ABSTRACT
        The report presents evaluation data on the
Cross-Program Training Project to train foster parents, teachers, and
social workers who are jointly responsible for the care of special
needs children, especially preschoolers. The project featured five
major components: (1) site development, (2) training needs assessment
on which to develop programing, (3) pilot training workshops, (4)
evaluation, and (5) development of a manual. Results of three
evaluation activities (process evaluation during project development
and implementation, evaluation of training workshops, and feedback
from target group participants) are presented. Results suggest that
the concept of cross-program training is viable and useful to local
participants. Recommendations for similar efforts are offered,
including planning for adequate time to gain the support of
administrators and service personnel and basing the training on
participants' needs. The bulk of the document is composed of a
program manual focusing on seven steps in implementing the approach:
contacting key service providers in the community, conducting a needs
assessment, designing a training curriculum, introducing the program
to the community, recruiting participants, conducting cross-program
training events, and evaluating the program. The manual's final
section contains descriptions of approximately 50 training
activities. (CL)

ED269923

CROSS-PROGRAM TRAINING

A Pilot Project to
Develop a Training Program for
Caretakers of Special Needs Children

Evaluation Report
April, 1985

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for the

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CROSS-PROGRAM TRAINING
EVALUATION REPORT

Introduction

This report presents the results of a process and outcome evaluation of the Cross-Program Training Project. The evaluation reflected the program itself -- it was a collaborative effort between the evaluation consultant and the program staff. This report will: (1) describe the major components of the Cross-Program Training Project; (2) describe the development, resources, and implementation of the evaluation; (3) present the major results of the evaluation; and, (4) provide recommendations for others attempting to carry out a similar program.

Description of the Cross-Program Training Project

A grant was awarded to the Chapel Hill Training-Outreach Project by the Office of Human Development Services to develop and test a model for training foster parents, teachers, and social workers who were jointly responsible for the care of special needs children, especially preschoolers. (This grant, its goals and activities, and results of the pilot project have been thoroughly described in regular reports to the funding agency.) The project was conducted in Chapel Hill, North Carolina by the Chapel Hill Training-Outreach Project, a program with over fifteen years of experience in training others to work with special needs children, and in developing training materials and methods.

The pilot project was conducted during FY 83-84 and part of FY 84-85. The recruitment of staff, conceptualization, site development, development of training materials, and other implementation objectives were completed in FY 83-84; product development and the evaluation report were completed during FY 84-85.

Briefly, from an evaluation perspective, the project had five major benchmark components:

1. Site Development: the recruitment and retention of cooperating DSS and education agencies and foster parents in four sites located in the Piedmont area of North Carolina.

2. Needs Assessment: the development of a training needs assessment

method for each of the three target groups (parents, teachers, and social workers) and the use of the needs assessment data for program development.

3. Pilot Training Workshops: the development of training modules designed to meet the assessed needs of the target groups, and to facilitate the actual implementation of the pilot training. "Implementation" included locating pilot training sites, providing timely and interesting notices of the training, and conducting the actual workshop.

4. Evaluation: the design and implementation of an evaluation system, within the available resources, which would provide feedback throughout the project and at the end of the project.

5. Product Development: the development of a comprehensive manual to assist others wishing to develop a similar collaborative training program.

These five components form the core of the Cross-Program Training Project.

Description of the Evaluation

The purposes of the evaluation were twofold: (1) to provide regular process evaluation and feedback to the staff as the project was implemented; and, (2) to provide a summary report outlining the results of the project, its strengths and problems, and to provide recommendations to the project staff and others regarding similar future efforts.

Resources for the evaluation included ten days of consultant time and clerical/secretarial support from the Chapel Hill Training-Outreach Project. The ten days of consultant time were spent approximately as follows:

Days	Activity
2	Meetings with project staff to plan and review evaluation
2½	Meetings with project staff to review progress cf project
i (-)	Development of evaluation plan, forms, administrative time, telephone collaboration, training materials for

manual

Days	Activity
1	Meetings with Outreach Project Director and project Advisory Council
3	Data review, interviews with participants, and data analysis
1 (++)	Completion of final evaluation report

The final report was made possible by the cooperation of the project staff in tabulating workshop evaluations and in making time available for interviews, as well as typing the final product.

The results of the evaluation activities and recommendations are described in the following sections.

Results

The section will present results of three evaluation activities: process evaluation during project development and implementation; evaluation of training workshops; and feedback from target group participants.

1. Process Evaluation Results. The staff and evaluator met numerous times early in the project for general process discussions, clarification of project goals, and problem-solving. These meetings led to greater understanding of the overall purposes and desired outcomes of the project. Additionally, strategies for recruiting sites and then recruiting participants were developed. Particular attention was given to the already existing patterns of communication and collaboration at each site, and methods were developed to integrate this project into the ongoing community network. Methods for recruiting foster parents for the training and for meeting their special information needs were developed. Use of the needs assessment data was discussed, and a plan for integrating it into the developing project plan was established. The use of pre-post test data for the training was discussed, and a decision made to implement it with one portion of the training on a trial basis. In each case, the project staff raised their issues and concerns, the evaluator

faciliated the discussion, and mutually-agreeable plans were made to deal with actual or potential problems.

These plans were then translated into action as the sites were further developed, training was planned and conducted, and development of the training manual was planned.

2. Evaluation of the Training Workshops. Each of the four particiapting sites received five days of training. Each of the training groups was to include foster parents, teachers from day care of Head Start, and DSS foster care social workers - the three target groups. The training was planned using the needs assessment data. Announcements and agendas were sent out in advance of each session. (Copies of the agendas for each training day and the evaluation form are included in the Appendix.)

An attempt was made to obtain separate evaluations from each target group at each site. This would have enabled the staff to assess the quality of the training from various perspectives. However, wide variations in attendance across sites and among the groups at each workshop made this level of analysis impractical. Therefore, Table One presents the combined mean ratings for each training workshop.

Table One
Ratings of Training Workshops

Day/Topic	Mean Rating*	Range
One - Overview and Role Clarification	4.27	2-5
Two - Child Development and Disabilities	4.78	3-5
Three - Foster Placement	4.45	1-5
Four - Post-Placement Issues	3.62	2-5
Five - Behaviaor Management and Working Together	4.16	3-5

*Ratings were obtained using a five-point scale with 1 being the

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lowest rating and 5 being the highest.

The ratings, overall, were very high - the participants clearly valued the training, thought it was of high quality, and offered clarifying comments. Concerning the strengths of the training, these comments are typical.

... dealt with current issues

... discussion of child's needs relevant to behavior problems provided clarity in planning for placing children

... encouraged thinking and defining of feelings

... will be useful in the future

... very good session

... I wish I had this training 14 years ago

Candid suggestions for change also were presented:

... would like more information on why special needs children are at greater risk for abuse and neglect

... need a more quire meeting room

... less paper work

... clarify answers to pre-post test

Overall, this comment seems to sum up the participant reactions:

... I don't know how the program could have been improved. By using several classes each area could be fully discussed.

Taking into consideration the developmental nature of this pilot project, these ratings and comments are very positive. While a few "glitches" occurred along the way, the training endeavor was, indeed, successful.

3. <u>Feedback from Participants</u>. The evaluator and project staff interviewed participants in person and, occasionally, by telephone. The focus of the interviews was problem-solving -- what problems had been encountered at the sites during the project, and how could they be solved. This community perspective on the Cross-Program Training effort provides valuable insights into the possible difficulties in implementing similar programs, and how they could be overcome.

These comments must be kept in persepctive - the Cross-program Training Project was a <u>one-year</u> pilot project, with very little lead time available prior to implementation, and very little time available for follow-up. No "fault" is involved - but the nature of

the funding period and resultant compressed timeline did create
problems. Keeping this in mind, the following problems were
identifed by community (participant) representatives.

1. Getting sanction from local administrators to participate.
2. Lack of time overall - tight schedules for dissemination
   and scheduling.
3. Developing agency interest in the program and the training.
4. Time constraints of trainers and people being trained.
5. Unwillingness to reach out the other agencies - to become
   "Cross-Program."
6. Not all agencies involved at all sites.
7. Communication, communication, communication - more is
   needed.

The participants offered some creative solutions to these problems
for themselves.

1. Continue meetings of the people involved in Cross-Program
   Training - perhaps lunch at least every three months.
2. Continue periodic phone call conferences.
3. Develop foster parent appreciation activities.
4. Open-up discussions - done to try to communicate.
5. Set up evening meetings to meet needs of foster parents and
   teachers.
6. Develop interagency case conferences.
7. Field additional training resources locally (community
   colleges, local early intervention projects).

These local problems and their possible solutions indicate a high
regard for the concept of Cross-Program Training, and a wish to "keep
it going."

Discussion and Recommendations

The results of this evaluation indicate that the concept of Cross-Program
Training is viable and useful to local participants. The training itself was
well-received; the consultation and idea-sharing which accompanied it were very
useful.

One project activity has not been evaluated per se, but represents a

significant contribution. A program implementation manual, entitled, "Cross-Program Training," has been developed by the project staff and consultants. It contains guidelines for implementing a project, and multiple "Tips for Trainers." It is useful, packaged attractively, and is a major achievement of the federal contract.

In summary, the data described here make several recommendations possible.

1. Allow sufficient "lead time" when planning and conducting such a project. Adequate time to gain the support of administrators and service personnel is essential.

2. Plan the training to meet the needs of the participants. The use of a training needs assessment can facilitate this effort.

3. Conduct the training in comfortable, quiet sites.

4. Allow time after the training for follow-up technical assisstance/consultation.

5. If you use pre-post testing, integrate it into the total effort and allow time for discussion of results at each session.

These simple steps will allow a replication project an opportunity for success. This program has been an excellent "pilot project;" others can build upon it.

TRAINER(S) _____

DATE OF TRAINING _____

CROSS-PROGRAM TRAINING

Evaluation Form

We would appreciate your feedback concerning the value of this training session to you. <u>PLEASE CIRCLE THE RATING</u> for each item which best describes your opinions.

THANK YOU VERY MUCH

	Poor	Fair	Average	Good	Excellent
1. Presentor(s)' knowledge of content for the session	1	2	3	4	5
a. Background material	1	2	3	4	5
b. Broad coverage of content	1	2	3	4	5
c. Able to answer questions	1	2	3	4	5
d. Thorough	1	2	3	4	5
2. Organization of the training session	1	2	3	4	5
a. Completeness	1	2	3	4	5
b. Clarity	1	2	3	4	5
c. Orderly Structure	1	2	3	4	5
d. Variety of presentation methods	1	2	3	4	5
e. Pacing	1	2	3	4	5
f. Timing of breaks	1	2	3	4	5

CROSS-PROGRAM TRAINING
EVALUATION FORM
PAGE THREE

What were the major strengths of the session?

1.

2.

3.

What could have been improved?

1.

2.

3.

Other comments?

Parents **Teachers** **Social Workers**

Cross-Program Training

D A Y · O N E

8:30 — 9:00	REGISTRATION
9:00 — 9:30	Introductory Remarks Informational Survey DEBBIE BOOTH, Project Coordinator

9:30 — 11:00	Overview of Adoption/Foster Care
	    LARRY SAGE/KATEY ASSEM
	    (Social Services Consultants)

11:00 — 11:15	**BREAK**

11:15 — 12:00	Role Relationships
	        DR. JEAN TEMPLETON,
	            Curriculum Consultant

12:00 — 1:00	LUNCH
1:00 — 1:15	General Session (Activity) STAFF

1:15 — 2:00	Role Clarification
	        DR. JEAN TEMPLETON,
	            Curriculum Consultant

2:00 — 2:10	**BREAK**

2:10 — 3:30	Role Clarification
	        DR. JEAN TEMPLETON,
	            Curriculum Consultant

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CHAPEL HILL TRAINING-OUTREACH PROJECT

CPT TRAINING SCHEDULE

D A Y   T W O

8:30 - 9:00	REGISTRATION
9:00 - 9:15	Opening Remarks
9:15 - 10:30	Overview of Child Development: Birth to Six
10:30 - 10:45	**BREAK**
10:45 - 12:00	Exceptions to "Normal" Development: The Special Needs Child
	What Areas of Special Needs will you be Seeing: What to know, What to do, Resources
12:00 - 1:00	LUNCH
1:00 - 2:00	What If: Simulation Experience
2:00 - 2:15	**BREAK**
2:15 - 3:15	How We Think and Feel About Disabilities Activities
3:15 - 3:30	SUMMARY CLOSING ACTIVITIES

Cross-Program Training

CROSS-PROGRAM TRAINING

DAY THREE

A G E N D A

8:30 - 9:00   REGISTRATION

9:00 - 9:15   OPENING REMARKS - Information Survey

9:15 - 10:30   An Overview of Preparation and Placement of the Special
               Needs Child:

                              Who is Involved?
                              What Needs to be Done?

               ********** by KATEY ASSEM *********

10:30 - 10:45 BREAK

10:45 - 12:00 How to Prepare Families for Placement of a Special Needs
               Child:

               HANDOUTS ONLY: "How to Explain Developmental Disorders/
                                Handicapping Conditions to Foster/
                                Adoptive Parents"

                                        AND

                                "How to Identify and Assess Special Needs, Inter-
                                pret Medical and Psychological Reports."

               LECTURETTE: How Young Children Perceive Disabilities

               ****************by DEBORAH BOOTH**************

               ACTIVITY: "How Children Think"

               LECTURETTE: How to Help Children Adjust to the Presence
                                of a Foster or Adopted Child Who has Special
                                Needs

CHAPEL HILL TRAINING-OUTREACH PROJECT

How to Deal with Siblings' Reactions to
the Special Needs Child

****************by DEBORAH BOOTH*****************

12:00 - 1:00   LUNCH

 1:00 - 2:00   Families' Reactions to Foster Children Who Have Special
                  Needs - Activity

                  ****************by JEAN TEMPLETON***************

 2:00 - 2:15   BREAK

 2:15 - 3:30   Issues in Foster/Parenting a Special Needs Child:

                  Film and Discussion

                  ****************by KATEY ASSEM**************

Social Workers

Cross-Program
Training

DAY FOUR
A G E N D A

8:30 - 9:00	REGISTRATION
9:00 - 9:15	OPENING REMARKS - INFORMATION SURVEY

9:15 - 10:30   What to do After Placement: What Parents, Teachers, Social Workers and Other Professionals Can Do.

******By: KATEY ASSEM******

10:30 - 10:45   BREAK

10:45 - 12:00   Specific Post-Placement Issues:

"Helping Children Understand Their Histories"

"Helping Children Deal with Separation"

******By: JEAN TEMPLETON******

12:00 - 1:00   LUNCH

1:00 - 2:15   Understanding Abuse and Neglect Among Special Needs Children

******By: LARRY SAGE******

2:15 - 2:30   BREAK

2:30 - 3:30   CONTINUED.......(Discussion)

CHAPEL HILL TRAINING-OUTREACH PROJECT

Cross-Program Training

AGENDA

DAY FIVE

8:30 - 9:00	Registration
9:00 - 9:15	Information Survey
9:15 - 10:30	General Session on Principles of Behavior and How to Deal With "Problem" Behaviors
10:30 - 10:45	BREAK
10:45 - 12:00	Film - Behavioral Principles for Parents and discussion
12:00 - 1:00	LUNCH
1:00 - 1:45	"How to Use Crisis Intervention Skills with Foster/Adoptive Families with Special Needs Children"
1:45 - 2:00	BREAK
2:00 - 3:15	Making Plans to Work Together and Support Each Other (Activity focusing on continuation of Cross-Program collaboration)
3:15 - 3:30	Summary, Wrap-Up

Cross Program Training

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                                                        Inc., NY)

CHAPEL HILL TRAINING-OUTREACH PROJECT

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Appendix

Many of the training activities in this manual have been reprinted or adapted, with permission, from the following publications:

"The Special Needs Adoption Curriculum" -- published by Group Child Care Consultant Services; University of North Carolina, Chapel Hill, North Carolina

SPECIAL NEEDS ADOPTION CURRICULUM

NEW FRIENDS -- published by The Chapel Hill Training-Outreach Project; Chapel Hill, North Carolina

"The Basic Course in Residential Child Care" -- published by Group Child Care Consultant Services; University of North Carolina, Chapel Hill, North Carolina

"The Short-Term Care Training Program" .-- published by Group Child Care Consultant Services, University of North Carolina; Chapel Hill, North Carolina

Short-term Care Training Program

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Cross-Program Training

Preschoolers in foster or adoptive placement are served, and cared for, by three groups of adults: their foster or adoptive parents, their teachers and department of social services personnel. Often, effective communication between these three groups is lacking. Needed services are often duplicated by two or more service providers. Sometimes a needed service may be overlooked.

Cross-Program Training is designed to stimulate communication and cooperation between the social service worker, parents, and teachers who are responsible for planning and providing care and services to special needs preschoolers.

Some children who enter foster or adoptive placement are developmentally disabled. Others have health problems or physical impairments. Many have unique emotional problems, stemming from the trauma of being separated from their natural families. Any physical, mental, or emotional departure from the "norm" may be classified as a "special need."

In this notebook you will find materials to help you plan, implement, and evaluate a Cross-Program Training project in your community. It includes planning tools, implementation strategies, training activities, and evaluation guidelines. Also included is an Appendix of additional materials which can be distributed to members of the appropriate target group, as needed.

If you can help even one special needs preschooler in foster or adoptive placement through Cross-Program Training, your efforts will have been worthwhile. Good luck!

The Crossroads...
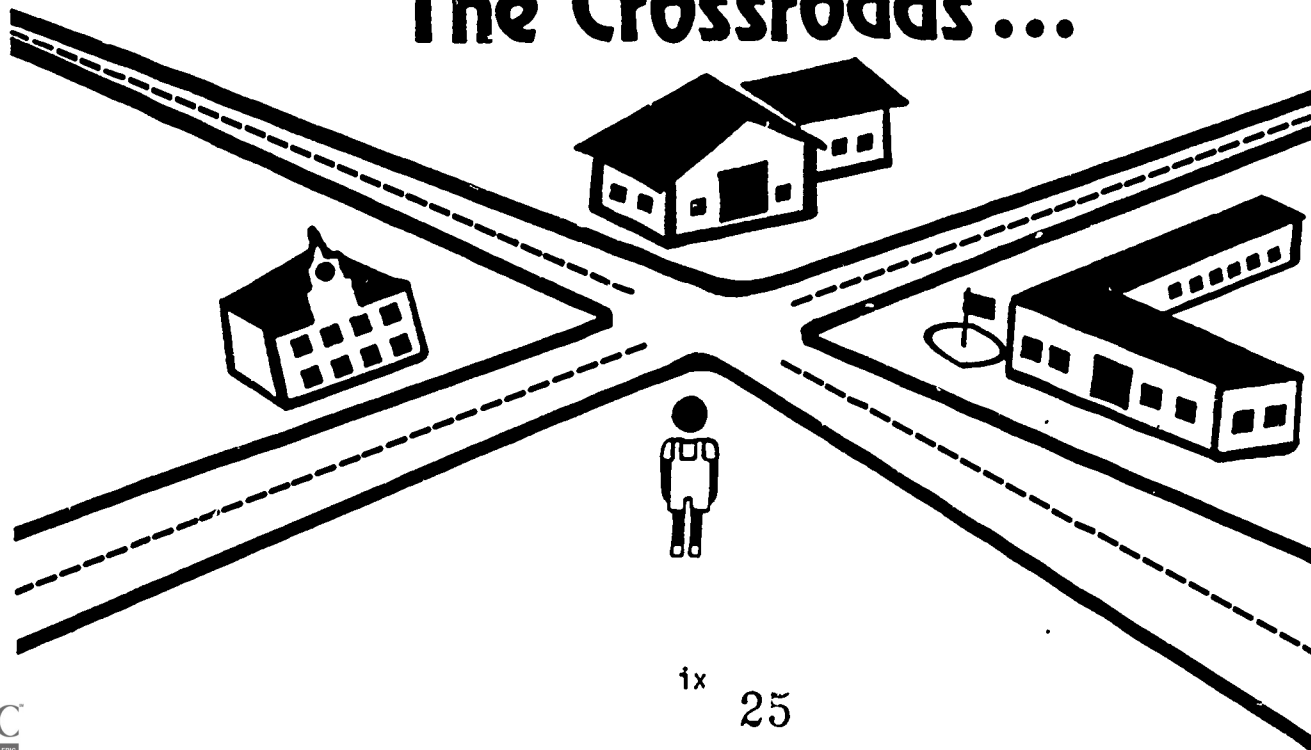
Why have Cross-Program Training?

The enactment of Public Law 94-142 has resulted in significant changes in services provided to children with disabilities. Fewer children are being institutionalized and more are being served in the community. They are being mainstreamed into Head Start centers, day care programs and regular classrooms in the public schools. Social services are being offered to the children and are also being extended to their families.

Most preschool children with special needs are now being placed in foster homes, rather than in child-care institutions. More and more, children with disabilities are being considered "adoptable" and are being placed in permanent, nurturing homes. The development of specialized foster and adoptive placement, as a part of permanency planning for these children, is receiving increasing attention. A diversity of agencies and personnel are becoming involved in providing supportive services for children with disabilities and for families who foster or adopt them. Services both to the child and to the family (considered "high risk" by virtue of having a child with special needs) are emphasized in both educational and social programs.

As part of this movement, many communities throughout the country are recognizing the need for cooperation, collaboration and early intervention in providing services to children with handicapping conditions and their families. Emphasis on the involvement of foster and adoptive parents is growing and the need for a cooperative effort is obvious. The activities of many individuals and agencies frequently overlap, resulting in the duplication of services or creation of competition. Often, agencies do not know what services are offered by other resources. Sometimes, certain clients may be "missed" and, thus, do not receive needed services for which they may be eligible.

These kinds of problems often emerge in services delivered by education resources (Head Start, day care, home tutors) and by the Department of Social Services (DSS) foster and adoptive personnel. Part of the problem is bureaucratic, involving policies, management systems and relationships among agencies. Other factors include a lack of 1) awareness of what other agencies provide, and 2) specialized skills needed to provide services to special needs children and their families.

Frequently preschool personnel are serving young children with disabilities and their families, while foster care and adoption workers are offering similar kinds of services to the same clients. In these situations, there are many areas in which the professionals involved could offer mutual support and share available resources. This would expand the quality of services to both the children and their families. However, without knowledge of mutual interests and responsibilities, followed by communication and collaboration, this type of service delivery is not possible.

Since each professional group has knowledge, skills and abilities that could support the activities of other professionals, communication between programs is needed. With Cross-Program Training, areas in which an information gap exists for one group could be "filled in" by those more well-versed from another field.

Social workers, for example, frequently lack the specific training and skills required to work with special needs children and their families. While they have abilities in many areas of case management, social workers often lack knowledge and awareness in areas of exceptionality, diagnostics, advocacy and behavior management for children with special needs. Because of this gap in knowledge, many children and families in this group receive inadequate or incomplete services from Department of Social Services workers. Children with disabilities may be placed in foster/adoptive homes without proper preparation and follow-up for children and parents. Most educators who have worked with disabled pre-schoolers and their families are knowledgeable in key areas of child development, exceptionality, diagnostics and planning. They can be a viable source of support for services delivered by Department of Social Services personnel.

By the same token, many educators are well-versed in their field, but lack social work skill in counseling, case management, working with groups, family counseling and meeting the needs of foster/adoptive families. Each of these skill areas could improve the quality of services educators provide to pre-school children with disabilities and their families. Without familiarity with these concepts, many classroom teachers become frustrated by the requirements of working with special needs pre-schoolers and their families and, thereby, neglect involvement that could make a crucial, positive difference. Knowledge of these skills would be practical and relevant for the classroom, as well as a worthwhile source of support for teachers of exceptional children.

Prospective foster/adoptive families are usually unprepared for the special dynamics and demands associated with parenting a developmentally-disabled youngster. Usually, no team effort is made on the part of educators or social workers to provide support, resources and learning opportunities to enhance the parenting skills of these parents. Parents are often left to their own devices in locating resources and/or training.

The talents, commitment and special skills of all those involved in providing services for young children with special needs must be channeled into a cooperative, collaborative effort. The unique needs of the young child with a handicapping condition who faces the trauma of foster/adoptive care mandate transdisciplinary strategies which are supported by Cross-Program Training.

There has been an effort in the educational community to provide "mainstreaming" training and materials for teachers who work with children and their families. Limited training has been developed for use by social workers in providing services to children with disabilities and their families.

What is needed is a cooperative effort to provide Cross-Program Training using materials that are compatible with the concerns and responsibilities mutually shared by teachers, parents, and social service personnel. Cross-Program training is a step forward in beginning such an effort.

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What is the purpose of Cross-Program Training?

Cross-Program Training is designed to meet the need for cooperation and collaboration between parents and service providers and to increase the quality of individualized services for young children with handicapping conditions. The primary goals of a Cross-Program Training project include:

-- To establish a Cross-Program task force.
-- To provide a minimum of five days of generic training each year.
-- To increase collaboration, cooperation, and involvement in services to young handicapped children and their families.
-- To increase the number of trained professionals/foster/adoptive parents in services to young handicapped children.
-- To evaluate the effectiveness of the proposed goals.

How Cross-Program Training can benefit foster/adoptive children with special needs

The implementation of a Cross-Program Training project can have the following benefits and results:

For Services to Disabled Children

-- Increased collaboration and cooperation among DSS foster/adoptive staff and Head Start/Day Care personnel in identifying mutual needs and skills for ensuring an integrated service system for disabled children.

-- Increased likelihood that a parent will have increased skill to devote the parenting his/her foster/adoptive special needs child.

For Foster/Adoptive Parents

-- Increased recognition of the special needs of foster/adoptive parents in nurturing the child with a disability.

-- Development of a community-based network of support, training, and services in a time of shrinking resources.

-- A source of personal and practical support to help foster/adoptive parents develop new skills for parenting their special needs child.

-- Improved parental awareness of community resources for meeting their needs.

-- A supportive network for the families of foster/adoptive special needs children.

-- Improvement in each family's self-help skills.

For Foster/Adoptive Care Workers and Head Start/Day Care Personnel

-- Increased knowledge, skills and abilities in providing services to disabled children and their foster/adoptive families.

-- Increased communication and collaboration between agency personnel.

-- Expansion of professional network for service delivery.

For the Local Community

-- Services that will enhance and strengthen the service delivery provided to the building blocks of every community -- its families.

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HOW TO IMPLEMENT
CROSS-PROGRAM TRAINING

Contact Key Service Providers in Your Community

Arrange orientation/planning meeting

Cross-Program Training will, naturally, require a cross-program effort on all levels, from planning, to implementation, to evaluation. That process of communication and collaboration will further enhance the goals of the training program. One agency will have to take the lead in the beginning phase, but eventually the work will be shared. To begin, decide who the key agencies, programs, and people are in your community and which are involved in delivering services to the families of foster/adoptive special needs children. At this point, focus on the administrators of agencies and programs. Contact these people, both by phone or interview and by letter. Discuss Cross-Program Training with them. Determine if they would be interested in learning more about the program. If so, invite them to an orientation session, hosted by your agency.

If possible, identify a "neutral" site in your community for hosting the orientation meeting. Often, restaurants or hotels will offer meeting rooms if lunch or refreshments are purchased. Churches frequently allow the public to use meeting rooms. The benefit of choosing a neutral site is that no agency's "turf" will be associated with the meeting. The setting and the intent of the meeting will convey that this is a cross-program effort.

The goal of this session is to inform the top-level administrators and leaders in relevant agencies and programs in your community about the purpose, goals, and outcomes of Cross-Program Training. Present the Cross-Program Trainer's Notebook for their perusal. Conduct an activity from the notebook as an example of the training. Discuss the time commitment and responsibility required to implement a Cross-Program effort in your community. Ask them to consider ways this effort could be organized and implemented. Determine if there is support for the program.

Organize a team to coordinate the program

One outcome of your advisory council meeting will be a list of suggested members for a Cross-Program task force in your community. This group of people will be the actual organizers and workers behind the program. Contact these people. Tell them they have been recommended for the Cross-Program effort in your community. Then, call a second orientation meeting to orient task force members and make concrete plans. This first task force meeting can be a positive beginning by focusing on the advantages of teamwork.

A wise philosopher once said, "All of us is smarter than one of us." Simply put, this means that two heads are better than one, and three or four can be even better. People who work in groups generally get things done in less time, and with higher quality results, than a single person working alone. This is often true because in a group, each member brings his or her own special strengths, ideas, and experiences to the task, thereby enriching the process. What one member cannot do very well, another might possibly be very good or even

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great in accomplishing. and vice versa.

A group that has become a team is even better. A team is quite different from a collection of individuals called a group. Sports fans know that an "all-star" team is frequently defeated by a championship team that has played together all season. The reason? An all-star team is a collection of very talented individuals who have had little experience, or practice, with each other. The championship team not only boasts talented members, but also has the experience of working and playing together. They have learned the strengths and weaknesses of each team member. They know how to blend these talents into a system that works.

People who work together do the best work (individually and as an organization) when they can work as a team, rather than as a collection of individuals. Design your task force to be a "championship" team.

Gain the support of your team

Probably the most difficult part of getting a new program off the ground is finding people who are actually willing to take charge and be responsible for getting the work done.

Here are some possible roadblocks to getting started and a few ideas on how to remove those blocks, while gaining the enthusiasm and support of the task force.

NO ONE LIKES MORE WORK WITH NO ADDED BENEFITS

Discuss with task force members (a) what each person is doing now in relation to special needs children and their foster/adoptive families, (b) what added responsibilities Cross-Program Training would entail, (c) what roles each task force member would serve, and (d) how Cross-Program Training could support the work of each task force member and vice versa. (You may wish to xerox the chart which follows and complete it as a group.)

While every task force member would be assigned extra work as a result of the project, remind members that the training will be benefitting long-term goals and responsibilities.

The next step is to review the tasks that task force members will be performing. First, they will be supporting families and other professsionals, but, secondly, they will be supporting the work that each task force member is assigned to accomplish in delivering services to special needs children and their families. So, the "extra work" taken on by each member will be helping them do better what they already do.

NO ONE LIKES MORE WORK, ESPECIALLY IF IT MEANS TRYING SOMETHING NEW (AND UNKNOWN) OR CHANGING FROM THE OLD (AND FAMILIAR)

Describe what will be involved in implementing the program. Ask task force members to discuss how a Cross-Program Training project would influence each person's duties and affect his/her day-to-day work load. Encourage members to talk about both possible drawbacks and advantages. Explain that this will be a "new" program for everyone, so no one will be coming in as an "expert."

Everyone will be learning as the training is planned, implemented, evaluated, and revised.

Next, discuss how Cross-Program Training could enhance existing services provided to special needs children and their foster/adoptive families. Discuss any changes which may be required to implement Cross-Program Training and what additional benefits could be gained.

Next, clear up any misunderstandings about Cross-Program Training. Have an open discussion and acknowledge any disagreement that may arise. Conflict can be productive. Use facilitator/negotiator skills to talk through, and work through, concerns. It is better to get conflict out in the open early, rather than to allow it to linger and cause problems later.

Next, ask for everyone's support. If you follow the previous suggestions, support should be relatively easy to gain. If everyone on the task force acknowledges support in an open meeting, there will be less likelihood that dissatisfaction will surface later.

Finally, let everyone know that the program will involve in-service training and support for everyone involved. Emphasize that "team" members will receive support from the administrative level(local Advisory Council) as well as from each other. Point out that, as much as possible, the work load will be shared and support will be available.

Decide what each task force member's responsibilities will include

What each task force member is currently doing in serving special needs children and their families	What each task force member's role could be in Cross-Program Training. (Suggest roles; adapt, as needed, to your program)
As part of the current duties:	As part of the Cross-Program Training
1)	1)
2)	2)
3)	3)
4)	4)
5)	5)
6)	6)
7)	7)
8)	8)
9)	9)
10)	10)

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Agree upon goals

Once the task force team is organized and roles are clear, the next step is to develop some specific goals for Cross-Program Training in your community. The general goals developed for this program, listed in the Preface of this publication, can serve as guidelines. Use these broad goals to develop some specific goals for your setting. For example, the broad goal of stimulating collaboration between participating individuals and organizations can be stated in more specific terms or as objectives that describe how the goal will be achieved. For example, indicate which agencies, how often, and where this new level of collaboration will occur. The next broad goal of expanding knowledge could be broken down into specific tasks involving some participants to determine if, indeed, knowledge has been expanded. Administrators are often glad to see this kind of concrete outcome of training programs. The goal of increasing the number of individuals who have received training can be converted to a concrete plan of keeping a roster of participants at each session, developing registration forms, and maintaining these forms. Finally, your most obvious goal is to actually provide the training. Again, develop specific objectives indicating how often, when, where, and under what conditions you will conduct training.

Why should your task force take the time to break the goals down into objectives everyone can see and agree upon? First, this process will make your purposes clear and definable for everyone. Each person's roles in performing each task can be designated. Outcomes will be easier to measure. Finally, if the goals and objectives are clearly stated, the evaluation process will be much clearer, easier, and more worthwhile. You will be able to look back upon your effort and determine if you really did what you said you were going to do. You will be able to see, as well, areas that need improvement.

Plan implementation strategies

The planning of implementation strategies delineates tasks, goals, and objectives. Deciding exactly what you want to do, when, and under what conditions is only half the battle. The next stage involves who will do it, when, and under what conditions. So, if one of your objectives for increasing collaboration is to provide a half-hour coffee or brunch before each training session, to implement that objective, you must get specific about who, what, and when. For example, Mary from social services will arrange to get the coffee for every training session, and Joe from the foster parent group will arrange for foster parent volunteers to provide refreshments for each training session. Ellen, from day care, will arrange for the coffee and refreshments to be cleaned up afterwards and will send thank you notes to the foster parents who provide refreshments. Being specific in small things can prevent misunderstandings and negative feelings that can grow into larger issues. On the following page you'll find a form you may use to plan your implementation strategies.

Goal: (To increase collaboration)

Objective: To have a half-hour coffee before each training session

Implementation Strategies:

Task	Who will do it	When	What is needed
1.			
2.			
3.			
4.			
5.			

Planning Meeting Materials

On the pages which follow you will find:

   a. "Building a Local Task Force" -- an activity designed to facilitate Advisory Council input into the development of local task forces;

   b. handouts -- for distribution to Advisory Council members; and,

   c. materials which can be made into overhead transparencies to enhance your presentation of Cross-Program Training at Advisory Council or Task Force planning meeting.

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BUILDING A LOCAL TASK FORCE

Purpose: To facilitate the input of Advisory Council members into the development of local Cross-Program task forces.

Objectives: Advisory Council members will:

1. Review and discuss "Role of Local Task Forces."

2. Generate a list of local persons in each category and what he/she could contribute to the local effort.

3. Brainstorm benefits of establishing a local task force for Cross-Program Training.

Target Group: Administrative representatives in adoptive/foster care, Head Start/day care and foster/adoptive parent groups.

Group Size: 6 - 30 participants

Time Required: 35 minutes

Materials Needed: Handouts: "General Roles of Advisory Council"
"What our Local Task Force Can Contribute to the Cross-Program Training Project"
"Role of Local Task Forces"
"Task Force Planning Guide"
Newsprint, tape and markers

Physical Setting: Chairs set up around a small work table.

Procedure:

1. Distribute handout "General Roles of Advisory Council"

   --Review and discuss

2. Distribute handout, "Role of Local Task Force"

   -- Review and discuss

3. Distribute handout "What our Local Task Force Can Contribute to Cross-Program Training." Ask participants to complete individually. Suggest they refer to the "Role of the Task Force" handout and make specif'c suggestions on how each role might be implemented by prospective participants. (Allow about 5 minutes) Ask small group members to share their lists. Ask the group for any additional ideas. Ask participants to give their lists to you to compile and use for further planning. (Allow about 15 minutes)

4. Distribute handout "Task Force Planning Guide." Give each participant a blank copy of this handout to keep if more ideas come up. Ask them to fill it in and contact you. Tell participants that you will make contacts, compile and complete one planning guide for each site and distribute to Advisory Council and Task Force members. (Allow 3 minutes)

5. To wrap up the activity, ask small group members to respond to this question: "When we get this training program started, what benefits (to children, parents, service providers, teachers) could be generated?" (Use a "brainstorming" method. That is, encourage group members to respond quickly, record all ideas without judging, generate as many responses as possible.) As members, respond, list on newsprint to share with larger group. (Allow about 8 minutes)

6. Collect completed handout, "What Our Local Task Force Can Contribute".

Name _____

Agency _____

General Roles of Advisory Council

1. Provide direction and support in planning and implementating project goals and objectives.

2. Assist 'n locating task force persons.

3. Assist in dissemination of project products.

4. Support replication efforts.

5. Assist in project evaluation.

6. Assist in needs assessment for planning.

HANDOUT
Role of Task Force in Cross-Program Training Project

1. Provide guidance and consultation to project staff.

2. Serve as advocates for Cross-Program Training and for collaboration among departments of Social Services, Head Start and day care programs and foster/adoptive parents with young children with developmental disabilities.

3. Assist in the dissemination of the project materials and strategies.

4. Support efforts for replication of the program.

5. Serve as resource personnel in the development of replicable materials and multi-media training packages for stimulating Cross-Program Training and collaboration.

6. Assist with project evaluation.

7. Locate training sites for local workshops.

8. Distribute information and solicit participants for Cross-Program Training.

9. Help conduct local training needs assessment.

10. Communicate and coordinate with Outreach project staff.

11. Be primary contact for questions concerning site/date, content of training.

12. Participate in planning session for continuation of project activities and follow up.

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HANDOUT
What Our Local Task Force Can Contribute
to Cross-Program Training

WHAT ARE OUR RESOURCES?	WHAT CAN THEY CONTRIBUTE (Individually or as a group)	Address and Telephone Number

I. Parents
 	
  1.
 	
  2.
 	
  3.
 	
  4.
	1._____
	
	_____
	2._____
	_____
	_____
	3._____
	_____
	_____
	4._____
	_____
	_____	

II. Social Workers
 	
  1.
 	
  2.
 	
  3.
 	
  4.
	1._____
	_____
	_____
	_____
	2._____
	_____
	_____
	_____
	3._____
	_____
	_____
	4._____
	_____	

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HANDOUT
What Our Local Task Force Can Contribute
to Cross-Program Training

WHAT ARE OUR RESOURCES?	WHAT CAN THEY CONTRIBUTE (Individually or as a group)	Address and Telephone Number
III. Teachers 1. 2. 3. 4.	1. _____ _____ 2. _____ _____ _____ 3. _____ _____ _____ 4. _____ _____	
IV. Community Agencies 1. 2. 3. 4.	1. _____ _____ _____ 2. _____ _____ _____ 3. _____ _____ _____ 4. _____	

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HANDOUT
Task Force Planning Guide

AGENCY/RESOURCE	CONTACT PERSON ADDRESS/PHONE NUMBER	NOTES
1)		
2)		
3)		
4)		
5)		
6)		

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COOPERATION

TEACHERS   PARENTS   SOCIAL WORKERS

COLLABORATION

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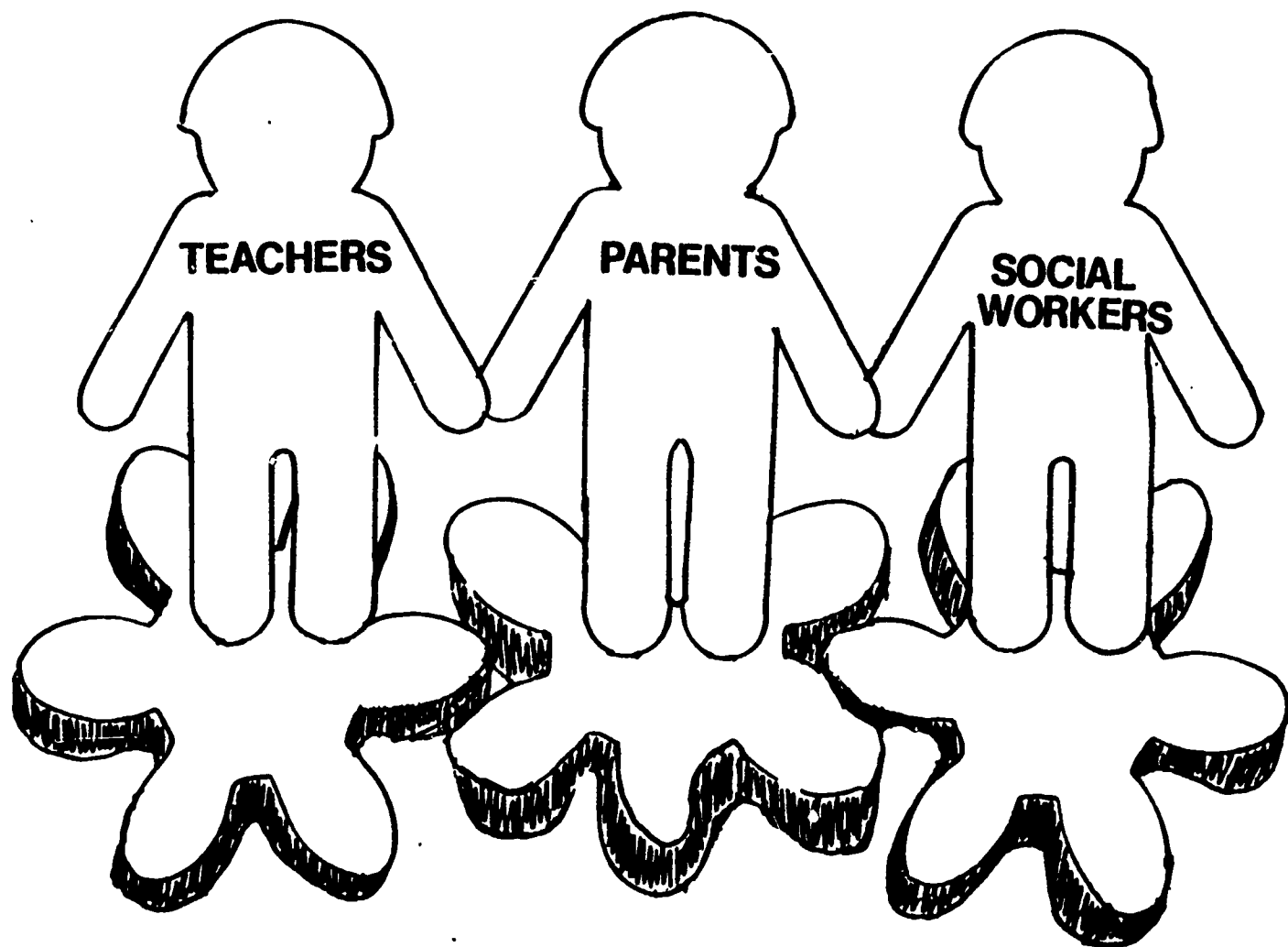
PROJECT GOALS

-- To increase collaboration, cooperation, and involvement between individuals and organizations who serve and care for young children with developmental disabilities.

-- To increase the knowledge and skills of foster/adoptive parents, DSS workers and Head Start/Day Care personnel who work with special needs preschool children in foster/adoptive care.

-- To increase the number of foster/adoptive parents, DSS workers and Head Start/Day Care personnel who have received specialized training in providing services to young children with developmental disabilities.

-- To develop replicable strategies of collaboration and cross-program training in services to young children with disabilities, who are in foster/adoptive placement.

-- To increase the ability of teachers and social workers to identify and respond to the special needs of foster/adoptive parents in nurturing a disabled child.

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PROPOSED OUTCOMES

SOCIAL SERVICES STAFF

-- Acquire training and skills required to work with disabled children and their families.

-- Acquire knowledge/awareness in exceptionality, diagnostics, advocacy and behavior management.

-- Improved skills to help reduce incidence of disruptions, e.g., Proper preparation of potential families.

-- Better understanding and preparation of children for placement.

HEADSTART/DAYCARE TEACHERS

-- Improved skills in counselling (individual/family), case management, group work, etc.

-- Increased behavior management skills.

-- Increased understanding of the whole area of Adoption and Foster Care.

FOSTER/ADOPTIVE/BIOLOGICAL FAMILIES

-- Proper preparation in parenting developmentally-disabled children.

-- Increased access to available resources and support systems due to better understanding of disability.

-- Increased opportunity to enhance parenting skills.
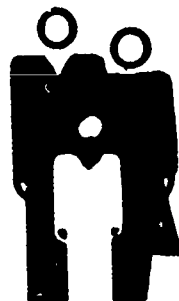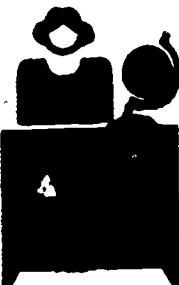
ADVISORY COUNCIL ROLES

1. Provide direction and support in planning and implementing project goals and objectives.

2. Assist in locating task force persons.

3. Assist in dissemination of project products.

4. Support replication efforts.

5. Assist in project evaluation.

6. Assist in needs assessment for training.
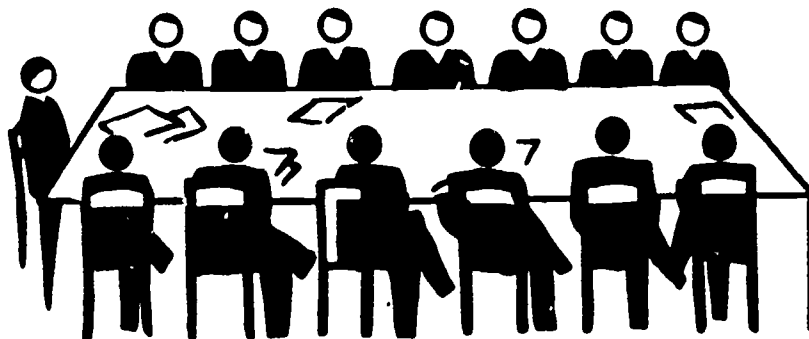
TASK FORCE ROLES

-- **Provide** guidance and consultation to project staff.

-- **Serve** as advocates for cross-program training and collaboration among departments of Social Services, Head Start and day care programs, and foster/adoptive parents with young children with developmental disabilities.

-- **Assist** in the dissemination of the project materials and strategies.

-- Support efforts for replication of the program.

-- **Serve** as resource personnel in the development of replicable materials and multi-media training packages for stimulating cross-program training and collaboration.

-- Assist with project evaluation.

-- Locate training sites for local workshops.

-- **Distribute** information and solicit participants for cross-program training

-- Help conduct local training needs assessment

-- **Communicate** and coordinate with Outreach project staff

-- **Be** primary contact for questions concerning site/date, content of training

-- Participate in planning session for continuation of project activities and follow up.

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Conduct a Needs Assessment

There was a young teacher from Kent
Who began programs each place that she went.
Some for the girls, some for the boys,
Some for the children with musical toys.

But, lo and behold, her programs grew old
And all of her energy spent.
For, despite her good deeds and efforts to please,
For her programs there just was no need.

Before beginning any program, any service, any business, one would be wise to remember the young teacher from Kent. Or, the eager young boy scout who struggled to help the elderly lady across the street, only to discover that she did not <u>want</u> to cross the street!

As you consider starting a Cross-Program Training program in your setting, take time at the beginning to discover whether there is a need for such services.

Consider how Cross-Program Training might fit into your existing program

In looking at the needs of your program, first examine your situation in general. What, if anything, does your local service delivery program need to increase its benefits and services to special needs children, their foster/adoptive families, and the community? Look at training accomplishments from past years. Consider what new areas you might want to explore. Consider what areas need improvement and/or change. Ask yourself whether a Cross-Program Training program could support and/or enhance the program goals and objectives developed for your setting. Consider what you would need in terms of staff, money, and resources, as well as what you already have. Determine how Cross-Program Training might be added to training programs already in place.

Consider the needs of specific children, foster/adoptive families and service providers

After looking at the needs of your program in general, think in terms of the needs of other service providers in your area as well as the needs of specific children and families. Since Cross-Program Training is directed toward foster/adoptive families of special needs children, a good starting place is to count the actual number of children in your program who have handicapping conditions and other special needs. Then, find out how many foster/adoptive families there are in your community who are parenting special needs children. This actual number will help you decide whether a Cross-Program Training program might be worthwhile in your community. Of course, even if there is only <u>one</u> child who might benefit from this program, you may have sufficient reason to add a Cross-Program Training effort to your services.

Keep in mind that you may have children without obvious disabilities or

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with disabilities that have not been professionally diagnosed. As you think about which families to include, consider those foster/adoptive families with children who may have special problems adjusting to the class routine, who can't get along with schoolmates, who are aggressive or overly dependent upon the foster/adoptive parents, or who are unusually quiet or withdrawn. (These signs may indicate a special need, but do not necessarily mean the child has a disability.) Also, think about the foster/adoptive families of these children. Are there circumstances that may increase family stress? These families might also benefit from the support of a Cross-Program Training effort.

After you have an idea of the number of families and professionals who might benefit from Cross-Program Training, determine what special needs they may have. You can find out in several ways: Send a written questionnaire to the home; visit agencies and individuals and interview key people; contact other community agencies that might serve the foster/adoptive families ask for suggestions as to how Cross-Program Training could meet some of the family's and the agency's needs. Regardless of the approach you use, make sure to collaborate with other agencies in conducting your needs assessment.

Collaborate with other agencies in conducting your needs assessment

Once you have a local advisory council and task force in place (with appropriate roles, goals, and strategies developed) you are ready to begin implementing the specific tasks involved in planning the actual training events. (This step, needs assessment, will be one of the overall project tasks.) The needs assessment phase is an important task force activity, both because the process itself brings about collaboration and communication, and because the end result is feedback from a cross-section of agencies and individuals in your community.

You may want to use the needs assessment form provided in this manual, or create one of your own. Use the form to reach as many people, agencies, and levels within agencies as is possible and appropriate for your community. Remember, your program is Cross-Program Training, so you must reach across programs in collecting your needs assessment data.

Administer the form in a setting and process that will insure that you will get the information you want. Often, when faced with a lengthy form, especially if it comes in the mail, people simply do not fill it out at all, or do not do so very completely. You can decrease the likelihood that this will happen by combining your needs assessment form with an interview or a meeting, where a group of people fill out the assessment, together or separately. Your presence, explanations, and encouragement will increase the quality and quantity of information you receive.

Remember, the goal of conducting a needs assessment is to collect information about what is relevant and needed in your community. Address those issues and concerns in your training. People will be motivated to attend your sessions. They will be pleased to learn what they asked to learn. They will get what they wanted and compliment your efforts. You will get what you want by providing a service that is really needed.

Begin your needs assessment "in-house"

Before sending out questionnaires, making calls, or conducting interviews outside programs, it's best for each task force member simply to use the following needs assessment outline "in-house" to determine needs and attitudes toward a Cross-Program Training effort. Go over the items on the outline and discuss answers, ideas and possible problems. Then, if there is a positive feeling that Cross-Program Training might be helpful and might work, begin to make plans to involve resources of the task force. Use the results of each task force member's "in-house" survey to begin making plans for task force collaboration. You may use the following chart as a guideline in conducting your needs assessment, both within your agency and with other resources.

Find out whether or not foster/adoptive families and service providers are interested in Cross-Program Training and what they need

After you have completed your "in-house" needs assessment and determined whether you want to proceed with a Cross-Program effort, the next step is to find out whether the "potential" families and participants are interested in your program and what their needs are. You may want to create a special needs assessment questionnaire just for Cross-Program Training, or you might simply add items to the training needs assessment you already use. The following form is a sample you may want to use or adapt. You may wish to use sample items from this survey as an addition to needs assessment forms you already use.

Remember, assessments are best done in person, during interviews or during parent meetings, staff meetings, or workshops.

Planning Materials

On the pages which follow you will find:

a. "Issues to Consider in Conducting a Needs Assessment" -- a chart which provides ideas for discussion and guidelines for assessing your needs.

b. "Assessing Training Needs" -- two activities designed to facilitate input from Advisory Council and Task Force members.

c. A Needs Assessment Questionnaire for Advisory Council members.

d. Needs Assessment Questionnaires for members of the Task Force. There is a questionnaire for each target group: teachers, social workers, and foster/adoptive parents.

Issues to Consider in Conducting a Needs Assessment

You may use this as a discussion guide and planning tool for your program.

Questions	Where to Find Answers	How to Find Answers
I. Need for Program		
a. How has our regular program been meeting the needs of foster/ adoptive families with special needs children?	Day Care/Head Start families Day Care/Head Start staff Staff in other service programs Community professionals	Observation Questionnaires Informal Conversations
1. How many foster/adoptive families with special needs children are in our program?	(medical doctors, physical therapists, etc.) Local churches and church	Professional meetings Staff meetings Community functions
2. What training opportunities are offered to these families?	leaders Local clubs, sororities,	Church functions Letters
3. What training opportunities are available for professionals, agencies, and groups that provide support to these families?	fraternities, community organizations Local Health and Mental Health Local and/or State Dept. of Social Services	Telephone

Questions	Where to Find Answers	How to Find Answers
b. What training needs might foster/ adoptive families with special needs children have? Areas to consider: Coping with parental stress Parental grief/anger Family acceptance in community Family support systems Coping with financial stress on family related to medical needs of child, ie. special equipment/therapy for child Parents' knowledge of child's abilities and disabilities Parents'skill in working with child Parents' reaction to the child Reaction of brothers/sisters to handicapped child in the family "Respite" care for the child Transportation for the child to school/doctor/therapy, etc. Family communication skills	Families with special needs children Local service programs Other public agencies, such as health services, mental health, and social services	Questionnaires Observation Informal conversation Home visits Interviews Staff meetings Telephone conversations

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Questions	Where to Find Answers	How to Find Answers
c. What other agencies, programs, professionals might need this program?	Day Care/Head Start programs Local churches/ministers Local public service agencies: health dept., mental health, and social services Local foster/adoptive parent groups	Informal conversation Staff meetings Telephone Interview local professionals

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Questions	Where to Find Answers	How to Find Answers
II. What Our Program Needs to Begin Cross-Program Training		
a. How many people will participate?	Foster/adoptive families of special needs children	Interview
b. How many trainers will we need?		Staff meetings
c. What resources are available to support the program?	Advocacy groups	Telephone contacts
	Local churches, civic groups, volunteer groups	Interview local civic leaders, ministers, professionals
Staff	Local public service agencies, health dept., mental health, and social services	Council/Board meetings
Local DSS, Day Care, Head Start		
Foster/adoptive parents		
Volunteers	Local colleges/universities	
Space		
Amount		
Availability		
Access to support services		
Secretarial		
Telephone		
Postage, etc.		
Access to community support		
Other public service agencies		
Foster/adoptive families		
Churches, civic groups, etc.		
Funding		
Agency budget		
Other possible sources		

Questions	Where to Find Answers	How to Find Answers
III. What might interfere with the program?		
1. Who must approve the program?	Day Care/Head Start staff	Staff meetings
2. How much extra time/energy would the program require?	Local DSS	Interviews
	Service delivery agencies,	Telephone contacts
3. Do we have adequate staff, or can we get adequate staff?	such as mental health, public health	Requests for support Council/Board meetings
4. Can we get a training location?	Foster/adoptive parents	
5. What special knowledge or skills must we possess to have successful Cross-Program Training?	Foster/adoptive parent groups	
6. Can we support this program long enough for it to meet our goals?		
7. What might block staff acceptance of Cross-Program Training? What can we do to reduce/eliminate blocks?		
8. What might block community acceptance of a Cross-Program Training effort? What can we do to reduce/ eliminate blocks?		

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ASSESSING TRAINING NEEDS

Purpose: To facilitate the input of Advisory Council members into the assessment of Cross-Program Training needs.

Objectives: Advisory Council members will:

1. Introduce themselves to the small group by sharing their responses to given "warm-up questions."

2. Complete the Cross-Program Training "Needs Assessment Questionnaire."

3. Generate a list of the most critical generic training needs, as well as a list of needs which are target group specific.

Target Group: Administrative representatives in social work, education, and foster/adoptive parent groups

Group Size: 2 - 8 participants

Time Required: Approximately 50 minutes

Materials Needed: Handout: "Needs Assessment Questionnaire"
A 3" x 5" index card and pen for each participant
Newsprint, tape and markers

Physical Setting: Chairs set up around a small work table.

Procedure:

1. Give participant a 3" x 5" index card and pen. Ask participants to write down:

   a) Name

   b) County

   c) Role in Cross-Program Training (i.e., parent, teacher, social worker, other community agency personnel)

   d) A response to each of the following: Imagine you are an animal in a zoo. In one word, describe your feelings as people look and point at you. (Allow about 5 minutes)

2. Ask each participant to tell the history of his/her name, i.e., where it came from, who named after. Then, on a large sheet of newsprint posted in view of all participants, list participant responses to the last question (about the animal in the zoo). Title this, "Feelings." Talk a little bit about how the

feelings of foster/adoptive children with special needs may be similar to those listed on the newsprint, especially for children with visible handicaps. Point out that helping the child meet his or her emotional needs represents one broad area which might be addressed by Cross-Program Training. Explain that two other broad areas include helping the child meet physical needs and helping him/her meet intellectual needs. (Allow about 10 minutes)

3. Distribute a copy of the "Needs Assessment Questionnaire" to each participant. Explain that the questions were designed to serve as a catalyst to help us look at possible training needs from a variety of perspectives. Respectfully request that participants be as thorough and specific as they can in answering the questions. Remind participants that this needs assessment process is a critical first step in the development of a practical, relevant training program. Ask participants to complete the questionnaire. (Allow about 20 minutes)

4. Post 2 large pieces of newsprint. With a black marker, set columns like this:

Need	Parents	Teachers	Social Workers
1. Increased under-standing of specific disabilities	X	X	X

Ask participants to refer specifically to questions 3, 4 and 8 for ideas. Present the following categories of ideas and ask for specific suggestions, if prompting is necessary.

5. Ask participants to now share some of their responses with the group. Explain that the goal is to generate a list of what group members feel are the most critical training needs and for whom.

For question #4: What could be done to overcome problems?

    For myself _____

    For services to the family_____

    For services to the child _____

For question #8: Skills

    Specialized parenting skills _____

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Communication skills (with doctors, social workers, teachers, etc.) _____

Family life skills _____

Increased understanding of impact of disabilities on family life _____

Increased understanding of the IEP process.

(Allow about 15 minutes)

6. Collect index cards and "Needs Assessment Questionnaires."

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HANDOUT
Needs Assessment Questionnaire
for Advisory Council

Please check the box which describes your role in Cross-Program Training:

_____ Foster/Adoptive Parent

_____ Head Start/Day Care   Position _____

_____ DSS   Position _____

_____ Other (please describe) _____

WHERE ARE YOU NOW?

(1)   Briefly, what do you or your organization do now to serve preschool children with special needs in foster/adoptive care?

_____

_____

_____

_____

_____

(2)   What specific knowledge and skills do your staff members possess which help them to do their jobs?

_____

_____

_____

_____

_____

_____

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(3)   What problems have you or your staff members encountered in working with special needs children in foster/adoptive care which might be addressed in a training program?

_____

_____

_____

_____

_____

(4)   What do you think could be done to help you overcome any problems and/or improve your organization's work with special needs children in foster/adoptive care?

_____

_____

_____

_____

_____

(5)   In what ways do you or your organization presently communicate and collaborate with other individuals and organizations who provide services to special needs preschoolers in foster/adoptive care?

_____

_____

_____

_____

_____

With foster/adoptive parents_____

_____

_____

_____

_____

66

With preschool teachers _____

_____

_____

_____

_____

With DSS _____

_____

_____

_____

_____

Other _____

_____

_____

_____

WHERE WOULD YOU LIKE TO BE?

(6)   Briefly, describe the "ideal" social worker, teacher and foster/adoptive parent. What, exactly, do you feel these folks should do in relation to their work with special needs children in foster/adoptive care?

Social Worker: _____

_____

_____

_____

Teacher: _____

_____

_____

_____

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Foster/adoptive parent _____

_____

_____

_____

(7)   How do you think communication, collaboration and cooperation between
      teachers, DSS workers and foster/adoptive parents might be
      increased/improved?   Please be as specific as you can.

_____

_____

_____

_____

_____

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ASSESSING TRAINING NEEDS

Purpose: To facilitate the input of Task Force members into the assessment of Cross-Program Training needs.

Objectives: Task Force members will:

1. Introduce themselves to the small group by sharing their responses to given "warm-up questions."

2. Complete the Cross-Program Training "Needs Assessment Questionnaire."

3. Generate a list of the most critical generic training needs, as well as a list of needs which are target group specific.

Target Group: Social workers, teachers, and foster/adoptive parents.

Group Size: 2-8 participants

Time Required: Approximately 50 minutes

Materials Needed: Handout: "Needs Assessment Questionnaire" (one for each group)
A 3" x 5" index card and pen for each participant
Newsprint, tape and markers

Physical Setting: Chairs set up around a small work table.

Procedure:

1. Give participants a 3" x 5" index card and pen. Ask participants to write down:

   a. Name

   b. Role in Cross-Protram Training (i.e., parent, teacher, social worker, other community agency personnel)

   c. A response to each of the following: Imagine you are an animal in a zoo. In one word, describe your feelings as people look and point at you. (Allow about 5 minutes)

2. Ask each participant to tell the history of his/her name, i.e., where it came from, who named after. Then, on a large sheet of newsprint posted in view of all participants, list participant responses to the last question (about the animal in the zoo). Title this, "Feelings." Talk a little bit about how the feelings of foster/adoptive children with special needs may be similar to those listed on the newsprint, especially for children with visible

6ɔ

handicaps. Point out that helping the child meet his or her emotional needs represents one broad area which might be addressed by Cross-Program Training. Explain that two other broad areas include helping the child meet physical needs and helping him/her meet intellectual needs. (Allow about 10 inutes)

3. Distribute a copy of the correct "Needs Assessment Questionnaire" to each participant, based on his or her role. Explain that the questions were designed to serve as a catalyst to help us look at possible training needs from a variety of perspectives. Respectfully request that participants be as thorough and specific as they can in answering the questions. Remind participants that this needs assessment process is a critical first step in the development of a practical, relevant training program. Ask participants to complete the questionnaire. (Allow about 20 minutes)

4. Post 2 large pieces of newsprint. With a black marker, set columns like this:

Need	Parents	Teachers	Social Workers
1. Increased under- standing of speci- fic disabilities	X	X	X

5. Ask participants to now share some of their responses with the group. Explain that the goal is to generate a list of what group members feel are the most critical training needs and for whom.

6. Collect index cards and "Needs Assessment Questionnaires."

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Task Force
Needs Assessment
(Teachers)

Please write the letter of your response to each of the following questions in the space provided to the right of each item.

1. I am: a) a Foster/Adoptive parent, b) a Head Start/Day Care employee, c) a DSS employee, d) Other (Please decribe:

   _____   1) ____

   _____

2. I represent: 2) ____

3. Which best describes your feelings about taking a workshop in which your role, as well as the role of other service providers and caregivers, is carefully examined and clarified?

   a) Eager   b) Hostile   c) Neutral or Unsure   3) ____

4. The __biggest__ problem in getting foster/adoptive parents, teachers and social services workers together for periodic conferences about a particular child is:

   a)   transportation
   b)   inability to juggle schedules and make time for a
        collaborative conference
   c)   lack of interest by any or all parties concerned
   d)   lack of available child care
   e)   Other Please describe: _____   4)

5. Sometimes it is difficult to get foster/adoptive parents together for training, meetings or workshops. Why do you think this happens? (What causes parents to stay away?)

   a)   transportation problems
   b)   lack of time
   c)   lack of interest
   d)   lack of available child care
   e)   other Please describe: _____
   f)   not a problem in my county   5) ____

6. With which types of community service agencies do you presently have regular (at least twice a month) contact? (Check as many as apply.)

   a)   Mental Health   a) ____
   b)   Dental Clinics   b) ____
   c)   Medical Clinics   c) ____

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d) Day Care/Head Start   d) ___
e) Special Education facilities   e) ___
f) Organizations offering Recreational Opportunities for   f) ___
   Children and Families
g) Community Volunteer Organizations   g) ___
h) Agencies which offer financial aid to families in need   h) ___
   (for food, shelter, medical expenses, etc.)

7. Which of the following would you like to learn more about? First,
    check all of the topics on which you would like training. Then,
    put an asterisk (*) next to the two topics in each category about
    which you would most like to learn. (Place an asterisk next
    to only two topics in each category.)

    a) General overview of the stages of "normal" child develop-   a) ___
       ment
    b) How to determine a child's unmet needs by observing the
       child's behavior   b) ___
    c) How to help the child find acceptable ways of meeting
       his needs   c) ___
    d) How to respond to the child's feelings, rather than his
       behavior   d) ___
    e) How to help children cope with separation   e) ___
    f) Your role in the attachment process   f) ___

8. In the area of Foster/Adoptive Care

    a) General overview of the field of foster care and adop-   a) ___
       tion practices
    b) How to prepare children for placement   b) ___
    c) How to prepare families for placement   c) ___
    d) What to do about disruption   d) ___
    e) How to recruit potential foster and adoptive parents   e) ___
    f) Techniques for permanency planning   f) ___
    g) Post placement activities   g) ___

9. In the area of Behavior Management

    a) General introduction to behavior modification tech-   a) ___
       niques
    b) How to use discipline rather than punishment   b) ___
    c) How to handle "problem" behaviors (i.e., stealing,
       fighting, lying, masturbating, bedwetting, with-   c) ___
       drawing)

10. In the area of Communication

    a) "Body Language" and other forms of nonverbal communi-   a) ___
       cation
    b) How to recognize and overcome barriers to communication   b) ___
    c) Techniques for improving communication skills (i.e.,
       "two-way communication", "active listening", sending "I   c) ___
       messages.")

11. In the area of Counseling:

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a) How to provide follow-up counseling and support to foster/   a) ___
    adoptive families
b) How to handle crisis situations   b) ___
c) How to help children understand their histories   c) ___
d) Techniques for working with groups   d) ___

12. In the area of Special Needs

a) An introduction to "mainstreaming   a) ___
b) How to identify a special need by its symptoms and
    offer alternative strategies for meeting or dealing   b) ___
    with it
c) Visual Impairments   c) ___
d) Hearing Impairments   d) ___
e) Learning Disabilities   e) ___
f) Handicaps that affect movement (i.e., cerebral palsy,
    amputation, paralysis, spina bifida)   e) ___
g) Speech/language impairments   f) ___
h) Mental retardation   g) ___
i) Emotional disturbance   h) ___
j) Health impairments (i.e., epilepsy, cystic fibrosis,
    asthma, cogenital heart defects, anemia, hemophilia.)   j) ___
k) Teaching Self-Help Skills to the Special Needs
    Child   k) ___

13. Please write your response to each of the following questions
     in the space provided.

     Sometimes services orovided to special needs children and their
     families overlap. What do you feel is the most significant con-
     tributing factor to the problem of service duplication?

     _____

     _____

     _____

     _____

14. Complete the following sentence as honestly as you can: "When I
     have a child with special needs in my classroom, the thing that
     concerns me the most is ....."

     _____

     _____

     _____

15. Imagine that you are in charge of training other social workers,
     teachers or parents in techniques for meeting the needs of
     foster/adoptive children with special needs. What questions or concerns
     do you have?

     _____

_____

_____

_____

_____

_____

16. Imagine you are attending a workshop called "Family Counseling Skills for Teachers: Helping the Foster/Adoptive Family of the Special Needs Child." List the questions you have about this topic.

_____

_____

_____

_____

_____

_____

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**Task Force
Needs Assessment**
(Social Workers)

Please write the letter of your response to each of the following questions
in the space provided to the right of each item.

1.   I am: a) a Foster/Adoptive parent, b) a Head Start/Day
     Care employee, c) a DSS employee, d) Other (Please decribe:

     _____   1) ___

     _____

2.   I represent: .   2) ___

3.   Which best describes your feelings about taking a workshop in
     which your role, as well as the role of other service pro-
     viders and caregivers, is carefully examined and clarified?

     a) Eager   b) Hostile   c) Neutral or Unsure   3) ___

4.   The __biggest__ problem in getting foster/adoptive parents,
     teachers and social services workers together for periodic
     conferences about a particular child is:

     a)   transportation
     b)   inability to juggle schedules and make time for a
          collaborative conference
     c)   lack of interest by any or all parties concerned
     d)   lack of available child care
     e)   Other Please describe: _____   4)

5.   Sometimes it is difficult to get foster/adoptive parents to-
     gether for training, meetings or workshops. Why do you think
     this happens? (What causes parents to stay away?)

     a)   transportation problems
     b)   lack of time
     c)   lack of interest
     d)   lack of available child care
     e)   other Please describe: _____
     f)   not a problem in my county   5) ___

6.   With which types of community service agencies do you presently
     have regular (at least twice a month) contact? (Check as many
     as apply.)

     a)   Mental Health   a) ___
     b)   Dental Clinics   b) ___
     c)   Medical Clinics   75   c) ___

d)   Day Care/Head Start   d) ___
e)   Special Education facilities   e) ___
f)   Organizations offering Recreational Opportunities for   f) ___
     Children and Families
g)   Community Volunteer Organizations   g) ___
h)   Agencies which offer financial aid to families in need   h) ___
     (for food, shelter, medical expenses, etc.)

7. Which of the following would you like to learn more about? First,
    check **all** of the topics on which you would like training. Then,
    put an asterisk (*) next to the two topics in each category about
    which you would **most** like to learn. (Place an asterisk next
    to only two topics in each category.)

    a)   General overview of the stages of "normal" child develop-   a) ___
         ment
    b)   How to determine a child's unmet needs by observing the   b) ___
         child's behavior
    c)   How to help the child find acceptable ways of meeting   c) ___
         his needs
    d)   How to respond to the child's feelings, rather than his   d) ___
         behavior
    e)   How to help children cope with separation   e) ___
    f)   Your role in the attachment process   f) ___

8. In the area of Foster/Adoptive Care

    a)   General overview of the field of foster care and adop-   a) ___
         tion practices
    b)   How to prepare children for placement   b) ___
    c)   How to prepare families for placement   c) ___
    d)   What to do about disruption   d) ___
    e)   How to recruit potential foster and adoptive parents   e) ___
    f)   Techniques for permanency planning   f) ___
    g)   Post placement activities   g) ___

9. In the area of Behavior Management

    a)   General introduction to behavior modification tech-   a) ___
         niques
    b)   How to use discipline rather than punishment   b) ___
    c)   How to handle "problem" behaviors (i.e., stealing,   c) ___
         fighting, lying, masturbating, bedwetting, with-
         drawing)

10. In the area of Communication

    a)   "Body Language" and other forms of nonverbal communi-   a) ___
         cation
    b)   How to recognize and overcome barriers to communication   b) ___
    c)   Techniques for improving communication skills (i.e.,   c) ___
         "two-way communication", "active listening", sending "I
         messages.")

11. In the area of Counseling: 76

a) How to provide follow-up counseling and support to foster/ a) ___
    adoptive families
b) How to handle crisis situations   b) ___
c) How to help children understand their histories   c) ___
d) Techniques for working with groups   d) ___

12. In the area of Special Needs

a) An introduction to "mainstreaming   a) ___
b) How to identify a special need by its symptoms and
    offer alternative strategies for meeting or dealing   b) ___
    with it
c) Visual Impairments   c) ___
d) Hearing Impairments   d) ___
e) Learning Disabilities   e) ___
f) Handicaps that affect movement (i.e., cerebral palsy,
    amputation, paralysis, spina bifida)   e) ___
g) Speech/language impairments   f) ___
h) Mental retardation   g) ___
i) Emotional disturbance   h) ___
j) Health impairments (i.e., epilepsy, cystic fibrosis,
    asthma, cogenital heart defects, anemia, hemophilia.)   j) ___
k) Teaching Self-Help Skills to the Special Needs
    Child   k) ___

13. Please write your response to each of the following questions
     in the space provided.

     Sometimes services provided to special needs children and their
     families overlap. What do you feel is the most significant con-
     tributing factor to the problem of service duplication?

     _____

     _____

     _____

     _____

14. Complete the following sentence as honestly as you can: "When I
     talk to a prospective foster or adoptive family about a special
     needs child, the thing that concerns me the most is ....."

     _____

     _____

     _____

15. Imagine that you are in charge of training other social workers,
     teachers or parents in techniques for meeting the needs of
     foster/adoptive children with special needs. What questions or concerns
     do you have?

     _____

_____

_____

_____

_____

_____

16.   Imagine you are attending a workshop called "Advocacy - How to Success-
      fully Negotiate with Other Community Service Agencies"   List the
      questions you have about this topic.

_____

_____

_____

_____

_____

_____

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Task Force
Needs Assessment
(Foster/Adoptive Parents)

Please write the letter of your response to each of the following questions in the space provided to the right of each item.

1. I am: a) a Foster/Adoptive parent, b) a Head Start/Day
    Care employee, c) a DSS employee, d) Other (Please decribe:

    _____   1) ___

    _____   _____

2. I represent: 2) ___

3. Which best describes your feelings about taking a workshop in
    which your role, as well as the role of other service pro-
    viders and caregivers, is carefully examined and clarified?

    a) Eager   b) Hostile   c) Neutral or Unsure   3) ___

4. The **biggest** problem in getting foster/adoptive parents,
    teachers and social services workers together for periodic
    conferences about a particular child is:

    a)   transportation
    b)   inability to juggle schedules and make time for a
          collaborative conference
    c)   lack of interest by any or all parties concerned
    d)   lack of available child care
    e)   Other Please describe: _____   4)

5. Sometimes it is difficult to get foster/adoptive parents to-
    gether for training, meetings or workshops. Why do you think
    this happens? (What causes parents to stay away?)

    a)   transportation problems
    b)   lack of time
    c)   lack of interest
    d)   lack of available child care
    e)   other Please describe: _____
    f)   not a problem in my county   5) ___

6. With which types of community service agencies do you presently
    have regular (at least twice a month) contact? (Check as many
    as apply.)

    a)   Mental Health   a) ___
    b)   Dental Clinics   b) ___
    c)   Medical Clinics   c) ___

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d)   Day Care/Head Start   d) ___
e)   Special Education facilities   e) ___
f)   Organizations offering Recreational Opportunities for   f)
      Children and Families
g)   Community Volunteer Organizations   g) ___
h)   Agencies which offer financial aid to families in need   h) ___
      (for food, shelter, medical expenses, etc.)

7. Which of the following would you like to learn more about? First,
    check **all** of the topics on which you would like training. Then,
    put an asterisk (*) next to the two topics in each category about
    which you would **most** like to learn. (Place an asterisk next
    to only two topics in each category.)

    a) General overview of the stages of "normal" child develop-   a) ___
        ment
    b) How to determine a child's unmet needs by observing the
        child's behavior   b) ___
    c) How to help the child find acceptable ways of meeting
        his needs   c) ___
    d) How to respond to the child's feelings, rather than his
        behavior   d) ___
    e) How to help children cope with separation   e) ___
    f) Your role in the attachment process   f) ___

8. In the area of Foster/Adoptive Care

    a) General overview of the field of foster care and adop-   a)
        tion practices
    b) How to prepare children for placement   b) ___
    c) How to prepare families for placement   c) ___
    d) What to do about disruption   d) ___
    e) How to recruit potential foster and adoptive parents   e) ___
    f) Techniques for permanency planning   f) ___
    g) Post placement activities   g) ___

9. In the area of Behavior Management

    a) General introduction to behavior modification tech-   a) ___
        niques
    b) How to use discipline rather than punishment   b) ___
    c) How to handle "problem" behaviors (i.e., stealing,
        fighting, lying, masturbating, bedwetting, with-   c) ___
        drawing)

10. In the area of Communication

    a) "Body Language" and other forms of nonverbal communi-   a) ___
        cation
    b) How to recognize and overcome barriers to communication   b) ___
    c) Techniques for improving communication skills (i.e.,
        "two-way communication", "active listening", sending "I   :) ___
        messages.")

11. In the area of Counseling:

80

a) How to provide follow-up counseling and support to foster/   a) ____
   adoptive families
b) How to handle crisis situations   b) ____
c) How to help children understand their histories   c) ____
d) Techniques for working with groups   d) ____

12. In the area of Special Needs

    a) An introduction to "mainstreaming   a) ____
    b) How to identify a special need by its symptoms and
      offer alternative strategies for meeting or dealing   b) ____
      with it
    c) Visual Impairments   c) ____
    d) Hearing Impairments   d) ____
    e) Learning Disabilities   e) ____
    f) Handicaps that affect movement (i.e., cerebral palsy,
      amputation, paralysis, spina bifida)   e) ____
    g) Speech/language impairments   f) ____
    h) Mental retardation   g) ____
    i) Emotional disturbance   h) ____
    j) Health impairments (i.e., epilepsy, cystic fibrosis,
      asthma, cogenital heart defects, anemia, hemophilia.)   j) ____
    k) Teaching Self-Help Skills to the Special Needs
      Child   k) ____

13. Please write your response to each of the following questions
    in the space provided.

    Sometimes services provided to special needs children and their
    families overlap. What do you feel is the most significant con-
    tributing factor to the problem of service duplication?

    _____

    _____

    _____

    _____

14. Complete the following sentence as honestly as you can: "When I
    think about my role as a foster/adoptive parent, the thing that
    concerns me the most is ......"

    _____

    _____

    _____

15. Imagine that you are in charge of training other social workers,
    teachers or parents in techniques for meeting the needs of
    foster/adoptive children with special needs. What questions or concerns
    do you have?

    _____

_____

_____

_____

_____

_____

_____

16. Imagine you are attending a workshop called "Coping with my Feelings as a Foster or Adoptive Parent." List the questions you have about this topic.

_____

_____

_____

_____

_____

_____

82

Design Training Curriculum

Analyze needs assessment results

This may be a repetition of the obvious. However, people are more motivated to attend workshops that meet their needs. If you design your sessions based on needs assessment results, participants are more likely to attend and feel positive about the experience. They will be more likely to attend additional sessions in the future. So, pay attention to needs assessment results and select content accordingly. Select the "top ten" topics from your site and focus on those first.

Plan sequence for curriculum content

Again, in sequencing your curriculum, pay attention to needs assessment results. For example, if the "top three" content areas were developmental disabilities, child abuse, and post-placement crises, it would be an effective strategy to offer these topics early in your curriculum sequence. At the same time, you will want to keep some logic to your sequence. Preparation and placement, logically, need to be presented before post-placement issues. Other topics can stand on their own, such as child abuse or developmental disabilities. Keep this in mind as you plan the sequence for your workshop topics. Plan a sequence that meets priority needs early in the series and maintains a logical order of presentation.

Plan time slots for each segment of the curriculum

The problem with many in-service events is that there is often not enough time available to teach all the topics in which people are interested. When in-service training time is scarce, presentations must be "on-target" and worthwhile. Prioritize those topics gleaned from the needs assessment, sequence them according to need and logic, then allot time, also, according to need. Perhaps only a quick review of preparation issues is indicated, while a whole day on developmental disabilities is needed by most participants. That is O.K. Every topic need not have exactly the same time allotment. The learning needs of your participants are crucial, not time slots. Be flexible. Review where needed. Expand when called for. Meet the needs of your participants for a successful learning experience.

Identify instructors for each segment

Members of the Cross-Program Training task force must share responsibility for this task. You probably have the resources on the task force (or in task force agencies) to present most of the content for Cross-Program Training. If not, do not hesitate to contact local outside resources for the needed expertise. Objectives and materials needed for each topic are included in the training activities which appear in this notebook. All that is needed is a talented instructor to bring them to life.

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Determine potential roles for prospective resources

Before suggesting a role that any agency or resource might play in your training program, be sure to do your "homework" in terms of knowing as much as you can about their services. This will be easy with agencies/resources you have used in the past. You are already familiar with their services. These same agencies can refer you to other resources and tell you more about what is available at each. Remember, having some background on a new, potential resource will help you in making your inquiries, as well as in introducing Cross-Program Training.

Suggest a specific contribution your contact could make (in-service training, identification of other trainers/speakers, consultation on problem situations with specific children or families, etc.). Ask your contacts whether there are other contributions that they could offer. Thank each for his or her cooperation and arrange for a follow-up call or meeting to ensure that the contribution actually takes place.

Develop a Cross-Program resource list

After making contacts with community resources, develop a list of those resources that can contribute to your program. Be sure to include information on how each agency/resource will contribute. You will need to be aware of the procedures, contact persons, and prior agreements with the formal agencies included in your list. You will also need to record similar information on your informal contacts, as well as any limitations in using private resources. Once generated, this list will be invaluable in planning and designing training events.

Keep the channels of communication open

After implementing your plan of cooperation and collaboration, it's important to keep the channels of communication open between and among task force members, Advisory Council representatives, and the resources with whom you work. You can do this by providing feedback to agencies and other resources on how Cross-Program Training is progressing and on how their contribution is helping the effort. This feedback is most effectively communicated in person, through a telephone call or a face-to-face meeting. You can also keep resources in touch by inviting representatives involved to participate in special events that are planned for Cross-Program Training, such as appreciation banquets or family picnics. You may even want to plan a "collaboration" special event and invite all of the people who have supported your program. By keeping communication channels open, you will be able to ensure continued support from the community.

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Cross-Program Training Resource List

Agency/Resource	Contact Person Address/Phone #	Type(s) of Assistance	Costs	Notes

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Possible Outside Resources for In-service Training

Community

    -- Colleges and Universities
    -- Early Intervention Programs
    -- Mental Health-sponsored Agencies

State

    -- State Training Facilities
    -- Department of Public Instruction
    -- Head Start State Associations
    -- Early Childhood Organizations
    -- State Day Care Associations

Region

    -- Resource Access Projects for Head Start
    -- Early Childhood Models
    -- Specially Funded Coordinators for Head Start

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Introduce Your Program to the Community

Remember that community involvement is vital

This section of the monograph describes what the task force can do to (1) introduce your Cross-Program Training effort to the community, and (2) enlist the support and participation of agencies, professionals, and individuals responsible for the delivery of services to foster/adoptive families of special needs children.

Decide who should be involved

After you have organized resources and personnel within your agency and developed a task force team, the next task is to reach agencies and resources that could benefit from Cross-Program Training. Your goal is to strengthen the collaboration between potential agency resources yet untapped. Here are a few suggestions on how you can accomplish this goal.

> Ask yourself, "Which agencies and/or resources are most appropriate for participation in our Cross-Program Training effort?"

In developing this list, think of both the local and state agencies in your community which provide services to special needs children and their foster/adoptive families and, also, the volunteer groups or persons who are similarly involved. Some examples of local and state agencies that provide services to special needs children and their foster/adoptive families include:

> Departments of human services
> Head Start programs
> Day care and pre-school programs
> Mental health departments
> Health departments
> Organizations for handicapping conditions
>   (e.g., United Cerebral Palsy)
> Agricultural Extension offices
> Departments of public instruction
> Colleges and universities

Examples of local and state volunteer/private resources/persons include:

> Church organizations
> Fraternities/sororities
> Women's clubs/organizations
> Men's clubs/organizations
> Professional organizations (e.g., state teachers, retired teachers,
>   occupational and physical therapists, nurses, etc.)
> Leaders/officers in above-mentioned groups
> Foster/adoptive parents of special needs children
> Persons who have volunteered or worked in your program in the past
> Local community action service clubs
> Local neighborhood leaders

Next, decide which of these agencies and/or resources would be most appropriate for, and receptive to, participation in your Cross-Program effort. It might help to make a list and "rank order" those contacts you wish to make from "first, most important" to "last." In this way, you can channel your energy first toward those resources that you believe will benefit the most. Be sure to include the name, address, and telephone number of each resource you wish to contact and the name of a contact person, if known.

Contact the local service agencies you have selected

The best way to begin is to make a personal contact by telephone. You can then explain a little about the training, answer questions, and invite the contact to attend the first training session. Here is a "script" you may wish to follow in making initial telephone contacts:

> I am _____ of _____ . I am a member of a Cross-Program task force that has designed a program for persons and agencies in our community who are involved with the foster/adoptive care of special needs children. We are calling the program Cross-Program Training, because the content and design of the training will be relevant across programs and disciplines. Also, the people attending the training will be representative of a Cross-Program group. We want to include social workers, teachers, parents, and other key people who provide services to special needs children in foster/adoptive care.
>
> We have some training materials available to use in the sessions. However, we want to do some local Cross-Program planning and needs assessment before we decide which of these materials to use, with which groups, when, and where. I am calling to see if you are interested in finding out more about Cross-Program Training and perhaps being one of the people who participates in the training program for our community. We are planning an orientation session for the program on _____ at ____ o'clock. We will be describing our training materials and distributing brochures. we would like you to be there to learn more, because we need your support."

Soon after each call (or letter and brochure mailing), contact your potential resources again -- through follow-up letters and another telephone call. The most effective way of gaining practical support for your program is to maintain person-to-person contact with individuals who are in a position to help.

In each contact with a potential resource, be sure to stress (a) the overall goals of the program, (b) the rationale for Cross-Program Training, (c) the ways this training can benefit the family, the child, the service provider, and the community, (d) the training topics that will be covered in each session, and, (e) the time, date, and location of each session.

