

Family Connections

Volume 8, Issue 3 ~ Summer 2009

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And much more. . .

Family Connections is edited and published by:

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Introducing Extreme Recruitment

The Missouri Children's Division was awarded a grant from the federal Department of Health and Human Services to carry out an exciting new program for diligent recruitment of placements for children in the foster care system.

Extreme Recruitment is a process to find and support an adoptive home for a child *in a fraction of the time* it would normally take (12-20 weeks vs. 12-24 months). And it works! In the pilot year, 70% of the youth served by this new practice were matched with adoptive families.

Extreme Recruitment serves the hardest-to-place children: ages 10-18, sibling groups, and youth with emotional, developmental, or behavioral concerns. During the next four years, 150 youth from St. Louis City and the counties of St. Louis, St. Charles, and Jefferson will be served by the new program.

The program works so well because it:

1. requires weekly, intensive meetings between the child's professional team for 12-20 weeks;
2. encourages direct involvement from the youth's entire professional team;
3. focuses on preparing the youth for adoption, including their mental health and educational needs.
4. provides specialized training and support for the identified family prior to the child's placement as well as after.

Concurrent planning is at the heart of Extreme Recruitment. All methods of finding a permanent resource are implemented simultaneously, such as media recruitment, Heart Gallery, and diligent search. Diligent search, also known as family finding, includes locating at least 40 of the youth's kin. Routinely, more than 40 are found, and at least one person is found to be a safe, appropriate individual.

The added ingredient that makes finding family members so effective is the private investigator. The investigator finds relatives through internet tools, court databases, and good old-fashioned gum-shoe detective work. Many times, he will find a grandmother or an aunt who will say, "Thank God you are here. I have been waiting years for you to find me." Other times, he must use persuasion and tenacity to convince relatives to meet with him.

An Extreme Recruitment Success

Sherry came into foster care 11-years ago. Despite the challenges of being in the system, she held her own at school and was a favorite employee at a local grocery store. The **Extreme Recruitment** program located Sherry's older sister and now they are living together. Her grades have skyrocketed and she is even making plans for college. Sherry's deep longing for family has been fulfilled.



News You Can Use: Foster Care & Adoption Advisory Boards

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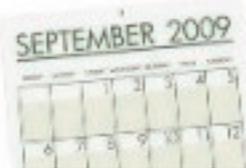
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Updates from June Board Meeting

Board members discussed and reviewed the State Foster Care and Adoption Advisory Board Strategic Plan and the Foster Parent Bill of Rights & Responsibilities. The Advisory Board continues to work on a medical respite proposal, while subcommittees addressed the Mission Statement.

If you would like to receive a copy of the State Advisory Board's June notes, e-mail Cheryl Williams at williams.cd@sbcglobal.net.

2009 Meetings - Mark Your Calendar



Date: 09.01.09

Time: 10:00 a.m. - 3:00 p.m.

Location: Howerton Building
615 Howerton Ct., Room 7
Jefferson City, MO 65103

All foster and adoptive parents are welcome to attend the meetings and are also encouraged to contact area representatives with issues related to foster or adoptive children and families. Please RSVP to your area representative, or to Cheryl Williams, Secretary of the Board, at williams.cd@sbcglobal.net.

Regional Boards in Action

Northwest Region

The Northwest Region is seeking a foster or adoptive parent to fill a vacancy. Area representatives are fellow peers. They are experienced foster parents and adoptive parents with years of experience on how to work within the system and training on how to resolve issues of concern. Area representatives provide peer-to-peer support and mentoring, and maintain an ongoing positive/working relationship with their area Children's Division staff. State Board members commit to attend quarterly meetings in Jefferson City for a minimum of two years. Even if you are not able to make this commitment, there are other ways you can become involved. To find out how, contact your area representative.

