placement visits in the new home. Allow the child to experience the home at different times of day and under different circumstances.
- Give the child a tour of the entire house. Point out those areas that are “hers” (bed, closet, dresser drawers, toy box, etc.). Encourage her to begin to use them to store her belongings.
- Schedule the first visits when only one or two family members are at home. Identify one family member, usually a parent, to begin to develop a relationship with the child. Too many people greeting the child at once can be frightening.
- Encourage caregivers to maintain the child’s schedule as much as possible during visits. When the child has settled in, caregivers can gradually revise the child’s schedule to better conform to that of the foster family.
- Arrange periods of respite away from the foster home during the placement process. It is best if the child can return to familiar surroundings in their own or a relative’s home. These respite periods allow the child to recoup his strength and receive support by known and trusted persons.

Consider Child’s Coping Ability and Adjust the Placement Process

- You must recognize normal signs of stress in children and use this information to assess the child’s ability to cope with the placement situation.
- When children show signs of excessive stress, slow down the placement process.
- If a child does experience a clinical crisis, provide intensive casework and support to help the child through the crisis period. Mental health counseling or play therapy may be helpful.
- Allow children to be involved in decisions as often as possible, even if these decisions are small. This allows them to retain some control.

Talk to Children About the Placement Experience and Their Feelings

- As with any trauma victim, children need to talk about the trauma and their feelings, perhaps many times over, for a period of weeks or months with a supportive and caring listener.
 - If the child can resolve feelings by expressing them in a supportive environment, they are less likely to interfere with their adjustment and subsequent personality development.
- One of your most important roles in the placement process is to develop a supportive, nurturing relationships with children and encourage them to communicate painful feelings in words, through play and emotional expression.
- Unexpressed negative feelings can reduce the child’s ability to concentrate, interfere with

schoolwork, prevent them from dealing with fears about attachments, and keep them preoccupied with their own needs. These feelings may be expressed in unacceptable behaviors for which the child may be punished, which increases their anxiety and depression and may complicate the problem.

- Encourage open expression of painful feelings, but allow children to express them at their own rate and in a manner in which they are comfortable. Educate foster parents to do the same. Children must understand that they are entitled to hurt, and that people care about them and understand.

Assure Regular, Frequent Visitation with Family Members

- Visitation is the single most important factor in maintaining the relationship between the child and the biological parent while the child is in placement.
- Hold visitation weekly, at a minimum.
- Assure that children visit regularly with siblings who may be placed in other out-of-home placements. Encourage caregiver or kinship families to arrange these visits.
- Allow children regular opportunities to telephone their parents, siblings, grandparents, friends or other significant persons. The phone calls can be short, but are very reassuring to the child.

Assure that Caregivers Receive Adequate Support and Services

- Provide caregivers with opportunities to talk with other caregivers who have had similar experiences to vent their frustrations, exchange ideas, and receive support.
- Provide respite services to caretakers caring for difficult children. Respite services are designed to:
 - offer short term, out-of-home care for children so that temporary caregivers can have a break from the stresses of the situation;
 - allow families to renew their strength and to focus time exclusively on their own needs;
 - be a part of a safety plan for a child in placement.
- Make frequent contact to discuss the child and the family's adjustment to the placement. This can be very reassuring and educational for the care giving family.
- Hold visitation frequently, weekly at a minimum.
- Make referrals to appropriate community services to help the family meet the child's special needs.
- Unless it is unadvisable, encourage caregivers to establish and maintain direct contact with the biological parent to continue to obtain and clarify information about the child's behavior and habits.

Impact of the Child's Developmental Level on the Separation and Placement Experience.

INFANCY: (Birth-18 months)

Cognitive Development

- Object permanence has not developed.
- Short attention spans and memory.
- Does not understand change; they only feel it.
- Frightened by changes and unfamiliar sensory experiences.
- Little or no language ability and cannot communicate, except by crying.