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Recruit Participants

Develop brochures and posters to advertise Cross-Program Training

You do not have to be an artist, or have a big budget, to develop some simple brochures or posters to advertise your Cross-Program events. A little creativity and access to a xerox machine are the basic ingredients for your advertisements. Develop a simple logo of your own, or use the one provided with this curriculum. Place it on a brochure or poster, then fill in the pertinent information for your site. Use the creativity of a staff member to draw some posters and place them in key sites in your area. Again, the idea is not to win an art award, but to get the word cut about Cross-Program Training. Let this process, itself, be a Cross-Program effort.

Use community network for advertising and recruitment

Again, use the Cross-Program team to distribute the materials you develop. Ask each task force member to accept the responsibility of identifying two additional people in the community to help distribute materials. That way, the work load is shared and the communication reaches more people.

1) Begin recruitment efforts in-house. Start by reviewing the needs of (a) your own staff, and (b) families and children who are already in your program(s). Refresh your memory if needed by reviewing your files and talking to colleagues concerning their training needs and those of families with special needs children.

2) Utilize word-of-mouth techniques. Let people, both in your professional and personal lives, know that Cross-Program Training is available in your area. Make a point of contacting parents, teachers, social workers, and other professionals you know who would be interested.

3) Advertise. Develop "formal" advertising for local newspapers. Help with that effort by submitting "ads" in the informal flyers, professional and program newsletters. (Most small papers will do this at no charge.) Place flyers and brochures in public places (churches, libraries, recreation centers, schools, supermarkets, laundromats). Submit public service announcements on local radio and television.

4) Be ready to respond to inquiries. Many inquiries will come to you and members of the local task force in your area. Be prepared:

    1. Inform staff members who will be answering the phone, opening mail, etc. that such inquiries will be coming in.

    2. Give staff members enough information to be "in the know" when inquiries are made.

    3. Encourage them to be friendly and helpful.

    4. Make personal contact with pertinent community agency personnel (Public Health, Mental Health, foster/adoptive parent groups, child advocacy groups, PACT teams, day care councils, police departments, etc.).

Planning Materials

On the following pages you will find:

a. "Recruitment" -- an activity designed to help Advisory Council members generate a list of ways they can recruit participants for Cross-Program Training.

b. "Recruitment Strategies" and "The Once-and-For-All Listing of Every Possible Recruitment Mode" -- intended for use as handouts and/or planning tools.

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RECRUITMENT

Purpose: To generate a list of techniques that each site can use in recruiting families, teachers, social workers and other community agency personnel for Cross-Program Training workshops.

Objectives: Advisory Council members will:

1. Receive, review and discuss a list of recruitment strategies.

2. Select recruitment strategies that would be most appropriate for their area.

3. List at least 5 strategies to be used at their site, indicating time ("when") and responsibility ("who") for implementing each.

Target Group: Administrative representatives of social work, education, and foster/adoptive parent groups

Group Size: 2 - 8 participants

Time Required: 30 minutes

Materials Needed: Handouts: "Recruitment Strategies"
"The Once-and for All Listing of Every Possible Recruitment Mode"

Physical Setting: Chairs, set up around a small work table or "in the round"

Procedure:
1. Introduce the activity by saying that, since we are working with a rather discreet population (special needs foster/adoptive children of pre-school age), we need to make a special effort to identify and recruit as many of those families, teachers, and DSS workers, and other community agency personnel (Public Health, PACT teams, Mental Health, etc.) as possible.

   Discuss our definition of "special needs" and get some group consensus on what special needs will mean in their site for this project. (Allow about 5 minutes).

2. Distribute handouts on Recruitment. Then ask participants to read them. (Allow 3-5 minutes). Ask participants to discuss which strategies would be most effective in their site. As discussion proceeds, take notes on remarks/contributions. Allow about 10 minutes.

3. Ask each participant to list at least 3 strategies that would be effective in their site from their point of view (parent, teacher, DSS worker). Allow about 5 minutes. Ask each participant to share his/her list. Collect all lists to use for future activities of local task force.

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HANDOUT
Recruitment Strategies

1. Begin recruitment efforts in-house. Start by reviewing the needs of a) your own staff, and b) families who are already in your program(s). Refresh your memory if needed by reviewing your files and talking to colleagues concerning their training needs and those of families with special needs children.

2. Utilize word-of-mouth techniques. Let people, both in your professional and personal lives, know that the Cross-Program Training Program is available in your area. Make a point of contacting parents, teachers, social workers and other professionals you know who would be interested.

3. Advertise. Submit "ads" to professional and program newsletters. (Most small papers will do this at no charge). Place flyers and brochures in public places (churches, libraries, recreation centers, schools, supermarkets, laundromats). Submit public service announcements to local radio and television stations.

4. Be ready to respond to inquiries.

   a) Inform the persons in your program who will be answering the phone, opening mail, that such inquiries will be coming in.

   b) Give those persons enough information to be "in the know" when inquiries are made.

   c) Encourage those persons to be friendly and helpful.

   d) Make personal contact with pertinent community agency personnel (Public Health, Mental Health, Foster/Adoptive Parent Groups, Child Advocacy Groups, PACT teams, Day Care Councils, Police Departments, etc.)

*Remember that as an Advisory Board Member your role in the actual recruitment of persons to participate in the Cross-Program Training Workshops will be limited, unless, of course, you become a local task force member. However, your position in the system will naturally lead some inquiries to your office and/or program. These strategies are useful, then, on both a limited and larger scale.

HANDOUT
The Once-And-For-All Listing
of Every Possible Recruitment Mode[*]

1. Television spots (30- to 60-second public service announcements)

2. Televised public service or community interest interview programs --
   locally originated, usually 30-minute format, often not aired in prime
   time

3. Radio spot announcements (10-, 15-, 30-second public service spots)

4. Radio interview programs

5. Newspaper feature stories

6. Newspaper columns with periodic publication (weekly, biweekly, monthly)

7. New pegs: releases, news conferences, events which attract news
   department attention (e.g., a fund-raising marathon covered by local TV;
   proclamation by mayor or governor of "Child Welfare Week," "Foster Parent
   Day")

8. Brochures, pamphlets

9. Slide presentations (with script or tape-recorded story)

10. Airing of classic movies ("Johnny Boy," "Forever Home")

11. 8mm "home" movies

12. Posters

13. Billboards

14. Bumper stickers, decals

15. Buttons

16. Bus and taxicab placards

17. Slogans or themes on bookmarks, pencils, balloons, key chains, rainhats,
    T-shirts, etc.

18. Displays (in store windows, libraries)

19. Information booths in malls and at conventions, meetings, fairs, etc.

*Wolff, John, Region IV Adoption Resource Center, Chapel Hill, N.C.

20. Placemats in restaurants

21. Fliers or handouts (placed on windshield in parking lots, distributed in neighborhoods, malls, etc.)

22. Bill inserts (or notices in telephone or utility bills)

23. Church bulletin inserts or notices

24. Calendars

25. Newsletters with specific target audience

26. Special-events carnivals or fairs (with adoption week activities?)

27. Picnics, ice-cream socials, theme-night activities (disco dance, native American night, etc.)

28. Puppet show

29. Speakers' bureau, scheduling presentations to civic groups, clubs, churches

30. Awards programs, appreciation nights, banquets to publicize individual investments and model types of participation needed (foster parent awards, advocacy awards, worker recognition)

31. Welcome Wagon packets

32. "Hero" endorsements--from O.J. Simpson to local pop hero

33. Tea, drop-in, open house

34. Foster home tour (paralleling historic site tours)

35. Door-to-door canvass, surveys in shopping malls

36. Traveling mobile unit, scheduling stops in key locations in remote communities (e.g., bookmobiles)

37. Public meetings

38. Parent panels, communicating what it's like to be a foster parent, adoptive parent

39. Task force made up of professional organization representatives to identify key resource persons (prospective parents for special types of children, media contacts, volunteers, etc.)

40. Original "jingles" as campaign themes

Promotional Materials

On the following pages you will find samples of promotional materials which you may use as is, or adapt to suit the needs of your setting. These include:

. stationery for Cross-Program Training correspondence;

. sample direct mail letters for foster/adoptive parents, teachers, social workers, and other community service providers (which were used in the pilot project); and,

. a brochure (which can be printed front and back as shown and folded in thirds).

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**Cross-Program
Training**

Cross-Program Training

Dear Parent:

A free workshop series for foster/adoptive parents with preschoolers will be offered in _____ County during the months of _____ and _____ . You are cordially invited to attend.

Training is designed to provide practical information, and stimulate collaboration between foster/adoptive parents, social service workers, preschool teachers and community service providers in meeting the special needs of the young child in foster or adoptive placement.

Topics of particular interest to foster and adoptive parents will include:

--"How to Help Siblings Adjust to the Presence of a Foster or Adopted Child"
--"How to Parent the Abused or Neglected Child"
--"How to Respond to the Child's Feelings"
--"How to Determine the Child's Unmet Needs by Observing His Behavior"
--"How to Help the Child find Acceptable Ways of Meeting His Needs"
--"How to Deal with 'Problem' Behaviors" (i.e., lying, stealing)

Five days of training will be offered over a 10-week period, beginning the week of _____ . Sessions will be held from 9 a.m. to 3:30 p.m. on _____ . Workshops will be held at _____

Free child care services and light refreshments will be provided at each session. To register, call _____ at _____ . We're looking foward to seeing you in April!

Sincerely,

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Cross-Program Training

Dear Director:

A free workshop series for parents, and professionals who serve preschoolers in foster or adoptive placement, will be offered in _____ County during the months of _____ and _____ . You and your colleagues are cordially invited to attend.

Training is designed to provide a common knowledge base for (and stimulate collaboration between) teachers, foster/adoptive parents, social workers and other community service providers in meeting the special needs of young children in foster or adoptive placement.

Topics of particular interest to educators will include:

> --"How to Help the Foster/Adoptive Child Deal with Separation"
> --"How to Identify the Special Needs of Foster/Adoptive Children and their Families"
> --"How to Identify Sources of Family Stress and Help Foster/Adoptive Families Develop Strategies for Coping with Stress"
> --"How to Manage 'Problem' Behaviors in the Classroom"

Five days of training will be offered over a 10-week period beginning the week of _____ . One day of training will be held every two weeks from 9:00 a.m. to 3:30 p.m. at a convenient location in your community. (See enclosed brochure for details.) Please begin talking to interested parents and staff members now and feel free to post, copy and distribute the brochure.

If you serve even one preschooler in foster or adoptive placement, we hope you will encourage interested staff members to take advantage of this important opportunity by making time available for them to attend. If you have any questions, please contact either me or the Cross-Program task force representative in your community, whose name and phone number is listed in the brochure.

Sincerely,

P.S.   Free child care services and light refreshments will be provided at each workshop session. We look forward to seeing you in April!

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Cross-Program Training

Dear:

A free workshop series for parents, and professionals who serve preschoolers in
foster or adoptive placement, will be offered in   County during the months of
and   . You and your colleagues are cordially invited to attend.

Training is designed to provide a common knowledge base for (and stimulate
collaboration between teachers, foster/adoptive parents, social workers and other
community service providers in meeting the special needs of young children in foster
or adoptive placement.

Topics of particular interest to social workers will include:

   --"How to Explain Developmental Disorders and Handicapping Conditions to
       Prospective Foster/Adoptive Parents"
   --"How to Help Parents Develop Realistic Expectations for the Special Needs
       Preschooler"
   --"How to Prepare the Special Needs Preschooler for Placement"
   --"How to Interpret Medical/Psychological Reports"

Five days of training will be offered over a 10-week period beginning the week of
   . One day of training will be held every two weeks from 9:00 a.m. to 3:30 p.m.
at a convenient location in your community. (See enclosed brochure for details.)
Please begin talking to interested parents and staff members now and feel free to
post, copy and distribute the brochure.

If you serve even one preschooler in foster or adoptive placement, we hope you will
encourage interested staff members to take advantage of this important opportunity
by making time available for them to attend. If you have any questions, please
contact either me or the Cross-Program task force representative in your community,
whose name and phone number is listed in the brochure.

Sincerely,

P.S.   Free child care services and light refreshments will be provided at each
        workshop session. We look forward to seeing you in April.

101

Cross-Program Training

Dear Director:

A free workshop series for parents, and professionals who serve preschoolers in foster or adoptive placement, will be offered in _____ County during the months of _____ and _____ . You and your colleagues are cordially invited to attend.

Training is designed to provide a common knowledge base for (and stimulate collaboration between) teachers, foster/adoptive parents, social workers and other community service providers in meeting the special needs of young children in foster or adoptive placement.

Topics of particular interest to community service providers will include:

--"How to Stimulate Parent/Inter-Agency Collaboration"
--"How to Communicate Effectively with Parents and Other
    Agency Personnel"
--"Child Development and the Special Needs Preschooler"

Five days of training will be offered over a 10-week period beginning the week of _____ . One day of training will be held every two weeks from 9:00 a.m. to 3:30 p.m. at a convenient location in your community. (See enclosed brochure for details.) Please begin talking to interested parents and staff members now and feel free to post, copy and distribute the brochure.

If you serve even one preschooler in foster or adoptive placement, we hope you will encourage interested staff members to take advantage of this important opportunity by making time available for them to attend. If you have any questions, please contact either me or the Cross-Program task force representative in your community, whose name and phone number is listed in the brochure.

Sincerely,

P.S.   Free child care services and light refreshments will be provided t
        each workshop session. We look forward to seeing you in April!

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Meeting the Special Needs of Preschoolers in Foster or Adoptive Placement

General Session Topics

"How to Stimulate Parent/Inter-agency Collaboration

"How to Communicate Effectively with Parents and Community Service Providers"

"How to Assess the Child's Special Needs and Develop Strategies for Meeting those Needs"

"How to Help Children Deal with Separation"

"How to Help Children Understand their Histories"

Small Group Topics

For Social Workers

"How to Explain Developmental Disorders and Handicapping Conditions to Prospective Foster/Adoptive Parents"

"How to Help Foster/Adoptive Parents Develop Realistic Expectations of the Special Needs Preschooler"

"How to Prepare Families for Placement"

"How to Interpret Medical and Psychological Reports"

"How to Help Families Cope with 'Problem' Behaviors"

"How to Utilize Effective Post-placement Techniques"

For Foster/Adoptive Parents

"How to Help Siblings Adjust to the Presence of a Foster or Adopted Child"

How to Parent the Abused or Neglected Child"

"How to Respond to the Child's Feelings"

"How to Determine the Child's Unmet Needs"

"How to Help the Child Find Acceptable Ways of Meeting His Needs"

"How to Deal with 'Problem' Behaviors (stealing, lying, etc.)"

For Teachers

"How to Identify the Specialized Needs of Foster/Adoptive Children and their Families"

"How to Help Parents and Children Meet Identified Needs"

"How to Identify Sources of Family Stress and Help Foster/Adoptive Families Develop Strategies for Coping with Stress"

"How to Facilitate the Transition of Special Needs Preschoolers into the Public Schools"

To Register . . .

Call the local contact person in your community. Coffee and light refreshments will be available. (Lunch is on your own.) We look forward to seeing you in April! Wear comfortable clothes!
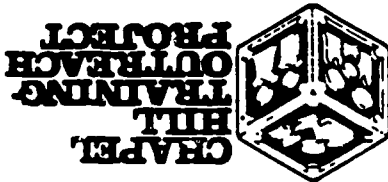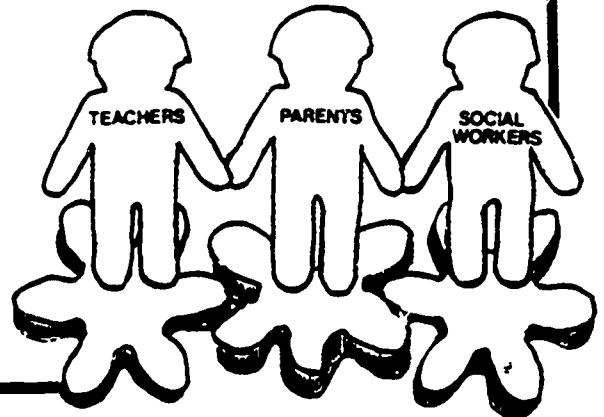
Make Plans Now to Attend Cross-Program Training in Your Community

INSERT TRAINING DATES, TIMES, LOCATIONS
AND THE NAMES AND PHONE NUMBERS OF
PEOPLE TO CONTACT FOR MORE INFORMATION HERE.

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Since the enactment of Public Law 94-142, a diversity of local agencies and personnel has become involved in the delivery of services to children with disabilities and their families. For special needs children who live with foster or adoptive families, this service delivery system becomes compounded with the involvement of additional agencies and personnel.

Cross-Program Training is designed to stimulate collaboration and expand the knowledge base of local Social Service workers, Head Start/day care personnel and foster/adoptive parents in planning and providing services for special needs preschoolers who are in foster or adoptive placement. The goal of the project is to develop a replicable, community-based model of training and interagency collaboration.

TEACHERS   PARENTS   SOCIAL WORKERS

Frequently-Asked Questions about Cross-Program Training

What is meant by "special needs?"

Some preschoolers who enter foster or adoptive placement may be developmentally disabled. Others may have health problems or physical impairments. Many have unique emotional problems, stemming from the trauma of being separated from their natural families. Any physical, mental or emotional departure from the "norm" may be classified as a "special need."

How can community service providers benefit from Cross-Program Training?

Often (because of a lack of time, resources or strong communication networks) community service providers are unaware of services provided by other community agencies. CPT will provide an opportunity for parents, educators and service providers to share information about what each has to offer the child in foster or adoptive placement.

Who is providing the training?

INSERT DESCRIPTION OF YOUR ORGANIZATION AND TRAINERS HERE.

CHAPEL HILL TRAINING-OUTREACH PROJECT

Parents   Teachers   Social Workers

Cross-Program Training

Conduct Training Events

Select appropriate training sites

The physical setting of a workshop has a strong influence on attendance. There are several common-sense factors to keep in mind when selecting a training site. First, choose a site that is easily accessible to most participants. If, for example, you are offering your workshop in a city, choose a site that is on the bus route. Or, if you are offering your sessions in a less-populated area, choose a site that is fairly familiar in the community. No one wants to spend a lot of time finding and getting to a training site. Next, choose a training site that is relatively "neutral." That is, it is not offered within a specific agency, such as at the Department of Social Services. The practical reason for this is that a neutral location will promote more of a sense of collaboration and cooperation than a location that is already in an agency's "turf." If such a location cannot be found, then rotate your training site from agency to agency, sharing the responsibility and the turf. Most community YMCA's or YWCA's have space available for training, as do parks and recreation departments and churches. Hotels and motels frequently offer a free meeting room if the group has lunch at the hotel. There are many creative ways to find neutral ground for your training event. Finally, remember that adults are very sensitive to the environments in which they learn. They are not as willing to tolerate uncomfortable chairs, drafts, and noisy distractions. They like to have access to comfortable "break" space, for snacks, relaxing, etc. Consider these needs as you select your site.

Select convenient training times

Just as the place is important, so is the time. Choose a training time that will afford the most participation from the most people. This may mean offering your training events at "off" hours for some professionals, such as late afternoon or evening. Or, it may require that you announce your sessions far enough in advance that participants can ask for time off from work to attend. Foster/adoptive parents will have special needs in regards to scheduling. They will need babysitting services provided at the training site. You will find, as you struggle with scheduling that, "You can't please all of the people all of the time." That is a reality. Do what you can to please most of the people, most of the time. The best workshop in the world is of no use if it occurs when people are not able to attend.

Use effective organizational skills

You have done your homework to get the word out about your event. You have identified a competent, motivating instructor. (Maybe that person is you!) You have a good turn-out for your event. Now, it is up to you to make sure the last-minute organization of the session insures that it will be a success. There are several areas of last-minute organization to consider. First, make sure the instructor is organized. Use the trainer's checklist included in the "Tips for Trainers" section of this notebook. This will help you make sure that lesson plans, materials, and handouts are all prepared in advance. Make sure

the instructor knows when the session is to begin and is there at least a half hour in advance of that time. This is crucial in case there are last-minute changes. Also, the instructor needs to meet the participants. Further, if any other people are involved in setting up the session (refreshments, tables, and chairs), make sure they are there at least a half hour in advance of start-up time. You want to show that you are ready and prepared for the event. Be prepared to meet and greet participants, rather than dashing about doing last-minute errands.

Next, make sure your setting is organized. Again, have all arranging of furniture plus preparation of snacks and registration materials done in advance of participants' arrival. You are the host. Be ready when your guests arrive. Finally, help participants get organized. Prepare a folder for each participant for each session, if your budget allows. Place important handouts and information in that folder. Give each participant some blank paper. Have extra pens and pencils available. Often, adults who have not been "in class" for a number of years forget these amenities and appreciate someone organizing these for them.

Implement training events

You are now at that crucial juncture all this work has been about. It's time to present your training event. If you have done a good job of preparation, chances are very good your workshop will be a success. On the day of the session, think to yourself, "This is going to be a good workshop." Create a picture in your mind of just how great it is going to be. Then, relax and let it be just that. Congratulations on a job well done!

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Cross-Program Training
Registration Form

NAME: : _____   AGENCY: _____

ADDRESS: _____   ADDRESS: _____

_____   _____

POSITION: _____   TELEPHONE NUMBER: _____

Role with Preschool Children in Foster Care _____

Role with Children with Special Needs _____

How long have you worked with children with special needs? _____

Have you had any formal training in working with children in foster care? _____

Please specify.

Type of Training	Provided by
_____	_____
_____	_____
_____	_____

Have you had any formal training in working with foster care parents? _____
Please specify.

Type of Training	Provided by
_____	_____
_____	_____
_____	_____

Have you had any formal training in working with children with special needs? _____
Please specify.

Type of Training	Provided by
_____	_____
_____	_____
_____	_____

How many Cross-Program Training sessions do you plan to attend? (There will be 5) _____

did you learn about this Cross-Program Training? _____

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Participant Registration List

County_____

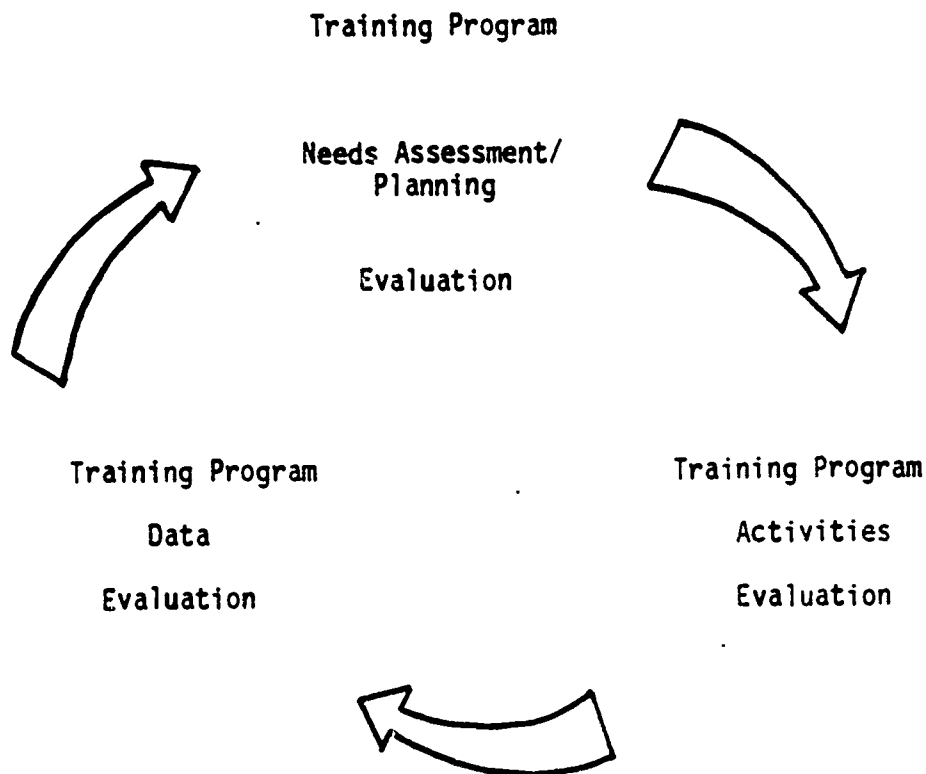| Name	Organization & Position	Which sessions do you plan to attend?						Will you need child care services?		Have you any special needs? (Describe)
		All	I	II	III	IV	V	Yes	No	

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Evaluate Your Program

How to tell if your program is making any difference

You have worked hard to establish Cross-Program Training in your community. You deserve to know whether your program is making any difference and whether it has been worth all the effort. Other persons need and want to know this, too. This section will give you some guidelines for the evaluation of your program.

Here is a model for planning and carrying out a program evaluation for Cross-Program Training. It is a process model which is built upon three major premises:

1. Evaluation should meet the information needs of program administrators and staff members.

2. Evaluation should be an integral part of the program.

3. Evaluation should provide information for planning and program revision throughout the life of the project.

One way to visually display this philosophy is through an evaluation feedback loop:

Training Program

Needs Assessment/
Planning

Evaluation

Training Program

Data

Evaluation

Training Program

Activities

Evaluation

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In this design, evaluation planning begins at the time the program itself is planned; evaluation activities occur throughout the duration of the program; and data are regularly provided as part of the program review/revision process to assist in meeting the changing needs of the program's administration as they respond to the needs of the target audience - the individuals participating in the Cross-Program Training.

Step One: Clarify Goals and Purposes

Review the goals and purposes of your training. This ensures that a common understanding of the goals exists and identifies the major questions for the evaluation. It is essential to balance the needs for information and the resources to obtain that information, so that evaluation activities are sensible and possible.

Step Two: Develop an Evaluation Plan

An evaluation plan can be as simple, or as complicated, as you wish to make it. It should provide, in writing, the following pieces of information:

1. Who are the audiences for the evaluation?

2. What are the questions to be answered by the evaluation?

3. What data, both formal and informal, are necessary to answer them?

4. Where/how can the data be obtained?

5. Who will obtain the data, in what form, and when?

6. How will the data be analyzed and used?

7. What reports will be prepared and who will receive them?

This information can be recorded in a goals and objectives format, on a chart, in paragraphs - whatever method is useful and possible for the staff. The important thing is to put it in writing so that everyone understands the plan and its intended results.

Step Three: Develop a Data Collection/Recording System

After the plan is complete, and the needed data is identified, a systematic method for collecting the data and recording it must be established. (Example: For the evaluation of the pilot Cross-Program Training Project, the staff wanted regular feedback on the results of their training efforts and needed a way to tabulate this feedback. The forms which were developed to accomplish this feedback and record-keeping effort are included at the end of this section.)

Here, again, simplicity and utility are important considerations. Care should be taken not to establish a data system which is too cumbersome or complicated to use.

The final step in the evaluation is the use of the data - in regular staff meetings, through quarterly progress reports, in an end-of-project final report - many methods are available to report and review evaluation results. These reports, which are made available to the previously-identified audiences, close the evaluation feedback loop and help to ensure that information is used as intended.

Ways to use and present evaluation information

Evaluation information can be used in many ways other than in written reports. Here are some examples:

   -- In an article about Cross-Program Training in your local newspaper, include quotes from participants about what the program has meant to them, what benefits they have received from the program.

   -- In a brochure about the program designed for general community awareness, include quotes from participants (as well as comments from other agencies in the community) about how the program is helpful to the community.

   -- For a presentation to a local community group, develop a chart that describes (even lists) the training activities and outcomes, so that members of the group can look at the chart while you are discussing each item.

How to use evaluation results

After you have made the effort to collect information about the project to present to a variety of audiences, for a variety of reasons, remember that the process of evaluation does not end there. The collection and presentation of information is only one step. After you have gathered the information, you must ask yourself -- "So what?" "What does this mean, if anything, about our program?"

   -- What does it tell us about our planning, budgeting, training delivery, service delivery, staffing, impact on families?
   -- What successes/weaknesses can be noted?
   -- What areas can stay the same?
   -- What areas need to be changed?
   -- Is it possible and/or useful to plan for change? (Is it "worth" the cost or effort?)
   -- Will the consequences of change be useful?
   -- Are we willing to make changes?

Changes can be made in virtually any phase of your program. You may, for example, decide to revise your training goals. You may find you've been trying to accomplish too much, too soon -- especially if your resources (funds, personnel) are limited. Rather than eliminate the program, try first to set

more realistic goals for your setting. If you find you're successful in achieving most of your goals, develop additional goals and expand your program!

Administrative procedures can be revised if evaluation results indicate that confusing or inappropriate procedures are causing problems. Sometimes the elimination of unnecessary "red tape" can dramatically improve the operation of a program.

Descriptions of task force roles and responsibilities can be revised, as members discover new and better ways of working together as a team.

Changes can be made in the working relationships you have established with local service agencies and organization in coordinating and conducting training events.

Strategies used to recruit participants can be changed. You can increase the use of strategies which have worked well for you and eliminate those which have been unproductive.

Finally, changes can be made in the training content and/or methods. You may find that some of the training activities provided have not helped, in your particular setting, to meet the needs of participants. These can be eliminated or revised. Evaluation may reveal that additional training is required in some specific areas. If staff members are unable to provide needed training, seek help from an expert trainer outside your program.

How you handle the process of evaluation and revision can often mean the difference between the ultimate success or failure of your program. So, it's important to plan and execute your evaluation procedures carefully. Be open and flexible in making changes based on your evaluation. When you consider the important benefits of the training to the families and service providers involved, it's really worth the effort!

The chart that follows ("A Guide for Evaluating Cross-Program Training") will help you getn an overview of evaluation. You will notice that the lefthand column is titled, "Audience." This column lists the various people who may need and want some answers to the question, "Is the program making any difference?" The second column is titled, "What They Want to Know." Here you'll find the kinds of specific questions which this "audience" may need to have your help in answering. The third column, titled, "Types and Sources of Information," lists where you can get the information to answer the "purpose" questions for that particular "audience." The fourth column, titled "When," lists the time during your program year when you will want to present this information. And the fifth column, "Presentation," lists some of the ways the information can be presented for the particular audience.

As you look through this chart, you will find that some of the information needed for one audience is also needed for another audience. You will find that similar types of information can be put together for different audiences, depending on what each audience's particular questions are likely to be. The job of the task force will be to identify the particular questions for each particular audience, and then to pull together the information needed by that audience. There is not need to answer questions people aren't asking!

In summary, program evaluation should be an integral part of the training program, should provide data which meets the needs of administrators and staff, and should be regularly reviewed and used for program modification. Clarifying the goals of the project, developing a useful plan, managing data collection as a routine part of project administration, and provision of regular feedback can help ensure that the evaluation is useful and helpful.

Evaluation Materials

On the following pages you will find:

a. "A Guide for Evaluating Cross-Program Training" -- a chart describing types and sources of evaluation information.

b. "Evaluation Form" -- to be completed by participants at the close of each training session.

c. "Tabulation Sheet" -- to help you record data from the "Evaluation Forms."

A Guide for Evaluating Cross-Program Training

Audience	Purpose and What They Want to Know	Types of Source(s) of Information	When	How to Present
Task Force, Advisory Council	Purpose: Planning, Problem-solving, Motivation What training needs did we meet? What changes should we make in our plans? Is what we are doing making any difference - is it worth the effort?	Activities accomplished compared to planned implementation strategies and goals. Energy and motivation level of trainers and participants Foster/adoptive families' progress toward: - Improved self-image - Ability to cope with family stress - Ability to nurture their disabled child - Increased sense of independence and self-help Community agencies: - Support for Cross-Program Training that has developed in each agency - Support that has developed in the community - Increased ability to provide services to special needs children and their foster/adoptive parents	Frequently, at least monthly	Discussion at task force meetings

TRAINER(S) _____

DATE OF TRAINING _____

CROSS-PROGRAM TRAINING

Evaluation Form

We would appreciate your feedback concerning the value of this training session to you. PLEASE CIRCLE THE RATING for each item which best describes your opinions.

THANK YOU VERY MUCH

		Poor	Fair	Average	Good	Excellent
1.	Presentor(s)' knowledge of content for the session	1	2	3	4	5
a.	Background material	1	2	3	4	5
b.	Broad coverage of content	1	2	3	4	5
c.	Able to answer questions	1	2	3	4	5
d.	Thorough	1	2	3	4	5
2.	Organization of the training session	1	2	3	4	5
a.	Completeness	1	2	3	4	5
b.	Clarity	1	2	3	4	5
c.	Orderly Structure	1	2	3	4	5
d.	Variety of presentation methods	1	2	3	4	5
e.	Pacing	1	2	3	4	5
f.	Timing of breaks	1	2	3	4	5

CROSS-PROGRAM TRAINING
EVALUATION FORM
PAGE TWO

		Poor	Fair	Average	Good	Excellent
3.	Value of print materials provided to you	1	2	3	4	5
a.	Practical applications	1	2	3	4	5
b.	Usefulness now	1	2	3	4	5
c.	Relevance	1	2	3	4	5
d.	Clarity	1	2	3	4	5
e.	Usefulness in future	1	2	3	4	5
f.	Well-designed	1	2	3	4	5
g.	Free from errors	1	2	3	4	5
h.	Interesting	1	2	3	4	5
4.	Use of media during presentation (if applicable)	1	2	3	4	5
a.	Related to overall content	1	2	3	4	5
b.	Interesting	1	2	3	4	5
c.	Added to understanding	1	2	3	4	5
d.	Well-designed	1	2	3	4	5
e.	Understandable	1	2	3	4	5
f.	Attractive	1	2	3	4	5
5.	Overall value of training session to you	1	2	3	4	5
a.	Met expectations	1	2	3	4	5
b.	Useful now	1	2	3	4	5
c.	Quality	1	2	3	4	5
d.	Satisfaction	1	2	3	4	5
e.	Useful in future	1	2	3	4	5

CROSS-PROGRAM TRAINING
EVALUATION FORM
PAGE THREE

What were the major strengths of the session?

1.

2.

3.

What could have been improved?

1.

2.

3.

Other comments?

Evaluation Form
Tabulation Sheet

	1 Poor	2 Fair	3 Average	4 Good	5 Excellent
1. Presentor(s) knowledge of content for the session	___	___	___	___	___
a. Background Material	___	___	___	___	___
b. Broad coverage of content	___	___	___	___	___
c. Able to answer questions	___	___	___	___	___
d. Thorough	___	___	___	___	___
2. Organization of the training session	___	___	___	___	___
a. Completeness	___	___	___	___	___
b. Clarity	___	___	___	___	___
c. Orderly Structure	___	___	___	___	___
d. Variety of presentation methods	___	___	___	___	___
e. Pacing	___	___	___	___	___
f. Timing of breaks	___	___	___	___	___
3. Value of print materials provided to you	___	___	___	___	___
a. Practical applications	___	___	___	___	___
b. Usefulness now	___	___	___	___	___
c. Relevance	___	___	___	___	___
d. Clarity	___	___	___	___	___
e. Usefulness in future	___	___	___	___	___
f. Well-designed	___	___	___	___	___
g. Free from errors	___	___	___	___	___
h. Interesting	___	___	___	___	___

	1 Poor	2 Fair	3 Average	4 Good	5 Excellent
4. Use of media during presentation (if applicable)	___	___	___	___	___
a. Related to overall content	___	___	___	___	___
b. Interesting	___	___	___	___	___
c. Added to understanding	___	___	___	___	___
d. Well-designed	___	___	___	___	___
e. Understandable	___	___	___	___	___
f. Attractive	___	___	___	___	___
5. Overall value of training session to you	___	___	___	___	___
a. Met expectations	___	___	___	___	___
b. Useful now	___	___	___	___	___
c. Quality	___	___	___	___	___
d. Satisfaction	___	___	___	___	___
e. Useful in future	___	___	___	___	___

WHAT WERE THE MAJOR STRENGTHS OF THE SESSION?

(

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How to Keep a Good Thing Going

Success is sweet, and sometimes hard to keep, as many a "fallen star" might tell you. However, if you do achieve success in your Cross-Program Training effort, you probably will want to hang onto it for a while until (a) it serves its purpose and outlives its usefulness, and/or (b) it needs to be modified to meet the changing needs of your program and those children, families, and service providers involved.

Here are some suggestions for "keeping a good thing going."

Within Your Program

1. Keep everyone involved in Cross-Program Training informed about the goals, progress, and problems of the program. Consistent positive involvement is a key to success.

2. Have frequent task force meetings (at least twice per month) to discuss item 1, "hear" the successes and concerns, and make plans for future activity.

3. Make sure task force members have a chance to give each other feedback on how things are going.

4. Reward individual and team work with special events, certificates, awards, etc.

5. Reward participants in Cross-Program Training in a similar fashion (banquets, outings, certificates, awards, etc.).

6. Ask participants who are pleased with Cross-Program Training to recruit other participants, both informally, through "word-of-mouth," and formally, in orientation/recruitment sessions.

7. Be sensitive to the changing training needs of special needs children, their foster/adoptive families, teachers, and service providers as the program progresses. Make appropriate accommodations and changes, as needed.

8. Be flexible and open. Be willing to make changes in your training program to meet the evolving needs of participants. Cross-Program Training will be a learning process for all those involved in it. Nothing is carved in stone. (Remember the Edsel? Don't be afraid to go back to the drawing board!)

Outside the Program

1. Maintain a positive, collaborative relationship with other community agencies (public and private) that provide services to families of

special needs children and their foster/adoptive parents.

a. Include key representatives in Cross-Program meetings.

b. Put them on your mailing list.

c. Have special functions in which their support to Cross-Program Training is recognized.

d. Give certificates/awards for supporting and/or working in Cross-Program Training.

e. Ask for their ideas and continuing support.

2. Develop, publish, and distribute a brochure, describing Cross-Program Training and the success the program has had.

3. Use public service spots on the radio and/or TV to describe Cross-Program Training and its success.

4. Continue recruitment strategies that are successful.

5. Generate new ideas for advertising and recruitment.

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How to Use this Book

This trainer's manual is designed for use with social workers, teachers, and foster/adoptive parents of special needs children. Specifically, it addresses the needs of young, special needs children. These activities can be presented by professionals from each of the groups mentioned, or by an outside consultant. Many of the activities are self-explanatory and process-oriented, and do not require specialized training to conduct. Others require the knowledge and guidance of a professional, due to the technical nature of their content. Use your own judgement and resources to determine who might best facilitate each activity for your site and your groups' needs.

The activities are divided into four sections, depending on the audience for which they are intended. Those sections are:

Generic activities:

These activities are relevant for all. professionals and parents providing services to special needs foster/adoptive children.

Teachers:

These activities address the specific needs and concerns of the classroom teacher, either in day care or preschool, who has special needs foster/adoptive children in his/her classroom.

Social Workers:

These activities address the duties, responsibilities and concerns of social workers who are involved in the placement of special needs children in foster/adoptive care.

Foster/Adoptive Parents:

These activities address the special concerns and needs of foster/adoptive parents and their families as they take special needs ch' 'ren into their homes.

While the specialized sections address the specific needs and points of view of the audience indicated, the content can be beneficial to other groups. Review each activity's goals and objectives before deciding who to include. You may decide that both social worker and foster/adoptive parents can benefit from an exercise, for example, on preparing a family for the placement of a special needs child. By including both groups, some unique sharing could occur around this issue.

The appendix section of this manual contains several bibliographies of materials, both printed and audio-visual. Study these suggested resources for materials to enhance your presentation. Many interesting films and tapes are listed, as well as books that could provide you with extra knowledge on the subjects in this manual. The appendix also contains information on how to evaluate training.

The sequence and depth in which these materials are presented is up to you. It is not appropriate or possible for us to tell you exactly how to put together a workshop session for your site and your audience, since we do not have access to the needs assessment information that would make that possible. Only you can find out what is necessary to plan a workshop series that is meaningful for your audience. Refer to the Cross-Program Training Mongraph section on "Analyze Needs Assessment Results" for some specific suggestions on how to apply needs assessment outcomes in a productive way.

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Tips for Trainers

The following pages will give you some basic principles and suggestions to keep in mind as you plan and implement a workshop using the activities in this Trainer's Notebook. For more detailed information on planning workshops and evaluation, see the Appendix to this Notebook.

In planning and implementing your workshop, remember:

PREPARE YOURSELF

Become familiar with the entire contents of the Trainer's Notebook. Try out some of the activities with friends before your presentation to participants in your workshop (you will be better prepared teach others "how to" if you "can do" yourself).

Become familiar with each activity you plan to conduct in your workshop. Practice the activity mentally. Have all materials you will need organized and ready in advance.

Check out all audiovisual equipment in advance. Make sure they work. Make sure and have the proper cords, hookups, etc. Review films and slide/tape shows yourself before using them in your workshop.

Plan to use activities with which you are most comfortable. Select from those in this manual, adapt activities to your style; create your own activities or use activities that have worked for you in the past.

PREPARE YOUR WORKSHOP SETTING

Make sure your workshop setting is properly arranged before participants arrive. Arrange furniture, adjust lighting, check heating/cooling and ventilation. Make arrangements for breaks, coffee and snacks. Creature comforts are very important to the happiness and effective participation of adults.

Avoid furniture arrangements that are of the traditional classroom style (rows of desks). Participation will increase if your chairs and tables, or desks, are placed in a semicircle or "U" shape.

KEEP THE NEEDS OF PARTICIPANTS IN MIND

Consider the needs, interests and experience of your participants. Select activities which relate to these.

Encourage participants to react and expand upon key concepts. Adults like to hear how new ideas have worked for others.

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Use a variety of activities in your workshop. Alternate small/large group activities. Use role playing, media, and values exercises. Be creative -- not boring.

Use frequent, short breaks. Let participants get up and move around. Adults are bigger than children; sitting for periods can become uncomfortable.

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Trainer's Checklist

I. BEFORE TRAINING

  A. Assess Needs as Much as Possible
    1. gather data about participants from pre-registration information and data sheets (experience, education, etc.)
    2. collect and tabulate needs assessment (use interview or written form)
    3. analyze the needs of participants

  B. Plan Session
    1. choose topics you want to cover; consider:
       a) your skills
       b) time available
       c) materials available
       d) results of needs analysis

    2. Write goals for the training session
    3. gather and duplicate any necessary materials
    4. practice mentally going through each exercise to be used
    5. decide how much time you will spend on each exercise (include breaks)
    6. decide how you will move from one exercise to another
    7. set up the room

II. DURING TRAINING

  A. Implementing Training
    1. give participants an overview of the sessions
    2. tell participants the objectives of each exercise in a descriptive way
    3. give clear, concise directions
    4. follow the process

  B. Evaluate: collect workshop evaluation sheets

III. AFTER TRAINING

  A. Revisions from Feedback
    1. analyze comments from evaluation forms and observers
    2. talk with colleagues about what occurred during the workshop, particularly problem areas
    3. make revisions in training design based on the collected data

  B. Self-Assessment
    1. make notes of needed changes in your style, session planning, or materials used
    2. plan revisions you need to make in your presentation or organization

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Your Role as a Trainer

In conventional education, the role of the teacher is to transmit knowledge to students and then evaluate their conformity to it. When used in adult education, this approach tends to interfere with the adult need to be self-directing.

Traditionally, the teacher establishes a rigid curriculum to which students must conform. Again, this approach can interfere with learning when applied to adults who seek knowledge that is relevant to their particular needs and interests.

Adults most often seek new learning to help them solve problems in their work or day-to-day lives. The teacher then becomes a guide rather than an expert speaking from a podium.

The chart** below summarizes the differences between a traditional (content-oriented) approach to teaching ("pedagogy") and a process-oriented approach (called "andragogy").

TRADITIONAL APPROACH	ANDRAGOGICAL APPROACH
Assumptions:	Assumptions:
learner is dependent	trainee is self-directed
experience is of little worth	trainees are a rich resource for learning
postponed application of the learning	immediate application of the learning
subject-centered	problem-centered
teacher is superior/learner is inferior	trainer and trainee are peers
teacher has knowledge to impart	all participants bring knowledge and skill to the training experience
teacher plans the learning	
transmittal techniques, such as lecture, should be used	there is a mechanism for mutual planning based on trainee's needs
evaluation and grading are done by the teacher of the program	experiential techniques should be used
	there is mutual re-diagnosis of needs and mutual evaluation

**Chart adapted from Knowles, Malcolm, The Adult Learner: A Neglected Species. Houston: Gulf Publishing Company, 1978, p. 110.

Your role as a trainer, therefore, is as a facilitator of learning, rather than as a transmitter of knowledge. Look at the diagram below. You'll notice that in the traditional setting, communication usually flows in one direction only -- from the teacher to the student. As a facilitator of learning, your role requires that you establish a multidirectional communication system. Not only do you communicate with the trainees, you encourage them to interact with each other. Remember, adult learners have a lot to offer as a result of their diversified life experiences.

Traditional Role　　　　　**Your Role**

Teacher　　　　　　　　　**Facilitator**
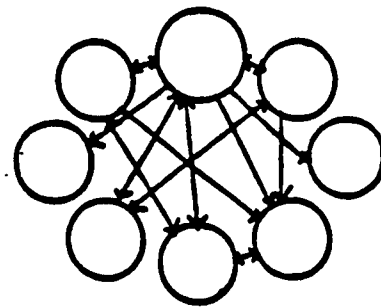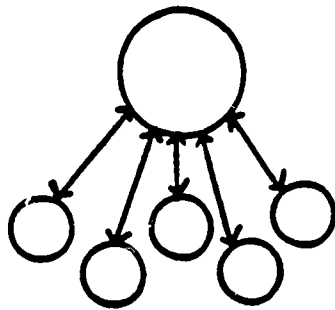
Students　　　　　　　　　**Trainees**

Although you do have to familiarize yourself thoroughly with the content of this training notebook, you don't have to be a fountain of facts or a storehouse of knowledge. Read this notebook carefully. Then, study the instructions and exercises for each unit. By doing this, you will have a good grasp of both the materials and the task at hand.

As a facilitator of learning, your function is to guide trainees toward answers to their own particular questions. This doesn't mean that you have to know all the answers. But you do have to have some idea where answers might be found.

Think of yourself as a resource -- one possible source of information among many. When a trainee poses a question, ask the group to respond. Try to get participants to view each other as sources of ideas an answers. Encourage them to share past experiences which might shed light on current questions. If the group is stymied for an answer, answer the question yourself if you can. If not, don't hesitate to admit you just don't know. Then, direct the trainee to any available resources that might answer the question, or offer to find out yourself and report back at the next session.

*Reprinted, with permission of the authors, from The Trainer's Guide to Short-Term Care Training Program, Group Child Care Consultant Services, School of Social Work, University of North Carolina, Chapel Hill, North Carolina, 1982.

Think of yourself as an adviser whose job is to clarify ideas and help trainees or workers interpret their experiences. Above all, try to create an atmosphere of mutual respect. By keeping these thoughts in mind and carefully using the training materials in this manual, you're sure to be an informed and effective trainer. Good luck!

WHERE ARE YOU COMING FROM?[*]

Purpose:	To help the participants make the transition from their job to the workshop.
Objectives:	1. To clarify trainees' expectations of the workshop
	2. To create an atmosphere in which trainees feel comfortable interacting with each other.
	3. To introduce the concepts of process and content.
Target Group:	Generic
Group Size:	6 - 30 participants
Materials Needed:	Newsprint, felt-tipped marker, masking tape
Time Required:	Approximately 40 minutes
Physical Setting:	Room large enough so that participants can move around
Procedure:	1. Introduce the exercise by pointing out that, in a workshop such as this, folks are coming from many different places: their jobs, their back-home situations. They bring the pressures they left behind, things they have on their minds, things that they have to do, and their attitudes about being at the workshop.
	2. State that the purpose of this exercise is to "find out where we are coming from" (individually) and to try to bring ourselves "here" for purposes of this workshop.
	3. Ask participants to take out a piece of paper and pencil and complete the following incomplete sentences. You can write them on newsprint:

- One word that best describes how I feel about my current job...
- One word that best describes how I feel about being in this workshop...
- Answer the following question by making a brief list: What would have to take place during the next few days we are together so that you would go back to your job and feel you could say, "It was worth it—all the hassle I went through to get here, etc. was worth it, because the workshop was terrific, just what I needed?"

*From the Short Term Care Training Curriculum

4. Allow participants to have ten minutes to generate a list.

5. Using a sheet of newsprint, write across the top, "Components of a Successful Training Program." Then, ask the group members to share items from number 3 on their sheet. Ask for at least one item from each participant's list. Get as many different responses as possible; you may have to go around the group several times. Encourage participants to share their learning needs openly.

6. Next, review the list by saying, "In every learning experience and every human encounter, things take place on at least two levels: a process level and a content level" (jot these on the newsprint as you talk).

    Process has to do with how we feel about what we are learning or experiencing with another person. (Show examples from their list, e.g., "I want to learn from the other people in the group," "I want to meet new people, " "I want to hear what others have to say," "I want a lot of breaks," etc.)

    Content deals with what we think about as we learn and interact with others (e.g., "I want some practical skills," "I want to know what to do when kids fight," "I want to know more about separation issues"). Both of these aspects of the learning environment are important. Let's look over our list and "code" what we have, according to these notions.

7. Ask participants to look at the list and help you code items as either emphasizing content, process, or both. Put a "C" by content items and a P" by process items (put "CP", if both). Say that the best learning takes place when there is a balance of these two components in the workshop. Too much emphasis on feelings (process) and we feel we don't learn anything. Too much content information and we become bored. Ask participants to help you, the trainer, achieve a good balance.

8. Then, move into the next exercise by saying, "Let's begin this workshop with what many of you said you needed: to get to know the people in this group. Our next exercise is designed to help you do that."

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GETTING ACQUAINTED*

Purpose:	To encourage sharing among group members
Objective:	To introduce participants to one another through written descriptions.
Target Group:	Generic
Group Size:	6 - 30 participants
Time Required:	Approximately 20 minutes
Physical Setting:	Room large enough so that participants can move around
Materials Needed:	3 x 5 cards and pins (or masking tape)
Procedure:	

1. Give each participant a 3 x 5 card and tell the group that this is the medium they will use this morning for introducing themselves to one another. Ask each participant to put his/her name on the card, then add other information, such as: (a) a list of adjectives which you feel best describe you (for example: active, friendly, married, a reader, etc.); (b) or, draw a "time line" of your life to show important dates, events (for example: the year you were born, when you first fell in love, etc.); or (c) draw a "logo" or cartoon that is representative of who you are. (It's a good idea for the trainer to sketch these options on newsprint as each is mentioned.) Then, give participants about five minutes to complete their introduction cards.

2. Give each participant a pin or a piece of tape and ask the group to attach the cards to their chests. Then instruct the group that the next part of the get-acquainted exercise is nonverbal (no talking or funny comments allowed!). Participants are to stand up and mill around among the group, reading each person's card. After reading the card, look the card-owner in the eye (so you will remember the person's face), then move on to another person. Allow the group about 10 minutes to mill around (depending on the size of the group).

3. Then, while they are still standing, ask the participants to nonverbally choose one of the group members whom they would like to know better and find

*From the Short Term Care Curriculum

a place in the room to sit together. (Note: If there is an uneven number of participants, ask three people to sit together.)

4. After pairs are seated, begin the next exercise.

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MY HOUSE*

Purpose: To give participants an opportunity to share information about their personal histories and correlate this to the training context.

Objectives:
1. To build groups of four or eight participants
2. To start thinking about the content of the training

Target Group: Generic

Group Size: 6 - 30 participants

Materials Needed: Paper, pencils ·
Newsprint, felt-tipped markers, masking tape

Time Required: Approximately 50 minutes

Physical Setting: Room, with chairs which can be moved around

Procedure:
1. Inform the group that the next part of the morning will be spent both in getting to know each other better and in beginning to think about the content of the training. We will be sharing important information from our personal lives and our past that will help us get in touch with our roots and our feelings of permanence associated with those roots. This will serve as a springboard for our discussion later in the day about children and their pasts.

    (If you have not used the get-acquainted exercise, ask each person to select another person they would like to get to know better and to find a place where they can sit together. If there is an uneven number of participants, ask three people to sit together.)

2. Instruct the pairs to get a pencil and something on which to draw. Then, ask each person to draw the exterior of the house in his/her life that had the most meaning to him/her as a child (i.e., "the house I grew up in"). They can include trees, puppy dogs, or anything about the exterior of the house that was significant. (Allow about 5 minutes.)

3. Then, instruct the pairs to talk about their drawings with their partner. Allow about ten minutes for that sharing.

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4. Next, ask the pairs to nonverbally select another pair with whom they would like to team up and get to know better.

5. When groups of four ("quads") have formed, ask the participants to draw a floor plan of the house each has just drawn. Emphasize that no one will get an architectural award -- just have fun with it and get something down on paper.

6. When all participants have finished their sketches, ask each "quad" to share its floor plans among its members. Allow about fifteen minutes for this activity.

7. Next, ask the quads to nonverbally form "eights".

8. After the larger groups have assembled, ask each person to share with his/her group a response to one of the questions** listed below regarding the house he/she grew up in.

- In what room did you have the happiest times?
- Where did you go when you were sad?
- Was there anywhere you were not allowed?
- Where did the whole family get together?
- Where did you go when you were angry?
- Where were most of your meals eaten?
- Where did you go when your parents had a fight?
- Where was your secret hiding place?
- Where did you go when you wanted attention?
- Where did you go when you wanted to be alone?
- Where did you play with your toys?
- Where did your parents send you when you were "bad?"
- Was there a special place just yours?
- Did your parents have a special place?
- When you were scared, where did you go?
- Where did you do your homework?
- Where did you and your friends play?
- Did any rooms have special smells?
- What room was the warmest?
- What room was always cold?

Allow about ten minutes for this.

9. Last, reassemble the whole group to reflect on the
    exercise. Ask the participants to write down a quick
    response to these incomplete sentences: (Write the
    following on newsprint.)

    - As a result of this morning's exercies, I
      learned....
    - As a result of this morning's exercise, I
      wish....
    - As a result of this morning's exercise, I
      was surprised ......

10. Allow participants a minute or so to write a
    response to each incomplete sentence; then, select
    one sentence and tell participants you would like to
    have a quick "whip around the room," during which
    only those people who want to can share their
    response (no dissertations of the heart). Then,
    quickly start with someone and move from one person
    to the next, in a natural flow, until those who wish
    have shared their responses.

Your closing remarks should link the exercise and the participants' responses to
the content to be covered in the afternoon. Then, state that after a break we
will begin considering the content needs of the group.

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GOAL SETTING*

Purpose:	To share personal goals and objectives for the training.
Objective:	To generate a list of goals and ways goals are sabotaged.
Target Group:	Generic
Group Size:	6 - 30 participants

Materials Needed:	Handouts:
	  "My Goals for This Training Session:
	  "How I Sabotage My Goals"
	Masking tape, cards

Time Required:	Approximately 55 minutes
Physical Setting:	Chairs arranged so that everyone can see the front of the room
Procedure:	1. Make a brief introduction: "In a learning situation with adults, it is important for each of us to "buy into" what is being done. I cannot give you any magic answers or solutions. We are in this together to learn from each other and to offer things to each other. I am here to help facilitate that. We want to spend the rest of the morning talking about what your goals are, how you might sabotage your goals, and what the training has to offer you, through me. We want to try to create a balance in these things so that we can get a learning experience that was 'worth it.'"
	2. Next, give each participant a copy of the handout, "My Goals for This Training Session". Briefly explain it. Emphasize that they are not to put their name on the sheet. Allow about ten minutes for each participant to fill it our anonymously.
	3. Say to the group that when we create goals for ourselves, we often fall short of them, for a variety of reasons. Sometimes we sabotage our goals by doing, thinking, or feeling certain ways that block that achievement. Sometimes we say we want something, but are not very committed. So, let's take a look at how each of us stands in terms of sabotage and commitment.

*From the Short Term Care Curriculum   138

Then, give each participant a copy of the handout, "How I Sabotage My Goals." Briefly explain it. Allow about ten minutes for each participant to fill this in.

4. Next, ask participants to take their two goal-related sheets, pair up with their original partner from the morning, and take about ten minutes to talk about their goals and how they might sabotage them.

5. Last, on a blackboard or using cards posted on the wall, create a continuum, like so:

    very much _____ so-so _____ not at all

6. Give each participant a piece of tape and ask him/her to tape his/her goal sheet on the continuum at the point which best represents his/her commitment level. The group should all go up together, so that no one can tell whose sheet is whose.

7. Close out by commenting on the goals that are up there and the place each has on the continuum representing the "content" of the workshop from the participants' point of view and level of contribution.

8. Give participants time, then, to come up and read each other's anonymous goal sheets.

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HANDOUT
My Goals for this Training Session

Individual Task

Directions: In the space below, list those things you wish to
                   accomplish during this training session. What are your
                   goals for this experience? At the end of the session,
                   what new learning, insights, abilities, or behaviors
                   would you like to have?

Example: - Clarify my job role
                   - Meet six new people
                   - Eat more apples

Elaborate as much as you need to.

After listing your goals, place them in rank order. That is, which goal
is most important to me, next in importance, etc., least important?

Place the number 1 by the most important, 2 by the next most important,
etc.

<u>MY GOALS</u>

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HANDOUT
How I Sabotage My Goals

Individual Task

Directions: Now that you have your goals in mind, think about things
                you personally could do during the workshop to keep you
                from reaching your goals. Perhaps you have attended
                other training sessions or workshops in which certain
                behaviors or attitudes on your part have kept you from
                reaching goals you had set for yourself. List those
                behaviors or attitudes below.

Example: - I am often late to the sessions
                - I am resistant to self-disclosure
                - I am shy around new people
                - I overintellectualize

WAYS IN WHICH I SABOTAGE MY GOALS

1.

2.

3.

4.

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Perspective Exercise
HOW MANY TRIANGLES?

**Purpose:** To reveal how situations are often more complex than they first appear.

Objective: The participants will be able to describe how assumptions and first assessments are not always enough to understand the total situation.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: Approximately 20 minutes

Materials Needed: Overhead projector
Transparency #1

Physical Setting: A room large enough for the group to gather in a semi-circle

Procedure:

1. Project Transparency #1. Ask the participants how many triangles they see (There are 27: 16 individual, 1 large, 3 triangles of nine, 7 triangles of four). Ask group why they weren't able to see the 30 squares and why they increased the number the longer they studied the triangle.

   Points to cover:

   a) Situations are usually more complex than we first visualize.

   b) Our training and experience usually helps us to focus only on certain pieces/parts, not the whole puzzle.

   c) This necessitates the sharing process among others so that we have a better opportunity to understand the puzzle of the child, his family and their needs, and how we can work cooperatively together to meet those needs.

142
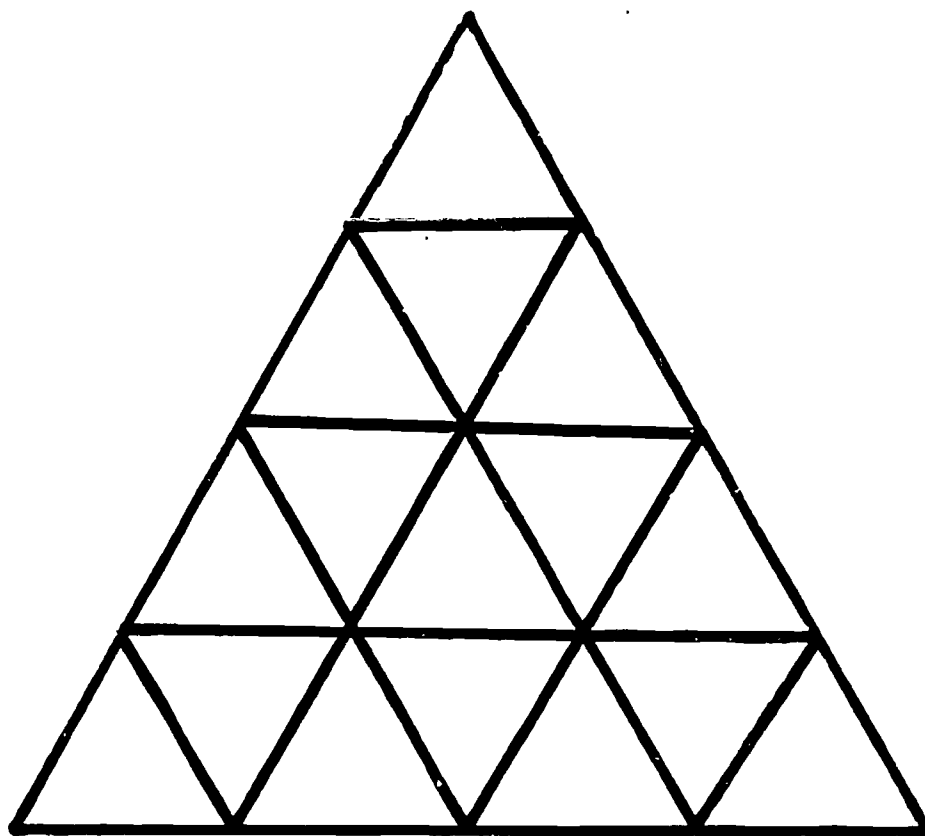
143

Puzzle Exercise
FIVE EQUAL TRIANGLES

Purpose: To identify ways in which the participants can communicate non-verbally.

Objectives: The participants will be able to:

1. identify ways in which they worked together.

2. describe the methods used to communicate their needs.

Target Group: Generic

Group Size: 6 participants per group - 1 observer, 5 players

Time Required: 20-30 minutes

Maerials Needed: 5 envelopes with puzzle pieces

Physical Setting: Room large enough for a group of 6 to gather around their own tables.

Procedures:

1. Hand out an envelope to each of the 5 participants after appointing one member an observer.

2. Review the rules:

   a) no talking,

   b) no grabbing or taking of puzzle pieces (they must be offered by the one who has the piece in front of them), and

   c) the observer is to take notes of who takes on the leadership responsibilities, how many times the pieces are taken without permission, how the participants communicate.

3. Time the teams.

4. Review the observations made and make comments on what were the means of communication and working together(how effective, productive, etc.)

Preparing the Puzzle   Prepare the triangles puzzle from cardboard with dimensions and shapes as in the following drawing. Mark the appropriate letter on each piece. Put all letter A pieces in one envelope, all letter B's in another envelope, and so on.
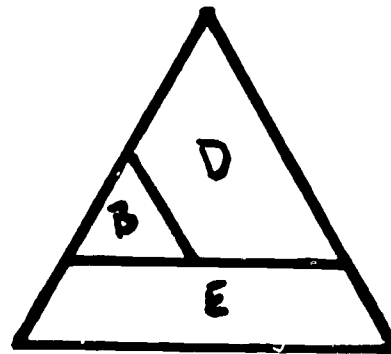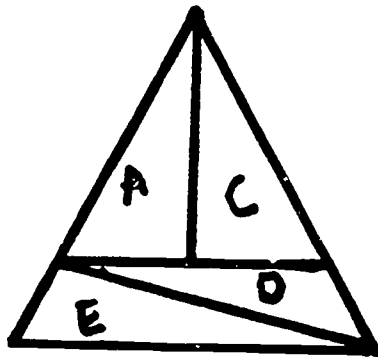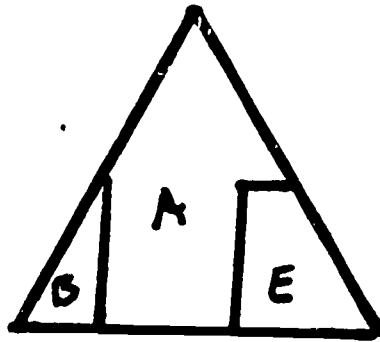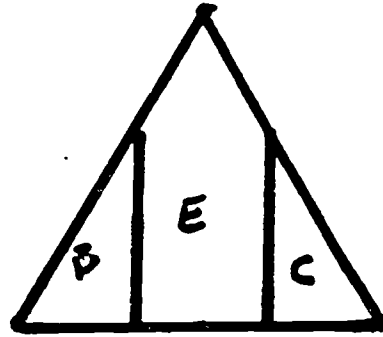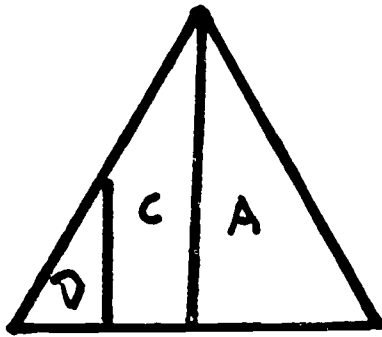
Perspective Exercise
INVESTIGATIVE REPORTER*

Purposes: To clarify how our own self-concepts, biases, prejudices, and knowledge gained from personal experiences affect our observations and inferences we make about people.

To provide participants with a way to understand the process of making inferences, so that they will be able to make adjustments in coming to terms with other agencies and their clients.

Objectives: The participants will be able to:

1. describe how observations, knowledge and inferences work in our understanding of ourselves and agencies with which we work.

2. describe how our self-concepts, biases and prejudices influence our approach to others.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: 30-45 minutes

Materials Needed: Handouts: Room Diagram
Process Sheet
Inference Sheets I, II, and III
Newsprint and markers or chalkboard and chalk
Overhead projector if transparency is made of room

Physical Setting:

Procedure:

1. Introduce the exercise and hand out materials.

2. After allowing enough time for participants to work on the worksheets either divide group into teams to have them compare or use the whole group to process what observations they made, what experiences they have had that made the observation significant and what inference they made from that.

*Adapted from "Sherlock: An Inference Activity," which appears in A Handbook of Structured Experiences for Human Relations Training (Vol. VI), edited by J. William Pfeiffer and John E. Jones (University Associates, La Jolla) 1976.

Points to cover:

a) They all saw the same room, yet certain objects
    influenced them more on individual basis than
    others.

b) How important it is to see the process of
    observation, knowledge and inference as all
    interconnective.

c) How we often don't take the time to come to terms
    with the middle step before we make the inferences
    we make and how these can influence the kinds of
    conclusions we make about others.

3. Discuss how sharing information and discussing the
    various observations, coming to terms with the why and
    what sorts of more complete infererences can be made.

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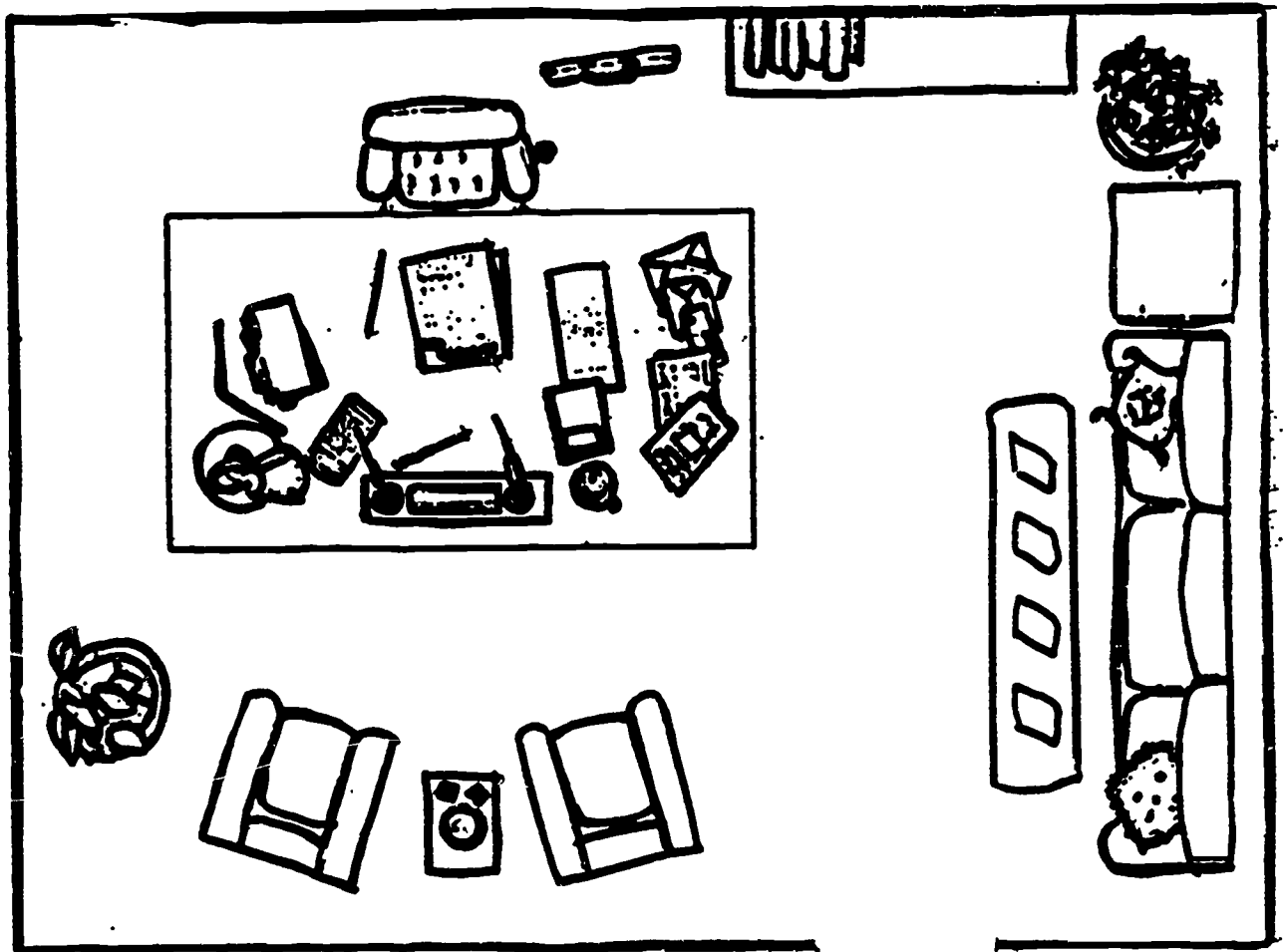
HANDOUT
Process Sheet

PROCESS

Observations of the world that are made by people are filtered through their own values, biases and knowledge from what they have experienced in their lives. If we are to make an evaluation of others or of situations, we need to understand ourselves in addition to understanding the process of relating observation, knowledge and our moments of intuitive feelings or inferences based on the first two parts of the process.

To give you an experience of the process of sensing the connectiveness and entirety of organizations, we have devised a game for you to play the part of a reporter, who wants to know all the intimate details of the person you are interviewing. We will be attentive to the process of relating (a) observations, (b) knowledge and (c) deduction and induction (inference). Observation is defined as what you see, knowledge means what information, facts, meanings you can draw on from your own experiences, and deduction defined as a mental process by which you reason from the general to the specific, and induction as the mental process reasoning from the specific to the general.

THE ROOM DESCRIPTION

You were assigned to interview a little known about individual who is said to rule one of the largest conglomerate companies in the world. You are the first one the individual has agreed to see in over 20 years. Even then, the reporter never really saw the person. This time you will meet this person face to face. You are informed when you arrive that this person, known only by initials, is delayed for about twenty minutes, but you are ushered into the office to wait. Being the kind of investigative reporter you are, the natural curiosity is enhanced and you look around the room.

The office has a hardwood floor with a large persian rug centered in the room. To the right of the doorway are two high back, wood framed stuffed chairs with wine colored velvet material. Between the chairs is a low wooden table. On the table is a ceramic clay ashtray and next to it are two books of matches. Both are from two clubs that are known to be gay.

The chairs are in front of the large wooden desk with a similar high back chair behind it. There is a large window behind the desk, and you walk over to it and look out. The view is of a park and businesses bordering it.

As you turn, you see the items on the desk. On the top center of the desk, there is an alabaster pen and pencil stand with a lid-covered section in the center. You open it and see what looks like various business cards collected inside. To the right on the front of the desk stands an antique brass lamp. In front of the lamp is a metal triple photograph frame with photographs in it. One is of an attractive woman in her thirties, the middle is a young girl about eight-years-old and the third of an attractive man in his late twenties.

On the left side of the desk is a flat piece of grey slate with a black clay mug with a strange type of alphabets etched into it. The mug is sitting on a crocheted green and brown coaster. On the very corner of the desk is a brass owl sculpture.

In the general work area of the desk is a leather tabbed book that could be either an address book or an appointment calendar, a legal-sized white pad, and a pile of opened mail.

In the right-hand corner of the wall facing you as you stand at the desk is a rubber tree, in the left-hand corner is a ficus tree. In the other two corners are large-leaved philodendrons. They are all in large pots in woven baskets.

Between the door and the ficus is a credenza which contains a number of books. Some of the books are Roget's Thesaurus, Webster's Dictionary, the complete works of Shakespeare, the poetry of Robert Frost, Minority Relations, Touching, and the Mendola Report among others. On top of the credenza is an antique grandmother's clock.

To the right of the desk, placed on the rug is a beige colored couch and chair with a large wooden coffee table in front of them. Two small round wooden tables, each having a white ceramic lamp, stand on the left side of the couch and between the couch and chair. This furniture set also appears to be antique.

On the coffee table are a few magazines, U.S. and World Report, Vanity Fair, Interview and the Village Voice.

As you take a final look at the desk, you notice a piece of paper sticking out of a file folder that looks like your name is on it. You slightly lift the corner of the folder and confirm that it is your name and folder looks thick with paper. Since 20 minutes have nearly passed, you move away from the desk and sit on the couch to wait.

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Inference Sheet I

Read the Room Description Sheet and study the room diagram carefully. Then complete this Inference Sheet I as follows:

1. In the left-hand column (Observation) note information from your reading that you feel are significant pieces about the type of person who occupies the room.

2. In the middle column (Knowledge) note any experiences that you have had that influence your observations.

3. In the right-hand column (Inference) note the conclusions you arrived at as a result of your observations.

OBSERVATION	KNOWLEDGE	INFERENCE
Raw Data	Experiences Which Influenced Your Observation	Conclusions

Inference Sheet II

Most inferences made about situations appear to link together and make sense.
There are times if examined closely, there are some observations of things that
don't fit in. In coming to conclusions it is important to identify this aspect.
 What it may indicate is that the situation is not as obvious as it appears or
that we are not on the right trail or they merely are inconsistencies. They may
or may not be clarified later or they just happen to exist.

On this sheet, list the consistent influences made in one column and the
inconsistent in the second column.

Consistent	Inconsistent

Inference Sheet III

Using the other sheets as bases, with a profile or analysis of this person you are to interview.

Briefly answer the following questions:

1. How confident do you feel about interviewing this person?

2. How do you think you will be treated by this person? What type of relationship do you think you can have with this person (formal, informal, cold, distant, friendly, would this person be either a colleague, parent figure, authority figure?) How do you think this person views you?

3. What degree of satisfaction do you feel you'll obtain in getting the information you came to get?

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HOLLOW TRIANGLE
A Communications Experiment

Purpose: To study the dynamics involved in planning a task to be carried out by others, as well as the dynamics involved in accomplishing a task planned by others.

Objective: Participants will be able to identify both helpful and hindering communication behaviors in assigning and carrying out a task.

Target Group: Generic

Group Size: A minimum of 12 participants (4 on the planning team, another 4 on the operating team, and at least 4 to be observers). The experience can be directed with multiple groups of at least 12 participants each.

Time Required: Approximately 1 hour

Materials Needed: For the 4 members of the planners team:

--a Hollow-Triangle Planners Briefing Sheet for each member.
--4 envelopes (1 for each member), each containing puzzle pieces. (Instructions on how to prepare the puzzle follow.)
--a Hollow-Triangle Key Sheet for each member.

Copies of the Hollow-Triangle Operators Team Briefing Sheet for the 4 members of the operators team.

Copies of the Hollow-Triangle Observer Briefing Sheet for all process observers (the rest of the group).

Pencils for all participants.

Physical Setting: A room large enough to accommodate the participants comfortably. Two other rooms where the planners and operators teams can be isolated. A table around which participants can move freely.

Procedures:

1. Select 4 people to be the planners team and send them to another room.

2. Select 4 people to be the operators team, give them copies of the Operators-Team Briefing Sheet, and send them to another room. This room should be comfortable, because this team will have a waiting period.

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*Adapted from "Hollow Square," which appears in A Handbook of Structured Experiences for Human Relations Training (Vol.II), edited by J. William Pfeiffer and John E. Jones (University Associates, La Jolla) 1974.

3. Identify the rest of the members as the observers team. Give each individual a copy of the Observer Briefing Sheet and allow time to read it. Ask each observer to choose one member from each of the 2 teams to observe. Explain to the observers that they will gather around the table where the planners and operators will be working. Their job will be to observe, take notes, and be ready to discuss the results of the experiment.

4. Bring in the members of the planners team and have them sit around the table. Hand out a Planners Team Briefing Sheet and an envelope to each individual on the team.

5. Tell the planners team that all the necessary instructions are on the Briefing Sheet. If questions are raised, respond with, "All you need to know is on the Briefing Sheet."

6. Caution the observers team to remain silent and not to offer clues.

7. The experiment begins without further instructions.

8. After the planners and operators teams have performed the task as directed on their instruction sheets, ask the observers to meet with the 2 persons whom they observed to give feedback.

9. Organize a discussion around the points brought out by the experiment. Ask the observers for their comments, raise questions, and gradually include the planners and operators teams.

   An evaluation of the Planners Team Briefing Sheet may be one method of discussion. Any action not forbidden to the planners team by the rules is acceptable, such a drawing a detailed design on the Key Sheet or drawing a template on the table or on another sheet of paper. Did the planners team restrict its efficiency by setting up artificial constraints not prescribed by the formal rules? Did it call in the operators team early in the planning phase, an option it was free to choose?

Variations:

1. An intergroup competition can be set up if there are enough participants to form 2 sets of teams. The winner is the team that achieves the correct solution in the least amount of time.

2. With smaller groups the number of envelopes can be reduced. (It would be possible to have individuals work alone.)

3. The members of the operators team can be instructed to carry out their task nonverbally.

Preparing the Puzzle:
Prepare the hollow-triangle puzzle from cardboard with dimensions and shapes as in the following drawing. Lightly pencil the appropriate letter on each piece. Put all letter-A pieces in one envelope, all letter B's in another envelope, and so on. Then erase the penciled letters.

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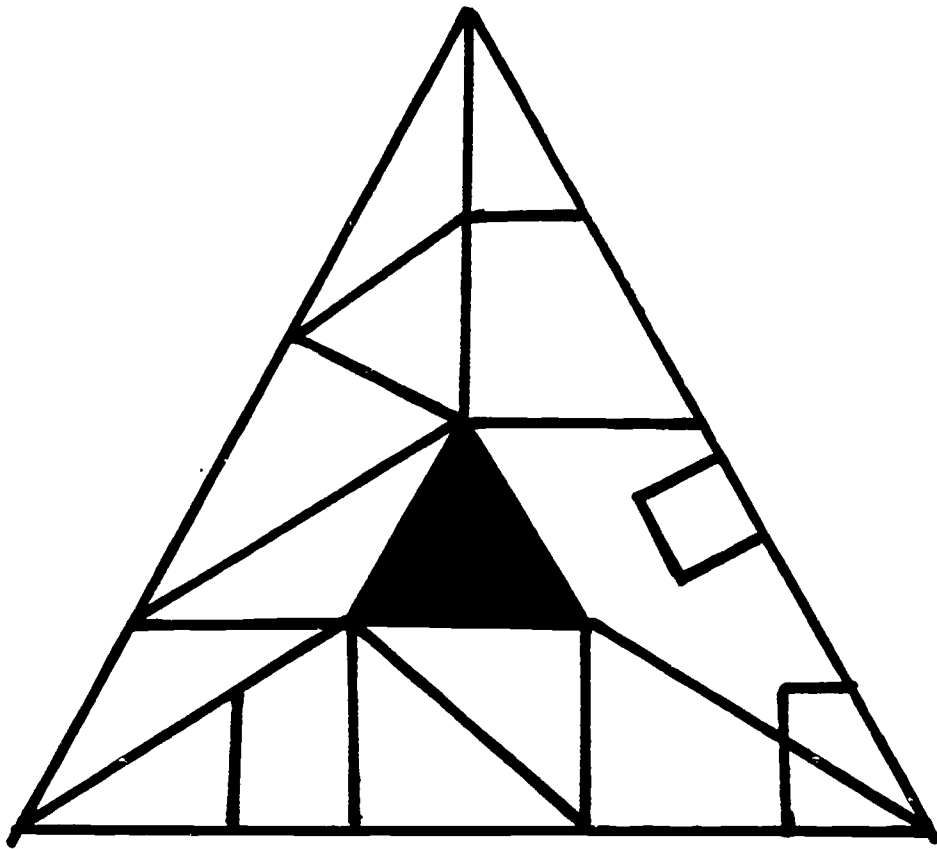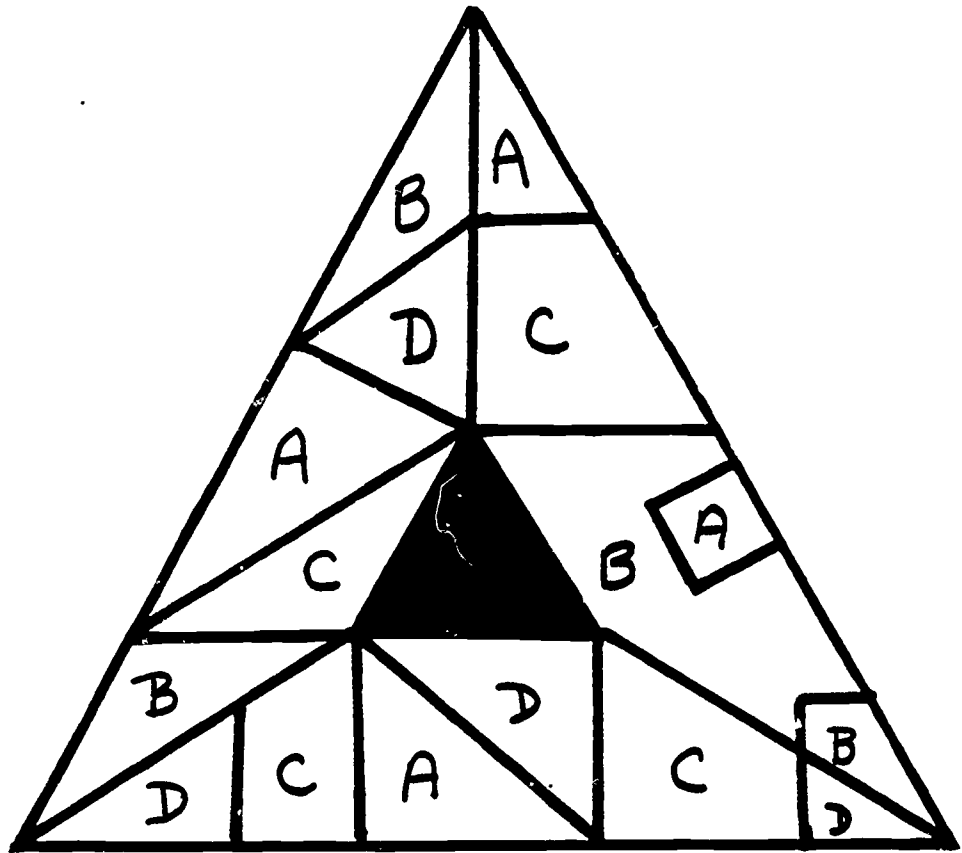
HANDOUT
Hollow Triangle
Planners Team Briefing Sheet

Each of you has an envelope containing four cardboard pieces which, when
properly assembled with the other twelve pieces held by members of your team,
will make a "hollow-triangle" design. You also have a sheet showing the design
pattern of how the pieces fit to form the hollow triangle.

Your Task

During a period of twenty-five minutes you are to do the following:

1. Plan to tell the operators team how the sixteen pieces distributed among
   you can be assembled to make the design.

2. Instruct the operators team how to implement your plan.

Ground Rules for Planning and Instructing

1. You must keep all your puzzle pieces in front of you at all times (while
   you both plan and instruct), until the operators team is ready to assemble
   the hollow triangle.

2. You may not touch each other member's pieces or trade pieces during the
   planning or instructing phases.

3. You may not show the Key Sheet to the operators team at any time.

4. You may not assemble the entire triangle at any time. (This is to be done
   only by the operators team.)

5. You may not mark on any of the pieces.

6. When it is time for your operators team to begin assembling the pieces,
   you may give no further instructions; however, you are to observe the
   team's behavior.

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HANDOUT
Hollow Triangle
Operators Team Briefing Sheet

1. You have the responsibility of carrying out a task according to instructions given by your planners team. Your task is scheduled to begin no later than twenty-five minutes from now. The planners team has the option to call you in for instructions or assistance at any time. If you are not called upon, report anyway at the end of this period. No further instructions will be permitted after you begin the task.

2. You are to finish the assigned task as rapidly as possible.

3. While you are waiting for a call from your planners team, discuss and make notes on the following questions:

    a) What feelings and concerns are you experiencing while waiting for instructions for the unknown task?

    b) How can the you organize as a team?

4. Your notes recorded on the above questions will be helpful during the discussion following the completion of the task.

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HANDOUT
Hollow Triangle
Observers Team Briefing Sheet

You will be observing a situation in which a planners team decides how to solve a problem and gives instructions on how to implement its solution to an operators team. The problem is to assemble sixteen pieces of cardboard into the form of a hollow triangle. The planners team is supplied with the key to the solution. This team will not assemble the parts itself but will instruct the operators team how to do so as quickly as possible. You will be silent throughout the process.