Melinda Hardin 816.699.3115 / dhardin3@kc.rr.com

St. Louis City & County Region

St. Louis City is excited to announce that a St. Louis City youth has been selected to represent Missouri as a *2009 Foster Club All-Star*. She is 1 of 12 foster teens selected in the United States to travel across the country this summer, communicating with peers in foster care. St. Louis County has appointed Susan Shelton as area director. The Gateway Foster and Adoptive Parent Association (a local advisory board amongst St. Louis City and County region) are currently formulating bylaws and reminds parents that meetings are held on the third Monday of the month.

Cheryl Williams 314.355.6445 / williams.cd@sbcglobal.net

Parent to Parent: Tips from Parents, for Parents

Detangling Diagnoses for Foster and Adopted Youth

From Spring 2009 Adoptalk
By John Sobraske

John is an adoptee and adoption psychotherapist who lives and practices in New York. The article below is based on the "Diagnostic Conundrums" workshop he presented at NACAC's 2009 conference.

The experience of being a foster or adopted youth is both complex and unique. As such, the process of diagnosing mental health concerns can be paradoxical and problematic. Unlike other children, these youth have lost their first families. In addition, they may have been exposed to drugs or alcohol, abuse or neglect.

They may have endured experiences that taught them to be suspicious of others, including well-meaning adults. Logically, if we are to accurately assess and treat foster and adopted children, we must evaluate them holistically, taking into account a variety of influences.

In my experience, foster and adopted youth may contend with one or more of the following ten core influences:

- o **genetics/chemistry** (family history/low serotonin depression);
- o **prenatal exposure/deficiency** (cocaine or alcohol exposure in utero);
- o **postnatal exposure/deficiency** (iron deficiency);
- o **early loss, grief;**
- o **abuse, neglect, trauma;**
- o **transitional flux** (lived in several foster homes);
- o **developmental diffusion** (some delays and precocity);
- o **family systems** (dynamics in

- a past or present family);
- o **larger systems** (orphanage, group home); and
- o **societal attitudes** (racism, homophobia).

The first two areas would affect a child with genetic depression who was exposed to alcohol in utero. The last area would pertain to a child hassled by peers for being gay and Latino. Any mix of factors can be present. In my practice, early loss and developmental issues are the most common, even for children adopted as infants. For those who spent years in the system and whose parents' rights were terminated, other categories apply. Because each case is unique, clinicians should examine each possible influence.

Loss and Attachment Issues

Children who lose their original family are tremendously impacted. Other losses, such as loss of control and the loss of basic references for self identity, along with one or more placement transitions, compound the effect of the first loss.

Even when feelings regarding early loss, foster care, or adoption are present, however, the child may not be aware of them, particularly if events occurred before the child developed conscious memory. Some say that if incidents cannot be remembered, their effect is minimal, but the opposite is true.

The impact is all the more powerful precisely because the child lacks verbal facility, a well-developed sense of self, and the ability to recall memories on command. Feelings go underground where they are difficult to access and can exert a profound influence.

Some youth are dimly or

acutely aware of feelings related to early loss and "do not want to go there." For others, a defense system automatically shields them from experiencing feelings too directly. These youth unconsciously develop patterns to keep feelings at bay. In both cases, the children may not have any clear sense that they are struggling with adoption issues.

To further complicate things, early loss does not affect every child in the same way. Each child's resilience and perspective is different. For one child, a significant loss may have a moderate impact; for another, the effect may be stronger.

I remember two girls adopted from Russia who struggled with attachment issues. A diagnostician had declared that one had an attachment disorder and the other did not. Their mother acted as though attachment disorder was a fatal disease, and that the child with the disorder was destined for a bad outcome. The other, she expected, would be fine. In truth, both daughters were suffering in similar ways; it was just a matter of degree.

The diagnostic category of reactive attachment disorder (RAD) presents its own conundrums. While attachment problems can in some cases be quite severe and are not to be underestimated, neither should they be overestimated. Too many therapists predict with conviction a catastrophic future for children so designated: "She will never be able to attach to anyone." Such statements irresponsibly scare parents and scar children.