Emotional Development

- Emotionally dependent upon others to meet their basic needs.
- Generally form strong attachments to their primary caretaker and often cannot be comforted by others when distressed.
- Displays anxiety in the presence of unknown persons at about 5-6 months.
- Emotional stability depends upon continuity and stability in the environment and the continued presence of their primary caretaker.

Social Development

- Have few ways to communicate their needs. If adults do not recognize their distress, their needs may remain unmet.
- Social attachments are limited to immediate caretakers and family members.
- Do not easily engage into relationships with unfamiliar people.

Implications for Separation and Placement

- Cognitive limitations greatly increase their experience of stress.
- Are extremely distressed by changes in the environment and their caretakers.
- Have few internal coping skills. Adults must “cope” for them.
- Experience the absence of caretakers as immediate, total, and complete. Infants do not generally turn to others for help and support.
- Separation during the first year can interfere with the development of trust.

Reduce their distress by making the new environment very consistent with their old one, and regular visits with their birth parents.

PRESCHOOL (2-5 Years)

Cognitive Development

- Limited vocabulary; does not understand complex words or concepts.
- Does not have a well-developed understanding of time.
- Difficulty understanding cause and effect and how events relate.
- Displays magical thinking and fantasy to explain events.

- Displays egocentric thinking. The world is as they view it. They don't understand other's perspectives.
- May not generalize experiences from one situation to another.

Emotional Development

- Dependent on adults to meet their emotional and physical needs. The loss of adult support makes them feel alone, vulnerable, and anxious.
- Development of autonomy and a need for self-assertion and control make it extremely difficult for a child this age to have things "done to him" by others.

Social Development

- Begin to relate to peers in cooperative and interactive play.
- Relate to adults in playful ways and is capable of forming attachments with adults other than parents.
- "Good" and "bad" acts are defined by their immediate, personal consequences: bad children are punished, good children are rewarded.
- Needs dependable adults to help them cope. Can turn to substitute caregivers or a trusted case manager for help and support during the placement process.
- Might have an inaccurate and distorted perception of the placement experience.

Implications for Separation and Placement

- Experience any placement of more than a few weeks as permanent. Without visitation, they may assume their parents are gone and not coming back. Often views separation and placement as a punishment for their bad behavior and will cling to their own explanation for the placement. Self-blame increases anxiety and lowers self-esteem.
- Cannot generalize experiences from one situation to another, so all new situations are unknown and therefore, more threatening.
- Displays considerable anxiety about the new home. Verbal reassurances help, but they may need to experience the environment to feel comfortable in it.
- Forced placement without proper preparation may generate feelings of helplessness and loss of control, which may interfere with the development of autonomous behavior.

SCHOOL AGE (6-5 Years)

Cognitive Development

- Has developed concrete operations, better understands cause and effect.
- Limited perspective taking ability. Beginning to understand that things can happen to them that are not their fault.
- Experience the world in concrete terms. Most comfortable if the environment is structured and they understand the rules.
- Better perspective about time. Can differentiate days and weeks, but cannot fully comprehend months or years.

Emotional Development

- Self esteem is strongly affected by how well they perform daily activities, including academic performance and play activities.
- Need structure and are anxious without it and when they do not understand the “rules” or expectations of the new situation.
- Primary identification is with their family. Self esteem is tied to people’s perception of their family’s worth.

Social Development

- Can form significant attachments to adults and peers.
- Derive security from belonging to a same-sex social group.
- Recognize that being a foster child is somehow “different” from other children.
- Fiercely loyal and exclusive in their relationships.
- Value system includes “right” and “wrong”. Experiences guilt.

Implications for Separation and Placement

- Ability to develop attachments and turn to adults to meet their needs increases their ability to cope in stressful situations.
- Perception of the reason for separation may be distorted. In their concrete world someone must be blamed, including you, the foster parent or themselves.
- Compares foster caregivers to their parents, and the caregivers will lose.
- Loss of peer groups & friends can be traumatic. May be embarrassed & self conscious re: foster child status & feel isolated, unable to make new friends.
- Become very confused if the rules and expectations of the foster home are different than what they are used to.
- Placements of a few months are tolerated if they know they will eventually go home. Longer placements may be experienced as permanent.
- If placed after some perceived misbehavior, may feel responsible, guilty, and anxious about their parents accepting them back.