1. You should watch the general pattern of communication, but you are to give special attention to one member of the planners team (during the planning phase) and one member of the operators team (during the assembling period).

2. During the planning period, watch for the following behaviors:

    a) Is there balanced participation among planners-team members?

    b) What kinds of behavior impede or facilitate the process?

    c) How does the planners team divide its time between planning and instructing? (How soon does it invite the operators team to come in?)

    d) What additional rules does the planners team impose upon itself?

3. During the instructing period, watch for the following behaviors:

    a) Which member of the planners team gives the instructions? How was this decided?

    b) What strategy is used to instruct the operators team about the task?

    c) What assumptions made by the planners team are not communicated to the operators team?

    d) How effective are the instructions?

4. During the assembly period, watch for the following behaviors:

    a) What evidence is there that the operators-team members understand or misunderstand the instructions?

    b) What nonverbal reactions do planners-team members exhibit as they watch
their plans being implemented?

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WHAT IS A ROLE?*

Purpose: To provide each participant with introductory information defining roles and role relationships.

Objective: Participants will be able to describe: (a) what is meant by a "role; and, (b) what factors influence our perceptions of roles.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: 30 - 45 minutes

Materials Needed: Overhead Transparencies:
    "A Role is a Social Relationship"
    "Your Perception of Your Role is Influenced by..."
    "What You Actually Do in Your Role is Influenced by..."
Newsprint or Chalkboard to draw illustrations
Overhead Projector
Newsprint/Markers or Chalkboard/Chalk
Handout: "Summary of Information About Roles"

Physical Setting: Room large enough to accommodate the group. It is preferrable to arrange chairs and/or tables in semi-circle or "U" shape.

Procedure:

1. Introduce this activity by explaining that the process of providing services to special needs children in foster/adoptive placement is a complex one, involving many different people and responsibilities. Each person who relates to the child has a unique and important role to play in the process. This lecturette will provide some information and insights into just what a role is.

2. Deliver the lecturette provided on the following pages. As you discuss the concept of "role," involve your audience. After giving your first example, ask that a person who is in the role relationship of husband/wife describe the role functions of that relationship. Ask another person in the group to give an example of a role relationship, with related functions. Write down the example for the whole group to see and discuss. Note that even the "same" role and relationship, i.e., husband-wife; teacher-student, can be different, depending upon how the functions are carried out by the individuals in the relationship.

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3.	Use the transparencies provided to illustrate the key
	points in the lecturette. If you do not use
	transparencies, draw your own illustrations as you
	talk, to focus on key points.

4.	At the close of your lecturette, distribute the
	handout, "Summary of Information about Roles," and
	review the content with participants.

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LECTURETTE
Roles and Values

1. What is a role?
    (Show the transparency, "A Role is a Social Relationship")
    A social relationship with certain prescribed functions for each member.

    "Can't have one without
    the other"

    Role: Wife   Role: Husband

    Prescribed Functions   Prescribed Functions

    Cook   Mow the grass
    Buy groceries   Take out the trash

2. What determines how this role is carried out?
    Show transparency, "Your Perception of Your Role is Influenced by..."

    a. Expectations of others outside the relationship (i.e. society,
        in-laws, neighbors, television)

    b. Expectations of persons within the relationship (i.e. "All husbands
        are supposed to take out the trash.")

    c. Finally, expectations of self based upon own personal perspective of
        the role. (Ultimately, this determines what you actually do -- role
        behavior)

3. What are the elements of our personal perspective of our role?
    (Show transparency, "What You Actually Do in Your Role is Influenced
    by...") Highly correlated with our personal values, i.e.:

    -How much do you value and/or how much importance do you place on
     society's expectations of your role?

    -How much do you value and/or how much importance do you place on your
     role partner(s)' expectations?

4. If I accept my role, what are some elements of my personal perspective?

    -Also highly correlated with personal values

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Specifically:

a. In terms of your professional role, what are your beliefs and values
    regarding special needs children? What do you feel specifically about
    these children? i.e., What do you think of first, the handicap or the
    child? "I have a deaf child in my class,", or "I have to place a
    child with cerebral palsy."

    -Do you feel pity toward these children? "Poor thing, she is retarded
     and will never be able to read."

    -Do you have a fear reaction? "I just don't know what to do with kids
     with cerebral palsy, they give me the creeps."

    -Are you "turned off" by certain disabilities? "I can't understand
     why anyone would want to adopt this child. He's blind and retarded.
     No one can even communicate with him."

These reactions are neither good nor bad, by themselves; but in your role
and relationships with special needs children, your reactions, beliefs,
and values strongly influence the dynamics of the relationship.

    -To say a relationship is dynamic means that it grows, it is not ·
     static. It changes, reacts, and "flows" according to the input it
     receives. If you have mostly positive feelings about special needs
     children, the children will "sense" this because you will be sending
     out that message, either consciously or unconsciously. If you have
     mostly negative feelings, these will enter the relationship
     dynamic,too.

The dynamic involves the child's response to your input. What you believe
about special needs children will often be what they come to believe about
you. The messages you send to children in the process of relating will
often come back to you, to reward you or make your job difficult. If you
believe special needs children are valuable, worthwhile and worthy of love
-- the children will pick that up in all you do -- or fail to do. They
will respond by viewing you as valuable, worthwhile, and worthy of love.
You will be rewarded. Tension can develop, however, when children detect
your prejudices ? fears. They may respond by shutting you out or even
"attacking" you with negative behaviors.

b. What are your beliefs about the other people who are involved in
    meeting the needs of special needs children? (i.e., social workers,
    special educators, foster/adoptive parents). The same issues of
    relationship dynamics apply here: The beliefs you hold about another
    group, impact upon and influence the beliefs they will come to hold
    about you.

c. What are your expectations about the role relationship? Another
   characteristic of role relationships is that sometimes the functions
   are equally divided and sometimes they are not. Some role
   relationships are more demanding on one party than on the other.

   For example, in the role relationship of foster/adoptive parent and
   special needs child, the role functions are not equal in terms of what
   each must contribute. They may remain unequal for a long time,
   depending on the special needs of the child. The parent must do more
   and contribute more energy to the relationship.

   The role relationship between a parent and a teacher will have a
   different division of role function in relation to meeting the needs
   of the child. The parent may believe the teacher "should" do most or
   all of the teaching of academic material. Or the parent may feel the
   teacher "should" know more about the child's disability. How these
   role functions are clarified and agreed upon will impact upon the
   quality of the dynamics in the relationship.

d. How important do you believe your role is?
   That is, what is the overall value or importance you attach to your
   role. What kind of impact do you really believe you are having on the
   lives of special needs children? How seriously do you take yourself
   in your day-to-day relationship with special needs children and with
   others who serve these children?

In summary, remember:

-- A role is a social relationship with certain prescribed functions for
   each member.

-- How a role gets carried out is determined by:

   a. expectations of society and/or organizations

   b. expectations of role relationship members

   c. your own beliefs and expectations

-- Your own personal perspective is influenced by:

   a. the value you place on "outside" expectations

   o. your level of role acceptance

-- Elements of your personal perspective include:

   a. your personal beliefs about special needs children

   b. your personal beliefs about others who serve special needs
      children

   c. your expectations about how role functions should be divided

   d. the overall importance you attach to your role

A Role is a Social Relationship

Prescribed Functions

"You can't have one without the other"

Your Perception of Your Role
is influenced by . . .
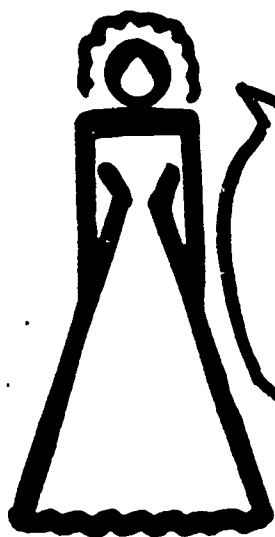
Yourself
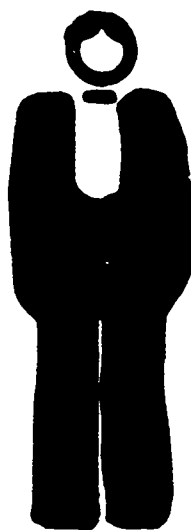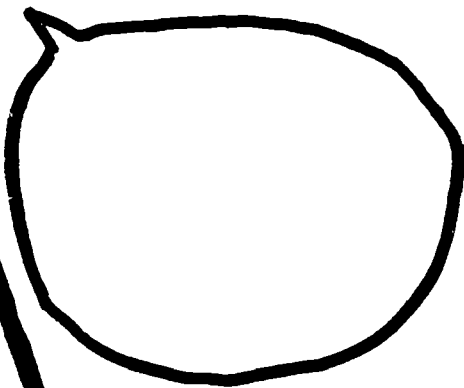
Others
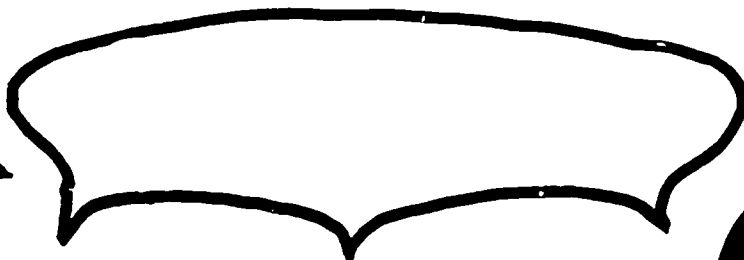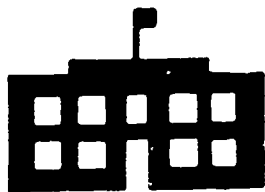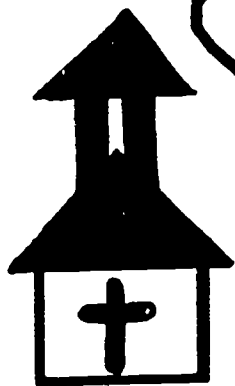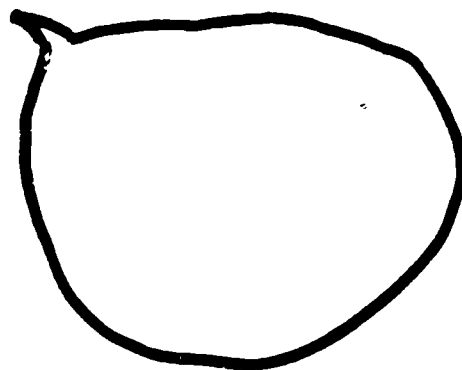
Society

What You Actually Do
in Your Role is Influenced by . . .
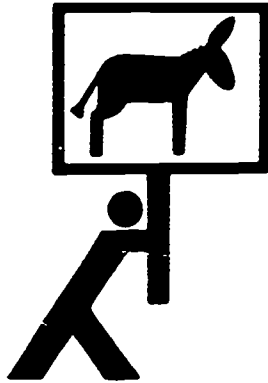
Beliefs
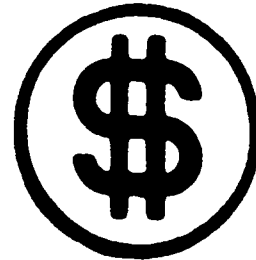
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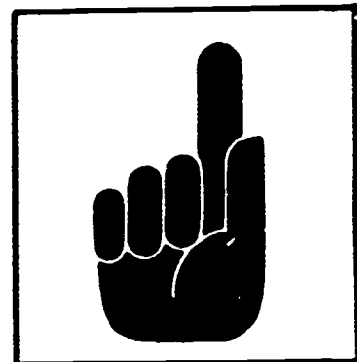
HANDOUT
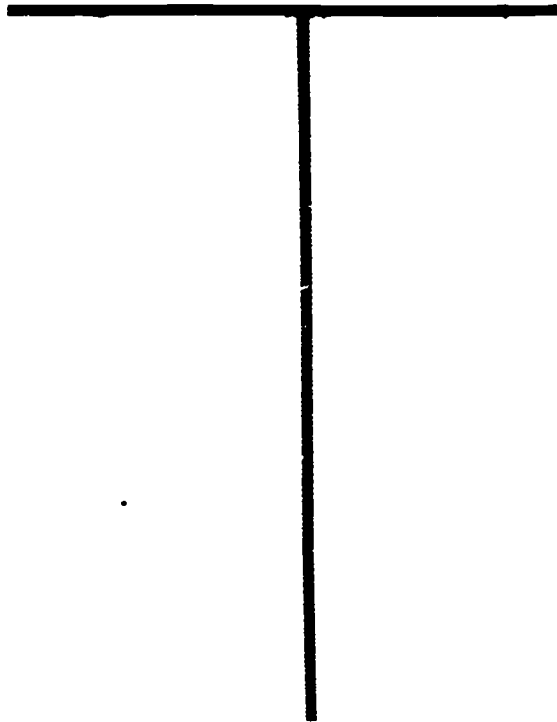# Summary of Information About Roles

In summary, remember:

-- A role is a social relationship with certain prescribed functions for each member.

-- How a role gets carried out is determined by:

    a.   expectations of society and/or organizations
    b.   expectations of role relationship members
    c.   your own beliefs and expectations

-- Your own personal perspective is influenced by:

    a.   the value you place on "outside" expectations
    b.   your level of role acceptance

-- Elements of your personal perspective include:

    a.   your personal beliefs about special needs children

    b.   your personal beliefs about others who serve special needs children

    c.   your expectations about how role functions should be divided

    d.   the overall importance you attach to your role

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ROLE CONFLICT AND
# CONFLICT RESOLUTION

Purpose: To provide each participant with introductory information related to role conflict and conflict resolution.

Objective: Participants will be able to: (a) define role conflict and its causes; and, (b) describe strategies for conflict avoidance and resolution.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: Approximately 1 hour

Materials Needed: Overhead Transparencies
Newsprint and markers or chalkboard and chalk
Overhead Projector
Handout: "Summary of Ways to Avoid or Resolve Conflict"
Role Play Description
Role Play Character Descriptions

Physical Setting: Room large enough to accommodate the group. Space to set up role play so all participants can see it.

Procedure:
1. Introduce the activity by explaining that in any role relationship, conflict is bound to occur. This lecturette will describe some of the typical sources of conflict and suggest some strategies for avoiding conflict and resolving conflict that does occur.

2. Deliver the lecturette provided. As you discuss the concepts. involve your audience. Use the illustrations provided on the overhead transparency, or draw your own, to emphasize key points. Ask persons in the group for examples of conflict situations they have experienced. Apply concepts in the lecturette to their examples.

3. At the close of your lecturette, distribute the handout, "Summary of Ways to Avoid or Resolve Conflict."

4. Review the points on the handout and use them to introduce the role play segment of this activity. Tell the group that you would like two volunteers to role play a conflict situation and try to apply the principles on the handout to solving the situation.

5. Give each volunteer a description of the role play situation and a description of the part he or she will play. Do not let the volunteers see the descriptions

of each other's roles. Allow them about three minutes
to study their roles and the situation.

6. Set up two chairs in front of the group and tell the
   large group what the role play situation is and who the
   characters are. Do not describe the details of the
   roles. (This will come out in the actual role play).
   Distribute the handout, tell them to observe the role
   play and note the extent to which the role players used
   the conflict resolution strategies described on the
   handout, "Summary of Ways to Avoid/Resolve Conflict,"
   to members of the large group.

7. Ask the volunteers to do the role play. Allow about
   five minutes. Interrupt the role play at an
   appropriate point. Do not let it go too long, but just
   long enough to illustrate the points of the handout.
   If those strategies are not being used, interrupt the
   role play and discuss this issue. (What is likely to
   happen when conflict resolution strategies are not
   used?)

8. After the role play is over, ask each volunteer to
   discuss his/her role. Ask the questions:

   a. What was your role supposed to be?

   b. How did you feel playing this role?

   c. What conflict resolution/avoidance strategies did
       you use?

   d. Is there anything you would do differently if you
       played it again?

9. After each role player has discussed his/her role, ask
   the audience to offer feedback on the situation.

   a. What conflict resolution/avoidance strategies did
       you observe?

   b. What strategies worked best?

   c. What suggestions do you have for handling this
       situation?

10. End the activity by reminding the group that conflict
    is not necessarily bad, and that conflict can be both
    resolved and successfully dealt with if the strategies
    discussed and used in this activity are used.

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LECTURETTE
Role Conflict and Conflict Resolution

INPUT ON ROLE CONFLICT AND CONFLICT RESOLUTION

Knowing that roles are social relationships and knowing the complexity of human nature, it is understandable that people often experience role conflict.

Here are some examples:

Wife:	"You haven't taken out the trash yet."
Husband:	"I can see that. Get off my case!"

Child:	"But, Mom, you said you would drive us all to the game!"
Parent:	"Josh, I can't be the chauffer for the whole neighborhood!"

Parent:	"I don't understand why you can't give Susie her medication, I thought this was a mainstreamed school."
Teacher:	"We can if you have her doctor fill out this form for each time she needs this medication series."

WHAT CAUSES ROLE CONFLICT?

Some theories attribute conflict between people to that broad category called "personality differences." For example, "She's just too flighty and undependable, I could never work with her." Or, "She is so serious and rigid. Everything is by-the-book. I just can't work with her." These are typical complaints in the work place.

While personality does play an important part in the dynamics of our role relationships, personality is also hard to change, especially in adults.

That does not mean we are "stuck" with constant role conflict with persons who are different from us. If we look at another possible cause of role conflict, the hope for change and the chances of change occurring improve.

Conflict often occurs in role relationships because of unclear, uncommunicated, and/or unrealistic expectations of the other person's role.

For example:

Teacher:	I don't understand why you can't do these exercises with Johnny, Mrs. Smith. He needs more practice at home.
Foster Parent:	I don't understand what you want me to do. Johnny says I don't explain the way you do, anyway. Besides, who is going to look after my other three children while I spend a half an hour with Johnny. You just don't know how it is!

Foster/Adoptive Parent: I can never get you on the phone when I need you, Mrs. Ellis. I think all social workers do is go to meetings and be 'away from their desks'!

Social Worker: I supervise eleven other homes besides yours, plus do foster parent training every other Tuesday, and keep all my paper work up-to-date. No, I'm not always by the phone!

Conflict has occurred in both of these situations because role expectations were either unclear, uncommunicated, or unrealistic.

The way out of such role conflict should, then, be clear. To avoid role conflict:

1. Know what your expectations are of the other person's role.

2. Communicate those expectations clearly (and often, if needed, to keep things clear).

3. Ask your role partner to do 1 and 2 above.

4. Listen to your role partner's communication so you can formulate mutually realistic expectations.

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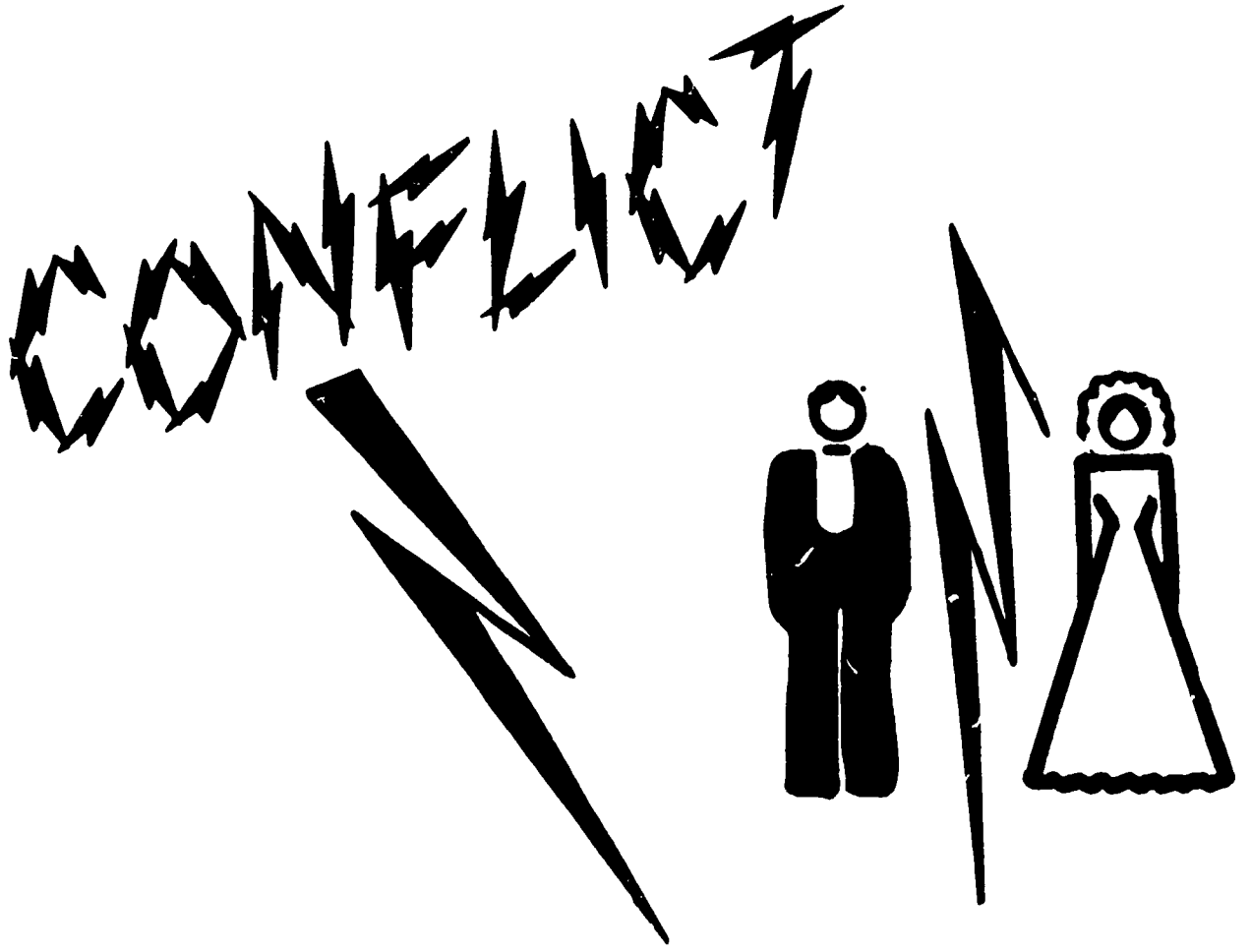
CONFLICT

Unclear expectations
Uncommunicated expectations
Unrealistic expectations

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ROLE PLAY
Role Conflict and Conflict Resolution

SITUATION:

Mrs. Brown, a foster parent for eight years, has just begun doing specialized foster care. The child in placement now, Billy, is four years old. Billy is mildly retarded and is recovering from injuries received in abusive incidents with his biological mother. He has head wounds that are healing and a detached retina in his left eye. Mrs. Brown wants to take Billy to an ophthamologist to have his eye examined, since it has been watering and developing matter for the last two days.

Mrs. Brown has not been able to reach Billy's social worker to discuss Billy's problem. The social worker, Sue Evans, has been away from her desk and has not returned Mrs. Brown's calls. So, Mrs. Brown makes an appointment for Billy with a specialist, takes him to the appointment, then drops by Social Services to see Sue Evans and discuss getting reimbursed for the $65.00 doctor's bill.

CHARACTERS FOR THE ROLE PLAY:

Mrs. Brown

You have been a foster parent for eight years, but this year is your first experience with children who have handicapping conditions or who have been severely abused. You have been very involved emotionally with these children. You want to do everything you can to help make their lives better. The little boy you have now, Billy, has been especially close to your heart. He reminds you of your first son. Billy's eye injury has worried you a lot. Recently, the injured eye has watered during the day and had matter in it in the mornings.

Despite your best efforts to reach Billy's social worker, you cannot get her on the phone. You decided to take matters into your own hands and get Billy a doctor's appointment without Sue Evan's help. You are relieved, after the appointment, to learn that Billy just has a mild case of pink eye.. But, you are shocked by the bill of $65.00. You pay it, but you don't like it. On the way back from the doctor's office, you stop by social services to talk with Sue Evans. You are in luck, because she is in.

Sue Evans

You have been a social worker for five years. This is your first year in specialized foster care. You are very interested in meeting the needs of special needs children, but sometimes have difficulty dealing with the foster parents of these children. Since you look younger than you are, you find that many foster parents treat you like you were just a little girl, young and inexperienced. Mrs. Brown has been especially condescending toward you. She has taken matters into her own hands several times when getting services for the children in her care. You have been avoiding returning her calls because you simply dread talking to her. Today, just as you are about to call her, Mrs. Brown walks into your office looking more than a little upset.

HANDOUT
Summary of Ways to Avoid and Resolve Role Conflict

To avoid role conflict:

1. Know what your expectations are of the other person's role.

2. Communicate those expectations clearly (and often, if needed to keep things clear).

3. Ask your role partner to do 1 and 2 above.

4. Listen to your role partner's communication so you can formulate mutually realistic expectations.

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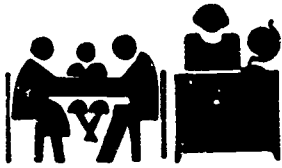
TRIBAL WARS

Purpose:	To provide a background for participants to deal with issues of interagency cooperation.
Objectives:	The participants will be able to:

1. identify issues that inhibit cooperation.

2. identify ways to enhance cooperation.

3. develop strategies to create cooperative efforts

Target Group:	Teachers, social workers, personnel from community service agencies
Group Size:	6 - 30 participants
Time Required:	1 hour
Materials Needed:	Handouts: "Tribal Wars" story and script Easel pad and markers Masks for Proag, Vocad and Statfed for the "actors"
Room Size:	Large enough for group to be divided into interagency teams
Procedures:	1. Narrator tells opening part of story

2. Actors perform script with masks

    (a) as narrator tells story, the actors with masks face away from audience

    (b) when narrator gives cue, by introducing the characters, the actors turn to face audience and perform script

    (c) once script is finished, the actors back away but remain facing audience

3. Narrator completes the story

    (a) as narrator gives cue -- "on a parallel galaxy, etc." the actors remove masks on the word "world"

    (b) after a short pause at the end of the story, the performers exit silently.

4. Workshop leader assigns each team to take the Proag viewpoint and apply it to their real life situation identifying the reasons why cooperation is not possible.

5. After each team has enough time to list their reasons, have them assign a reporter, who wears the Proag mask and reports to the "Statfed mask."

6. Workshop leader assigns each team to take the Vocad viewpoint and apply it to their real life situation identifying the reasons why cooperation is necessary.

7. After each team has enough time to list their reasons, have them assign a reporter who wears the Vocad mask and reports to the "Statfed mask."

8. The Statfed can then help the teams negotiate some ways to begin cooperation.

Special Instructions:

1. The script can be memorized or read.

2. The narrator can also play one of the characters in the play

3. The masks can be made according to the creative imagination of the leader or other persons involved in performing the script. The masks can be made on a foundation of a paper plate, each decorated differently to make a distinctive character. The Statfed should have a feeling of royalty, the others should be distinctive enough based on the mask creator's interpretation of the character.

4. Background music might be considered appropriate and since this is a take-off on Star Wars then music from the movie might be suggested.

5. Introduction of the characters is important and this should come as a transition between the story and the performance of the script.

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HANDOUT
Tribal Wars

(The three masked characters have their backs to the audience with the narrator off to the side.)

Once upon a time, in a galaxy far away, there was a world peopled by Proags and Nerdlihcs. This world was ruled by a Statfed. Years ago the world was governed according to the Law of Pubserv, which provided an atmosphere of close working relationships and purposes for the Proags who were responsible for the care of the Nerdlihcs. The Nerdlihcs were young potential Proags. Each generation of Proags were to do all they could to make sure that the Nerdlihcs were nurtured and become responsible Proags.

A few decades ago, the present Statfed came to the throne and with all good intentions decided that the present laws were not specific enough to meet all the needs of the Nerdlihcs. Therefore, the Statfed recodified the laws so that the world would be governed by the Law of Turfspec. Under the law, the Proags were divided into tribes and given specific tasks to perform. For a while, it seemed that the Statfed had brought order out of chaos and everyone was happy. However, over the next few years, problems arose and the Statfed would make a new rule to clarify this issue or that.

It seemed that no sooner did the Statfed make a new rule for one tribe, another tribe would come before the tatfed and demand attention to their needs. And so it went as the years passed until each Proag tribe become more jealous of their specific responsibilities that they spent more time fighting among themselves and less time attending to the needs of the Nerdlihcs.

Meanwhile, the Nerdlihcs developed new problems because they were no longer nurtured as completely as they once were. The Statfed, confronted with these new problems, created new tribes with new rules to attend to these new special needs of the Nerdlihcs.

There were among the Proag tribes, members who were dissatisfied with the state of affairs and were frustrated with what their respective tribes were doing. Informally, they met and decided that their work with the Nerdlihcs was more important than the rules and policies that had been created by the Statfed and the tribes themselves. They found out, however, that they had to sort out their various purposes because they often seemed conflicting and were finally able to share what they knew and concentrated on a few selected Nerdlihcs.

What they came to discover in the beginning was that the Nerdlihcs had become more and more entrapped in the neutral zone between the tribes and were confused as to what was expected of them or what was happening to them. The few selected Nerdlihcs under their experiment began to thrive. These renegade Proags decided to call themselves Vocads and continued to rebel against the present system with the hope to change the law to allow them to function more openly as they had learned through their experiment.

At first, the Proag tribes overlooked these few renegades but as their numbers grew and with them more success with the Nerdlihcs, the Proags struck back. It was too late and the Proags and Vocads went before the Statfed. Div Depart is present to represent the Proag tribes (Div turns around to face the audience) Aiel Ekol represents the Vocads (Aiel turns). The Statfed (turns) is present to hear the case.

SCENE: The throne room.

CHARACTERS: Div Depart - representative of the Proag tribes

Aiel Ekul - representative of the Vocads

The Statfed - rule of the world

Div: Your Archracy, I have been elected by all the Proag tribes to speak in behalf of them against the Vocad's experiment.

Aiel: Your Archracy, I speak in behalf of the Vocads who have offered a reasonable proposal to enhance better cooperation among the tribes so they can more responsively meet the needs of the Nerdlihcs.

Div: We meet the needs of the Nerdlihcs. We've always had the responsibility for the care and nurturing of the Nerdlihcs. When your Archracy changed the law, we responded as you desired and have always succeeded in following these laws to the letter. Your Archracy has always been responsive to our concerns whenever particular problems have arisen by providing us with rules and policies that helped to clarify our responsibilities. These renegade members of our tribes, who now call themselves Vocads have done other than you have commanded and now they propose to have you reward them by funding their experiment.

Aiel: What we showed, of course, is that the present system has not met the needs of the Nerdlihcs as completely as they need. The tribes have spent more time making sure the rules are followed then focusing on what we have been charged to do. We've shown a way in which we, who are from different tribes, can work more effectively together. We've asked that you will provide us with your support to further explore how we can strengthen this working relationship and thus more effectively fulfill our responsibilities.

Div: We don't see how we can do it. It'll cause confusion, a lack of clarification of responsibilities and obviously, the Nerdlihcs will only become more confused.

Aiel: Certainly, no more confused than at present and besides we have already revealed through our recent attempts to work cooperatively together that the Nerhlihcs have responded positively.

Div: Nonsense. Whenever you do things that go beyond your area of specialization, then you are infringing on another's responsibility, causing conflicts that become detrimental to the Nerdlihcs.

Aiel: Yes, and you tribes allow your specialization to prohibit your exploration of working together for a common purpose -- the care and nurturing of the Nerdlihcs. You stagnate instead of experiment. You protect your specializations instead of finding ways of sharing resources and information so that the needs of the Nerdlihcs can be more adequately and completely provided for.

Div: Of course, it's up to Your Archracy as to how you wish to deal with these renegades. It is our hope that you let them know who rules this world and that you'll do so accordingly by rejecting this irresponsible experiment.

Statfed: I have reviewed the proposal and have also reviewed the results of the Vocads unofficial experiment, as well as listen to both sides of this issue. My decision is based on the desire to make sure you fulfill the purposes I set forth for the care and nurturing of the Nerdlihcs. I believe the Law of Turfspec provides the best way of doing so, but I am also willing to support an opportunity to enhance the law without having to return to the days of the Law of Pubserv. In light of this, I will grant that we experiment with the proposal made by these Vocads as they call themselves, though I do remind them that they are members of their respective Proag tribes. You will have a period of one reay and must follow these guidelines (hands out a piece of paper). I have decided to appoint Thrad Radav to the position of Coord to assure me that my will is followed as I have set down. I urge you all to commit yourselves to the fulfillment of my wishes without further need of rebellion against my law.

Aiel: We appreciate your confidence and support and pledge ourselves to do what we can to cooperate.

Div: Your Archracy, of course, has our loyal support to your commands.

(The characters step back as the Narrator picks up the story -- remain facing the audience.)

The Vocads were happy with this small victory, but there were many members of the Proag tribes who were not happy and put up many obstacles for their members to participate.

From a small beginning, hopes spring forth and at this time the experiment is near its end. There have been some successes, but is it enough for the Statfed to be willing to change the law and various rules so that the Nerdlihcs will once again have the more complete nurturing they need or will it all remain the same? One thing that is for sure, the Vocads were no longer willing to accept the status quo and were prepared to continue the fight.

Meanwhile, in a parallel galaxy on a parallel world called earth...........

(The characters remove masks on the word "world".) (At the end of the story, pause and move quickly away.)

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Definitions:

Statfed	State/Federal
Proags	Programs/Agencies
Vocads	Vocal Advocates
Nerdlihcs	Children
Coord	Coordinator
Pubserv	Public Service
Turfspec	Turfism/Specialization

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LEARNING AND SHARING
MORE ABOUT OURSELVES

Purpose: To increase participants' awareness of some of the "deeper" issues that influence what they do, day-to-day.

Objectives:

1. Participants will collaborate in writing answers to a series of questions regarding some "what" and "why" issues related to their unique roles in serving special needs children and/or their families.

2. Participants will collaborate in completing a drawing representing the portion of their day-to-day activities devoted to their role with special needs children and/or their families.

3. Small groups will summarize findings and observations unique to their specific group (social worker, teacher, foster/adoptive parent), based on the handout, and share these with the large group.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: One hour and 10 minutes

Materials Needed: Handout, "The Whats and Whys of What I Do"
Pen or pencil for each participant
Transparency: (a "pie" or clock) and transparency markers
Newsprint and felt-tipped markers

Physical Setting: Room large enough to accommodate the large group and small groups without noise interference

Procedure:

1. Introduce this activity by saying that it is designed to give each specific group (social workers, teachers, and foster/adoptive parents) a clearer understanding of what they do in meeting the needs of special needs children. Say that in this phase of the workshop each group will be given an opportunity to introduce themselves, in a rather detailed way, to the other groups.

2. Ask participants to divide into small groups, based upon the role they play with special needs children and/or their families.

3. After all groups are settled, distribute a copy of the handout, "The Whats and Whys of What I Do", to each person in each group. Ask that each person read and think about the handout individually and make a few brief notes. (Allow about five minutes.)

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4. Then, ask each small group to collaborate in completing one handout. That is, ask group members to talk among themselves and develop an answer to each part of the handout that they can mutually agree upon. (Allow 10 minutes) You will need to keep the group "on-task" in order to finish within this time frame.

5. When each small group seems to be finished with this part of the exercise, ask them to put their completed handout aside for a few minutes.

6. Distribute a large sheet of newsprint and a magic marker to each small group. Ask each group to designate someone to record a group agreed-upon summary of the handout contents on the newsprint (or, you may want to volunteer to be the recorder, if there are several small group facilitators).

7. At the end of twenty minutes, interrupt the group process and say that each group should now have enough information collected to offer a clear and understandable "introduction" of themselves to the other groups. Ask a spokesperson from each group to give a 5-minute presentation of his or her group's work for questions 1-3. After each presentation, allow five minutes for questions and answers. (It will be important to stick to this schedule, for practical reasons of time, and to keep spokespersons from rambling too far afield in their reports. Announce these time frames at the beginning. Designate a clock watcher and stick to these time frames.)

8. After each group has reported, have participants assemble in the large group. Turn on the overhead projector and project "pie" transparency. Ask a representative of each group to verbalize his/her group's response to question #4. As they respond, draw and label "slices" of the "pie" (using Vis-a-Vis transparency markers in 3 colors). Each should represent the proportion of the day each group spends doing what they do for special needs children. You can do this same step using markers and newsprint, or a chalkboard. Discuss and ask for participant reactions.

9. Ask each participant to get out a pencil and piece of paper and write a response to each of these incomplete sentences:

As a result of this activity, I learned..........

       I was surprised..........

       I wish that.............

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I plan to................

Allow about five minutes for this.

10. To close the activity, ask for volunteers in the group
    to share one of their responses to the incomplete
    sentences. Do this quickly, so that several people
    have an opportunity to share and respond. Tell people
    not to give lengthy answers, but a quick phrase or idea
    that might have popped into their head.

11. Thank the group for its hard work. Take a break.

HANDOUT
The Whats and Whys of What I do

INSTRUCTIONS: Read the questions below and jot down a brief response to each.
Then, when your trainer indicates, work with others in your group to fill in
more complete responses.

1. What are the five most "typical" things you do each day in serving special
   needs children and/or their families?

   _____

   _____

   _____

   _____

   _____

   (Next, rank order your list by placing a 1 by the most important, 2 by the
   next in importance, etc.

2. Why do we do what we do? (What are the objectives, priorities, reasons,
   behind what we do?)

3. Why is it important that we do what we do? (What is our philosophy,
   rationale, and/or source of motivation?)

4. How much time (in hours and/or minutes) do we spend doing what we do for
   special needs children per day? _____

Questions 2 and 3 were adapted from "Capitalizing on Group Effectiveness" in
Leadership: Strategies for Organizational Effectiveness.
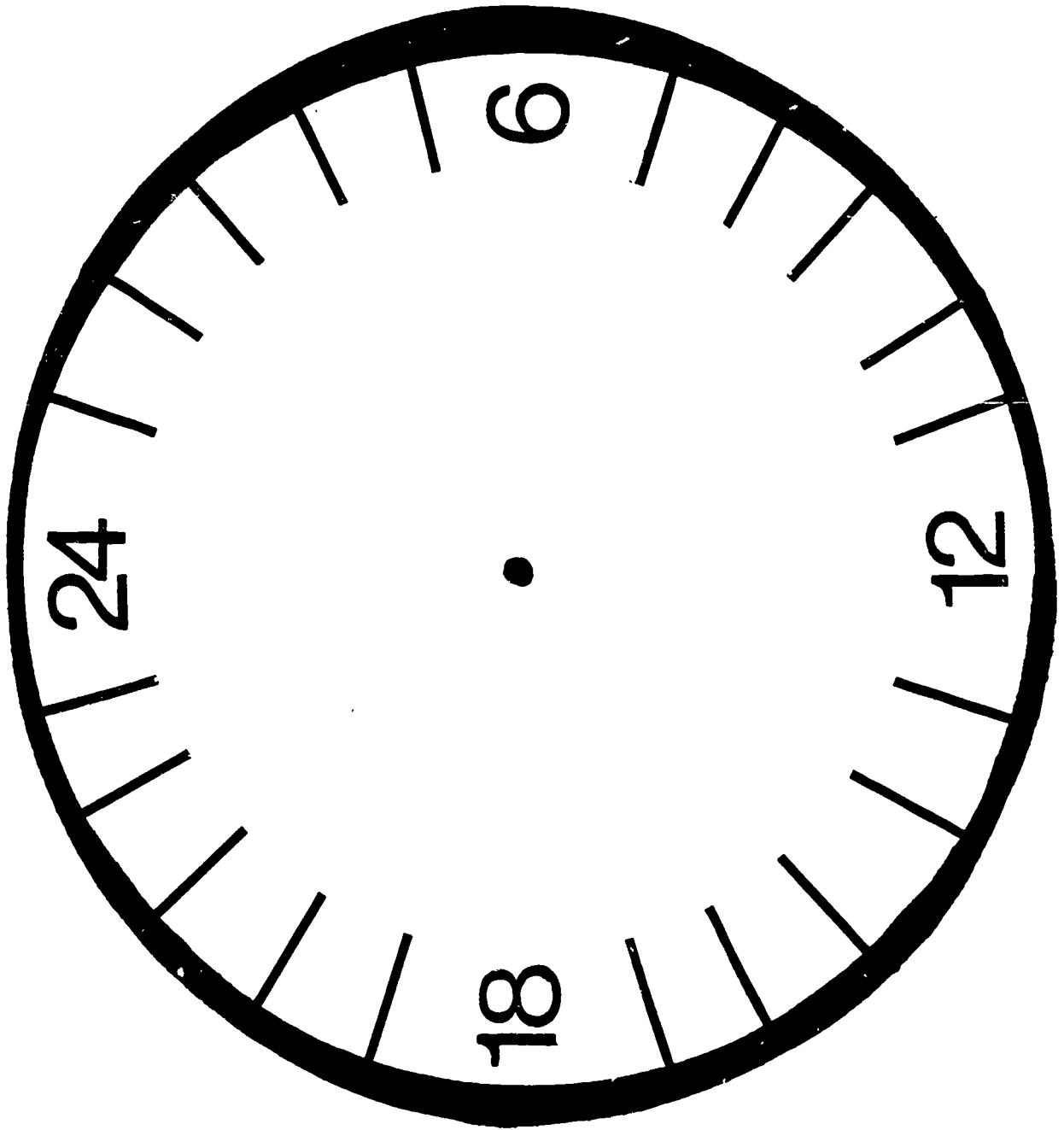
HOW CHILDREN GET INTO CARE

Purpose: To clarify each participant's understanding of the major ways children get into care and the need for cooperation.

Objectives: The participants will be able to:

1. describe the three major ways children get into care.

2. identify how they have a particular focus on a child's needs.

3. explain the need for developing a common focus to meet the child's needs.

4. describe four ways foster care services are used to help a child.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: Approximately 2 hours

Materials Needed: Overhead Projector
Transparencies #2 - 6
Handouts - copies of Transparencies 2-5
"An Overview of Foster Care"
"Relevant Social Work Terminology"

Physical Setting: A room large enough for the group to gather in a semi-circle.

Procedure:

1. Transparency #2 - Describe the usual process of how children get into the placement system.

   Points to cover:

   a) Three ways

   --dependency/voluntary agreement or court custody
   --abuse/neglect
   --release for adoption

   The first two can be transferred to the third through actual release or termination of parental rights.

   b) The issues involved are complex

   c) There are usually many nuances to the process described

2. Transparency #3 - Permanency Planning and Protective Services. Describe how the process of providing protective services works.

   Points to cover:

   a) The asterisks represent decision points regarding possible planning for placement of children in their own home using preventive services or outside of the home through alternative care.

   b) As long as there is a plan for the child to return home in a short time, then the focus remains as a protective services case, no matter who provides the services

   c) If a child is removed, then there must be clarity in the reasons why and those reasons must be dealt with first to get the child back home and then deal with the other issues.

   d) Problems arise when lack of specificity is evident for confirming the need for protection, the need for removal, what needs to be done to return the child, when to terminate protective services.

   e) Behavior-specific measurements must be kept in mind when making these determinations - we need to know where we are going with the family and they need to know where they are going.

3. Transparency #4 - Case Planning. Describe the steps in case planning.

   Points to cover:

   a) The client must be involved.

   b) Goals should be behavior-specific in order to be memorable and in the beginning able to be accomplished in two weeks.

   c) Goals should be broken down into the smallest steps necessary with some limits.

   d) Responsibilities should be clearly defined, for whoever is involved.

   e) In the provision of services, this is where other agencies can be involved.

   f) The concern should always be in dealing with the behaviors of the parents that brought about the need for placement.

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g)   Agencies dealing with the child should focus on helping the child deal with feelings about being abused/neglected, dependent, released for adoption, being in placement, etc.

h)   It should be made clear that part of planning involving resources is to prepare them to understand what behaviors the child will bring into their setting.

i)   On-going evaluation must be made with all concerned to ascertain progress, problems, etc.-- emphasis on sharing their pieces of the puzzle.

4.   Transparency #5 - Initiating court action. Review the issues to be evaluated when determining the need to take court action.

5.   Transparency #6 - Focus on the Child. Summarize the following:

a)   Our training and experience give us a particular view of the child and his needs.

b)   We need as complete a picture as possible in order to truly serve the child.

c)   By sharing, we develop a common focus with a common purpose which will enable us to more clearly understand and provide our respective services for the child.

6.   Review the handouts "An Overview of Foster Care" and "Relevant Social Work Terminology." Discuss.

Points to cover:

a)   It is temporary living arrangements.

b)   It should be part of an overall plan of permanent care for the child.

c)   It should be time limited.

d)   It should meet the needs of the child.

How a Child
Gets Into the System

DEPENDENT   ABUSE/NEGLECT   RELEASED FOR ADOPTION

INTAKE

PLACEMENT   INVESTIGATION   PLACEMENT

VOLUNTARY   COURT CUSTODY   POSSIBLE
                                          PLACEMENT

RETURN HOME   LONG TERM   TERMINATION OF
                       CARE   PARENTAL RIGHTS

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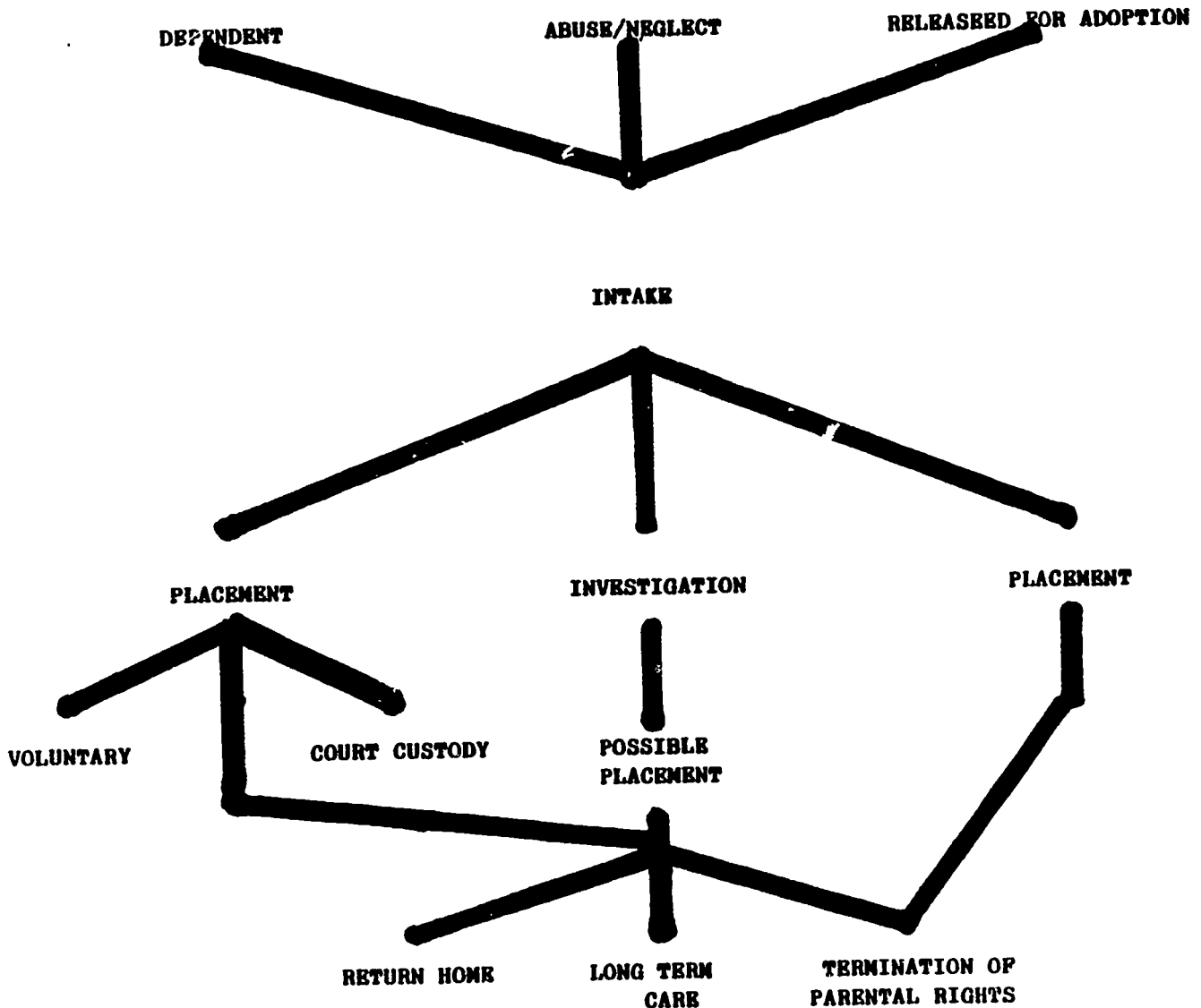
HANDOUT
How Children Get Into the Foster Care System

- Generally children enter as dependent, abused/neglected children, or are released for adoption through an intake process.

- Dependent children are offered services in their home, but are most often put into placement on a voluntary agreement or through a court order. A case plan is developed and they are either returned home, put into long term care or with great difficulty are released for adoption.

- Abused/neglected children are involved first in an investigation to determine if abuse or neglect has been occurring. They are sometimes removed from their homes if there is an emergency situation by 12 hour authority of the social worker/law enforcement/hospital or through court order. Primarily, however, the child remains in the home throughout the investigation. After the investigation, the child may at some point in time, need to be removed and put into placement. A case plan is made and the child either returns home, enters into long term care, or parental rights are terminated and the child is released for adoption.

- A child can enter the system by being released for adoption. The child is placed in foster care, until such time that an adoption home is found and the child is placed there.

* It is important to note that many of these events reoccur for some children.

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Permanency Planning in Protective Services

NEED FOR SERVICES

REPORT

INTAKE

NOT APPROPRIATE

APPROPRIATE

INVESTIGATION

ONGOING PROTECTIVE SERVICES

ASSESSMENT

CASE PLANNING

PROVISION OF SERVICES, SUPERVISION, EVALUATION

TERMINATION OF PROTECTIVE SERVICES

CLOSED

REFERRAL

CASE DECISION-MAKING

REFERRAL:
GOAL:
CHILD CAN NO LONGER GO HOME
OR
PROVIDE ON-GOING PREVENTIVE SERVICES

CLOSE

EMERGENCY REMOVAL

SUSPECTED

UNSUBSTANTIATED

SUBSTANTIATED

GOAL:
CHILD TO REMAIN IN OR TO RETURN HOME

CLOSED

REFERRAL

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Transparency #3

HANDOUT
Permanency Planning – Points of Decision

- A need for services has been identified.

- Services can be offered to prevent possible abuse/neglect and removal.

- When a report is not appropriate, referrals can be made tc help provide services.

- When a child is removed from the home.

- When a case is unsubstantiated.

- When a case is closed for protective services

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Case Planning

Goals – Behavior specifically describes the changes in the family's behavior or interactions when the goal is achieved – related to the needs of the child

Objectives – Steps to take to achieve the goal

Time Limits – When each step is to be accomplished
When services are to be provided
When the plan is to be reviewed
When goal is to be achieved

Services – Who is going to do what

Evaluation – Are steps being accomplished
Are services being provided/meeting needs
Are behaviors being affected
Has goal been achieved
Are services ready to be terminated

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Transparency #4

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When to Initiate
Court Action

COURT ACTION SHOULD BE INITIATED WHEN:

- A CHILD IS IN IMMINENT DANGER AND THE CARETAKER IS UNABLE OR
  REFUSES TO TAKE ACTION TO PROTECT THE CHILD.

- ATTEMPTS AT TREATMENT HAVE BEEN UNSUCCESSFUL AND THE CARETAKER
  HAS MADE NO PROGRESS TOWARD PROVIDING ADEQUATE CARE FOR THE
  CHILD; THUS, THE CHILD REMAINS IN A VERY UNHEALTHY HOME
  ENVIRONMENT, EVEN THOUGH EVERY POSSIBLE AVENUE FOR AMELIORATING
  THE SITUATION HAS BEEN EXPLORED.

- A FAMILY REFUSES TO COOPERATE WITH THE INVESTIGATION AND THERE
  IS CAUSE TO BELIEVE THAT THE CHILD MAY BE IN SUBSTANTIAL DANGER.

- A CHILD IS IN NEED OF NON-OPTIONAL MEDICAL/PSYCHIATRIC CARE AND
  THE CARETAKER REFUSES TO OBTAIN SUCH CARE. (EXCLUDING PRACTICES
  OF SUCH RELIGIOUS GROUPS AS CHRISTIAN SCIENTISTS. WORKERS SHOULD
  NOTE THAT ACTION CAN STILL BE TAKEN BUT NOT ON THE GROUNDS OF NEGLECT).

- THE CARETAKER IS UNWILLING TO ACCEPT NEEDED SERVICES EVEN THOUGH THE
  CHILD REMAINS IN SUBSTANTIAL DANGER.

- THE CHILD HAS BEEN ABANDONED.

- THE PARENTS ARE INCAPACITATE (DUE TO ALCOHOL OR DRUG ABUSE, PHYSICAL OR
  EMOTIONAL PROBLEMS) AND UNABLE TO PROVIDE MINIMALLY SUFFICIENT CARE FOR
  THE CHILD. THEY WILL NOT VOLUNTARILY RELINQUISH CUSTODY OF THE CHILD.

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- THE PARENTS CHRONICALLY AND FREQUENTLY FAIL TO SEND THE CHILD TO SCHOOL.

Focus on the Child
— We all share it —

HEAD
START

CHILD

SOCIAL
SERVICES
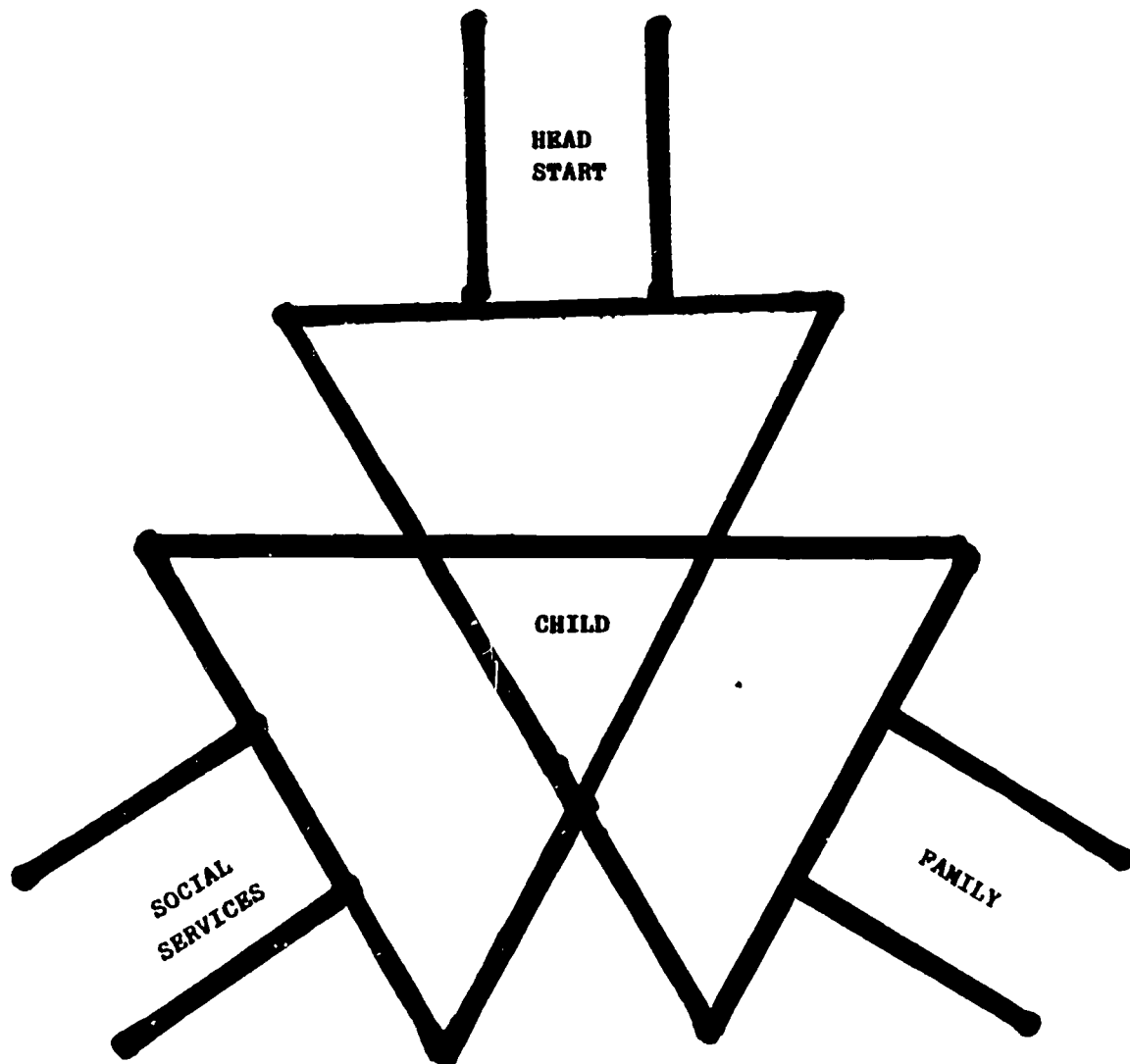
FAMILY

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Transparency #6

HANDOUT
An Overview
of Foster Care

WHAT IS FOSTER CARE?

According to the Child Welfare League of America (CWLA) Standards for Foster Family Service (1975), foster care is;

> ...the child welfare service that provides substitute family care for a planned period for a child when his/her own family cannot care for him/her for a temporary or extended period, and when adoption is either not yet possible or not desirable.

In other words, Foster Care or Foster Family Services provide social work and other interventive services to parents and children and when needed, families living within the community for children whose natural families cannot care for them either temporarily or for an extended period of time. Foster Care therefore, refers to a continuous twenty-four-hour-a-day child care within the context of a substitute or surrogate family.

Foster Care Service provides for families and children who need it, an optimum continuation of care for the child. It also provides services and resources to the child, family and foster parents in accordance with the goals of our family-centered society.

WHAT ARE THE GOALS AND OBJECTIVES OF FOSTER CARE?

The CWLA stipulates in the Standards, that, foster family service should have the utltimate objective of providing for those children whose natural parents cannot do so, experiences and conditions that promote normal development, prevent further injury to the child and correct specific problems that interfere with healthy personality development. Foster Care services should be designed in such a way as to:

--maintain and enhance parental functioning to the fullest extent

--provide the type of care and services best suited to each child's needs and development

--minimize and counteract hazards to the child's emotional health inherent in separation from his/her own family and the conditions leading to it

--facilitate the child's becoming part of the foster family, school, peer group and larger community

--make possible continuity of relationships by preventing unnecessary changes

--protect the child from harmful experiences

- bring about the child's ultimate return to his natural family whenever desirable and feasible, or when indicated, develop an alternative plan that provides a child with continuity of care.

TYPES OF FOSTER HOMES

The essential characteristic of a foster family home is that it provides substitute care within a family context. It is possible, however, to identify different types of homes depending on factors, such as the type of financial arrangements, the type of youngster served, or the problem situation the home is designed to address.

Crises homes, emergency shelters or receiving homes are kinds of foster family care designed to care for children on short notice for a limited length of time, usually no more than 90 days. Such homes are critical to effective community programming for the problems of abuse and neglect. Frequently, a child is placed in foster care pending a court hearing or foster investigation of abuse and neglect. Such homes are also used while a more permanent arrangement for the child is being selected.

WHY DO CHILDREN NEED FOSTER CARE?

Most children come into care because one or both of their parents or the person providing parental care experiences a problem that adversely affects the ability to function as a parent. Studies have shown that mental or physical illness of the mother is the most common problem precipitating the need for foster care. However, there usually are multiple and complex reasons behind the need for placement. Some of these reasons include: inability or unwillingness of parent to continue care (including abandonment of child), neglect and abuse, mental illness of parent, unwillingness or inability to assume care, (e.g., case of a newborn), child's behavior or personality problems, physical illness, arrest or imprisonment of parent, family conflict, drug addiction and alcoholism.

Sources: Standards for Foster Family Service, Revised Edition, Child Welfare League of America, 1975

Foster Family Care, A Handbook for Social Workers, Allied Professionals and Concerned Citizens. Charles R. Hosejsi, DSW

Charles C. Thomas - Publisher, 1979

HANDOUT
Relevant Social Work Terminology

Like people in any occupation, social workers have their language. Since you will be dealing with social workers, you should become familiar with terms they use. Some of these terms are:

1. **Abuse and Neglect** - a child is said to be abused and/or neglected when he/she is faced with one of the following situations:

   --physical abuse

   --malnourishment; poor clothing, lack of proper shelter, sleeping arrangements, attendance or supervision. Includes "failure to thrive" syndrome, which describes infants who fail to grow and develop at a normal rate.

   --denial of essential medical care

   --failure to attend school regularly

   --exploitation, overwork

   --exposure to unwholesome or demoralizing circumstances

   --sexual abuse

   --somewhat less frequently the definitions include emotional abuse and neglect involving denial of the normal experiences that permit a child to feel loved, wanted, secure and worthy

2. **Adoption** - legal process providing family care on a permanent basis for a child whose parents are not able to take care of him/her.

3. **Approved** - used to describe a family where there is a completed study, all information requested is gathered and there is positive recommendation regarding parenting abilities.

4. **DSS** - Department of Social Services.

5. **Foster Care** - temporary living arrangements, may be long- or short-term.

6. **Inquiry** - initial contact requesting general information on adoption or foster care.

7. **Preparation Process** - a way to present adoption information to prospective families, answer questions and gain an impression as to their motivation for adopting. Affords prospective adopting coupl more flexibility; they often may choose individual or group preparation. The group process allows more people to be prepared (time-effective, and experienced adoptive parents may be used as resources for the preparation process.

8.   Protective Services - is a specialized child welfare service to neglected, abused, exploited or rejected children. The focus of this service is preventive and nonpunitive and is geared towards rehabilitation through identification and treatment of the motivating factors which underly a particular problem situation. Situations in which protective services is appropriate are those in which the parent is unable and/or unwilling to enact the parental role effectively, and his/her failure constitutes an actual danger to the normal physical, emotional and social development of the child.

9.   Referral - request for specific services/information; follow-through on inquiries for direct contact with public/private agency regarding person(s) who want to adopt.

10. Screen-in - a special outreach effort to ease fears regarding adoption process, e.g., home visits, telephone calls, etc., considers criteria for eligibility other than traditional ones, e.g., single parents, low-income, people other than "busy" community leaders.

11. Special Needs - term used to describe children in the custody of the Department of Social Services who belong to a minority race, are seven (7) years or older, belong to sibling group, are physically or mentally handicapped or have any combination of these.

12. Study - process of gathering and recording information regarding: family strengths, weaknesses, functioning/dynamics, parenting abilities/disabilities.

13. Subsidy - financial assistance available for special needs children.

14. Termination of Parental Rights - the process whereby the legal rights of natural parents are terminated, thus severing the legal relationship between the parent(s) and the child(ren). Parental rights do not have to be terminated before a child enters Foster Care, however, they do have to be terminated for adoption. Decisions on termination are made by the courts.

15. The PALS Book - this is a photo listing of children across the state needing adoptive families. All the children in the PALS Book do not have multihandicaps. For most, the biggest handicap is being 7 years old or older, having brothers and sisters that need to be adopted, and belonging to a minority race.

     As you browse through the PALS Book, you will notice that the words "Placed", "On Hold" and "Subsidy Available" on some of the pages. If you see "On Hold" it means a family has been identified for the child but the child has not been placed officially with the family.

     When you see "Subsidy Available", it means that the agency with legal custody of the child is willing to provide medical and/or financial assistance to a family interested in adopting that child. In some instances, assistance is available for legal fees.

If you see "Placed", it means that the child has actually been adopted by a family and is under a one-year supervision before a court order approving the adoption can be finalized.

16. Workers - a quick way of saying social worker(s)

ISSUES RELATED TO
CHILD ABUSE AND NEGLECT

Purposes: To clarify each participant's understanding how abused/neglected children have special needs. and the impact of behaviors they bring into placement.

To provide participants with opportunities to explore ways of helping each other deal with abused/neglected children in placement.

Objectives: The participants will be able to:

1. define the various aspects of child abuse and neglect.

2. explain why special needs children are often abused/neglected.

3. describe behaviors that abused/neglected children bring into placement.

4. describe ways to effectively deal with behaviors and needs of abused/neglected children.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: Approximately 2½ - 3 hours

Materials Needed: Newsprint and markers or chalkboard and chalk

Physical Setting: A room large enough for the group to gather in a circle and be able to break into smaller work groups.

Procedures:
1. Review the state law definitions on abuse/neglect/dependency and protective services.

2. Have group share thoughts on how these definitions are seen in actuality. What do they consider to be abusive/neglectful?

3. Review "The Disabled Child and Child Abuse" and "The Family with a Developmentally Disabled Child" and design a lecturette to discuss how/why special needs children are often abused/neglected.

4. Divide participants into smaller groups, mixi⌐ the professions and have them identify the variou: ehaviors as a result of various types of abuse/neglect ·t a child might bring into the placement and/or sc⌐ 1 setting.

Points to Cover:

a) these behaviors aren't always manifested right away.

b) review the behaviors the groups identify

c) review and discuss information from <u>Implications of</u> <u>Previous Experience</u> and notes from Littner's <u>The</u> <u>Art of Being a Foster Parent</u>.

5. Divide group into teams and have them discuss ways of dealing with behaviors.

6. Review "Foster Parenting Abused Children" in preparation to discuss with the group as they share their ideas of how to deal with these behaviors.

Points to Cover:

a) the most effective way is sharing information about the child among those who work with the child.

b) by sharing they can more effectively support each other and the child will have a greater opportunity to have his needs met.

c) support or point out ways in which they can achieve this working together-touching upon the case planning process covered in the first section of this training, etc.

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The Disabled Child and Child Abuse

Donald F. Kline, Ph. D.

Disabled children have, despite their handicaps, many of the problems and needs of all children. There is evidence, however, that the handicapping conditions of disabled children may increase their susceptibility to child abuse. It is known, of course, that severe abuse can produce handicaps in children. Understanding handicapping conditions and knowing where to find assistance with the special problems of disabled children can be of invaluable help to parents and to those who work with children. The goal is to free these children from the dangers of abuse and to enable them to live as full and complete lives as possible.

ARE DISABLED CHILDREN MORE SUSCEPTIBLE TO ABUSE THAN NONDISABLED CHILDREN?

No study has established a definite cause-and-effect relationship between disabling conditions and abuse. Several studies, however, have indicated that there is a correlation, and professionals believe that disabled children do constitute a high-risk group for abuse.

WHAT FORMS OF ABUSE ARE DISABLED CHILDREN MOST SUSCEPTIBLE TO?

Like all maltreated children, disabled children are abused and neglected in as many different ways as are nondisabled children. This includes neglect as well as physical, sexual, and emotional abuse. Disabled children do seem, however, to be at greater risk for educational neglect and for institutional and substance abuse than do nondisabled children.

WHY ARE THESE CHILDREN AT HIGH RISK FOR ABUSE?

Whenever abuse happens to any child, there are usually several factors present. One of these is that children who are "different" tend to be targets for abuse, and disabled children are in a sense different.

IS IT POSSIBLE TO DETERMINE IF CHILDREN ARE DIFFERENT BECAUSE THEY WERE ABUSED OR ABUSED BECAUSE THEY ARE DIFFERENT?

This is like asking which came first, the chicken or the egg. Some children are abused because they are different or are preceived to be different, and some children are disabled as a result of abuse.

CAN ABUSE CAUSE CHILDREN TO BECOME DISABLED?

Yes. There is no question that some children develop disabilities as a result of abuse. Physical abuse can result in neurological damage and in orthopedic, emotional or behavioral, or any number of other isolated or interrelated problems. Handicapping conditions may also result from malnutrition or from the "failure to thrive" syndrome. Children who have been neglected, shunted from one foster home to another, or placed in typical residential institutions are often defeated, distrustful of adults, rebellious, seriously emotionally damaged, and psychologically crippled. They often come into conflict with the

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juvenile justice system, which too often inflicts even deeper wounds on already wounded people.

In the well-known 1962 study, C. Henry Kempe, M.D. and his colleagues found that 85 of 302 abused children in 71 hospitals had suffered neurological damage and that 33 of the children died as a result of their injuries. Another study reported that, out of 50 cases of abused children, 4 were retarded, 2 had neurological damage, and 7 physical defects. Several other studies have established a clear relationship between abuse and disabling conditions in children.

ARE MOST PEOPLE FAMILIAR WITH THE TYPES OF DISABLING CONDITIONS CHILDREN HAVE?

No. Most people recognize only obvious disabilities, for example, children in wheelchairs or on crutches, those who are blind or deaf, children who have parts of their bodies missing or are malformed, or those who are severely mentally retarded.

WHAT OTHER DISABLING CONDITIONS SHOULD PEOPLE BE AWARE OF?

Other disabling conditions that are not so obvious and not recognized by the average individual include mild mental retardation, specific learning disabilities, and emotional disturbances. In addition, even fewer people recognize children with two other types of disabling conditions: thcse who are socially maladjusted and those who are educationally limited.

HOW ARE EDUCATIONALLY LIMITED AND SOCIALLY MALADJUSTED CHILDREN IDENTIFIED?

Unfortunately, educationally limited children are not usually discovered until they go to school and begin to fail in their academic work. It is usually only the educator or parent who is aware of the limitation. These children are frequently among the 20 per cent of the population in the United States that moves each year. Our highly mobile population sometimes causes children to have gaps in systematic instruction. When they miss essential instruction in academic areas and are permitted to continue through school without learning basic skills in math or reading, for example, they fall farther and farther behind their peers. Some educators view this as a form of neglect on the part of parents as well as school.

Socially maladjusted children fare even worse. Unless they are seen in a juvenile detention facility or other environment that clearly determines that they have a problem, their disability goes unidentified. As a result, most of the educationally limited and socially maladjusted children go undetected. They frequently become rebellious, challenge authority, engage in truancy, and come into conflict with the law.

WHAT ARE THE CATEGORIES OF DISABLING CONDITIONS?

The Special Education Programs in the Division of Innovation and Development, U.S. Department of Education, recognizes the following general categories:

- Mentally retarded
- Hard of hearing
- Deaf

- Speech imparied
- Visually handicapped
- Seriously emotionally disturbed
- Orthopedically impaired
- Deaf-blind
- Multihandicapped
- Other health impaired

It is clear that the last group includes children with a wide variety of specific health problems - with minimal brain dysfunction, congenital heart disease, rubella syndrome caused by German measles, cleft palate or cleft lip, and a variety of other problems that may result in substantial disabilities. Because of the wide variety of conditions, the Education for All Handicapped Children Act of 1975 mandates that school placement of these children must be done by a team of experts and must include the parent or caretaker as well as the child when practical.

HOW MANY DISABLED CHILDREN ARE THERE IN THE UNITED STATES?

The exact number is unknown, but in 1975 Congress estimated that there were eight million handicapped children in the United States, about 12 per cent of all school-age children. The number is even larger when children below school age are included in the estimate. The Education for All Handicapped Children Act mandates that states receiving federal funding under the law search for those from ages 3 through 21 who have handicaps, although states that do not take responsibility for preschool education may exempt the 3- to 5-year-old group. In 1980 some 238,000 preschool handicapped children were receiving special education services. This represented a 3 percent increase over the previous year.

ARE ALL 12 PER CENT OF THESE CHILDREN BORN WITH A DISABILITY?

No. It is commonly accepted by physicians that 5 per cent of all live births have some form of disability. This means that 7 per cent of all handicapping conditions occur subsequently. The number of disabilities caused by abuse or neglect is not known.

WHY ARE SOME BABIES BORN DISABLED?

The causes of developmental defects present at birth, although not always diagnosed at the time of birth, can be broken down as follows:

- Genetic   20 per cent
- Chromosomal aberrations   3-5 per cent
- Evironmental (Intrauterine)   1 per cent
- Infections   2-3 per cent
- Maternal imbalance   1-3 per cent
- Drugs - including alcohol   4-6 per cent

In 60 to 70 per cent of defects at birth the causes are not known, but half of these cases are probably caused by a combination of the factors noted above.

There is rarely a single cause or explanation of any handicapping condition

present at birth. In some cases the handicap seems to be primarily a function of heredity. In others, it seems to be the result of a complex interaction between genetic factors and intrauterine environmental factors; in still other cases the handicap seems to be attributable to factors that are entirely intrauterine. Causes of a handicapping condition may affect a child at any time during the beginning of life. They may occur at the time of conception, at any point while the baby is being carried by the mother, or during birth. One child may suffer the effects of something that happened in a single instant, whereas another's handicap may be caused by a complicated series of interrelated events occurring over a period of months.

WHAT ARE THE MOST COMMON FORMS OF DISABILITIES OCCURRING AT OR BEFORE BIRTH?

The term congenital handicap describes a condition present at or before birth. Congenital handicaps range from dislocation of the hips to brain damage. If, for example, the umbilical cord is wrapped around the arm of a developing fetus, the arm may fail to develop. A mother's use of alcohol, tobacco, or other drugs may have an adverse effect on the fetus. Obstruction of the oxygen supply to the baby's brain from the time the birth process begins until the baby is delivered may cause brain damage. Children with cleft lip or palate, those with a variety of chromosomal defects, children with congenital deafness or blindness, those with missing or malformed skeletal structure, or children severely traumatized during the birth process all have handicapping conidtions at or before birth.

A substantial proportion of mentally retarded children are destined to be handicapped from the moment of conception when the particular ovum unites with the particular sperm to determine the child's genetic endowment. One of the more common types of mental deficiency is Down's Syndrome. These children inherit an extra chromosome, which, as far as is known, inevitably produces some degree of retardation.

In other children, genetic factors cause damage only in combination with specific environmental factors. Infections occurring during pregnancy - for example, rubela - can cause handicaps, as can inborn error of metabolism - for example, galactosemia, which is a hereditary defect that makes it impossible for the child to properly metabolize the galactose contained in milk. The effects of other more subtle genetic and environmental processes are still unknown. Fortunately, questions about human heredity are being studied, and answered, from a broader and more sophisticated perspective and with refined techniques. Great progress has been made in the past 20 years.

HOW DO DISABLED CHILDREN FEEL ABOUT THEMSELVES?

Many people believe that the handicapped have a low self-concept, are hostile, aggressive, or withdrawn, or have negative feelings about themselves and about life in general. There is no evidence to support this notion, and we should not assume that it is true.

For example, during the keyknote address to a meeting of the American Association on Mental Deficiency, Jean Vynier related the story of Helen, a 21-year-old cerebral palsied woman who had appeared on a nationally televised program in France. When one of the 10 million viewers called in to ask, "Are handicapped people like Helen happy?", Helen, who could respond only by using

one finger on a typewriter, wrote, "I would not change my life for anything in the world." And, as others on the program laughed with Helen about her response, she typed the word "Hallelujah!"

A young man who is severely mentally retarded lives in a neighborhood where my father-in-law lived before his death. During the long illness that preceeded Dad's death at age 94, the young man would sit by the hour holding Dad's hand. There was little obvious communication between them, but there was a communion between this retarded youth and a man who, as a prominent lawyer, had spent his life using words to communicate in many ways the great love he had for all people. When the two of them simply sat and held each other's hand, the young man was very happy, and so was his elderly companion. Disabled adults are people. Disabled children are people.

When disabled children appear to be unhappy, when they become frustrated, angry, fearful, hostile, aggressive, and at times - although infrequently - a threat to the community, often it is because they have been taught to be that way. And, of course, these behaviors sometimes trigger abuse.

ARE THERE ANY OTHER FACTORS THAT MIGHT CONTRIBUTE TO A HANDICAPPED BABY'S RISK FOR BEING ABUSED?

Yes. If a baby is unwanted or wanted for the wrong reasons, for example, to bring about a marriage or to bolster a floundering marriage, that in itself puts the baby at risk. When the reasons for having a baby in the first place are wrong and the baby turns out to be sick or disabled, compounding the wrong reasons, disillusionment and resentment abound, placing the baby in even greater jeopardy. Adults who place the responsibility for solving their problems, or for meeting their emotional needs, on an infant are not assuming responsibility for themselves. These unrealistic expectations and role reversals are common traits among abusive parents. The most beautiful, healthy baby in the world cannot solve the parents' problems.

HOW DO MOST PARENTS FEEL OR REACT WHEN THEIR BABY IS BORN HANDICAPPED?

Parents often enjoy speculating about what the baby will look like, what they'll do together, what kind of parents they'll be. When a baby is born disabled, the distance between reality and what the parents imagined may initially result in shock, denial, guilt, depression, grief, anxiety, or anger. Mothers may feel that they have failed; fathers may wonder if there is something wrong with them. The parents together may wonder if they did something that caused the problem, for example, having sexual intercourse or going bike riding during the wife's pregnancy. These parents are clearly faced with a crisis.

DOES THIS HAVE ANY RELATION TO CHILD ABUSE?

Yes. The birth of a healthy baby to any couple is a crisis in that the baby's arrival mandates that changes be made in the parent's lifestyle; new relationships must form, and the husband-wife relationship must undergo adjustments. Although most parents meet these challenges successfully, they cause stress. The couple's ability to adjust to these changes is the central issue. When the normal crisis of having a baby is compounded by the baby's being disabled, the ability of the parents to cope with the added stress directly influences how they deal with the situation. All people have limits to

the stress they can handle; potentially abusive parents have a very low tolerance for and are unable to cope with great stress. A handicapped baby born to parents who have the potential to abuse is clearly in great jeopardy.

ARE SOCIALLY MALADJUSTED CHILDREN HANDICAPPED?

The U.S. Special Education Programs does not list social madladjustments as a handicap, but there is no doubt that these children are seriously handicapped in a number of ways. In addition, their behavior may trigger abuse.

HOW ARE SOME OF THESE PROBLEMS BEING SOLVED?

Many teachers are concerned with helping handicapped children achieve their greatest potential. Special education has come a long way in helping disabled children achieve by using teaching methods that are appropriate to the children. The special education teacher in interested in what a child can and cannot do and not with how a handicapped child compares with the norm. Such standards are of little value in helping handicapped children move from where they are to whatever they may be able to achieve.

Failure to recognize that abuse and neglect may cause irreparable handicapping conditions in children or that "different" children often invite abuse and neglect is not only costly to the child and his family but also costly to society. The abused or neglected child may suffer irrepar 'e neurological damage, severe physical handicaps, delayed language, or speech impairment, and there is a strong possiblity of lowered intellect. An abused or neglected child may experience academic failure, requiring additional costs in providing an appropriate education as required by the Education for All Handicapped Children Act. Abuse and neglect often leads to delinquency and in many cases to adult criminal acts, for which society demands retribution. Again, the costs to society are enormous.

The coexistence of abuse and neglect and handicapping conditions is readily apparent in many of the cases we come in contact with. Those cases in which the relationship is not readily or immediately visible are very real, nonetheless, for the abused child is a disabled child. The abuse and neglect of children robs the victims of a chance to share in the social, economic, and personal benefits of our society and cripples society itself.

HOW CAN ABUSE AND NEGLECT OF HANDICAPPED CHILDREN BE PREVENTED?

The first step is to increase the public's knowledge about disabling conditions and to realize the alarming number of children affected. In the long term this would help society accept people instead of rejecting them. This social change would reduce the stigma that parents of disabled children feel, and it would make it easier for parents to accept and to cope with their handicapped child, reducing the risk of abuse.

In the short term, parents of handicapped children must have emotional and educational support. Hospital staffs can facilitate the parent's adjustment, instilling an acceptance of the handicapped child with a positive attitude in the parents. Staff members should show open affection for the infant, encouraging the parents to touch and tend to the infant, which helps them deal with the reality of the situation. Parents should be fully informed as to the

medical prognosis; they should be told about the baby's limitations and expectations and be encouraged by whatever current medical therapy and technology can achieve in developing their child's potentials - whatever they may be.

Parents must have someone to turn to. Isolation is deadly; it magnifies problems and closes horizons. Hot lines and self-help groups are especially useful for some parents, allowing them to share their feelings with others and to gain the support and understanding that relieve stress.

Someone to care for the child, giving the parents respite from constant care and responsibilities, is essential. The immediate and extended CAN CHILD ABUSE AND NEGLECT CAUSE SOME CHILDREN TO BECOME SOCIALLY MALADJUSTED?

Yes. Studies have indicated that physical abuse may be a factor in juvenile delinquency. One study found that 68 per cent of the children in the Utah State Development Center, a residential institution for juvenile delinquents, had clear histories of abuse and neglect before coming into conflict with the juvenile justice system. Another study of adolescents' attitudes towards parenting found that 82 per cent of the residents at the Idaho State Youth Services Center, another residential institution for juvenile delinquents, had clear case histories of abuse, neglect, sexual molestation, or exploitation. A team of observers who carried out a study sponsored by the National Center on Child Abuse and Neglect discovered that all of a random sample of institutionalized delinquents interviewed had suffered physical abuse, neglect, or sexual molestation or had come from broken homes.

HOW ARE DISABLED CHILDREN EDUCATIONALLY NEGLECTED?

In 1975, at the time of the passage of the Education for All Handicapped Children Act, Congress found the following:

- The special education needs of more than eight million handicapped children were not being met.

- More than half of the handicapped children in the United Sates did not receive appropriate educational services that would enable them to have full equality of opportunity.

- Of the handicapped children in the United States, one million were excluded entirely from the public school system and did not go through the educational process with their peers.

- There were many handicapped children throughout the United States participating in regular school programs whose handicaps prevented them from having a succesful educational experience because their handicaps were undected.

- Because of the lack of adequate services within public schools, families were often forced to find services outside the public school system, often at great distance from their residence and at their own expense.

Many of the problems associated with the identification and education of handicapped children are being solved through the combined efforts of federal,

state, and local educational agencies.

HOW ARE SOME OF THE PROBLEMS BEING SOLVED?

Many teachers are concerned with helping handicapped children achieve their
greatest potential. Special education has come a long way in helping disabled
children achieve by using teaching methods that are appropriate to the children.
The special education teacher is interested in what a child can and cannot do
and not with how a handicapped child compares with the norm. Such standards are
of little value in helping handicapped children move from where they are to
whatever they may be able to achieve.

Failure to recognize that abuse and neglect may cause irreparable handicapping
conditions in children or that "different" children often invite abuse and
neglect is not only costly to the child and his family but also costly to
society. The abused or neglected child may suffer irreparable neurological
damage, severe physical handicaps, delayed language, or speech impairment, and
there is a strong possiblity of lowered intellect. An abused or neglected child
may experience academic failure, requireing additional costs in providing an
appropriate education as required by the Education for All Handicapped Children
Act. Abuse and neglect often lead to delinquency and in many cases to adult
criminal acts for which society demands retribution. Again, the costs to
society are enormous.

The coexistence of abuse and neglect and handicapping conditions is readily
apparent in may of the cases we come in contact with. Those cases in which the
relationship is not readily or immediately visible are very real, nonetheless,
for the abused child is a disabled child. The abuse and neglect of children
robs the victims of a chance to share in the social, economic, and personal
beneifts of our society and cripples society itself.

HOW CAN PARENTS LOCATE PROGRAMS FOR DISABLED CHILDREN IN THEIR OWN COMMUNITIES?

A good begining would be to contact the organizations listed at the end of this
pamphlet and to look in the Yellow Pages under "Social Services Organizations."

HOW CAN PARENTS FIND OUT ABOUT FINANCIAL HELP?

Parents could start by calling their local chapter of the Association for
Retarded Citizens, the March of Dimes, and the Easter Seal Society. According
to the diagnosis, parents should also contact the foundation concerned with the
handicap; for example, if a child is autistic, contact the National Society for
Autistic Children in Washington, D.C. or a local chapter. Some hospitals may be
able to link parents to local resources.

HOW CAN PARENTS LOCATE THESE FOUNDATIONS?

The National Directory of Services for Handicapped Children - 1980, which is
updated periodically, is available in most libraries. It may be purchased for
$11.50 (including postage) from the publisher, the Coordinating Council for
Handicapped Children, 220 S. State St., Suite 412, Chicago, IL 60604, (312)
939-3515. The directory is arranged in alphabetical order and includes
organizations, agencies, day care facilities, nurseries, residential schools,
residential placement facilities, and some parent groups.

HOW CAN PARENTS LOCATE SELF-HELP GROUPS FOR THEMSELVES IN THEIR COMMUNITIES?

Every state has a child abuse specialist in its child protective service agency. This agency is usually called the Department of Social Services, Department of Protective Services, or Department of Children and Family Services. This office can help parents locate community self-help groups. For additional sources of information, see the resources listed at the end of this pamphlet.

WHAT SHOULD I DO IF I THINK THAT A DISABLED CHILD IS BEING ABUSED?

Report it. Every state has a child abuse and neglect law that requires certain persons to report suspected child abuse, and every state's child protective service agency is mandated to received and investigate those reports. Anyone who suspects that a child is being abused in any way should report to the mandated agency o, call the local police department.