The difficulty is that attachment disorder used to be under-recognized and under-diagnosed. However,

once it became fashionable, it tended to be over-recognized and over-diagnosed. Attachment became the disorder to reach for when a child's behavioral problems were over the top. While attachment (and perhaps a string of disrupted placements) could be the root cause of these behaviors, many other possibilities exist. In my experience, many children labeled with RAD are misdiagnosed. As often as not, the problem lies elsewhere, or attachment is merely one piece, perhaps not even the biggest piece, of a larger puzzle.

Diagnostic Challenges

It can be tough to decipher which diagnoses apply since many childhood disorders cover similar ground: behavioral problems, poor self-regulation, inability to maintain focus, emotional instability, aggression, learning problems, defensiveness, opposition, poor peer relationships, low self-esteem.

Some disorders also have multiple origins. Depression, for example, can be chemical or situational (brought on by severed attachment, trauma, identity confusion, internalized racism, etc). Focusing problems can involve neurotransmitter dysregulation, hypoglycemia, fetal alcohol or cocaine exposure, anxiety from attachment breaks, etc. The label is not enough; clinicians must discern underlying causes to choose the correct intervention.

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Inside CD: Children Division Happenings

Extreme Recruitment (Continued from page 1)

Once the child's adoptive or guardianship resource has been identified, he/she will participate in specialized training developed by the Children's Home Society. The training will be specifically tailored to help the families better understand and prepare the child for whom they have been recruited.

This grant program is truly community collaboration. The Missouri Coalition of Children's Agencies is administering the grant. Children's Division offices from St. Louis City, St. Louis County, St. Charles County, and Jefferson County will have children participating in the program, as will the area's private contractors of Missouri Alliance for Children and Families, the Children's Permanency Partnership, and the St. Louis Partners. The Foster & Adoptive Care Coalition will manage the initial 12-20 week recruitment process, referred to as Extreme Recruitment. The Rapid Response Team will be provided by the Adoption Exchange. Children's Home Society will develop specialized training and supports for families.

The following are youth who participated in the Extreme Recruitment pilot:

Keith came into foster care at age five. Now 15 years old, he has lived a difficult life. In February, our investigator found Keith's grandfather. His grandfather, who is former military, is an exact replica of Keith in both looks and manner. He is already 100% committed to Keith, and they talk on the phone every day. In less than two months, Keith's entire demeanor has changed, "Before I thought I had no family to visit. Now I have my grandpa."

Serena. Staff returned from Minneapolis last week, saying the trip was a "home run!" They found Sharon, aunt of 14-year-old Serena. Aunt Sharon lost connection with Serena ten years ago, after her niece entered the St. Louis foster care system. Greeting our team with a big hug and tears of joy, Aunt Sharon exclaimed "I have been so worried about her!" The visit was great, and Aunt Sharon's strength, wisdom, and commitment were obvious. Describing herself as the "glue of the family," Aunt Sharon will do all that she can to bring Serena home.

To learn more about the grant, or to track progress, please log onto www.adoptionopportunities.org.

Children Division Policy Updates Subsidy Coverage Limitations Addressing orthodontic Services and Respite Services Through Subsidy (CD09-26)

Failure to obtain prior approval for the orthodontic treatment before accessing care will result in the adoptive parent/guardian being financially responsible for treatment costs. The Manual revision pertaining to Respite approval time frames has been changed to provide clarification to staff in determining approval time frames for Respite when being written into the Subsidy Agreement. To read the entire memo, go to <http://dss.mo.gov/cd/info/memos/2009/cd0926.pdf>

Legal Guardianship Subsidy Policy Updates Pertaining to hr 6893 (CD09-28)

This change requires Guardianship Subsidy contracts to be negotiated, approved and entered into the system prior to the Legal Guardianship being awarded by the Court. The change will not affect families with a previously negotiated guardianship subsidy contract. To read the entire memo, go to <http://dss.mo.gov/cd/info/memos/2009/cd0928.pdf>

Revision of the Foster Family Profile, CD-56 (CD09-44)

The addition of using only initials for the biological and adopted children in the household composition, check off boxes indicating if the home is a smoking or non-smoking home and modifications regarding educational practice preferences have been made. To read the entire memo, go to <http://dss.mo.gov/cd/info/memos/2009/cd0944.pdf>