PREADOLESCENCE (10-12 Years)

Cognitive Development

- Beginning to think or reason abstractly, recognize complex causes of events.
- Can understand perspectives other than their own. Some have developed insight & recognize that their parents’ problems led to the need for placement.
- More realistic time perspective.
- Can generalize experiences from one setting to another.
- Understand that rules often change depending on the situation.
- Can adapt their behavior to meet expectations of different situations.

Emotional Development

- Self esteem and identity still largely tied to family; negative comments about the family reflect upon them as well.
- Increased ability to cope independently for short periods of time. Still turns to significant adults for approval, support and reassurance when things are hard.
- May be very embarrassed and self-conscious regarding foster care status.

Social Development

- Social world has expanded to include many people outside the family.
- Peers are extremely important. Most peer relationships are same sex.
- Opposite sex friendships exist, but unless child has been prematurely introduced to sexuality, these are of no special interest or concern.
- Still needs trusted adults for leadership, support, nurturance, and approval.
- Can begin to understand that their parents have the capacity to do wrong.

Implications for Separation and Placement

- Increased ability to understand separation reasons. With help, may be able to develop a realistic perception of the situation & avoid unnecessary self-blame.
- Can benefit from supportive adult intervention e.g., casework counseling, to help sort through their feelings about the situation.
- If given permission, may be able to establish relationships with caregivers without feeling disloyal to their parents.
- Embarrassment and self conscientiousness regarding their family problems and foster care status may contribute to low self esteem.
- Express considerable concern for parents, siblings and their family as a unit.
- May be lonely and isolated due to difficulty replacing “best friends” in foster care setting.

EARLY ADOLESCENCE (13-14 Years)

Cognitive Development

- Abstract thinking makes complicated explanations of placement reasons more plausible.
- Increased ability to identify feelings & verbally communicate concerns & distress.

Emotional Development

- Preadolescence is a time of emotional ups and downs. Daily (or hourly) mood swings and fluctuation are normal.
- Physical & hormonal changes generate a beginning awareness of sexuality. Experience many new feelings, sometimes conflicting and contradictory.
- Seeks independence by rejecting parental values & adopting those of peers.
- Experiences anxiety when deprived of structure, support, and rules.

Social Development

- May be embarrassed to admit their need for adult approval.

- Status conscious; much of their self-esteem is derived from peer group acceptance and being in the “right” peer group.
- Need to keep up appearances and defend their family to others.
- Budding awareness of social roles; experiments with different roles & behaviors.
- Although many have developed a moral attitude with clearly defined “rights & wrongs”, peer group values often supersede their own.

Implications for Separation and Placement

- An emotionally chaotic period. Additional stress can create “stress overload” and precipitate a crisis.
- May resist relationships with adults. Dependence upon adults threatens their “independence” which deprives them of an important coping support..
- May deny discomfort and pain which prevents them from coping constructively with these feelings.
- May feel guilt and anxiety if they think they have been separated from their parents as a result of family conflict or their unruly behavior.
- Identity is an emerging issue; dealing with their parents shortcoming is difficult. May idealize parents & deny shortcomings or verbally criticize and reject them.
- Entry into sexual relationships may be frightening without the support of a consistent, understanding adult.
- Can participate in planning & make suggestions regarding their own life.
- Your persistent, repeated attempts to engage the child can have very positive results; they may greatly benefit from the support & guidance of this relationship.

MIDDLE ADOLESCENCE (15-17 Years)

Cognitive Development

- Cognitive ability to understand complex reasons for separation, placement and family behavior.
- Can be self-aware and insightful which helps them cope with the situation and their conflicting feelings about it.
- Greater ability to think hypothetically can be used to plan for the future and consider potential outcomes of different strategies.