WHAT HAPPENS AFTER A REPORT IS MADE?

The receiving agency makes its investigation and on the basis of its findings decides whether or not abuse has taken place. In less severe cases, the agency will help the family obtain whatever services are needed. In some of the more difficult cases, the agency may file a petition in court, which then makes the final resolution. A court may order certain actions, for example, removing the child from the home, mandatory participation of the family in a treatment program, or bringing criminal charges against the offender.

CAN A REPORT BE MADE ANONYMOUSLY?

Yes, but it's better if you give your name.

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Parents must have someone to turn to. Isolation is deadly; it magnifies problems and closes horizons. Hot lines and self-help groups are especially useful for some parents, allowing them to share their feelings with others and to gain the support and understanding that relieve stress.

Someone to care for the child, giving the parents respite from constant care and responsibilites, is essential. The immediate and extended family can be especially helpful. Parents should be told about available community services. They must also have a life of their own, and so must other family members. Life should not revolve solely around the disabled child.

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The Family with a Developmentally Disabled Child

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INTRODUCTION

The range of services to developmentally disabled children that has been increasingly emphasized since the 1970's has included a broader interpretation of family participation in such services. This was not always the case. For example, during the first year of funding (1969) under the Federal Handicapped Children's Early Association Assistance Act, more than 75 percent of nonfunded projects were rejected for reasons related to inadequate participation of parents in the proposed programs (Calvert, 1971). More recent programs and professional and parent literature have proposed that parents participate as teacher-aides, teachers, therapists, fund-raisers, and/or members of interdisciplinary teams in programs for developmentally disabled children. In addition, the passage of the Family Education Rights and Privacy Act in 1974 further acknowledged the rights of parents to be informed participants in special programs. The need for, and competence of, parents in intervention programs is well documented.

The purpose of this section is to provide some introductory information regarding the families of developmentally disabled children and some suggestions for interacting with families. These are based on publications of professionals and parents and on the author's experience as a psychologist working with handicapped children and their families.

PARENTAL REACTIONS TO THE BIRTH OF A CHILD WITH DEVELOPMENTAL DISABILITIES

Probably the single most descriptive phrase regarding how parents react to the birth of a child with developmental disabilities is "anguish and guilt." This is not surprising, since we can hardly expect a parent to be happy or satisfied with having a child who displays severe developmental problems. Such an event instead creates severe trauma for the family. This trauma can be traced to cultural expectations and norms, as well as emotional characteristics of the parents themselves.

The more a family is a part of our success-oriented culture, the greater may be the trauma of giving birth to a disabled or developmentally disabled child. Zuk (1962) stated that the family faces dilemma resulting from the fact that our culture holds it a good thing to be a parent, but a bad thing to be a parent of a "defective" child, since our highly competitive society disapproves of individuals who are unable to maintain the standards of materialistic success. While societal acceptance of the handicapped has most likely increased since

Zuk's article appeared in 1962, many of the cultural "taboos" related to this area remain in one form or another. Parents of developmentally disabled children often speak of the stares from strangers in grocery stores and other public places, difficulty in gaining access to public schools, and other signs that demonstrate cultural non-acceptance of their children. Sometimes these signs come from the parents' own extended family and result in isolation of the parents from sources of support and feelings of guilt on the part of the parents.

Another source of potential trauma for the parents is the discrepancy between the child they had expected to have and the actual child born unto them. During the time prior to the birth of a child, parents usually expect to have a healthy, normal child who will be successful in life. This is true for parents of all socioeconomic groups; for, although parents' values may differ, their expectations usually include that the child will be successful enough to equal or surpass the parents' level of sociocultural accomplishment (Ross, 1964). Included among most parental expectations is the concept of the "ideal child," the child with the attributes of perfection who will complete successfully in life; perhaps, accomplishing those feats unachieved by the parents.

Additional information on parental expectations for children, and the potential trauma regarding the birth of a developmentally disabled child, may be found in the various meanings that children have for their parents. Included in these meanings which Ross (1964) reviewed at length, are the child as: a) the product of a mother's labor; b) the product of the parents' relationship and marriage; and, c) a gift or presentation from God.

Some parents may believe particularly in one of these "meanings of the child," while others may display belief in all or any combination of them. For example, Ross reported that some mothers, upon the birth of an infant, may produce the unverbalized exclamation of "look what I made!" or, when faced with the reality of a defective baby, may unconsciously interpret the birth as "I have failed" or, "I am no good." This is based on the traditional (and archaic!) view that the mother alone is responsible for the quality of her offspring.

Other parents anxiously await the birth of a child as a demonstration of the "real" quality of their relationship. According to this belief, the child validates or invalidates each spouses perceptions of the "goodness" of the marriage as well. In cases where a developmentally disabled child is born out of a relationship with previous problems (e.g., poor relationships with in-laws, "forced" marriage due to pregancy, etc.) the child may be viewed as confirmation of previous spouse fears and concerns. For example, a young mother of a severely retarded child, in reflecting on possible reasons for the child's problems, told the author that her parents had warned her not to marry the child's father. Subsequent to the child's birth and discovery of his handicaps, her parents refused to help the young mother, telling her "The two of you made your bed. Now, sleep in it!"

Depending on their religious orientation and values, some parents view the child as a gift or presentation from God. Based on this belief, parents of a developmentally disabled child may be faced with several alternative explanations for the resulting handicaps: a) the child's problems are punishment for some parental sinfulness or unworthiness; or, b) the child may be a sign of grace, for only worthy parents would be "entrusted" with the care of a

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handicapped child (Ross, 1964). In such cases, the parents' religion may be so deeply rooted that alternative explanations for the child's problems (e.g., that the occurrence of handicaps is often based on "chance") may be quickly rejected.

While other meanings of children may exist in certain subcultures or in particular parental beliefs, these examples point to the potential difficulties in parental acceptance of handicaps in their children and possible areas of parental guilt. Baum (1961) summarized parental reaction to a child via the expression "If I am a good parent I shall be blessed with a perfect baby." The implications of this statement for the birth of a developmentally disabled child may be quite severe for the parents. Of course, parental emotional reactions to such an event will depend on their own familial background, the severity of the handicaps, and other important factors.

The common expectations of parents and meanings of children discussed here are among the many factors that often lead parents to experience strong feelings of grief and guilt regarding their handicapped child. Because most parents are so strong in their expectation for a normal child, some authors have suggested that a common reaction to the birth of a "different" child is one in which the parents mourn the loss of the perfect baby they had anticipated (Baum, 1962; Ross, 1964). This grief is reported by some to be comparable to the one experienced subsequent to the death of a loved one or other major loss, and part of a necessary process to the eventual acceptance of the child who really was born.

Parental guilt, as it relates to a developmentally disabled child, may be the result of the many cultural factors described previously. Social expectations for children, as well as the various meanings that children may have for parents, are such that guilt over parenting a handicapped child is a commonly reported feeling among parents of handicapped children. This guilt, which will be discussed more at length later, may result in such reactions as overprotection or hesitancy on the part of parents to ask for, or accept, professional help in the care of their child.

Of course, there is no one manner in which parents react to a developmentally disabled child. As Begab (1971, p. 288) reported,

> Some parents look upon a defective child as the ultimate human
> tragedy. Their self-esteem is threatened, their aspirations for the
> future are dashed, and their outlook on life is characterized by
> disillusion and despair. To other families it is a crisis -- more
> serious than most perhaps -- but one within their capacity to handle
> in time without harmful self-sacrifice or severe family
> disorganization.

However, much has been written regarding a proposed series of stages experienced by many parents as they adapt to handicapped children. Information regarding the process of parental adaptation is contained in the following section.

THE PROCESS OF PARENTAL ADAPTATION

One of the most consistently reported findings regarding the behaviors and concerns manifested by parents of developmentally disabled children is that such

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parents react to their children's handicaps via a sequence or states of adaptation. These stages are much the same as those involved in any adjustment to life stress and may include: a) shock; b) denial; c) anger, guilt, and depression; and d) adjustment of adaption.

Shock

As has been presented, the birth of a handicapped child is almost always an unexpected event. The characteristics of a severely handicapped child in particular may be such that most or all parental expectancies for their anticipated "ideal child" are unfulfilled. In fact, the birth of a baby which markedly upsets such expectancies may precipitate what Menolascino (1971) has called a novelty shock crisis. According to Menolascino, such an unexpected event can disorganize the parents' emotional status since it occurs at a point of great parent vulnerability. The crucial element is not necessarily the type of handicap (although the type and severity of the child's problems may be important factors) but the demolition of expectancies (based on the difference between the expected child and the actual child).

Evidence of this shock may be found in such parental statements as "This doesn't seem real, or "I can't believe this is happening to me!" Following the initial news of their child's handicap (either through physical appearance of the child or diagnosis by a physician, psychologist or other developmental specialist), the parents may appear to be "in a daze" regarding their acceptance of the problems.

At this stage, some professionals often make the mistake of giving the parents only basic, initial information and then failing to provide adequate follow-up. Others may attempt to "help" the parents focus on reality by stressing the severity of the child's problem and giving as much evidence as possible to substantiate the diagnosis. This approach will most likely result in great resistance from the family and strained or severed parent-professional relationships. Farber (1971) has stated that families of handicapped children (and all families) tend to make as minimal adaptations as possible to solve problems involving family relationships. The point here is that the family, and particularly the parents, control the degree to which they change. Professionals must accept this premise, as well as accept the emotional reactions and state of the parents as they exist. Change will most likely occur over a period of time, not as a result of one "information session" with the parents.

During the time parents are initially learning of their child's problems it is important for professionals to provide consistent followup and parent counseling. Parent feedback conferences scheduled subsequent to their child's evaluation may need to be conducted via several sessions, and follow-up visits, during which parental reactions might be expressed, should be done as well. Since, at this stage, parents may not always "hear" the information presented by the professional, it may be helpful to have the parent reiterate what was discussed by asking, "What was your understanding of what we discussed today?" or "Based on our talk last week, what do you feel your child's biggest problems to be?" While one must be careful not to present this as a "quiz" such a technique may be helpful in obtaining feedback from the parent regarding their understanding of the discussion and suggesting areas where further clarification of information is needed.

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It is also important to give the parents clear, concise statements regarding the child's status. In particular, information aimed at explanations that help erase the unknown aura or dispell common myths about the child's problem is helpful (Menolascino, 1971). Parents should also have access to all available information regarding expectations for the child's immediate developmental course. This information might be discussed within the context of the parents own expectations, as they will hopefully begin the process of altering their previous expectations to meet the realities of the child's development. In addition, if several staff members are to have interaction with the child and/or family, it is probably best to designate one person (e.g., social worker or professional staff person who has parent counseling skills or the best relationship with the family) to be the contact person and/or professional with the primary responsibility for helping the family with emotional issues.

Professionals should be careful not to overemphasize the child's problems or the "informational" aspect of parent conferences. Information regarding the child's area of strength should be discussed. Conferences with the parents should also be flexible enough to allow parents to talk about their feelings, without trying to "force" such discussion. Finally, it should be recognized that other areas of difficulty for the family (e.g., financial planning, babysitting needs, etc.) may be as important (or more important!) as discussing the child himself. These issues, as they affect the family, will influence the environment of the child and the receptability of the child and the receptability of the family to intervention services and planning.

Denial

A second aspect of parental adaptation to a child with developmental problems has been called "denial." When informed or confronted with the fact that their child is handicapped, parents may seek, often unconsciously, to deny the fact (Cansler, et. al., 1975). The denial serves to protect the parents from strong feelings of guilt or inability to cope with the problems. Parents may have mixed feelings about the child, or themselves, which they are presently unable to accept. Therefore, they may insist that the child's problems are not as severe as previously diagnosed or do not exist at all. During this stage, parents may reject information that is contrary to their expressed beliefs. This can lead to what some professionals have termed "diagnosis shopping," where the parents insist on bringing their child to numerous physicians, schools, psychologists, etc. in hopes of finding a professional who will confirm the child's normality. Professionals who reaffirm the child's problems may be rejected by the parents for being "unknowledgeable" or "mistaken."

The occurrence of denial in parents, as with other parental emotions that may interfere with the child's treatment or education, may stimulate a negative reaction (sometimes anger) from professionals who are interested in helping the child. However, it is important to recognize that a) such parental reactions are often not intentional or consciously planned, and b) these reactions may be necessary to the parents ability to cope with a very threatening situation.

Parental denial should be accepted by the professional in a way that neither rejects or endorses their reaction. The "you've got to be realistic and face your child's limitations" approach will often result in increased parental defensiveness and may lead to rejection of the professional (Cansler et al, 1975). Instead, parents' views should be listened to without attempts to

disprove or discredit them. Feedback to the parents in the form of interpretation of their views (e.g., "so you feel that Johnny doesn't have any problems") may be helpful in stimulating further discussion and clarifying their views.

In terms of parent disbelief regarding prior professional opinions or assessment results, it may be helpful for the professional to work with the parents in obtaining additional information about the child. Referral to a clinic or individual who specializes in developmental assessments, or to pediatricians who are known to relate well to parents may be an appropriate action to take. Of course, it is also important not to reinforce "diagnosis shopping" by continuing to support additional assessments subsequent to consistent findings by several professionals with regard to the child.

It is also important to try to minimize the effects of denial on obtaining needed services for the child. Related to this goal, the professional must remain accessible to the parents even when they may reject the need for "special services." Continued contact or accessibility of a nature that the parents do not find obtrusive, may help to demonstrate the option of their participation in program at some future time. In addition, it may not be necessary for the parents to accept the extent of their child's problem in order to enroll the child in an intervention program. Rather than exerting great effort in an attempt to get the parents to recognize the problems and therefore enroll in a program, the professional might be able to stimulate initial parental involvement in the program by discussing the program's value regardless of the presence or severity of the child's handicap. Continued enrollment and parent participation, however, will depend on the parents' eventual acceptance of the need for special services for the child.

Anger, Depression, and Guilt

A third phase of parental reaction to a child's developmental disabilities or handicaps may include awareness of the problem associated with feelings of anger, depression, and/or guilt. Parents may express feelings of hopelessness and inadequacy in dealing with the child's problems. They may unrealistically blame professionals (e.g., the doctor who delivered the child) or each other for causing the handicap. Questions such as "Why did this happen?" or "Who is to blame?" may be asked by the parents or implied from their behavior. Since severe developmental problems are often associated with additional burdens on all family members, a parent may resent the child himself. This can stimulate additional guilt in the parent as he or she may perceive such feelings as being unacceptable within the role of parenting. These and other reactions can result in the dissolution of possible helpful relationships if those on the perceiving and receiving end are not sensitive to parents' feelings and do not react appropriately (Cansler, et al., 1975).

Those seeking to help the parents cope with these feelings should, first and foremost, recognize such feelings as being normal. Professionals should establish an atmosphere of acceptance and assure the parents that most persons in their situation feel much the same way. Communication between spouses should be strongly encouraged. Although at this point the parents may feel too threatened to discuss their feelings with outsiders, establishing the opportunity for them to meet and talk with other parents may be an eventual valuable service the professional can offer.

During times when the parent expresses hopelessness, the professional might establish concrete, simple ways the parent can help the child. The focus here should be on discussing specific information about the child's strengths and weaknesses and developing concrete techniques or procedures the parents may use in managing or stimulating the child. Long-term planning, which may provoke feelings of despair, should be avoided in favor of shorter-term objectives. Rather than tell the parents what to do, which may be the tendency of the professional anxious to make them feel better about the situation, an effort should be made to problem-solve with the parents. If, with guidance from the professional, the parents develop their own solutions, they will probably feel less inadequate. However, an effort should be made to limit proposed solutions to small, manageable steps so as to avoid disappointments. In this regard, achievements by the parents, and their importance to the intervention process, should be reinforced by the professional in a manner that is realistic.

Particularly during times of parental despair, the professional should attempt to end all parent conferences on a positive note. That is, try to finish conferences with the basic idea that the situation is not hopeless and that, with parental cooperation, something can and will be done. On the other hand, it is important not to "overpromise" or overstate the capabilities of intervention programs as this invariably leads to parental disappointment and possible anger at program staff or the program itself.

Perhaps one of the more difficult tasks for the professional working with parents of handicapped children is in dealing with their own feelings about the situation. Particularly during times when strong emotions are being expressed by the parents (either openly or through nonverbal cues) there may be a tendency to try to "cheer the parents up" or prematurely discontinue a parent conference to avoid feelings of discomfort in oneself. It is important for professionals to be aware of their own feelings and to avoid imposing these on the situation. Regularly scheduled discussions or informal group meetings with other program staff may be helpful in providing the professional with an opportunity to examine and express these feelings. In other words, we are not immune to the same feelings experienced by the parents and likewise need an opportunity to express them!

Adaptation and Adjustment

The final stage of parental reaction to the child's handicaps has been termed "adjustment" or "adaptation" (Parks, 1977). However, there are two important reasons why this does not constitute a final stage. First of all, many aspects of parental reaction, including such things as denial or anger, may constitute a part of the parental adjustment process. Therefore, there is no one stage of adjustment. Secondly, there is evidence to suggest that a "final" adjustment to a severely handicapped child never occurs (Olshansky, 1962). Instead parents may experience sorrow at various life stages of the child. According to Olshansky, professionals should accept the idea that sorrow is a natural rather than neurotic reaction and is part of the parents' adjustment to a tragic event.

It is important for the professional to accept this process of parental reactions and its normality. Of course, it also necessary to be able to recognize when the parents' behaviors or reactions are severely interfering with their own, or their child's, well-being. In such cases, referral of the family for professional counseling or therapy is appropriate and needed.

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Summary

Although some common characteristics or reactions of parents have been cited, it is important to recognize the individuality of each parent and his or her own process of dealing with the child's handicaps. Due to this fact, there is no particular technique or manner in which professionals can successfully approach every parent. Mrs. Max Murray (1959), a parent of a handicapped child, perhaps gave a good guideline for professionals interested in helping parents like herself when she wrote:

> Our greatest need: constructive professional counseling at various stages in the child's life which will enable us as parents to find the answer to our own individual problems to a reasonably satisfactory degree. (p. 1087)

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OVERVIEW OF CHILD DEVELOPMENT

Purpose: The participants will be provided with a summary of skill acquisition and developmental milestones of the preschool child.

Objective: Participants will be able to describe major developmental milestones.

Target Group: Generic

Group Size: 6 - 30 participants

Time: Varies according to filmstrip length

Materials Needed: Filmstrip Projector
Cassette Recorder
Screen
Handout, "Child Development"
Filmstrip (Any good filmstrip on child development; suggestions noted below.)

Procedure:
1. Show participants the filmstrip. Answer any questions after viewing.

2. Distribute the handout, "Child Development."

Suggested filmstrips:

"Child Development," An educational program from Butterick Publishing. Available from Campus Film Distributors Corp., 14 Madison Ave., P.O. Box 206, Valhalla, New York, 10595, (914)946-4343.

"Ages and Stages" from: Family Development Associates, Inc. P.O. Box 94365, Shaumberg, IL.

Develop a general "Child Development" handout or distribute a developmental assessment like the Learning Accomplishment Profile (LAP).

CHILD DEVELOPMENT:
APPROPRIATE EXPECTATIONS

Purpose: To help participants develop appropriate expectations of children

Objective: Participants will identify age appropriate skills and behaviors for preschool children; determine if their expectations are age-appropriate; and, describe (1) why age-appropriate expectations are important in caring for children and (2) how expectations that are not age-appropriate can impact upon the caretaker and child.

Target Group: Generic

Group Size: 6 - 30 Participants

Time Required: 2 hours

Materials: Flip charts or newsprint
                          Markers
                          Paper
                          Pencils

                          Develop a general "Child Development" handout or distribute a developmental assessment like the Learning Accomplishment Profile (LAP).*

Physical Setting: Room with chairs and tables that can be arranged into small group circles.

Procedure: 1. While the participants are still in a large group, have them write down on a piece of paper 5 skills or behaviors that they would expect to see in a one-year-old child, a two-year-old, a three-year-old, a four-year-old, and a five-year-old.

                      2. After the participants have completed their lists, have them break into small groups. A group facilitator should be appointed to lead discussion and to write their information on a flip chart.

                      3. Ask the participants in each group to compare their skills and behaviors for each age group. Ask them to note any discrepancies in their different expectations.

*Developed by Anne Sanford

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4. Provide each group with copies of the Child Development handout, or copies of developmental assessments like the Early Learning Accomplishment Profile (E-LAP) or the Learning Accomplishment Profile (LAP). Ask the groups to use these to check to see if their skill and behavior expectations were developmentally correct for the age of a child.

5. Ask the groups' spokespersons to report on their information.

6. Follow this with a general discussion of why appropriate developmental expectations are important, consequences of inappropriate expectations, etc.

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UNDERSTANDING BASIC NEEDS
AND HOW THEY INFLUENCE BEHAVIOR

Purpose: To give participants an overview of Maslow's theory of basic needs and an opportunity to apply that theory toward understanding the behavior of children in care.

Objectives:
1. Participants will complete a handout describing a child in care, an example of the child's behavior, what need that behavior may be related to, and ways to help the child meet that need.

2. Participants will share their responses to the handout and discuss key issues related to needs and behavior.

Target Group: Generic

Group Size: 6 - 30 participants

Materials Needed: Background Articles: "Understand the Six Basic Needs"
"Determine Unmet Needs by Looking at the Child's Behavior"
"Help the Child Find Acceptable Ways of Meeting His Needs"

Handout: "Behavior/Needs Analysis: How I Can Help"
Newsprint and markers or chalkboard and chalk

Time Required: Approximately one and a half hours

Physical Setting: Room large enough for participants to form small groups

Procedure:
1. Review the background materials for this presentation in the articles, "Understand the Six Basic Needs", "Determine Unmet Needs by Looking at the Child's Behavior" amd "Help the Child Find Acceptable Ways of Meeting His Needs".

2. Outline key points in each article.

3. Introduce your presentation of this activity by telling participants that there are many explanations and theories that attempt to explain why people do the things they do. The behaviorists have one set of notions. Developmentalist theory points out other influences on behavior. Social psychologists have other ideas. It is the belief of this curriculum that no single theory has all the answers and is "right", making all others wrong. Instead, the bias is that all theories have something to add to our understanding of why children in care behave as they do and what we might offer these children as a positive response. The theory will be discussed in this activity comes from Abraham

Maslow's ideas concerning personality and motivation. Maslow's theory holds that human behavior is closely linked to the satisfaction of basic needs. Then, begin your discussion using the materials provided in the article, "Understand the Six Basic Needs".

4. As you present the concepts in this article, write key points on newsprint or on a chalkboard. You may want to draw a ladder similar to the one provided in the article and fill it in as your present your discussion.

5. Introduce the next part of your discussion, "Determine Unmet Needs by Looking at the Child's Behavior" by pointing out the Maslow's theory emphasizes a strong link between what we do and what we need. He believed all behavior had meaning and was somehow 'inked to the inner needs of the person. Further, he felt behavior was influenced by the level of satisfaction need. That is, behavior that is motivated by the basic need for food can be influenced by satisfying that need. If the need is not satisfied, the behavior will continue, perhaps in a more intense or altered form, until the need is met.

   Present further details on this topic contained in the article, "Determine Unmet needs by Looking at the Child's Behavior'.

6. As part of this discussion, use the "Behavior/Needs Analysis Chart". Draw a blank chart on newsprint or chalkboard and fill it in as you discuss each child. Allow the group to provide as much information as possible.

7. Next, present the information contained in the article "Help the Child Find Acceptable Ways of Meeting His Needs". Write key points from the article on newsprint or chalkboard as you discuss the content. Ask for questions, comments, and feedback from the group.

8. After presenting this content, tell the group that they are going to have a chance to practice using some of the concepts presented in this activity. Ask participants to divide into work groups based upon their role in working with special needs children.

9. When the small groups have assembled, distribute the handout, "Behavior/Needs Analysis Chart". Tell the groups that the task is to think of at least three children in their care and complete the chart, focusing on information about that child's behaviors and needs. Further, a plan for helping the child meet his or her needs should briefly be outlined. Allow about ten

minutes. (The group should work together to complete one handout per small group.)

10. After the small groups have finished their task, ask a spokesperson from each group to report one example from their group work.

11. Conclude the activity by comparing and contrasting the groups' work and relating it back to the basic concepts presented in the activity.

HANDOUT
Understand the Six Basic Needs*

We all have needs. We need food, shelter, and love. We need to feel safe. We need to belong to something outside ourselves -- a family, a church group, a profession. We need to feel good about ourselves. And we need room to grow -- to become the best possible person we can. Psychologists call these "Basic Needs." They are needs which every individual has at all stages of his life. Whether we're eight or eighty, we need to eat. They are ongoing needs. We never outgrow them.

One way of thinking about Basic Needs is to picture a ladder. On the bottom rung are physical needs. We must meet these first. Once we're warm and well fed, we can begin to climb. We seek safety -- from physical or emotional hurt. When we feel secure, we move on, seeking friendships and a sense of belonging. We want to be accepted and liked by others. And we want to be loved. As we meet these needs, we continue to climb, seeking a sense of self-worth. We need to feel good about ourselves, our beliefs, and our actions. Once we do, we arrive at the top rung of the ladder -- where we seek to satisfy the need to fulfill the potential that lies within us -- to become the best person we can.

These basic needs must be met in rising order. A person without food couldn't care less about social standing or achievement. First, he needs to eat. Consider the young teacher who has taken on her first job at an inner-city school. She really wants to help children learn. She has organized, well-planned lessons and attractive books and materials for her students. She's enthusiastic and supportive. Yet the children seem uninterested, even hostile, toward her efforts at teaching. They daydream, start fights, and refuse to pay attention. She is trying so hard. What could be wrong?

..s she takes a closer look at the children in her class, she notices that some come to school poorly dressed, without proper shoes and clothing to protect them against the bitter winter weather. Some have not had breakfast. Others are constantly being bullied by their classmates on the way to school. She realizes that until these children are able to meet their basic needs, they will be unable and unwilling to try to do well in school. As long as the children are cold, hungry, or feel unsafe, they will have little energy for higher level needs. Let's look at each need separately and see what you can do to help:

The Child's Physical Needs Must Be Met

In order to survive and grow, a child needs food, water, warmth, shelter, and health care. Be sensitive to these needs. Provide proper food and clothing, and make sure the child is warmly tucked in at night. Be sensitive to health needs; be sure the child gets enough rest. Take steps to meet the child's medical needs, when necessary. Once the child's physical needs are met, he will have energy left over to meet his higher level needs.

*From the Short-Term Care Curriculum

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The Child Needs to Feel Safe

He needs to feel secure and protected, both physically and emotionally. You can help him feel safe from physical harm by checking your home or facility for hazards, especially if you care for toddlers. You can be sure older children wear protective sports equipment if they are active in games like football or skateboarding. You can reassure children who are afraid of the noises and creaks in your house that there are no "ghosts." You can protect smaller children from the teasing and bullying of older children. All of these things provide the child with physical and emotional security. They say to the child, "I care about you enough to want to protect you from harm."

The Child Needs to Feel as Though He Belongs

Once his physical needs are met and the child feels safe in his environment, he needs a sense of belonging. The first group a child "belongs to" is usually his family. He tells himself, "I am a Jones." He belongs to his family, and his family belongs to him. Later, he seeks to belong to groups outside the family. He makes friends in the neighborhood, and then in school. He joins clubs and teams. When a new child comes to you, help him feel as though he belongs. Take the time to give him a tour of your home or facility. Show him his room, his bed, his towels. If you're caring for a group of children, pair the new child up with a "friend" or a "buddy." Give each child a special job or task so he feels as though he is an important part of the group. Use name tags to designate each child's room or place at the table. Make the child feel wanted. Spend some extra time just chatting with him. This will let him know that you care -- that you want him -- that he belongs in your setting, even if he'll only be there for a short while.

The Child Needs to Feel Loved

There are many kinds of love, including friendship, family love, and sexual love. At the very least, there must be at least one person who cares deeply for the child. This could be you! You can express love for a child through physical attention -- with smiles, hugs, kisses, and pats. When showing physical affection, be sensitive to how each child might interpret your touch. Abused children often "misread" and fear physical contact with adults. Sometimes a child will mistake affection for sexual advances. You can say, "I love you." You can prepare his favorite meal, buy a cherished gift, or make him something special. Praise him. Spend time with him. Share his disappointments and pain, as well as his successes. These are all ways of showing a child that he is loved and cared about.

The Child Needs to Feel Good About Himself

. . .to feel he is a worthwhile person. Many children in foster or adoptive placement may be having serious doubts about themselves. If the child, for example, is blaming himself for the breakup of his family, he is probably feeling as though he is a "bad" person. Helping a child overcome this feeling of "worthlessness" is not easy. It takes time. Although you may not have much time with each individual child who comes to you, you can help the child begin to feel good about himself again by praising things which he does right or well. These can be little things, such as tying his shoelaces, using the "potty," or practicing the multiplication tables, depending upon his age. Praise and

recognition help children feel good about themselves. It is a way of telling the child, "I think you are important. I think what you're doing is good." Tell the child you think he is a valuable and worthwhile person. If he hears it often enough, he may just begin to believe it.

The Child Needs to Become the Best Person He Can

This is a very high-level need. Many children may not have progressed this far up the ladder. If a child is fortunate enough to have his other needs met, he will devote himself to learning and achieving new things in order to become a better person. You can help this child by giving him the freedom to try new things, while providing guidance to prevent him from being hurt or hurting others. Whether the child is mastering his first bicycle or his first romance, you can help by providing support and encouragement. Sometimes a child will fail at something. With your support and understanding, he will learn to handle both success and failure -- a skill he will very much need as an adult.

Remember, all people attempt to meet these basic needs throughout life. Often, the children in your care need help in meeting their needs. Many times, these children are unable to tell you what they need because they don't exactly know. All they know is that they're unhappy or uncomfortable. That's why it's up to you to determine a child's needs in order to help him find ways of meeting them. The best way to identify a child's needs is by taking a close look at his behavior. The child's actions and attitudes can tell you a lot. The next section describes the relationship between needs and behavior. It is designed to help you determine a child's needs by examining his behavior.

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HANDOUT
Determine Unmet Needs By
Looking at the Child's Behavior *

All behavior has.meaning! When a child's needs are not being met, his behavior can provide you with a clue to help you determine which need the child is attempting to meet. If a child is irritable, sleepy, or unable to concentrate, he may simply be hungry. If he's loud and obnoxious, he may be seeking attention in an attempt to satisfy his need for love.

Children try to meet their needs in different ways. Although all children are the same in that they all have basic needs, they are also different in the ways they behave in order to satisfy those needs. For example, Johnny is very shy, timid, and withdrawn. He refuses to talk to the other children. Ellen is defiant and hostile toward the other children. She makes fun of them. Both Johnny and Ellen could be expressing the need to belong by their behaviors. Johnny wants to belong to the group, but he is afraid they will reject him -- so he withdraws. Ellen has the same need and the same fear. So she tries to protect herself by rejecting her playmates before they can reject her.

Terry, who also wants to belong to the group, begins to act and dress like the members of the group. (This is particularly true of adolescents who wear clothes and makeup that may seem outlandish to parents and teachers.) By imitating the group, she hopes to be accepted by the group.

Larry does not belong to the group. So he forms another group with other children who are also "outcasts." The new group tries to be mean and tough to set themselves apart from the first group. They have created a new group in which each member feels as though he belongs.

The point is, children behave in different ways to get the same basic needs met. Sometimes it's difficult to determine which need the child is attempting to satisfy. Johnny, who is shy and withdrawn, may be expressing a need to belong or the need for love. He may have become a "loner" because he feels people will not love him. So he protects himself by refusing to allow people to get close to him. Karen also needs love. But she expresses it by clinging to anyone, even strangers, in an attempt to find someone who will love her.

By carefully observing a child you can become aware of the meaning behind his behavior. Sometimes you will be able to identify the special needs easily; at other times, his behavior may not tell you much. It may be helpful for you to use a "Behavior/Needs Analysis Chart." Here's how it works: Create a chart with four columns, headed as follows: "Child's Initials," "Characteristic Behavior," "Need Child Seems to be Attempting to Satisfy," and "My Plans."

Here are three examples of how the list would work. We'll use three children, named Angela, Bernard, and Juanita. Read the description of each child carefully. Then examine the entries we have made on the "Behavior/Needs Analysis Chart" which follows.

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Angela Martinez

Angela Martinez, age 6, has been very sullen lately. She refuses to eat with others and gobbles her food the minute it's put in front of her. In fact, she is almost a compulsive eater, stuffing herself at every meal. You know that Angela came from a large family where food was scarce.

Bernard Cromer

Bernard Cromer, age 9, seems to be a fairly well-adjusted child. He is popular with others and genuinely likes himself. You've begun to notice that he has been starting many projects but, although he has great enthusiasm at first, he give up before completing his tasks.

Juanita Gonzalez

Juanita, age 13, was orphaned at an early age, and, through a series of circumstances beyond her control, she has been shifted from institution to institution. When she first came, she was very shy and stayed by herself. Most of the other children ignored her, and she was soon classified as a "loner." Lately, Juanita has been implicated in several small incidents of stealing. She has taken money, toys, and clothes from the other girls -- always the most popular girls. She leaves all kinds of clues, and when "caught," she has admitted it, returned the stolen property, and apologized to the girls from whom she stole.

Angela seems to be afraid that her physical need for food will not be met. You think that Bernard is trying to meet his need to become the best person he can be, but fear of failure prevents him from completing projects. You feel that Juanita is acting out her need to belong, especially since she sets herself up to be "caught." You will fill the chart out like this:

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HANDOUT
Behavior/Needs Analysis Chart

Child's Initials	Characteristic Behavior	Need Child is Attempting to Satisfy	My Plans
A.M.	gobbles food; overeater	physical	Verbally reassure her that although she's been hungry in the past, there will always be plenty of food for her here.
B.C.	gives up projects	to become the best person he can be	Show more interest in his projects. Praise him for accomplishments along the way. Assure him that I think he can succeed. Encourage smaller projects.
J.G.	steals to gain attention	belonging	Try to find or form a group to which she can belong. Determine a common interest with others and set up an "art" or "singing" club, for example. Provide ideas for group projects to which she could contribute.

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HANDOUT
Behavior/Needs Analysis: How Can I Help?*

Think of some of the children you are caring for now. Using the blank chart provided, fill in each child's initials along the left-hand side. Now list any behaviors you may have noticed that reflected the child's attempt to meet his needs. Keep this chart up to date as new behaviors emerge. Then, list your plans for helping them to develop alternative ways of expressing and meeting their needs.

BEHAVIOR/NEEDS ANALYSIS CHART

Child's Initials	Characteristic Behavior	Need Child is Attempting to Satisfy	My Plans

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HANDOUT
Help the Child Find
Acceptable Ways of Meeting His Needs*

You cannot hope to meet every child's needs directly all of the time. But you can help the child find acceptable ways of meeting his needs himself by actively creating the proper environment, adopting positive attitudes, and learning as much as you can about him. Here's how:

Create a Climate of Security

In order to meet his needs, a child must have an internal sense of security. That is, he must believe, deep down inside, that his basic needs will be met. He must feel strongly that there will be enough food for him; he must know he will be protected from the weather; he must feel safe. Only then will he be able to begin working on his higher-level needs.

Understand His Past

We are all creatures of our past experiences. Each of us has been influenced greatly by both people and events in the past. This is equally true of the child in foster or adoptive care. His is a special case because, for one reason or another, he has been removed from his family and placed in a special care situation. His life, then, is very different from the child who lives in his own home with his own family.

You can help the child by being sensitive to the different circumstances in his past. You need to know the cultural and social influences in his life which brought him to where he is and which developed his present perspectives.

Know the Plan of Care for the Child

Every child in foster/adoptive care should have a plan of care. You need to know what it is. Every child is placed in care for a reason, and his experience in the special placement situation should be a growth-producing one. You need to follow the plan of care to help him to reach his goals and meet his needs.

Work with Other Professionals on the Team

All of the caring adults in your area should be working together to help the child. Most importantly, the child needs to realize this. You must work cooperatively with social workers, psychiatrists, psychologists, health workers, administrators, teachers, and anyone else charged with the

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responsibility of caring for the child. He needs to know that every adult who works with him does so with your support and encouragement and that he will receive from each of them treatment that is consistent with his goals and needs.

Have Patience

All relationships take time to develop and grow. Relationships are based on trust. Only by trusting another person can a child reach out for help. Children in care often have a basic mistrust of adults. They need to overcome mistrust before they can develop any kind of relationship. This relationship-building process will tax your patience. The child may test you over and over to see whether or not he can trust you. But, if you can persevere, stay honest with him, and care for him, eventually he will learn to trust you.

Support Him

If you follow the plan of care, you and the child will have goals toward which you are working. (Even if there is not an overall plan of care for the child and his family, you can set goals with him in your setting and develop a plan of care.) Often, adults require instant perfection from the child and fail to support the child's attempts to do something. He needs your support in whatever he is attempting to do (unless, of course, it is destructive). Success does not come instantly -- it is the result of a series of small steps, some of which will fail.

For the child in care, learning to live in a special placement and learning to grow up are equally new experiences. Much trial and effort will be required before he succeeds. Even his trials and efforts must have your support.

Be Ready to Help

As children grow, there is a slim dividing line between dependence and independence. A child needs support as he struggles to achieve independence. He wants your help if he needs it, though he may not be able to ask for it and may even protest if you offer it. At times, his abilities will not match his attempts, so he needs you to be there to help. Your availability and caring will allow him to keep trying, with the assurance that you are there to help if he cannot do it alone and to protect him if he is about to get into trouble simply by going beyond his abilities.

Respect His Individuality

Can you remember times when you were criticized for something you preferred? For instance, you may have gotten a haircut you liked, but which your friends laughed at. Or your mother berated you for the way you dressed when you thought you looked especially good. These were attacks on your individuality. It was someone else's attempt to force his preference on you.

Remember how you felt at those times when you deal with the children in

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your care. They deserve to have their individual preferences respected. Whether or not you agree with their preferences is largely unimportant. They need to develop into unique people, and they have a right to express themselves and their preferences, so long as they do not intrude upon the rights of others.

Realize that Love Grows Slowly

Love grows slowly, also. Many children have had little practice in giving or receiving love. As a child learns to trust others, he may begin, then, to love those who care about him. Your love should be constant, that is, always honest, always trusting, and always available to him.

Understand that the Child Himself Must Believe that His Needs have been Met

Whether or not a child's needs are met depends on his perspective. It is a personal matter which he must directly experience. That is, even though you think you have helped the child to meet his basic needs, if he doesn't feel that his basic needs have been met, they have not been met. He must realize the experience of having his needs met through relationships with others he feels are important. Your job is both to be available and, at the same time, to give him the room he needs to grow. You must be close enough to encourage him, to support him, and to give him a hand if he needs you.

Remember two very important issues here. All people have these basic needs. Regardless of the child's age, race, religion, sex, or physical abilities, he has basic needs. Every child is different. All of his past experiences, his cultural background, his relationship with his family, and his own personality combine to give him direction in how to meet his needs. If the manner he chooses is negative or unhealthy, you must help him learn new, healthier patterns for meeting his needs. This is particularly true in caring for youngsters who have been abused or neglected.

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UNDERSTANDING DEVELOPMENTAL NEEDS AND CRITICAL TASKS

Purpose: To give participants an overview of the development issues related to the growth and development of children.

Objectives:
1. Participants will complete a handout present case examples of children and requiring that the child's functional age be determined.

2. Participants will share responses developed to the handout.

Target Group: Generic

Group Size: 6 - 30 participants

Materials Needed: Background articles: "Developmental Needs", "Help the Child Through His Present Stage of Development."
Handouts: "Determining a Child's Functional Age"
"Examples: Determining Functional Age"
"Answers to Determining Functional Age"
Newsprint and markers or chalk and chalboard

Time Required: Approximately 1 hour

Physical Setting: "U"-shaped arrangement of tables and chairs for lecturette Room large enough for participants to form small groups

Procedure:
1. Review the background articles on "Developmental Needs."

2. Outline key points you wish to cover with your group.

3. Present the content from "Developmental Needs". Involve participants in your presentation by asking for examples, feedback, and questions.

4. Distribute the handout, "Determining a Child's Functional Age". Allow participants five minutes to review the content. Then, ask these questions:

   (a) How are the special needs children in your care similar to the developmental stage characteristics described on this chart? Write their responses on newsprint or a chalkboard.

   (b) How are the special needs children in your care different? Write their responses on newsprint or a chalkboard.

   (c) What do you believe may account for these differences? Emphasize that the process of

development is often slowed or stopped completely during a stressful or traumatic life event. Point out that special needs children in care have both the trauma of placement to master and the "normal" developmental tasks. Any physical, cognitive, or emotional disabilities can also slow this process. Thus, we often see children in care whose functional age is much younger than their chronological age.

5. Tell the group that they are going to get to practice determining a child's functional age. Distribute the handout, "Determining Functional Age". Ask participants to individually fill out the items using the chart, "Determining a Child's Functional Age" as a reference. (You can, also, ask participants to do this task in small groups or pairs and help each other develop a "team" answer sheet.)

6. When participants are finished with this task, ask for feedback on their responses. Write the numbers of the items on a sheet of newsprint or on a chalkboard. Then, ask, "What are some responses that were given for time one, two, etc.?"

7. After responses have been shared, distribute the handout, "Answers to 'Determining Functional Age'". Discuss the answers given, comparing them with the group's feedback.

8. Take a short break at this point. (Ten minutes or so.)

9. When the group has reassembled, tell them that the next part of this exercise will focus on what they can do to help a child through his or her present stage of development.

10. Ask participants to divide into small groups of three to six participants each. Have them gather according to their role with special needs children, i.e. all social workers in one group, teachers in another, etc.

11. Tell the small groups that their task is to think of a child in their care who seems to be functioning on a developmental level that is different from his or her chronological age. Tell the person in each small group who knows the most about the child to share as much about the child's developmental history and current behaviors as possible. Allow about five minutes for this discussion.

12. Tell the small groups that their task is to develop a list of strategies to use with the child they are discussing that would help that child through his or her

present stage of development. (Allow five minutes.)

13. When the small groups are finished with their task, ask a spokesperson to report to the larger group information on the child and two strategies listed to help the child through his or her present stage of development.

14. After each small group has reported, present a short lecturette summarizing the material in the article, "Help the Child through His Present Stage of Development." Write key points from the article on newsprint or a chalkboard.

HANDOUT
Developmental Needs*

STEP 1: <u>Understand Developmental Needs and "Critical Tasks"</u>

Unlike basic needs, which must be met continuously throughout a person's life, developmental needs are <u>temporary</u>. As children develop and grow, they go through "stages." In each "stage," the child has different needs. Once the needs have been satisfied, they become part of the child's past. He does not have to satisfy those needs again.

Basically, childhood can be broken down into five "stages" of development. Up until roughly the age of two, the child is an infant. From age two to four, he is considered a toddler. Early childhood is the stage a child goes through between the ages of four and six. From six to ten, he is in middle childhood. The adolescent "stage" lasts from the time the child is ten until he is nineteen. These ages are approximate. Some children move through these developmental "stages" at a faster or slower pace than others. It all depends on when, and how well, the child accomplishes what psychologists call the <u>critical task</u> which accompanies each stage of development.

A critical task is just a fancy term for the "emotional job" the child works on during each stage of development. This "job" reflects specific developmental needs which the child experiences at each stage. The newborn baby, for example, is totally dependent on other people to survive. Since he <u>needs</u> people, he <u>needs to feel he can trust them</u>. So the infant's critical <u>task</u> is to develop a <u>sense of trust.</u> The critical task of one stage provides a foundation for the next. It is much like building a house. The house <u>needs</u> a foundation. So the first critical task is to dig a hole and pour concrete. Once this is done, the need is met. You don't have to meet that need again later. You can turn your attention to the next critical task -- framing the floor. In the next stage, you build walls. And so on. The infant who succeeds in developing a sense of trust is ready to move on to the next stage -- and the next critical task.

·Before we move on to a discussion of the stages of child development and examine their critical tasks in detail, let's look over this list of characteristics of critical tasks. It should help clarify any questions you may have.

1. Critical tasks are the emotional "jobs" children have at each stage of development.

2. There is a particular critical task for each stage of development.

3. In order for a child to progress, he must complete his critical task at each stage so that his energy can be applied to the next task.

4. Failure to complete a task results in the child's having to continue to invest some of his energy in earlier concerns.

*From the Short Term Care Curriculum.

5. Developmental stages and their critical tasks are roughly parallel to a child's age. However, do not assume that they are the same. Chronological age does not determine where a child is in his trip through the developmental stages. His location in the developmental stages is determined by his psychological development and by how well he has mastered the tasks up to this point..

6. If one of the stages is not completed during development, a person may return to the needs of that stage in times of crisis.

7. There is no such thing as a 100 percent psychologically healthy person. For a child or an adult to revert occasionally to "childish" behavior is no cause for alarm. Only when a child exhibits behaviors which consistently show that he is "stuck" at a stage should you worry. Then the time has come to seek professional psychological help for him.

If you can help the children with whom you work move toward accomplishing these critical tasks, they will be better able to deal with the tasks which will follow.

NEEDS AND THE CRITICAL TASK OF EACH STAGE OF DEVELOPMENT

The infant (0-2 years old, approximately)
Critical Task: Developing Trust

The infant is totally helpless. He needs to trust others in order to survive. He needs someone to provide food, warmth, and diaper changes. If these needs are met in a caring, consistent manner, not only are his physical needs met, but he also begins to feel that the world is a dependable place to be; that new experiences are not to be feared. Every new experience in which this beginning trust is confirmed deepens his capacity to trust and hope.

On the other hand, suppose he is not fed adequately or consistently, he is occasionally cold, and his diapers are not changed. If his needs are not met in a caring way, he begins to feel that the world is an uncomfortable, undependable, even hostile place to be.

So, here in early infancy, the child begins to develop an attitude of trust or mistrust which may last throughout his life. The hole has been dug and the foundation has been built. Everything that follows will be built upon a tendency to trust or mistrust. Although the child is too young to think consciously about developing trust, he responds to the care he receives by learning to trust, or mistrust, the world and the people in it.

The Toddler (2-4 years old, approximately)
Critical Task: Becoming More Independent

As the toddler begins to move around on his own, he becomes somewhat less dependent than the infant upon other people. The toddler is an explorer, and with his new-found mobility, he gets into anything and everything.

Just at this time, when he is first able to show some independence, his mother begins to make some demands upon him. Now he has to make a decision -- should he obey or not?

If he is to accomplish his critical task -- becoming more independent -- he
certainly needs to be able to "test his wings" to see how far this new
independence can take him. At the same time, he still depends on others to
supply things he cannot get for himself; he needs his parents to set firm, wise
limits to protect him from danger, from his own impulses, and from his inability
to set reasonable limits for himself.

So, in order to master this critical task, the child needs parents who can
maintain a balance between encouraging him to try new things and setting limits
that will protect him from crushing defeat or from an unbroken series of smaller
defeats. The parents need to share in his job of growing independence and
support him in both success and failure. Parents who cherish his dignity and
value his individuality and independence can build upon his attitude of trust
and, in this way, help him move with growing independence to the next stage and
the next critical task.

Early Childhood (4-6 years old, approximately)
Critical Task: Becoming an Initiator

The third developmental stage is the period in child's life when he begins to
find out what life has in store for him. He has begun to master physical and
language skills and can now move into new areas of activity and imagination. He
tests himself with vigor. His behavior and fantasies are far-reaching.

Early childhood is a time of testing skills. The child begins to take some
responsibility for his body, his toys, his pets, and sometimes for younger
brothers and sisters. For the first time, the child is confronted with other
children his own age, first in the neighborhood and then in school. He tests
his talents and skills against those of other children, and he begins to set
standards for himself. If his talents and skills consistently turn out to be
inferior, or if adults mock him or ridicule his efforts, he can easily begin to
feel guilty for being what he is. In this stage, he begins to define what he
can and cannot do. If he gains a sense that he cannot do much of anything that
is right or acceptable, the groundwork can be laid there for a lifetime of "I
can't do it; what's the use of trying?" On the other hand, if he gains a sense
that he can do some things right and, therefore, that both what he does and what
he is are acceptable, he will tend to approach life with an attitude of "Why,
sure I can -- just let me try!"

Middle Childhood (6-10 years old, approximately)
Critical Task: Becoming Industrious

Peers (children his own age) begin to be more important to the child than
adults. This is appropriate, for from here on throughout his life he will live
and work and play more with people his own age than with people a generation or
more older than he. Peers now begin to make up his support group, and they
reflect the world outside his family where he will eventually have to find his
place.

The child in middle childhood needs friends his own age to help him feel good
about himself. He identifies with them and uses them as a measure of his own
success or failure. While peers become more important, brothers and sisters
frequently become competitors.

School provides him with his first occupational skills (reading and writing) and perhaps with his first source of discipline, other than his parents (his teachers). Teachers are a whole new group of adults to him, and they hold the power of discipline over him. If his teachers are too dependent upon rules, he will learn to depend upon rules set by others, rather than learning to define his own values and setting his own rules. A too-strict adherence to rules does allow a child to develop a sense of duty but frequently spoils him for learning to work on his own. He may conclude that someone else's ideas are always better than his and that someone else will always have more authority than he, so his job is to wait until someone tells him what to do and how to do it.

Before moving into adolescence, it is important to confirm one's worth among peers. During this stage, the sexes tend to separate for play activities. Best friends of the same sex are very important. Secret clubs for "girls only" or "boys only" are common. This is a period for learning about, and learning to feel comfortable with, one's own sex before moving into opposite-sex involvement during adolescence.

The child's relationship with his parents changes during this period, as he begins comparing his parents with other adults. This is not threatening to him, because he no longer relies totally on his parents for his identification. He is gradually moving away from them. Other adults can help him to find his identification.

Adolescence (10-19 years old, approximately)
Critical Task: Developing a Sense of Identity

Adolescence is a turbulent time for children; a time when they are neither "fish" nor "fowl." This fifth developmental stage is an especially critical one, which begins with the end of childhood proper and ends at the threshold of adulthood. Adolescents increasingly have adult bodies but not the responsibilities or privileges of adulthood. So they are not yet fully adult, nor are they children any longer.

Adolescence, therefore, is a time of searching. At this stage, the child attempts to discover who he is, what he can do, and how he fits into the world. In order to determine this, the adolescent needs to try out different styles of almost everything: clothes, habits, writing styles, patterns of behavior, etc. By trying various styles, the adolescent can eliminate some and find the ones that fit him best. He needs to develop confidence in his own taste, his own style, and his own preferences. This constant changing may be a trial for the adults around him, but without this type of search for his own identity, he will continually be a victim of the whims of others.

If the search is successful, the adolescent will acquire a sense of identity, which signals a capacity and readiness to face the challenges of the adult world. Young people who are overwhelmed by the struggles of this stage become confused, indecisive, and unable to mobilize toward further development. The central issue of this development stage, then, is the successful development of a sense of identity.

STEP 2: Determine the Child's Functional Age

Children move through the developmental stages of childhood a different rates. The "ideal" child would pass through each of the stages as outlined in the previous section. But remember, we pointed out that those ages were only approximations. Each child is unique. Each has had different experiences in his life. Each comes from a different background. Each will move through the stages at his own pace.

So, the child's chronological age does not necessarily reflect the age at which he is functioning. In times of crisis, a child may temporarily return to an earlier stage of development. It is not uncommon, for example, for a toddler to demand a bottle and want to wear diapers again when a new baby is born into the family.

You can determine the child's functional age by comparing his behavior with the behaviors described on the chart, "Determining a Child's Functional Age," and by using your own common sense. When you have responsibility for a special needs child, simply observe his behavior for a few days. How does he conduct himself in his relationship with others? Does he behave more like a toddler, a teenager, or somewhere in between? How about his emotional development? Does he behave in a way that is typical for his age, or is he at some other stage? Simply compare what you observe in the child to what we have outlined in our chart. Use your own best thinking, as well. Does this child "act his age" or not? If the answer is "no," then the child is probably developmentally behind or ahead of his age group.

Now, the most important thing to remember when trying to determine a child's functional age is that there is no "right" set of behaviors for all children at a certain age. The behaviors you observe in any child are "right" for that child, given his life experiences and unique characteristics. If he is fifteen months old and already potty-trained, that behavior is exactly "right" for that child. Likewise, a child who seems "slower" than his group is doing what is developmentally right for him, given his unique experiences and qualities. If the child suddenly reverts to behavior you think is babyish or inappropriate, that child is probably doing the only thing that is developmentally right for him at the time. Every child is exactly where he is supposed to be. Your job is to be sensitive to this uniqueness and help each child grow from where he is, not where you think he is supposed to be.

Another important point to remember when determining the functional age of a child is that development usually does not proceed smoothly and evenly in all areas. Seldom is any child exactly where he is "supposed" to be physically, socially, emotionally, and mentally, all at the same time. Children often develop in spurts in some areas, while other areas lag behind or "rest." A rapidly-growing infant does not put much energy into social development. He's too busy just getting his body bigger. Children may also develop unevenly due to life crises. A child whose parents are divorced when he is five years old may develop at a regular pace in all areas but his emotional tasks. Emotionally, he may slow down if the divorce situation places added strain on the child's feelings. So, by the time the child enters school, he may be physically and mentally equal to his peers but may not be able to cope with the emotional pressure of school, because he is "behind" his peers in that area.

In conclusion, you can determine the functional level of any child you work with by using the materials presented here, your own common sense, and the help of other professionals, if needed. In doing so, remember (1) that every child is where he is supposed to be developmentally, given his own unique characteristics and experiences; and (2) most children do not develop evenly in all areas all of the time.

STEP 3: Help the Child through His Present Stage of Development

After you determine a child's functional level, you will be better able to help him meet the needs of his particular stage of development. First, identify the critical task of the child in that stage.

Basically, the developmental stages of childhood represent a journey from total dependence to independence -- to becoming a unique person in one's own right. You can help the child along his journey in two important ways:

1. Assess the Child's Development

   Using the information provided here, you can "tune in" to where the child is, regardless of his age. That way, you will have a basis for assessing his needs. The level at which a child is functioning may be very different from his chronological age.

   Remember, too, that children are fluid. The child may move back to earlier stages occasionally, especially at times of stress. Don't assume that because a child is a certain age, he is necessarily in the "proper" developmental stage. Don't assume either that, if a child occasionally reverts to an earlier stage he is "stuck" there. Often, when it is safe for the child to move on, he will.

2. Set Expectations for the Child

   In order to grow, the child will test himself constantly as he moves through the stages. The expectations that are held for him will profoundly affect the performance he gives. If expectations are set too high, a child may experience a sense of failure. If expectations are too low, he won't have the proper incentive to try to see what he can really do. Your task is to help the child and the adoptive parents set expectations that will challenge, without defeating, the child. Children will often give you just what you expect of them, as in a "self-fulfilling prophecy." If you expect the best from a child, you will most often get it. Likewise, if you expect the worst, children will often live up to your expectations.

If you are sensitive to the critical tasks and developmental stages of the children, you will be in good position to help them meet their developmental needs. Here's a chance for you to apply what you have learned.

HANDOUT
Determining a Child's Functional Age

Each stage of a child's development is accompanied not only by a critical task, but by other kinds of growth and change, as well. The child's body grows; his social and emotional world expands; and his view of the world broadens. This chart summarizes the particular range of behaviors, thoughts, and feelings typical for each stage of development. Use it to help you determine the functional level of children.

Developmental Stage and Critical Task	Characteristic Behaviors, Thoughts and Feelings	How to Help the Child Meet the Needs of His Developmental Stage
Infant (0-2 years) Task: Developing Trust	The child is the center of his own world. Concerned with meeting physical needs and pysical stimulation. Dependent on adults for meeting his needs. Begins to either trust or distrust adults and the world around him.	Be consistent and loving when feeding, bathing, or clothing the the infant. Provide a lot of stimulation by talking, singing, holding, rocking. Show the child you can be trusted by being available and kind in meeting his needs.

Developmental Stage and Critical Task	Characteristic Behaviors, Thoughts and Feelings	How to Help the Child Meet the Needs of His Developmental Stage
Toddler (2-4 years) Task: Becoming More Independent	The child is still very concerned with his own personal wants and needs, but begins to improve his social skills as he learns to share and to be nice to other children and adults. Emotional outbursts and angry expressions occur rather freely. Language develops rapidly, as does the child's imagination. The child is very active.	Provide outlets for all this growth and energy. Provide toys and play experiences with other children. Talk with the child and listen. Don't belittle the child's feelings or attempts at doing things "all by myself."
Early Childhood (4-6 years) Task: Becoming an Imitator	The child's social world expands to allow family and a few friends a place of importance. Enjoys fantasy play, "heroes," imaginary people, stories. Slowed physical growth. Eager to learn, imitate adults.	Include the child in family activities and outings. Give him simple "jobs" around the house. Read to the child. Discuss what he watches on television.
Middle Childhood (6-10 years) Task: Becoming Industrious	Child leaves small, personal world of the family for school, with new people, rules, and friends. Child is curious and eager to learn about "how things work," "why," etc. Growth spurt occurs in latter years of this stage. Prefers. to have friends of the same sex. Usually eager to please adults.	Support the child's activities in school. Show an interest without applying pressure. Supplement school learning with activities at home and in the community. Encourage participation in clubs, sports, the arts. Show an interest. Praise the child.

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Developmental Stage and Critical Task	Characteristic Behaviors, Thoughts and Feelings	How to Help the Child Meet the Needs of His Developmental Stage
Adolescence (11-19 years) Task: Developing a Sense of Identity	Early adolescence, especially is characterized by a growth spurt and the development of sex characteristics. There is much concern with the self and with the opposite sex. The peer group has a very strong influence over the child's values, thoughts, and behaviors. Later adolescence is marked by a time of "rebellion" against what has been familiar, home, parents, etc. Kids this age are often moody, intolerant, and critical of adults. They are also searching for an identity -- a place for themselves.	Be a good listener and communicator. Be available to listen and and support the teenager. Avoid being judgemental and critical. Don't try to "be one of the gang," but do be available and keep informed about what peers are doing. Be patient -- what you often have is a rebellious "two-year-old" in a grown-up body. Don't let the child in yourself take over when dealing with teens. You don't always have to have "the last word." Provide information about sex. Be available to discuss feelings about sex.

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HANDOUT
Examples: Determining Functional Age

Determine the functional age of each of the following children by comparing his or her behavior to the behaviors listed on the chart.

1. Luther is nine years old. You often hear him "talking to himself." When you ask him about it, he tells you that he's talking to his best friend, Charlie.

   Luther's Functional Age: _____

2. Sarina is a rather inactive three-year-old. She is extremely mistrustful of all adults, including you. At mealtimes, she guards her plate of food as if she were afraid that you were going to take it away.

   Sarina's Functional Age: _____

3. Peggy is an extremely sociable seven-year-old. She's forever asking you questions about every move you make and does everything she can to make sure that you like her.

   Peggy's Functional Age: _____

4. Alex is sixteen. He is not much interested in girls, preferring to spend all of his time with boys who are three years younger than he.

   Alex's Functional Age: _____

5. Brandon is six. He seems overly concerned with his personal desires and has a hard time sharing toys with other children, though he tries very hard to be nice.

   Brandon's Functional Age: _____

Answers to "Determining Functional Age"

1. Although Luther is nine, he seems to be functioning more like a four- to six-year-old. His imaginary "best friend" is typical of the early childhood stage of development.

2. Sarina's mistrust of grown-ups, coupled with her apparent fear that her need for food will not be met, signifies that she is still functioning as an infant. Sarina has not mastered the "critical task" of infancy -- developing trust. Perhaps her needs were not adequately met when she was one and two.

3. Peggy seems to be functioning at a developmental level which coincides with her chronological age. She is typical of the six- to ten-year-old who, in middle childhood, is extremely eager to please and eager to learn as much as he can about new things.

4. Alex is functioning like a six- to ten-year old. He seems to be "stuck" in middle childhood. His social world includes more than just his family, but he is more interested in people of his own sex. The peer group, which usually has a great influence on the adolescent, doesn't seem to concern him at all. He spends his time with younger boys.

5. Brandon acts more like a toddler than a six-year-old. His social skills need improvement. Although he is nice to other children, he is mostly concerned with private needs. He is just beginning to learn to share.

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HANDOUT
Help the Child Through
His Present State of Development*

After you determine a child's functional level, you will be better able to help
him meet the needs of his particular stage of development. First, identify the
critical task of the child in that stage. If you are caring for a child under
the age of two, for example, you will know that his developmental "job" is to
develop trust toward the world and the people in it. Next, think about the ways
you can behave which will help the child accomplish his task. You will want to
behave in ways that will instill a feeling of trust in the child -- feed him
with warmth and consistency; make sure he's safe from harm; hold and cuddle him
when he cries or is afraid.

Suppose you are caring for a ten-year-old who constantly follows you around,
seeking your approval for every little thing that he does. He doesn't seem to
believe he can do anything right on his own. This ten-year-old appears to be
functioning at the four-to-six-year-old level. He has not yet mastered the
critical task of early childhood -- developing initiative. You can encourage
him to test his skills, be there for him if he fails, and praise him if he
succeeds. Here, you are helping the child meet his developmental need, despite
the fact that it's out of sync with his chronological age.

If you're caring for a toddler who has mastered the critical task of infancy
(developing trust), you can help him become more independent by encouraging him
to explore new things on his own. You can help the teenager discover "who he
is" by allowing him to "try out" various kinds of behavior, as long as he is not
hurting himself or others.

Basically, the developmental stages of childhood represent a journey from total
dependence to independence -- to becoming a unique person in one's own right.
You can help the child along his journey in four important ways:

1. Assess the Child's Development

   Using the information provided here, you can "tune in" to where the
   child is, regardless of his age. That way, you can help him move from
   stage to stage. More importantly, it will give you a basis for
   assessing his needs. The level at which a child is functioning may be
   very different from his chronological age.

   Remember, too, that children are fluid. The child may move back to
   earlier stages occasionally, especially at times of stress. Don't
   assume that because a child is a certain age, he is necessarily in the
   "proper" developmental stage. Don't assume either that, if a child
   occasionally reverts to an earlier stage, he is "stuck" there. Often,
   when it is safe for the child to move on, he will.

*From the Short-Term Care Curriculum

2. Set Expectations for the Child

In order to grow, the child will test himself constantly as he moves through the stages. The expectations that are held for him will profoundly affect the performance he gives. If expectations are set too high, a child may experience a sense of failure. If expectations are too low, he won't have the proper incentive to try to see what he can really do. Your task is to set expectations that will challenge, without defeating, the child. Children will often give you just what you expect of them, as in a "self-fulfilling prophecy." If you expect the best from a child, you will most often get it. Likewise, if you expect the worst, children will often live up to your expectations.

3. Provide Guidance for the Child

Children need help all along the road of development. With a basic knowledge of child development, you can help the child to set limits for himself which are appropriate for his present stage of development. The children in your care are especially in need of the support and guidance of adults. They have probably had a great deal of criticism in their lives. What they need from you is encouragement and kindness.

4. Prepare the Child

Each stage of development brings new experiences which are challenging, but which can also be frightening. With your awareness of child development, you can help children master the tasks of the stage at hand and be better prepared for the tasks of the next stage. Remember, a house needs a strong foundation from which to proceed. So does a child. If you take the time to find out where a child is, help him master the tasks of that stage, and look forward to what is to follow, you will do much to strengthen the life of that child.

If you are sensitive to the critical tasks and developmental stages of the children in your care, you will be in a good position to help them meet their developmental needs. Here's a chance for you to apply what you have learned.

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Help the Child through His Present Stage of Development

TRUST INDEPENDENT Initiator Industry Identity

Developmental Needs are temporary.

Basic Needs are ongoing.

DISABILITIES

Purpose: The participants will have an opportunity to gain information about various disabilities.

Objective: Participants wil be able to describe the ways in which they can best serve children with disabilities

Target Group: Generic

Group Size: 6 - 30 participants

Physical Setting: Room with chairs and tables that can be arranged into small group circles.

Time Required: Variable

Materials Needed: Filmstrips: "Early Childhood Mainstreaming Series"
Filmstrip projector
Screen
Resource lists

Procedure:
1. Determine which of the filmstrips on the various disabilities will be shown.

2. Show the filmstrips to the participants.

3. Answer any questions or discuss any issues that are generated by the participants.

4. Distribute resource list to participants

Suggested Filmstrips: "Early Childhood Mainstreaming Series"
Written and developed by PROJECT THRIVE
Distributed by Campus Film Distributers Corporation
14 Madison Avenue, P.O. Box 206
Valhalla, NY 10595

HANDOUT
RESOURCES: Orthopedic Impairments

SPINA BIFIDA

YOUR CHILD WITH SPINA BIFIDA AND GROWING UP WITH SPINA BIFIDA. Available from Spina Bifida Association of America National Headquarters, 3435 So. Dearborn, Suite 319, Chicago, Illinois 60604.

The Teacher and the Child with Spina Bifida. Available from Upstate Spina Bifida Association, Argyle, New York 12809.

MUSCULAR DYSTROPHY

Around the Clock Aids for the Child with Muscular Dystrophy. Available from the Muscular Dystrophy Associations of America, 810 Seventh Avenue, New York, NY 10019.

CEREBRAL PALSY

PLEASE HELP US HELP OURSELVES and WHAT IS CEREBRAL PALSY? Available from United Cerebral Palsy, 321 West 44th Street, New York, NY 10036.

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INTERPRETING PROFESSIONAL ASSESSMENT REPORTS

Purpose: To provide participants with the opportunity to practice reading medical and other professional assessment reports.

Objective: Participants will be able to locate pertinent information and interpret medical and other professional assessment reports

Target Group: Social Workers, Teachers

Group Size: 6 - 30 participants

Time Required: 2 hours

Materials Needed: Handout: "Guidelines for Assessing and Identifying Special Needs, Interpreting Medical and Professional Assessment Reports"

Copies of sample assessments and medical reports provided
Worksheet for Interpreting Medical and Assessment Reports
Pen, Pencil
Resource books: medical dictionary or glossary
Newsprint, Tape, Markers

Physical Setting: Tables and chairs arranged for small group work

Procedure: .

1. Distribute and briefly discuss the handout "Guidelines for Assessing and Identifying Special Needs, Interpreting Medical and Professional Assessment Reports."

2. Distribute copies of sample assessments and medical reports and worksheets for this activity. Tell participants that their task is to locate the various components of these reports and determine:

   a) What their role in the plan or treatment is.
   b) What action they should take.
   c) What persons or agencies should be involved in a collaborative effort on the part of this child.

3. Review the worksheets with the participants and answer any questions regarding the questions to be answered.

4. Give participants general information such as:

   - Test results that are <u>negative</u> mean there is no problem.

5. Allow participants approximately an hour to read reports and answer questions on the worksheets.

6. Ask each group to appoint a person to record their answers on newsprint.

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HANDOUT
Guidelines for Assessing and Identifying Special Needs
Interpreting Medical and Professional Assessment Reports

WHAT TO LOOK FOR	INFORMATION PROVIDED
1. Problem or Diagnosis	1. Name, characteristics, cause, symptoms of problem or special needs
2. Assessment Results	2. Specific test results
	-- Information on strengths, weaknesses of child, level of functioning
	-- Definition of what child can/cannot do
	-- Characteristics of problem
3. Behaviorial Observations	3. Subjective, informal information regarding the child
	-- Child's behavior characteristics
	-- Child's interaction skills
	-- Coping or adaptive behavior skills of the child
	-- Responsiveness of the child
4. Recommendations for Treatment	4. -- Medications
	-- Therapies
	-- Special Programs, Services
	-- Activities
	-- Adaptive Equipment
	-- Treatment Plan
5. The Plan or Summary	5. -- Diagnosis
	-- Prognosis

WHAT TO LOOK FOR	INFORMATION PROVIDED
	-- Summary of Treatment
	-- Follow-up Plans
	-- Recommendations
	-- Collaboration/Communication
6. Referrals Made or Recommended	6. -- Resources
	-- Support Services
	-- Therapy Services
7. Follow-up Plans	7. -- Timetable for treatment or reassessment
	-- Professional(s) to provide follow-up

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WORKSHEET
Interpreting Medical and
Professional Assessment Reports

1. What is this child's diagnosis?

2. What additional problems does this child have?

3. What is this child's most current level of functioning in:

    Speech and language_____
    Cognitive   _____
    Gross Motor   _____

4. What pertinent behavioral characteristics does this child demonstrate.

5. What are the recommendations for treatment, therapy, programs, etc.

6. What are the follow-up plans?

7. What is your role regarding this child?

8. Who or what agencies should be involved in collaboration/communication effort regarding this child?

9. What action should be taken by you (related to your role)?

10. What information would you share with the foster/adoptive parent?

Memorial Hospital Evaluation Center
Record Sheet

Luke Edwards   DOB: 2/15/79   Conference Date: 3/26/81
                     Age: 2/ 1/12   Initial Visit: 3/17-18/81
                                       Location: MHEC

SUMMARY OF TWO-DAY EVALUATION CONFERENCE
(3/26/81)

Crawford
(3/26/31)

Participants: Mr. Crawford (pediatric audiologist, Conference Chairman, and Family Advisor), Dr. Graham (pediatrics), Ms. Kirkpatrick (physical therapy), Dr. James (communicative disorders), Dr. Shaw (psychology), Dr. Allen (psychology intern), Mr. Miller (social work), Ms. White (social work intern), and Ms. Susan Cox (Early Childhood Intervention Program). Dr. McIver (pedodontics) and Ms. Huber (nursing) participated in the evaluation, but were unable to attend the conference. Ms. Trish Griffin, foster care social worker, also attended.

This 2 1/12 year old white male was born to a then 34-year old father and his 24-year old wife. Luke was referred to the MHEC by Dr. Thomas Brock for developmental delays and possible hearing loss resulting from a denovo ring chromosome anomaly. The family history is unremarkable. Luke has been in his current foster placement with Mr. and Mrs. Brown for 3 months. They have a three-year-old son.

Luke was the 6 lb. 11 oz. product of an uncomplicated term pregnancy to a gravida 1 para 0 woman who gained 40-60 lbs. and was on birth control pills for two months prior to knowledge of her pregnancy. Labor lasted over seven hours because of head presentation which was corrected by low forceps. Apgar scores were 8 and 9; there were unusual facial features and a large cranial hemotoma. He was found to be jaundiced, and was treated with phototherapy for 48 hours. Karyotyping by Memorial Genetics at age 3 months revealed a mosaic denovo ring chromosome anomaly. He has been followed since 4 months of age by Memorial Orthopedics for a slight flexion contracture of his hip adductors and left metatarsus adductus.

Evaluation by the local DEC at age 5 months and again at 15 months showed delayed mental development and Luke has thus been followed by the Early Childhood Intervention Project since age 6 months. Developmental milestones have been delayed, with rolling over at 10 months, pulling to stand at 15 months, and walking alone at 21 months. He has never verbalized words but does use consonants and babbles frequently.

Physical exam revealed a happy and playful child with a height of 89 cm. (50-75th %ile), weight of 14.2 kg. (75-90th %ile), and a head circumference of 48.8 cm. (50th %ile). There was marked asymmetry

of the body hiatus, with greater muscle mass on the left. There was marked asymmetry of the face. Ear canals were unusually small. Breath sounds were slightly broncial in nature and a "wet" sounding cough was heard. the penis had a subterminal meatus consistent with a mild hypospadias; the left testicle was palpated in the canal. There was a single palmar crease on the right hand, and multiple cafe-au-lait spots predominantly on the left side.

Several times during the neurological evaluation, Luke would cease his activity and stare into the distance and subsequent EEG testing revealed a generalized seizure disorder of the petit mal type. He had a peculiar tilting of his head towards the direction of a presented object when he seemed to focus on it. Cranial nerves seemed grossly intact except for possibly VII with his asymmetric smile and face, and possibly XII with his poor tongue movements and control. Deep tendon reflexes were 2+ in the biceps and Achilles, and 3+ without clonus or overflow in the patella. Plantar responses were down. Muscle mass seemed greater on the left and strength appeared somewhat diminished, with trunk and legs giving an impression of mild truncal hypotonia. Thigh adductors, however, were slightly hypertonic, with left greater than right. Sensory exam appeared grossly normal; cerebellar responses were difficult to evaluate, but seemed appropriate.

Pedodontic evaluation found heavy accumulations of plaque, but no caries were present. Eruption is age-appropriate, and the molars appear to be in good occlusion, although a large overjet is present.

Hearing, assessed by observed behavioral responses to auditory stimuli presented via loudspeakers, appeared to be grossly normal.

During the nutritional evaluation, Mrs. Brown expressed concern about the small quantity of food Luke eats, and about his poor chewing skills; he is just beginning to show interest in self-feeding. Analysis of food records reveals an adequate intake of calories for a youngster of Luke's activity level. There is also adequate intake of all nutrients with the exception of vitamins A and C.

Physical therapy evaluation found muscle tone and motion to be within normal limits. Functional skills, as measured by the Bayley Scales of Infant Development (Motor), were at approximately the 19 month level. Motor patterns are, however, unusual in that he does not use complete postural extension in upright positions, shows sluggish righting reactions, and essentially lacks rotational components in his movement. As a result, he is able to perform higher-level skills such as squatting but is unable to complete lower-level skills such as coming to a sitting position.

The Sequenced Inventory of Communication Development, administered during the speech and language evaluation, yielded a severe delay, with both receptive and expressive language at the 12 month level. Luke responded to "no" and recognized the names of some favorite toys. Expressively he could utter consonant-vowel combinations and

would imitate some non-speech sounds.

Luke was generally cooperative throughout the psychological evaluation. On the Bayley Scales of Infant Development (Mental), he received an age equivalent of 16 months and an MDI of 52, which places his current level of functioning in the moderate range of mental retardation. Adaptive skills, measured by the Vineland Social Maturity Scale during a pre-evaluation home visit, yielded an age equivalent of 19 months and a social quotient of 79 which falls in the range between mildly retarded and low average.

Social work and nursing evaluations (including a home visit), show the foster parents, Mr. and Mrs. Brown, having some difficulties in coping with the stress of their own three-year-old and a handicapped two-year-old.

Recommendations:

1. Continued medical follow-up with genetics and orthopedics as needed.
2. Follow-up of seizure disorder by Dr. Brock.
3. Continued involvement with Early Childhood Intervention Program.
4. Daily oral hygiene and visit to dentist when all primary teeth have erupted at around age three.
5. Audiological re-evaluation in one year.
6. Instruct foster parents regarding good dietary sources of Vitamins A, C, and fiber.
7. Give information regarding increasing food texture and encouraging self-feeding.
8. Physical therapy exercises (concentrating on prone extension, head righting, position transition, trunk rotation, and standing balance) to be forwarded to ECIP.
9. Language stimulation and feeding intervention from ECIP.
10. Emphasize consistent labelling and reinforcing Luke's own communication attempts.
11. Foster parents and grandparents to spend time with Ms. Cox of ECIP.
12. Social work counseling.

During the interpretive conference (Crawford, Allen, White), the Browns freely discussed their difficulties, and agreed that support counseling would be beneficial. While both foster parents accept the fact that Luke is mentally retarded, Mr. Brown expressed the hope that Luke would some day, catch up to his peers. Mr. Crawford, the Family Advisor, will remain in touch with this family and the social worker; a re-evaluation at the MHEC is planned in one year.

Final Impression:

1. Denovo ring chromosome anomaly.
2. Abnormal body habitus secondary to number 1.
3. Mild hypotonia most noticeably in the trunk area.
4. Gross delays in language, fine motor, and self-help skills

probably secondary to number 1.
5.   Question of visual difficulties in regards to head tilt with shifting focus of attention.
6.   Primary generalized seizure disorder of the petit mal type.

Thomas Crawford, M.S., CCC-A
Pediatric Audiologist
Family Advisor

Robert Graham
Pediatrician, D.O.

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Memorial Hospital Evaluation Center
Record Sheet
Medical

Luke Edwards   DOB: 2/15/79   Two-Day Evaluation: 3/17/81
                      Age: 2 1/12 years   Examiner: Graham

Identification: Luke is a 2 1/12 year old white male who was referred by Dr.
Thomas Brock for universal development delays and a questionable mild to
moderate hearing deficit thought to be associated with a diagnosed denovo- ·ing
chromosome anomaly. The history is obtained from an interview with both foster
parents, foster care social worker and from the medical chart.

Chief Complaint: The foster parents and social worker wish to obtain
information regarding Luke's future capabilities. His foster father stated "we
need all the help we can get."

Present Hospital Illness: Luke was a 6 pound 11 ounce product of a term
pregnancy to a gravida 1 para 0 mother. Apparently, she was on birth control
pills for 2 months prior to the knowledge of her pregnancy. She gained 40-60
pounds during the gestation but had no associated complications. She took
Bendectin infrequently for nausea and denies other medication. She had local
anesthesia for labor which lasted over 7 hours. The delay was found to be due
to poor head presentation (ROP) which was corrected by low forceps. Apgars were
8 and 9. In the newborn nursery he was found to be jaundiced (bilirubin 14.4)
which was treated for 48 hours with phototherapy; to have a large cranial
hematoma; and to have unusual facial features. Reports indicate that he fed
adequately from a bottle at home but that he always had mild coughing spells
during feedings which have diminished as he has aged. Because of his abnormal
appearance, he was evaluated by the geneticist at Memorial at 3 months of age.
They found him to have a ring chromosome anomaly in only 50% of his blood cells
(mosaic). (46,xy/47,xy + ring) Since his parents' chromosomes were normal, his
anomaly was considered a denovo occurrence. Interestingly, skin biopsies
revealed that his affected left side had more normal cells than his more normal
appearing right side. Since he was a mosaic and since his presentation was not
consistent with a definite syndrome his prognosis has remained uncertain. He
continues follow up by a geneticist. Because of developmental delay and his
chromosome abnormality he was first evaluated at the DEC at 5 months. They
found that at 5.3 months of age he had a mental age of 3.8 months on the Bayley
Scales of Infant Development. (Later evaluation with the Bayley at 15.7 months
of age found him to have a mental age of 7.9 months.) The DEC referred him to
the Early childhood Intervention Program where he has been followed weekly since
about 6 months. Presently, Susan Cox has been working with Luke. She has found
him severely delayed in language, self-help, gross and fine motor skills. The
orthopedists at Memorial have continued to follow Luke since about 4 months of
age for slight flexion contracture of his hip adductors and for left metatarsus
adductus (4 foot deviating toward the midline), which has been treated with some
success with a corrective shoe.

At home, Mrs. Brown states that Luke's milestones were delayed: he did not walk

alone until 21 months. However, even now, he must pull himself up on furniture before he can walk. However, as he has walked and fallen he has shown no attempt to break his fall. Luke has never verbalized words but can use consonants and babbles a lot. He cannot address his foster parents in words, he cannot understand the question "Where is momma?," but he can largely understand "Where is Snoopy?" (a dog). He seems not to understand any other verbal communication except for occasionally "no." He is able to point to something that he wants and he is able to attend to blocks for up to 45 minutes. He is more playful with and cognisant with the Brown's son than he used to be. However, whenever he cries he attempts to push him away, slap him, or bite him. The Browns think that it is difficult for him to show affection which he occasionally does (by our traditional standards) by patting him on the back. Mrs. Brown reports that he has a poor appetite and has difficulty chewing. He sometimes coughs with his meals although he has never actually choked. She feeds him liquids primarily from a cup but he spills a lot. However, given a cup with a spout he is able to manage well. She reports that in the last 3 months he has improved dramatically in gross motor function, disposition, sibling interaction, and indicating wants. In the last 3 months he has been sleeping from 10-14 hours per night. He likes to pull or push toys.

Reports indicate that since birth he has been "sickly", with a wet cough, frequent colds and visits to the pediatrician for diarrhea. He has been much healthier this winter than the last. Presently, his main problem is with hard infrequent stools which Mrs. Brown treats with a little milk-of-magnesia in his bottle about once a week. Most frequently he has been in relatively good health.

Past Medical History: Hospitalizations: Memorial Hospital: 8 weeks, viral pneumonia; 10 weeks, diarrhea and dehydration; 20 months, resection of benign lipoma in left axilla. No known allergies. Immunizations up to date. Medications: occasional milk-of-magnesia.

Family and Social History: Biological mother and father and a pair of twins by father in another marriage are reported to be in good health. Presently, Luke spends every weekend with his biological parents He has been in this current foster placement with Mr. and Mrs. Brown for 3 months.

Review of Systems: Pertinent for frequent occurrence of staring spells in the middle of activities. No other seizure activity noted.

Physical Exam: Height 89 cm (50-75th %ile), weight 14.2 kg (75-90th %ile), and head circumference 48.8 cm (50th %ile). For other anthropomorphic measurements please refer to the genetics workup in the chart. Habitus: Luke seemed to be a happy, playful, active child. However, there was marked asymmetry in his body habitus. Muscle mass was was greater on the left. This was especially true of his back where the increased bulk of his left paraspinal muscles created the false impression of scoliosis. There was marked asymmetry of his face where the left side of his mouth was considerably lower than the right giving him a crooked smile; his left orbit was lower than the right; the left eye was smaller; and the left ear was lower and more posteriorly placed. He had a broad flat nose. (For further details of his habitus refer to the genetics workup.) Head: He was normocephalic and atraumatic. Ear canals were unusually small, the right tympanic membrane had good landmarks but the left tympanic membrane was not visualized because of the small size of the canal. Nasal passages were

pale but not edematous. Throat and tonsils were normal. His extraocular muscles were grossly intact but these muscles and the present esotropia were difficult to assess because of his facial asymmetry. Luke had a peculiar tilt of his head when seen to fix on one object. He tended to tilt his head to the side of a presented object that he seemed to focus on. Red reflexes were seen bilaterally. The pupils were equal round and reactive to light. The neck had a slightly gross motor amount of resistance when turned to the right then the left. Otherwise, it was supple and there was no neck or even body adenopathy. Heart had normal sounds without a murmur. The breath sounds were slightly bronchial in nature without rails or rhonchi in the expiration was mildly prolonged. A "wet-sounding" cough was heard. The abdomen was soft without tenderness or organomegaly. The penis had a subterminal meatus consistent with mild hypospadias and was uncircumcised. The right testicle was palpated in his small scrotum. The left testicle was palpable in the cana but was not reduced. Taking into account the increased bulk his left paraspinal muscles in the spine appeared straight. All large joints seemed to have a normal range of motion. Examination of the skin revealed a single palmar crease on his right hand, a scar under his left axilla and multiple cafe-au-lait spots predominantly on the left side.

In neurological assessment: Luke seemed active and playful but subjectively very little resistance to the physical exam. Specifically, he did not fuss at all over the otoscopic exam. He was not heard to utter any recognizable words but syllables with consonants were heard. He seemed to use either hand to accomplish tasks. He made grunting, whining sounds to get Mrs. Brown's attention. He also grabbed her hand to get her to scratch his head, but that was the extent of his communication. Several times it was noticed that in the middle of activities Luke would stop and seemed to stare off into the distance. These were not associated with any type of motor activity. He had a peculiar tilting of his head towards the direction of a presented object when he seemed to focus on it. Some cranial nerves were difficult to assess because of facial asymmetry. His cranial nerves seemed grossly intact except for possibly VII with his asymmetric smile and face and possibly XII with his poor tongue movements and control. Deep tendon reflexes: Biceps 2+, patellar 3+ without clonus or overflow, Achilles 2+. Abdominal reflexes were symmetrically present. His plantar responses were downgoing. Other reflexes: He had a negative Hoffman's sign, negative root, negative palmomental and no asymmetric tonic neck reflex was elicited. He did not exhibit a downward lateral or backwards protective reflex although there was a slight extension of his fingers and forearms on forward parachute. Motor: His muscle mass seemed objectively bulkier on the left side of his body. The strength appeared diminished somewhat when he rarely resisted the exam. Generally, when held in prone he aligned his head in the plane of his body but his trunk and legs were limp giving the impression of mild truncal hypotonia. However, he was slightly hypertonic in his thigh adductors with left greater than right. Luke was able to walk without assistance with his arms held in middle guarding position. His step was basically highfooted and stiff. However, he could not stand up straight directly from the floor, neither did I observe him sitting up. Before he could walk he had to pull with his arms or push with his legs to furniture and pull himself up. Curiously, he could bend over and pick up a relatively small object from the floor and remain standing. He demonstrated an inferior pincer grasp. Sensory exam was considered grossly normal at this time. Cerebellar responses seemed appropriate but were difficult to evaluate.

Impressions:

1. Denovo ring chromosome anomaly.

2. Abnormal body habitus probably secondary to number 1.

3. Mild hypotonia most noticeably in the trunk area.

4. Grossly delayed development in language, fine motor and self-help skills probably secondary to number 1.

5. Question of visual difficulties in regards to head tilt with shifting focus of attention.

Recommendations:

1. Continue medical follow up as outlined with genetics and orthopedics as needed. Follow up should also continue with the local pediatrician as needed with attention to visual function as he grows.