Career Respite Care Policy Revision (CD09-50)

Revisions include the requirement of a career respite provider to participate in career respite training and the career respite training expectations. To read the entire memo, go to <http://dss.mo.gov/cd/info/memos/2009/cd0950.pdf>

Update to Legal Basis of Permanency Through Reunification (CD09-54)

The appellate court's ruling established as a matter of law that CD workers may make a recommendation to reunify in cases where a parent, or person in the home, was found guilty of, or pled guilty to, one these violations if the violation occurred prior to the date of the child's removal from the home. To read the entire memo, go to <http://dss.mo.gov/cd/info/memos/2009/cd0954.pdf>

Capitol Ideas: Your Legislation Update

2009 Missouri Legislative Session Final Session Summary

By Citizens for Missouri's Children (CMC)

The First Regular Session of the 95th General Assembly officially ended at 6:00 pm on Friday, May 15. This final wrap-up of the 2009 Missouri Legislative Session provides a brief overview of progress made in our main program areas, but also discusses those pieces of legislation that if passed, would have positively affected Missouri children and families.

Health

Presumptive Eligibility for Children's Health Coverage Funded: CMC is pleased to report that Missouri's fiscal year 2010 budget maintains funding for presumptive eligibility for children's health coverage. Presumptive eligibility is an option that allows health care settings to provide immediate but temporary enrollment into state health coverage to children who appear to meet program eligibility requirements.

Legislation to Create Regional Autism Projects Passes: The General Assembly passed HB 525 and SB 157 during the 2009 legislative session. Both pieces of legislation will require the Division of Developmental Disabilities within the Department of Mental Health to establish programs and services for individuals diagnosed with autism, and to enhance a family's ability to meet the developmental and training needs of a family member with autism.

Early Care and Education

Recovery Funding for Child Care; Eligibility for Child Care Assistance

Maintained: Missouri will receive \$42.6 million from the American Recovery & Reinvestment Act for child care services. Using this funding, the state will maintain eligibility for child care assistance at 127% of the federal poverty level and will offer families transitional assistance up to 139% of poverty. The transitional benefit will allow families with incomes between 127% and 139% of the federal poverty level to receive partial subsidy benefits to help pay for child care.

Omnibus Education Bill Passes: With the end of the 2009 legislative session looming, the General Assembly passed SB 291, an omnibus education bill laden with provisions. Sponsored by Senator Charlie Shields (R-St. Joseph), SB 291 began as a bill which would have modified a few provisions relating to education.

Governor Nixon Signs Kaitlyn's Law: During the 2009 session, the legislature passed HB 236, legislation addressing the rights of high school students with disabilities. Sponsored by Representative Scott Lipke (R-Jackson), this bill establishes Kaitlyn's Law, which will require each school district to develop policies and procedures that allow students with disabilities who have completed four years of high school to participate in graduation ceremonies and receive a certificate of completion.

Child Protection

Legislation Passes with Supports for Kinship Care and Students in Foster Care: Children in foster care, or who are awaiting foster placement, will benefit from the provisions of HB 154, which was passed by the legislature during the 2009 Missouri Legislative Session. Sponsored by

Representative Marilyn Ruestman (R-Joplin), HB 154 will require the Department of Social Services to give first preference to grandparents in cases where a child must be placed in foster care. In such situations, the legislation requires the Department to make diligent efforts to contact grandparents (or other suitable relatives) in order to prioritize kinship care for foster children. Furthermore, in order to minimize the hurdles of kinship placement, the Department can elect to waive any non-safety related standards for grandparents (or other relatives) if those standards impede the licensing of a relative who is otherwise qualified to serve as a foster parent. Such non-safety standards include stipulations on home square footage and total number of bedrooms in the home.

Child Witness Protection Act Passes to Protect Children during a Judicial Proceeding: The 2009 legislative session saw the passage of legislation which will ensure the rights of children who must testify in judicial proceedings. HB 863, which was sponsored by Representative Bob Dixon (R-Springfield), creates the Child Witness Protection Act, and applies to all children 14 years of age and younger (and, at the discretion of the court, the act can apply to children 15 to 17 years of age). The Child Witness Protection Act will: ensure that children who must testify in a judicial proceeding are able to understand questions which are posed; minimize stress by ensuring that the child is as comfortable as possible; and ensure that the child feels unthreatened while giving testimony.