Emotional Development

- Developing greater self-reliance to independently make, or contribute to making, many decisions about their life and activities.
- Positive self-esteem is as dependent upon acceptance by peers of the opposite sex as it is by same sex peers.
- Are formulating their identify. Different behaviors and ways of dealing with situations are tried, adopted or discarded as they attempt to determine what feels right for them.

Social Development

- Opposite sex relationships are as important as same sex relationships.

- Individual relationships are becoming more important.
- Increased interest in adults as role models.
- Beginning to focus on future planning and emancipation.
- Independent ethical thinking may emerge toward the end of middle adolescence. May question previously held beliefs about right and wrong and be less influenced by peer attitudes.

Implications for Separation and Placement

- Likely to experience ambivalence about their family. With help and reassurance that this is normal, they may be able to accept their feelings and be able to love and be angry with their family at the same time.
- Their need for independence may affect their response to placement in a family setting; they may be unwilling to accept the substitute family as more than a place to stay. This is a healthy and predictable response. Do not interpret it as a failure to “adjust” to the placement.
- May not remain in a placement if their needs are not met.
- May use casework counseling constructively to deal with the conflicts of separation and placement in a way that meets their needs without threatening their self-esteem and independence.

Intervention Strategies

Hoarding Food

- Do NOT punish or criticize children.
 - Reassure them that food is always available.
 - Allow them to keep their own supply if they want.
- Caregivers should
 - designate a box on a kitchen shelf just for a child that is “off limits” to other family members.
 - teach children what foods will spoil and what must be kept in a refrigerator.

- give the child a spot in the refrigerator to keep “perishables.”
- help the child throw away food that is spoiled and replace it with something else.
- help other children:
 - understand the behavior;
 - be supportive and understanding.
- Hoarding should diminish as the child feels more secure.

Bed Wetting

- Obtain a physical exam to rule out any physical problems, including bladder infections. Bladder infections in young children may be symptomatic of sexual abuse.
 - Ask the physician about the benefits of medication.
- Caregivers should
 - restrict fluid intakes before bed.
 - wake children and take them to the bathroom before bed.
 - comment positively when the bed is dry.
 - change linens with the child, if the child is old enough.
 - make children responsible for waking caregivers if the bed is wet.
 - NOT punish or chastise children for wetting.

Conflict and Inability to Play with Other Children

- Caregivers should explain to other children that the child has not learned to play with others, and they can help her learn.
- Caregivers can play games with children when possible; children can learn sharing skills and negotiation with an adult, with less chance of conflict.
- Other children
 - should not be expected to include the child in all activities, but can select some games that the child can master and can teach her how to play
- Conflict should be handled by
 - negotiation with an adult or by removing the child from the situation and redirecting him/her.
- Do not punish children for self-centered and non-cooperative behaviors.
- Liberally reward children for attempts to interact cooperatively.

Stealing

- Stealing may be an attempt to take control, to feel powerful, or to get attention.
- Caregivers should
 - set clear rules that children do not take other people’s belongings without asking permission.
 - teach children to ask permission to borrow other family member’s possessions and when

possible, be allowed to borrow or use the items. Children should be prompted to return things and rewarded for doing so.

- help children develop and reinforce another means of achieving attention.
- NOT reinforce these behaviors by:
 - becoming upset (This communicates to children that they have power and control over caregivers); or by
 - talking at length about why they were taken (This gives children extra attention for stealing)
- Family members should place important items out of reach to lessen temptation.
- If children do take something:
 - It should be returned.
 - The person should be paid back either by doing the person's chores or by paying back the money.
- Children can perform small tasks for money and purchase things they want.
 - Rewards should be immediate at first, until children have the emotional ability to delay gratification.