2. Continue follow up by early intervention program concentrating on communication skills.

CODES:

Primary
--Chromosomal anomaly, other 59

Secondary
--Proven chromosomal abnormality
   presumed to be non-inherited
   16
--No speech 41

Robert Graham, D.O.
Fellow, Developmental Medicine, MHEC

RG/mtf

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Memorial Hospital
Record Sheet
Pediatric Genetics and Metabolism Clinic

Luke Edwards   Referring Physician: Dr. Brock
DOB: 2/15/79
Parents:

Date: June 21, 1979

Purpose of   Evaluation of this 4-month-old with slight developmental delay
Visit   and a ring chromosome. He is mosaic for 46,XY with a ring in 50%
                     of the cells cultured from his blood.

History: Luke was the 6 lb 11 oz product of a 36-week gestation to a
                     25-year-old Gravida I. Pregnancy was noteworthy for a 35 lb
                     weight gain and fetal activity onset at $3\frac{1}{2}$ months. The mother
                     was on Ortho-novum birth control pills for 2 months prior to
                     realizing that she was actually pregnant. She also was nauseated
                     and took some Benedectin up until 3 or 4 months of pregnancy.
                     She took this approximately one time a week. Around Christmas
                     time at 7 months she fainted on a shopping visit.

                     Perinatal events included 12 hours of labor and an arrest of
                     descent which was apparently corrected with forceps turning of
                     the head. All that is known about this neonatal course by the
                     parents is that he was in the newborn nursery for 6 days and did
                     have jaundice. He was feeding excellently post-natally and went
                     home doing well.

                     His development has been slow. He does roll over and began at 4
                     months. This was one week prior to his visit here. He had
                     rolled over earlier but began rolling over consistently from
                     front to back one week prior to the visit. Mother reports he
                     does smile and turn to voice.

Family   Mother's maiden name was _____ and mother's
                     mother's
History: maiden name was _____ and the father's mothers's
                     maiden name was _____ . There is no consanguinity
                     known by either side. Family history is non-contributory.

Additional   The patient was in the hospital with an apparent disorder of
History: pneumonia or bronchitis and at that time chromosomes were sent
                     over to Dr. Brower who found the child to be mosaic for 46,XY/47
                     +small ring chromosome.

Physical   Height 63 cm (25th percentile); weight 14 lbs $9\frac{1}{2}$ oz (40th
Examination: percentile; head circumference 41 cm (45th percentile). In
                     general he was a pale, fair infant with a bulbous nose and a flat
                     bridge, who had widely-spaced eyes, a slightly more prominent

right face than left face with plagicephaly. His eyes had an inner canthal distance of 29 mm, interpupillary distance of 42 mm, and outer canthal distance of 68 mm. His ears appeared normal. His mouth was normal. His palate was intact. His neck had some redundant skin but no definite folds. His thorax seemed to be larger on the right than on the left. His back was unremarkable. His heart has normal S1 and S2 with a I/VI flow murmur from the lower left eternal border. Precordial activity was normal. The abdomen showed a liver at the right costal margin and no other organomegaly. There were no masses. Genitalia revealed a circumcised male who has a slight adhesion between the remnant of the foreskin and the glands which was separated. The testes were bot' palpable. The hips could not be fully abducted nor extended. The left arm in the mid-humerus was 14½ cm and the right was 14 cm in diameter. The tip of the acromioclavicular joint to the elbow was 12½ cm on the left and 11½ cm on the right. His hands revealed transverse creases which were interrupted. His hands were 73 mm long on both sides. His dermatoglyphics revealed 2 whorls on the left hand and proximal axial triradi. His feet were 100 mm on the left and 105 mm on the right. He also had metatarsus adductus on the left foot. His legs were otherwise normal. His neurological exam revealed reasonably normal tone and Denver did reveal a spontaneous smile but did not follow 180 degrees and did not reach for objects. He did make cooing noises but did not laugh during the examination. He does lift his chest off the bed but has some head lag and does by report roll over.

Assessment: Mosaic for ring chromosome in 50% of the patient's cells. Also has slight developmental delay and slight hemiatrophy on the left. He was also noted to have left metatarsus adductus.

Plan: 1. The patient was seen by Dr. Walters of the pediatric orthopedic division and he told the parents that if the foot was not straightening out within another 6 weeks he would go ahead and cast it. He said he would be glad to do this here or that it could be done by referral through Dr. Brock to the orthopedists in their town.

2. Chromosomes on both parents were sent to rule out ring carrier states.

3. Biopsy was taken of the skin on both the right and the left side to document the mosaicism of the ring chromosomes. If the cells grow there will be special banding done to try to determine the source of the ring chromosome.

4. The parents were counseled that if they were not carriers of the chromosome and they were not expected to be, the risk of recurrence of severe developmental defect would be approximately 5%. Antenatal diagnosis was mentioned as possible in chromosome defects.

5. The parents were advised that early intervention is the best

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course for any intellectual impairment. It was recommended
that the child be perhaps evaluated at the local DEC or at the
evaluation center here when he is slightly older. Mother
reported that the child stays in a Day Care Center with 6 to
9 babies and is placed in a crib and left all day. The
parents were advised this was not valuable for a child who is
at risk for developmental delay. The mother in discussing
this problem decided to talk with Dr. Brock to see what
resources are available in their town for early intervention
i.e., the PACT program and what other sources of child care
might be possible for her during working hours. The option of
stopping work and caring for the child full-time was
mentioned.

6. Letter of summary to be dictated and sent to the parents.

                                        Arthur Green, M.D.
                                        Assistant Professor of
                                        Pediatrics
                                        Director, Genetic Counseling
                                        Program

WL:ASA:smc
cc: file
     Dr. Brock

Memorial Hospital Evaluation Center
Clinic Visit Record
Ortho Clinic

0 + 4 month old white male seen at the request of Dr. Green in the Pediatric Genetics Clinic. Patient presented breach, but was delivered after turning by forceps. His evaluation in Pediatrics Genetic Clinic has shown a mosaic additional short chromosome. Question raised by Dr. Green is related to the hips and the feet. The patient apparently had an x-ray taken at Memorial Hospital of the pelvis which was read as normal, according to the mother.

EXAMINATION: Reveals the spine to be straight. The hips have an increased flexion contracture for the age with it measuring now 45 degrees, anticipated approximately 30 degrees at this age. Abduction is within normal limits, although only slightly limited and measures 50 degrees. There is no apparent instability in the hips. Knees have a full range of motion. The right foot shows no significant abnormalities. The left foot shows a mild to moderate forefoot adduction. Associated with the forefoot adduction is a history of sleeping in the knee-chest position with the left foot turned in occasionally.

DISPOSITION: I do not think the patient has congenital hip dysplasia, but I think that Luke bears further observation as the flexion contracture is excessive and that abduction is slightly limited. The left foot has a metatarsus adductus which probably will not spontaneously correct and will need serial casting; however, since the amount of adduction is only rated at mild to moderate, we could observe it for additional time and then decide on whether serial casting was needed. In the meantime, the parents will try to discourage the patient sleeping in the knee-chest position with the foot turned in.

Parents were told that follow-up on the hip for foot problem could be done either under the direction of a local orthopaedic surgeon there, or I would be glad to see them in follow-up. They will speak with Dr. Brock and decide on further follow-up.

<div align="right">

John Walters, M.D.,
Attending/alb

</div>

cc Arthur Green, M.D.

Dr. Brock, M.D.

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Memorial Hospital Evaluation Center
Record Sheet
Speech and Language

Luke Edwards   DOB: 2/15/79   Two-Evaluation: 3/18/81
                              Age: 2 Years   Examiner: Jones

Luke is a 2 year old boy referred for evalution by Dr. Thomas Brock because of developmental delays presumably caused by ring chromosome abnormalities.

Luke was the 6 lb. 11 oz. product of a 40 week pregrancy. Forceps were used during delivery and Luke's head was bruised for approximately two weeks. He was jaundiced at birth and required phototherapy for 48 hours. Records report that Luke's facial features "looked unusual".

Luke's milestones were all delayed. He pulled to stand at 15 months and walked at 21 months. He still does not utter any recognizable words. Ms. Susan Cox, a child development specialist from the Early Childhood Intervention Program is presently working with Luke on a weekly basis.

Tests Administered: The Sequenced Inventory of Communication Development (SICD)

Mr. and Mrs. Brown acted as informants for the completion of this scale which combines behavioral observations and parental report to assess receptive and expressive communicative abilities.

Luke was assigned a receptive and expressive communication age equivalent of 12 months following this testing. Receptively, he responds to "no" by ceasing his activity and he recognizes the names of some favorite toys. He would not indicate from an array of three items, the item named nor could he respond to other directional commands such as "give to me". Expressively, Luke was found to be able to utter consonant-vowel combinations such as /ba-ba/ and /dae-dae/. He will imitate motor acts such as rolling a ball or stacking blocks and he will imitate non-speech sounds such as a cough and a tongue click.

During feeding he indicates "enough" by shaking his head and pushing food away and "more" by gesturing to what he wants. He has some difficulty eating. Mrs. Brown describes that when drinking liquids from a cup or eating solid foods (mashed) he will cough to clear his airway following every bite. He does not chew and hold textured foods in his mouth until they dissolve such that he can swallow them. He does not choke nor does he drool.

Summary: Luke is a 2 year old boy whose receptive and expressive language is severely delayed at the 12-month level. He shows relative weakness in an inability to recognize word labels and relative strength in ability to imitate motor movements and non-speech sounds.

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Recommendations:

1. Luke should continue to receive language stimulation and feeding intervention from Susan Cox.

2. Emphasis should be placed on providing him with consistent labels and reinforcing his own communicating attempts.

<div align="right">
Glenda Jones, Ph.D.
Communicative Disorders
</div>

Specialist

GJ/jaj

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Memorial Hospital Evaluation Center
Record Sheet
Physical Therapy

Luke Edwards   DOB: 2/15/79   Date Seen: 3/18/81
                      Age: 2 yrs. 1 mo.   Examiner: Kirkpatrick

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Luke is a 2 year old boy who resides with his foster parents and their 3 year
old son. He was referred to the evaluation center by Dr. Thomas Brock.
Referral was made due to developmental delays probably caused by Ring Chromosome
Abnormalities. Evaluation of developmental delays, hearing status, mental
status, and irritability was requested. Luke is presently being followed by the
Early Childhood Intervention Program, being seen by Susan Cox on a weekly basis.

Present Evaluation:

1. Muscle tone, strength, and range of motion: Luke's muscle tone per se was
   objectively judged to be within normal limits throughout though he does not
   consistently use appropriate back extension in upright postures. Range of
   motion was within normal limits throughout.

2. Functional abilities: Luke is independently ambulatory and quite active.
   He spent most of the examination period exploring the various toys and
   pieces of equipment in the room. He rolled in both directions using minimal
   trunk rotation. He comes to a sitting position by pulling himself up from
   supine using some type of support. He is reported to enjoy playing in a
   side lying position. When placed in a sitting position, his back shows a
   mild to moderate foward curvature in the lumbar and thoracic areas, somewhat
   more marked in the thoracic area. He will move out of sitting by rolling
   into a prone position then crawling forward on his abdomen or all fours and
   will then pull to a standing position bringing one leg forward at a time.
   Once in a standing position he can ambulate independently with a mid to low
   guard arm position and fairly narrow base of support. His gait has no
   pelvic rotation nor heel strike. He is able to take sideways and backwards
   steps and is reported to ascend and descend steps using a railing. He uses
   a semi-squatting position for play, usually with his legs spread widely
   apart for balance and is quite stable in this position.

3. Reflex development: There was no evidence of primitive reflex activity
   influencing movement patterns. Righting responses were somewhat sluggish
   when tested. In horizontal suspension, Luke could achieve a good back
   extension pattern with upward convexity at the thorax but did this only
   briefly. If suspended vertically and tipped sideways righting reactions
   were quite sluggish but were better when moving to the left than when moving
   to the right. Protective extension was present in the arms with forward and
   sideways displacement. With backward displacement the protective extension
   could be elicited; at other times a Moro response was seen. In general,
   protective extension was more brisk with the right arm than with the left

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and showed a more complete extension on the right. With downward displacement the legs showed symmetrical protective responses. Tilting was brisk and efficient in sitting but could not be elicited in standing.

4. Posture: Luke showed several postural abnormalities in the area of the upper trunk and neck. He shows a significant thoracic kyphosis and increased cervical lordosis when standing. The head is consistently tipped to the left and the right shoulder appears to slope downward in comparison to the left.

5. Formal testing: The Motor Scale of the Bayley Scales of Infant Development were administered. Luke passed all items up to the 11.7 month level then passed and failed scattered items up to the 16.1 month level. His raw square of 51 yield a developmental index of 56 and an age equivalence of approximately 19 months.

Summary: Luke exhibits normal muscle tone and range of motion and has functional skills at roughly the 19 month level. His motor patterns are unusual however in that he does not use complete postural extension in upright positions, shows sluggish righting reactions, and essentially lacks rotational components in his movement. As a result he is able to perform higher level skills such as squatting in play which uses symmetrical patterns but is unable to complete lower level skills such as coming to a sitting position independently which require rotation. This very symmetrical use of movement patterns is striking considering the general asymmetry of his involvement.

Recommendations: A list of suggested exercises will be forwarded to the Early Intervention Program.

Jane Kirkpatrick, MACT, LPT

JK/sw

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Memorial Hospital Evaluation Center
Record Sheet
Psychology

Luke Edwards   DOB: 2/15/79   Initial 2-day Evaluation: 3/17-18/81
                                Age: 2 1/12   Examiners: Atten/Shaw

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Test Administered: Bayley Scales of Infant Development (Mental Scale)

Referral Information: Luke was referred to the Evaluation Center by Dr. Thomas
Brock, his pediatrician, for evaluation of his cognitive and motor development
and motor developmental delays and possible hearing impairment. The foster
parents Mr. and Mrs. Brown are interested in the evaluation and have requested
specific information regarding Luke's future development and educational
placement. The Browns are currently participating in the Early Childhood
Intervention Program with Ms. Susan Cox, Child Development Specialist.

Behavioral Observations: Luke sat in a chair next to his foster mother for
testing. He was generally cooperative although he frequently needed some time to
explore materials before performing the required task. Luke fussed and reached
for objects that he wanted to inspect and manipulate. His approach to the
various tasks was fairly well organized although he did benefit from having the
pieces handed to him one at a time for the peg board and geometric form puzzles.
When he did refuse to perform a task, he reached for Mrs. Brown's hand to have
her do it.

Luke's vision appeared to be better to the left side. He also tended to use his
peripheral vision in performing tasks. His fine motor skills were fairly
imprecise. It was not clear whether this was due to poor eye-hand coordination
or fine motor control. He was nonverbal but was observed to make some short
syllable sounds. The range of his affect was somewhat restricted as he did not
smile frequently nor was he observed to laugh in response to the action of
others.

Test Results: On the Bayley Mental Scale, Luke obtained an MDI of 52, placing
his current level of functioning in the moderate range of mental retardation.
His age equivalent was 16 months (this estimate was obtained by locating in the
Bayley manual the age at which his raw score of 118 yields an MDI of 100.)
Luke's foster parents indicated that his performance on this measure was typical
of his skills at home.

Luke placed all of the circles and squares in the blue puzzle board. This was
his highest pass (22.4 months). However, he did not complete a three-shape
formboard although his performance on the blue puzzle indicated that he was able
to make fairly good visual discriminations. Likewise, he was able to place pegs
in a peg board although his poor fine motor abilities vastly increased his
response time. Luke did not imitate patting a doll or a crayon stroke.

Overall, Luke's weakest area was language. Although he does use two syllable

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repetition (7.9 months) and jabbers expressively at times, Luke does not imitate words (12.5 months) nor does he use words expressively (14.2 months). The magnitude of this language delay is significant and will be addressed further in the Communicative Disorders report.

The Vineland Social Maturity Scale was administered by the nursing staff during a pre-evaluation home visit. Luke obtained a Social Age equivalent of 19 months and a Social Quotient of 79 on this measure. Luke's adaptive skills should be considered a relative strength at this time.

Summary: Luke is a 2 year, 1 month old male whose cognitive skills are in the moderate range of mental retardation although his self-help and adaptive skills are presently in the range between mildy retarded and low average. Although his overall cognitive functioning is significantly delayed, his language skills are the most severely affected. Luke will certainly require a lot of additional help in order to master basic skills. His placement in the early intervention program is appropriate. It would be good if both foster parents could spend some time with Ms. Cox. She could share her observations and recommendations with them and they could in turn maximize the learning experience of the time they spend with Luke.

Carl Atten, Ph.D.   Joyce Shaw, Ph.D.
Psychology Intern   Psychologist

CA:JS:bms

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Memorial Hospital Evaluation Center
Record Sheet
Communicative Disorders
Pediatric Audiology

Luke Edwards   DOB: 2/15/79   Two-Day Evaluation: 3/18/81
                            Age: 2 1/12   Examiner: Taylor/Crawford

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Luke was seen by Pediatric Audiology as part of a new client A evaluation on 3/18/81.

History: Developmental delay secondary to a ring chromosome abnormality.

Evaluation: Luke was seated in his foster mother's lap, and auditory stimuli were introduced through loudspeakers. The following behavioral responses were noted:

STIMULUS	INTENSITY	• RESPONSE
Speech	25 dB	Localized right
	30 dB	Localized left
"Bye-Bye"	25 dB	Waved "bye-bye"
Filtered Speech		
(2 KHz high-pass)	25 dB	Localized left
	35 dB	Localized right
1000 Hz	35 dB	Localized left
2000 Hz	35 dB	Localized right
Bone Conduction		
250 Hz	20 dB	Searching
500 Hz	20 dB	Searching

Summary: Luke presents as a 2 1/12 year old boy whose hearing, measured under freefield conditions, appears to be grossly normal. A re-evaluation is recommended in one year.

Virginia Taylor
Communicative Disorders Trainee

Thomas H. Crawford, M.S., CCC-A
Pediatric Audiologist

Simulation Experiences*
WHAT IF?

Purpose: To increase participants' sensitivity to children with special needs and to provide participants with the opportunity to observe behavior that children might use to adapt to their unique disability.

Objective: Participants will discuss changes in classroom or home arrangement, materials and methods which are needed to accommodate children with various disabilities.

Target Group: Generic

Group Size: Up to 30 participants

Time Required: One to two hours depending upon size of group

Materials Needed: Props described for each station
Handout: "Observation Sheet" (enough for each participant to record observations for all five activities)

Physical Setting: Room large enough for participants to move about freely

Procedures: Participants travel in pairs through five activity stations. At each station there will be an instruction card with the objective of the activity, directions and the props designed to simulate one childhood disability. One member of the pair will assume the teacher or adult role and one, the child. After completing the task, they will switch roles and repeat the exercise. In this way, each participant has the opportunity to observe and to experience each disability. Each station will have a copy of an observation sheet (see attached).

*Adapted from NEW FRIENDS.

Station I: The Child with Impaired Vision*

Objective: To experience a limitation of the field of vision and to become aware of behaviors that a child may use to compensate for impaired vision.

Props: - Eyeglasses with all but a small opening blocked out by black paper or with the lenses covered with plastic wrap; or eyeglasses with petroleum jelly
- Wax paper held in front of face
- Medium-sized ball
- Obstacle course composed of chairs, blocks, tables, etc.

Directions: Have "child" put on special eyeglasses or wax paper and:

1.   walk through designated obstacle course

2.   catch a ball bounced to him/her.

Switch roles and repeat.

Station II: The Child with Poor Fine Motor Control*

Objective: To experience a lack of fine motor development.

Props: - Large, heavy gloves
- Coat or jacket that buttons up the front
- Needle and thread
- Pegboard and pegs (smallest you can find)

Directions: Have "child" put on heavy gloves and complete the following tasks:

1.   button coat

2.   thread needle

3.   place pegs in pegboard

Switch roles and repeat.

*These activities were developed by Marnie Greathouse, Valley Crucis Day School.

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Station III: The Blind Child

Objective: To experience the difficulty of performing a task without vision and to become aware of the impor⁺ᵃnce of verbal cues given to a child who is blind.

Props:
- Blindfold
- Pitcher of water
- Glass
- Cardboard box

Directions: Put blindfold on "child" so that vision is completely blocked out. Teach "child" to pour water from pitcher to glass without providing physical assistance. Switch roles and repeat. The props should be hidden behind the cardboard box so that the first "child" is not familiar with the sizes and shapes of the objects.

Station IV: The Child with Poor Auditory Discrimination

Objectives: To experience the inability to discriminate between background sounds and verbal directions in a highly demanding classroom situation, or noisy home environment.

Props:
- Cassette tape with directions for drawing a stick-figure man but with much background noise (typewriter, talking, telephone ringing, etc.)
- Paper and pencil
- Tape recorder

Directions: Have "child" listen to tape and follow directions as well as he or she can. Participant should not know what the end result of the drawing will be. Switch roles and repeat.

Station V: The Child with Perceptual Handicaps

Objective: To experience difficulty putting together a simple pre-school age puzzle and copying a basic design.

Props:
- Mirror with stand, such as a speech mirror
- Six piece puzzle
- Pencil, paper
- Geometric design to copy
- Cardboard shield (optional)

Directions: Sit "child" in front of mirror with the puzzle already disassembled. Have him/her put the pieces back by looking at the image in the mirror, not at the puzzle directly. When the puzzle is completed, or when the frustration level has been reached, have the participant try to copy the geometric figure, also by looking in the mirror.

NOTE: This last activity takes about twice as much time as the others. In order to minimize the time spent in waiting to move to other stations, it may be necessary to increase the number of tasks in Stations I through IV or to limit Station V to just one activity.

NOTE: (a) Other simulation activities and fact sheets on various disabilities may be obtained from:

Kids Come In Special Flavors, Co.
Box 562, Forest Park Station
Dayton, Ohio 45405

(b) Wheelchairs can be rented usually for a nominal fee ($5.00) from hospital equipment supply stores. Having the participants use a wheelchair to try to get in and out of the building; get in and out of elevators or bathrooms; etc. are excellent simulation experiences.

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HANDOUT
Observation Sheet
for Simulation Exercises

1. Name of Activity _____

   a. Describe the feelings you experienced as the "child."

   b. As the "teacher," what coping behaviors did you observe in the "child?"

   c. What changes could you make in your classroom or home to help a child with this special need (for instance, what activities, special materials, equipment or room arrangement would this child require)?

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WHAT'S IN AN ATTITUDE?*

Purpose: To provide participants with an opportunity to explore what an attitude is, where it is derived and influences on the development of attitudes.

Objective: Participants will be able to describe how attitudes influence behavior.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: 20 minutes

Materials Needed: Newsprint or Chalkboard
Handout: "How Attitudes Change*
Marker or Chalk

Physical Setting: Chairs arranged so that everyone can see newsprint or chalkboard. A semi-circle is preferable to formal classroom arrangement.

Procedure:

1) Introduce the discussion by saying, "Attitudes have a powerful influence on what we feel, think, and do. I would like for us to consider for a while just what an attitude is. Can anyone use the word attitude in a sentence?

   Some possible replies might be:

   > "I don't like that kid's attitude."
   > "She has a terrible attitude toward her job."
   > "With an attitude like that, you won't get far."

2) As participants give examples, jot them down on newsprint or a chalkboard.

3) Then say, "From our examples, we can see that the word 'attitude' often carries a negative connotation. Attitude means a state of mind or feeling that someone has toward someone or something else. Now where do attitudes come from -- are we born with them, like we are born with the shape of our nose? Do we inherit them or do we learn them . . . what do you think? Give me some of your ideas about where attitudes come from.

*Adapted from NEW FRIENDS

Some responses might be:

> "We learn them from our parents."
> "Our experiences teach us to think and feel certain ways." .
> "A bad attitude comes from a bad self-concept."
> "We get them from T.V."
> "Children often adopt the attitudes of friends."
> "Children often imitate grown-ups' attitudes."

4) Distribute the handout "How Attitudes Change." Allow 5 minutes for participants to read it.

5) Lead a group discussion in which you ask participants to give <u>specific examples</u> of how each method for changing attitudes can be implemented.

6) Summarize the discussion by making the following points:

   attitudes are learned
   attitudes are often connected to how we feel about
     ourselves
   attitudes involve both thoughts and feelings
   children, especially, are susceptible to learning
   attitudes from others
   attitudes influence our behavior

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HANDOUT
How Attitudes Change

There are a variety of factors that contribute to the development of attitudes in both children and adults. Prejudices or negative attitudes may be a result of misinformation or simply a lack of information. Other influences may include family stereotypes, early experiences, reinforcement from others holding the same prejudices, personal insecurities, or combinations of these factors. Regardless of the source of such prejudices, the adult can be an important influence on the development of healthy attitudes in children. The following suggestions should help adults provide the opportunities and climate essential for such changes.

Give information: Positive recognition of the things children with disabilities can do, along with specific adaptations and assistance that the handicapped peer requires, can make the child's knowledge base more accurate and concrete. Most importantly, he/she learns that you can talk about these issues and that questions can be asked and answered.

Provide a model: The adult's attitude of respect, sensitivity to needs, flexibility, and absence of pity will be caught by the children as they imitate the role model the adult provides. The tone of voice, facial expressions and body posture are all a part of the adult's modeling process.

Structure interactions: Attitudes are changed by new experiences. The fearful or reluctant child may not initiate these interactions which can result in new insights and feelings. The adult's thoughtful and careful planning can enable children to appropriately share the responsibility for pleasurable activities with their peer with special needs. All research has shown that successful mainstreaming and social integration require the adult's active planning and facilitation.

Give acceptance: Children may initially demonstrate prejudice toward their peer with disabilities. The "prejudiced" child may not have had an opportunity to experience acceptance of individuals who are different or disabled. The adult can model acceptance of the disabled peer while also initially modeling acceptance of the "prejudiced" child. This modeling of acceptance involves a recognition that attitudes change slowly. Giving the child permission to change slowly may be required.

Give reinforcement: The adult who actively reinforces the positive behaviors of peers toward each other is guiding them toward successful acceptance and social interaction. It should be recognized that the positive behaviors of all children, both disabled and non-disabled, should be reinforced. We want all children to respect others, assist others, and perform to the best of their ability.

Enhance children's self-esteem: All of the above activities can help enhance children's self-esteem; however, there are some especially vulnerable children whose life experiences have made them feel so insecure that "cutting down" others has been their only source of bolstering their self-esteem. The wise

adult will give those children an extra boost by praising some of their successes rather than calling attention to their deficiencies.

Accept change slowly: Attitudinal change, like knowledge, is not acquired in one day or at the same speed by all children. Be patient with children who are involved in this change process.

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ALL THINGS CONSIDERED*

Purpose: This activity addresses commonly held attitudes toward people with disabilities by introducing three statements to workshop participants. The statements are to be used to start discussions in small groups.

Objective: Participants will be able to evaluate their own attitudes toward people with disabilities

Target Group: Generic

Group Size: Up to 30 participants

Time Required: 45 minutes

Materials Needed One envelope for each small group containing the following statements:

1. We should encourage children to pity people who are disabled.

2. We should encourage children to help their disabled peers.

3. It is rude for children to be curious and ask questions about people with disabilities.

Large sheet of newsprint
Marker and tape for each small group

Physical Setting: Area large enough for group to be divided into small groups.

Procedure:
1) Divide participants into groups of 5 to 8 members.

2) Provide groups with paper, tape, markers, and envelopes containing the three statements. Ask each group to select a member to be recorder/spokesperson.

3) Introduce the activity by saying that the envelopes contain three "discussion-starters." Each group should talk about whether they agree or disagree with the statements. Responses, including at least two reasons to support the points of view, and two reasons not to, can be recorded on newsprint.

*Adapted from NEW FRIENDS   302

4) Allow about 20 minutes to complete this part of the activity; select one spokesperson to share highlights from the group discussion about statement number 1. Ask other groups to comment on what was said. Repeat this process until each statement has been considered.

Background: Here are some questions that you may wish to ask in leading a group discussion about each of the statements in "All Things Considered." The questions are followed by additional points to consider on this topic of attitudes toward disabilities.

1) We should encourage children to pity people who are disabled.

Questions to consider:

--What is the difference between sympathy, pity and empathy?

--Why do you think that many people with disabilities object to the attitude of pity?

Considerations:

This is a common attitude to which many disabled people object. To "pity" or "to feel sorry for" another person usually carries a negative connotation. This attitude implies in some way that a person's life is of less value and may reinforce the belief that disabled individuals are unable to live meaningful, productive lives. Imagine yourself in the shoes of someone with a disability. Would you want others to pity you?

We can help young children begin to develop positive attitudes toward people with disabilities by emphasizing the whole person and what he or she can do, rather than focusing solely on the disability.

The stereotypical image of the disabled child portrayed on posters, in telethons, and by the media is changing. There is a movement to erase the images of "handicapism" that have been so pervasive. For example, Head Start Program's recruitment poster for mainstreaming states, "Respect me for what I can do. Don't pity me," and "You gave us dimes, now give us our rights," is a slogan used by the Center for Human Policies.*

Think about the origin of the word "handicap." It is based on the practice of beggars holding their caps in their outstretched hands. "Handicapism," according to an article in the Interracial Books for Children

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Bulletin**, is defined as: "...the stereotyping, prejudice and discrimination practiced by society against disabled people."

2) We should encourage children to help their disabled peers.

Questions to consider:

--What are examples of "helpful" behavior?

--What are examples of overly helpful or solicitous behavior?

--What could be the message to a disabled child if he or she were exclusively singled out to need help?

--How might this affect the way the child feels about himself or herself?

--How might this affect developing independence?

Considerations:

Helpfulness is generally a positive behavior that should be encouraged in all children, including disabled children. Everyone can be helpful to others, just as everyone needs help. Helpfulness should not be restricted to able-bodied children helping their disabled peers.

Children should be taught the difference between helpful behaviors and overprotective behaviors. Young children sometimes go to extremes in their attempts to be helpful, and the child who is the object of such overprotection ends up playing the "helpless baby." This role of overdependency, if continued, would inhibit the child's personal growth. Overly solicitous behavior should be discouraged. Adults can provide children with positive models of appropriate, helpful behavior.

One of the goals of mainstreaming is to help children with disabilities become as independent as possible. Classroom and home environments can be arranged so that children can feel secure to explore, to experiment, and to try new things. These activities are all important in developing feelings of competence and independence.

3) It is rude for children to be curious and to ask questions about people with disabilities.

Questions to consider:

--How might a young child express curiosity about a person who is blind?

--How might a young child express curiosity about a person in a wheelchair?

--What questions might the child ask?

--Are there times when you would feel more comfortable responding to the child's questions (on a field trip, in a grocery store, in the classroom, on the playground, at home?)

--Is it okay for children to imitate another person's behavior?

--Are some questions easier to answer than others?

Considerations:

It is the nature of young children to be curious. Through the experiences we provide, we encourage them to be curious about relationships, events, objects, and differences. Curiosity leads to understanding and personal growth. The curiosity that children express about disabilities can be dealt with in the same manner that you would deal with other interests expressed by the children.

To a great degree, how we respond to children's curiosity depends on our own level of comfort with the subject. Any discomfort that we might feel in answering a child's question about a person with a disability will probably be sensed by the child. By becoming familiar with examples of questions and by thinking about how you would have responded if a child in your home or classroom had asked the question, you become more aware of your own attitudes.

Another way in which young children express curiosity is by imitating behaviors. In a sense, they are trying out how it feels to be like the other person. Again, this is a child's natural way of learning about new things. However, when a child's imitative behavior hurts another's feelings, it should be discouraged.

Sara Bonnett Stein tells the story of the friendship between Matthew and Joe in a children's book titled, About Handicaps: An Open Family Book for Parents and Children Together.*** Ms. Stein explains to parents what it means when Matthew copies the way Joe walks: "...he is trying to find out what it means, and if this handicap is something he could bear--if it happened to him. It is one way of getting used to Joe. It can be

explained to a child that mimicking hurts another's
feelings. But Matthew can practice the strange way Joe
walks all he needs to, when he is just with his own
family. It is no different than playing Pin-the-Tail
or Blind Man's Bluff."

References: *Biklen, Douglas and Robert Bogdan. "Media Portrayals of
                     Disabled people: A Study in Stereotypes," p.4, Interracial
                     Books for Children Bulletin, Vol. 8, Nos. 6 and 7, 1977.

                     **Ibid.

                     ***Stein, Sara Bonnett. About Handicaps: An Open Family
                     Book for Parents and Children Together. Walker and Company,
                     1974, p. 10.

MY CHOICE, MY THOUGHTS*

Purpose:	To give participants an opportunity to explore their attitudes and values about disabilities.
Objective:	Participants will be able to describe how their values may influence their attitudes toward children with certain disabilities
Target Group:	Generic or foster/adoptive parents and social workers
Group Size:	6 - 25 participants
Time Required:	60 minutes
Materials Needed:	Copy of worksheet, "My Choices, My Thoughts" for each participant Handout: "How We Feel About Disabilities" Newsprint (for each small group) Easel (for each group) Felt-tipped markers (for each small group)
Physical Setting:	A room large enough for participants to gather in small groups

Procedure:
Part I

1) Tell participants that this activity will provide an opportunity for the group to analyze some of their own thinking regarding disabled children.

2) Distribute the worksheet, MY CHOICES, MY THOUGHTS, to each participant.

3) Allow about ten minutes for participants to fill out Part I of the sheet.

4) Ask participants to take their worksheet with them and divide into groups of four or six people.

5) Ask the small groups to do Part II of the worksheets (allow about ten minutes).

*Adapted from NEW FRIENDS.

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6) After each group has finished Part II, ask that a volunteer from each group report the group's findings.

7) Discuss similarities and differences between groups, possible reasons, as well as what influences on decision-making each group discovered. As the groups respond, jot down important points on newsprint or a chalkboard for all to see.

8) Distribute handout "How We Feel About Disabilities." Allow 10 minutes for participants to read this, or ask for a volunteer to read it aloud to the group.

9) Lead a discussion in which the groups compare their responses to "Influences On My Decision" to the basic needs listed in the handout.

NOTE: Part I may be done as a separate activity.

Part II   In the small group, the task is to share among yourselves the results of individual rankings. Each person should take a turn sharing his/her rankings. Next, the group's task is to generate a rank ordered list that represents a group consensus on which children the group would feel most comfortable with, from most to least. Someone in your group should record the group's decisions on a sheet of newsprint.

Ask each person in your group to share his/her influences on decision-making; the responses may be recorded on the same sheet of newsprint.

Each small group, then, asks a spokesperson to report the group's ranking to the larger group. (There are no right or wrong answers.)

Make observations and comparisons after all groups have reported. Ask group members what conclusions they can make as a result of the activity.

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WORKSHEET
My Choice, My Thoughts

PART I:

Instructions

The list below describes several children who are disabled. Read the descriptions of each child. In the space provided, rank each child in the order which you would be most comfortable having that child live with you. Put a one beside the child's name with whom you would feel most comfortable, a two by the child's name with whom you would feel next most comfortable, etc. The child by which you would place an eight would be that child with whom you would feel least comfortable.

After you have coded each child's name, write in the space under his/her description some of the things that influenced your thinking.

Descriptions:

____ Michelle is an attractive, talkative, four-year-old girl. She enjoys many toys, games and outings. She is able to do many things. Because of cerebral palsy, she walks with a limp and has limited use of her arms and hands. Her speech is slurred but understandable to most people. She also has epilepsy and experiences grand mal seizures approximately once a month. Recent medication appears to be decreasing the frequency of the seizures.

Influences on My Decision:

___ David is an energetic, five-year-old boy. He has been deaf since birth and experiences some difficulty in making friends. He sometimes gets frustrated while playing and hits other children or breaks toys.

Influences on My Decisions:

___ Shonda is an attractive child who is normal in most every way. She is in the early stages of a disease known as cystic fibrosis. Because her body does not digest food properly, she will be on special diets and medication all of her life. She will also have respiratory problems and needs regular physical therapy. Though there is hope for a cure, the disease could shorten her life considerably.

Influences on My Decisions:

___ Willie is a friendly, active child who learned to read at age 3. In spite of his advanced intellectual ability, he does not get along well with other children and requires constant supervision. Last year, he injured another child to the extent that the child needed stitches. He has bitten several of his classmates this year and requires constant supervision.

Influences on My Decision:

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_____ Joey is friendly and active and wants to learn to play ball. He has leg braces and crutches and sometimes uses a wheelchair. Paralyzed from the waist down, he needs help with his urine bag and is on a regular eating program for bowel management.

Influences on My Decision:

_____ Milanda is five years old and is very interested in her dancing lessons. Despite her visual disability, she has remained interested in kindergarten. The children in her class, however, are having difficulty adjusting to Milanda's habit of touching people she meets. They become frightened when Milanda touches their faces or feels their clothing.

Influences on My Decision:

_____ Jason is in his first year at Head Start. He was referred by a local pediatrician who diagnosed him as having moderate mental retardation. He is enthusiastic about coming to school where he particularly enjoys the housekeeping center.

Influences on My Decision:

_____ Sammy is an energetic boy who enjoys art activities. He has been deaf since birth and has not yet developed a way of communicating. His new hearing aid often frustrates him.

Influences on My Decision:

HANDOUT
How We Feel About Disabilities

Before we discuss feelings about disabilities, let's talk about feeling in
general. Think for a minute about the feeling you have as you approach your job
as teacher, social worker, foster parent, or administrator. Do you sometimes
feel anxious about meeting a new group, a new child, a new foster or biological
parent? Do you feel excited, motivated, "ready to go"? Do you feel happy and
appreciated when your group, child, or parent responds positively to you?
During your career, you have probably felt most of these emotions at some time
or another.

Now, think for a minute about some things that you need as you begin a new
experience. Take a look at the following list and see which things you might
need before, during, and after the experience:

    --teaching/training
    --an organized lesson plan or intake plan
    --students/clients who are motivated to participate
    --a feeling that you are well-received
    --a desire to do your best
    --positive feedback

Would you need most of these items? Athough you might not need all of these
things all of the time, most people typically need them in order to have
positive experiences and feelings about work and giving.

What, then, does this have to do with feelings about disabilities? Our feelings
are very closely connected to our needs and, more specifically, to how
successfully or unsuccessfully our needs are met. For example, anxious or
fearful feelings experienced before going into a new situation are often
connected to the need for knowledge of the child, person, or subject and the
need for a feeling of acceptance. We need to feel accepted, well received,
liked, appreciated, competent; we feel anxious and fearful that these needs
might not be met.

Abraham Maslow offers a general description of what all people need (adults and
children). His theory has been depicted as a pyramid, with our most basic needs
at the bottom, upon which other, more complex needs are built. Study the
diagram of this theory on the following page:

*Adapted from NEW FRIENDS

```
                    /\
                   /  \
                  / Need \
                 / to be best \
                /person one can \
               /_____\
              /Need for self-esteem \
             /_____\
            /     Need to belong        \
           /_____\
          /        Need for love            \
         /_____\
        /          Need to feel safe            \
       /_____\
      / Physical needs:  food, shelter, clothing    \
     /_____\
```
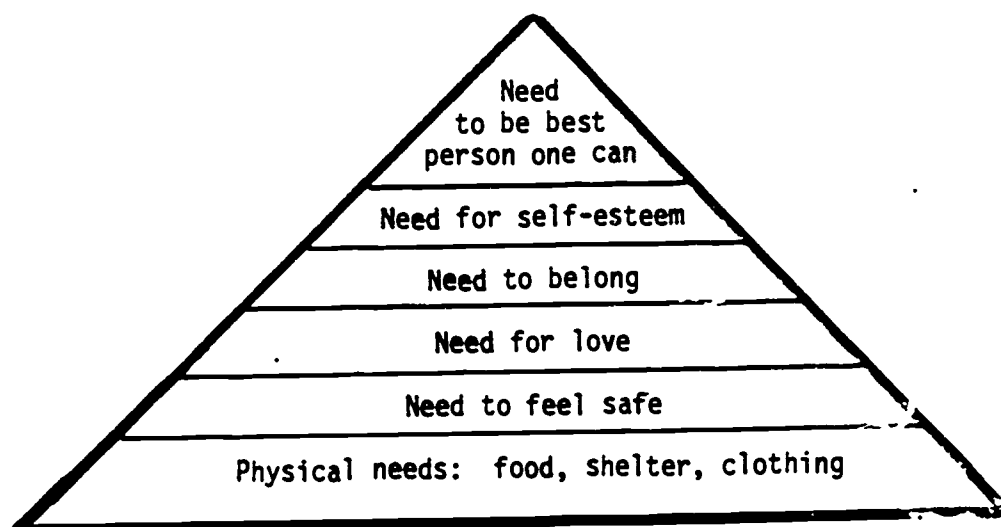
This diagram shows that each need level must be satisfied before the next level
can accomplished. For example, a child must have adequate food, clothing, and
shelter before he/she can turn his/her attention to the need for safety (both
physical and emotional). A child must feel safe from harm in his/her
environment before he/she can develop feelings of love or attachment to special
people. Each of the preceding need levels must be satisfied before a child is
able to or interested in belonging to groups or environments, such as family,
school, church, etc. If all other needs are met, a child can begin to develop
feelings of self-worth and, finally, strive to be the best person he or she can
be.

A child whose needs are not met in a consistent, warm manner is likely to
experience many negative emotions. Without food, shelter, and/or proper
clothing, a child is likely to feel angry, irritable, distracted, etc. Without
emotional and physical safety, a child may feel anxious, fearful, timid or
angry. Lack of belonging and love can cause children to feel lonely, rejected,
worthless, angry, bitter, etc. and to act out these feelings in inappropriate
ways.

These same need states operate in adults. You, too, require that physical needs
be met; you require safety, love, belonging, self-esteem and opportunities to be
the best person you can. When your needs are met in a positive, consistent
manner, you are more likely to have positive feelings about yourself, others,
and your environment. And, you are more likely to behave in positive,
successful ways.

Back to our original example. As you approach a new experience or situation,
you have certain needs, from basic competencies to feelings of acceptance and
esteem. The degree to which these needs are met or not met influences your
feelings and behaviors in the setting. Having your needs met influences the
development of positive feelings about yourself, your environment and others.
You will behave positively. Not having your needs met has a negative effect on
the state of your feelings. You may behave inappropriately.

Locating foster care/adoptive placement or providing foster/adoptive care to
children with disabilities, may be a new experience for you. It can be an
anxiety producing situation, even if it is not a new one. Certain needs are

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produced by this challenge. Since most adults already have their physical and safety needs met, teachers, social workers and foster parents will be influenced by more complex needs, such as:

1.  The need for love. Teachers do not expect love in a romantic or familial sense from students. They do, however, frequently need to feel acceptance, warmth, and liking from students. Teachers may be anxious about their ability to solicit these feelings from (or to give these feelings to) children with disabilities.

    Foster parents do not expect romantic love from their foster children. They do, however, expect some love from children in their care for a long period of time. They also need to feel acceptance, warmth, and liking from their foster children. Foster parents, like teachers, may be anxious about their ability to solicit these feelings from (or to give these feelings to) children with disabilities or special needs.

2.  The need to belong. Teachers may feel that having children with disabilities in their classrooms will create such a new and different classroom situation that they (the teachers) will no longer belong there. Teachers may fear giving up the familiar classroom that was theirs in the past. Foster parents may feel that having a child with disabilities in their home and social life will create such a different situation that they will no longer belong there. They may fear that their biological children may also have these feelings.

3.  The need for self-esteem. Most adults like to feel good about themselves most of the time. Teachers like to feel competent and in charge of their classrooms. Teachers may fear that they do not have the knowledge, skills, or abilities to handle children with disabilities. They may be so fearful that they resist having children with disabilities in their classrooms, rather than risk losing feelings of competence and control.

    Foster parents share this same need for feelings of competence. They may fear that they do not have the knowledge, skills, or abilities to provide appropriate care for children with disabilities.

    Social workers may fear that they do not have the knowledge or abilities to secure an appropriate placement and services for the child with special needs, or to work effectively with the biological parents and foster parents.

4.  The need to be the best person one can be. Most teachers also need to feel that they've done their best. Accepting children with disabilities may, again, threaten that need. Teachers may think, "I'm doing my best now, but what will happen if disabled children come into my classroom?"

    For foster parents, accepting a child with disabilities or special needs may threaten their need for feeling competent and accepted. These fears may prohibit them from accepting a child with special needs into their care. It may also make it difficult for them to keep a child after the child has been placed with them.

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For social workers, placing and securing appropriate services for a child with disabilities and special needs can also threaten their needs for feeling competent. If a placement is not successful, feelings of competency may be affected. Each of these needs and subsequent reactions, when faced with a new challenge, is quite predictable, legitimate and normal. The challenge for the teacher, social worker, or foster parent is to:

1. Be aware of the needs and related feelings and behaviors.

2. Accept those needs and feelings as legitimate.

3. Seek ways to meet his/her needs while still accepting the challenge of new children and situations in the classroom, home, and office setting.

This section of the training program is designed to help you get in touch with some of your feelings about children with disabilities, to examine what needs influence your feelings, and to examine what children with disabilities need and feel as they enter your home, case load, or classroom.

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# HOW YOUNG CHILDREN THINK AND PERCEIVE DISABILITIES*

**Purpose:** To provide information and situational examples of how young children think.

**Objective:** Participants will be able to describe the unique characteristics of young children's thinking.

**Group Size:** 6 - 30 participants

**Time Required:** ·30 minutes

**Materials Needed:** Overhead Projector
Screen
Transparencies of cartoons
Handout: "How Young Children Perceive Disabilities"

**Physical Setting:** Chairs arranged around screen so that everyone can see. A semi-circle is preferable to formal classroom arrangement.

**Procedure:**

1. Review briefly with participants the general issues of preparing young children already in the home for placement of a new child.

2. Review briefly how attitudes toward individual differences are developed.

3. Tell participants that the content for this activity is in the handout, "How Young Children Perceive Disabilities."

4. Review the highlights of the handout, using the corresponding transparency to illustrate each characteristic.

5. As you proceed, think of other examples and anecdotes from your own experiences in working with children to help make the content "come alive."

6. As you proceed, allow participants time to react and share experiences. Expand upon the illustrations by discussing the material in the handout and the points contained in "Guidelines for Answering Children's Questions."

*Adapted from NEW FRIENDS

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# HANDOUT
# How Young Children Perceive Disabilities

During your experience with young children, you have probably had many experiences in which children did or said things which you found to be puzzling. One reason this occurs is that young children perceive events differently than adults and older children do. This different view, this different way of thinking, also affects the way young children perceive disabilities.

Being aware of the differences in how young children view events can improve the quality of communication between you and young children. It can also provide some guidance in how to prepare young children, already in the foster/adoptive home, for the placement of a child with disabilities.

Let's take a look at some specific characteristics of how young children think and consider how these characteristics might affect how children may perceive individuals with disabilities.

The most noticeable of these characteristics is what psychologists call "egocentrism". This does not mean "selfish" or "self-centered" as we sometimes label adult behavior. Egocentrism means that young children are not able to differentiate between how they experience the world and how others experience the world. For example, the young child continues to pester his/her mother despite the pleas for needed quiet. The child simply is not able to understand Mother's needs. The child only understands what he/she wants, which is some attention.

As discussed, young children experience their environment and the people in it from this seemingly narrow perspective. Their own thoughts, feelings and needs are foremost because these are what children are most capable of understanding and experiencing. It is easy to see how a young child might worry about what a disability could mean to him/her: "Will it happen to me? Can I catch it?" These fears may not be verbalized in direct statements by the child. You can help children deal with these unexpressed fears by being alert to their concerns and by making simple clarifying statements such as: "Deafness isn't like a cold; you can't catch it" or "That man's hand is scary to you, isn't it?"

Young children can begin to learn empathy for others through personal experience. For example, activities that provide opportunities for experiencing blindness (use of blindfold) or physical disability (use of splints, large gloves, etc.) can give children a personal frame of reference in regard to the disability. This may then be transferred to understanding what the disability is like for other children.

Young children experience the world in concrete, rather than abstract, terms. They have not yet developed abstract thinking ability. Children's curiosity about disabilities and subsequent questioning is therefore very concrete in nature. Young children are more interested in the purpose of things than in abstract explanations of origins. They are often bored and confused by answers that are too advanced for their reasoning ability.

Children can gain a better understanding of a disability through concrete personal experience or very simple concrete explanations. Abstract terms like "retardation" or "disabled" have little meaning for young children. They would better understand: "Being blind is like closing your eyes" (to say it's like being in the dark" might be confusing since many young children fear the dark and might assume being blind is like being in a constant state of fear). An appropriate explanation for retardation might be a discussion about learning styles: "It takes Jamie longer to learn how to use scissors."

An aspect of this concrete thinking process is the tendency of young children to particularize; that is, to focus on just one characteristic of an object and to perceive that all similar objects share that characteristic. For example, if the new child, who is deaf, also has short blond curly hair, a four year old may assume that all blond curly haired boys are deaf. The children focus on a particular concrete characteristic--blond hair--and associate that with deafness. They may mistakenly associate that characteristic with deafness in all subsequent situations. Being aware that young children sometimes think this way will help you understand their statements and concerns.

Concrete thinking and egocentrism also play a role in another characteristic of young children's thinking. Young children view cause and effect relationships in very personal and specific ways. They frequently believe that their thoughts or actions cause events that are really unrelated to themselves. Young children do not have the broad base of experience to understand the causes of events, therefore, they invent causes from their personal concrete world view. An example is a young child associating disabilities with misbehavior and therefore being fearful that his/her own misbehavior may cause him/her to become disabled.

Young children are not yet skillful in articulating thoughts and feelings. Their language ability is limited by a still-growing vocabulary. Therefore, they cannot easily verbalize abstractions, such as feelings. The sensitive adult will recognize that the young child often needs help in expressing questions or feelings.

When young children do ask questions, another characteristic of their thinking emerges: young children are curious about the world around them and eager to know about many things. Their questions reflect this intellectual curiosity, the growth of their thinking and the wonder at all the things around them. Their questions do not require lengthy, scientific explanations but can be answered in simple concrete terms. It is not necessary to offer elaborate explanations that may cause confusion.

You can learn a lot about the thinking of young children by observing them at play. This is the stage during which young children begin to master the symbolic aspect of language, thinking and actions. Young children begin to use and create symbols in their play through their rich fantasy lives. Toys and games with "little people" are given life and roles; clay, sticks and furniture are "turned into" people, airplanes and hideouts. This "play" is not just a pasttime for the child. This is a major source of "work" and learning for young children. Play is used to rehearse and re-create life events, as in "playing builder" or "playing house." Children frequently try on many roles and act out their fears in play episodes. Fantasy and play are safe ways for young children to experiment with their world and the many new ideas they are learning.

Children can become comfortable with the concepts involved with disabilities through play. Adults can help children use fantasy to enrich their experiences but also help children distinguish fantasy from reality. Children "playing" disabilities may say, "I'm the wicked witch and I'm going to make your legs fall off." The adult can clarify that this doesn't happen in real life.

Young children's fantasy lives frequently do not have a past or a future because young children live in the here-and-now. Their games and symbols usually do not include concepts such as "last year" or "next month." Their concept of time is very concrete. A young child may need assistance clarifying the difference in the concepts involved in having a leg in a cast and an amputated leg, as well as understanding being blind "forever."

When young children meet a child who is disabled, they have not had the past experiences that would arouse the feelings adults call empathy or pity. They will respond to that individual in the here-and-now in terms of how the individual who is disabled affects them personally.

As you introduce the concept of disabilities to young children, two final points about how they think will assist understanding and communication.

First, remember that young children learn through repetition. They are curious and eager to learn and are usually stimulated, rather than bored, by hearing, seeing and doing things over and over. You have probably had the experience of just finishing a story when a young child said, "Read it again. One more time." Children enjoy language, communication and attention. Hearing an enjoyable story again is similar to adults or teens playing favorite records over and over. Either they might not learn what you are teaching the first time it is presented or they might learn it differently than you had anticipated. Children have different learning styles and paces. Presenting new information and concepts, therefore, should be accomplished over time and in a variety of ways.

Most importantly, remember that young children are imitators. They copy adults and other children both as a way to learn and as a way to identify with important others (my mother, the doctor; my brother, the bike rider; "Chips", the motorcycle officer, etc. Young children will more frequently do what you do rather than what you say to do. So, as an important, influential adult in young children's lives, you have both the challenge and the opportunity to teach many life skills, behaviors and attitudes just by what you model. Children will imitate your attitudes and behaviors toward differences among children. If you are confused or timid when interacting with a child who is deaf, chances are the children will copy your actions. If you say that you like a particular child who is disabled but never look at the child or touch him/her, it is probable that the children will feel your insincerity and model it.

In summary, young children are not miniature adults. Their thinking processes and styles are quite different from those of adults. While young children think differently than adults, their feelings are very similar to those experienced by adults. To be effective, it is essential to be aware of these different thought processes, listen to what children say (or don't say) and respond to them.


Adapted from NEW FRIENDS

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YOUNG CHILDREN THINK CONCRETELY.

AGAIN? THAT'S 25 TIMES ALREADY!

PLEASE READ IT AGAIN!

YOUNG CHILDREN LEARN THROUGH REPETITION.

WILL YOU HAVE TO WEAR IT FOREVER?

YES. MOM SAYS THEY WILL TAKE IT OFF ON MONDAY.

YOUNG CHILDREN LIVE IN THE HERE AND NOW.

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"I CAN USE MY HANDS TO SEE!"

YOUNG CHILDREN LEARN THROUGH PLAY.

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YOUNG CHILDREN HAVE
RICH FANTASY LIVES.

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HE MUST HAVE DONE SOMETHING REAL BAD!

YOUNG CHILDREN ARE BEGINING TO MAKE CAUSE AND EFFECT RELATIONSHIPS.

ARE YOU WONDERING ABOUT JAMIE'S ARM?

YOUNG CHILDREN ARE NOT YET SKILLFUL IN ARTICULATING THOUGHTS AND FEELINGS.

# HOW YOUNG CHILDREN PERCEIVE DISABILITIES *

**Purpose:** To provide participants with examples of typical responses young children have regarding disabilities.

**Objective:** Participants will practice identifying specific characteristics of young children's thinking.

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Time Required:** 20 minutes

**Materials Needed:** Pen or Pencil
"How Young Children Perceive Disabilities" Worksheet

**Physical Setting:** Room with a comfortable spot for each participant to read and write.

**Procedure:**

1. Do Activity "How Young Children Think and Perceive Disabilities" first.

2. Give participants the Worksheet, "How Young Children Perceive Disabilities" with the nine vignettes.

3. Explain the directions and ask if there are any questions. Give participants approximately ten minutes to complete the worksheet.

4. Discuss the participants' answers. There can be several correct answers to some of the vignettes.

*From NEW FRIENDS.

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# WORKSHEET
# How Young Children Perceive Disabilities

Below are nine vignettes demonstrating typical children's responses to
disabilities. Referring to the article, "How Young Children Perceive
Disabilities," identify the aspect of children's thinking that prompts each
response. Use the key below to record your answers in the blank space after
each vignette. There can be more than one correct answer to each vignette.

KEY

Young children . . .

A . . . are egocentric
B . . . think concretely
C . . . tend to particularize
D . . . are beginning to make cause and effect relationships
E . . . are not yet skillful in articulating thoughts and feelings
F . . . have rich fantasy lives
G . . . learn through play
H . . . live in the here-and-now
I . . . learn through repetition
J . . . are imitators

## Vignette One

Shenita has just returned from a week-long visit with her grandmother.
Grandmother called Shenita's Mom that evening to say how much she enjoyed the
visit. She had only one complaint -- Shenita begged her to read "Cinderella"
twenty-six times! _____

## Vignette Two

Leslie has just come home after visiting a new classmate's house. She tells her
mother that she had fun at Janie's but she was afraid of Janie's brother.
Leslie added that Janie's brother must have been very bad -- he was so bad that
he has to stay in a wheelchair. _____

## Vignette Three

Elsie is shopping with her mother when they stop to talk with a woman who has
freckles. On the way home, Elsie asks why the woman wasn't wearing her hearing
aid. When Elsie's mother questions this remark, Elsie responds that her friend
Joan has freckles and wears a hearing aid -- don't all people with freckles have
hearing aids? _____

## Vignette Four

Juanita, Cheryl and Willie are playing in the doll house corner. The children have been happily playing hospital for half an hour. Juanita is the doctor, Cheryl is the mother and Willie is the child. Willie is getting a cast on his leg. The "doctor" can be heard saying, "You have been a bad boy and you have to wear this cast forever." _____

## Vignette Five

Susie has just come home from her first music class. When asked how the class went, Susie responds that she never wants to go back. Some probing from her mother reveals that Susie's music teacher has only two fingers on one hand. Susie keeps looking anxiously at her fingers. _____

## Vignette Six

Hannah and Jordan are at the neighborhood playfield. A man with one leg passes by using crutches. Both children begin hopping around on one leg. Jordan pretends that his baseball bat is a crutch. _____

## Vignette Seven

Melissa has must met a new neighbor, Mrs. Brown. Melissa is very curious about Mrs. Brown's arm, which is partially developed, and has three nubs for fingers. Mrs. Brown tells her that she was born this way. Melissa responds, "Why don't you just water your arm and it will grow." _____

## Vignette Eight

It is December and Mr. and Mrs. Smith have just told their preschooler, Henry, that the whole family is going to take a trip to the lake for their summer vacation. Henry is elated. He appears in the living room ten minutes later with his snorkle and face mask and saying, "Let's go." _____

## Vignette Nine

Dino and George Smith accompanied their mother to a neighborhood meeting. The meeting was called to gather strength to stop a group of mentally retarded adults from moving in down the street. Now, three months later, the group home is well-established. Mrs. Smith decides to try to amend the initial negative reaction and brings a pie to the group home. She is shocked to learn that Dino and George have been seen throwing rocks at the windows. _____

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# BILLY ASKED, "_____?"
# AND I ANSWERED, "_____."*

**Purpose:**  To give participants a chance to practice answering typical questions asked by children concerning disabilities.

Participants will be able to answer children's questions about disabilities.

**Target Group:**  Generic

**Group Size:**  6 - 35 participants

**Time Required:**  50 minutes

**Materials Needed:**  Handouts: "Billy Asked, "_____?" and I Answered, "_____."

"Guidelines for Answering Children's Questions." (There is one for teachers and one for social workers and foster/adoptive parents.)
Pencils or pens

**Physical Setting:**  Room large enough for participants to gather in small groups to work

**Procedure:**

1) Distribute copies of the handout, "Guidelines for Answering Children's Questions." Ask participants to take time to read this article. Allow about ten minutes.

2) Tell participants that you would like for each of them to generate a list of some typical kinds of questions and concerns expressed by young children about disabilities.

3) Give each participant a copy of the worksheet. Ask them to fill in the section provided for writing down children's comments. Allow about 10 minutes.

4) When everyone is finished developing his/her list, ask participants to gather in small groups of three to five people.

5) When the small groups are organized and settled, ask participants to work as a group in filling out the second column of the handout provided for writing the participant's response. Group members are to use the examples on each person's sheet and decide on the best, most appropriate response. Allow about 15 minutes.

*Adapted from: NEW FRIENDS.

6)  When the groups have completed their tasks, ask for
    volunteers from each group to report on two or three of
    their group's "best" questions and answers.  Allow about
    10 minutes.

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# HANDOUT
## Billy asked, "_____?" and I answered, "_____."*

### Instructions

In the numbered spaces below, on the left-hand side of the page, write down some typical questions or concerns expressed by young children concerning disabilities. These may be questions that have been asked to you personally or that you have heard children discussing.

In the space on the right-hand side of the page, you will find space to fill in appropriate responses to the questions or concerns listed on the left-hand side of the sheet. As you compose these responses, use the "Guidelines for Answering Children's Questions". You may frame these responses on your own or as part of a group activity.

BILLY ASKED, "_____?"                    I ANSWERED, "_____."

1.                                            1.


2.                                            2.


3.                                            3.


4.                                            4.


Adapted from NEW FRIENDS.

# HANDOUT
# Guidelines for Answering Children's Questions

## (For Social Workers and Foster/Adoptive Parents)

Children ask some questions to receive information. Other questions may be directed at alleviating uncomfortable feelings. The wise adult will recognize that every question has some feeling attached to it. Sensitivity to the child's need for information and reassurance will enable the adult to respond in ways that will keep the channel of communication open. All people like to feel understood. Addressing both content and feeling will accomplish this important task.

"Listening with the third ear" has been described as the skill of comprehending hidden thoughts and feelings through intuition and attending to the small clues or signals the child gives out. The facial expressions, the body language, the tone of voice, the speed of speech, the time and place of questions can all give the adult a clue to the meaning behind the question. Since children this age have only beginning skills at verbalizing thoughts and feelings, this skill is especially important for adults to learn and use. The child asks, "Who made the doll with one leg?," or "What happens to children who push others away when they don't like to see them?," seem to be wanting simple information. However, the sensitive adult will listen for clues to deeper concerns, such as, "Could this happen to me?," or "Are emotionally disturbed children punished for being bad?"

Because adults are not always aware of the child's perception or reactions, there may frequently be misunderstandings or miscommunication in terms of what the child is asking. The sensitive adult, however, will show respect for the child's concerns. Such an approach will permit the child to ask again, with the knowledge that the questions are heard and addressed. A climate of openness is the goal of the adult-child interaction that will eventually provide the child with the information or assurance needed.

The adult may elicit some unexpressed questions or feeling by labeling or identifying the child's reaction. Children must first know what they are experiencing before they can respond to their own feelings. Using open-ended statements is a way of helping the child identify or express their concerns or feelings. Some examples are, "You seem curious about Tanya's eyes," "You seem worried about Sam's bandages." If the child has a concern, this can give the child an opportunity to express it.

Although each adult will answer questions with his/her own style, the following guidelines may help enhance adult-child communication around the child's questions and responses.

    1.  Be brief and factual. Children absorb information in small doses.

    2.  Give your undivided attention, if possible, so you can observe the child's response.

3. Show your interest in the question or comment by your animation.

4. Use simple concrete words or metaphors the child understands (for example: "Hearing for Pam is like listening to someone whisper.")

5. Remember that the attitude you convey during your discussion is as important as the content you give.

6. Be respectful of the child's questions or comments. Laughing, shaming, or interrupting may discourage more questions.

7. Avoid arguments or dogmatic statements. Simply state what you know or think.

8. Be empathetic. Try to understand and identify with the child's concerns.

9. Be congruent. Be sure your content and attitude are consistent. Laughing at a child's clever, though rude, remark as you reprimand him/her gives a mixed message.

10. Reflect on the underlying thoughts and feelings as well as the content of the child's questions.

Finally, adults should recognize that the development of knowledge and empathy are the reasons for introducing the notion of differences to young children. Empathy is a skill that can be learned. It can be enhanced by information and learned by modeling. A caring adult can supply both knowledge and a model. Research has also shown that people who experience the strongest degree of empathy are the most willing to help others.

Empathy can be taught by the adult modeling an understanding and respect for the child's questions, and by pointing out to children the effect of their behavior on others--especially the feelings of others. As a part of explaining the consequences of the child's actions on others, it is important to include the description of the needs or desires of others, whenever it seem appropriate ("Johnny wants to play with you, but may feel left out when he can't keep up with your running. Could you play a different game with him?").

In summary, the adult has an opportunity to help the young child understand and experience differences. Through knowledge of how the child thinks and learns, the adult can structure activities, give information, model empathetic behavior, answer questions, and teach the new skills that will assist the young child in relating to others throughout life.

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# HANDOUT
## Guidelines for Answering Children's Questions
### (For Teachers)

Children ask some questions to receive information. Other questions may be directed at alleviating uncomfortable feelings. The wise teacher will recognize that every question has some feeling attached to it. Sensitivity to the child's need for information and reassurance will enable the teacher to respond in ways that will keep the channel of communication open. All people like to feel understood. Addressing both content and feeling will accomplish this important task.

"Listening with the third ear" has been described as the skill of comprehending hidden thoughts and feelings through intuition and attending to the small clues or signals the child gives out. The facial expressions, the body language, the tone of voice, the speed of speech, the time and place of questions can all give the teacher a clue to the meaning behind the question.

Since children this age have only beginning skills at verbalizing thoughts and feelings, this skill is especially important for teachers of the young child. The child asks, "Who made the doll with one leg?," or "What happens to children who push others away when they don't like to see them?," seem to be wanting simple information. However, the sensitive teacher will listen for clues to deeper concerns, such as, "Could this happen to me?," or "Are emotionally disturbed children punished for being bad?"

Because teachers are not always aware of the child's perception or reactions, there may frequently be misunderstandings or miscommunication in terms of what the child is asking. The sensitive teacher, however, will show respect for the child's concerns. Such an approach will permit the child to ask again, with the knowledge that the questions are heard and addressed. A climate of openness is the goal of the teacher-child interaction that will eventually provide the child with the information or assurance needed.

The teacher may elicit some unexpressed questions or feelings by saying, "Some children wonder if they might also lose their legs when they get to a certain age." Such a "trial balloon" will merely go by if it doesn't fit. If such a question does tap the child's concerns, the teacher can discuss it further. If that "balloon" doesn't fly, send up others.

Labeling or identifying children's reactions can often give them a means by which to express themselves. Children must first know what they are experiencing before they can respond to their own feelings. "You seem curious about the doll's eyes," "You seem happy giving the doll a big hug," "You seem worried about Sam's bandages," can all help the child know his/her reactions.

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Although each teacher will answer questions with his/her own style, the following guidelines may help enhance teacher-child communication around the child's questions and responses.

1. Be brief and factual. Children absorb information in small doses.

2. Give your undivided attention, if possible, so you can observe the child's response.

3. Show your interest in the question or comment by your animation.

4. Use simple concrete words or metaphors the child understands (for example: "Hearing for Pam is like listening to someone whisper.")

5. Remember that the attitude you convey during your discussion is as important as the content you give.

6. Be respectful of the child's questions or comments. Laughing, shaming, or interrupting may discourage more questions.

7. Avoid arguments or dogmatic statements. Simply state what you know or think.

8. Be empathetic. Try to understand and identify with the child's concerns.

9. Be congruent. Be sure your content and attitude are consistent. Laughing at a child's clever, though rude, remark as you reprimand him/her gives a mixed message.

10. Reflect on the underlying thoughts and feelings as well as the content of the child's questions.

Finally, teachers should·recognize that the development of knowledge and empathy are the reasons for introducing the notion of differences to young children. Empathy is a skill that can be learned. It can be enhanced by information and learned by modeling. A caring teacher can supply both knowledge and a model. Research has also shown that people who experience the strongest degree of empathy are the most willing to help otners.

Empathy can be taught by the teacher modeling an understanding and respect for the child's questions, and by pointing out to children the effect of their behavior on others--especially the feelings of others. As a part of explaining the consequences of the child's actions on others, it is important to include the description of the needs or desires of others, whenever it seem appropriate ("Johnny wants to play with you, but may feel left out when he can't keep up with your running. Could you play a different game with him?")

In summary, the teacher has a regular and ongoing opportunity to help the young child understand and experience differences. Through knowledge of how the child thinks and learns, the teacher can structure activities, give information, model empathetic behavior, answer questions, and teach the new skills that will assist the young child in relating to others throughout life.

# Preparing for Recruitment
## Family Profile Range

**Purpose:**  To provide participants with an opportunity to think of recruitment of families in a new way.

**Objective:**  Participants in this activity will be able to identify and describe a range of family characteristics to consider in placing a special needs child.

**Target Group:**  Social Workers

**Group Size:**  6 - 30 participants

**Time Required:**  60 minutes

**Materials Needed:**  Handouts:  "Case Study on Tony"
"Family Profile Range Worksheet"
Pencils/pens, newsprint, markers, tape

**Physical Setting:**  Room with chairs that can be moved around

**Procedure:**

1. Explain to participants that this activity will help them identify a range of family characteristics to consider in placing Tony and other special needs children.

2. Distribute handouts.  Then ask for a volunteer to read the case out loud.  (Allow about 5 minutes.)

3. Next, ask each participant to write (in the appropriate columns on the worksheet) the ten (10) most important qualities of the family they would consider appropriate for Tony.  Then ask them to rank order these qualities. (Allow about 15 minutes.)

4. Next, ask participants to break up into small groups, according to their role with special needs children. Then ask each group to collate their responses and from that make a list of their group's top 10 most important qualities.  Ask them to star five qualities they consider most critical. (Allow about 15 minutes.)

5. When participants have completed Step 4, request that they write their lists on newsprint.

6. Ask a spokesperson from each small group to report the group's work.  (Allow 5 minutes per group.)

7. After each small group has reported, lead a large group discussion in which small group lists are collated into one, "large group" consensus of the ten most important qualities. Rank order these by asking participants to eliminate three (3) they consider each important. Mark these off the list continue this until the final most important quality remains. (Allow about 15 minutes).

8. Summarize the activity by making the following points:

   a) What do our lists tell us in terms of the range of family characteristics we were willing to consider and thought were important for Tony?

   b) What were we willing to "give up", or do without?

   c) What did we insist on keeping as the most important characteristics?

   d) What do our choices say about what is essential for Tony?

   e) What do our choices say about our willingness to consider a "range" of family characteristics, rather than expecting the "perfect" family?

   f) How can the least desirable qualities be avoided, keeping in mind the range?

   g) The family profile range has to be prepared on a child-specific basis. It is important for participants to recognize that qualities that may be important for one child may not necessarily be for another.

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**HANDOUT**
# Case Study for Planning a Move
### Tony

Tony is an six-year-old boy. He is a child of Mexican/Caucasian heritage; however, his ethnic heritage is Chicano, and he is bilingual. Tony was placed with extended family when he was six months old because of parental neglect. The extended family was unable to parent him, and he was freed through court action at the age of three. At that point, he was placed in an adoptive home and the adoption was finalized. At age five, Tony was relinquished from the care of his family, and he was placed in a new adoptive home. When that adoption disrupted eleven months ago, he was placed in his current foster home. The foster family consists of a mother and a father and two younger siblings.

Tony is a very attractive child with a winsome smile. He is very quiet around adults and tends to cling. He has difficulty amusing himself, but he likes to be involved in outdoor activities with other people. He plays on a softball team, likes to ride his bike, and ride horses. He collects small rodents and enjoys caring for and feeding them each day. He does not want to live with other children in the house, although he likes to spend some time with them. He is not very fond of women or younger girls.

Tony made the decision to remain one year behind in school this year. He has been having difficulty focusing on his work, and he does not want to be the slowest child in the class. He has been tutored this year, and doing better has decreased his anxiety about his work. Tony has been active in the church for the last several years, and he likes to attend mass and Sunday school activities.

# WORKSHEET
## Family Profile Range

| QUALITIES | RANK |
|-----------|------|
|           |      |

# PREPARATION AND PLACEMENT OF THE SPECIAL NEEDS CHILD

**Purpose:** To give participants an opportunity to explore what needs to happen in the preparation and placement of a special needs child.

**Objectives:** Participants in this activity will be able to:

1. Discuss what ought to be done in the preparation and placement of special needs children and relate it to their own situation and experiences.

2. Explore what changes they need to make and how to make those changes (if any) in preparing and placing special needs children.

3. Explore what contribution teachers, parents and other professionals can make to·the preparation and placement of special needs children.

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Time Required:** 45 minutes

**Physical Setting:** Room with chairs arranged in a horse-shoe shape.

**Materials Needed:** Handouts: "An Overview of Preparation and Placement of the Special Needs Child"
"The Placement Process" (2 Handouts)
Transparencies I and II and Projector

**Pro\ ire:**

1. Explain to participants that this activity will help them look at what ought to be done during preparation and placement. Distribu..e handout, "The Placement Process."

2. Next, project Transparency I on screen and explain to participants that the transparency shows the placement process in a step-by-step way.

3. Next, project Transparency II on screen and discuss each stage of the placement in more detail.

4. Ask participants to discuss the stages in relation to their own situations and experiences.

5.   After all the stages have been discussed, summarize the activity by emphasizing that, even though the transparency shows the placement process in a systematic manner, that the steps are not usually that clear-cut in actuality, especially in foster placement. What remains important is that the different steps are followed properly at whatever point they occur.

6.   Distribute the Handout, "An Overview of Preparation and Placement of the Special Needs Child" and explain to participants that most of the issues raised and discussed are summarized in the handout.

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# HANDOUT
# An Overview of Preparation and Placement of the Special Needs Child *

Several recent federally funded projects have demonstrated that permanent homes can be found for children with special needs who were previously considered "unadoptable." However, studies have indicated the national disruption rate at approximately 40% for special needs children. Although disruptions cannot be completely eliminated, certainly the incidence rate can be decreased significantly.

One way in which disruptions can be reduced is through proper preparation for placement, thus insuring that each placement is the best possible one. Preparation provides the opportunity for the assessment of the developmental and psychological needs of the child. This is helpful in the selection, creation and maintenance of a healthy family environment. Before this environment can be selected, however, it is important to resolve feelings about past and present relationships for the child's well-being. The preparation process therefore is a means of enabling the child to understand prior relationships, form new relationships and establish an identity and self-worth.

Preparation is not a one-time event. Instead, it is a process that involves self-preparation on the part of the social worker and other relevant professionals.

In adoption, preparation usually occurs prior to placement. However, the emergency nature of foster placements does not allow for lengthy pre-placement preparation. In fact, most aspects of the preparation process occur as post-placement services in foster placements. What remains important in either placement is that the child has opportunities to understand his/her past and begin to deal with the present.

## THE GOALS OF PREPARATION

The preparation process helps the special needs child make the transition between foster care (or the biological home) and a permanent adoptive placement (or to foster care). The child who is going into placement has experienced loss and is grieving, although the grief may be suppressed or disguised. Special needs children may have experienced a number of losses, especially if they are older, and they may need help in order to deal with these losses.

Special needs children have not only lost their biological parents but also relatives, friends, and siblings. They may have lived in several foster homes where they have formed and lost several relationships. Many of these children have been unable to grieve adequately over past losses. As the person preparing this child for placement, you will want to help him/her achieve mastery over what has happened in the past, accept the present, and move to the future with a new adoptive family. The following are goals to be achieved during the preparation process:

*Adapted from Special Needs Adoption Curriculum.

<u>To help the child understand how he/she got where he/she is.</u>

Another way to say this is to help the child understand his/her own history. The child needs to understand the realities of his/her experience on his/her current developmental level; that is to say, you would work through a child's history very simply for a three-year-old and in a more complex way for a 14-year-old.

<u>To help the child cope with separation and reliaquish past parents.</u>

The most important task here is to deal with the child's fantasies about past caretakers. This helps to resolve grief about losing the past caretakers in order to build a foundation for new attachment to the adoptive parents.

<u>To help the child feel good about himself/herself.</u>

This goal, related to the child's self-esteem, may he the most important. The child feels responsible for separation from the biological family. To the extent that the child blames himself/herself for the separation, you need to deal with these fantasies and correct them with information which reflects reality.

<u>To help the child deal with feelings.</u>

Where is the child in the grief process with past caretakers? Is the child expressing grief at all? Does the child understand why the separation(s) happened to him/her? These questions need to be explored in order to allow expression of feelings, such as anger and sadness.

<u>To help the foster parents or other caretakers give the child permission to love someone else.</u>

Leaving the foster parents is a separation process. Foster parents need to be involved in the transition as much as possible, so that the child can see that they understand and accept the move.

<u>To give the child a sense of where he/she is going.</u>

A child needs an explanation of what adoption/foster care is and why it is so important to him/her. Again, this must be done on the child's level. The child also needs to know what to expect.

<u>To help the child learn that he/she can love more than one set of parents.</u>

In learning to love the adoptive/foster parents, he/she doesn't have to reject the former parents. There may be continued contact with former parents, particularly for the older child, so that he/she can understand that placement does not mean giving up

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former loving feelings.

These goals are what you can hope to achieve during the preparation for placement. Realistically, some of the work toward achievement of these goals will extend into postplacement, with the adoptive/foster family assuming major responsibility for helping the child, but also depending on your support.

## RECRUITMENT OF FAMILIES

Recruitment is a way of informing the public about children's need for families. Recruitment, when broadly defined, also encompasses advocacy for families and children. It incorporates not only locating families but also training families as well. The basic purpose of recruitment is to reach a target audience of families who can meet the needs of children. Information about the children is presented in such a way as to motivate the desired positive response from potential families.

Recruitment is a very important step in the placement process, in that it begins the process of finding a home (temporary or permanent) for every child who enters the child welfare system.

There are many different ways of doing recruitment including photo listings, newspaper articles, films and television spots, picnics etc. Different recruitment techniques work in different communities. To have an effective recruitment campaign, it is important to know what the target population is and to determine what method will work well with the chosen target. The timing of recruitment campaigns is also important in locating families.

There are two approaches to recruitment, general recruitment and child-specific recruitment. General recruitment is used to enhance public awareness about the need for families for specific groups of children whereas child-specific recruitment, a newer and more controversial approach, focuses on individual children who need families. For special needs children, the child-specific approach is a favored approach. Whatever the choice of approach, it is important to recognize that the basic intent of a good recruitment campaign is to bring to a minimum the chances of later disruption. For examples of possible recruitment models, see Appendix.

## PREPARING FOR RECRUITMENT

It is a well-acknowledged and documented fact that not all families can parent a special needs child. Finding that special family, therefore, would involve some preparation. Some of the questions that need to be answered before embarking on a recruitment campaign include:

Who is the Child? This question involves more than just the demographic characteristics of the child. Every child has a unique personality and therefore will have unique characteristics regardless of the special need. Some children may be more accepting of their condition than others. Whatever unique qualities the child may have, it is more important to find a family that is willing and determined to be able to deal with these unique characteristics.

What Family Can Best Parent This Child? In finding a family for children it is desirable to find the best possible family. This is not usually the case. To remove the disappointment of not finding the desired family and also explore the potential of existing pools of available families, it is helpful to develop a profile range of acceptable families. This profile would indicate the most desirable to the least desirable family.

It is important to remember that in preparing the Family Profile Range, the emphasis is on the family's ability to parent the particular child and not on material possessions. Determining the profile range also involves an understanding of values, prejudices and attitudes on the part of the worker and how they affect the choice of which families to include in the range.


PREPARING THE CHILD

Active Participation: There are three major goals for the preparation of the child, namely;

      a. understanding adoption/foster care
      b. determining readiness for adoption/foster care
      c. selection of the family.

Since the child is viewed as client, it follows that he or she must be actively engaged in a service plan aimed at achieving these goals. Pre-school children can be helped to actively participate in preparation by helping them understand the issues involved.

Dealing with Separation: For children who have experienced a number of moves and losses, separation often limits or interferes with their ability to form close/permanent relationships/attachments. Preparation can help them make the necessary adjustments. By looking at their history and acknowledging losses, new attachments may be formed.

Understanding Feelings: Children who are free for adoption, especially, have many needs, conflicting feelings, fantasies, and expectations about adoption. Many children express ambivalent feelings about being adopted because of the move from the familiar to the unfamiliar.

PREPARING THE FAMILY:

Preparation of the family begins as a self-directed process for the adopting/fostering family which comes with the decision to adopt/foster. The assumption here is that the family would have gone through the pros and cons of the decision prior to making an inquiry to the agency either to be foster or adoptive parents.

Preparation of the family continues on into post-placement services.

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There are two types of preparation:

## Traditional:

Basically an investigation. Also referred to as a study. (Home Study). This "investigation" determines characteristics such as marital status, income, health, neighborhood/extended family relationships, etc. and issues that give the greatest indication that the child placed with the family would be assured a "good" family. The traditional family was usually middle class and different from the type of foster families the same agency was utilizing.

The home study led to the decision about the suitability of the applicant. Since a judgement was involved, it was usually a private process between caseworker and other relevant agency staff, with the family left out. Often the decision was made to reject the family.

In this case the primary client in this process is the family, and placement becomes a question of eligibility.

## Non-Traditional:

In the non-traditional approach, the child is the primary client. A wider range of families are considered and suitability of the family is based more on the family's ability to parent the given child rather than on demographic information. Qualities considered here include: desire to nurture, flexibility, empathy, a sense of humor, ability to form lasting relationships.

The family in this case is a resource to the child rather than the child a reward for the family's suitability.

Group preparation of families is normally a more desired option. In this case, agencies work with families rather than on families.

Other Advantages: Does not measure "where they are", but rather helps them explore issues and gain insights to improve their readiness, to anticipate problems they may encounter, to increase self-awareness or self-understanding to benefit from the collective knowledge and experience of other families - BEFORE placement.

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**Self-Assessment:** Includes Eco-Map and Genogram minimizes the worker's responsibility in accepting or rejecting the family.

Families withdraw with dignity when they realize they are not ready or are unprepared for parenting the special needs child.

Referring to the process as "family preparation",

a) focuses on the family getting ready for its specific role and relationship with the child.

b) akin to training more than investigation.

c) worker's role is constructive rather than judgemental -- information sharing with applicants to understand basic issues.

d) families also share insights about experiences which workers need to appreciate.

e) establishes an environment of mutual exchange of information and resources -- also resource development.

f) growing/learning experience.

g) prospective families complete the process with greater self-confidence, new or improved techniques and insights about task.

h) facilitates post-placement work.

**Attitudes:** The success or failure of placement of special needs children depends very much on the attitudes about the child's adoptability or ability to live in a family rather than in an institution.

Attitudes towards families determines the family's availability.

Believing a child is adoptable is believing the child is lovable, likable, important and worthwhile.

If you believe the child is unadoptable you won't find a family, but if you believe the child is adoptable, you will find a family.

**Selection of Family** It is only when both the child and families have been prepared that potential adoptive families can be selected. However, in group preparation and in child-specific recruitment, selection is a self-directed process and any changes in the family can be discussed with the child.

Also, sometimes the child's unrealistic conceptions about the

"ideal" family can be tempered.

**Pre-Placement:** Pre-placement is an integral and important aspect of the placement process since the failure or success of a placement is dependent upon the initial efforts at relationship-building.

**The Purposes of Pre-Placement:**

a. to help child and family become acquainted.

b. to enable child and family to decide they want to become a family.

c. to provide familiarity with where the child will live

d. to facilitate relationship-building

**Steps:**

a. Set a time, location and date of initial visit.

Either-one-on-one, or group picnic. Once a group process is initiated it is important to continue with that as the initial group usually turns into a post-placement support group.

b. Determine frequency and number of visits based on the child's age and indications of readiness to accept the new family.

**Reaction:** After pre-placement visiting it is important for the co-ordinating worker/caseworker to gather reactions from the child, family (adoptive/foster) and any other social workers involved, teachers, etc. Should there be any negative reactions, it is important to look at them and correct them or even to take a new look at the placement.

**Placement:** The placement of a child is a culmination of a process which involves an extensive amount of planning. The well-planned move from one home to another (or even from one status to the other) requires the involvement and support of all significant people in the child's life. These include the foster family, adoptive family, the child's social worker, the family's worker, the biological family (where there is a continuing relationship), the teacher, other professionals and the child.

Each has a significant contribution to make to the success of the placement.

**Post-Placement:** Post-placement support can help bridge the gap between the family's expectations and those of the child. Preparation only minimally equips the family to handle the inevitable changes involved and behavior. Post-placement support therefore is an important aspect of ensuring that the placement works and reduces disruption. Some sources of

support include:

1.  Support Groups:  provide assistance and feedback from experienced families.
2.  Worker Availability and Accessibility:  to help in integrating a new family member and to help child form new attachments.  Agencies need to see this as a top priority for each worker's time.

3.  Community and Family Resources:  help family to network with existing resources.

4.  A "Buddy":  someone to call on, on an individual basis. "A listening ear" maybe.

5.  Respite Care:  during crises or potential crises.  This could be provided by the extended family, a friend, in-home services, etc.

6.  Therapy:  if needed, to help both child and family in the adjustment process.

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# HANDOUT
# The Placement Process

(PREPARATION FOR RECRUITMENT)

↓

RECRUITMENT OF FAMILY

PREPARATION OF CHILD

PREPARATION OF FAMILY

SELECTION OF FAMILY

↓

PRE-PLACEMENT

↓

PLACEMENT

↓

POST PLACEMENT

**Transparency #1**

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# HANDOUT
# The Placement Process

PREPARATION OF THE CHILD

Dealing with biological
·beginnings

Dealing with foster
care history

Dealing with
separation

Dealing with
adoption issues

Dealing with feelings
about future success

PREPARATION OF THE FAMILY

Self-assessment

Exploring issues

Anticipating problems

Learning new or
improved techniques

Self-awareness

SELECTION OF THE FAMILY

Presentation of the child

Presentation of the family

PREPLACEMENT

Determing a preplacement plan for visits

Preplacement visits

Reactions to visits

PLACEMENT

Placement of moving day goals

POST-PLACEMENT

Support

**Transparency #2**

# HOW VALUES AFFECT
# PLACEMENT DECISIONS*

**Purpose:** To provide an opportunity for participants to explore values.

**Objective:** Participants will be able to describe how values may influence their placement decisions

**Target Group:** Social Workers

**Group Size:** 6 - 30 participants

**Time Required:** 30 - 45 minutes

**Materials Needed:** Newsprint
Marker
Handout: "How Values Affect Placement Decisions"

**Physical Setting:** Large room with chairs that can be easily moved around

**Procedure:**

1. "What's In An Attitude?" is a good activity to precede this one.