For the full report and/or a list of legislation that did not pass, visit www.mokids.org.

Keep Current...

Citizens for Missouri's Children produces regular legislative reports to keep citizens and child advocates plugged into developments in Jefferson City and Washington D.C. Sign up today at <http://www.mokids.org>.

Missouri Adoption Resource Centers

Eastern MO ARC

Foster & Adoptive Care Coalition
111 N. Seventh Street, 402, St. Louis, MO 63101
800.FOSTER.3 (314.367.8373) / www.foster-adopt.org

Coalition Provides Parents with Respite Event:



Saint Louis Athletica of the new Women's Professional Soccer (WPS) league held a special Parents' Night Out event in conjunction with the Foster & Adoptive Care Coalition.

Athletica Defender Niki Cross hosted a clinic and picnic on June 11 at the Saint Louis Scott Gallagher Training Facility. Cross and five Athletica teammates organized the clinic.

"I came across something we as players could do with our free time," said Cross. "I had been in contact with the event coordinator for the Coalition and she mentioned to me what other professional teams in St. Louis have done for Foster & Adoptive Care Coalition and I felt we could do something similar."

Over 50 foster and adoptive kids participated in the three-hour event which included a one-hour clinic, mini games coached and refereed by Athletica players, and a hot dog picnic.

"My mom was always encouraging me and my brothers and sisters to give something back to the community," said Cross. "She encouraged me to be a role model for others. I felt it was a good match for what I wanted to do."

"With an event like this, kids begin to realize what it is really like to be a kid," states Melanie Scheetz, Executive Director of the Coalition. "They enjoy experiences that add magic to their lives and so we are very grateful to the St. Louis Athletica team."

Respite events such as these are made possible through the Adoption Resource Center. The Coalition's next Parents' Day Out event will be held August in collaboration with Stages, a St. Louis theatre company! To find out more on this event or upcoming Parents' Night Out events, sign up to receive the Coalition eNewsYouCanUse electronic newsletter at www.foster-adopt.org.

Western MO ARC

Midwest Foster Care & Adoption Association (MFCAA)
3210 S Lee's Summit Rd. Independence, MO 64055
816.350.0215 / www.mfcaa.org

A Message from Your Staff:

The MFCAA continues to support families with respite, support groups, training, and advocacy. For many parents, advocacy is a critical support service, as they bump into barriers trying find ways to meet their children's needs. Advocacy is a skill that can be acquired. Below are some steps to become a more effective advocate for your child(ren).

1. Organize for efficiency and maximum impact.

Most areas have foster/adopt support groups which are great places for like minded individuals to combine their resources and their talents. If your area does not have a group, consider forming one. MFCAA offers support to assist foster/adoptive parents in forming their own area support groups.

2. Knowledge really is power.

Most bureaucratic systems that deal with children have policies and procedures posted online. Take advantage of the internet to explore the rules of the game. The Children's Division's Child Welfare Manuals can be found online at <http://dss.mo.gov/cd/info/cwmanual/index.htm>.

3. Make and manage friends in high places.

Remember that people in high positions are people just like you and I, so it is perfectly appropriate to phone or write them to assist you in solving your problem at any time. It is important to be professional in your communications, and to offer your assistance any way you can to establish an ongoing relationship that will be mutually beneficial.

4. Framing the message.

When you frame the message with the well being of the child as the primary focus, we have much less trouble in rallying support for the change needed. When you address your concerns, be sure to always keep the focus on what is best for your child.

Your Adoption Resource Centers are excellent resources to solve problems for the children you love. However, we encourage you to have the confidence to attempt to resolve your concerns for your child on your own. We know that with a little determination, you can become an effective advocate for your child.