Temper Tantrums/Emotional Outbursts

- Outbursts should be managed by
 - using timeouts.
 - removing the child from the situation until he/she settles down.
 - discussing with the child why he/she became upset.
 - offering alternative ways of handling the situation.
 - encouraging the child to use the new coping strategy when a similar situation arises and rewarding the child for success.
- Example: A tantrum is in response to fighting over a game or toy:
 - The child could play with a different toy for 3 minutes; set an egg timer, and then let the child have his/her turn.
 - Reward the child for giving up the toy and playing with another until the timer goes off.
 - Increase the child's wait time gradually as frustration tolerance increases.

Clingy, Indiscriminate Attachments

- Adults should be appropriately affectionate and supportive of children.
- Appropriate and genuine signs of affection should be received and returned by caregivers, teachers, other family members, and the counselor.
- When children become too physically affectionate with someone they do not know well, help them understand by offering more socially appropriate ways to be friendly without being criticized, such as.

- sitting on the couch next to an adult rather than on the adult's lap; or
- holding hands with an adult rather than throwing their arms around the adult.

School Performance

Messy Papers

- Encourage caregivers to communicate with the teacher and monitor and check homework papers, as well as papers completed at school and sent home.
- Instruct children to redo homework papers neatly and completely, and tangibly reward both their attempts to do better and the finished product.
 - Appropriate rewards for good papers are monetary or use stars or stickers on good papers.

Low Performance

- Consider tutoring: one-on-one individualized attention can meet many needs. The child can be reinforced for success, receive undivided attention, and learn academic skills in a nurturing, supportive environment.

Developmental Stages

Physical	Socio-Emotional	Intellectual
0-3 months		<input type="checkbox"/>
<ul style="list-style-type: none"> Exhibits birth reflexes – sucking, grasping Lifts head when held at shoulder Moves arms and legs Shows growing ability to follow objects and to focus 	<ul style="list-style-type: none"> Is concerned with satisfaction of needs Smiles spontaneously and responsively Likes movement – wants to be held and rocked 	<ul style="list-style-type: none"> Vocalizes sounds (coos) Smiles when faces evoke memories of pleasure
3-6 months		<input type="checkbox"/>
<ul style="list-style-type: none"> Rolls over Holds head up when held in sitting position Lifts knees, makes crawling motions Reaches for objects 	<ul style="list-style-type: none"> Smiles responsively Laughs aloud Socializes with anyone but know mother and other primary caregivers Responds to tickling 	<ul style="list-style-type: none"> Recognizes primary caregivers Uses both hands to grasp objects Exhibits visual interests
6-9 months		<input type="checkbox"/>
<ul style="list-style-type: none"> Sits unaided, spends more time in upright position Learns to crawl Climbs stairs Develops eye-hand coordination 	<ul style="list-style-type: none"> Indicates preference for primary caregivers May cry when strangers approach Shows signs of separation anxiety 	<ul style="list-style-type: none"> Is curious – puts everything in mouth Shows first sign of problem solving Will move obstacles aside to reach object Transfers objects from hand to hand Responds to changes in environment and is able to repeat action that caused it – i.e., sound of rattle Drops objects repeatedly Is fascinated with small objects Begins to respond selectively to words