2. Distribute the handout, "How Values Affect Placement Decisions." Ask participants to read this handout. (Allow 5 minutes.)

3. If Activity "What's In An Attitude?" is not done preceding this one, discuss briefly how attitudes are formed, how they are influenced, etc.

4. After participants have had a chance to read the handout, tell them the next part of the activity will give them a chance to explore and share some of their own values.

5. Tell them that they will be choosing the characteristics of a family for Nora. Describe Nora as an attractive five-year-old child of mixed race. Her mother is white; her father is black. Nora has been removed from her home because of sexual abuse by her father. Nora is extremely withdrawn, avoids all eye contact, and has a habit of rocking back and forth, while sitting, for long periods of time.

6. Next, tell the group you are going to be posting characteristics of families around the room (one in each corner). Tell participants to read each set of four, then go sit in the chairs arranged in front of the characteristic chosen. They must choose one.

*Adapted from: Values Clarification in Special Needs Adoption Curriculum

7. Your job, as facilitator, is to develop several sets of characteristics, write them on newsprint or poster board, then post them (one set at a time) around the room.  Do this in advance of the activity.  Arrange your poster sets so the participants can only view one set at a time.  Here are some suggested "sets" of characteristics.

| Economic | Race | Age of Parents |
|---|---|---|
| Blue collar family | White | 20's |
| "Professional" family | Black | 30's |
| Very wealthy family | Mixed-race | 40's |
| Poor family | (Black/White) | 50's |
|  | Puerto Rican |  |

| Siblings | Family Type | Religion |
|---|---|---|
| No other children | Couple | Baptist |
| One older child | Single male | Do not |
| One younger child | Single female | attend |
| Four children | Grandparents | church |
|  |  | Catholic |
|  |  | Atheist |

Education
High school
Illiterate
Some college
Mother, Ph.D.

8. After participants have chosen one characteristic fr m each set and gathered in chairs around that poster, ask them to share among themselves their reasons/feelings that motivated that choice for Nora.  (Remind the groups that there are no right or wrong answers.)  Tell participants to record individual responses to each "round" on a card or sheet of paper.

9. When each group has finished its discussion (allow 5 - 10 minutes), repeat the process for the next set, and so on, until you have completed the sets you have chosen or developed for your group.

10. Ask participants to reassemble in a large group.

11. Then ask the group to discuss or give examples of how their values could have affected placement decisions related to Nora.  Write them on the newsprint so that everyone can see.

12. Ask the group to suggest ways these problems could be compensated for or resolved.  Write them down on newsprint.

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13. Compare suggestions on the handout "How Values
    Affect Placement Decisions" with those generated by
    the group.

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# HANDOUT
# How Values Affect Placement Decisions*

INTRODUCTION

Most of us are unaware of all of our values, but everything you do and every decision you make is based in part on your conscious or unconscious value structure. Your particular group culture has programmed you to think in certain ways, which you accept and cherish.

In the U.S., middle-class values are usually considered to be "normal." By becoming aware of the values of other classes and cultures, you can begin to understand and appreciate different kinds of behavior.

As a foster care/adoption worker, you need to be aware that your perceptions, preferences, and choices are based on your own values. These values affect all of your actions, including those that are work-related.

VALUES OF THE FOSTER CARE/ADOPTION WORKER

Often, our reluctance to place certain special needs children with certain families stems from personal values that were developed long ago. For example, we may feel uncomfortable with physically handicapped children or handicapped parents because we value physical health and the use of the whole body. We may move away from retarded children or parents with modest intellectual ability because we have been taught to value intellectual achievement. We may not want to place a child with a divorced parent because we value marriage. We may be uneasy talking to a black child or a black foster/adoptive family because we do not understand the values, life-styles, and the culture of black families.

There is nothing wrong with having the values mentioned above. However, because of our values, or in spite of them, we all have prejudices and blind spots. What you want to try to avoid is letting your hesitancy about certain characteristics of children and families interfere with your attempt to find permanency for them. You are in a position to be advocates for special needs children, to take risks, and to show that more children can be placed.

An important first step toward becoming an advocate of special needs children is to become aware of your values. Second, you need to see how your values affect your assessment of special needs children and potential foster or adoptive families. Given this awareness, you can then decide whether to pursue attempts to place the child, team up with another worker, or trade the case with another worker whose values are different.

*From the Special Needs Adoption Curriculum.

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THE IMPACT OF WORKER-HELD VALUES*

We may find it hard to accept the different perspectives and motivations of other people. Our perceptions are influenced by the particular set of values we have learned over a period of time from our own culture or subculture.

A worker's values can interfere with advocacy for special needs children. For example:

- Handicaps may scare you, but many parents learn to deal with them easily.

- You may not like disruptive behavior in school, but some families are not bothered by this.

- You may find the appearance of a Downs Syndrome child unattractive, but there are individuals who find attractive qualities in any child.

- Four siblings may seem like too much to handle for a family who already has three children, but the family may not feel that way at all.

In short, values differ, and the worker's values may not be the same as those of a family from another subculture. We cannot disregard what we feel, but we do have to try to let a particular child have a chance to appeal to someone.

We may hold certain unexamined values about what family life should be like. Such values, combined with lack of knowledge and experience with special needs children, may prevent workers from placing these children most effectively. Ways in which to compensate for lack of knowledge and experience include the following:

1. Use volunteers who are sensitive to the particular culture or subculture.

2. Team up with another worker.

3. Learn more about the handicapping condition.

4. Learn the set of values of another culture and don't rely totally on observed behavior.

5. Trade cases with another foster care or adoption worker to avoid limiting service to a particular family or child.

*Adapted from the Special Needs Adoption Curriculum

# EXPLAINING PLACEMENT*

**Purpose:** To give participants an opportunity to identify and practice approaches to use in explaining placement to young, special needs children.

**Objectives:**

1. Participants will be able to: (a) identify critical information to tell a child when explaining placement; and, (b) identify problem areas in communicating with the special needs child.

2. Each participant will observe and/or participate in a role play in which he/she practices telling a child about placement and responding to the child's questions. Each participant will then analyze each role play using discussion questions provided.

**Target Group:** Social Workers

**Group Size:** 6 - 30 participants

**Time Required:** 1 - 1½ hours

**Materials Needed:** Lecturette, "Explaining Placement"
Case Studies for Explaining Placement
Handout: "Summary: Explaining Placement"
Newsprint and markers/chalkboard and chalk

**Physical Setting:** Room large enough to accommodate the group. Space to set up role play so all participants can see.

**Procedure:**

1. Introduce this activity by explaining to participants that this exercise is designed to help identify the information which is important in explaining placement to a child. The experience will help develop ways to tell special needs children how placement will affect them.

2. Using the material provided in the lecturette, "Explaining Placement", introduce these concepts to your group. Involve the group as you talk. For example, after you have introduced the three parental roles, ask the group to give you examples of the functions each provides. Add any that the group misses to the list. Use newsprint or a chalkboard to write down the group's responses. Allow 15 to 20 minutes. At the close of your lecturette, distribute the handout, "Summary: Explaining Placement."

*Adapted from the Special Needs Adoption Curriculum. Preparation of Children, pp. 96-98.

3.  Following your lecturette, divide the group of participants into small groups of three to six people. Give each small group a copy of one case description of a special needs child. Each group should have a different case. Explain that each group will have the following three tasks:

    Task 1:    To identify the information which they believe must be passed along to the child in the case they will receive.

    Task 2:    To identify additional information they give to children in their caseloads.

    Task 3:    To develop a role play in which they can practice telling the child in the case example about placement and respond to the the child's questions.

4.  Write these tasks on newsprint for the group to see and refer to during the activity.

5.  For Task 1, tell participants that they have 10 minutes to identify the information they believe must be given to the child in the case with which their group is working. Ask each group to record information from Task 1 on newsprint.

6.  For Task 2, ask the groups to take 10 more minutes to add information to their list, based on the kinds of information they generally give a child during placement preparation.

7.  When each small group has finished work on Tasks 1 and 2, ask them to reassemble into a large group.

8.  Ask a spokesperson from each group to report the information generated by his or her group. Ask for additional suggestions from the total group. Comment on similarities and differences between the group's reports.

9.  For Task 3, ask the participants to return to their small groups and develop a role play to practice telling the child in their case example about his or her placement. Allow about 10 minutes for this activity.

10. Ask the small groups to reassemble. Ask that one of the small groups conduct a role play in which one participant takes the role of the child, and another

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the role of the caseworker. The purpose of the role play is to enable participants to practice telling a child the important information the group has just identified in terms the child can understand.

11. To begin the role play, ask the "caseworker" to tell the "child" about placement. Coach both by giving the following general rules:

   a. To be effective, the "child" should be encouraged to respond in age-appropriate ways.

   b. It is important that they actually play the role of "child" and "caseworker," however limited they feel the information is.

   c. Ask both the "caseworker" and "child" to be direct, specific, and behaviorally-focused in their feedback to one another after the role play.

   d. They will have seven minutes in each role. At the end of seven minutes, call time and ask participants to reverse roles.

12. At the end of 15 minutes, end the exercise with a discussion focusing on the five questions listed below:

   a. How difficult was it for the "caseworkers" to use language which was appropriate to the "child's" level of understanding and circumstances? How comfortable were the caseworkers in doing that?

   b. Other than talking with the "child," what were some of the ways the "caseworker" tried to help the child to understand the meaning of placement?

   c. How can you help a child to understand the meaning of placement if you have little background information available to use?

   d. How did the "caseworker" handle the "child's" feelings, during the process?

   e. How did the "child" feel during the process, both about the level of language and speech used, and the way the "caseworker" provided information?

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# LECTURETTE
# Explaining Placement

## INTRODUCTION

One of the tasks in the preparation of children is dealing with placement issues and terminology. Although many children have heard the terms "foster care" and "adoption" frequently, children who are facing one of these options often do not understand what each term means and the differences between them. A worker preparing a child for adoptive or foster placement should:

1. have a realistic understanding of the advantages of adoption to both the child and family, as compared to long-term foster care, and

2. be able to share the advantages and disadvantages of each situation with the child.

## GROUPING THE PARENTAL ROLES

One way of explaining placement to children is to divide the parenting roles into three groupings -- the biological parent, the legal parent, and parenting parent. Each grouping has certain functions:

| BIOLOGICAL PARENTS | LEGAL PARENTS | PARENTING PARENTS |
|---|---|---|
| The gift of life | Make major decisions | Love |
| Sex determination | Where you live | Discipline |
| Intellectual potential | Where you go to | Provides for daily |
| Predisposition for cer- | school | needs (food, clothes, |
| tain diseases | Financial responsibility | toys) |
| Basic personality | Legally responsible for | Take care of you when |
| type (e.g., shy, | safety and security | you're sick or |
| stubborn, active) | Give consent for minors | hurt |
| Talents | (medical consent; | Teach values |
| | marriage consent; | Religious training |
| | driver's license) | Provide life |
| | | skills training |
| | | (how to cook, |
| | | drive, budget, care |
| | | for self) |

Everyone has biological parents. Each child has one biological mother and one biological father, and no one can ever do anything to change this situation. All children also have at least one legal parent. The legal parent makes the major decisions in a child's life. The parenting parent is available on a

*Adapted from the Special Needs Adoption Curriculum. Preparation of Children, pp. 96-98.

day-to-day basis to nurture and discipline the child. For children who do not
have to be placed, their biological parents are also their legal and their
parenting parents. However, for children who have to be placed, these roles may
be split between different people or organizations.
No aspect of parenting is more important than another. All are vitally
important to a child. In all cases, this way of explaining placement accepts
the fact that the child has a set of biological parents. The acceptance of
biological parents and what they mean in a child's life is critical if we are to
help children deal with their feelings about separation from biological parents.

## BIOLOGICAL PARENTS

The functions listed above under biological parents are accomplished usually not
by choice but by chance through genetics. Postnatal factors and environment
also influence the child's genetic endowment. For example, a child who has a
certain talent for music -- a sense of tone and rhythm from birth -- very likely
will not become a great musician without the encouragement and opportunity to
express this talent and the willingness to undergo considerable practice to
perfect this skill. A child who has a genetic predisposition for a certain
disease (such as diabetes or heart disease) can, by careful health maintenance,
minimize this predisposition and/or the long-range effects of the disease.
After the child has been born, the legal and parenting aspects of parenthood on
a day-to-day basis become the important ones in shaping what the child becomes.

## LEGAL PARENTS/PARENTING PARENTS

The legal and parenting roles are often combined. One example of this
combination is the extended family. In minority families, the parenting role is
often shared among members of the extended family.

In the black community, there may be more than one set of parenting parents.
Each may have a different responsibility to the child; e.g., Aunt Jane might
take the child to church and be responsible for teaching religion, and Uncle
James might be responsible for "man's business" for a young man. Aunts and
grandparents often share the parenting role as it is manifested by love,
discipline, care when ill, value transfer, and religious training. Major
decisions regarding the child may also be shared by these people. It is not
unusual for some younger parents to transfer much of the parenting role to
maternal grandmothers; more often, it is shared. These transfers and sharing of
parental responsibility form the basis for the strong adherence to extended
family life styles in modified form. This can be explained to the older child
as a combination of the legal and parenting parent roles.

Children from minority cultures may see that there are many people who care for
them, but the worker may need to differentiate for the child how this is
different from going from one foster home to another. Multiple parenting is
different from multiple moving.

The legal and parenting roles can also be separate, as in the case of foster
care. The child in foster care, of course, has a set of biological parents.
And, in the case of voluntary foster care, the biological parents may still be
the legal parents. In some cases, where the agency has temporary custody of the
child, the legal parenting role is shared by the biological parents and the
agency or the court. For example, the biological parents' signatures might

still be required for an adolescent to join the Army, but the agency may have the right to select the home the child lives in and the school the child attends. When parenting rights have been terminated by the court, an agency or the court becomes the legal parent. When the child is in the foster care system, the foster parents are the parenting parents. When there are disputes about who should be the legal parent and who should be the parenting parent, a judge makes the decision.

In general, it is the legal parents who provide financially for children. However, in the case of subsidy, the financial support, or part of it, may be provided by the agency. Sometimes, when children live with their biological parents, partial financial support may be provided from government sources such as social security rehabilitation funds or Aid to Dependent Children funds. This support in no way detracts from the legal parents' ability and responsibility for providing all the other roles listed under the category of the legal parent.

TERMINATION OF PARENTAL RIGHTS

The division of parental roles can be used in explaining relinquishment or severance of parental rights, as well. In such cases, the child is usually living with parenting parents other than the biological parents. At the time of relinquishment or severance, it is the legal parenting roles that are the focus of court action.

Even when parental legal rights are terminated, the child continues to have the same biological parents, the agency or court is the legal parent, and the foster parents are the parenting parents. To a child in this circumstance, a worker can explain that because of the termination, all three aspects of parenting cannot be combined; however, adoption allows us to combine two of the categories -- the legal parent and the parenting parent. In this way, caseworkers or judges will no longer make decisions about the child; rather, the set of parents with whom the child lives will also be in charge of making the major decisions in his life.

FOSTER PARENT ADOPTION

Using these three separate aspects of parenthood, we can also talk to foster parents about the advantages of adoption -- advantages both to the child and to them as parents, if they are interested in providing long-term care for the child. By breaking down the separate functions of parenting in this way, the worker may also be able to identify areas of ambivalence for the foster parent who has expressed interest in, but hesitancy about, adoption.

When foster parent adoption is being anticipated, the worker needs to help the child, the foster parents, and other members of the family, including other foster children, to clarify the differences, if any, each anticipates as the result of adoptive proceedings. Sometimes, the participants anticipate major changes. In many cases, bonding and attachment between the child and foster parents has begun, and commitment to one another is already a part of the relationship. It is important that any unrealistic ideas be identified and dealt with so that the participants are not set up for failure. Foster parents may also need help understanding how this change will affect the other foster children in their home, both at the present time and in the future.

# HANDOUT
# Case Studies for Explaining Placement*

CASE 1: RUDY

Rudy is a five-year-old boy who is diagnosed with moderate mental retardation.
Rudy is black. He has been in a specialized foster home for the last three
years. He is an extremely cooperative child and likes to be with other
children. He has several friends who live in the neighborhood. Some of the
other kids tease him because he is slow. Rudy is enrolled in a special education
program in a school district. He is a very affectionate child and often talks
to strangers. His foster family has six other children in the family. His
foster parents have been working with Rudy to help him develop appropriate
dressing skills and eating behaviors. Rudy has a grandmother who maintains
contact with him on birthdays and holidays. He has no memory of his birth
parents.

CASE 2: LARZETTA

Larzetta is a four-year-old girl who has been visually impaired since birth.
Larzetta has a mixed racial background: her mother was black and her father was
white. She is very attractive with smooth, brown skin, a lovely smile, and
large brown eyes. She is a "very good girl," according to her foster mother.
She is very compliant and will do anything that she is told to do. She likes
praise and, in order to gain attention, she will often interrupt when someone
else is talking. With her foster father, she alternates between being sullen
and being overly friendly. She is sexually provocative with both her foster
father and with a teenaged young man who lives next door. She has been in this
white foster home for one year and is legally free for adoption. Prior to
becoming legally free, she lived with her stepmother and her stepmother's second
husband, by whom it was discovered that she had been sexually abused. Larzetta
has not yet attended school. Next year, she will be in a special education
class. One of her favorite things is to sit in an adult's lap and be read to.

CASE 3: ALLEN

Allen is a six-year-old, extremely active boy. Allen is caucasian. He has a
history of moving from one foster home to another; he stayed in his last foster
home for eighteen months. Allen was relinquished at birth by his mother, and he
has had no contact with members of his birth family since then. He has been
enrolled in a special school program for the last eighteen months and is taking
medication to help control his hyperactive behavior. Allen is a very appealing
child, likes to run and be out of doors a lot. Most of the past foster parents

From the Special Needs Adoption Curriculum, pp. 26-28.

have described themselves as simply wearing out and as being intolerant of Allen's physical destructiveness. Allen wets his bed and has been very aggressive with other children in the family and neighborhood. Once, he punched his foster mother in the face. He is not very comfortable with physical contact of any kind. There is a suspicion that he was sexually abused in one of his earlier foster homes, but no follow-up has been done.

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| ROLE | RESPONSIBILITY |
|------|----------------|
| 1. Biological parent | gift of life<br>determines sex<br>gives a name<br>(sometimes)<br>provides genes/talents |
| 2. Legal parent | makes major decisions<br>provides financial aid<br>makes legal decisions<br>  for protection and<br>  security<br>provides consent,<br>  medical and<br>  social |
| 3. Parenting parent<br>(extended family - "kin")<br>may be both of the above;<br>cultures vary in this role | provides for daily<br>  needs<br>provides love,<br>  discipline,<br>  caretaking, etc.<br>religious training<br>social skill training<br>social behavior<br>  modification |

How are these roles and responsibilities shared?

> Foster care/adoption split shared roles
> Court sometimes settles dispute about responsibility
> Legal parents sometimes share for awhile with agency
> Parenting and legal parents - adoption

No aspect of parenting is more important than another. Each parent - biological, foster, adoptive - gives the child an important gift and shares some responsibility.

This framework is one that may help you to outline the differences for a child among the various types of families and parents.

# FAMILY REACTIONS

**Purpose:** To give participants an opportunity to identify and analyze family members' reactions to foster/adoptive children who have special needs.

**Objectives:** Participants will be able to develop strategies for dealing with the reactions of family members to children with special needs

**Target Group:** Foster/Adoptive Parents

**Group Size:** 6 - 30 participants

**Time Required:** 60 minutes

**Materials Needed:** Handout, "My Families' Reactions"

Flip chart and markers or chalkboard and chalk

**Procedure:**

1) Introduce this activity by saying that a family is not just a collection of individuals, but is a special system in which each member has an effect. The family has been compared to a mobile, such that when one part is touched or moved, the other parts "jump" or move in response. The placement of a special needs child adds a new part to the family mobile, and the other parts "jump" or react in response. This is a normal and predictable process. The purpose of this activity is to identify and analyze ways in which your family reacts to a new child and to develop strategies for dealing with these reactions.

2) Ask the participants to divide into small groups of three to six members each.

3) When the groups are settled, distribute the handout, "My Families' Reactions."

4) Ask group members to, first complete the handout individually. Explain each column in the handout by giving examples. For example, "one foster mother's six-year-old reacted by starting to wet his bed. The foster mother's strategy for dealing with this was to spend one evening a week with an 'alone time' activity with her son." "Another foster family had problems when the husband started staying late at work and going to bed early. The social worker was able to offer the

foster parents several counseling sessions on how to deal with this reaction." Allow about 10 minutes.

5) When each person has completed this task, ask that each small group member share his/her responses to the handout with the group. Allow 10 minutes.

6) When each small group has finished sharing, post these questions for the group to discuss:

   a. What family reactions have we shared that are similar?

   b. What reactions are unique and/or different?

   c. What strategies have we used to deal with these reactions that are most effective?

   d. When have teachers and social workers helped us develop strategies? How?

7) Ask the small groups to discuss these questions and designate a recorder to summarize the group's work. Allow 15 minutes. (You may ask them to write the summary on newsprint. Also, you may want to walk around from group to group to keep them "on task" and to answer questions.)

8) Next, as the group recorder from each small group to report his/her group's conclusions. Allow five minutes per group.

9) Summarize the activity by emphasizing key points from the group's work and by referring back to the theme of the family as a system.

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# HANDOUT
# My Family's Reactions

| My family includes: | Their reactions to foster/adoptive children who have special needs: | Strategies for dealing with those reactions: |
|---|---|---|
| <u>Adults</u> | | |
| <u>Children</u> | | |
| <u>Pets</u> | | |

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# CONCERNS OF THE BIOLOGICAL CHILDREN

**Purpose:** To help participants understand the concerns that biological children of foster/adoptive families of children with special needs may have.

**Objective:** Participants will identify strategies for dealing with these concerns.

**Target Group:** Social Workers and Foster/Adoptive Parents

**Group Size:** 6 - 30 participants

**Time Required:** 30 - 45 minutes

**Materials Needed:** Handout, "Some Concerns of the Biological Children of Foster/Adoptive Families of Children with Special Needs"
Newsprint
Markers

**Procedure:**

1. Have participants get into small groups of 3 - 5 people.

2. Give participants the handout and ask them to read it.

3. Ask the participants to discuss strategies for dealing with these concerns. Ask the participants to identify which issues could be addressed before placement and the strategies that could be used.

4. Ask one person in each small group to write the strategies they developed (on the newsprint).

5. After the small groups have finished their tasks, ask a spokesperson from each group to share their strategies with the participants.

**Note:** The trainer should indicate, perhaps while giving out the handouts, that these are normal or natural concerns.

# HANDOUT
# Some Concerns of the Biological Children
# in Foster Adoptive Families with Special Needs Children

BIOLOGICAL CHILDREN wonder about the cause of their foster/adoptive brother's or sister's handicap, and sometimes wonder that something may be wrong with themselves.

BIOLOGICAL CHILDREN sometimes feel that having to help take care of the child with disabilities interferes with their own activities.

BIOLOGICAL CHILDREN may want to talk with their parents about the child's problems but not know how to bring up the subject.

BIOLOGICAL CHILDREN may feel upset and angry when parents have to spend a lot of time with the child with special needs. Sometimes biological children try to get attention from the parents by acting like that child.

Some BIOLOGICAL CHILDREN feel that they have to work extra hard (in school, sports, home, etc.) to make up to the parents for the child's deficiencies.

BIOLOGICAL CHILDREN worry about how to tell their friends that they have a foster/adoptive brother or sister with special needs and wonder if their friends will make fun of them or their family for being different.

BIOLOGICAL CHILDREN may worry about whether or not they will have to take care of the foster/adoptive child in the future; they may wonder if they will be _able_ to take care of him or her if anything happens to their parents.

BIOLOGICAL CHILDREN may want to know how they can get along better with their foster/adoptive brother or sister at home -- how to help him/her learn to do things, how to play with him/her, what to do when babysitting.

BIOLOGICAL CHILDREN may feel angry about having to share their possessions with their foster/adoptive siblings, particularly if toys are frequently broken by the younger or child with special needs.

BIOLOGICAL CHILDREN may feel anxious about the changes in the family dynamics, after the foster/adoptive child has arrived.

# PREPARATION

**Purpose:** To help participants to understand the importance of preparation

**Objective:** Participants will be able to identify how preparation of the family can reduce negative reactions to the placement of a special needs child.

**Target Group:** Foster/Adoptive Parents

**Group Size:** 5 - 30 participants

**Time Required:** 45 - 60 minutes

**Materials Needed:** Data from "My Family's Reactions" handout in "Families' Reactions to Special Needs Children" activity
Handouts: "How to Prepare for Foster Parenting a Special Needs Child."
"Solving Problems Through Preparation"
Markers and newsprint or chalk and chalkboard

**Physical Setting:** Room where small groups can work comfortably
**Procedure:**
1) Introduce this activity by listing the areas of preparation described on the handout, "How to Prepare for Foster Parenting a Special Needs Child." Point out that the foster family must:

   a) Prepare themselves (individually).
   b) Collect information about the child.
   c) Prepare the home.
   d) Prepare the family (as a group).
   e) Prepare for departure.

   Write each of these areas on a sheet of newsprint or a chalkboard.

2) Ask small groups to reassemble with their data from the activity "Families' Reactions to Special Needs Children".

3) When the groups are settled, tell them that, often, negative reactions from family members can be prevented with proper preparation before or during the placement process.

4) Give each small group one copy of the handout, "Solving Problems Through Preparation". Ask each group to identify a recorder to complete the handout for the group.

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5) Explain the handout by saying that:

    a.    the first column is for listing family member's negative reaction. (Ask them to refer to the handout from the previous activity.)

    b.    the second column is for listing one of the five areas of preparation that might have prevented or reduced the negative reactions.

    c.    the third column is for describing in detail preparation strategies that would have helped. Emphasize that the group should consider collaboration and communication with other key agencies and individuals as important strategies to include.

6) Give each group fifteen minutes to complete its handout.

7) At the end of that time, ask each group's recorder to report one example from his/her group on how preparation could have prevented or reduced a family member's negative reaction. Allow five minutes per group

8) Assemble the large group and give each participant a copy of the handout, "How to Prepare for Foster Parenting a Special Needs Child."

9) Summarize the activity by mentioning key points on the handout and those made by each small group. Also, emphasize the importance of communicating and collaborating with other key agencies and people in the preparation process.

# HANDOUT
# How to Prepare for
# Foster Parenting a Special Needs Child*

PREPARE YOURSELF

Be aware of your own needs in your role as a foster parent. Decide which children you can best nurture. Decide how you will deal with welcoming a new child, as well as with saying goodbye. Decide how you will deal with problem behaviors a child may bring into foster care. Decide who can help support you in your efforts to support the child. Know yourself. Know what challenges you can accept, as well as what may be too much for you. Determine how your time commitments to your family, relatives, friends and community activities will change.

COLLECT INFORMATION

Children will come into care with varying degrees of information available, both to you and to the social worker. In crisis or emergency situations, information will be difficult to obtain immediately. However, in preparing for the child, find out as much as you can as soon as you can. Be sensitive to the child as you seek this information. Do not discuss the child's situation "over his head" with the social worker. Find a private place to talk with the child's social worker, or wait to collect information over the telephone.

Develop a list of critical information that you need to know about each child. You might want to use a large notecard, or a notebook, to record this information. Information you will need includes: Name and phone mumber of the social worker; child's medical doctor's name and number; child's nickname; child's medical and dental history, child's eating, sleeping, and play habits; special tasks related to the child's disability.

PREPARE YOUR HOME

When children first come into care, they are frightened. Be aware of this reaction to their separation from home. This reaction will affect many of their behaviors in your home. You can prepare for this in simple, but important ways.

In terms of food:       Keep meals simple. Cook foods that are familiar to children. Don't force a child to eat all of his/her food or food that he/she does not like.

In terms of sleep:      Have patience with the child who has trouble sleeping after placement. Remember, many children who come into placement are very frightened. Going to sleep in a strange bed, in a strange place is even more

*Content in this handout has been paraphrased from Foster Parenting Young Children: Guidelines from a Foster Parent by Evelyn H. Felker. Published by Child Welfare League of America. New York, 1981.

frightening. Do what seems necessary to calm the
child's fears at bedtime. Leave lights on. Read
stories. Tell stories. Lie in bed with the child.
Rock the child. In time, the child will most likely
give up fears at bedtime.

In terms of clothing:   Do not criticize or throw away any clothing the child
may have at the time of placement. Remember, the
child's clothing is all that he/she has left of "home."
It represents home. If the clothing is dirty, simply
wash it and return it to the child. Mend clothes that
need mending. Let the child decide if he/she wants to
wear his/her clothes, or those you provide. If
possible, keep a supply of children's clothing in a
variety of sizes available in your home. Going
shopping for clothing with a stranger (you) right after
placement can be stressful for children. Dress your
foster child as you would dress your own child. Choose
clothes that are compatible with the styles worn by
friends and neighbors.

In terms of toys:   Young children need toys that are sturdy and safe.
Choose toys that are unbreakable. Small, fragile toys
can break easily. Fragments of broken toys can be
dangerous to the young child. Young children often get
frustrated when toys break. So, give them toys they
can be rough with, without fear of breaking the toys or
being hurt.

In terms of furniture:   If possible, locate some preschool-size furniture for
the young children in your care. This type furniture
is more comfortable for the child to use.

PREPARE YOUR FAMILY

If you have children of your own, you will want to prepare them for each new
foster child who comes into your care. Let your children know about the child
who is coming in language that children can understand. (For example: Say,
"The boy who is coming is old enough to play baseball with you, but he can't
read books yet.") It is not necessary or desirable to tell your children the
details of the foster child's past. Simply let your children know that the
foster child's family is not able to take care of the child, so the child will
be staying with you for awhile. Let your child know that a foster child's stay
is temporary.

Don't expect too much of your own children. All children are jealous when they
have to share their parents, even with their own brothers or sisters. It is
natural that your children will sometimes be jealous of the foster children in
your care. Allow them to have these feelings. Try to help relieve some of this
jealousy by planning some special time each week that you can spend alone with
your child. A trip to McDonald's, or even a walk around the block, alone, will
give your child the message that you still notice and care.

## PREPARE FOR DEPARTURE

Knowing that a child is coming into your care on a temporary basis is part of preparation. Prepare to let go, to say goodbye, even as you are saying hello. Use the phrase, "When the child leaves; rather than if the child leaves." This will help you, your family, and the child develop a realistic relationship, based on the knowledge that foster care is designed to be temporary.

When a child does leave your care, be prepared to feel both glad and sad. You may feel temporary relief that the responsibility of the child has been removed. You will have more time to catch up on chores, errands, your own family. You will also feel sad, let down, and depressed, especially if the placement planned for the child is not the best you think it should be. All of these feelings are normal. If you are prepared for them, you can deal with them adequately.

# HANDOUT
## Solving Problems Through Preparation

| Reactions of Family Members | Preparation Area | Prevention Strategies |
| --- | --- | --- |
| | | |

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# ISSUES IN FOSTER PARENTING THE SPECIAL NEEDS CHILD

Purpose: To provide foster parents with insights into their roles with special needs children.

Objective: Participants will be able to identify issues relevant to foster parenting the special needs child.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: 40 minutes

Materials Needed: Handout: Parenting the Special Needs Child.
Film*: Parenting the Special Needs Child
Film Projector, Screen or White Wall

Physical Setting: Room with chairs that can be arranged in horse-shoe shape.

Procedure:

1. Explain to participants that this film has sixteen (16) vignettes of situations involving parents and their special needs children.

2. Distribute Handout, "Parenting the Special Needs Child" and explain to participants this is a listing of the vignettes.

3. Show the film.

4. After showing the film, discuss the different situations. Ask participants if they have any experiences they'd like to share.

(NOTE: Step 3 can be broken into two halves (after first eight vignettes). In this case, discuss first and repeat Steps 3 and 4 for second half of film.

5. Summarize this activity by explaining to participants that this film is helpful in foster and adoptive parent training.

*The film, "Parenting the Special Needs Child," is available from the Southeast Resource Center for Children and Youth Services at the University of Tennessee Office of Continuing Social Work Education, Knoxville, Tennessee.

# HANDOUT
# Parenting the Special Needs Child

1.   Trying to get a babysitter.

2.   When your parents give you "helpful" advice.

3.   I don't want your child to play here.

4.   Do you sometimes feel people are avoiding you?

5.   When your child is teased.

6.   Special limits are hard for teenagers and their parents.

7.   Why can't I have a brother who's like everybody else?

8.   If I have a baby, will it be like my sister?

9.   What can anyone say?

10.  Maybe a new doctor can help.

11.  Is it safe to take him on a camping trip?

12.  Each year we have to explain everything to everyone again.

13.  Isn't there room on the team for someone who's a little different?

14.  Some dreams are hard to give up.

15.  When and what do you tell a child like this about sex?

16.  She'll be to old for school soon -- then what?

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# WHEN I LEFT MY HOUSE

**Purpose:**
To provide participants with an opportunity to reflect upon their experience with separation upon leaving home for the first time.

**Objectives:**

1. Participants will draw the house they grew up in and share information about this house.

2. Participants will share their feelings upon remembering this house.

3. Participants will share when they first left this house and their feelings upon separation.

**Target Group:** Generic

**Group Size:** 6-30 participants

**Materials Needed:**
Paper, pencils
Newsprint, markers/chalk and chalkboard
Masking tape

**Time Required:** Approximately 60 minutes

**Physical Setting:** Room with chairs which can be moved around

**Procedure:**

1. Inform the group that this exercise will help them get in touch with the topic of separation. Say that they will be sharing important information from their personal lives and pasts that will help them remember their roots, their feelings of attachment to those roots, and their feelings upon separation. This exercise will serve as a springboard for a later discussion about children and separation.

2. This activity is designed to accompany the activity, "My House." Either precede this activity with "My House" or ask participants to refer back to their drawings from "My House.".

3. After information in "My House" has been shared or reviewed, assemble participants in small groups of 4 - 6 members.

4. Then ask each person to share with his/her group a response to the questions listed below:

   - What feelings did you have as you talked about this house?
   - When did you first leave this house, permanently?
   - What feelings did you have about leaving?

5. After each person has given his/her response, ask the small groups to reassemble. Summarize the key information from the group on a sheet of newsprint or chalkboard. Make a chart, like this:

Reactions:

| To Talking About the House I Grew Up In | To Leaving Home for the First Time |
|---|---|
| 1. | 1. |
| 2. | 2. |
| 3. etc. | 3. etc. |

Under each category, list, with the group's help, a summary of the responses that each group gave.

6. When the summary of responses has been recorded, lead a group discussion using the following questions:

- What responses to leaving their homes have you seen in the children in your care? (Allow group members to respond, give examples, tell stories.)
- How are the responses we listed similar to those of children in care? (Allow group members to respond. Help participants to draw parallels between their own and children's reactions to separation.)

Conclude this activity with the following points:

- All people experience the feelings we have been discussing.
- Feelings associated with separation are strong.
- Memories of feelings associated with separation can, also, be strong.
- Children in care must deal with feelings at the time of separation, as well as with memories they may have of previous separations.
- Link this exercise to the lecturettes which follow on "Attachment" and "Separation."

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# ATTACHMENT AND SEPARATION

**Purpose:** To introduce participants to the important processes of attachment and separation.

**Objective:** Participants will be able to describe the influence of attachment and separation on a child's behavior

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Materials Needed:** Lecturettes that follow, "Attachment" and "Separation" Chalkboard and chalk or newsprint and markers

**Time Required:** 30 minutes per lecturette/discussion

**Physical Setting:** Room with tables or chairs arranged in "U" shape

**Procedure:**
1. Before presenting your lecturette, review the content of the articles, "Attachment" and "Separation."
2. Select key-points that you wish to emphasize to your group.
3. As you present your lecturette, write these points on newsprint or on a chalkboard.
4. Stop your lecturette at these points to ask for feedback from the group. Ask for questions, related issues, and examples the group can contribute. Involve participants in the discussion.

# LECTURETTE
# Attachment

INTRODUCTION

Children who are in need of foster or adoptive families have a past, oftentimes a very painful one. As you begin to prepare these children and families for placement, both past and present experiences must be understood. This serves as a basis for helping the child and the adoptive family accept each other. If we are to meet the needs of children effectively, it is important to understand the attachment and separation processes and the impact of these processes on children's abilities to form new relationships.

UNDERSTANDING ATTACHMENT*

The development of an affectionate, enduring bond between parent and child can be termed "attachment." It is linked very closely to the manner in which a child's needs are met early in life. Children have basic needs, physical needs, emotional needs, developmental needs, the need for reciprocity, the need for identity and self-worth, the need for trust, and the need for relationship-building. If parents are willing and able to meet the needs of their children consistently and lovingly most of the time, then a strong bond of attachment will grow. This attachment will grow not only because parents choose to meet the needs of their children, but also because they do so willingly, with kindness and warmth. This, in turn, allows the child to develop trust in others and in himself. Special needs children, who have often not had these experiences in early life, may have been deprived of the personal strengths developed through positive relationships with other significant people.

RECIPROCITY BETWEEN MOTHER AND CHILD**

The development of attachment between parent and child results from their interactions. These interactions begin at birth and continue and change as the child matures. We can analyze these interactions in terms of how they build the bond between mother and child.

Most of the communications between a mother and her newborn child are initiated by the infant who fusses and cries when he is uncomfortable. The mother responds to these overtures. As the child gets older, an increasing percentage of interactions are initiated by the mother, and the child responds. Normal attachment, or "bonding," occurs through two cycles, the first of which is called the arousal-relaxation cycle.

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* This section on attachment has been excerpted from Fahlberg, Vera, M.D., Attachment and Separation, co-sponsored by the Michigan Department of Social Services, Spaulding for Children of Michigan, and Forest Heights Lodge, with the aid of a grant from the Edna McConnell Clark Foundation, Evergreen, Colorado, 1979, p. 5. And reprinted in the Special Needs Adoption Curriculum, Group Child Care Consultant Services.

** The following section on reciprocity has been excerpted from Fahlberg, ibid., pp. 14-17.

THE AROUSAL-RELAXATION CYCLE

The arousal-relaxation cycle simply indicates that when a child has a need, he becomes excited and aroused. The child indicates his displeasure by crying or making verbal or physical demands. If the need is satisfied, the child becomes quiescent or relaxed. This feeling of relaxation, following his need having been met, instills in the child a sense of trust and attachment toward the person who satisfied his need. For example, in the toddler stage, if a child is thirsty and makes his need known to his mother by pointing to, asking for, or in some way indicating that he wants milk or juice, he becomes relaxed if his mother provides it.

Also, the child becomes trustful toward and attached to his mother. The child concludes, "When I need something, she will be there to help me. I will depend on her. I trust her. I love her for helping me when I can't help myself."

These same feelings emerge whether the parent is helping the child with a physical or psychological need, whether the need is to receive something positive or to be protected from something negative. The time when the child's needs are satisfied, when the child is relieved of the tension or discomfort created by the need, is the time when bonding and attachment occur. If a child is frightened by an upcoming trip to the doctor and the parent stays with the child throughout the visit, then the parent has supported and helped the child during a tense, frightening situation. This support has provided the child with a bg experience.

This cycle must be repeated successfully over and over if the child is to develop a sense of trust and security and become attached to his mother.

If you look at the following diagram, you can see several places where the successful completion of the arousal-relaxation cycle might break down for a mother and child pair. For example, the child may need to be held at a time when the parent is unable or unwilling to provide that satisfaction.

THE AROUSAL-RELAXATION CYCLE

Need

Trust
Security
Attachment

Quiescence

Displeasure

Satisfaction
of Need

There is a tendency in our society today to blame parents, particularly the mothers, for any disturbance in their children's emotional development. While it is true that some neglectful or abusive parents may consistently fail to

respond to their children's overtures in a way that meets the children's needs, and, therefore, disrupt this cycle of interactions, this kind of parental lack of response is not the only cause of disruption in the arousal-relaxation cycle. If for some reason the child does not experience states of discomfort, such as when an overanxious or overprotective parent tries to anticipate every need, the cycle will not even be initiated. The cycle may not be completed when parents try to respond to the infant's needs, but find themselves unable to relieve the discomfort, as in the case of illness. This cycle can, also, be disrupted if the infant has a disability that interferes with appropriate responses to the parent(s). Often, parents must guess what the child needs and do without feedback when they try to satisfy the child's needs. Every need of a child cannot be satisfied. To do so would be unrealistic. However, the emotional stability of a child is related to how well basic human needs, such as physical needs and trust, have been satisfied by a nurturing adult.

POSITIVE INTERACTIONS*

Another parent-child interaction pattern that contributes to bonding and attachment is the cycle of positive interactions. It is diagrammed below:

THE CYCLE OF POSITIVE INTERACTIONS

Parents Initiate
Positive Interactions


Self-worth
Self-esteem


Child Responds
Positively

The diagram above emphasizes the importance of social interaction in the development of a child. Some experts believe that social interaction is more important in the growth and development of children than meeting purely physical needs. That is, they believe it is crucial for parents to talk with, smile at, and sing to their infants and children, and to include them in family social activities. When parents spend time with their children in positive, warm, happy, and interacting ways (even if it's just "making noises" with a baby), this stimulation causes the child to respond in a positive manner. We all know that children love attention. And, when they get attention, they tend to be warm and pleasant toward those persons who have been nice to them. And the circle continues. Children who are warm and pleasant tend to get more attention from, and have more positive interaction with, adults. As these pleasant exchanges continue, the child becomes attached to the adult, and vice versa.

In addition, a child who is well attached to one person can more easily become attached to others. In fact, a child's strong attachment to one person eases the development of attachment to others. This means that children can be helped to develop attachment to foster and adoptive parents and others.

* Ibid., p. 17.

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## CLAIMING BEHAVIOR

Another process that helps children become attached to adults is that of "claiming behavior." That is, a child is helped to label, name, and identify people and things in his environment that are his own. "This is my Daddy." "This is my room." "This is my shovel, just like Daddy's." Or, on the part of the parents, as well - "This is my daughter," "This is my son," or "He's a Sullivan." Another part of this process involves helping the child identify with the family unit through participating in activities, learning family names, loving his grandparents, and attending reunions. These kinds of things help the child develop a sense of belonging.

## ATTACHMENT AND THE FAMILY

Ideally, the development of attachment between the child and the parent or caretaker is supported and nurtured by the family environment. When this environment is inadequate, the attachment process is damaged. The family contributes many positives to the development of the child, but when a family is under severe stress, those supports and resources may be damaged or totally absent. Even when those supports were originally present and adequate, when a child is removed from his family or moved to several short-term foster care placements, the effect of these contributions is lessened.

When a family environment is healthy and stable, a child can benefit in many crucial ways. He can expect to gain the following things from his family:*

1. a primary caretaker (natural, foster, or adoptive parent) to whom the child can become attached;

2. continuous contact with specific adults on a day-to-day basis;

3. continuous but changing relationships with a small number of individuals over a lifetime;

4. feelings of safety and security;

5. stimulation and encouragement for growth;

6. experience in identifying and expressing emotions; and

7. support in times of stress.

## UNMET NEEDS

Many of the children with whom you work will have had life experiences that have been quite stressful. That is, the family situations from which these children have come frequently will not have been adequate for meeting their needs. Even if the physical needs were met, very often needs for warm and supportive social interaction were not met. These children have not had the kinds of family situations in which strong attachments and bonds grow. They are frequently very distrustful of and angry toward adults, who have disappointed and neglected them.

* Ibid., p. 7.

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Children who have had inadequate support in their families often have been hampered in developing a strong sense of self. They have missed a sense of belonging and involvement that comes from ordinary family activities. For example, they do not have the identity that comes from seeing pictures of themselves in the family photo album beside pictures of familiar relatives; they have often missed the hearing and the telling of family history, hearing about their own personal growing up and about family events and traditions.

This lack of family identity can lead children to seek identity in other areas, sometimes to their detriment. Children in this situation frequently need additional help in developing close and trusting relationships with others.

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# LECTURETTE
# Separation

### INTRODUCTION: THE IMMEDIATE MEANING OF SEPARATION*

Each child reacts individually and differently to separation from his own parents or natural family grouping. However, certain general reactions do occur.

No matter what the realistic reason for the separation, the child first seems to experience - either consciously or unconsciously - a feeling of abandonment, with elements of loss, of rejection, of humiliation, of complete insignificance and of worthlessness. In addition, he may be flooded with a feeling of deep helplessness and of loss of control over what is happening to him.

These various feelings in turn arouse other feelings. He reacts to his sense of abandonment and of helplessness with a feeling of anger at the parents or parent figures he feels have deserted him. The feelings of helplessness and insignificance further stimulate a need to deny them. Instead of facing the unacceptable feeling that he has no control over the harsh blows of fate, he tries to deny this with the exact opposite feeling - that really he is totally responsible for the abandonment.

He usually looks for a specific badness within himself on which to blame the events of the separation. He singles out the current problem that he is attempting to master at the particular stage of his physical and emotional development that is coincident in time with the separation.

> Thus, as an example, Johnnie, age four - whose mother had died
> in childbirth - felt completely responsible. He unconsciously
> felt that his anger, at both her and the new baby, was the cause
> of her death, of his father's subsequent inability to care for
> him, and of his final placement in a foster home.

There is yet one more important feeling that we usually find as a reaction to the separation - a fear of punishment. This fear seems to grow from at least three roots: (1) The intense feeling of anger that is aroused in turn stimulates an expectation of retaliation. The child fears punishment from his parents because of his anger at them. (2) This fear is further heightened, in some children, by an unconscious wish to get themselves hurt, either as (a) a means of achieving reconcilliation with and forgiveness by their parents, and therefore hopefully aborting the placement; or else (b) as an attempt to master and prevent a dreaded, drastic punishment by bringing on a lesser one. (3) In addition, the child - already blaming himself for the events leading up to the separation - expects an equivalent retribution for his misdeeds.

* Proceedings of the Second Winter Seminar for Social Workers. "Problems of Separation and Placement - Diagnosis, Prevention and Treatment." Sponsored by the Group Child Care Consultant Services of the School of Social Work, University of North Carolina at Chapel Hill, and the Southeastern Child Care Association, pp. 5-7.

This fear of being hurt then serves as the "spectacles" through which the child anxiously scans every detail of the placement process, and it is evident in his frequent conscious preoccupation with injury and danger.

The younger child tends unconsciously to expect that he will be completely abandoned by his parents, and that he will then die. This is not an unrealistic fear for a small child. The older child may unconsciously anticipate that he will be physically attacked and his body harmed and mutilated. In addition, most children unconsciously fear that their parents will die. This is a reaction partly to their own angry wishes, partly to the idea that loss of their parents is part of the punishment the children expect or think they deserve, and partly due to the naive concept that separation results in the death of the separated persons.

To summarize what we have been saying: The first psychological problem that the placed child encounters is that of mastering the painful feelings aroused by the separation from his parents. These include feelings of abandonment, of helplessness, of anger, and fear.

> Little boy, I saw you today, as you walked to the curb.
> You looked down at the soft brown bundle of fur
> Left lifeless, limp.
>
> You stood very straight, very still.
> I watched grief fill up in you, as pumped air fills a balloon.
> Your lower lip trembled.
> You tried to make it stop.
>
> But it wouldn't.
> And you couldn't.
>
> I wanted to run to you and hold you tight today and say,
> "Your puppy will be all right."
> I wanted to make your hurt go away.
>
> But I couldn't
> And it wouldn't.

<div align="center">Ellen Johnston-Hale</div>

REACTIONS TO SEPARATION*

Most children who are moved from their biological parents or from foster parents experience loss.

Children differ in the way they respond to being separated from their parents. This response varies from severe depression in children who are well attached to their parents and then abruptly separated from them, to almost no reaction in children who have been emotionally neglected and have virtually no attachment to their parents. The reactions of most children who enter the child welfare system fall between those two extremes.

* Fahlberg, op.cit., pp. 30-31.

## INFLUENCES ON REACTION TO SEPARATION

The child's reaction to separation from his parent can provide the worker with valuable information about the attachment between them. There are several important influences on the child's reaction to separation. These include:

1.  the <u>nature of the child's attachment</u> to his primary caretakers.

2.  the <u>nature of the primary caretakers' bonding</u> to the child.

3.  the <u>experiences the child has had with separation</u> in the past.

4.  his <u>perceptions of the reasons</u> for the separation.

5.  <u>whether the child views the separation as his fault</u>. Children whose parents have been hostile or irritable and have threatened the child with separation seem to be more likely to feel that the separation is their fault.

6.  <u>the circumstances of the move itself</u>. Whether the child has been prepared for the move or not, the attitudes of the people around him and his ability to express his feelings and have them accepted all influencé the child's reaction to separation.

7.  <u>the environment from which he is being moved</u>. Despite shortcomings that others may see in the child's environment, from the child's viewpoint the known is nearly always better than the unknown. However, if a child is actually fearful of his present living environment, he may not react to the separation so much.


## TASKS CONCERNING SEPARATION

Separation is a traumatic experience for any child. In order to minimize the trauma and to help the child, social workers, teachers, and foster/adoptive parents need to:

1.  <u>Help the child face reality</u>. The pain needs to be acknowledged and the grieving process allowed.

2.  <u>Encourage the child to express feelings</u>. There can be expressions of reasons for the separation without condemning the parents.

3.  <u>Tell the truth</u>. You can emphasize that his parents were not able to take care of him without saying, "Your mother is an alcoholic." Also, try to deal with the fantasy that children often have that the parents will return. The permanency of the loss needs to be realized. Even in foster placement, the child needs to know under what conditions his parents will visit, and under what circumstances his family will be reunited.

4.  <u>Encourage the child to ask questions</u>. Again, be as truthful in your responses as you can without hurting the child. <u>Never lie</u> to the child, even to spare some pain.

5. Ask the child to explain why the losses occurred. Ask about his ideas of why he has made the moves he has and experienced these losses.

6. Spend time with the child. Any child who has experienced separation feels rejection and guilt. This can interfere with his sense of trust in others and himself. By spending time and talking with the child, a new, trusting relationship can be built between the worker and child during preparation. This, in turn, can lead to other healthy relationships.

7. Encourage information about the past. A child's identity is partly a result of having a past that is continuous. To achieve this continuity, various techniques, such as the Life Book are valuable. Social, cultural, and developmental information needs to be included in the book and made available to the child.

8. Understand your own feelings. It is difficult to share the pain of separation and to be the one who helps the child face reality - such as the fact that he may never see his biological or foster parents again. Often, adults would prefer to avoid the pain and angry feelings. However, if these feelings are not dealt with now, they will reoccur and may jeopardize placement.*

THE GRIEVING PROCESS

There are four stages of grieving that are experienced by a child after placement:**

SHOCK          The first stage is shock. Usually, this occurs with children who have experienced loss and involves a denial of the loss. Behavior is relatively normal, with little emotion.

ANGER          As the child moves into placement, the feelings of anxiety and anger begin to be expressed in his behavior. This anger is an effort to retrieve the loss and will be expressed in ways most destructive to the new relationship. Since this varies with the individual, the child may perform badly in school, may be sick, may not eat well, etc. Even if help is offered, the child is unable at this stage to accept it. The feelings of anger and grief need to be expressed.

DESPAIR        In despair, the child is withdrawn, depressed, and apathetic. His activity is concerned with things, not people, and is generally without direction.

* Ibid.

** Adapted from Thomas, Carolyn B. "The resolution of object loss following foster home placement." Smith College Studies in Social Work, 37(3): 163-234, 1967.

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ACCEPTANCE          A final state may occur when the child gains a sense of
                    acceptance about his loss.  He begins to develop new
                    relationships, including those with his new family, if.
                    he has been accepted by them during the previous stages
                    of grief.

From shock and anger to either despair or acceptance depends upon how well the
anger is expressed and whether the expression of grief is supported.  For
example, if a child is not allowed to express anger, he may turn the anger on
himself and simply withdraw into despair.  The process must not be denied; it
must be understood as necessary and must be completed.  The grieving process is
generally sequential, but the child may alternate between anger and despair.
The whole process can take months, or even years.

# CHILDREN'S REACTIONS
# TO SEPARATION

**Purpose:**
To give participants an opportunity to describe children's reactions to separation they have witnessed in their work with special needs children and to relate those reactions to the stages of the grief process.

**Objectives:**

1. Participants will list and code, according to the stages of the grief process, feelings and behaviors they have experienced during a time of separation or loss.

2. Participants will repeat the process in regards to the feelings and behaviors of special needs children.

3. Participants will indicate ways other people helped them during their time of grief.

4. Participants will indicate ways of helping special needs children through the grief process at the time of separation.

**Target Group:**
Generic

**Group Size:**
6-30 participants

**Materials Needed:**
Handout, "Stages of the Grief Process."  You may also make a transparency of this chart.
Newsprint and markers or chalkboard and chalk
Masking tape

**Time Required:**
An hour and a half (with break)

**Physical Setting:**
Room with tables or chairs arranged in "U" shape or semi-circle

**Procedure:**

1. Remind participants of key points covered in your lecturettes on "Attachment" and "Separation."

2. Emphasize that:  (a) most children become attached to their parent figures, no matter how inappropriate these parents' behaviors may seem from the society's point of view; and, (b) most children experience grief, with its related emotions, when separated from their families.

3. Ask participants to think of a time in their lives when they experienced a great loss, a time of separation or grief (i.e. a death in the family, divorce, serious accident or injury).  Ask participants, "What emotions did you have at this time?"  As participants respond, list their responses on newsprint or chalkboard.  Next ask

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participants, "What kinds of things did you do during this time?" Again write responses on newsprint or chalkboard for all to see. Use this format:

### Our Grief Experiences

What We Felt | What We Did
--- | ---
1. | 1.
2. | 2.
3. | 3.
4. etc. | 4. etc.

(Allow 10-15 minutes.)

4. When the group has given feedback: (a) note similarities in emotions and behaviors; (b) note any behaviors that might seem unusual or bizarre, in other circumstances (i.e., I stayed in bed all day. I stopped eating. I cried at the drop of a hat.); and, (c) say that all of these emotions and behaviors are normal responses for a person going through the grief process.

5. Distribute the handout, "Stages of the Grief Process." (If you use an overhead of this, project it on a screen.) Ask participants to read it. (Allow 5 minutes.)

6. Then, ask participants to look at the list of their emotions/behaviors and state which stage of the grief process each might indicate. As participants give this feedback, "code" the emotions/behaviors by stage. If participants are hesitant to respond, you can start the process by choosing an emotion/behavior and asking, "Which stage does this seem to represent?" (Allow 10 minutes.) For example:

### Our Grief Experiences

What We Felt | What We Did
--- | ---
1. Couldn't believe it (Stage I) | 1. Stayed in bed (Stage III)
2. Angry at the doctor (Stage II) | 2. Threw dishes (Stage III)

7. Take a short break (5-10 minutes).

8. When the group reassembles, tell them that the next part of the activity will involve the same process of identifying feelings and behaviors at separation and coding them in relation to the grief process. This round, they will be doing so in relation to

special needs children.

9.  Draw this chart:

### Children's Grief Experiences

How They Feel                What They Do

Ask the group to provide responses to fill in the
chart.  (Allow 10 minutes.)

10. When the chart is complete, ask the group to "code"
    each item in terms of the stage of the grief process
    represented.  (Allow 5 minutes.)

11. When this process is complete, note similarities in
    the "adult" and "child" charts on reactions to grief
    experiences.  (Allow 5 minutes.)

12. Next, ask the group, "How did other people help you
    during your grief process?"  Write responses down on
    newsprint, chalkboard.  (Allow 5 minutes.)

13. Finally, ask, "How can you as teachers, social
    workers, and foster parents help special needs
    children during their grief process?"  (Allow 5
    minutes.)

# HANDOUT
# Stages in the Grief Process

The chart below* summarizes the child's behavior, emotions, and possible actions that the parents, teachers, and workers can take to aid the child in working through the grief process.

| STAGES | BEHAVIOR (CHILD) | EMOTION (CHILD) | BEHAVIOR (ADULT) |
|---|---|---|---|
| I<br><br>SHOCK | COOPERATIVE<br><br>WELL BEHAVED<br><br>WANTS TO PLEASE | ANXIETY<br><br>NUMBNESS<br><br>SHOCK | EXPLAIN FAMILY ROUTINE (SLOWLY)<br><br>UNDERSTAND EXHAUSTION AND CONFUSION |
| II<br><br>ANGER | MAKES DEMANDS<br><br>DEFIANT<br><br>LYING, STEALING | ANGER (AT EVERYONE)<br><br>FIGHTING REALITY<br><br>TESTING PARENTS | ALLOW EXPRESSION, MAINTAIN RULES<br><br>BE CONSISTENT<br><br>ACKNOWLEDGE SPECIAL PROBLEMS OF ADOLESCENTS/ SPECIAL NEEDS CHILDREN |
| III<br><br>DEPRESSION | WITHDRAWAL<br><br>ALONE (IN ROOM)<br><br>SEEKING SOLITUDE | GUILT<br><br>DEPRESSION<br><br>NOT LOVABLE/VALUABLE<br><br>BEGINS TO UNDERSTAND REALITY OF PLACEMENT | ACCEPT SORROW<br><br>LISTEN WHEN HE/SHE WANTS TO TALK<br><br>DON'T ARGUE (WITH FEELINGS)<br><br>RESPECT PRIVACY<br><br>LET THE CHILD KNOW YOU WANT TO KEEP HIM/HER |
| IV<br><br>ACCEPTANCE | CALMNESS<br><br>CONTENT<br><br>HAPPIER<br><br>APPROPRIATE ANGER, FRUSTRATION | ACCEPTANCE<br><br>RECOVERY<br><br>WORKING THROUGH LOSS | BE AVAILABLE TO DO THINGS<br><br>GIVE THE CHILD SIMPLE TASKS<br><br>REJOICE! |

*Durham Co. DSS, Foster Parent Training Manual, Durham, North Carolina, 1980.

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# FEELING AND BEHAVIORS*
# AT SEPARATION

**Purpose:** To identify the feelings and behaviors associated with separation from five different perspectives: that of the child, biological parents, the foster/adoptive parents, social workers, and society.

**Objectives:**

1. To list feelings of those involved in the separation process (the child, biological parents, foster/adoptive parents, social workers, and society).

2. To list a variety of behaviors which manifest the feelings of those involved in the separation process.

3. To suggest a variety of ways foster/adoptive parents, social workers, and teachers can respond helpfully to the feelings and behaviors manifested at separation.

4. To demonstrate, in the context of a discussion, an appreciation of the complexity of human interaction at separation.

**Target Group:** Generic

**Group Size:** Three to five groups of 2-8 members each

**Time Required:** Approximately 60 minutes

**Materials Needed:** Newsprint and felt-tipped markers
Handouts: Task Sheets for five different groups
Masking tape

**Physical Setting:** Room large enough to accommodate groups with a minimum of noise interference

**Procedure:**

1. Explain to the whole group that they will be working on a task that will help them to understand the several perspectives and to increase their ability to empathize with each.

2. Ask the group to break up into small groups of 2-8 members each. Each of these groups will be playing a different role. Group 1 should represent those playing the special needs child. Group 2 should be those playing the social workers. Group 3 should be

*Adapted from the Short Term Care Curriculum

those playing the foster/adoptive parents. If you have many people in your group, the remaining participants can be: Group 4 (society) or Group 5 (biological parents).

3. Distribute the appropriate set of "Task Sheets" to each of the groups. Be available to answer questions, but wait until the groups have started to work before you begin monitoring their work on the task.

4. Have the groups form a large circle. Ask a representative from each group to take the newsprint from the group and spend about five minutes summarizing the work of the group.

5. After this exercise is complete, allow participants to practice and check their learning by asking them the questions in the Practice and Feedback section which follows.

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# TASK SHEET # 1
# Feelings and Behaviors at Separation

## (Group 1: The Special Needs Child)

Your task is to:

1. List as many as you can of the feelings that are unique to children who are separated from their parents.

2. List the behaviors that might be expected to result from those feelings.

3. List ways that foster/adoptive parents, social workers, and teachers can respond helpfully to the feelings of children who are separated from their parents.

Use a separate piece of newsprint for each part of the task. Please write large enough for others to read. You may want to tape your newsprint to the wall so that your group will have a visible record of its work.

Choose a representative from your group to do a brief summary of your group's work at a later time.

You have 30 minutes to complete the task.

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# TASK SHEET # 2
# Feelings and Behaviors at Separation

## (Group 2: The Social Workers)

Your task is to:

1. List as many as you can of the feelings that are unique to social workers who place children in care.

2. List the ways in which social workers are likely to behave as a result of their feelings.

3. List ways that foster/adoptive parents, teachers, and other professionals can respond helpfully to those feelings.

Use a separate piece of newsprint for each part of the task. Please write large enough for others to read. You may want to tape your newsprint to the wall so that your group will have a visible record of its work.

Choose a representative from your group to do a brief summary of your group's work at a later time.

You have 30 minutes to complete the task.

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# TASK SHEET # 3
## Feelings and Behaviors at Separation

### (Group 3: The Foster/Adoptive Parents)

Your task is to:

1.  List as many as you can of the feelings of foster/adoptive parents which are related to the separation process.

2.  List the behaviors that are likely to occur as a result of these feelings.

3.  List the ways in which social workers, teachers, and other professionals can deal with these feelings.

Use a separate piece of newsprint for each part of the task. Pleae write large enough for others to read. You may want to tape your newsprint to the wall so that your group will have a visible record of its work.

Choose a representative from your group to do a brief summary of your group's work at a later time.

You have 30 minutes to complete the task.

*494*

# TASK SHEET # 4
# Feelings and Behaviors at Separation

### (Group 4: Society)

Your task is to:

1. List as many as you can of the feelings that society in general (the average citizen) has about children in roster/adoptive care.

2. List the ways people who have these feelings might act.

3. List as many of the feelings that this same group holds in general for foster/adoptive parents who have special needs children in care.

4. List ways in which people who have these feelings about foster/adoptive parents might behave.

5. Discuss what can be done to maximize the positive and to minimize the negative feelings.

Use a separate piece of newsprint for each part of the    k.  Please write large enough for others to read.  You may want to tape your newsprint to the wall so that your group will have a visible record of its work.

Choose a representative from your group to do a brief summary of your group's work at a later time.

You have 30 minutes to complete the task.

# TASK SHEET # 5
# Feelings and Behaviors at Separation

## (Group 5: The Biological Parents)

Your task is to:

1. List as many as you can of the feelings that biological parents have at placement or departure of their special needs child.

2. List the behaviors that are likely to occur as a result of these feelings.

3. List the possible helpful responses the social worker, foster/adoptive parents, and teachers can make to those feelings and behaviors. In other words, what could you do to help the parents.

Use a separate piece of newsprint for each part of the task. Please write large enough for others to read. You may want to tape your newsprint to the wall so that your group will have a visible record of its work.

Choose a representative from your group to do a brief summary of your group's work at a later time.

You have 30 minutes to complete the task.

# PRACTICE AND FEEDBACK
## Feelings and Behaviors at Separation

I. CAN ANYONE SHARE WITH US ANY NEW, HELPFUL RESPONSES TO FEELINGS AND BEHAVIORS AT SEPARATION THAT YOU HAVE LEARNED TODAY?

### Feedback

Accept any responses that are offered.

II. CAN ANYONE PULL ALL OF THIS TOGETHER FOR US AND GIVE US A KIND OF OVERVIEW OF WHAT IS GOING ON AT SEPARATION?

### Feedback

There are at least five perspectives on separation, each with its own needs, feelings, and behaviors.  Everyone has strong feelings at the time of separation.  The key is to recognize these feelings and help each other.

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# ONLY PEOPLE CRY*

**Purpose:** To give participants an opportunity to read and discuss a short story about one child's reaction to adoptive placement.

**Objective:** Participants will be able to describe possible reactions of children to foster/adoptive placement.

**Group Size:** 6-30 participants

**Target Group:** Generic

**Time Required:** 30-45 minutes

**Materials Needed:** Copy of short story, "Only People Cry" for each participant
Option: Tape recorder and taped version of the story, which you can make in advance

**Physical Setting:** Tables and chairs arranged in "U" shape or semi-circle.

**Procedure:**
1. Remind the group of the issues involved in separation.

2. Tell them that this short story, "Only People Cry," portrays many of those issues.

3. Distribute a copy of the story to each participant.

4. Allow 15-20 minutes for individual reading, or play the taped version and ask participants to follow along.

5. Discuss the questions provided.

*Adapted from the Special Needs Adoption Curriculum

# HANDOUT
# Only People Cry*

She could hear the wind outside but that was all right. It wasn't crying. She wasn't afraid. She was just thirsty again. She got up and this time remembered to put on the new little bathrobe and slippers and went out of her dark bedroom toward the dim light at the end of the hall.

In the kitchen she kept from looking at the shining black squares of the windows. She didn't think of the places she had been before. All day long she had been careful. She hadn't done any of the bad things that made them give you back to the social worker. She turned the water on softly. She was very quiet and careful. At the last place she had splashed too much.

On her way back to the bedroom, she heard the lady say, "Is the child up again? I wonder if she can't sleep." Maybe getting up after you went to bed was one of the bad things to do here.

She lay in bed, not listening to the wind or seeing the darkness of the room. She walked along the street in the sunshine and there were flowers all around and birds singing, and she came to the house where her mother and father were waiting for her. And they hugged her and cried because they had found her again. They had been looking everywhere for her, too.

When she woke up the next morning there was no sound in the house. She lay very still because then maybe the name of the people at this place would come to her. But the words, "Mr. & Mrs. Foster" kept running through her mind and she had to go over it all again. She had to think about that time long ago when the social worker had taken her to her first foster home. She had been so little and dumb that she had thought the name of the people was Mr. & Mrs. Foster. Then she learned how it was, and that a foster home was a house where the man and his wife needed some money. And if they let her come and live with them, the welfare court would send them a check every month.

Suddenly, the name Watson popped into her mind and she got up and started making her bed. As she moved the frowning faces moved and she could hear their silent voices. She straightened the bottom sheet, tucked it in and pulled up the top sheet and blanket. Then she put on the spread. She was glad she had remembered to fold it the night before. When she was finished, she stood off and looked at the bed, and she couldn't see anything wrong with it. But maybe the faces could. Then she remembered the third place back. There the beds were aired every morning. You threw back the bed covers and opened the windows and an hour later you made the beds. She wished she knew what to do.

In the bathroom, she washed her face and hands and brushed her teeth, using only a little tooth paste. When she was dressed, she hung her nightgown in the closet and went to the kitchen.

When she appeared in the doorway, Mrs. Watson gave a little jump and said, "Well, Ellen, you startled me. Sit down and have some coffee."

There was something different. At this place don't be too quiet. *"I tell you it's creepy, the way she sneaks around the house. I look up and there she is." "I couldn't stand the noise. I'm just not used to having a kid around."

"Do you always wake up so early?" Mrs. Watson yawned and pushed her gray hair back from her face.

"Yes, Ma'am, but I don't have to. I could sleep later."

"The dear Lord knows I could, too. But General Motors calls. Ed has to be at work at eight-thirty, and with the long drive there's no sleeping late."

"No, Ma'am." Should she offer to get up and cook Mr. Watson's breakfast? "Not that I wanted her for the work, mind you, but all she did was sit around and read." "She was always butting in, trying to take over. Always wanting to do something for the Mister." She would keep quiet, wait and see.

Ellen poured cream and spooned sugar into her coffee. It wasn't too bad if you made it sweet enough.

She wondered if her mother would want her drinking coffee. Mrs. Watson didn't look a bit like her mother, but nobody did. Nobody was as pretty as her mother. Her mother was always clean and had powder on her nose and smelled like the flowers that were around her. They told her she had never seen her mother but if she hadn't how could her mother's face be clearer than Mrs. Watson's right now, even with Mrs. Watson sitting there across the table from her.

Mrs. Watson kept drinking coffee and began to look more awake, and finally she said, "What do you want for breakfast, honey?"

From the look of the kitchen, with the skillet on the stove and a carton of eggs set out, this wasn't a corn flakes place. "I like eggs," she said and tried to sound definite. "Eggs it'll be. What about some bacon?" "Yes, I like bacon, too."

She sat at the table while Mrs. Watson fixed breakfast for both of them. Different sentences kept going through her mind. "Would you like me to set the table?" "Could I help you?" "Shall I put the eggs away?" But she didn't use any of them. She would wait until she knew.

When they had finished eating, Mrs. Watson lit a cigarette and looked at her and said, "You're a quiet little thing." Ellen smiled, but not too much. "She is always grinning like a Cheshire Cat." "I couldn't stand the way she moped around. I never once saw her smile."

*Words underscored are thoughts of the child, Ellen.

"What do you like to do, Ellen? I want you to be happy here." "I like to read. But I like to work, too. I like to wash dishes and things like that."
"Do you really now?" Mrs. Watson's eyes twinkled. "Well, I tell you what. I'll wash the dishes today, but every once in a while, I'll let you do it. I promise. I won't be piggish."

"Yes, Ma'am."

"You don't have to keep saying Ma'am all the time, Ellen. From now on, you're part of the family. Ed and I always wanted a little girl. With our boy married and gone away, you fill the bill."

"Yes, Ma'am," almost slipped out, but she was being careful. Mrs. Watson didn't have to say that about wanting a little girl. She knew they were paid for keeping her, and that was all right because she didn't choose them anymore than they chose her. They didn't look a bit like her father and mother. It was even.

But she would stay here until her parents found her. Now that she was older, she was glad she had never been adopted because that would have meant changing her name, and they never would have known where she was. When she was little, she didn't understand, it had been different.

Mrs. Watson smiled and said, "Now, I don't want to hurt your feelings and don't go away mad, but I'm going to wash the dishes."

She put her arm around Ellen's shoulder and said, "You run on, honey, and do whatever you want for a while. Later on, we'll go to the grocery store."

When Mr. Watson came home that night, Ellen was in her bedroom reading the new book Mrs. Watson had got at the grocery store. His voice was loud, and he must have been just inside the door when he said, "Where's that little girl of mine?" He should have known the social worker wouldn't be likely to be there then.

Mrs. Watson said, "She's in her bedroom reading. She loves to read. She is going to be a real student, I can see that."

"That's the ticket," he said, and then he came to the bedroom and knocked on the door as though it really were her room. When she opened the door, he was there smiling, and he rubbed his hand over the top of her head and his voice was quieter and he said, "Hello Ellen. How's the girl tonight?"

"Fine," she said and smiled just right.

The three of them went to the kitchen, and Mrs. Watson had coffee ready and they sat there drinking it. Ellen choked a little on hers, and Mrs. Watson said, "Honey, I don't think you like coffee. Actually, I don't suppose you're old enough to be drinking it." She got up and heated milk and made hot chocolate.

Mr. Watson said, "Say, where's that rabbit mug I had when I was a kid? Get that down for her, Marg."

They talked then, but every once in a while one of them would give her a look as though she were doing some very unusual thing to be sitting there drinking from

the rabbit mug.  It made her feel sorry for them.  They didn't know that sometimes it was like this in the beginning, and after a while they would get tired of her.  But maybe this time, she would find out the bad things soon enough and could keep from doing them.

The next day, the neighbor from across the street came over and brought her little boy.  Ellen was in her bedroom reading and she heard the lady say, "I have yet to see your little girl.  Doesn't she play outside?"

"She will," Mrs. Watson said, "she's still getting used to being here."

"Is she dark or fair?"

"Blonde, a pretty blonde."

"I'd like to see her."

Ellen didn't wait to be called.  She got up and went out so the lady could look her over.

"Here she is now," Mrs. Watson said, and held out her arm, and Ellen went and stood beside her.  She didn't look down or sniffle or twist her hands.

The neighbor said, "She is a pretty little thing."  Then she leaned forward and looked straight into Ellen's eyes and said, "You're a very lucky little girl.  I hope you know that."

"Yes Ma'am," Ellen said, but at the same time, Mrs. Watson said, "Phooey!" and it was the first time Ellen had seen her mad.  Her voice was different right away, though not mad anymore.  And she said to Ellen, "This is Jimmy.  There are cookies in the jar.  Why don't you two sit at the kitchen table and have some."

Ellen caught back the "Yes, Ma'am" in time and said "All right, " and Jimmy followed her to the kitchen.  He was just her size and she wondered how old he was, but she didn't ask him.  For a while they just sat there eating cookies, but finally Jimmy said, "I got an airplane."

"I have a book."  Ellen brushed crumbs from her lap.  "A brand new book."·

"It's a Boeing."

"I'm going to have a new bracelet, too.  My mother has a new gold bracelet for me."

Mrs. Watson had come to the doorway and her face looked soft and almost sad, but then she smiled and said, "Your mom's ready to go home now Jimmy.  Come along."

One night a week later, Ellen lay in bed worrying because she hadn't found out any of the bad things.  She couldn't keep from doing them if she couldn't find out what they were.  She had been almost sure, at first, that getting up after you went to bed was one of them.  But the night before, she could hear the wind outside, and she got up to get a drink of water.  But the wind was still there when she went back.  She got up again and went to the bathroom and, on the way back to her room, Mrs. Watson came out into the hall and said, "Can't you sleep,

honey? Is something bothering you?"

She hadn't planned to say it at all. "The wind, it sounds like it's crying."
She looked down at the floor not able to look at Mrs. Watson's face.

"Sometimes the wind does sound like that," Mrs. Watson said. "But the wind
can't cry because it isn't a person. Only people cry."

They went back to Ellen's bedroom then, and Mrs. Watson pulled the covers up
close around her, and they listened to the wind together until Ellen fell
asleep.

The next evening when Ellen went into dinner, there on her plate, with her name
on it, was a gold bracelet. She smiled at the Watsons and said thank you, but
she didn't want a gold bracelet from them. It was a good thing she'd got over
being a crybaby a long time ago.

That night after dinner, Jimmy came over with his birdhouse. "It's coming
apart,Mr. Watson," he said. "Can you fix it for me?" "Sure, Jimmy boy. Come
on down to the basement. You come too, Ellen."

There were all kinds of tools down there, and Mr. Watson said, "I know something
my girl can do for me while Jimmy and I get this fixed up. See here, the way I
do this," and he took a nail and showed her how to straighten it out. She took
the hammer, and on the very first nail the hammer slipped. She hit her finger,
and a lot of words rolled out. Mr. Watson turned to her. He looked serious and
he said, "Those aren't the kind of words we use here, Ellen." He didn't say
anything more for a moment, and Ellen waited. Then he said, "I'll tell you a
string of words that are all right in this house. "Ding Dang Fiddle Faddle,"
and he started laughing. She started laughing too then, and she hadn't even
thought about it ahead of time.

The next Saturday Ellen and Mrs. Watson went to a big store downtown and the
clerk tried four different dresses on her. Mrs. Watson said, "They all look
nice on you, and none of them is too expensive. Which do you like best?"

Ellen didn't look at the pink one. She looked at Mrs. Watson for a hint, but
Mrs. Watson just sat smiling at her. The clerk said, "With her eyes, the blue
is nice." She was glad the clerk had said it, and she watched Mrs. Watson's face
but it didn't change. She just said, "Yes, but Ellen can wear any color well.
It's whatever she wants. She's the one who will wear it."

"I like them all," Ellen said at last and then she wished she could bring the
words back. It sounded as though she wanted them all. "Hint, hint, hint, if
she'd come right out and said what she wanted, I wouldn't have minded."

"I know what we'll do." Mrs. Watson stood up, "We'll go upstairs and have an
ice cream soda and think it over."

While they ate ice cream, Mrs. Watson told Ellen how it was when she was a
little girl, with three brothers and two sisters, and how they lived on a farm
and had a cow and made a playhouse in the barn loft with bales of hay.

Ellen could see it all and when they had finished their ice cream, Mrs. Watson said, "Have you decided which dress?" And without thinking Ellen said,"I like the pink one best."

The next day they went to church and Mrs. Watson took her to Sunday school class and introduced her to her teacher. The lady said, "We're glad to have you Ellen. What a pretty dress."

Ellen said thank you and waited. "I couldn't take her any place in the things she had, I can tell you. You've never seen anything like it."

Mrs. Watson just patted Ellen's shoulder and said, "I'll be back later," and left.

On Monday, Ellen went to the store on the corner for a can of baking powder, and Jimmy was there and they walked out of the store together. When they were in front of the Watson house, Jimmy said, "My mama says I can't play with you anymore. She says that isn't the kind of language I need to hear. She isn't surprised."

"Your mama's fat."

Jimmy swung at her then. He hadn't said orphan or homeless brat, but all of a sudden she was hitting him back and he was all the kids that ever had. She was strong and she could have fought anyone.

Her arms were still flailing when Mrs. Watson came out and stopped her. "What on earth's the trouble with you two?"

Jimmy' mother ran out and put her arms around Jimmy and said, "I saw it. She hit first. She's a no-good troublemaker."

Mrs. Watson said, "I have an idea Jimmy was as much to blame as Ellen." Mrs. Watson looked at both of them, and Ellen had never seen her look so cross. "Come in, Ellen," she said and went into the house.

Inside Mrs. Watson started making bisuits. "You'd better wash your hands and set the table," she said. "Fighting doesn't settle anything, you know, it only makes things worse."

"Yes, Ma'am," Ellen said, and she wished it was time to go to bed and she could get away from Mrs. Watson's cross face. It was too late for them to send her back tonight.

That night after Ellen went to bed, she was thirstier than she had been for a long time. She got up and as she passed the Watsons' bedroom door, she heard Mrs. Watson's voice and she stopped to listen.

"...Don't know what Jimmy did, but I am sure of one thing, she didn't start it."

"No, she's not a troublemaker. I've never seen a kid try so hard."

"Too hard. The poor baby isn't sure we won't bite."

"She'll get over :t. I couldn't think more of her if she were my very own."

"She is our own, our very own."

A terrible, black feeling settled down in Ellen. How could she ever find the bad things here? These people have lied to each other. Even when they were alone and thought no one could hear them, they lied to each other.

Another month went by and still she hadn't found out the really bad things, the things that made them send you away. One morning as she was leaving her room, she looked around and saw that everything was neat, and she went to her closet and took her nightgown out and threw it on the bed, just any old way. She waited all morning but nothing happened, and her nightgown was back in the closet and nothing said.

That was the beginning. Some mornings she didn't make her bed. Mrs. Watson would say, "Come on, get your bed made now," and sometimes she made it herself and sometimes Mr. Watson helped her.

One evening she put a lot of broccoli on her plate and didn't even taste it. Mrs. Watson said, "Next time, don't take so much," but she didn't look as though it was really a bad thing.

One day she went to the library three blocks away and stayed an hour longer than she was supposed to. It was almost dark when she got home. Mrs. Watson didn't like it, she could tell that. "I was about to come looking for you," she said. "Next time, be sure to come back on time." But Mrs. Watson seemed to feel sure that next time she would and she didn't say any more about it.

One Saturday afternoon when they had finished eating lunch, Mr. Watson leaned back and said, "How would you girls like to step out? What do you say to a movie, or maybe the zoo?"

"There's a Walt Disney at the Avenue," Mrs. Watson said. "Which would you like, Ellen?" Adults like movies better than the zoos, but then some of them thought if you didn't like the zoo you weren't normal. They didn't like it either, if you said, "It doesn't matter."

Mrs. Watson was looking at her face and it began to seem to Ellen that she could read Mrs. Watson's mind and that she wanted her to say movies. But Mr. Watson said, "Maybe you would like us to decide this time. It's such a beautiful day, let's go to the zoo. We can see a movie anytime."

"Sure, that's fine," Mrs. Watson stood up. "Let's not even wait to do the dishes. Let's just up and go."

They put the food away and piled the dishes in the sink and walked through the living room where the morning papers were lying all over. Mrs. Watson's knitting was out from the night before and the big ash tray had a dead cigar in it. And when they came back, it was just the way they had left it. They had just returned when the social worker arrived.

Mr. Watson said, "Come in, come in, we'll put on the coffeepot." And he went out to the kitchen. Mrs. Watson picked up her knitting and said, "Sit down.

We've just got home." And she started knitting and didn't say one thing about the way the house looked.

"I can tell you, young lady, you better get this house cleaned up. If that woman from the court comes and finds it like this, you'll be back so fast it will make your head swim."

Mrs. Watson said, "Hasn't this weather been wonderful?"

The social worker said, "Yes, it certainly has. Well, we deserve it after the kind of spring we had."

They pretended not to pay any attention to the house. Mrs. Watson acted as though the social worker was just anybody. "Oh, yes, we're getting along fine. Get out your new shoes, dearie, and show them to Miss Wilson." "Here, Miss Wilson, sit here. I swear I can't keep this house picked up. I had it all straightened up yesterday but I took the child to the zoo."

Mr. Watson came out of the kitchen and said, "Coffee's ready. Do you want it in here or at the table?" Mrs. Watson said, "Oh, let's go to the table." And they went out and sat right beside the sink full of dishes.
Pretty soon Mrs. Watson said, "Ellen why don't you and Miss Wilson walk up to the library?" She turned to Miss Wilson then, "It's a lovely new building, a branch we've needed for a long time." And so Miss Wilson didn't have to ask to see Ellen alone.

When they were out of the house Miss Wilson said, "What have you been doing, Ellen?" Ellen told her about the new dress and church and the zoo and how she's been good and helped with the housework. "Only Mrs. Watson did most of it. And the house usually looks nicer than it does today," she added.

Miss Wilson smiled and said, "It looked good to me, Ellen, yes, very good. I think we've found the place where you really belong." But Ellen knew it was just a stopping place. A place to wait for her parents.

When they got back, Miss Wilson thanked the Watsons for the coffee and Mr. Watson said, "Come back soon. Anytime." Ellen could tell he meant it. She could see that when Mr. Watson scattered papers all over the living room or when they rushed off and left the dishes, it was all right. It wasn't bad.

That evening after the social worker had been there, Ellen cried. She was carrying an empty pickle jar out to the trash barrel and she dropped it on the back sidewalk and it broke. She knew it wasn't worth anything, and she knew no one would care, but she started crying and couldn't stop. And Mrs. Watson put her to bed and sat there until she fell asleep. For the next few days, lots of things made her cry. She was turning into a crybaby. Once when she burned her fingers making candy, and once when she couldn't find her library book and it was due that very day, and once when she saw a cat kill a baby bird, she cried.

The wind never did cry again.

From then on, and slowly, the voices began to fade. She still heard them sometimes. Sometimes she said or did what they told her to. But gradually they were going away.

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In bed at night she sometimes said the words to herself: "my father, my mother" and something hurt her, something leaving, something gone.

At night, just as she was going to sleep, she sometimes thought, "Nothing bad, Nothing bad enough to send you away." But one day she found out how fooled she had been.

She hadn't planned to tell the lie. But when the new kids moved in next door that afternoon, they made it so easy for her, almost as if they wanted her to lie, or their mother did.

She sat on the steps and watched the men unloading the truck, and she saw the father and mother going into the house. The mother was holding the little girl's hand and the little girl was carrying a doll. The father stood outside in the yard a while and walked around and looked up at the roof and at the bushes and trees, and then he went inside.

Soon the boy and girl came out and saw her and the girl said, "Hi, we just moved in." Ellen got up and walked over to the driveway and said, "I saw you. I've been watching."

The boy said, "Come on, let's play catch," and he pulled a ball out of his pocket and they made a triangle and threw the ball to each other. Ellen didn't miss the ball once, and a feeling of fitting in with the new children was strong on her.

After a while, Mrs. Watson called her and she went inside. There was a big plate of cookies covered with wax paper, and Mrs. Watson said, "Honey, take these over to our new neighbors, but don't go inside. After they get settled, we'll call on them."

Ellen took the cookies over and gave them to the boy. When he came back out of the house, the three of them started turning handsprings on the grass and Ellen wasn't very good at it, but she could tell she would get better. Pretty soon the mother came out of the house and said, "Honey, these cookies are delicious. You thank your mother for me. What's your name?"

"Ellen."

"I mean your last name."

"Watson." It came out naturally and it seemed real and true. Even the sound of it was right. But she knew it wasn't true and her name was Ellen Ganin, but this time she lied on purpose and she repeated it in one sentence, and said, "My name is Ellen Watson."

That was when she looked up and saw Mrs. Watson standing in the doorway with a different look on her face than she'd ever had before. And Ellen could see it all right then: the packing, and the social worker and Mrs. Watson being polite to each other, and saying sometimes these things don't work out. "I'm sure you tried." "I did my best." "Don't worry, we'll find another place." "I tried to do my Christian duty."

Ellen turned then and ran into the house past Mrs. Watson and into her bedroom

and closed the door and lay on the bed. And it wasn't dark and the wind wasn't making sounds outside the house, but she was walking along in the sunshine on her way to find her father and mother. This was the first time on the walk that she had ever noticed what dress she had on and it was the pink one and she could see herself walking along. She was carrying the book Mrs. Watson had bought for her and she wore the bracelet with her name on it in gold that Mr. Watson had given her. It took her longer than usual to find the house and she thought she might never come to it.