Expert Exchange: Professionals Answer Your Questions

Parents Ask:

How can I know what my child's going through if she won't talk about it? When I don't see progress and can't connect, I feel like giving up. What else can I do?

All parents feel helpless and discouraged when they don't know how to reach an uncommunicative child who seems to be distressed or is not functioning well. This can be especially discouraging to parents who have reached out to foster or adopted children who may have suffered huge losses, been abused or neglected, and may have disabilities or special needs. The child clearly needs help but may not be able to ask for it.

But there's hope. Kids - even foster and adopted children - are communicating all the time, even when they are trying not to. We just need to learn how to listen, let them know we've heard them and that we care.

Sometimes a child speaks through her silence or withdrawal, by acting out or other behaviors that signal she has something important to say but cannot find the words or, quite often, the courage or trust in her adult caretakers to use them. When this is true, parents need to read the behavioral cues and help their child learn to translate the feelings that cause her troubling behavior into words. This not only helps a parent understand what a child is going through, it also helps the child become aware of how strong emotions are affecting her moods, feelings and behaviors in the present.

Here's what parents can do.

First, prepare yourself by identifying what's most painful in your child's life. Has your

child experienced some serious emotional traumas in the past? What are they? If not abuse or deprivation, almost certainly loss of family and possible friends. What are the current challenges he faces? How could past traumas affect the way he handles these challenges?

Next, think about how you would feel if you had survived what your child has experienced.

How would you cope if you lost your family when you were only

eight? How would you feel? Would you be angry or depressed? Would you blame yourself? Would you find it hard to trust? That may be how your child feels, even though she cannot find the words to express it.

Then, after you have prepared yourself, begin to look for emotions that could underlie dysfunctional behavior. Could it be anger, confusion, fear, sadness or even grief? What could have caused these feelings? Anger at what happened? Confusion about what's to become of her life? Fear that bad things may happen again? Fear that she may disappoint you and lose you too? Grief for the family and friends she has lost?

Give your child opportunities to put his feelings into words by describing behaviors and tentatively suggest feelings that might account for the behaviors without implying any judgments about either the behavior or the emotions. You can do so by letting him know you notice his behavior and wonder what he might be feeling. For example: "I noticed you were playing pretty rough. I wonder if you might be feeling angry." Or, "You seem to be pretty quiet. Sometimes I get quiet when I'm worried or feeling sad. Anything on your mind?" Then

be silent and listen, even if it's difficult.

Follow up with opened-ended questions: How do you feel? When did you begin to feel this way? What might have caused it? Then be silent and listen so your child can say more.

Be sure to paraphrase what your child says. Say back to her what she has just said to you. You don't have to say

The key is to listen to your child's actions as well as their words.

everything. Just pick out what seems to be the most important, and say it back in your own words. Pay special attention to feelings, and don't add any of your own ideas or theories when you are listening like this. Paraphrasing takes the guess work out of communication and lets your child know you are paying attention to what he is saying. That helps him feel understood and closer to you.

Gently make connections to the past. Ask, for example: Do you remember other times when you felt like this? What caused those feelings? How did you deal with them then? What's different now?

Be patient. Learning to connect their behaviors and moods to underlying emotions or to link underlying emotions to past events that caused these reactions is a process for children as well as adults. They can't just flip a switch. Learning to trust that you will listen and care and not go away is also a process that takes time, practice and success.

Reassure your child. Reassure her of her goodness and your commitment to her. Reassure her that you will listen and not be overwhelmed by what she says. Reassure her that you believe in her ability to heal.

Things to keep in mind when you get discouraged:

Dealing with burdens of the past is ongoing. We all want to turn the page on the past and move ahead, not dwell on the past. But much as parents - and their foster children - want to bury a painful past, it's almost impossible to do so unless you recognize the huge influence it has - and are willing to deal with it when it surfaces.

Kids who feel betrayed by adults often test your

commitment to see if you really mean what you say. Will you stick with them, their troubling behaviors seem to ask? Even when they are difficult? This testing is not malicious or probably even conscious - it's almost an instinctive survival tactic.