Physical	Socio-Emotional	Intellectual
9-14 months		
<ul style="list-style-type: none"> • Achieves mobility – shows strong urge to climb, crawl • Stands and walks • Learns to walk on his or her own • Learns to grasp with thumb and finger • Shows interest in self-feeding 	<ul style="list-style-type: none"> • Extends attachment for primary caregivers to the world; seems in love with the world and wants to explore everything • Recognizes object permanence (helps child deal with separation anxiety); knows parents exist and will return • Is typically friendly and affectionate with caregivers, less so with new acquaintances 	<ul style="list-style-type: none"> • Begins to show intentional behavior, initiates actions • Shows hunger for sensory experiences, explores everything, has to touch and mouth every object • Is curious about everything around him or her • Understands object permanence – realizes objects exist when out of sight and will look for them • Exhibits staring behavior; information through vision • Shows interest in and understanding of words • Says words like “mama,” “dada”
14-24 months		
<ul style="list-style-type: none"> • Walks and runs • Drinks from a cup alone • Turns pages of books • Scribbles spontaneously • Walks backward • Loves to practice new skills • Uses fingers with increasing skill • Shows increasing interest in gymnastics and climbing and descending slides • Stacks two to three blocks 	<ul style="list-style-type: none"> • Exhibits negativism – “no” stage • Becomes aware he or she is an independent entity and starts to assert independence • Engages in testing behavior • Shows that the concept of “I” has emerged • Is fearful of injury – the “Band Aid” stage • Wants everything – “I wanna” stage and is possessive (“mine”) • Takes special interest in dominant caregiver • Tends to stay near mother and make regular overtures to her – seeks approval, asks for help 	<div style="text-align: center;">□</div> <ul style="list-style-type: none"> • Uses language to serve immediate needs – “mine,” “cookie” • Imitates words readily and understands a lot more than he or she can say • Shows growth in thinking ability – is able to do actions in head – can return images, shows memory improvements, understand cause and effect – experiments to see what will happen • Learns to use new means to achieve end – i.e., can tilt objects to get them through bars in crib • Demonstrates intense interest in exploring world – can spend long periods of time exploring a single subject and practicing skill on it • Especially loves to play with balls

Physical	Socio-Emotional	Intellectual
2-3 years		
<ul style="list-style-type: none"> • Has developed sufficient muscle control for toilet training • Is highly mobile – skills are refined • Uses spoon to feed self • Throws and kicks a ball • Disassembles simple objects and puts them back together • Has refined eye-hand coordination-can do simple puzzles, string beads, stack blocks 	<ul style="list-style-type: none"> • Has great difficulty sharing • Has strong urges and desires, but is developing ability to exert self-control • Wants to please parents but sometimes has difficulty containing impulses • Displays affection – especially for caregiver • Initiates own play activity and occupies self • Is able to communicate and converse • Begins to show interest in peers 	<ul style="list-style-type: none"> • Is capable of thinking before acting • Explores language ability – becomes very verbal • Enjoys talking to self and others • Loves to pretend and to imitate people around him or her • Enjoys creative activities – i.e., block play, art • Thinks through and solves problems in head before acting (has moved beyond action-bound stage)
3-4 years		
<ul style="list-style-type: none"> • Jumps in place • Walks down stairs • Balances on one foot • Uses toilet consistently • Is beginning to dress self • Builds with blocks and construction toys • Develops fine muscle control • Has boundless energy 	<ul style="list-style-type: none"> • Knows name, sex, age, and sees self as part of family unit • Has difficulty sharing • Plays alongside other children and begins to interact with them • Helps with small household tasks • Likes to be “big” and to achieve new skills 	<div style="text-align: center; margin-bottom: 10px;"><input type="checkbox"/></div> <ul style="list-style-type: none"> • Asks “why” questions – believes there is a reason for everything and he or she wants to know it • Engages actively in symbolic play – has strong fantasy life, loves to imitate and role-play • Understands some number concepts • Converses and reasons • Is interested in letters • Scribbles in a more controlled way – is able to draw circles, recognizable objects