But when, at last, she did, and her mother held out her arms to her, her mother's face was just like Mrs. Watson's and Mr. Watson was standing behind her. They were glad they found her and they were so glad, they started to cry and she started crying too.

Mrs. Watson was leaning over the bed smoothing her hair and saying, "Don't cry,honey. Everything's all right." Then Mrs. Watson said, "Mother's here, Mother's here."

<div align="center">THE END</div>

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Discuss these questions with participants. A guide to answers is on the next page.

# ONLY PEOPLE CRY

1. On the first page of the story, Ellen was in bed and she was transported to a world of trees and flowers. And even though she has never seen her parents, she knows her mother is beautiful. What does this tell you about the way children see their families?

2. What are the bad things Ellen is talking about?

3. What are her feelings toward the Watson's in the beginning of the story?

4. How does she expect them to react to her?

5. When she is thinking (the underlined type), whom is she thinking about?

6. How did the Watsons respond to Ellen's feelings? Give examples.

7. What lessons does this story teach us about helping the child at separation?

# QUESTIONS AND ANSWERS
## Only People Cry

You'll have to judge the answers for yourself. The following is a guide for you to help you to assess your responses.

1. On the first page of the story, Ellen was in bed and she was transported to a world of trees and flowers. And even though she has never seen her parents, she knows her mother is beautiful. What does this tell you about the way children see their families?

> That children see their families as superior people.
> They are more beautiful and noble than anyone else.

2. What are the bad things Ellen is talking about?

> When Ellen's talking about bad things, she is talking about the expectations adults had of her in the past. They were the little things she did that her earlier foster parents used as excuses to send her away.

3. At the beginning of the story, what are her feelings toward the Watsons?

> She expects them eventually to send her away. She doesn't trust them. She is afraid of them.

4. How does she expect them to react to her?

> She expects them to be very critical of her. She expects them to reject her.

5. When she is thinking (the underlined type), whom is she thinking about?

> She is thinking about the things her other foster parents had said about her in the past.

6. How did the Watsons respond to Ellen's feelings? Give examples.

> The Watsons were genuine people who always allowed Ellen to have her feelings. Mrs. Watson comforted her when she was afraid. Mr. Watson gave her his love, even when she used words he didn't approve of.

7. What lessons does this story teach us about helping the child at separation?

> To be genuine with children, that is, to tell them how we feel, while accepting their feelings. To respond to their feelings behind their words and actions. To give them consistent love and caring.

# PREPARING FOR PLACEMENT
## What I Want/Need to Know

.Purpose: To list important information which social workers, teachers, biological and foster/adoptive parents need to know in preparing the child for placement.

Objectives:. Participants in this activity will be able to list and share with other group members what they need to know in order to prepare children for placement.

Target Group: Generic

Group Size: 6 - 30 participants

Materials Needed: Handouts for Small Group Session: (Handout III)
    Foster/Adoptive Parents: "What I Want to Know: From Whom"
    Teachers: "What I Want to Know: From Whom"
    Social Workers: "What I Want to Know: From Whom"
    Biological Parents: "What I Need to Share: With Whom"
    Case Study: "Tony"
Pencils/Pens, Newsprint, Markers, Tape

Time Required: Approximately 60 minutes.

Physical Setting: Room with chairs that can be arranged in large or small group arrangements.

Procedure:

1. Explain to participants that this activity will help them look at important issues in relation to their own roles in the preparation process.

2. Ask participants to divide into small groups, according to their role with special needs children.

3. Distribute to participants in each small group the handouts "What I Want to Know: From Whom," and "Case Study: Tony." Allow five minutes for participants to read Tony's case.

4. Ask participants in the small groups to state in appropriate columns in Handout III what they would like to know/share about Tony before placing him in an adoptive/foster family. (Allow about 5 minutes.)

5. Next, ask each small group to create a "master list" of their responses. (Allow about 10 minutes.) Ask that a recorder write this list on a sheet of newsprint.

6. When participants have completed their master list, ask for the group spokesperson to post the group's list and report to the larger group what their responses were. Allow about 15 minutes per group.

7. Summarize the activity by emphasizing the following points:

Information to be gathered/shared does not come from only one source. Even though social workers have a tremendous responsibility by being representatives of th agency that has custody of the child, it is necessary for all the significant adults in the child's life to gather and/or share all necessary information in the best interests of the child.
In other words, gathering and sharing information about the child, his/her history and also about his new family like preparing the child is a collective experience which must be carried out in a collaborative manner.

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# HANDOUT
# Case Study for Planning a Move
## Tony

Tony is an six-year-old boy. He is a child of Mexican/Caucasian heritage; however, his ethnic heritage is Chicano, and he is bilingual. Tony was placed with extended family when he was six months old because of parental neglect. The extended family was unable to parent him, and he was freed through court action at the age of three. At that point, he was placed in an adoptive home and the adoption was finalized. At age five, Tony was relinquished from the care of his family, and he was placed in a new adoptive home. When that adoption disrupted eleven months ago, he was placed in his current foster home. The foster family consists of a mother and a father and two younger siblings.

Tony is a very attractive child with a winsome smile. He is very quiet around adults and tends to cling. He has difficulty amusing himself, but he likes to be involved in outdoor activities with other people. He plays on a softball team, likes to ride his bike, and ride horses. He collects small rodents and enjoys caring for and feeding them each day. He does not want to live with other children in the house, although he likes to spend some time with them. He is not very fond of women or younger girls.

Tony made the decision to remain one year behind in school this year. He has been having difficulty focusing on his work, and he does not want to be the slowest child in the class. He has been tutored this year, and doing better has decreased his anxiety about his work. Tony has been active in the church for the last several years, and he likes to attend mass and Sunday school activities.

**HANDOUT**
# Foster/Adoptive Parents

| What I Want to Know | From Whom |
|---|---|
| | |

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# HANDOUT
## Biological Parents

| What I Need to Share | With Whom |
|---|---|
| | |

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# WHAT THE CHILD NEEDS TO KNOW

**Purpose:** To develop a list of important issues to cover and information to share for preparing the child for placement.

**Objectives:** Participants in this activity will be able to:

1. Discuss some of the common feelings children experience when being prepared for placement

2. Outline the role of foster/adoptive and natural parents (or family) in preparing the child for placement

3. Discuss the place of a child's own history in his/her life.

4. Discuss important information to share with a child as part of the preparation process.

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Materials Needed:** Handouts: "Case Study on Tony"
"What the Child Needs to Know: From Whom"
Pencils/Pens, newsprint, markers, tape

**Time Required:** 45 minutes

**Physical Setting:** Room with chairs that can be moved around.

**Procedure:**

1. Explain to participants that this activity will help them look at important issues to cover and information to share in preparing a child for placement.

2. Distribute handouts and pencils/pens to each participant. Then ask for a volunteer to read the case out loud. (Allow about 5 minutes.)

3. Next, ask each participant to state in the appropriate columns in the handout what they think Tony needed to know before going into this current placement and from whom. (Allow about 10 minutes.)

4. When participants have completed their handouts, request that they share their viewpoints. Discuss these viewpoints. (Allow about 15 minutes.)

5. Here are points to raise in your summary of this activity:

a) Placement for any child represents a large

structural change in his/her environment. In some cases, the child may have been in foster care for a considerable length of time and may have passed through many foster homes. The child may be reluctant to invest himself/herself in the prospective family for fear that this situation, too, will terminate after a short period of time (even in adoptive placement). This fear and reluctance on the part of the child, as well as the inability of the foster/adoptive parents to adequately overcome this barrier, can heighten the probability of disruption. Workers can help by better understanding what separation and placement mean to the child. Helping the child understand and learn more about the new placement may remove any fears or feelings of anxiety. Looking at the child's history and acknowledging losses can help make the necessary adjustments and enable the child to form new attachments.

b)   For children going into foster placements, preparation helps them understand why they are being removed from their own home environment and should help remove any thoughts that their parents are bad people.

c)   Preparation also helps the child feel good about himself/herself. To the extent that the child blames himself/herself for separation from his/her family, he/she is prevented from feeling good about himself/herself as a person. Preparation helps the child deal with fantasies and correct them with information which reflects reality.

d)   The responsibility for preparing the child for placement lies not only with the social worker. Other significant adults in the child's life need to be brought into the picture to help the child make the adjustment from one familial setting to the other. Teachers and foster/adoptive parents play important roles in this process.

# HANDOUT
# Case Study for Planning a Move
## Tony

Tony is an six-year-old boy. He is a child of Mexican/Caucasian heritage; however, his ethnic heritage is Chicano, and he is bilingual. Tony was placed with extended family when he was six months old because of parental neglect. The extended family was unable to parent him, and he was freed through court action at the age of three. At that point, he was placed in an adoptive home and the adoption was finalized. At age five, Tony was relinquished from the care of his family, and he was placed in a new adoptive home. When that adoption disrupted eleven months ago, he was placed in his current foster home. The foster family consists of a mother and a father and two younger siblings.

Tony is a very attractive child with a winsome smile. He is very quiet around adults and tends to cling. He has difficulty amusing himself, but he likes to be involved in outdoor activities with other people. He plays on a softball team, likes to ride his bike, and ride horses. He collects small rodents and enjoys caring for and feeding them each day. He does not want to live with other children in the house, although he likes to spend some time with them. He is not very fond of women or younger girls.

Tony made the decision to remain one year behind in school this year. He has been having difficulty focusing on his work, and he does not want to be the slowest child in the class. He has been tutored this year, and doing better has decreased his anxiety about his work. Tony has been active in the church for the last several years, and he likes to attend mass and Sunday school activities.

## HANDOUT
# What the Child Needs to Know

| What Tony Needed to Know | From Whom |
|---|---|
|  |  |

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# PLANNING A MOVE*

**Purpose:**          To help participants learn how to work together when a child is moved from one family to another

**Objective:**        Participants will be able to identify the tasks of the four major parties (the child, foster/adoptive parents, social worker and teacher) involved in planning and executing a child's move from one family to another.

**Target Group:**     Generic

**Group Size:**       6 - 30 participants

**Time Required:**    60 minutes

**Materials Needed:** Case study about Tony, worksheets, newsprint, markers

**Physical Setting:** No special requirements

**Procedure:**

1. Divide the participants into four groups.** Each group will represent either the foster/adoptive parents, the teacher, the agency representative, or the child.

2. Distribute both the case of Tony (or one representing another child in your local caseload) and the worksheet which corresponds to the party represented by each group.

3. Tell the groups they will have 40 minutes to make decisions about the questions on each group worksheet. While the groups are working, draw a large chart on newsprint (using a format like that on the worksheets).

4. As the groups finish, ask someone from each to come to the chart at the front of the room and write under each column, in a separate color, the tasks which the group decided would be appropriate for them.

*Special Needs Adoption Curriculum, Ibid.

**Option: If you wish to include the issue of biological parent involvement in the placement of special needs or older children, divide the participants into five groups, one of which would be the biological or extended family. The outcome of the exercise would be altered only by a focus on that issue, as well as the other four.

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5. Debriefing

The focus of the 15-minute debriefing for this exercise is not on finding the "right" answer as to who should do what. The emphasis, rather, is on exploring the reasons which various groups have for their decisions.

In each instance on the chart where more than one group decided to do a task, ask each group to explain the thoughts and feelings behind their decision. (For now, make sure they respond from their role perspective, e.g., child, and not from their own worker beliefs.)
Ask each group the following questions:

Child Group

-- What are your goals for a child during the moving process?
-- How do you want the child to feel?
-- Which aspects of your plan seem to help Tony feel this way? Which seem to work against it?
-- In child-custody divorce cases, many courts would consider an eleven-year-old child mature enough to provide an informed decision on parental preference. In which areas should Tony be allowed to determine how his adoption will take place?

Adoptive Parent Group

-- What are your goals for the adoptive parents?
-- How do you want them to feel?
-- How did you accomplish this?
-- Over which aspects of the placement process should their wishes take precedence?

Teacher Group

-- What are your goals for the foster parents?
-- How do you want the foster parents to feel?
-- How did you accomplish this?
-- When are foster parents the best resource to help the child or adoptive parents work through feelings during placement?

Worker Group

-- What are your goals for the worker?
-- What do you want to feel?
-: Where do your needs and wants conflict with those of other groups?
-- How do you resolve these?

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# HANDOUT
# Case Study for Planning a Move
## Tony

Tony is an six-year-old boy.  He is a child of Mexican/Caucasian heritage;
however, his ethnic heritage is Chicano, and he is bilingual.  Tony was placed
with extended family when he was six months old because of parental neglect.
The extended family was unable to parent him, and he was freed through court
action at the age of three.  At that point, he was placed in an adoptive home
and the adoption was finalized.  At age five, Tony was relinquished from the
care of his family, and he was placed in a new adoptive home.  When that
adoption disrupted eleven months ago, he was placed in his current foster home.
The foster family consists of a mother and a father and two younger siblings.

Tony is a very attractive child with a winsome smile.  He is very quiet around
adults and tends to cling.  He has difficulty amusing himself, but he likes to
be involved in outdoor activities with other people.  He plays on a softball
team, likes to ride his bike, and ride horses.  He collects small rodents and
enjoys caring for and feeding them each day.  He does not want to live with
other children in the house, although he likes to spend some time with them.  He
is not very fond of women or younger girls.

Tony made the decision to remain one year behind in school this year.  He has
been having difficulty focusing on his work, and he does not want to be the
slowest child in the class.  He has been tutored this year, and doing better has
decreased his anxiety about his work.  Tony has been active in the church for
the last several years, and he likes to attend mass and Sunday school
activities.

**HANDOUT**
# Foster/Adoptive Family's Worksheet

Instructions

You are the foster/adoptive family. Consider all of the tasks which must be accomplished to make the child's move into your home successful. Which of them and what role to you think you ought to be taking during this time? Consider activities within each of the three times. The questions are guidelines to help you get started. Please expand upon the tasks and what role you would like. Be as specific as you can.

| Preparation Activities | Moving Day Activities | Adjustment and Settling-in Activities |
|---|---|---|
| Who do you think should tell the child about the new family? | Who should transport the child to the new home? | How much contact would you like to have with the child during the first months? |
| Where should visits actually occur? | Who should pack the child's things? | Who should answer questions about the child's past? |
| Who should decide visits will occur? | Who should be in charge of planning the moving day? | Who should help resolve family conflicts arising from the child's entry into the home? |
| Who should introduce the foster/adoptive family to the child? | | |

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# HANDOUT
# Teacher's Worksheet

## Instructions

You are the teacher. Consider the tasks you know must be accomplished to make a child's move to a foster/adoptive home a successful one. What role would you like to take in that process? Please consider all of the activities of this time period; and please be as specific as you can in describing your activities.

| Preparation Activities | Moving Day Activities | Adjustment and Settling-in Activities |
|---|---|---|
| Who should tell the child about the new family? | Who should transport the child to the new home? | How much contact would you like the child to have with the foster/ adoptive parents in the first month? |
| Where would you like to have the foster/adoptive family meet the child for the first time? | Who should pack the child's things? | Who should answer questions about the about the child's past? |
| Who should decide where visits will occur? | Who should be in charge of planning the moving day? | Who should help the foster/adoptive family with problems that arise around having a new child in the home? |
| Who should intro-duce the foster/ adoptive family to the child? | | Who should participate in a ritual to mark the event? |

**HANDOUT**
# Child's Worksheet

## Instructions

You are the child described in the attached case. What role would you like each of the other people to take during the preparation and moving process? Please identify the specific tasks of that period from your point of view, and describe as specifically as possible whom you would like to carry them out. The questions are guidelines to help you get started. Please expand upon the tasks and identify the roles you would prefer be taken by the adults.

| Preparation Activities | Moving Day Activities | Adjustment and Settling-in Activities |
|---|---|---|
| Whom would you like to tell you about the new family? | Whom would you like to take you to your new home? | How much contact would you like to have with your foster/adoptive parents during the first month? |
| Where would you prefer to meet the new family for the first time? | Whom do you want to help you gather your things together? | Whom would you prefer to tell you more information about past families? |
| Who do you think should decide where you meet your new family? | Whom would you like to take charge of the moving day? | Whom would you like to help you and your family if things get rough? |

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# HANDOUT
## Agency Caseworker's Worksheet

<u>Instructions</u>

You are the child's caseworker. Consider all of the tasks which must be accomplished for a child to move into a foster/adoptive home. Which tasks and what roles do you think you should take during each phase of this process? Be as specific as you can.

| Preparation<br>Activities | Moving Day<br>Activities | Adjustment and<br>Settling-in Activities |
|---|---|---|
| Who should tell the child about the family? | Who should take the child to the new home? | How much contact should there be with the foster/adoptive parents during the first month? |
| Where should the family meet the child for the first time? | Who should help the child pack? | Who should answer questions about the child's past? |
| Who should decide where visits by the foster/adoptive family will occur? | Whom do you think should be in charge of planning the moving day? | Who should help the family with problems that arise around the new child in the home? |
| Who should introduce the child to the new family? | | Who should participate in a ritual to mark the event? |

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# WHAT TO DO AFTER PLACEMENT

**Purpose:** To recognize/identify a basis for what parents, social workers and teachers can do to stimulate Parent/Inter-Agency communication and collaboration

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Time Required:** 1 hour

**Materials Needed:** Handouts: "What to do After Placement"
Case Study, "Post-Placement Services: The Greenes"
Post-Placement Services Worksheet
Pencils/pens, newsprint, markers, tape

**Physical Setting:** Room with chairs that can be moved around

**Procedure:**

1. Explain to participants that this activity will help them recognize the need for collaboration in providing post-placement services for adoptive and foster families.

2. Distribute handout and ask for a volunteer to read the case out loud for everybody. (Allow about 5 minutes.)

3. Next, ask each participant to state in the appropriate columns what the causes of the problems the Greenes are having and what services or contacts they think the Greenes need in finding a solution to each problem and who they think should make the particular referral. (Allow about 15 minutes.)

4. Next, ask participants to break up into four small groups. (Be sure each "participant-profession" is represented in each group.) Then ask each group to collate their responses and from that establish one list of their responses. (Allow about 15 minutes.)

5. Next, ask for each group spokesperson to report to the larger group. Discuss responses as necessary. (Allow about 15 minutes.)

6. Conduct a general summary discussion of these issues. Points that can be addressed are:

   a) With recent rapid changes in family norms and role definitions, traditional family support systems are not always able to provide all of the needed support to these families. Families with special

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definitions, tradit.anal family support systems are not always able to provide all of the needed support to these families. Families with special needs children therefore feel especially socially isolated and frustrated by lack of community resources, increased medical and/or financial problems, etc.

b) Although social workers have continued custody of the children in foster/adoptive placement, they are not equipped with all the skills to provide adequate post-placement services to all families. The responsibility for locating and securing support services, therefore, is a shared one. Relevant professionals and community agencies involved with the family and the child should play an active part in this process.

c) In foster placements, especially, the reality of agencies' situations does not make it possible for workers to always go through each step in preparing children and families for placement. Post-placement services become very critical in maintaining the placement.

7. Distribute handout," What to do After Placement," and explain to participants that most of the issues raised are covered in the handout.

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# HANDOUT
# What to Do After Placement

After placement, the problems families encounter will vary as will their
abilities to cope with the problems and the kinds of support they need. There
are no specific recipes to follow in helping the "new" family to adjust and band
together.

Post-placement services include both direct and indirect services provided to
the "new" family. The goals of these services are the integration of the child
and family and the resolution of problems which they may encounter.

> For Adoption:  Services include those provided before finalization and
> also those provided post-legalization traditionally over a one-year period
> known as "supervision" period.

> For Foster Care:  Services provided as a means of maintaining the foster
> relationship. In "emergency" placements, post-placement services are a way
> of "doing what ought to have been done" before placement.

In current practice, the placement of special needs children has led to a
restriction of services provided after placement.  Focus has shifted from the
traditional concept of "supervising" the placement to a focus on integrating the
child and the whole family rather than just the parents.  Natural children
of the adopting/fostering family are being brought into the picture.

PRINCIPLES UNDERLYING POSTPLACEMENT SERVICES:

Having needs and experiencing difficulties as part of the placement process is
normal.

The introduction of a new family member upsets established patterns within the
family. Changes in family equilibrium affect relationships between husband and
wife, between adoptive parents and adopted children, between foster children and
foster parents, between foster/adoptive children and natural children and also
between siblings. New stresses also occur as child and family become involved
with extended family, neighbors and schools. All the changes have to be
understood by all parties involved in order to assure a smooth transition.

Families who adopt/foster special needs children have tremendous coping
abilities.

The ability of adoptive/foster parents to cope with the stresses associated with
placement of special needs children has been well documented by Franklin &
Massarick (1969).  They found that families displayed "resilient adaptive
patterns" which demonstrate their inherent abilities to problem solve.  Agencies
should support the natural problem-solving processes and resources of parents.

The agency has a responsibility to both the child and the family to assist in

the resolution of problems which place the family and the relationship at risk. The goal of the service is to help the family remain together in an environment which is both physically and emotionally beneficial to the child (adoptive/foster) and all other family members.

The agency and family should mutually assess when family problems are serious enough for therapeutic intervention.

Because of the atypical nature/structure of the special needs family, there are occasions when the child and family may need intensive therapeutic intervention. A list of available resources and cost of services could be made available to the family.


## SERVICE APPROACHES

Traditionally, casework practice provided all post placement services to families on an individual basis. As placements have become more complex and service needs have become greater, other approaches have been used to complement casework as a primary service. The following are examples of these approaches.

### Parent Groups:

(i) Provide assistance and feedback from experienced families

(ii) Help reduce the isolation experienced by families of special needs children who see themselves and are seen by others as unique and understood by others.

### Two types of Organizational Methods:

(i) Agency-based problem solving Parent Groups which focus on issues which adoptive parents are trying to resolve. They provide parents an opportunity to identify the common problems/situations e.g.: antisocial behavior, lack of responsiveness, conflicts between children, medical and emotional problems. The group explores feelings about placement, provides opportunity to share ideas, successes, and even sometimes failures.

(ii) Independent Parent Organizations such as COAC* or Specialized Foster Parent Associations. These groups often support agency activities, and participate in advocacy efforts. They also provide an informal network in which common concerns can be shared.

### Volunteers or "Buddy" Families:

Linking experienced families, who have had success in managing specific problems or situations with new families. Families are paired with the expectation that the experienced family will provide information and support to the new family. Some volunteer families can be trained to provide post placement support


*(Coalition of Adoptable Children)

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services.  These families often establish important ties which extend beyond the resolution of problems. Families can be brought together through family activities; such as picnics, parties, formally organized agency meetings, etc.

Community Resources:  Linking families to community resources can help reduce family stress, provide medical, educational, consultation and sometimes financial resources. Some families, for example, may require help in securing SSI benefits, which a child may be eligible for after placement.

# Post-Placement Services: The Greenes

Here is a vignette that demonstrates a typical situation in which a family may need post-placement services. List sources of support and state in each case how the family will find out about the service.

#1.  Rodney age 5, is an endearing, blond-haired little boy. He was a premature baby who suffered brain damage at birth. He is legally blind, although he has some vision. His visual ability allows him to maintain brief eye contact and he can pick up small objects on the floor. Audiological examinations indicate profound deafness, even with a hearing aid. He seems to have some hearing on the right side however, since he favors this ear and cocks his head with the right ear up. He also has a diagnosis of mental retardation. Despite his physical and mental limitations, Rodney is a responsive and loving child. Rodney is eligible for SSI and he receives a monthly check.

Rodney was placed with the Greenes about 6 months ago. The Greenes, who live in a comfortable four-bedroom house, have two other children, Tommy who is 10 years old and Jennifer who is four. Since Rodney joined the family, the Greenes, an otherwise gregarious family with an active social life have not been as sociable. Most of their time is spent attending to Rodney's needs and it is almost impossible to find a babysitter for Rodney.

Ms. Greene, who was a bank teller, would like to return to work. Mr. Greene, who works as a supervisor at the local textile mill, has been working longer hours lately. Tommy seems unhappy lately because he has had to share his toys with Rodney. He has also stopped inviting his friends over as he is not very comfortable with answering questions about Rodney. Instead, he stays in his room "reading" a lot or goes out to play with his friends away from home for long hours. Jennifer, on the other hand, has been throwing a lot of tantrums and has nightmares quite frequently. She has also started wetting her bed in the last couple of months. Both Mr. and Mrs. Greene's parents live in the same town, but are not very supportive of the adoption of Rodney.

# WORKSHEET
## Post-Placement Services: The Greenes

| THE PROBLEM | SOURCE OF THE PROBLEM | POST-PLACEMENT SERVICES OR STRATEGIES | WHO CAN HELP? | HOW CAN THEY HELP? | WHEN CAN THEY HELP? |
|---|---|---|---|---|---|
| | | (What can help the Greenes?) | | | |
| | 443 | | | | 444 |

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# THE CHANGING GROUP*
## Part I — Entering the Group

| | |
|---|---|
| Purpose: | To explore the dynamics of groups and experience what happens when a new person tries to join a group. |
| Objectives: | 1. To explore the feelings of group members toward a newcomer |
| | 2. To explore the feelings of the newcomer |
| | 3. To state the implications of these feelings for the special needs child entering a new foster or adoptive family, or new classroom. |
| Target Group: | Generic |
| Group Size: | Small groups of at least 4 participants each |
| Time Required: | 25 minutes |
| Materials Needed: | Chalkboard and chalk or newsprint and felt-tipped markers, and masking tape<br>Handouts:<br>    "Task Sheet for Seated Group Members"<br>    "Task Sheet for Isolated Group Members" |
| Physical Setting: | Room large enough to accommodate small groups working in private |
| Procedure: | 1. Explain to the group that this exercise has to do with inclusion in groups. |
| | 2. Divide the large group into smaller groups of 4-6 persons each. |
| | 3. Ask one volunteer from each of the smaller groups to stay with you. Ask the groups to find a quiet place to work in the room. |
| | 4. Distribute "Task Sheet for Seated Group Members," then ask each seated group member to read it. |
| | 5. Distribute "Task Sheet for Isolated Group Members" to those volunteers who have remained with you. |

*Reprinted in the Short Term Care Training Program, Group Child Care Consultant Services, School of Social Work, University of North Carolina, Chapel Hill, 1982. Designed by Andrew Puckett, Group Child Care Consultant Services, 1977. Adapted from J. William Pfeiffer and John E. Jones, eds. A Handbook of Structured Experiences for Human Relations Training, Volume IV. LaJolla, CA: University Associates, 1973. Used with permission. Reprinted in the Short Term Care Training Program Trainer's Manual, etc.

6. Allow 5 minutes for members to read the task sheets.

7. Ask volunteers who have remained with you to try to rejoin their respective groups. Allow about 5 minutes.

8. Ask members to spend about 5 minutes writing down their answers to the questions on their handout.

9. Allow members 10 minutes to discuss their reactions.

10. To close the activity ask, "How are your feelings similar to those of special needs children entering a new group (or family or classroom)?" Then, ask, "How can you, in your role with the child, help that process be less painful and more positive?"

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# TASK SHEET
## The Changing Group — Part I
## Entering the Group

### For Seated Group Members

Begin discussing a topic of interest and concern to members in your group. The participant who remained with your trainer will try to join your group. You have spent just enough time to begin getting comfortable with each other in your group, and you resent this isolated member's trying to join the group late. Ignore her efforts. Carry on your conversation. Let her know that she is interrupting and that you don't want to include her in the group.

As you carry out this task, consider your thoughts and feelings about the following questions. After the exercise is over, jot down answers to these questions in the spaces below.

I.  WHAT HAPPENS WHEN A NEW PERSON TRIES TO JOIN A GROUP THAT ALREADY HAS ITS GROUP LIFE GOING?

II. WHAT ARE SOME OF THE WAYS THAT YOU AND THE OTHER GROUP MEMBERS RESPOND TO THIS OUTSIDER?

DISCUSS YOUR ANSWERS WITH THE GROUP

# TASK SHEET
## The Changing Group — Part I
### Entering the Group

**(For Isolated Group Members)**

Your task is to join a group now. You may meet with some resistance, since they have already formed their circle and have been talking with each other. As you carry out your task, consider your thoughts and feelings about the following questions. After the exercise is over, jot down answers to these questions in the spaces below.

I. WHO ARE THE PEOPLE IN THIS GROUP?

II. CAN I TRUST THEM?

III. HOW AM I BEING RECEIVED BY THEM?

IV. HOW CAN I RELATE TO THEM?

V. WHAT WILL IT COST (REQUIRE) ME TO JOIN THIS GROUP?

VI. HOW DO I FEEL ABOUT BEING LEFT OUT?

DISCUSS YOUR ANSWERS WITH YOUR GROUP

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# THE CHANGING GROUP*
## Part II — Leaving the Group

**Purpose:** To explore the impact of departure (another separation) on the child, and the foster family.

**Objectives:**

1. To identify words, behaviors, and feelings of the children at Stevie's departure

   a. About Stevie
   b. About the setting
   c. About parents
   d. About the foster parent

2. To discuss ways in which the separation theme is replayed as a child leaves foster care.

3. To identify words and behaviors of the foster parent.

4. To assess the impact of departure on other children in the family.

5. To evaluate the foster parent's helping skills in this incident.

6. To analyze the situation using issues in separation, helping characteristics, and communication skills.

**Target Group:** Generic

**Group Size:** Groups of 3-8 persons each

**Time Required:** 50 minutes

**Materials Needed:** Newsprint and felt-tipped markers
Masking tape
Handouts:
"Stevie Goes Home"
Task Sheets 1 and 2
Practice and Feedback Sheets 1 and 2

**Physical Setting:** Chairs grouped in corner areas of a large room so that there is a minimum of noise interference between groups.

**Procedures:**

1. Divide the participants into two groups of 3-8 persons each and have them find a place to work. Distribute short story, "Stevie Goes Home."

2. Allow time for reading (15 minutes).

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3.  Distribute "Task Sheet 1" to one group and "Task Sheet 2" to the other. Be available to answer questions, but wait until the groups have started to work before you begin to monitor their work on the task.

4.  Allow 20 minutes for the task. At the end of 15 minutes, inform the groups that they have 5 more minutes to complete the task.

5.  Have the groups form a large circle. Ask a representative from each group to take the newsprint from the group and take about 5 minutes to explain the group's task and to summarize the work.

6.  After both groups have summarized their work, highlight any points that did not emerge. (See the "Practice and Feedback" information sheets for possible answers.)

    VARIATION:  This story may be used in a trainer-led discussion around the chalkboard, using the questions on the "Practice and Feedback" information sheets.

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## HANDOUT
# Stevie Goes Home *

### Group Reaction When One Member of Group
### Leaves to Return to Parents

(This is a family group of foster children 8 to 12 years of age who lived in the
same foster family. Stevie is five-years old and is brain damaged due to child
abuse injuries. Stevie's parents came for him at 2:30 on a Saturday afternoon
in November.)

The boys knew he was leaving for good. They hovered around, walking in and out
of the doors, standing in first one room, then another. Stevie was a likable
little fellow, popular with the boys. They would miss him. I could see the
boys were upset over Stevie's leaving. There were recreation games outdoors,
which they liked. This did not keep them away from the house. They wanted to
be near Stevie when he left. I could see them, each with his own thoughts, his
own way of trying to say goodbye. They seemed to be doing this thing in a quite
subdued way.

After he left, the boys were very quiet, too calm for active boys. It felt like
a calm before the storm. They talked about Stevie, about past incidents, which
included Stevie. I got out some table games. I selected one that included
three boys, which was new. It proved to be very interesting to them. I read
the directions, showing them how to play. I took their erector set, started to
build a windmill, and in so doing interested Davie in building. Then, picking
up a story book, I started to read aloud and the group gathered around me,
listening. This I did to create a happier atmosphere. I tried to keep their
thoughts a little away from the reality of Stevie's leaving. I knew they were
wishing that each one of them was a Stevie, that their parents would take them
home. The afternoon passed. We got through our evening meal. The boys watched
T.V. and then came bath time. The boys did not seem to be as relaxed as usual.
There were no squeals and joking in the bathroom, or peals of laughter and
teasing with towels. I decided to give them individual shampoos. I did this
once a week, with no set day or time. They enjoy this making-togetherness.

(<u>Conversation</u>)

"Mrs. Victor, you have one less boy to shampoo tonight. Stevie isn't here."
Before I could answer, this was said: "She is glad, that will save her work.
She doesn't like us. Nobody likes us." "She does, too, her and Mr. Rogers are
the only ones that ever shampooed my hair," "Eh! You're her pet. Just like
Stevie was." "I am not." "You are, too."

"O.K. boys, I have no pets; I care for every one of you. Now come here. If you
call a boy a pet because I shampoo his hair, you are my next pet." With that, I
gave the boy a real going-over, a good rinsing, dried him, put on his pajamas,
and tucked him in bed and kissed him. I talked to him quietly, saying, "I do
not want you to envy Stevie for going home. There will be a time when you will

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leave; it has not arrived yet. This is your home now, and you can be happy
here, for there is much for you here to be happy about. People that care. I am
one of them. Right now, you cannot have this anywhere else. This is what
Stevie knew and understood. That is why he was so lovable."
Finally, all heads were shampooed, showers completed. "Are we going to look at
television, Mrs. Victor?" "No, not tonight. I will read you a story." One boy
said, "I bet Stevie is looking at television right now." "I bet he stays up to
twelve o'clock tonight." "Nevertheless,' I said, "I will read you a story, so
hop into bed. What would you like me to read?" Several voices said, "Tarzan."
"Where did we leave off?" "Seventh chapter. Tarzan was going to meet the
Queen." "Yeah, she'a a mean Queen, cause I read it before." "Yes she is, I saw
her in the movies." "Yeah, that's Mrs. Betts" (former foster parent). I read
another chapter of Tarzan. When I had finished, the boys had fallen asleep.
Then I said a little prayer, asking God to help us understand the things that
happen to us as we live our daily lives, asking God to help each boy in our
home, and myself, to do the right thing, being kind and good toward each other.
Putting the lights out, I said goodnight. "I will be here if you need me."

Sunday morning, November 2, came with a bang, and with the following comments on
the part of the boys -- "I hate this place. I bet Stevie is glad he's out of
here. I am getting out of here." Slam, slam, slam went the drawers of a
dresser. "You have to do this, you have to do that; I am going home. Right
away, real quick, too." Bang, bang, bang went the doors of the bathroom. "I
hate everybody here. They don't give us anything anyway. What do I get?
Nothing! Everybody thinks they're so smart. They ain't smart." "You needn't
kiss me goodnight anymore, either. You don't have to be so sweet." Clothes and
bedding were strewn over the floor. "I ain't going to do my job, either. I
don't care if I never get anything from here. I don't need you, either."

(Another boy)

"I'm going to call my grandmother and tell her to come get me. Your food is
lousy anyway. She can cook better than you. You can't do what you want to do
around here. Instead of going to Sunday school, I am going to run away. I wish
I was Stevie." Then this boy struck his friend, which caused a fight with a few
blows; confusion was supreme.

(Another boy)

"I told my mother to get married, so we could have a home. I hate this place,
too." Then, jumping up and down on the bed occurred. "Stevie is lucky. His
mother and father got together..."

(Another boy)

"Stevie said his mother was taking him by plane to Florida. Gee, he's lucky. I
wish I could do that." With this remark, a toy went sailing across the room.
"This place stinks. When my father married again, I thought he would take me
home, but he didn't. He stinks, too. I told Mrs. Victor that. She says we
will have many disappointments. She stinks, too. If you ask me, she's always
doing things but she stinks just the same. I wish she'd make my father take me
home. She could do it, if she wanted to. She can do anything but she won't, so
she's no better than my dad. I don't like her."

It seemed as if havoc had broken loose. The boys were running here and there, clad only in pajamas. Bedlam was the order of the day. Arguing, quarreling, and fighting. Shoes, sneakers, house slippers, toys, books, etc., were scattered over the house. The usual pleasant atmosphere of the house was completely lost. I knew that this was pent-up emotion in my children let loose, creating an atmosphere of rebellion, stemming from unfulfilled promises and dreams. Rejected children in a group wanting parental love, but not seeing how or why.

Finally, they got dressed very slowly, gradually picking up their belongings scattered on the floor. With sulky, gloomy faces, they were trying. Beds were not being made on time. They were not washed at all. Shoe strings were not tied. I washed little Davie, also saw to it that his shoe strings were tied. I thought, "We will never be ready in time for church." What a forlorn little group. No time for force. What to do?

Breakfast over, back to morning chores. By that time, we had a mixture of clothes, laughter, small flare-ups; things were changing for the better. Now came their jobs of dusting, sweeping, etc. "Let's get our jobs done, boys." I then started to sing. Whistle while you work. Some of the boys can whistle very well. We were whistling and singing together while getting the house cleaned up. As the boys finished their work, I let them watch a television program. Then came time to leave for Sunday school. I gave each boy his collection for the church offering, checked their clothing, told them not to forget their Bibles. Again, it came. (Thought: the clouds did not disappear.) "I bet Stevie does not have to go to Sunday school. Here you make us do what we don't want to."

While the boys were at church, I sat for awhile, thinking. What to do? Something had to be done. Then a sudden thought: I had seen three cartons of toys in the basement. I decided to get these toys and give them out. I sorted them according to what I knew each boy would like, placing them on each beds. Tractors, cars, trains, mechanical toys, clay, paints, stuffed animals, etc. Best of all, I found enough puzzles to give each boy one. I put these in a box, so I could personally give these to the boys later. Then I waited. At twelve o'clock, the boys straggled in. Several went to the family room, others to the kitchen. I recalled them to the front room, to hang up their topcoats and put away hats.

(Conversation)

It happened. One boy screamed, "Where did this train come from, Mrs. Victor?" "I put it on your bed." Another found the box of clay. "Gee! Just what I need for school. Did you give this to me, too?" "Yes, I did." "Thank you." "Thank you. Boy! Seems like Christmas here. Where did you get all these things? You gave us just what we wanted." The sun was starting to shine again in our house. It became a cozy, warm, pleasant atmosphere. There was a sharing and exchanging of toys, a togetherness of joy and laughter.

We finally went for dinner. After dinner we have a rest period, then outside play. During the rest period, I allowed each boy to choose some baseball equipment (gloves, hats, balls, etc.) "Now you have something for outside play." Well, this topped everything. The boys were delighted. Faces beamed with pleasure.

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# TASK SHEET 1
## Stevie Goes Home

1. Read "Stevie Goes Home."

2. As a group, make three separate lists on newsprint:

   a. What the children did
   b. What the children said
   c. What feelings might be behind these behaviors and words

3. Using the information you have collected, analyze the group's reaction to Stevie's departure, using such concepts as:

   a. Trauma
   b. Self-concept
   c. Defense mechanisms
   d. Approach-avoidance
   e. Grief process
   f. Group behavior


Choose a representative to summarize your findings to the other groups.

You have 30 minutes for this task.

You may wish to tape your newsprint to the wall so that your group has a visible record of its work.

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**TASK SHEET 2**
# Stevie Goes Home

1. Read "Stevie Goes Home."

2. As a group, make two separate lists on newsprint:

   (a) What the foster mother said
   (b) What the foster mother did

3. Using the information you have collected, make a third list which reflects your group's evaluation of the foster mother as to her:

   (a) Helping characteristics (empathy, acceptance, genuineness)
   (b) Helping skills (active listening, in touch with her own feelings, etc.)


Choose a representative to summarize your findings to the other groups.

You have 30 minutes to complete this task.

You may wish to tape your newsprint to the wall so that your group has a visible record of its work.

# PRACTICE AND FEEDBACK
## Task 1

| WHAT THE CHILDREN DID | WHAT THE CHILDREN SAID | ANALYSIS |
|---|---|---|

**WHAT THE CHILDREN DID**

Hovered around Stevie
Walked in and out
Did not participate in recreation
Said good-bye in own way
Acted subdued, quiet
Talked about Stevie
Talked about past incidents
Did not relax
Did not squeal in the shower
Slammed dresser drawers
Slammed doors
Strewed clothes and bedding
Fought
Jumped up and down on bed
Threw things

**WHAT THE CHILDREN SAID**

Nobody likes us
Stevie was her pet
Bet Stevie is looking at TV now
I hate this place
I'll bet Stevie is glad he's out
I'm getting out
You have to do this
I'm going home
I hate everybody here
Don't give us anything
Don't kiss me goodnight anymore
I'm not going to do my job
I don't need you
I'm going to call my grandmother
The food is lousy
You can't do what you want to
I'm going to run away
I wish I was Stevie
I told my mother to get married
Stevie is lucky; his mother and father
  got together; he's going to Florida.
  I wish I could
This place stinks

**ANALYSIS**

Trauma

There was a subdued air, a
  a scramble to recover

Self-Concept

Nobody likes us
Stevie was her pet
I hate everybody

Defense Mechanisms

Fantasy:  Bet Stevie is
  looking at TV now
Wish I could go to Florida
I'm getting out of here

Displacement:  I hate this place
I hate everybody here

Regression:  "childish"
  behaviors and expressions

Approach-Avoidance

"Nobody likes us" vs. "I don't
  need you"
"Stevie was her pet" vs. "don't

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# PRACTICE AND FEEDBACK
## Task 2

**FOSTER MOTHER DID**

Observed boys
Designed activities to get their minds
  off Stevie
Gave them individual shampoos
Talked to them
Showed them affection
Read them a story
Missed feeling behind words
Demonstrated her own discomfort in the
  face of the children's pain
Avoided the main issue
Tried to divert the boys' attention, an
  impossible task
She. substituted action for
  understanding.

**FOSTER MOTHER SAID**

"I don't have pets"
"You will go home"
"This is your home now"
"People care for you"
Started to sing

**ANALYSIS**

Observant
Nonjudgmental
Genuinely caring
Foster mother succeeded in
  deluding herself that she had
  handled the situation, when in
  fact she had avoided it.

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# LIFE BOOK EXERCISES *

| | |
|---|---|
| Purpose: | To identify techniques for using a Life Book in adapting to the needs of a particular child. |
| Objective: | Participants will be able to prepare a Life Book |
| Target Group: | Social Workers and/or Foster Parents |
| Group Size: | 1 - 30 participants |
| Time Required: | One Hour |
| Physical Setting: | Room large enough for small groups to work without disturbing each other. |
| Materials Needed: | Background articles: "Helping Children Understand Themselves and Their Histories" and "Making a Child's Life Story Book"<br>Handout: "Life Book Exercise: Difficult Situations"<br>Newsprint, marker or chalk and chalkboard |
| Procedure: | 1. Read background articles -- "Helping Children Understand Themselves and Their Histories" and "Making a Child's Life Story Book" -- to refresh your memory and give you ideas to include in the activity. |

2. Introduce the exercise with the following remarks:

   Life Books do not all look alike. The technique must be adapted to fit the needs and capabilities of each individual child.

   A Life Book is not an end in itself. The process of preparing one with a child is of equal or greater importance than the product itself.

   The heart of a Life Book is the experience of an adult (foster parent, social worker, friend) helping the child to interpret the events of the present, past, and maybe the future in a way that increases the child's knowledge about, and control over, his feelings about those events.

   It is difficult for many people to handle children's expressions of extreme discomfort, especially if the adult feels she has contributed to that pain in some way. Learning to overcome one's own discomfort and to

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interpret negative life experiences for the child, and at the same time providing support for a child during a state of high arousal, is the most important task an adult can do during the preparation of a Life Book.

3. Tell participants that they will identify techniques for using the Life Book with several special needs children.

4. Acknowledge that most of us can imagine constructing a Life Book with a verbal, fully functioning child or youth. But these are seldom the children with whom we are working. In general, when a child is difficult to work with, it will also be difficult to engage him in creating and interpreting life events.

   This exercise is designed to work on ways to prepare a Life Book in some of the situations which might cause workers anxiety.

5. Assign each trainee a "situation" from the handout which follows. If you have a group, divide them into threes and ask one trainee to role play the child, one to role play the adult, and one to observe and "coach" the adult.

6. Tell trainees they will have 15 minutes to complete this exercise. Coach them to spend only a few minutes trying to work out the situation. Ask them to focus among themselves on suggestions and possible actions they might take in working with the child described.

7. After 10 minutes, ask trainees to read their situations and to report briefly on what their suggestions were. Ask for additional contributions of trainees who did not have tnat particular child assigned. Record these on newsprint or the blackboard.

8. Ask participants how comfortable they are using a Life Book.

9. Ask for some suggestions from the group to help encourage their use of this technique if they have not yet done so. These might include:

   -- doing one with a co-worker, teacher, or foster/adoptive parent
   -- watching someone who has used one do one with a child
   -- taking on the task with only one new case
   -- asking for an experienced person to watch them use the technique and asking for specific feedback

# HANDOUT
# Helping Children Understand
# Themselves and Their Histories *

Introduction

The first two tasks in preparation are dealing with biological beginnings and dealing with foster care history. Ideally, children in placement would have records containing everything of importance in their past, but this is often not the case with special needs children. Links with the past, such as stories about things they did as children and pictures of themselves with pets or friends, help give children a sense of their own history and identity. However, for children who have been in a series of foster homes, memories are sometimes painful and often recall events which they do not fully understand. Many links with their past and their culture have become obscure, and there is no written or pictorial record to remind them of past relationships and significant events.

    Important tasks of preparing a child for adoption are:

        1) helping to unravel and understand what did happen, and

        2) giving permission to express feelings about these events.

In black communities, for instance, extended family or nonrelated family ("kin") often care for children for limited periods of time. Workers should not minimize the attachment of these informal relationships. They must take care to explain why children must be moved from homes in which their mothers may have placed them.

As children begin to understand and accept past events, they can begin to turn their attention toward the present and the future. Both the children and the caseworkers gain in this process. Workers gain a better understanding of the children, and the children gain important understanding of themselves.

One of the most useful methods for helping children to understand themselves and their histories is the Life Book. Every child needs concrete evidence of past experiences. Even the well-adjusted child can benefit from pictures and narratives that help the adoptive family accept memories. Since the past may have been painful, children may not want to talk about it. However, because of the Life Book's visual evidence, it may encourage child to talk about the past.

THE LIFE BOOK

Ideally, a Life Book should be completed for every child in foster care, whether the child is in short-term care and will return to his biological family, or whether the child will be adopted. The easiest time to begin a Life Book is as a child enters the foster care system, when birth, developmental, and family history are readily available. Unfortunately, a Life Book is frequently not

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begun, and it becomes the social worker's job to go back and locate the information.  The following list contains possible sources of information about the child's past.

> --case records
> --case records from other agencies that have had contact with the child and/or family
> --biological parents
> --foster parents
> --grandparents or other relatives
> --previous caseworkers
> --hospital where the child was born
> --well-baby clinics
> --doctors, nurses
> --previous neighbors
> --teachers and schools (school pictures)
> --court records
> --newspapers:  birth announcements, marriage announcements, obituaries
> --church and Sunday school records

It is never too late to start a Life Book.  Ideally, foster parents can be involved in the process, and, if necessary, the adoptive or foster parents can begin helping the child at the time of placement.  Since the child usually experiences strong feelings during the process of completing the Life Book, sharing these feelings with adoptive or foster parents could be an important component of building a relationship with them.

There is no "right way" to help a child begin to piece together the information into a personal life record.  The worker must be sensitive to the areas that are of most interest to the child and proceed from there.  For the child whose greatest interest or anxiety lies in past losses, the past is an appropriate beginning place.  For the child who voices much concern and curiosity about the unknown future, the future may be the appropriate beginning place.  For the child reluctant to deal with past or anticipated losses, the present makes a comfortable place to begin.

## Communicating

It is also important to decide what means of communicating is easiest for the child.  Some children can work easily in a visual or verbal manner, both hearing and expressing information clearly.  Other children need to join visual experiences with verbal explanations, drawing or describing the pictures they see in their mind's eye when they think about feelings, families, wishes, and memories.  Many children who need preparation for placement are too young to have developed good verbal skills, are behind in verbal skills, or have learned to distrust verbal and visual information.  They often need a chance to act out shared information through "let's pretend," puppets, or small dolls.  Any props can be used that "show" or physically reenact feelings and memories and that allow the child to integrate the experience.

A child in stress will commonly use a language which is most comfortable.  This fact may require extra effort in understanding on the part of the social worker. Try to use the child's own phrases in writing the Life Book, even if you would

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not ordinarily use these phrases.  Edit as little as possible.

Regardless of the child's preferred style of communication, it is important that there be a written record at the end of the process.  This tangible product serves as a touchstone to which the child can refer for information and for reassurance.  The written record also helps the new family understand their child's past experiences.

For the younger child, or for the school-aged child who has difficulty with writing and spelling or has little interest in producing a Life Book, the worker may do much of the actual recording.  The worker can talk over information to be included before a final copy is made, so that the child has a chance to select the words and to add individual perceptions, feelings, and memories.  With a preschool-aged child, the worker may choose to record the child's past in story form, including early details which the child could not be expected to remember. You may want to include the child's emotional reaction to what has happened to him.  For the adolescent, a factual listing of dates, names, and addresses may comprise the written record, with other information being discussed, but not written down.  The older a child is, the more a Life Book is needed to help sort out all the past experiences and emotions.  During this process, it is important to remember that the Life Book derives its value not just from its information or pictures, but from discussion between worker and foster or adoptive parents about what the content of the Life Book means to the child.

> The Life Book has the following uses:
>
> --It helps the worker and child to form an alliance.
> --It helps a child understand events in his past.
> --It provides tangible links to the past which provide chronological
>   continuity.
> --It involves foster parents so they can supply information and
>   express feelings about the coming separation (when foster parents
>   feel they can participate).
> --It increases a child's self esteem by providing a record of the
>   child's growth and development.
> --It contributes to the adoptive family's understanding of the
>   child's past and his uniqueness.

The remainder of this section contains several ways of preparing a Life Book. The first is from I Am Me, a self-exploratory workbook by Nancy Lineauer and Edythea Selmon.

Beginning with the Present

Begin by asking children for current information about themselves, such as "color of hair," "size of shoe," and "what do you like for dessert?"  This is an effective way to begin with younger children, and for most children the "here and now" aspect of life usually meet less resistance than questions about the past.  The past is fraught with difficulty for many children, particularly for those who are still in the denial phase of the grieving process about their separation from their biological families.  During this initial period, the focus can be on children in the present - what they look like, where they live, and what their likes and dislikes are.

One way of helping children get to know themselves better, whatever their ages, is to involve them in thinking about ways in which they are like others and ways in which they are different and unique, since both aspects of "self" are very important. Ways of being "alike" and "different" may range from color of hair and eyes to ways they are similar to (and different from) other family members. Helping a child identify with a cultural subgroup strengthens his or her self-concept, especially if the child is living in a family of a different race or culture.

A related issue is to get children to include in the Life Book things they don't like - e.g., school, spinach, social workers, etc. Children entering placement often feel they must be "perfect" or show only their "good" side. Encouraging children to share both likes and dislikes emphasizes that the whole child is loveable and can be shared with the adoptive family.

## Moving to the Past

At the same time that the child is sharing information with the worker, the worker can begin to share information about the child's uniqueness and past experiences. In sharing information, both the child and the worker actively assume responsibility in their relationship.

Beginning with facts. A place to begin may be with factual information about the child's birth and facts that are known about the child's infancy. Information that elicits visual memories is particularly helpful; for example, the worker might say, "Your biological mom (or foster mom) said that you had a favorite teddy bear and blanket that you liked to take to bed with you." The child might then be asked to draw a picture of himself with a teddy bear and blanket, if a photograph is not available.

Foster parents are often a rich source of a child's history. Here is a checklist of some things that they might be asked to include in a child's Life Book:

> --developmental milestones (first words, first steps, first days at
>   school, etc.)
> --information about injuries, illnesses, or hospitalizations
> --favorite activities
> --favorite birthday and holiday gifts
> --information about ways the child celebrated special holidays
> --favorite friends
> --information about pets in the family
> --information about ways the child showed feelings
> --pictures of the foster home
> --pictures of the child with the foster family
> --cute "naughty" behaviors
> --ways the child liked to show affection
> --special trips or vacations with the foster family
> --information about reactions to and frequency of visits with
>   biological relatives
> --any special extended family members
> --names of teachers and school attended
> --report cards
> --special activities, such as scouting, clubs, or camping experiences

--church and Sunday school experiences

If events have not been recorded for a child as they occurred, it is very useful to recontact past foster parents and ask them to help you and the child reconstruct this information.

In addition, photographs, drawings by the child, and copies of documents such as birth certificates and report cards can all be combined in a Life Book. If information about developmental milestones, such as the date of the first tooth or the first step, is available, it should be incorporated. Names of teachers and schools attended help record grade school and high school memories. Information about specific family members, pets, and moves are particularly useful in helping the child organize memories of the past.

## Moving to the Future

Even a child in a difficult living situation will often make an investment in that situation. One reason is the child's thinking, "I've managed to survive here" or "What if things are worse in a new home?" Security about handling known difficulties is often more attractive than fears about the unknown.

One way to help children move to thinking about the future is to help them realize that they are able to deal with change. Children who have a chance, through their Life Books, to identify things they have learned in the past, things they have recently learned, and thing they have not yet learned begin to know themselves better and begin to develop a sense of accomplishment which increases self esteem. In addition, the child's examples will give concrete form to the idea of positive change.

It is very difficult for some children to accept change as positive, since it is often so closely associated with separation and loss. It also reactivates the emotions surrounding previous separations and moves. Though children are always in a state of learning, growing, and changing, they sometimes fantasize, "If only everyting could always be just like it is now (or was in the past)." It is a worker's job to help them see that even in situations when it seems as though things are constant - the child is living in the same home, with the same family, attending the same school - in reality the relationships, and indeed the individuals themselves, are changing on a daily basis.

One way to help the child with the idea of change is to complete a page for the Life Book that puts memories of the past and hopes for the future in juxtaposition. For example, a worker might help the child remember several past birthday celebrations and then think ahead to some hopes about various birthday celebrations in the future. Or, the worker might help the child think about aspirations and dreams, such as what the child wants to be when he grows up. The caseworker then has the opportunity to connect these hopes for the future with needs that must be met in the intervening years, thus helping the child to understand the need for active parenting during those years.

Sometimes there will be difficult situations to deal with in constructing a Life Book. Here are several examples.

Example:     Chris is four. He has a very short attention span and is anxious. Everytime you mention his past, he cries

for his foster mother.

Possible
actions:     Ask the foster mother to help you and Chris with the Life
            Book, or start the book with what you know about Chris and
            ask him to draw a picture.

Example:     You have no photographs of people in Elizabeth's past.  She
            tends to fantasize about her past and selects magazine
            pictures that are not similar to her bioligical family.

Possible
actions:     Ask her to describe exactly what her family members looked
            like; ask her what they were like, emphasizing their positive
            qualities; qualify pictures she selects.

Another summary of suggestions on how to prepare a Life Book follows.

Preparation of Life Books

1. The setting:  office, park, playroom (A neutral place allows more .
   permission to express feelings.)

2. Basic materials:  scissors, crayons, glue, magic markers,   )er,
   photos from the child's life (of siblings, foster familie_, places,
   pets, schools, teachers, etc.)

3. Other tools  to help identify and express feelings/attitudes:
   playhouse with furniture, puppets, family dolls (black and white), at
   least one monster puppet or figure, pictures of children with
   different expressions (happy, sad, mad, etc.)

4. Time frames:  Thorough preparation takes six weeks to three months,
   working regularly and intensively with the child, weekly or every two
   weeks.  A Life Book will be least helpful in a "one-shot" session.
   Yet, if circumstances require a "one-shot" session, it is still
   preferable to do that than to have no session.  You should provide
   time for physical activity during or after sessions for emotional and
   physical release.

5. Before you start, be familiar with the child's record:  know the
   available facts.  In helping the child retrack the events in his
   life, use concrete questions to learn how the child perceives his
   experiences.  Feed in new materials to correct or expand his
   perceptions.

6. Topics to include:  birth information; the original family
   constellation; why parents couldn't take care of the child (dealing
   with the child's sense of blame); all the places he has lived and how
   he felt about each experience; current status; where he is going;
   what it is like to move to a new family (recall past moves, rules,
   relationships); loving more than one set of parents; and how
   relationships grow with time.

7. Linkage with foster parents or caretakers:  involve them in
   collecting information on the current situation.  They should also be

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cued in on the possibility that the child may act differently as he
works through these important issues and feelings.

The life story book can be used with children from preschool through
adolescence. It is a visible, concrete tool and provides each child with a
permanent visual record of his life 'n care and those who shared it with him.
It can be used equally well with those children who are returning to biological
parents and those children who are joining adoptive or foster parents. All
children in care outside their own family should have access to their own
history.

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# HANDOUT
# Making a Child's Life Story Book*

One of the best ways to help a child understand what is happening to him when he moves is to create a permanent record for his use and that of his adoptive parents as he grows, by making a personalized life story book.**  In simple terms, geared to the child's age level, a worker can create an invaluable tool for explaining biological parents' relinquishment or termination of rights, for explaining foster placement and relationships, and for explaining adoptive placement.  In the placement of toddler-age children and up, such a book helps the child to participate in moving, through helping him to begin to visualize what is happening and begin to grasp the difficult concepts and abstractions involved.  It helps adoptive parents by giving them words to phrase things which are often hard for them to explain; it helps them to put the emphasis on the positive aspects of a child's history while still telling the truth about the negative things.  And it gives the child something unique that is part of him and that he can turn to when he needs reassurance or understanding.

Pictures in the book are quite important, since children are much more concrete than we adults.  There are several ways to provide illustrations.  Ideal, of course, are photographs.  Have an aide write to former foster parents, grandparents, relatives who have cared for the child, saying something like:

> I am writing to you about Janie Smith, who was with you in foster care from early 1968 to 1970.  Janie is doing well and we are making permanent plans for her future.  In order to help her understand what has happened to her in life up to now, I am making her a scrapbook and I'm hoping to collect pictures of her from earlier years.  Pictures mean a great deal to a child who has changed homes, and I am hoping that you will be willing to share copies of pictures you may have taken of Janie and your family while she was with you.  If you don't have extras, I'll be glad to have copies made and return the originals to you.

Most workers will be suprised how helpful people will be if just asked.  This should also be a reminder to children's workers to be collecting pictures right along while a child is in foster care.  A life story book or photo album can go with him whether he moves into adoption or returns to his birth parents, and will mean more to him than any other gift we could give him.

Another way to provide illustrations is to draw simple stick figures with colored felt pens, and differentiated by hair color, etc.  to represent birth mother, foster

*Wheeler, Candace E. Shared Adventures:  Helping Children Move Into Adoption. The Winking Owl Press, P.O. Box 104039, Anchorage, Alaska 99510.

**For a much more complete discussion of this topic see Wheeler's booklet, "Where Am I Going? Making a Childs's Life Story Book," available from The Winking Owl Press, P.O. Box 104039, Anchorage, Alaska 99510.

parents, adoptive parents and other important figures.  You should make every effort to have the child participate in the writing and illustrating of the book.  One

great source of appropriate pictures is the little 35 and 50¢ children's books sold in variety stores and supermarkets.  A 'magnetic" photo album makes a very simple job of assembly, or the book can be constructed out of heavy paper with felt or vinyl-cloth for a cover.

Now for the content of the story.  The main thing is to include all the significant events in the child's life and expecially his placement history.  If he has had five foster placements and doesn't remember the first three, yor will probably want to gloss over the early ones (unless something important happened that he is trying to repress).  Be sure to begin with the birth parents and go on from there.  An excellent reference article is:  "Some Helpful Techniques When Placing Older Children for Adoption," by Mary Lou Sharrar, Child Welfare, October, 1970, pages 459-463.

Here is a sample story:


## THE STORY OF JAMES

Once there was a very young woman (only fifteen years old), who had a beautiful baby boy.  He was born on February 21, 1961 and his name was James, but lots of people called him Jamie.

Jamie's first mother was 5'2" tall and weighed 115 pounds.  She had long black hair and was very, very young and still needed to grow up herself.  She didn't know how to take care of a baby and she often asked her mother to babysit for little Jamie.

Nobody knew very much about Jamie's first father.  He was a young man about 18 years old who worked as a horse trainer.

When Jamie was five months old and beginning to get plump, his first mother went away and no one knew where she had gone.  The grandmother who was babysitting for little James asked the children's agency to find a foster home where the baby could be taken care of until Jamie's mother came back.

Baby Jamie was taken to a foster home where a nice family took care of him for six months.  He grew and grew.  Soon he could sit up by himself, then stand up.  He learned to say, "Mama" and when he smiled his brown eyes sparkled.  Just before Jamie was a year old his foster parents found that they would have to move to another state so they couldn't take care of him anymore.  Sadly they helped get Jamie's things ready and his caseworker put them all in the car and took little Jamie to stay in a new foster home with Mrs. Adler.

Jamie stayed with Mrs. Adler for a long time.  He called her his mother because he had forgotten his first mother.  He grew into a big boy.  He had his second and third and fourth birthdays at Mrs. Adler's house.  On Christmas he got presents and at Easter baskets of candy

eggs. He learned to walk and to talk and to climb and to run.

Most of the time Jamie felt at home with Mrs. Adler. Once in awhile though, he would have a visit from the young woman who was his first mother or from the grandmother who had been his babysitter for a short time. These visits made him nervous and upset because he was confused about who these people were.

Jamie's young first mother was often worried and confused. She wasn't happy and didn't know what to do with herself. Every so often she would go off on a trip and no one would know where to find her. She was looking for a way to be happy and she knew she couldn't take care of an active, growing little boy like Jamie.

While James was living with Mrs. Adler, his caseworker Mrs. King thought and thought about what was best for him. She talked to the Judge, who is supposed to be sure little children are taken care of. Mrs. King and the Judge talked about James and about his first mother. The Judge said that he wanted Jamie to have a permanent home to grow up in. It was not good for this nice little boy to stay in a foster home. He needed his very own family.

Mrs. King did everything she could to help Jamie's first mother learn to take care of him, but the girl was just too young. Finally,. when James was five years old, the Judge made him free to be adopted. He would not go back to his first mother. He needed a forever home before any more time went by.

So Mrs. King came to see Jamie at Mrs. Adler's house and told him she had found a mommy and daddy who had a little girl and especially wanted a little boy like Jamie. She and Jamie went for a ride in her car and Mrs. King took James to a restaurant where he met his new mommy and daddy for the first time.

Their names were John and Nan Barker. With them was Jamie's new sister, Anabel. Everyone sat around a table in the restaurant and ate lunch. Jamie had a good time visiting with the Barkers and then he went back to stay at Mrs. Adler's for a little while before he saw them again.

Mrs. King took James again to visit the Barkers. Soon he would go to live with them forever.

But Jamie was scared and sometimes he cried. He was very, very sad to leave Mrs. Adler, whom he called his mother. Mrs. King told Jamie it was all right to feel bad and to cry. But she also told him that he needed a home where he could be adopted and be his family's very own boy, a home to grow up in. Mrs. Adler loved James very much, and knew she would miss him, but she had wanted to take care of him only until he had his own home to go to and was happy to know he would soon be going home.

One day, when James was almost six years old, he packed all his clothes and his toys and his bike and got in the car with Anabel and

his new parents to move to his new home in Cincinnati.
Jamie's first year in his forever home will be a time for everybody to learn to love each other. Sometimes Jamie will be sad and lonely and even mad because he can't see Mrs. Adler - just as any little boy would be.

Sometimes Anabel and Jamie will argue - just like all brothers and sisters do.

Sometimes Mom and Dad will be upset with the children, just like all parents are sometimes. It might be hard to understand how Jamie feels inside because he can't always tell them, but they will try to understand and to help him know that they love him and want him to always be their boy.

But Jamie will learn to love his new family, and they will love him. Everyone knows that there will be times when James and Anabel get in trouble and times when Jamie is mad at his parents, just like in all families. But they also know that there will be lots of happy times as they love and share and grow together. And together they will always be a family, through good times and bad.

Although the story book seems like a lot of work, it actually helps to minimize the amount of work needed with the child. "The Story of James" provides some examples of ways to say difficult things, but each worker tends to develop an individual style and way of saying things, and for each child there seems to be a catch word or phrase that is repeated in the story until it comes to have a special significance for the child. With one child who was moving from an unsuccessful placement the worker explained that she was going to find parents who could make the boy happy, because he wasn't happy where he was; when the new mother wrote to the worker two months after placement she reported that the little boy said, "Tell her Tim be happy!"

# HANDOUT
# Life Book Exercise: Difficult Situations*

| Situation | Possible Actions |
|---|---|
| Jose is six years old, and labeled mildly retarded and hyperactive. He is unable to sit still for three minutes, and sometimes hits himself. You are concerned for his safety around sharp objects and are at a loss to hold his attention. | |
| Alise resides in an institution. She has no verbal skills, her CP is moderately advanced, and her movements are jerky and uncoordinated. She is alert and intellectually normal. She is not mobile. | |
| Roy is five years old. He has lived in this foster home for the last four. He cannot remember the severe physical abuse and deprivation of his life before age two. His foster mother has told him a nice story to account for those years. The story does not coincide with the information you have. | |
| Layla is six, very verbal, precocious, and sullen when she does not get her way. She thinks a Life Book is silly; says she doesn't want to make one. | |
| Curtis, age four, is excited about making another Life Book. He has one from a previous placement which recently disrupted. In that Life Book, his adoptive family was called a "forever family." | |

# BEHAVIORAL PRINCIPLES FOR PARENTS

**Purpose:** To give participants an opportunity to view a series of parent-child interactions and determine whether the parent used appropriate behavioral principles and interactions with the child.

**Objectives:**
1. The participants will identify the behavioral principle(s) in each of the vignettes.

2. The participants will determine whether the parent's behavior was appropriate or inappropriate in each of the vignettes.

3. The participants will determine what the parent should have said or done, if the parent's behavior was deemed inappropriate.

**Target Group:** Foster/Adoptive Parents

**Group Size:** 6 - 30 participants

**Time Required:** 60 minutes

**Materials Needed:** Film, "Behavioral Principles for Parents" (Available from: Research Press, 2612 N. Mattis, Box 3177, Champaign, Illinois 61820, 217-352-3273)
Film projector and screen

**Physical Setting:** Room large enough and chairs arranged so that everyone can see the screen

**Procedure:**
1. Preview the film to prepare for conducting this session.

2. Review principles of behavior with the group, such as:

   - Behavior that is reinforced is likely to increase or occur again.
   - Behavior that is ignored (reinforcement withdrawn) is likely to decrease.
   - Require a less preferred activity be done before a more preferred one (Grandma's Rule).
   - Expectations for behavior should be age-appropriate.

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3.  Explain to the group that they will be viewing a
    series of vignettes that depict parent-child
    interactions.  Explain that after each vignette, the
    group will discuss the behavioral principles
    depicted, whether the parent's behavior was
    appropriate or inappropriate, and what the parent
    should have said or done, if inappropriate.

4.  Show each vignette and facilitate discussion of
    each.

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# HANDLING DISCIPLINE PROBLEMS *

**Purpose:** To give participants the opportunity to explore alternative ways of handling discipline problems and crisis situations.

**Objectives:** Participants will be able to a) describe a variety of approaches which can be taken when using corrective measures; b) follow given guidelines for using corrective measures; and c) explore their different perspectives on handling discipline situations.

**Target Grouup:** Generic

**Group Size:** Small groups of 3 - 6 members each

**Time Required:** 70 minutes

**Materials Needed:**
File cards (5 x 8)
A pen or pencil for each participant
Handouts: "Group Task Sheet" - one for each group
"Observer Sheets #1 and #2" - one set for each participant
"Practice and Feedback"
Newsprint and markers or chalk and chalkboard

**Physical Setting:** A room large enough for groups to work without interfering with each other.

**Procedure:**

1. Present the lecturettes, "Approaches to Discipline" and "Rules for Corrective Measures." Write key points on newsprint or chalkboard.

2. Divide the participants into groups of 3-6. Ask that groups divide by their role, i.e. teachers, social workers, and foster/adoptive parents. Give each group 3 file cards and a pen. Distribute one "Group Task Sheet" to each group.

3. Tell the groups that they have 20 minutes to prepare two role plays, each of which deals with a discipline problem related to special needs children in care. Explain that they must set up each situation to involve both a child and a foster/adoptive parent or social worker or teacher, according to each group's role.

4. When both groups have worked for 15 minutes, inform them that they have 5 more minutes. When time is up, ask the groups to form one large circle.

*From the Short Term Care Curriculum

5. Ask for two volunteers from each group to play the role of the adult in the role plays written by the other group.

6. Distribute Observer Sheets #1 and #2 to each workshop participant (and additional pens, as needed) and allow a few minutes for reading. Explain that these sheets shculd be filled out while the role plays are being performed.

7. Begin the role plays. Do them in succession, allowing 3-5 minutes for each. For each role play, ask the person who is playing the child to provide the following information:
   Who is involved in the situation
   What is taking place at the time the role play begins
   When the incident occurs
   Where the incident occurs

8. After the four role plays are completed, discuss them as a group, using the questions on the Practice and Feedback sheet.

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# LECURETTE
# Approaches to Discipline*

You may use many different approaches to discipline.  Some may be those your
parents used; they are the most familiar and they may be the most automatic to
you.  However, disciplinary measures which your parents used on you may be
entirely inappropriate to use on children in your care.  This is an opportunity
for you to expand your set of approaches so that you can fit the technique to
the demands of the situation and to that particular child.

Discipline is taught in several ways:

1. Setting an example by your own behavior.
2. Allowing a child to make mistakes and helping him to recover.
3. Letting the child know that you have positive expectations which can be
   realistically met.
4. Teaching the law of cause-and-effect and following through on it.
5. Helping the child to live and work in a family.
6. Emphasizing the things the child has done right or well.

All of these approaches will be reconsidered shortly.  They are mentioned here
to give you an array from which to choose.

PREVENTION

Prevention is the most helpful approach to discipline.  Sometimes you can see
trouble coming.  It isn't really fair for you to allow a bad situation to
develop and then to impose some penalty.  Trouble should be averted, if
possible.

ACTION

Some guidelines in knowing when to do something about behavior may be helpful.
Four action approaches to behavior are as follows:  permitting, tolerating,
interfering, and preventive planning.**

PERMITTING

Sometimes behavior is uncomfortable for you, but the circumstances warrant its
acceptability.  For instance, a neat living room may be a rule, but in a period
of severe emotion   tension, or Christmas decorating, or for other reasons,
messiness is acceptable.

*Adapted from the Short Term Care Curriculum, Parent Aide Handbook

**Redl, Fritz. When We Deal With Children. New York: Free Press, 1966.

TOLERATING

Some behaviors can, in the short run, be tolerated. One reason for tolerating behavior is to allow the child to make some mistakes in order to grow. Age-typical behavior is also tolerated, such as noisiness, messiness, and climbing from 3-year old children. Strategic tolerance is also used, since it may not be appropriate to confront a particular behavior at that time. That is, something more important than the specific misbehavior may need attention.

INTERFERING

Sometimes behavior demands that you interfere in the behavior. There are progressive steps of interfering. You would choose the type of interference which is strong enough to achieve your purpose, but not so strong as to provoke hostility if that can be avoided.

To stop unacceptable behavior:

    a.  It may be necessary only to walk into the room.
    b.  You may catch the eye of a child from across the room.
    c.  You may speak the child's name.
    d.  You may touch the child lightly on the shoulder.
    e.  You may remove a child (or children) from the scene of action.
    f.  In case of severe disturbance of a child, you may have to hold the child bodily until the crisis is past.

These are all types of interference. You can add other types, depending upon the situation and the needs of the children involved.

PREVENTIVE PLANNING

This is by far the best approach, because trouble can often be avoided by planning before objectionable behavior develops. You can discuss with each child the limits and mutually plan your expectations for the future. As a family, you can plan rules, policies, and procedures in advance, which will keep things running smoothly and avoid trouble which may arise when a group or an activity has no sense of order, movement, or planning.

Deciding what is appropriate at that time for the particular people involved is a skill you can develop. It depends upon several factors. Use the following questions as a checklist:

    - What is the emotional climate?  (Mild hostility? Screaming anger?)
    - What preceded this incident?
    - How emotionally stable is this child?
    - How much does he or she trust me?
    - How can I handle the situation well?

This checklist gives you a realistic look at the situation. Practice using it so that it becomes natural to you. If a situation is emotionally boiling, you may need to let the child constructively vent emotions before you can go on. Snap judgments many times can do more harm than good. Many children in care have already developed a mistrust of adults. You need to re-establish trust.

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It is wise to develop the ability to keep in touch with the vibrations of your setting.  Don't let one child consume all of your attention to the exclusion of the other things which are going on.  Often you can "feel" trouble brewing and find ways to divert the tension.

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# HANDOUT
# Rules for Corrective Measures

The road to discipline can be very confusing, but sometimes guideposts help. Here, then, are some "rules of the road" you can use when you need to establish corrective discipline.

1. Focus on the positive. By focusing on appropriate behavior and reinforcing this you can help the child learn appropriate behavior, feel successful, and develop positive feelings about himself/herself. It also allows you to feel more positively about the child.

2. Make sure the child knows your values and expectations. The child needs to know what is acceptable and unacceptable behavior. These should be clearly described and adhered to consistently.

3. Behavior that is reinforced is likely to occur again. This is true of appropriate and inappropriate behavior. It is important to reinforce the child for appropriate behavior. If inappropriate behavior continues, then it is being reinforced, somehow. You will need to determine how and eliminate it if possible.

4. When telling a child what not to do, be sure to tell what can or could be done. Frequently, we tell children "Don't do that," or "No, you may not." This does not indicate what the child could have done or can do in a particular situation.

5. Plan, don't react. It is preferrable to know how you intend to handle various behaviors and situations before they occur. This will allow you to not react in a way that you would not have had you had time to think about it.

6. Relate the consequence to the offense and make consequences be psychologically correct for the child. When a shy, withdrawn child has finally become involved in a family activity, but promptly gets into trouble, harsh criticism will only make the child more shy and more reluctant to try to participate a second time with the family. Criticism is not "psychologically correct" for this child; some other kind of consequence is required.

7. Give logical reasons for the consequences. "Because I said so," leaves the child feeling frustrated and bitter. Given a logical reason, the child will likely accept it, even though the child may not like it.

8. Remember, no corporal punishment. Striking a child is degrading to his/her person. It directs the child's thinking to the source of the punishment (you) rather than to the cause of the punishment (the behavior). It may also teach the child physical aggression.

9. Remember, no group penalty for an individual offense. It is important to identify who was involved so that those who are not guilty are not penalized.

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10. Admit your mistakes. In order to maintain trust, you must be open and honest with children. This means admitting it when you are wrong. This will not lessen you in the eyes of the children. On the contrary, you will appear to be a better and more believable person to them and a more reasonable model for them to follow -- if you admit openly when you have made a mistake.

11. Do not take remedial action when you're angry. You can't think clearly when you're angry, and the tendency is to overreact. So, take time to cool down. If the child is angry, give time to cool off before you act. It is almost always appropriate to say, "I'm (you're) angry now -- give me (take) a couple of minutes to cool down, and then we can talk more sensibly."

12. Be truthful. This is the only way you will be able to maintain trust.

13. Try to find out the underlying causes. Some behaviors may be occurring due to a problem the child is having, a new stress, etc. Unless you find the meaning behind the behavior, you cannot help with the problem. Behavior is a symptom, not the disease itself.

14. Do not expect the child to tell you why he/she did something. Young children may not know why they did something. It is not appropriate to make the child feel that a reason has to be explained, so that he/she can protect him/herself. It is also important to look at antecedent events. Did some event precipitate the behavior? If the antecedent can be changed, then the inappropriate behavioral response to it may be avoided.

15. Time consequences carefully. If the consequence is not the natural result of the offense, but is in the form of a penalty which logically must be imposed, time the penalty in terms of the child, the offense, and yourse'f. Remember, the purpose of an imposed consequence is not punishment, but correction and, above all, growth and learning.

16. Guard your influence carefully. Your influence with the child is limited, so use it wisely to deal with important issues. Don't waste it on little things by nagging or being sarcastic.

17. Try to say "yes" when sometimes your natural tendency is to say "no."

18. Be disciplined yourself, and be an example to the child.

19. When in doubt, give the child the benefit of the doubt.

20. Be encouraging and praising in front of the group. Give correction or criticism in private. With teenagers, even praise may need to be private.

21. Remember that the child who has the gumption to fight is in better shape than the one who has given up. It is easier to redirect energy than to create it.

22. Remember that all feelings are acceptable. However, the child may
    need help in finding appropriate ways of expressing those feelings.

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## GROUP TASK SHEET
# Handling Discipline Problems and Crisis Situations

Your task is to prepare two role plays involving a discipline problem. Record the following information for each situation on a separate file card:

> Who is involved
> What is taking place at the time the role play begins
> When the incident occurs
> Where the incident occurs

Choose two members of your group to play the child in each situation. Choose two members of your group to play the adult in the situations being written by the other groups.

You have 15 minutes for this task.

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# OBSERVER SHEET #1
## Handling Discipline Problems and Crisis Situations*

Which approach(es) does the adult use in each of the role plays?   Are they appropriate to the situation?   Why or why not?

| APPROACHES TO DISCIPLINE | Role Play #1 | Role Play #2 | Role Play #3 | Role Play #4 |
|---|---|---|---|---|
| 1. Permitting:  Sometimes behavior may be uncomfortable or "against the rules," but should be permitted.  These are times when the rules are suspended.  For example, if neatness is the general rule, this can be suspended during finger-painting time or Christmas decorating or under other special circumstances. | | | | |
| 2. Tolerating:  Tolerating basically means "putting up with" for a short amount of time.  One reason for tolerating is to allow a child to make mistakes so he can grow.  Another reason for tolerating is that a child's age demands it; for example, a baby's crawling, even though we eventually expect the baby to walk.  Another is the case of the child who has a tantrum.  You may ignore the action.  Later you will discuss it. | | | | |
| 3. Interfering:  This requires an intervention on your part.  This intervention may simply be to enter the room where the problem is occurring.  Or, it may mean catching the child's eye, saying the child's name, or actually physically holding the child. | | | | |
| 4. Prevention:  Prevention is by far the best approach to discipline.  It enables you and the child to mutually establish the rules for behavior. | | | | |

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Adapted from The Basic Course

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# Handling Discipline Problems and Crisis Situations

How does the child care provider in each role play handle the situation in terms of the following guidelines?   Check as many descriptions as apply to each role play.

| GUIDELINES | Role Play #1 | Role Play #2 | Role Play #3 | Role Play #4 |
|---|---|---|---|---|
| The consequence, if there is one, is related to the offense. | | | | |
| The consequence, if there is one, is psychologically correct for the child. | | | | |
| The consequence, if there was one, was appropriately timed. | | | | |
| There is NO corporal punishment. | | | | |
| There were logical reasons for the consequences. | | | | |
| The adult ........admitted mistakes. | | | | |
| ........did NOT react in anger. | | | | |
| ........was truthful. | | | | |
| ........tried to find the underlying causes or identified and eliminated an antecedent event that triggered the misbehavior | | | | |

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# HANDOUT
## Practice and Feedback

I.  CAN ANYONE SUMMARIZE FOR US THE DIFFERENT TECHNIQUES THAT WERE TAKEN BY
THE ROLE PLAYERS WHO PLAYED THE ADULT ROLES?

Feedback

II.  WERE THEY APPROPRIATE FOR EACH SITUATION?

Feedback

III.  WHAT ARE SOME OTHER WAYS OF HANDLING EACH OF THESE SITUATIONS?

IV.  WHAT HAVE YOU LEARNED FROM THIS EXPERIENCE WHICH WILL HELP YOU IN YOUR
WORK WITH CHILDREN?

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# CRISIS INTERVENTION

**Purpose:** To give participants basic information about crisis situations and strategies for dealing with crises that may emerge in their work with special needs children.

**Objectives:**
1. Selected participants will perform in role plays portraying crisis situations related to children in care.

2. Participants will observe role play situations portraying crisis situations related to children in care.

3. Participants will analyze role plays presented in terms of effective and ineffective steps to take in responding to crisis.

**Target Group:** Generic

**Group Size:** 6 - 30 participants

**Materials Needed:** Handouts: "Steps to Take in Crisis Intervention"
"Factors Related to Families' Ability to Achieve Mastery Over Stressful Events"
"Rules of Thumb for Crisis Intervention"
"Steps to Take in Crisis Intervention"
Newsprint and markers or chalk and chalkboard

**Time Required:** 60 minutes

**Physical Setting:** Room large enough to conduct role play so that everyone can see

**Procedure:**
1. Introduce the activity by making the following points:

   a) A "crisis" situation is viewed differently by different people. What one person would view as a "crisis," another person might not experience as crisis. (Ask the group to give examples of what each would experience as a crisis in their lives. You probably get examples ranging from lost keys to a death in the family.) Point out, then, that what is a crisis for one is not a crisis for another.

   Some people tend to exper ce more crisis in their lives than others, t. a variety of reasons:

   -- They may be living under very stressful conditions, so that anything that goes wrong

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may put them "over" into a crisis.  For
example, a single mother with two children, on
a fixed budget, with one child being treated
for an ear infection and another child being
screened for a special class in school may not
be able to withstand the crisis of a car
breaking down as easily as a two-parent
working couple with no children.

- They may be overwhelmed by the stress of
day-to-day living, and so make no plans for
arrangements that might make things easier in
the long run.  For example, the mother of
three young children and an infant who needs
special formula may not be able to buy formula
by the case.  So, she struggles to buy formula
on a day-to-day basis and constantly faces the
problem of getting to the store, keeping the
baby fed, and finding sitters for the other
children.

-- They may be "drama junkies."  Some people find
their own life so tedious and boring that they
like to create excitement, both to distract
them from their problems and to draw others to
them for help.  Such people thrive on
relationship crises and creating negative or
problematic situations in their lives.  Crises
becomes a form of "drug" that distracts them
and in some ways keeps them on a kind of
"high."

2.  After you have made these comments, distribute the
handout, "Factors Related to Crisis".  After each
participant has a copy, explain the handout by saying:

a)  Most people like to be in a state of balance or
equilibrium.  When a stressful event occurs, that
state is upset and a person is motivated to,
somehow, restore some balance to his or her life.

b)  How well people are able to do that is linked to
several factors, including, how they perceive the
event, what kind of support they have in the
situation, and how adequate their coping
mechanisms are.

c)  Ask the participants to think of a crisis
situation in which they have been involved in
which perceptions of the event were not realistic,
but were distorted.  (If participants are not able
to give examples, provide some of your own.  i.e.,
The case of the pre-school teacher who called the
foster parent of a child who had cerebral palsy.

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The teacher was angry and hostile, telling the foster parent that there was no way that child could enter a normal pre-school classroom, because his condition would be frightening and disgusting to the other children. Or, the case of the foster parent who called her social worker, insisting that her foster child with mental retardation be picked up immediately because her own children seemed to be catching his disease.)

d) Summarize how adequate support (practical, financial, and emotional) and adequate coping mechanisms (confidence, problem solving, decision making, etc.) can help a person deal with crises.

e) Without proper support, coping mechanisms, or perceptions of the event a stressful event turns into a crisis.

3. Next, point out that some families, just like some individuals, are better able to cope with crisis than others. Distribute the handout, "Factors Related to Families' Ability to Achieve Mastery Over Stressful Events". Point out that these factors provide the support, coping mechanisms, and realistic perceptions needed to resolve crises. Families without effective coping mechanisms experience more frequent family crisis and higher levels of tension and frustration, making crisis more difficult to resolve.

4. Ask participants for examples of family crisis they have experienced in working with special needs children (either in their own families or in families of the children). Ask how the skills listed helped or hindered the mastery of a stressful event.

5. Introduce the next part of the activity by telling participants that they will be reviewing and getting a chance to practice some specific rules and steps to take in helping someone in a crisis situation.

6. Distribute the handouts, "Rules of Thumb for Crisis Intervention" and "Steps to Take in Crisis Intervention." Ask participants to read them. Allow about ten minutes.

7. Ask for any questions or comments on the handouts.

8. Clarify questions or comments.

9. Tell participants that they will be participating in and viewing two role play situations portraying crises. Ask for 4 volunteers to play the parts of a foster parent and a social worker for role play one

and an adoptive parent and a social worker for role play two.

10. Distribute the role play cards for role play one. Ask the first pair of role players to study their roles.

11. Refer to their handouts, "Steps to Take in Crisis Intervention" and "Rules of Thumb for Crisis Intervention". Tell participants who are not in the role play to act as observers and to notice which of the steps and rules of thumb in dealing with crisis that the social worker used in each role play.

12. Tell participants what the situation is for role play one. Do not give details of the characters.

13. Ask the first pair of role players to act out their roles.

14. Process the role play by asking each player what his/her feelings, thoughts, and reactions were in that role. Ask each player what his/her reactions were to the other role player. Finally, ask participants to share their observations on how the person who played the role of the social worker did in using the "steps" and "rules" for crisis intervention.