One other thing. It's OK to feel discouraged. It's normal. What's important is to recognize your feelings, talk about them with your spouse, a good friend or someone who can understand. Then get some exercise. Do something you enjoy. What's not OK is to allow these feelings to diminish the efforts you make to help your child learn to communicate with words rather than behaviors. Your day-to-day persistence is the key to long-term success - for you and your child.



Dennis O'Brien is a licensed clinical social worker, experienced educator and therapist. In addition to writing educational materials used by the Washington University

School of Medicine Dept. of Psychiatry, he writes weekly columns on parenting for the Suburban Journals, monthly columns for Savvyfamily, and occasional columns for CHARACTERplus, Gifted Resource Council and other publications.

Surf's Up: Online Resources

When it's too hot to go outside and you don't want your kids watching TV or playing video games, and you've run out of ideas for them to do, why not try some educational websites that promote reading or provide mind challenges. Some offer suggestions for summer indoor and outdoor activities. These links represent only a sampling of websites. For more, do your own Google search entering "summer fun websites." You'll be amazed at the plethora of sites available.

<http://www.iknowthat.com>

From pre-K to sixth grade, this site covers it all: social studies, language arts, the Arts, math and science, among other things.

<http://www.primarygames.com/>

Primary Grades – the Fun Place to Learn: Fun site for preschool and elementary kids that features educational games, printable coloring sheets, stationery, crafts, 2008 Olympics, and links in our Summer Fun section.

<http://holidays.kaboose.com/summer/index.html>

Parents and teachers can take advantage of these fun, educational and free resources, including summer fun food recipes, outside games, crafts, etc.

<http://eduplace.com/kids/>

Education Place for Kids - Free games, activities, and resources for students studying math, reading, social studies and science

http://www.associatedcontent.com/article/51449/top_3_free_educational_but_fun_websites.html

Top 3 Educational but FUN Websites for Kids K-8

<http://www.teacherplanet.com/calendar/06-JUN-08.htm>

Teacher Planet - Links to Summer Theme Units as well as summer Olympic resources

<http://www.readingrockets.org/>

Reading Rockets (launching young readers) – includes articles for parents and teachers about reading, including creating podcasts with kids.

Book Spot



The Star: A Story to Help Young Children Understand Foster Care

Binding: Paperback
EAN: 9780967701004
ISBN: 0967701007
Number Of Pages: 18
Publication Date: 2005-06
Reading Level: Ages 4-8

The Star, by Cynthia Miller Lovell, is a refreshingly sensitive book that affirms and encourages children who have been taken from their homes and placed in foster care. The author addresses feelings and questions that children typically have and supportively lets them know that they are not alone.

The book follows a fictional young girl, Kit, who is taken from her mother to the safety, and different world, of a foster home. On Kit's first night in foster care, she becomes friends with a star outside her bedroom window. The star tells Kit about other foster children it has seen. Through the story, the star is a source of comfort for Kit as she experiences many emotions and adjusts to all the new things in her foster home.

Examples of some issues that are broached include the following: "What does being a foster child mean?", "Am I a foster child because I did something bad?", "Can I eat an apple from the table?" These simple questions are emotionally charged and are of utmost importance to children who ask them. This easy to read book with beautiful watercolor illustrations of children from various cultures and socio-economic groups, is a non-threatening medium to address this sensitive topic with foster children.

The handbook that can be purchased in addition to the book, provides questions about the main character of *The Star* and fun activities for the children who read this book.

About the Author Cynthia Miller Lovell is a pediatric nurse practitioner and has been a foster mother to preschool children. She has a bachelor's degree in psychology from Kalamazoo College and a master's degree in nursing from Yale University.

Back-to-School Health Fairs by HealthCare USA

Health screenings, fun kid activities, school supplies, health exhibits, and more! Please bring your insurance card and immunization records. Call 1.800.566.6444 or visit www.hcusa.com for more information. Children must be accompanied by a parent to receive services.