Physical	Socio-Emotional	Intellectual
4-6 years		
<ul style="list-style-type: none"> • Has refined muscle development and is better coordinated, so that he or she can learn new skills • Has improved finger dexterity – is able to hold and use pencil, cut with scissors, catch a ball, use a fork and spoon, brush teeth • Climbs, hops, skips, and likes to do stunts 	<ul style="list-style-type: none"> • Plays cooperatively with peers • Develops capacity to share and take turns • Recognizes ethnic and sexual identification • Displays independence • Protects self and stands up for rights • Identifies with parents and likes to imitate them • Often has “best friends” • Likes to show adults what he or she can do • Continually forming new images of self based on how others view him or her 	<ul style="list-style-type: none"> • Is developing longer attention span • Understands cause and effect relationships • Engages in more dramatic play and is closer to reality, pays attention to details • Is developing increasingly more complex and versatile language skills • Expresses ideas, asks questions, engages in discussions • Speaks clearly • Is able to draw representative pictures • Knows and can name members of family and friends
6-12 years		
<p>Places emphasis on development of skills – gross and fine motor skills</p> <p>Places emphasis on achieving in sports</p> <p>Is energetic and tends to have large appetite</p> <p>Makes relatively steady physical changes – increases in height and weight about the same each year</p> <p>Has increased coordination and strength</p> <p>Has body proportions similar to adult</p>	<ul style="list-style-type: none"> • Emerges as unique individual and personality becomes defined • Can be very independent and self-assured and, at times, childish and silly • Enjoys working/playing with others and alone • Degree of success at school has strong influence on how he or she views self-competence, is important • Feels that peer and group identity is very important – increasingly judges self by how peers view him or her • Plays almost exclusively with same sex • Begins to feel conflicted between parents’ values and those of peers • Has strong sense of fairness and fair play • Believes rules are very important and must be followed 	<div style="text-align: center;"><input type="checkbox"/></div> <ul style="list-style-type: none"> • Is task oriented – enjoys projects like sewing, cooking, woodwork • Has learned highly verbal basic structure; enjoys jokes and puns, uses language creatively • Asks fact-oriented questions – wants to know how, why, and when • Likes to make up stories, plays, and puppet shows • Is able to deal with abstract ideas • Feels that success depends on ability to learn to read, write, and do arithmetic
Physical	Socio-Emotional	Intellectual
6-12 years (cont.)		

	<ul style="list-style-type: none"> • Likes affection from adults (especially true of girls); is increasingly independent but still emotionally dependent on adults – wants them to be there to help • Is able to assume responsibility for self and may care for younger siblings 	
13-18 years		
<ul style="list-style-type: none"> • Experiences growth spurt and changes in body proportions. For boys, growth in height and weight takes place between 12th and 14th years; for girls, growth spurt tends to take place between 10th and 12th years • Needs good nutrition especially during this period • With physical changes, may feel anxiety over early maturation, may worry about deviation from “ideals” • Begins sexual maturity- experiences increased sexual drives 	<p>Need help in dealing with most changes taking place so he or she can retain a strong sense of identity and values</p> <p>Expresses emotions after extreme strong mood swings – often doesn't know how to express anger</p> <p>Enjoys social activities at school</p> <p>Relies heavily on peers – struggles to be independent of parents</p> <p>May let the behavior dictated by peer groups influence behavior</p> <p>Develops close friendships and emotional involvements</p> <p>Is concerned with meaningful interpersonal relationships and developing personal morality code</p>	<ul style="list-style-type: none"> • Shows increased interest in school if doing well; tends to lose interest in academic studies if not doing well • Makes impressive changes in cognitive development • Is able to reason, to generate hypotheses, and to test them out against evidence • Is capable of introspection and of perceiving differences between how things are and how they might be • May make or at least consider vocational choices • Is interested in making money – part-time jobs

Laurie Activity

Laurie is 9 years old. She is in her 3rd foster home after a disrupted adoption when she was 7 years old. You are her counselor. The case was recently transferred to you, and you have just met Laurie. You know her foster mother, Jean Wilson. When you called Jean to tell her you had been assigned to the case, she said, "Boy, am I glad to hear from you! I don't know what to do with this kid." Jean also told you Laurie's teacher had called and was having difficulty with Laurie in school.

You have gathered information from the case record, previous foster families, Jean, and the teacher. It is your job to develop a case plan for Laurie and to help Jean manage Laurie in a way that helps resolve her problems, preserves the placement, and promotes more healthy development.

Laurie was born to a 17-year old girl who abandoned her at a neighbor's. Laurie was one year old, but functioning at a six to eight-month old developmental level. There was no evidence of abuse, but it appeared Laurie had been chronically and severely neglected. She was placed in a foster home.