15. Repeat steps 10-14 for role play two.

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# HANDOUT
## Factors Related to Crisis

```
                    ┌──────────────────────┐
                    │   HUMAN ORGANISM     │
                    └──────────┬───────────┘
                               ↓
STRESSFUL EVENT ──→  ┌──────────────────────┐  ←── STRESSFUL EVENT
                     │ STATE OF EQUILIBRIUM  │
                     └──────────┬───────────┘
                                │
                     ┌──────────────────────┐
                     │STATE OF DISEQUILIBRIUM│
                     └──────────┬───────────┘
                                │
                     ┌──────────────────────┐
                     │    NEED TO RESTORE    │
                     │     EQUILIBRIUM       │
                     └──────────┬───────────┘
```

BALANCING ↓ FACTORS PRESENT   ONE OR MORE ↓ BALANCING FACTORS ABSENT

REALISTIC PERCEPTION OF THE EVENT		DISTORTED PERCEPTION OF THE EVENT
ADEQUATE SITUATIONAL SUPPORT		NO ADEQUATE SITUATIONAL SUPPORT
ADEQUATE COPING MECHANISMS		NO ADEQUATE COPING MECHANISMS
RESULT IN		RESULT IN
RESOLUTION OF PROBLEM		PROBLEM UNRESOLVED
EQUILIBRIUM REGAINED		DISEQUILIBRIUM CONTINUED
NO CRISIS		CRISIS

HANDOUT
Factors Related to Families' Ability
to Achieve Mastery Over Stressful Events*

Factors	Healthy Families (Effective Coping)	Unhealthy Families (Ineffective Coping)
Leadership	Clear Shared	Unclear Abdicated
Communication	Clear, Straight Disagreements Worked on	Garoled Disgreements Stay Un-resolved
Role Assignments	Clearly Understood Flexible Shared	Unclear Rigid and/or Not Shared
Problem-Solving Behavior	Realistic Stay with Problem Get Information	Denial Wishful Thinking Early Resignation Blaming, Self and/or Others
Feelings	Expressed	Hidden
Family Unity	Solution takes Account of Needs of Individual Members	Solution at the Expense of Some Individual Members Scapegoating

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HANDOUT
Rules of Thumb for Crisis Intervention*

1. Know the signs of crisis

   a) emotional upset, plus
   b) a precipitating stressful event (loss, threat of loss, and/or challenge), plus
   c) disorganization of usual functioning

2. Intervene during the crisis period.

3. Stay with the individual/family during the crisis period; make frequent contacts.

4. Don't be too concerned about "fostering dependency" during the crisis period.

5. Don't be concerned that the person(s) gain self-understanding or insight into underlying causes, until after the crisis state has passed.

6. Avoid fragmenting the family -- keep them together, in the same place, if at all possible.

7. Be explicitly accepting of the person(s) feelings as they deal with their crisis.

8. Be active (but not directive) -- supporting, suggesting alternatives, exploring consequences, giving information, providing concrete help -- so that the person in crisis will be able to:

   a) face the problem actively and realistically.
   b) talk about the problem.
   c) express their feelings about the problem.
   d) give support to others affected by the problem.
   e) cope with the frustration of outcomes being uncertain, unknown.
   f) share roles and responsibilities within the family.
   g) avoid blaming.
   h) maintain realistic hope.
   i) separate the past from the present, see the present as an opportunity to make things work out better.

*Adapted from an address delivered by Gerald Caplan in 1970.

The Dynamics of Child Placement Services
Group Child Care Consultant Services
School of Social Work
University of North Carolina at Chapel Hill

HANDOUT
Steps to Take in Crisis Intervention*

1. ## Use Active Listening Skills

    Often, a person's feelings about a crisis (fear, panic, anger, worry, etc.) can interfere with that person's ability to move or do anything about the situation. If you are able to simply listen to what that person says and allow that person to talk through their thoughts and feelings, the person will more likely able to move on to actually doing something about the situation.

2. ## Clarify the Content

    Frequently, when people are upset about a crisis situation, they do not communicate clearly. They may be crying or shouting or mumbling. They may not be thinking clearly. Your job is to find out as much as you can about the crisis. Find out the details. Find out if the crisis is, in your opinion, really a crisis.

3. ## Identify Resources

    Once you have helped the person ventilate some feelings and identify the details of the crisis, your next step is to encourage the individual to identify resources for dealing with the crisis. Ask questions such as, "How have you handled this in the past?" "Is there someone near by who could help?" "Have you called a _____ (doctor, plumber, etc.)?" Encourage the person to look at his or her own resources for handling the crisis.

4. ## Identify Options

    Once possible resources have been identified, ask the person in crisis to consider which one he or she will actually use. For example, if parent is about to be evicted and has said they could either (1) sell the stereo, (2) talk to the landlord one more time, (3) apply for public assistance, or (4) look for another place to live. You could ask the parent to think about each option and the likely outcome of pursuing each. Let the parent, then, decide the best avenue to take.

5. ## Make a Plan of Action

    Once an option has been chosen, encourage the parent to begin action. Ask the questions, "What must you do?" "What do you need?" "How will you get it?" and "When will you do it?"

*Adapted from a presentation delivered by Jean Neimeyer, Durham CAPS Program, Summer, 1983.

6. Evaluate

Follow up the plan to see if the parent actually accomplished his or her goals. Knowing that you handled a crisis successfully can be very rewarding. If the person you have supported has this success, praise him or her for a job well done.

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HANDOUT
Role-Play Descriptions

<u>Role Play One</u>

Character #1: Teresa James, foster parent

You are the 25-year-old adoptive mother of a three-year-old girl. Your child
has epilepsy that can be controlled with medication. You and your husband are
separated and are having bitter fights. Tonight your husband came to your
house. The two of you had a terrible argument in front of your daughter. Your
husband shouted and smashed a chair, frightening both you and the child. After
the fight is over and your husband is gone, you are convinced that you are not
fit to parent your adopted daughter. In desperation and tears you call your
social worker, Eleanor Jones.

Character #2: Eleanor Jones, Social Worker

You have been a special needs adoption worker for two of your ten years in
social work. You were Teresa's worker for her adoption of little Amy. You were
pleased with how the adoption placement progressed. Lately, however, you are
feeling frustrated by the ongoing fights Teresa and her husband have in front of
Amy. You know that stress can trigger the child's epilepsy. Tonight, the phone
rings at your house. It is midnight and Teresa is crying on the phone.

Situation: Teresa and Eleanor are just beginning a phone conversation. Teresa
is crying and upset. Eleanor is slightly annoyed to be awakened late at night
with yet another fight story from Teresa.

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Role Play Two

Character #1: Helen Austin, foster parent

You are thirty-eight-years old and the mother of five boys, three of your own and two foster boys. You have done this, on your own, for the last five years. Your youngest child, Billy, is four years old and mildly retarded. He is enrolled in the local Head Start program. Billy is a charming little boy, who loves to help you in the kitchen. Tonight you are making a special treat for supper. . . home-made french fries. Billy is watching you slice the potatoes, when the phone rings. When you return to the kitchen just minutes later, Billy is sitting on the floor with a deep gash in the palm of his hand. Blood is everywhere and Billy looks very pale. The other children are playing in the neighborhood and your car is in the shop. You wrap Billy's hand in a dish towel and reach for the phone to call Vanessa, your social worker.

Character #2: Vanessa Lowe, social worker

You are twenty-eight-years old, with no children of your own. This is your first year as a full-time social worker. You have been working in specialized foster care for only four months. Tonight is your husband's birthday and the two of you are just going out the door to celebrate, when the phone rings. You are irritated to hear the voice of Helen Austin, even   ~ugh you know she would not be calling if there were not some kind of emergency.

Situation: Helen and Vanessa are just beginning a phone conversation. Helen is seriously concerned, but not in a panic. Vanessa is slightly annoyed, but willing to listen. Vanessa's husband keeps motioning for her to hang up the phone and come with him to keep their date.

RESOURCES FOR RESPONDING TO POSTPLACEMENT PROBLEMS

Purpose: To explore postplacement difficulties and the role of foster/ adoptive parents in their resolution

Objectives: Participants will be able to identify common postplacement problems and identify areas in which adoptive parents can be a resource to help resolve those problems.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: One hour and 20 minutes

Materials Needed: Background Article: "Common Postplacement Themes"

Newsprint and markers

Physical Setting: Room large enough to hold three groups

Procedure:

1. Read the background article, "Common Postplacement Themes" to prepare yourself for this session. It will refresh your memory and provide ideas you can incorporate into the discussion.

2. Divide the participants into three groups. Ask each group to generate a list of common postplacement problems or themes for one of the following:

   a) children
   b) parents.
   c) adoptive/foster family

3. Give an example for each to get the participants started (see the list below). (Allow about 15-20 minutes.)

   EXAMPLES: <u>Children's Themes</u>

   separation
   ambivalence toward new parents
   inability to give and receive
   clinging to old roles
   establishing patterns of behavior
   knowledge of the past
   family integration process
   the challenge of handicapping conditions

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Parents' Themes

child as a guest
expectations about love
time to be a family
adoption vs. developmental problems
parental entitlement and discipline
acting out as a challenge
stage-specific parenting
attitude toward biological parents

Family Themes

reaction to extended family
marital conflict
acting out by other children

4. List the problems/themes on newsprint. Ask the participants for examples from their experience to illustrate some of the problems listed. (10 minutes)

5. Make a transition to the next phase of this exercise by talking about adoptive/foster parents as a resource to provide support for these problems. (10 minutes)

   a) Good casework and postplacement services are necessary and important, but the caseworker can't be all things to all people.

   b) Adoptive/foster parents can support other adoptive/foster families.

   c) Using adoptive/foster families as support systems can be a cooperative venture between agency and parents to bolster the agency's program. Adoptive/foster families have experience that provides insight and lends support to other adoptive/foster families.

   d) An adoptive/foster parent support network can fill the supportive role extended families once provided (and sometimes still do).

6. Ask: How many participants have formal or informal adoptive/foster groups or individual families who provide support to one another?

7. Ask: What kind of support do their adoptive/foster parents provide? Record their answers by listing their support examples under these four areas, if they fit. (10 minutes)

   a) Information and Referral

5) 3

b) Education
c) Emotional Support/Social Activities
d) Social Action

8. Ask participants what reservations they have, if any, in using adoptive/foster parents to provide postplacement assistance. (10 minutes) (NOTE: THIS IS AN IMPORTANT QUESTION. ALLOW FOR DISAGREEMENT; PURSUE DIFFERENCES.)

9. Brainstorm with participants how it might be possible to start an adoptive/foster parent group in their area, if one doesn't currently exist. (20 minutes)

Suggestions might include:

--identify one interested parent group, provide names and support
--provide a place for them to meet initially
--have the agency help initially with transportation or child care
--put interested people in touch with one another
--conduct an informal survey among adoptive parents for interest in this idea
--provide names and phone numbers of interested adoptive parents to one another to help grease the wheels
--arrange for a potluck, meet-the-folks night

9. Ask: How might you help adoptive/foster parents make contact with one another? Write suggestions on newsprint.

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HANDOUT
Common Postplacement Themes*

Postplacement issues can be associated with parents, with children, with the family as a whole, and with the worker. In the following discussion, postplacement issues are linked to the individual most likely to experience them. In reality, no issue affects only one person in the family system. The child's problem, for instance, impacts on the family as a whole and each issue affects all parties involved.

CHILDREN'S THEMES

Children bring their special vulnerabilities into the adoptive family. Children may need support in separating from biological parents and/or foster parents with whom they have had a significant relationship. Even with good preparation, the strong feelings that accompany separation will probably surface during the postplacement period. Adoptive parents are called upon to cope with the behaviors associated with separation and to support children as they move through the stages of normal grief -- denial, anger, depression, and mastery. It is helpful when parents know that the anger and depression which children experience are related to the loss of past relationships, rather than an expression of feelings toward them. As children move through these stages, they become better able to attach to new parents.

Attachment and Separation Issues

Attachment and separation are complex issues. The emotional processes that take place are, as yet, not completely understood. Social workers participating in decisions concerning children and families need to know as much as possible about these two issues.

Attachment

Attachment has been defined as "an affectionate bond between two individuals that endures through space and time and serves to join them emotionally" (Kennell, et. al., 1976). Attachment is significant, for when a child can form a strong and healthy bond to his parents, he can later develop trust in others and reliance on himself. Lack of normal attachments over a long period of time will cause psychological or behavioral problems, cognitive problems, and developmental problems.

*From the Special Needs Adoption Curriculum.

Unattached children can't grow socially. Because they can't trust others, they develop behaviors that are aimed at keeping people at a distance. They don't know how to care for others, so their behaviors are often impulsive, without regard to the consequences to themselves or others. Some common problems are:

Chronic anxiety - often possessive and clinging.

Aggressive behavior - tantrums, hyperactivity, assaultive; child can keep parent at a distance. It is hard to get close to a child who is constantly lashing out against you.

Withdrawal - physical or emotional withholding of affection, possibly cringing, pulling away, or tightening with any contact.

Indiscriminate affection - affection with no significance or meaning to child.

Overcompetency - pseudo-adult, child frequently insists on doing everything himself.

Poor eye contact - sidelong glances at everything, but high awareness of what is going on around them. Frequently observed with abused children.

Delayed conscience development - children who tend to lie and steal.

Controlling - combative - these children constantly test and need to be in control in every situation.

Lack of self-awareness - frequently observed in children who were severely deprived during infancy. (Bed-wetting, overeating to the point of vomiting, minimal reactions to pain or temperature changes.)

Poor cognitive and developmental process - child may be impulsive, hyperactive, easily distractable; may have extreme emotional swings, low tolerance level, and learning disabilities.

These are just some behaviors observed in children who lack bonding with any significant parent figure. You should be aware of a child's background and the child's ability to make an attachment. If a child is placed in an adoptive home after multiple placements and has had limited opportunities to bond with any family, there are things you can suggest to the adoptive parents that will assist them in achieving bonding with such a child.

These include:

--taking advantage of illness to love and comfort the child

--helping the child learn more about his past

--allowing the child to express feelings toward his biological parents

--responding to the child's fear of doctors, during times of hurt

and injury

--sharing the child's Life Book

--teaching the child a task, such as cooking or baking, that brings
   immediate reward

--giving the child a name of family significance as a middle name

--hanging the child's picture on the wall and sending out
   announcements of the adoption

Helping a child form a new attachment is to help the child attain his full
intellectual potential, become self-reliant, cope with stress, handle fears,
sort out what he perceives, think logically, and develop future relationships.
What greater gift can you, as a social worker, give a child?

Inability to Give or Receive

The inability to give or receive is a problem that many children bring to
placement with them. Some children, because of inadequate nurturing,
deprivation, and rejection, find responding to tangible things, such as gifts,
or to feelings, such as care and affection, very difficult. For these children,
the ability to receive and give grows gradually. For a few, the inability to
give and receive is a long-term limitation in their emotional functioning. When
parents need thanks from children to keep their relationship going, the adoption
may be jeopardized. For some parents, a worker's interpretation of the child's
behavior, as well as assistance in getting gratification in other areas of their
lives, may be helpful.

Jewett's analogy of "buckets" may help parents to understand a child's limited
ability to accept and give love. Each child comes into the world with a bucket,
which grows larger as the child grows. The bucket is filled by the care and
love the child receives from his parents. The more affection the child
receives, the fuller his bucket becomes. A youngster with a full bucket is able
to give and to share. However, a youngster who has received little love and has
a nearly empty bucket is reluctant to give. The emptier the bucket, the more
likely the child is to hold on to it. When the bucket is nearly empty, the
child not only will not share but places a cover on the bucket so that nothing
can get out or in. The child demands a lot without giving anything back. As
the new family is able to continue to give, the child slowly becomes able to
accept and give love. Another important idea which can be conveyed with this
analogy is that parents should have their own buckets filled elsewhere during
the period the child is unable to give to them (Jewett, 1978, pp. 137-141).

Transferring Expectations

Some children may have the tendency to act toward the new parents as if they
were the old parents. This can be an asset if the nurturance has been good and
the relationship has been a positive one. In effect, children transfer the
expectations they had of former parents to new parents. When relationships have
been abusive and rejecting, these negative aspects are also transferred. Even
when parents are able to show repeatedly that they are different, children may
continue to see them in the shadow of other parental experiences and act in a

way which does not make sense to the new family. The social worker's role is to interpret this new behavior to the new family.

Established Patterns of Behavior

Other pieces of the "baggage" which many older children bring into placement are established patterns of behavior and styles of coping with stress. These patterns are a combination of the child's unique attributes and of behaviors learned in previous living situations.

Children may also come into adoption expecting to occupy a role identical to the one they occupied in their biological or foster family. The roles which children may take on include those of scapegoat, "good" or "bad" child, parent, and provocateur of abuse. Most children occupy shifting roles. However, when the previous family system has defined a child in a narrow and sometimes inappropriate role, the child knows no other way of acting in his new family.

The physically or sexually abused child may act in ways designed to evoke similar abusive behavior from adoptive parents. Also, a child may be adept at producing conflict between the parents. Such a child often heightens latent marital problems or creates new conflict by playing the parents against each other. Parents must be helped to "team" their efforts to prevent marital discord. The worker can help the family understand these dynamics by discussing the child's provocative behavior and the feelings the child's behavior raises in the parents.

During the postplacement period, then, the worker's task is to help the family identify the roles which underpin the child's behavior and the role expectations which the adoptive family has for the child. To the extent that there are discrepancies, the worker and family can work together to find ways to narrow them.

In most placements, the rules which govern a child's biological family or foster family are different from those which operate in the adoptive family. The child moves into a family which expects him to function according to their rules, most of which are unknown to him. The child learns the rules by trial and error. Even when the child knows the new rules, old patterns are hard to give up. The case of the H. family demonstrates a conflict in rules about the expression of anger and pain.

> Mrs. H., an adoptive parent, called the social worker and was very upset about an incident which had occured the previous evening. Her adoptive daughter, Mary, age six, had run her own bath and gotten into the tub. When Mrs. H. went to check on her, she was sitting in the tub with tears streaming down her face, without crying audibly. Mrs. H. found that the water was very hot. Mary, who had been placed three months before, was an extremely compliant child. Her case systematically discouraged any expression of anger or pain. When Mary had cried in the past, she was punished by being forced to stand in front of a mirror and told how ugly she was. The rule which Mary learned about expressing pain was one which placed her at risk and limited the adoptive parents' ability to protect her.

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In this situation, your postplacement services would focus on assisting the family in anticipating when Mary was hurt or angry and helping her express negative feelings.

Child's Knowledge of Past

Children of school-age can understand the idea of foster care, adoption and moving into a new family. If they have been involved in the planning for placement, they come to a new family with some understanding about why their biological parents are unable to care for them. What children understand will depend on their age, the nature of their memories, and the extent to which they have had an opportunity to discuss what has happened to them. Gilbert is a child who had no memories available to him and needed help in understanding his past before he could move on.

> Gilbert, aged eight, was relinquished as an infant, never having lived with his biological mother. His early childhood had been spent with four different foster families. In his mind, his first foster parents were his "real" family, and there was confusion about why he had left that home and his relationship to his subsequent caretakers. As part of the service provided to prepare Gilbert for adoption, his worker reconstructed his past in a way that he could understand. At the end of the process, Gilbert understood that he had been given up by his mother and had never lived with her. He further understood that she felt unable to care for him because she was alone. Finally, he was able to acknowledge that his foster parents were temporary caretakers.

Some adoptive parents are uncomfortable when children talk about their previous families or refer to their foster parents as "Mommy" and "Daddy." Children may interpret this sense of discomfort as meaning that their pasts are taboo. During the postplacement period, you can help your families to accept the child's discussion of the past and to understand their own reactions to such discussions. Adoptive parents often need guidance in encouraging children to talk about their past families and in knowing how to respond. Having parents review the child's Life Book or asking the child how things were done in previous families is useful in creating a climate in which it's O.K. to talk about the past.

The Challenge of Handicapping Conditions

Increasingly, agencies are placing children with serious physical problems. Children who are mentally retarded, deaf, blind, have Down's syndrome, or spina bifida have needs which exceed those of the physically healthy child. Special care may be required at home. In addition, these children may have special medical and educational demands. When families can obtain these essential services, the youngster is better able to move toward his potential. A worker can refer parents of children with handicaps to groups which assist handicapped persons and their families. These associations provide information, counseling, medical and rehabilitation services, and, in some cases, specialized recreational activities for children. These organizations can help parents anticipate the course of an illness, the special needs which a child may have in the future, and the future anticipated costs associated with the illness. Counseling can be provided to help parents think about alternative plans for care, should they become disabled or die.

Your role with the family of a handicapped child is one of coordinator of available resources. To do this well, you must not only know resources in the community, but you must also identify people who will support the adoption. By identifying resources and providing linkages, the family is enabled to take on as much responsibility for follow-up as possible during the postplacement period.

It may be necessary for you to assume an advocacy role in securing education for handicapped children. Federal law now requires that school districts make provisions for the education of all children. You may need to assist parents in securing their child's rights by negotiating appropriately with school officials and initiating action. In working with the families of handicapped children, you must assume broker roles, advocacy roles, and must do direct problem-solving, as well.

PARENT'S THEMES

Just as the child may bring certain issues to the adoptive home, the parents may bring certain expectations which can create difficulties.

Child as Guest

Parents may begin by treating the child as a guest. In this situation, parents do everything for the child, do not make normal demands, and do not encourage the child to develop a role within the family. It is as if the child is a visitor who should not be offended or alienated. Parents often do not recognize that they are acting in this way.

One sign to look for which may indicate that the child is being treated as a guest is that he is repeatedly taken on outings, as if the parents are trying to buy affection. Other signs may be that the parents discourage visits by his friends and extended family or that they do not ask the child to behave according to family expectations; no limits are set. Such a child is a visitor in the house and will have a hard time understanding his role, as will as his rights and responsibilities in the new family. New parents should be encouraged to treat the child as a member of the family immediately. Parents should provide direction, set limits, and require the child to participate in the activities of daily living.

Expectations about Love

A second issue for adoptive foster parents is loving the child. Some parents expect "instant love," rather than a process in which love grows gradually. Sometimes parents express concern that the quality of the feelings which they experience is not as intense as they had anticipated. When this occurs, it is helpful for you to review how other love relationships have developed for them in the past and for you to help them draw parallels to the current experience. Several "levels of Love" are possible between adoptive parents and children. They include: ecstatic love, or the "mountain-top experience"; genuine affection, which has periodic peak experiences; and concern, which involves a willingness to protect and provide for a child. The level which any relationship attains will depend upon the interaction between the unique individuals involved. Some relationships can be ecstatic, while others will be at the level of concern, but each can provide for the child the stability and

nurturance which are needed to help him grow. Most relationships shift from one level to another.

Time to Be a Family

Another expectation which adoptive parents often have is that of a time when they think "they will feel like a family," when all the problems will be resolved and the attachments made. For some parents, this hypothetical date is three months or six months after placement. When this date passes and their expectation is unmet, parents may feel frustrated, disappointed, reluctant to keep on trying, and may be ambivalent about their decision to adopt.

Often this time limit coincides with a child's testing period. When this happens postplacement depression, which some parents experience, is intensified. In such situations, you may hear: "I thought by now we would be all settled," or "We know you said it might take a long time for John to be comfortable with us and for us to be comfortable with him, but I just knew we could make it happen sooner."

Parents can be helped over this hurdle by exploring their ideas around "becoming a family" and their feelings when the real situation is different. This is a good time to link adoptive parents to volunteer families who have had similar experiences. The sharing between families can help to reduce parental feelings of frustration, hopelessness, and isolation.

Adoption vs. Developmental Problems

A theme which emerges in some families is confusion between normal developmental stages and problems which are specifically related to adoption. Some parents may attribute behaviors and attitudes which are part of normal development to the fact that their child is adopted. When a child, as part of normal maturation, acts in a way that is upsetting to parents, they explain the child's behavior as being related to the fact that he is adopted. Misbehavior is attributed to biological background or "bad blood."

The placement issues center around the separation and attachment processes and the need to integrate both biological and adoptive heritages into the adopted child's developing identity. Developmental issues are embedded in the various stages through which the child moves as he grows up. Not all children do the same thing at the same age, but knowing something about the general sequence of events can help adoptive parents clarify the kind of problem with which they are confronted. An example may help to clarify the issue.

> One father was beginning to suspect that something was wrong with the six-year-old the agency had placed in his family. He told the worker that the little girl was not able to follow directions, always seemed preoccupied, and had rapid swings of emotion, from joy to devastation. He felt that the agency was not sharing all it knew about the child and that there might be some emotional instability in the child's biological family. The worker, in an effort to help the father understand the child, shared her experiences with six-year-olds as a teacher's aide in college. Many first graders were highly emotional, shifted from one extreme to another, and were rude and boisterous. As

she went on, the father looked visibly relieved that her description
fit his daughter so closely and acknowledged that he had not known
what six-year-olds were like to take care of twenty-four hours a day.

Parental Entitlement and Discipline

It is necessary for adoptive parents to develop a sense of entitlement if an
adoption is to be successful. Parental entitlement is the feeling on the part
of the adoptive parents that they have a right to act as parents do. This
includes the right to set limits and use discipline: the right to make rules.
Two barriers to entitlement are a feeling that the parent does not deserve the
child or a feeling of guilt because the child has come to the parent as a result
of someone else's misfortune (Ward, 1978).

When parents do not feel a sense of entitlement, they are often inconsistent in
setting limits; sometimes they are unable to set any limits. Early problems
with discipline, however, should not automatically be equated with problems of
entitlement. There are difficulties in establishing effective patterns of
discipline which come from the newness of the situation itself. Discipline
should begin as soon as the child is placed. However, adoptive parents may not
know what has worked in the past or what the focus of discipline has been.
Kadushin (1970) points out that discipline works because of the valued
relationship between parent and child. However, the adoptive parents must build
a relationship and must establish limits and sanctions simultaneously, both of
which take time. If, however, the inconsistency extends beyond the early
postplacement period, the absence of feelings of entitlement might be an area
for exploration.

Reactions to the Child's Acting Out

Children can be expected to "act out" during the placement process. They may
hit, kick, steal, lie, run away, or become sullen. These behaviors may be
reactions during the anger phase of normal grief. They may also be part of the
testing phase of the attachment process. In the latter case, children are
trying to cope with the anxiety which they feel as they become more closely
bound to their new parents. Such behaviors may also be a reaction to the early
deprivations which children have suffered.

In some instances, problems arise not only from the child's way of acting, but
also from the way in which parents perceive the child's behavior. Some parents
perceive the behavior as acts of defiance and, hence, as an attack upon their
parental authority. A power struggle may develop between parent and child,
entrenching the problem behaviors and jeopardizing the possibility of
establishing a good relationship.

> Mrs. J. adopted Mary at the age of eight. The first six weeks of the
> placement went will. Mary and her new mother seemed to be suited for
> each other. About the seventh week of placement, Mary began lie and
> to take things out of her mother's purse. Mrs. J. told Mary that she
> could not tolerate "a liar and a thief" and began to restrict Mary in
> an effort to control her behavior. Mary became sullen and withdrawn.
> Efforts to interpret the significance of the youngster's behavior
> failed as Mrs. J. became more rigid in her demands for obedience.

Mrs. J.'s posture with Mary was to fight the troublesome behavior with punishment, restriction, and putting the child down. The mother was unable to distinguish between the actions of a troubled child and an attack upon herself. Fights over behavior are a sign of serious difficulty in the placement. You could use this situation to refer the family for counseling, as well as to link the family to parent groups and volunteer families who have come through similar experiences.

Attitude toward Biological Parents

Adoptive foster parents must often walk a fine line. They must help the child feel comfortable about the past, and often that includes interpreting undesirable behaviors on the part of biological parents without putting them down. When biological parents or foster parents who are important to the child are criticized, the child sometimes thinks that he is being criticized. This is particularly true when the parents link the child's undesirable behavior to a figure from the past.

> Mr. and Mrs. W. called the agency requesting counseling services for their fifteen-year-old, Leticia, who was adopted as an infant. Both parents and the daughter were present for the initial interview. Mrs. W. was the most verbal, saying that Leticia would not do what she was told, came in late, associated with a bad group, and was sullen. Mrs. W. also commented that Leticia did not appreciate everything that had been done for her. Mr. W. was silent during the discussion. Leticia sat with her head down, saying nothing, and appeared very depressed. Efforts to draw Leticia into the discussion were futile.
>
> The worker then interviewed Leticia separately. During this interview, the young woman slowly opened up and finally stated, "My dad is okay, but my mother always says I'm like my first mother, that I'm going to run around and get pregnant. What's the use of trying to do anything right? It won't make any difference."

Because this adoptive mother compared her daughter's behavior to that of the daughter's biological mother, the daughter felt devalued, unloved, and hopeless. The worker's task in this case was to explore the adoptive mother's fears about Leticia's background and her behavior, to examine her positive feelings toward Leticia, and to separate the youngster's behavior and feelings from her mother's fears. Simultaneously, the worker had to work with Leticia to explore her hurt, her positive feelings toward her mother, and to create motivation to work toward a better relationship. The work involved family-focused intervention after the initial individual interviews. In some agencies, such a case might be referred to a family counseling agency in the community. When this is done, it is important that the therapist have a good understanding of issues related specifically to adoption.

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ABUSE/NEGLECT IN OUT-OF-HOME CARE

Purpose: To identify the issues of why children get abused in placement.

Objectives: The participants will be able to:

1. identify the reasons why children are abused.

2. identify ways in which such abuse can be prevented.

3. describe what happens if adult is reported to have been abused in placement.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: 20 minutes

Materials Needed: Newsprint and markers for teams

Physical Setting: Room large enough to facilitate breaking up groups into teams

Procedures:

1. Review reasons why children are abused and neglected in out-of-home care (could divide group into teams to come up with other reasons, then review).

2. Review ways of preventing such abuse/neglect (could use the team process again).

3. Review what happens when abuse/neglect is substantiated.

Points to cover:

a) Whenever the state has custody, there are higher expectations of care placed on the state.

b) Steps must be taken to

--clarify who has responsibility to investigate

--specify who is in charge of the out-of-home placement

--review plan of care by agency.

c) Oftentimes, caregivers are not prepared to deal with particular children because they are not given sufficient information about the child's behaviors, present or potential, based on the abusive/neglectful situation from which the child was removed, nor are they trained to deal with these behaviors.

d) There is usually a lack of clear expectations given by a service plan for the providers of services to abused/neglected children.

e) Clear expectations, sharing of significant information and provision of training and support can help prevent abuse/neglect from occurring in out-of-home placements.

f) Head Start centers and other day care facilities and plans are covered by law as a special category of being a place where children can be abused/neglected, thus being a focal point of a social services investigation if allegations are made that appear to be abuse/neglect under policy and law.

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MAKING PLANS TO WORK TOGETHER
What I can Give you/What I Need From You

Purpose: To give participants an opportunity to share what kinds of support they can offer to others who provide services to special needs children and their families and to request from others what they need in order to do their jobs better.

Objectives:

1. Each target group of participants (social workers, teachers, and foster/adoptive parents) will complete a behaviorally stated list of requests to each of the groups with whom they work, indicating, specifically, what they would like the other groups to: (a) do more of; (b) do less of or stop doing; and (c) maintain unchanged.

2. Each group will receive the information generated in Objective #1 and process the content by developing a response, to include: We are willing to: (a) do more of _____; (b) do less of or stop doing _____; and (c) maintain unchanged.

3. Each target group will share the responses developed in Objective #2 with the total group.

Target Group: Generic

Group Size: 6 - 30 participants

Time Required: An hour and a half

Materials Needed: Handouts - "What I Need From Others to Continue Collaboration and Communication on Special Needs Children"
"What I am Willing to Contribute to Collaboration on Special Needs Children" (Different set for each target group)
Pens or pencils for each participant
Sheets of newsprint and magic markers for each small group

Physical Setting: Room large enough to accommodate the large group and small groups ith a minimum of noise interference.

Procedure:

1. Say that working together is a process that requires on-going communication and commitment. Explain that this activity will allow participants to both communicate needs and to commit to mutual support.

2. Ask that the large group divide into separate small groups of social workers, teachers, and

foster/adoptive parents. Ideally, each group should assemble in a separate room.

3. Introduce the exercise by saying each target group will now have an opportunity to formulate specific requests for support and collaboration from each of the other groups. Tell them that the goal is to generate some very specific, practical statements directed at the other groups.

4. When the groups are settled, distribute the handout, "What I Need From Others to Continue Collaboration and Communication on Special Needs Children"

5. Participants in each target group should receive two of these handouts, e.g., teachers should receive one handout directed at social workers and one handout directed at foster/adoptive parents; social workers should receive one directed at teachers and one at foster/adoptive parents; and foster/adoptive parents should receive one directed at social workers and one directed at teachers.

6. Ask participants in each small group to select and review one handout first (the group should agree which to do first), and jot down some ideas. (Allow about 5 minutes.)

7. Then, each small group should "brainstorm" answers to items on the handout and write them down on one. An alternative to this is to have a small group facilitator for each group lead a brainstorm activity using the handout. (Allow 10 minutes.)

8. The steps in 6 and 7 should be repeated for the group's second "target" on a second handout.

9. When the small groups have finished their work, collect each group's master handouts.

10. Next, ask the groups to take a short break while you collect all of the master handouts and distribute them to their proper target groups. Your task is to take those messages generated by social workers and foster/adoptive parents for teachers, to the small group of teachers; messages for social workers to their small group; and messages generated for foster/adoptive parents to their small group.

11. Ask the small groups to assemble once again, read their message, then develop a response to the messages sent to them by the other groups on the handout, "What I Am Willing to Contribute to Collaboration and Communication on Special Needs

Children." (Allow about 15 minutes.)

12. When each small group has finished its task,
     assemble the large group.

13. Ask representatives from each small group to report
     its group's response. (Allow 10 minutes per group.)

14. To close the activity, ask individual participants
     to write a short response to each of these
     statements (allow 5 minutes):
         - "What I really appreciate about teachers
            is......."
         - "What I really appreciate about
            foster/adoptive parents is....."
         - "What I really appreciate about social
            workers is...."

15. After each person has finished writing a response,
     ask one or two representatives from each target
     group to share a quick response. (Allow 5 minutes.)

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HANDOUT
What I Need from Others to Continue Collaboration and Communication on Special Needs Children
(Teachers)

INDICATE WHAT YOU WOULD LIKE FOSTER PARENTS

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGED

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HANDOUT
What I Need from Others to Continue
Collaboration and Communication
on Special Needs Children

(Social Workers)

INDICATE WHAT YOU WOULD LIKE TEACHERS

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGED

HANDOUT
What I Need from Others to Continue Collaboration and Communication on Special Needs Children

(Foster Parents)

INDICATE WHAT YOU WOULD LIKE TEACHERS

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGE

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HANDOUT
What I am Willing to Contribute
to Collaboration and Communication
on Special Needs Children ·

(Teachers)

INDICATE TO SOCIAL WORKERS, WHAT YOU ARE WILLING

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGED

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HANDOUT
What I am Willing to Contribute
to Collaboration and Communication
on Special Needs Children

(Social Workers)

INDICATE TO FOSTER PARENTS, WHAT YOU ARE WILLING

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGED

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HANDOUT
What I am Willing to Contribute
to Collaboration and Communication
on Special Needs Children

(Foster Parents)

INDICATE TO SOCIAL WORKERS, WHAT YOU ARE WILLING

TO DO MORE OF	TO DO LESS OF OR STOP DOING	TO MAINTAIN UNCHANGED

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APPENDIX

Preparation, Placement and Postplacement Processes

There are at least <u>three</u> major goals in preparation of the special needs child:

1. <u>Active participation</u>. Since the child is viewed as our <u>client</u>, then it <u>follows that he or she must be</u> <u>actively engaged</u> in our service plan. This involves the child's active participation in:

    (a) understanding the meaning of adoption,
    (b) determining readiness for adoption, and
    (c) selection of the family.

2. <u>Dealing with separation</u>. In general, children who need adoptive families <u>have experienced a number</u> of moves and losses. Oftentimes, this limits or interferes with their ability to form permanent and close attachments to others. The preparation process is seen as a way to help them make sense out of their world. It is a time during which they can be helped to look at their history, to acknowledge past losses, and to <u>form new attachments</u>.

3. <u>Understanding feelings</u>. Children who are free for adoption have many <u>needs, conflicting feelings</u>, fantasies, and expectations about adoption. Many children express ambivalent feelings about being adopted because of a move from the known to the unknown.

    The preparation process provides the opportunity for the assessment of the developmental and psychological needs of the child. This, in turn, can help in the selection, creation, and maintenance of a family environment in which to grow. Before this environment can be selected, however, a <u>resolution of feelings</u> about past and present relationships is needed for <u>the child's well-being</u>.

The preparation process is a means of enabling the child to understand prior relationships, form new relationships, and to reestablish identity and self-worth. The successful completion of this process is necessary if the child is to resolve his past and accept the future.

FORMING NEW RELATIONSHIPS

Children need help in at least five areas before they can form a new relationship.

1. <u>Dealing with biological beginnings</u>. Children need to understand that <u>each of them was born to a mother and a</u> father. Children need to understand <u>why they no longer live with their biological</u> parents and why they will <u>not be returning to them.</u> And the child needs <u>a chance to deal with</u> feelings about this information.

2. <u>Dealing with foster care history</u>. Children need to <u>understand that they are foster children.</u> They need to understand <u>why they have moved from</u>

other foster families or an institution and why they will be staying with or moving from this family. And children need a chance to deal with feelings about this information.

3. Dealing with adoption issues. Children need to understand the differences among biological, foster, and adoptive parents. They need to know that adoption is the plan for them and why it is the plan. This information needs to be communicated clearly in a way they can understand.

4. Dealing with feelings about succeeding in the future. Children need a chance to sense that important caretakers wish them well and that they are allowed to be happy, successful, loved, loving, and safe in a new family.

5. Dealing with separation processes. Children need a chance to say actual or symbolic "good-byes" to important caretakers, and to say actual "hellos" to their future caretakers.

These tasks must be approached and carried out in a way that allows the worker to promote and strengthen the child's self-esteem.*

*Taken from Fahlberg, V., and Jewett, C., "Preparing children for adoption." In: Morton, Thomas, ed., Adoption of Children with Special Needs. Athens, GA: Office of Continuing Education, University of Georgia (developed under contract with the U.S. Children's Bureau), 1982, p.7.

Guidelines for Placing Special
Needs Children with Appropriate Families

Although each child has unique needs and each family has unique needs, skills and resources, some general considerations and principles apply to appropriate placements. Appropriate placements for foster/adoptive care will ideally match children with families. Disruption of a foster/adoptive placement is traumatic and potentially detrimental to the child and the family. Placement in which the needs and characteristics of the child match the resources and characteristics of the family have a better chance of success.

The following guidelines are very general: however, they do address some pertinent considerations for placement. They are categorized according to the various classifications of handicapping conditions and special needs.

1. <u>Physical</u> <u>and</u> <u>Orthopedic</u> <u>Disabilities</u>

   Appropriate families for these children will be able to deal with possibly multiple medical and therapy professionals. They will need to be able to devote time to taking the child to doctors' appointments and special therapy appointments. They will need to be able to conduct appropriate therapy, and possibly use adaptive equipment, prostheses, braces, etc. in the home as a part of their caregiving. The home may need to be made accessible through modifications such as ramps, bathroom hand rails, etc. Some of these children will need surgery with prolonged or frequent hospitalizations. The families need to be able to handle their reactions to having a child who looks different. They will also possibly need to be able to accept slow developmental progress by the child and frustration demonstrated by the child.

2. <u>Emotional</u> <u>Disturbance/Behavior</u> <u>Disorders</u>

   Typically, these children are physically healthy, so initially they seem to be easy to place. However, the behavior problems associated with emotional problems or behavior disorders frequently can be quite disruptive to the family. Providing love and security will not cause the behavior to disappear in a short time. Families need to have high levels of acceptance, patience, and commitment in dealing with these children. They also need to be flexible and willing to try new behavior management techniques, prescribed by the child's therapist, teacher, or other professional.

3. <u>Physical/Sexual</u> <u>Abuse</u>

   Appropriate families for children who have been physically or sexually abused need to be mature, empathetic, and flexible. They will need to be able to maintain at least a neutral attitude toward the child's biological family, so as not to create more confusion and bad feelings

on the child's part. The children who have been abused may subject the family to extensive testing of limits and patience. They may also try to create the same family dynamics of abuse that they have experienced in the past, because this is what they feel comfortable with and have known. The foster/adoptive family will need to be able to understand this and maintain a stable, consistent environment for the child. The family will certainly need to maintain use of alternatives to corporal punishment as part of their disciplinary techniques. Medical care is a possibility for these children, also. Families for children who have been sexually abused may have to be able to deal with sexually provocative behavior that they feel is inappropriate for that age child. They will need to be sensitive to their own family dynamics and not allow situations for that inappropriate behavior to be reinforced.

4. Developmental Disabilities:

Mental Retardation: Families need to be able to accept scholastic or academic achievements that are below average. High levels of patience, acceptance and commitment are needed. Families will need to feel comfortable with slow rates of progress, repetition of activities and verbal directions. There is also the possibility of stereotypic self-stimulatory behaviors and socially inappropriate or immature behaviors. The family will also need to provide a considerable amount of time and effort in teaching the child self-help and functional adaptive behaviors.

Visual Impairments: Children with visual impairments need families that will feel comfortable with the child using their hands and mouth to explore their world, including people's faces and bodies. Much of their learning will come through touch. Their physical environment needs to be stable and free from obstacles that might make them fall or injure themselves.

Hearing Impairments: Children with hearing impairments may need families who can learn and are committed to communicating with gestural or sign language. Language acquisition will probably be delayed and the child may demonstrate frequent frustration. Families will need to be accepting, patient, and flexible.

5 Multiple Disabilities

Children with multiple disabilities are usually involved with a variety of professionals. The family will need to be able to deal with all these professionals, possible hospitalization and frequent medical problems, special equipment, etc.

Since children with multiple disabilities are typically quite delayed in their development, families need to be able to accept this and not have inappropriately high expectations. They will also need to provide therapy and/or instruction at home. Appropriate families should be highly committed to the child; able to learn alternative ways to feel positive and rewarded for nurturing this child. The child will quite likely have severe difficulties learning,

communicating, moving, and/or performing basic self-care.

6. <u>Health Impairments</u>

   Physicians, medication, surgery, and hospitalization will probably be
   a great part of the lives of children with health impairments. They
   need families with abilities to deal with these situations. Some of
   these children may have short life expectancies. The families will
   need to be aware of this and feel that they can deal with this.

Basic caretaking and nurturance are of primary importance for families to
provide to any child. Children with special needs require this and more. In
addition to the specific therapies, activities, teaching, medical procedures,
etc. that will require more time and effort, the family will need to make extra
efforts to be advocates for the child. They need to seek out ways to
incorporate the child into their family's social life, as well as that of the
neighborhood and community.

Guidelines for Explaining Special Needs
to Foster/Adoptive Parents

It is most important that foster/adoptive parents have a very clear
understanding of the special needs of the child. This allows the foster parents
to make the decision of whether they can provide appropriate care for the
adoptive child; determine if the child can fit into their family system; and
possibly prevent situations that may cause disruption of the placement. The
following steps should be taken:

1. Explain and give the foster/adoptive parent the name, cause,
    characteristics, level of severity and prognosis regarding the child's
    problem(s) or special needs. This information may be obtained from
    evaluation reports, directly from the professionals involved, reso¯ce
    materials, or other professionals and the child's family and personal
    case history.

2. Answer any questions, address any concerns, and clear up any
    misconceptions the foster/adoptive parent may have regarding the child
    and the child's problems or needs.

3. Clearly delineate expectations of the foster/adoptive parent in terms
    of the type of care that needs to be provided to the child. Sometimes
    the the child will need special home programming (educational,
    behavioral, etc.); special therapy to be carried out at home (physical
    therapy, special feeding techniques, speech therapy, etc.); frequent or
    periodic trips to the hospital, medical clinics, therapists, etc.
    These should be outlined for the parent. Estimations of time
    commitment to these activities should also be given.

4. Discuss the impact that the particular child will have on the family;
    how much time the child will need from the members of the family; how
    the child's behavior could affect the family; how any other children in
    the family might react to this child; how the family's social life will
    be affected; how the child's developmental disability, looks, or
    behavior will be explained to the other children in the family and
    people outside the family.

5. Resources and support services for the child and the foster/adoptive
    parent should be indicated and plans made for these referrals.

6. Roles for the social worker, foster/adoptive parent, and other
    appropriate professionals or services should be discussed and defined.

NOTE: Use the appropriate jargon or terminology so that the foster/adoptive
        parent can become familiar with it. Then explain in lay terms what this
        terminology means. Make sure you understand the jargon and terminology.
        Resource books and professionals in the field make excellent sources for
        this information.

Daily Living Schedule for the Child Moving Into a New Home

When you are preparing to move a child, from anywhere to anywhere, gather as much information as you can from the old caretakers about the child's life with them. Here's an outline to give you a start:*

1. GETTING UP

   A. What time does he wake in the morning?
   B. What does he do when he wakes? Does he play alone for awhile or does he demand attention immediately?
   C. What kind of mood does he wake in?

2. MEALTIME

   A. What time are breakfast, lunch and dinner, usually eaten?
   B. What does he usually eat?
   C. Is he a light or heavy eater?
   D. Does he have special likes and strong dislikes?
   E. Does he feed himself, drink from a glass?
   F. Does he get snacks? If so, when and what?

3. BATHTIME

   A. When during the day is the bath given?
   B. Where is the child bathed?
   C. What procedure do you use for bathing and washing his hair?
   D. Do you use any special soap, lotions, etc.?
   E. How does the child react to the bath?

4. PLAYTIME

   A. When are his playful times?
   B. What are his favorite toys? (These should move with him)
   C. Does he play alone happily or want attention?
   D. What experience has he had playing with other children?
   E. Does he like to be outside?
   F. Does the child have special "games" he likes to play with certain people?

5. NAPTIME

   A. When does he usually nap and for how long?
   B. Where does he nap?

*Adapted from Wheeler, Candace E. Shared Adventures: Helping Children Move Into Adoption. The Winking Owl Press, P.O. Box 104039, Anchorage, Alaska 99510.

C. Does noise bother the child while sleeping?
D. Does he wake in a good mood?

6. TOILET HABITS

A. If toilet training has been started, what have been your experiences?
B. When does the child usually have bowel movements?
C. Has the child had trouble with constipation or diarrhea? If so, how have you handled it?
D. What words does he use to refer to toileting?

7. BEDTIME

A. What is the usual bedtime?
B. What does the child wear to bed?
C. Does he sleep in a crib or bed?
D. Is there a family ritual such as rocking, singing, reading a story, etc.?
E. Is he used to a night light?
F. Does he sleep with a toy? (If so, it should move with him)
G. Does he go to sleep easily?
H. What is his favorite sleeping position?
I. Does he wake at night? If so, how do you handle it?
J. Are there others sleeping in the same bed or bedroom?

8. TRIPS

A. Does he like going out in the car?
B. Is he used to going to the store, to church, visiting, etc.?
C. Are there things that frighten him about going out?
D. Does he ride in a car seat or seat belt?

9. MEDICAL

A. Has he been sick? What childhood illnesses has he had?
B. What medical treatment has he had? What medicines have been used?
C. What shots and immunizations has he had? (Send the immunization record.)
D. How does he react to visits to the doctor?
E. Is teething difficult for him?
F. Has he seen a dentist? When and with what results?
G. What special needs does the child have related to his disability?

10. PERSONALITY

A. When is he happy?
B. When is he unhappy or grouchy?
C. What comforts him?
D. What frightens him?
E. How does he react when meeting new people?
F. With whom has he been particularly close?

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11. DEVELOPMENT

    A. When were his "firsts?" (Holding head up, smiling, rolling over, sitting, standing, walking, talking, teeth, etc.)

    B. Does he know his colors, numbers, alphabet? Can he write his name?

    C. If he is just learning to talk, what words does he use, especially those words which would be difficult for someone else to understand?

12. SCHOOL (A statement from the teacher is excellent)

    A. What kind of a school does he attend?

    B. What kind of a teacher does he have?

    C. How many children are in his class, and what are they like? Who are his special friends?

    D. What have his problems been, if any? What has been done to help him with them?

    E. Send his school pictures, his report cards, other mementos.

13. Are there any other things which it would be helpful to know in making this child comfortable in his new home?

Problem-Solving in Postplacement
Guidelines for Adoptive or Foster Parents*

When serious trouble appears, <u>slow</u> <u>down</u> <u>and</u> <u>think</u>.

    List all problems and pleasures.
    Separate usual problems from placement problems.
    Rearrange problems in order of importance. ("Shoulds" and "musts"
      are different.)
    Decide which one should be worked on first. (One good, solid problem-
      solving experience will help build your confidence and convince your
      child that things can improve; work on the "musts," and ignore the
      "shoulds.")
    Get help in verifying our view of things.

<u>Make</u> <u>a</u> <u>Plan</u>

    Look for the earliest cause of the behavior.
    Review your former efforts. (Maybe you've been on the wrong track.)
    Decide on <u>how</u> you will handle the problem and <u>how</u> <u>long</u> you are prepared
      to try <u>this</u> approach; work on problems, not <u>symptoms</u>.
    Get help in reviewing your plan.

<u>Involve</u> <u>the</u> <u>Child</u>

    Talk with the child about the problem.
    Is this a problem to the child?.
    Is he willing to work on changing the situation?
    What will be the good results for him? For you?
    Listen for meanings, not words. (Turn hostile statements into questions.)
    Expect setbacks and be prepared for them.
    Encourage new efforts.

<u>Make</u> <u>Your</u> <u>Commitment</u> <u>Clear</u>

    The child needs to know where you stand; say it.
    Find other things about the child you can enjoy.
    Be affectionate and approving in other areas.
    Put "money in the bank" daily. (Shared experiences, affection,
    assurances.)

*Special Needs Adoption Curriculum.

Remember that the most important part of adoption is to make TIES between
parent and child, not solve all the problems encountered.

Find Outside Help, If Necessary

Is the problem producing behavior dangerous to the child or others?
Or, have you reached the limits of your ability to cope? (Are you
  prepared to get help for yourself in handling the child? Many
  people want to send the child for counseling -- "Change him, not
  me.")
Was an evaluation ever done? Was it accurate? Is a new one necessary?
Be realistic about outcomes. (All problems will not be resolved by
  family counseling; the most that can be expected is that the more
  serious problems are relieved and the parent and child learn new ways
  of solving some of their difficulties.)

Some Common Problems

	<u>Why</u>	<u>What to Do</u>
Bedwetting	Release of tension and anxiety; often connected to fear of separation or difficulties experienced during early toilet training; usually child cannot directly control; more common among boys than girls; "runs" in some families; usually ends with puberty, if not before.	Make a child feel safe, give rewards for other good behaviors; talk about the problems; get his ideas (work together); let the child take responsibility for tidying up so you don't get angry; praise progress; expect accidents, but encourage new efforts; help him avoid anxiety-provoking situations.
Lying	A way of protecting self from punishment and/or embarrassment; tells you that child had developed no trust in adults or may have had no chance to value truthtelling; child may have no skill in handling difficult situations.	Be firm, fair, and consistent; set a good example; praise truthtelling; point out painful truths handled by others and yourself (be careful this doesn't just turn into boring lectures on morality).
Impulsiveness	Child seems to be in constant trouble because he/she lacks good judgement; very poor connections between cause and effect; usually the "outside control" was inconsistent or missing; oftentimes, needs renurturing.	Make rules simple and direct; become the "outside control" long enough to teach "inner control"; be patient but persistent; adjust your own expectations to those of a much younger child.
Stealing	Almost always symbolic (except for some few children taught to steal at an early age); child is not so interested in possessing an object as in gaining affection, attention, or status; remember, this is an expression of need.	Be firm, fair, and consistent; once the rules are understood, make the child assume responsibility for repayment; give lots of affection and praise for other good behavior; be sure you are honest in all your behavior.

Gorging	A classic sign of deprivation during early life; may take form of overeating or being greedy for possessions; whether it is food, toys, clothes, whatever, these things are symbols of affection and/or nurturance that was withheld or only given inconsistently; renurturing often needed.	Identify the source of the problem; talk about your theory with the child in the simplest possible terms; reassure the child with expressions of caring (don't just feel it, say it); adjust your expectations (and even your actions) to those you would have for a much younger child; takes time.

Postplacement Services:
Special Needs Adoption

Current Practice

In current practice, the placement of special needs children has led to a restructuring of services after placement. The traditional postplacement services, which emphasized protection and reassurance and provided infrequent contact, were not comprehensive enough when successful placement began to require merging a family and a special needs child, each of whom had a history, established behavior, and patterns of coping.

The kinds of families who are adopting have also changed, and the needs of, for instance, single adoptive parents may be quite different from those of two-parent households. As a result, the services which are provided before legalization include more frequent contact and greater focus upon the support of the family and resolution of problems which emerge during the postplacement process. Providing postplacement services still requires reassurance of the parent and a focus on integrating the child and the family. The integration of the new adoptive family requires more time and intensive services, often from several sources. Agencies are increasingly taking responsibility for the provision of postlegalization services to families, as well.

Principles Underlying Postplacement Services

Postplacement services are built upon four underlying principles:

> 1. Having needs and experiencing difficulties as part of the placement process is normal.

The introduction of a new family member upsets the established patterns within the family. The changes in a family's balance may affect the relationships between husband and wife, between adoptive parents and adopted children, and between adopted children and children who are already in the family. In addition, new stresses will occur as the child and family become involved with extended family, neighbors, and schools. These difficulties are a normal part of the adjustment process. This must be understood by you and accepted by the adoptive family.

> 2. Families who adopt special needs children have tremendous coping abilities.

Most adoptive families have the ability to engage in effective problem-solving. Kadushin (1979) has studied the adjustment of children placed between the ages of five and twelve years. His findings indicate that older children can be placed with the expectation that the placement will work out to the satisfaction of adoptive parents, because children have "immense powers of growth and adaptation" and adoptive parents provide children with the "essential psychic supplies" necessary to overcome early deprivation. The ability of adoptive parents to cope with the stresses associated with the adoption of children with

serious physical and medical handicaps has been documented by Franklin and Massarick (1969). Adoptive parents have displayed "resilient adaptive patterns" which demonstrate their inherent ability to solve problems.

   3. The agency should support the natural problem-solving processes and resources of parents.

The agency has a responsibility to both the child and the family to assist in the resolution of problems which place the family and the adoption at risk. The goal of the service is to "help the family remain together in an environment which is both physically and emotionally beneficial to the adopted child and all other family members" (Unger, et al., 1977, p. 152).

In providing postplacement services, you, the worker, must help with the family relationship problems which may be related specifically to the adoption. You can also help identify and locate resources (material and social support) which the family needs.

   4. The agency and family should mutually assess when family problems are serious enough for therapeutic intervention.

The social worker can anticipate adjustment problems and counsel adoptive parents with respect to those problems. Because people adopting special needs children are frequently unique or atypical families, there are occasions when the child, parents, or family unit may need intensive therapeutic intervention. When such intervention becomes necessary, have available for your family a list of appropriate resources and the cost of their services.

Services Approaches

Traditionally, the primary mode of postplacement service was casework provided to adoptive families on an individual basis. As placements have become more complex and the service needs greater, other approaches have been used to complement casework as a primary service. They include:

   A. Parent groups

   B. The use of volunteer families

   C. Linkage to community resources

A. Parent Groups

Postplacement parent groups are one way of reducing the isolation experienced by adoptive parents who see their status as unique and not generally understood by others. Parent groups can be organized in two ways.

The first is an agency-based, problem-solving parents' group which focuses upon issues which adoptive parents are trying to resolve. The group provides parents an opportunity to identify the commonality of the situations confronting them, including antisocial behavior, the lack of responsiveness, conflicts between children, and medical and emotional problems. The group provides parents an opportunity to share ideas about resolving problems and making adjustments in their patterns of living. The group is an excellent place to explore feelings

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about adoption which parents may assume are inappropriate. Parents also have an opportunity to share the successes and joys of adoptive parenthood. Your role as the worker is to facilitate the group process and to provide information which will help to clarify the issues being discussed.

Parent groups have also organized under the auspices of independent adoptive parents' organizations, such as the Council on Adoptable Children (COAC). These organizations often support agency activities and participate in advocacy efforts, while, at the same time, they provide an informal network in which common concerns can be shared.

B. Volunteer or "Buddy" Families

A second useful way of providing postplacement services is through the use of volunteer families, which links experienced adoptive parents who have had success in managing a specific problem or situation with newer parents who are currently trying to tackle the same problem. Families are paired with the hope that the experienced family will provide information and support to the new family. Volunteer families may provide information on how a problem can be managed and identify services in the community which may be useful to the family. Buddies are adoptive parents of special needs children who have been trained to provide supportive counseling.

In addition, volunteer families may provide validation for the range of feelings which parents experience in a difficult adoption. These feelings include ambivalence, anger, frustration, depression, joy, and satisfaction. Some volunteer families establish important ties with newer families which extend beyond the resolution of problems. Volunteer families can also be used as part of postplacement groups as a source of information and stimulation which contributes to the group process.

C. Community Resources

A third approach to postplacement service is that of linking families to community resources. These resources can help reduce the stress which families may be experiencing, and they can provide them with medical and educational services, counseling services, and financial assistance. Some families may need subsidy or assistance in securing Supplemental Security Income for which a child may be eligible after placement. Specialized medical and educational care may be an important resource in fostering the development of a special needs child. In some situations, marital or family counseling may help to stabilize a family. Become familiar with the resources available in your community and utilize them whenever families can make use of them.

The Social Worker's Role in Post-Placement

The worker's role is defined as one of helping the child and family, together, work out problems as they come up. If the same worker continues into the postplacement period, the worker's role must be redefined. The social worker is no longer the child's worker or the parents' worker. The client is the new family and not any one individual... This new role needs to be shared with the family.

Contract

Postplacement services should be based upon a contract which identifies the goals of service and the relationship between family members and the worker. The contract should spell out the goal of service, as well as the relationship between the adopted child and family members.

The contract should indicate that the family, not the child, is the primary client. The worker serves all members of the family. The contract should include the expectation that the worker and the family will be looking at how the placement is affecting each person individually, the relationships among people in the family, and the activities of daily living.

An important aspect of postplacement services is the early recognition of difficulties. To recognize problems, the worker and the family need regular contact. Contacts may include home visits, telephone calls, and participation in parent groups.

You and the family can agree that each will raise issues of concern as soon as possible. In order to facilitate effective postplacement support, the development of group rules is important in establishing a good, supportive relationship.

> **Trust.** Parents must feel that problems will not be viewed as evidence of their inadequacy.

> **Honesty.** Parents must feel that you will always let them know where you stand with them.

> **Teamwork.** Parents must feel that you will collaborate with them to resolve difficulties.

> **Support.** Parents must know that their role as parents will be reinforced and supported by you.

These conditions require you to be a good listener, open, honest, direct, and supportive. You must be able to empathize, and at the same time maintain your objectivity. You must be able to facilitate communication, understanding, and cooperation among family members. You must be available, imaginative, and sensitive and have a good sense of timing.

To provide the above services successfully, it is suggested that you expand your repertoire of skills to include the following:

> **Child development skills:** the ability to explain typical behaviors of children at all age levels in order to clarify which behaviors are normal and which are due to adjustment or emotional problems.

> **Crisis intervention:** the ability to identify a crisis state, the precipitating event, and to intervene to reduce cognitive confusion, which allows for problem-solving and stabilizing of the family unit.

> **Family intervention skills:** the ability to interview the family as

a unit, to identify positive and negative changes which are a result of the placement, and to identify areas of vulnerability which create stress in the family.

Group work skills: the ability to organize and conduct postplacement groups for parents and children which focus upon problem-solving and anxiety reduction.

Brokerage skills: the ability to identify the material and service needs of a family, to link families to available resources, to follow up and monitor the services.

Case advocacy skills: the ability to speak for the family and intervene with school, medical, and social services to ensure that families receive services which are needed and to which they are entitled.

Behavioral intervention skills: the ability to establish behavioral programs to help families extinguish troublesome behavior and establish desirable behavior.

Networking skills: the ability to go beyond a formal system by recognizing opportunities to pull together resources and people, such as other adoptive parents, who can promote and provide enhanced service to the child and family.

In addition to having the above skills, worker availability and knowledge of community resources are essential. If adequate resources do not exist, it may be your role to advocate for and/or to develop the needed resources.

Examples: Some areas where families may need services are:

Financial needs: which can be met by the social worker assisting with application for social security benefits, for adoption subsidies, or by raising funds for the purchase of special equipment needed by a physically handicapped child.

Counseling needs: individual and family counseling specifically related to the integration of "special needs children" into already formed family units. The social worker can offer counseling through structural conferences and crisis phone calls.

Referral needs: families need to be linked with appropriate resources to meet the medical, educational, and the therapeutic needs of their child. The social worker can help to arrange appointments, provide transportation, and orchestrate multiple services needed by a child and family.

To provide the services needed to keep these special families together, contacts between the worker and family will, at times, be daily. A flexible work schedule is a "must" during times of family crisis. Parent groups and adoptive

"buddies" can be helpful and should be assigned to some families. Buddies can often provide the new adoptive family respite care in times of extreme stress. This respite care may be for a few hours or a week, depending on the family's needs.

Whatever services are provided, families must share in the decisions and plans concerning the needs of their child and family.

Protective Services Process

- Report is made

- An intake is done to determine whether or not a report is appropriate for an investigation. If not, the report is not taken or it is referred to other resources. If it is appropriate, an investigation is conducted.

- A decision is made based upon the investigation.

  - If a child is determined to be dependent, it is no longer a protective services case.

  - A child can be removed for safety reasons until the investigation is completed.

  - The case can be unsubstantiated and is closed or services are refused.

  - The child is found to be in need of protection, therefore it is unsubstantiated.

  - Services are offered and are either accepted or not.

  - An assessment of the strengths, weaknesses and needs of the child and family is made.

  - A case plan is made.

  - Services can be provided, supervision can be made, evaluation conducted.

  - Protective services is terminated when there is a documentation that the child is no longer in need of protection. The case is closed, or referred to other services.

Protective Services Process

REPORT

INTAKE

ONGOING PROTECTIVE SERVICES

NOT APPROPRIATE   APPROPRIATE   INVESTIGATION   ASSESSMENT   CASE PLANNING   PROVISION OF SERVICES, SUPERVISION, EVALUATION   TERMINATION OF PROTECTIVE SERVICES

CLOSED   REFERRAL TO OTHER SERVICES

CASE DECISION-MAKING

REFERRAL TO OTHER SERVICES   CLOSED

UNSUBSTANTIATED   (SUBSTANTIATED   )

DEPENDENCY   EMERGENCY REMOVAL   CASE CLOSED   REFERRAL TO OTHER SERVICES   SERVICES ACCEPTED   SERVICES NOT ACCEPTED   SUSPECTED: NEED FOR MORE INFORMATION

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Substantiated:
Child in Need of
Protection and/or Services

SERVICES ACCEPTED

SERVICES NOT ACCEPTED

FAMILY DOESN'T COOPERATE
AND CHILD NEEDS PROTECTION/SERVICES

CASE PLAN

COURT HEARING

TERMINATION
OF
PROTECTIVE SERVICES
AND/OR
REFERRAL TO
OTHER SERVICES

GET FAMILY
TO COOPERATE

REMOVE
CHILD

COURT
HEARING

FINDINGS

REVIEW PLAN

RETURN CHILD
HOME/CUSTODY

CHILD ABUSED/
NEGLECTED/DEPENDENT

CHILD NOT
ABUSED/NEGLECTED
DEPENDENT

CASE CLOSED

TERMINATION
OF PARENTAL
RIGHTS

REMAIN IN HOME
WITH SERVICES

REMOVAL

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The following list includes kits, publications and books which teachers, as well as trainers, may find useful.

Attitudes Toward Disability. Series of pamphlets and an annotated bibliography (1975-1981). Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers; George Washington University, 603 Park Lane Building, 2025 I Street, N.W., Washington, D.C. 20052

Barnes, E., Berrigan, C. and Biklen, D., What's The Difference? Teaching Positive Attitudes Toward People With Disabilities. Syracuse, NY: Human Policy Press, 1978.

Bessell, H. and Palomares, A., Human Development Program (Magic Circle). San Diego, CA: Human Development Training Institute, 1973.

Bookbinder, S. Mainstreaming: What Every Child Needs to Know About Disabilities. Boston, MA: Exceptional Parent Press.

Cohen, Shirley, Accepting Individual Differences. A curriculum of five teacher guides which present basic information about the specific disability and suggest experiential activities for students and four 11" x 14" storybooks for student use. The disabilities included are visual impairments, hearing impairments, motor impairments, mental retardation and learning disabilities. Developmental Learning Materials, 7440 Natchez Avenue, Niles, IL 60648.

Count Me In. A coordinator and teacher's manual with scripts, resources and a great deal of practical information to facilitate pre-school mainstreaming. Pacer Center, Inc., 4701 Chicago Avenue South, Minneapolis, MN 55407.

Equal Play Newsletter. An excellent resource for guiding young children beyond sterotypes. Non-Sexist Child Development Project, Women's Action Alliance, Inc., 370 Lexington Avenue, New York, NY 10017.

Feeling Free. Books and activities for teachers and students designed to create an awareness of what it means to be disabled and to dispel myths about disabilities. Scholastic Book Services, 50 West 44th Street, New York, NY 10036.

Feeling Free Posters. Set of three posters of children who have disabilities. Developed by Feeling Free, the workshop on children's awareness. Human Policy Press, P.O. Box 127, Syracuse, NY 13210.

Gryphon House, Inc. Publishers of non-sexist, multi-racial books for young children, including many titles on disabilities. 3706 Otis Street, P.O. Box 217, Mt. Ranier, MD 20822.

*From New Friends Curriculum. Published by the Chapel Hill Training-Outreach Project, (Chapel Hill, N.C.) 1982.

Guralnick, Michael J., Early Intervention and the Integration of Handicapped and Non-Handicapped Children. University Park Press, Baltimore, MD 1978.

Human Policy Press. Source of pamphlets, books and posters on disabilities. P.O. Box 127, Syracuse, NY 13210.

Interracial Books for Children Bulletin. Published eight times a year by the Council on the Interracial Books for Children, 1841 Broadway, New York, NY 10023.

Israelson, J., "I'm Special Too -- A Classroom Program Promotes Understanding and Acceptance of Handicaps." Teaching Exceptional Children, 1980, 13 (1), 35-37.

Kids Come in Special Flavors. Kit contains ready-to-use materials and instructions to simulate handicapping conditions. Exceptionalities included are visual impairments, hearing impairments, physical handicaps, learning disabilities and mental retardation. Kids Come In Special Flavors Co., P.O. Box 562, Dayton, OH 45405.

Kids on the Block. Puppet program for elementary students to teach children about disabilities. 5105 Washington Building, Washington, D.C. 20005, (202) 737-7780.

Litton, F.W., Banbury, M.W. and Harris, K., Materials for Educating Non-Handicapped Students about Their Peers. Teaching Exceptional Children, 1980, 13, (1), 39-43.

Photos for Classroom Use. Adults and children with disabilities shown in daily activities. Non-Sexist Child Development Project, Women's Action Alliance, Inc., 370 Lexington Avenue, New York, NY 10017.

Special Friends. A set of eight stuffed animals that have disabilities. Included is an elephant with a hearing aid, a bear with a prosthesis and a monkey with cerebral palsy that is in a wheelchair. Special Friends, 418 Walker Street, Lowell, MA 01851.

United States Committee for UNICEF. A catalogue of educational games, records, posters and media designed to give students a basic awareness of the diversity of human cultures. UNICEF, 331 East 38th Street, New York, NY 10016.

Ward, M.J., Arkell, R.N., Dahl, H.G. and Wise, J.H., Everybody Counts! A Workshop Manual to Increase Awareness of Handicapped People. Reston, VA: Council for Exceptional Children.

What If You Couldn't? An elementary school program about handicaps developed by the Children's Museum of Boston. Contains manual and materials to promote awareness of handicaps. Selective Educational Equipment, Inc., Newton, MA 02195.

"All My Buttons." H & H Enterprises, Inc., P.O. Box 3342,
Lawrence, Kansas 66044. An emotional film dealing with the problems of the
mentally retarded adult.

"A Child is a Child." Aims Instructional Media Services, Inc.,
Hollywood, California 90028. A 16mm film that reminds us that, despite
education or disabilities, a child is first a child. This movie has a
happy note and nice music.

"A Different Approach." Indiana University, Bloomington, Indiana 47401
(also may be available locally; contact: The South Bay Mayor's Committee,
2409 N. Sepulveda Boulevard, Suite 202, Manhattan Beach, California 90266).
A film which shows disabled persons as talented, responsible, creative,
having a sense of humor, and so on. Disabled persons are similar to us in
some ways but different in others.

"Different from You. . . and Like You, Too." Lawren Productions, Inc.,
P.O. Box 666, Mendocino, California 95460. A filmstrip which is designed
to promote positive interaction with disabled children in K-3 classrooms.
The filmstrip pictures real children who differ in physical characteristics
engaging in various activities. The narrator suggests appropriate
responses to differences. This filmstrip was made by Jane B. Schultz,
Ed.D., of Western Carolina University.

Early Childhood Mainstreaming Series. Campus Film Distributor Corporation,
14 Madison Avenue, P.O. Box 206, Valhalla, New York 10595. A set of six
filmstrips and cassettes developed under the auspices of Project THRIVE to
give a general overview of learning disabilities, hearing impairments,
emotional impairments, visual impairments, physical and health impairments,
and speech and language impairments.

"Eye of the Storm." DHR, Educational Materials Library, 269 East Main,
Paris, Kentucky 40361. A 16mm film in which a teacher gives her third
grade class an object lesson in prejudice, using eye color as a criterion.
The effects of the experience are shattering, both for the children and the
viewer.

Hello, Everybody. Film Associates, P.O. Box 1983, Santa Monica,
California 90406. Six filmstrips and cassettes about disabled children
developed for children and adults by James Stanfield. The filmstrips are
designed to increase the viewers' understanding of the effects of a
disability on the disabled person's life. The filmstrips are: "Hearing
and Speech Impairments," "Visual Impairments," "Orthopedic Handicaps,"
"Developmental Disabilities," "Learning Disabilities," and "Behavior
Disorders."

"Introducing NEW FRIENDS." Chapel Hill Training-Outreach Project,
    Lincoln Center, Merritt Mill Road, Chapel Hill, North Carolina 27514.
    This twelve-minute slide/tape presentation gives an overview of the NEW
    FRIENDS approach. It provides a rationale for training, demonstrates the
    use of dolls and curriculum in the classroom, and offers a brief
    introduction to the NEW FRIENDS workshop.

"Krista." Child, Youth, and Family Services, 1741 Silverlake Boulevard,
    Los Angeles, California 90026. This is a 16mm film which follows three
    year old Krista for one year. During this time, she has surgery which
    enables her to wear a more flexible leg prothesis. She is a competent,
    outgoing child who faces surgery with the support of family, Head Start
    staff and medical professionals. The adults provide excellent role models
    for teachers who work with young children in mainstreamed settings.

Like You, Like Me. Encyclopaedia Britannica Educational Corporation,
    425 North Michigan Avenue, Chicago, Illinois 60611. Ten 16mm animated
    color films for early grades, produced by Alan P. Sloan, to help integrate
    disabled children into regular classrooms.

"Mainstreaming." Exceptional Parent Bookstore, Room 700, Statler Office
    Building, Boston, Massachusetts 02116. Filmstrip showing the personal
    stories of people with special needs (5 - 20 years old).

"Somebody's Waiting." University of California Extension Media Center,
    Berkeley, California 94720. This film takes place at Sonoma State
    Hospital, California, in a ward with rows and rows of cribs of
    severely/profoundly retarded children. The staff's frustrations, sense of
    hopelessness, and resignation to conditions are explored. It shows the
    staff deciding to make changes and beginning a daily program of sensory and
    motor stimulation.

Special Friends. Listen and Learn Company, 13366 Pescadero Road La Honda,
    California 94020. A set of eight fifteen-minute filmstrips and cassettes,
    each giving students insights into the needs and problems of exceptional
    children. The exceptionalities covered are: physical disabilities,
    learning disabilities, language disorders, visual impairments, hearing
    impairments, mental retardation, and emotional disturbances.

"Issues in Mainstreaming." Chapel Hill Training-Outreach Project,
    Lincoln Center, Merritt Mill Road, Chapel Hill, North Carolina 27514. This
    slide/tape presentation may be borrowed from your Resource Access Project
    (RAP). It was developed to complement the NEWS FRIENDS Trainer's Notebook
    and uses vignettes to encourage participants to explore their own values.
    The four stories cover four different situations involving children with
    disabilities, their families and Head Start. Each story contains a
    situation involving values and choices. Observers of the slide/tape
    presentation are given a chance to react to the values and choices
    portrayed in the stories and to access some of their own values regarding
    each situation. Materials for observers are contained in the NEW FRIENDS
    Trainer's Notebook or can be purchased separately.

What You Are is Where You Were When." Morris Massey Associates, 2100-13th Street, Suite 201, Boulder, Colorado 80302. Dr. Morris Massey discusses value programming analysis. Massey outlines those factors which are crucial to value set development, the ages at which they have their greatest influence, and the value set age. He then looks at the current generations and analyzes the factors which were most influential at their value set age and discusses the resulting values of those people.

"Young and Special." University Park Press Audio-Visual Programs, Baltimore, Maryland 21201. An in-service video tape training program that prepares early childhood teachers for mainstreaming.

SPINA BIFIDA

YOUR CHILD WITH SPINA BIFIDA AND GROWING UP WITH SPINA BIFIDA. Available from
Spina Bifida Association of America National Headquarters, 3435 So.
Dearborn, Suite 319, Chicago, Illinois 60604.

The Teacher and the Child with Spina Bifida. Available from Upstate
Spina Bifida Association, Argyle, New York 12809.

MUSCULAR DYSTROPHY

Around the Clock Aids for the Child with Muscular Dystrophy. Available from the
Muscular Dystrophy Associations of America, 810 Seventh Avenue, New York,
NY 10019.

CEREBRAL PALSY

PLEASE HELP US HELP OURSELVES and WHAT IS CEREBRAL PALSY? Available from United
Cerebral Palsy, 321 West 44th Street, New York, NY 10036.

Finney, Nancy. Handling the Young Cerebral Palsied Child at Home. New York,
New York: E.P. Dutton & Co., 1970.

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Blackman, James A., M.D. Medical Aspects of Developmental Disabilities in
Children Birth to Three. Division of Developmental Disabilities.
Department of Pediatrics, University Hospital School, the University of
Iowa, Iowa City, Iowa, 1983.

Bleck, E.E. and Nagel, D.A. (ed.) Physically Handicapped Children: A Medical
Atlas for Teachers. New York: Grime & Stratton, 1975.

Connor, F. "The Education of Children with Crippling and Chronic Medical
Conditions," Education of Exceptional Children. (eds.) Cruickshank, W.G.
and Johnson, G.O. Englewood Cliffs, NJ: Prentice-Hall, 1975.

Steps to Independence: A Skills Training Series for Children with Special
Needs. Available from Research Press, Box 3177, Champaign, Illinois 61820.

Connor, F., Williamson, G., and Siepp. Program Guide for Infants and Toddlers
with Neuromotor and Other Developmental Disabilities. New York: Teachers
College Press, Columbia University, 1978.

RESOURCES: Health Disorders

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RELEVANT MEDIA RESOURCES: Focus on Foster/Adoptive Parents
and
Social Workers

The following media resources are available through the Southeast Resource
Centre for Children and Youth Services at the Office of Continuing Social Work
Education, University of Tennessee School of Social Work.

FILMS

1. "Parenting the Special Needs Child"

    This film is a series of sixteen vignettes that cover many topics in
    parenting special needs children. Topics include: the physically
    handicapped child, moving from foster care to adoption, family
    vacationing and others.

2. "Somebody Talk to Me"

    Children relate their experiences with foster care. Some talk about
    the problems with adjusting to the situation.

3. "Something Real Special"

    This film views several special needs children interacting with their
    foster parents and other significant adults.

4. "The Worker"

    This film presents a social worker's role in developing the child's
    future plans, through involvement with the natural parents, the child
    and foster parents.

5. "Working Together"

    Members of multidisciplinary teams address the benefit of using the
    multidisciplinary approach to child abuse and neglect case management.

6. "Living With Love"

    This film examines problems faced by families whenever a new child
    enters the home or when one leaves. Set in a group home, this is a
    good film to sensitize workers to the needs of foster parents and how
    to cope with the difficulties inherent in the foster home setting.

7. "James and John"

    A brief introductory film dealing with parenting the mentally retarded
    and handicapped child. Discussion of positive aspects of parenting
    these children and effective tools to be used for "mainstreaming" the
    handicapped child.

8. "Borderline Case Conference"

    A conference of a nursery school teacher, physician, public health
    nurse and social worker to discuss how they can work together to best
    provide for the needs of a child and his family in a child abuse and
    neglect case.

9. "Everybody Needs a Forever Home"

    This film shows the adoption of all types of children into various
    family and parent situations. Aimed at the adoption of black children,
    but can be used for an audience concerned with adoption generally.

                              FILMSTRIPS

1. "Cooperation Among Staff, Family and Community"

    A five-part series on how a program gives support to the families
    served within the community.

2. "Relating: The Art of Human Interaction"

    This two-part series is concerned with the impressions we make on
    others and the ways communication becomes more sophisticated in
    interpersonal relationships.

3. "Ages and Stages"

    This filmstrip looks at a child's growth and development from infancy
    to age five. Each stage is shown from the child's point of view and
    presents the child's needs, thoughts and confusions. It also shows how
    parents respond to their children at these various stages of
    development.

4. "His Name is Today" .

    A brief overview of the problem of "drifters" in the foster care system
    and discusses the need for permanent placement of children in foster
    homes, adoption or return to the natural parents.

5. "Encouraging Healthy Development"

    This series outlines the phases of child development.

SLIDE AND SOUND SHOWS

1. "Feeling Good: Conversations with Foster Parents"

   Foster parents speak candidly of the trials and rewards of being foster parents. A good recruitment tool.

2. "Someone's Waiting"

   Real adoptive parents describe the experience of adopting special needs children. The parents outline the adoption procedure in their own words, talk about problems and personal rewards. A good recruitment show.

VIDEO CASSETTES

1. "Adoption in America"

   Explores current issues surrounding adoption in America.

2. "A Family Forever"

   Interviews with foster care workers, foster parents, former foster children, an adoptive family and their adopted foster child, social workers, and a children's court judge.

3. "The Handicapped Child"

   Shows two handicapped children coping with and surmounting the problems they face in their daily lives. This program also explores the reactions of their parents and the ways they have learned to cope with these reactions.

4. "Love Me and Leave Me: Attachment and Separation"

   Focuses on the parent-infant bond process. Kind of care parents give their infant can influence the way the child trusts their parents and later can become independent.

5. "_____ Faraday: Foster Parents Seminar"

   This four-part series covers the intricacies of the foster care program in the United States.

6. "There Comes a Time"

   Focuses on the problem of parents needing support and how to locate it in the community.

AUDIO-CASSETTES

1. "Understanding the Whys of Foster Children's Behavior"

2. "Why Aren't People More Creative and Better Able to Solve Human Problems"

COMPILED BY: Katey Assem, SSC, from the Media Resources Catalogue of the
             Southeast Resource Center for Children and Youth Services.

EVALUATION*

WHAT IS IT?

Evaluation is a term used in training to mean everything from a questionnaire given at the end of a workshop to a full-scale study of a training program. Evaluation can be defined as both of these because it is, simply, the collection of information in order to make decisions about people, programs, or policies.

A variety of techniques can be used to collect this information. Some examples are questionnaires, interviews, tests, expert opinion, observations, informal feedback, and documents. In this Notebook, we will be concentrating on questionnaires and observation forms, both for planning and evaluating training sessions and for performance evaluation of the worker on the job.

WHO USES THE INFORMATION?

In training, the receivers of information can be the trainees, trainers, or administrators.

Trainees need to make decisions about what they have or have not learned and about the relevance of training to their jobs. They can get information from tests, observations in the form of performance ratings, and self-appraisals.

Trainers need to make decisions about policies and programs, such as whether current training programs are justified. They can get information by comparing different training programs in statistical studies, current appraisals of workers' job performances, or any of the methods mentioned above.

All three receivers of information benefit from informal feedback, which is an unofficial evaluation in the form of ongoing comments within an organization.

Evaluation is an aid to training. With the data that are collected, trainers and administrators can make informed decisions that will improve the effectiveness and efficiency of training programs.

EVALUATION MYTHS

Some commonly-held myths about evaluation include:

> Myth 1:   Evaluation is so complex that it should be done by experts.
>
>   Of course, there are different kinds and degrees of evaluation.
>   For example, a full-scale study with statistical controls to
>   determine the effectiveness of a program is best left to the
>   experts. However, through some simple techniques, a trainer can

*NEW FRIENDS.

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obtain very useful information that will help improve future training. Experts are usually available for consultation if the trainer wants a check on how valid or reliable the information will be.

Myth 2:   I don't need to "evaluate" -- I know what to change next time.

This kind of "eyeballing" our own training is normal behavior, and we can usually tell whether or not an experience was successful. However, unless you know from other sources how well you are doing as a trainer, you can't be sure that your information is objective. You can keep on making improvements without really knowing whether these changes have had the desired effect.

Myth 3:   Evaluation is only done at the end of a training program.

In order to improve training based on information, it is essential to have some evaluation in addition to that done at the end of the program. This may take place while the program is being planned or while it is still in progress. Evaluation during the training helps the trainer make modifications if something is not going well. Certain kinds of information are best collected while the program is being conducted. For example, if trainees are not participating fully in an activity, it's important to know why so that, if necessary, changes can be made in the rest of the program. This is particularly important when a training program is new.

In fact, the distinction between evaluation during a program and evaluation after a program has ended is so important that specific terms were coined by Michael Scriven in 1967 to describe the two types:

(1) Formative evaluation is the collection and analysis of information to assist in the revision of training while it is undergoing development. Formative evaluation always involves a feedback element, either to the trainer or to the trainee. A clear example of formative evaluation comes from the field of instructional development, where training manuals are planned, developed, and implemented. Formative evaluation of these products means the collection of data for improvement during stages in the development process. Content experts read the manuals and make changes, workers try them out and fill out questionnaires or give comments in interviews to make changes, and formal field tests are conducted -- all to improve the training while it is being developed.

(2) Summative evaluation is the collection and analysis of information after a program has ended to assist in judgments about the value of the training experience. Summative evaluation gives feedback to trainers and administrators, who will decide whether to continue to implement the training. This type of evaluation gives an answer to the

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question. "Did the training achieve its goals?" and often involves comparison of several programs and collection of large amounts of data. It may be done on a long-term basis -- three months to a year after the program has ended. An example of summative evaluation might be the collection of data from supervisors on the job to see whether workers are using any of the training concepts they have learned.

THE PROCESS OF EVALUATION

In thinking about evaluation of training, you need answers to the following:*

What do I want to evaluate?

Usually, in training, you will want to evaluate the trainees, the trainers, or the training program. What you want to evaluate will be based on the decisions you have to make. You can't make the right decisions without asking the right questions. For example, if you want to make a decision about whether to improve the training, you want to know: Are trainees learning the material? or, are trainees satisfied with the training? If you do a complete evaluation, you would be looking at trainees, trainers, and the program.

When do I want to evaluate?

You can evaluate before, during, and after a training program. For example, before a program you want to collect information about what trainees need to learn. During a program, you want to collect information about the level of learning that is taking place and/or attitudes of the trainees, in order to make changes in the program. After the program has ended, you may want to know whether the training achieved its goals. Again, a complete evaluation will include all three.

What will I look at?

This is different from what you want to evaluate. For example, in order to evaluate trainers, you might want to look at trainees' comments on questionnaires. You can look at trainees, trainers, strategies, materials, and the climate of a training program.

Each question you ask during evaluation will relate to what you want to evaluate, when you want to collect the information, and what you will look at to get your answers.

*From the Short-Term Care Training Program Trainer's Manual, Group Child Care Consultant Services, School of Social Work, University of North Carolina, Chapel Hill, North Carolina, 1982.

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CHART ON PROGRAM EVALUATION

	BEFORE PROGRAMS	DURING PROGRAMS	AFTER PROGRAMS
A. Trainees	Who are the trainees? What do trainees need learn? What do trainees already know? How: questionnaires, job analysis, interview, expert opinion	At what rate and level is each trainee achieving the objectives?	Did trainees acquire new behavior knowledge or capabilities? (short run and long run)
B. Trainers	In what ways in teaching is the trainer comfortable, e.g., "approaches"?		What was the trainer's attitude toward his participation in the course?
C. Strategies and Materials	Which strategies or approaches are most appropriate for the subject matter? How: expert opinion, catalogues, interviews, manuals	To what extent do trainees feel that the strategies are effective in accomplishing objectives?	
D. Climate	What kind of climate do I want to have?		Did trainees feel that the climate was conducive to accomplishment of objectives? How: questionnaire, interview

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