During her first year in foster care, Laurie developed well and eventually closed most of the gaps between her chronological age and her developmental age. She was placed for adoption at age two.

The adoption disrupted a year and a half ago because the adoptive parents felt they could "never really get close to Laurie." She has lived in three foster homes since then. The first foster family requested that Laurie be removed after five months. Her second foster family moved out of state, but the placement was not going well and was expected to disrupt. Jean agreed to take Laurie to stabilize placement. Jean is a flexible, affectionate, and patient woman who has worked with difficult children in the past. However, "something about Laurie" confounds her.

Laurie exhibits the following behavior patterns:

- She is "superficially compliant" when first placed in a foster home. After several months the foster parents describe her as "sneaky."
- She does not sleep well. She cries out in her sleep, and sleepwalks.
- She is enuretic and wets the bed several times a week. She often "forgets" to change her bedding.
- She loves to help Jean in the kitchen, but is not reliable about completing her routine chores.
- Jean found piles of deteriorating food hidden in Laurie's closet. She became angry because of the unsanitary conditions and patiently explained this to Laurie. Two weeks later she again found rotting food, this time in the bureau drawers. She doesn't understand this, as Laurie can get anything she wants from the kitchen any time she wants.
- She wants to be involved in activities, but is easily discouraged and gives up when they don't go exactly right. She seems to lose interest in many activities quickly.
- She is in constant conflict with her foster siblings. She tries to participate in games, but

demands that she be the center of attention and cannot share or take turns. When the game does not go her way, she becomes disruptive.

- She has a low frustration tolerance. When confronted by events that would be only mildly annoying to most 9-year olds, she becomes enraged and throws screaming tantrums, slams doors, throws objects, and kicks furniture and people.
- She takes other people's belongings and hides them, and then forcefully denies having taken them. Jean thinks Laurie may be taking change off her husband's dresser.
- Jean says Laurie completes her school papers, but they are often carelessly done, are messy, and at times, unreadable. She is below grade level in most subjects, and doesn't like school. She does well in reading. The school psychologist says she has average intellectual potential, with a measured full scale IQ of 102. He noted no learning disabilities or attention deficit disorder.
- She is disruptive in class. She is frequently out of her seat without permission, she persistently approaches the teacher for attention, she races to volunteer for any and all projects, and she bothers other children who are trying to work. She cannot attend to school work for more than a few minutes at a time.
- At recess, Laurie prefers to play with the first grade children. She can be bossy and argumentative with them. She does not get along with her classmates, who see her as a pest and "weird." She is always chosen last by classmates to be on a team, and the children often complain to the teacher that "she'll just mess things up for us."
- The teacher has told Jean that "Laurie just seems to need more love." The teacher reports that Laurie has told her many times how the foster parents seem to prefer their own children to her. Once she complained that everyone in the family had been given new sweatshirts except her. The teacher responded by buying Laurie a sweatshirt.
- Jean later told the teacher that none of the children had been bought sweatshirts and that Laurie was lying to her.
- She is indiscriminately affectionate with adults. She wants to hug and kiss the teacher every day. She often clings to her, and she becomes jealous and upset when the teacher shows attention to the other children. When you met Laurie for the first time, she climbed into your lap and said, "I'm glad you're my new case manager. I just love to get new case managers."

Laurie Scenario Worksheet

1. Assess Laurie's behaviors in all four domains. How do her behaviors reflect developmental delays and unresolved, or poorly resolved developmental issues?

Physical Development:

Cognitive Development

Emotional Development

Social Development

2. Interventions for Jean: How would you suggest the foster mother deal with these concerns?

- Hoarding food
- Bedwetting
- Conflict and inability to play with other children
- Stealing
- Temper tantrums, emotional outbursts
- Clingy, indiscriminate attachments

3. Possible resource agencies and types of community services:

- What additional services would you include in your case plan for Laurie?
- What services should you provide for Jean?