Western Region

July 25, 9am - 3pm
Manual Career Technical Center,
Kansas City (Jackson County)

Central Region

Aug 8, 10am - 2pm
Union Hill Baptist Church, Holts
Summit (Callaway County)

Aug 15, 10am - 2pm
Calvary Baptist Church, Columbia
(Boone County)

Eastern Region

July 10, 9am - 2pm
Calvary Church Mid Rivers, St.
Peters (St. Charles County)

July 17, 10am - 2pm
Calvary Church West Campus, Troy
Area (Lincoln/St. Charles Counties)

July 24, 10am - 2pm
Skaterz Skate & Fun Center, Union
(Franklin County)

Aug 1, 10am - 2pm
The Dream Center, St. Louis
(St. Louis City)

Aug 7, 10am - 2pm
Hillsboro Elementary School,
Hillsboro (Jefferson County)

Aug 8, 10am - 2pm
Lyon-Blow Middle School, St. Louis
(St. Louis City)

Aug 15, 10am - 2pm
Pike County Fairgrounds, Bowling
Green (Pike County)

Frozen Yogurt Pops

Note: This simple and healthy snack is designed especially for kids to make on their own.

Prep time: 1-2 hours
Serves: 3 to 4
Serving size: 1 pop



Ingredients:

- o 1 8-oz. container of your favorite flavor of yogurt
- o popsicle sticks
- o small paper cups
- o plastic wrap

Directions:

1. Pour yogurt into paper cups. Fill them almost to the top.
2. Stretch a small piece of plastic wrap across the top of each cup.
3. Use a popsicle stick to poke a hole in the plastic wrap. Stand the stick straight up in the center of cup.
4. Put the cups in the freezer until the yogurt is frozen solid.
5. Remove the plastic wrap, peel the paper cup, and eat your pop!

Nutritional analysis (per serving):

127 calories	5 g protein
2 g fat	21 g carbohydrate
0 g fiber	7 mg cholesterol
73 mg sodium	262 mg calcium
0 mg iron	

Nutritional analysis may vary depending on ingredient brands used.

Suggestions:

For a cool-looking snack, fill your cups only halfway with one flavor of yogurt in Step 1. Follow Steps 2, 3, and 4. Remove your pops from the freezer, take off the plastic wrap, and spoon in another flavor of yogurt that's a different color. Put the plastic wrap back on and freeze once more. When your pops are frozen, you'll have two-colored treats!

Reviewed by: Allison Brinkley, RD, LD/N; Date reviewed: March 2009
www.kidshealth.org

ADHD Age Edit

ADHD Age Edit for Children under 6 years old Effective May 1, 2009, HealthCare USA will require a pre-approval before any child under the age of six can get ADHD medicines. Before you try to fill an ADHD medication for your child for the first time, HealthCare USA will need:

- Chart notes from your primary care provider (PCP) showing that your child has ADHD, and
- Copies of a standard form asking questions about your child's behavior in different settings (i.e. school, home, daycare).

The form can be filled out by a parent/guardian or a teacher. Forms are available on the HealthCare USA website (www.hcusa.org) or by calling 1.800.566.6444. Children under the age of six who are already receiving ADHD prescriptions will not have to get pre-approval. The pre-approval will be needed for all ADHD medicines being filled for the first time in children under six.

Does your child have ADHD?

HealthCare USA can help your child's teacher or your child's PCP understand the diagnosis. First, you must fill out a form that will ask questions about your child's behaviors. Again, forms are available at www.hcusa.org, or by calling Member Services at 1.800.566.6444.

Once the diagnosis is made, follow-up with your child's PCP. Children newly diagnosed with ADHD should be seen by your PCP within 30-days of starting to take medication and twice more within the first 10 months. These visits allow you and your PCP to work together to adjust your child's medication. If you think your child needs additional help with behavioral issues, talk with the PCP about seeing a mental health professional.

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Parent to Parent

Continued from Page 3

Youth in care and those who were adopted from care may not be able to identify what lies behind their behaviors. Commonly, children simply do not make the connection between their behavior and adoption issues.

They may resist the idea of having "adoption issues" because they are striving to be normal and this label suggests (to them) that they are somehow not. It is like being punished twice by the loss of family: first by the loss itself, and second by the label. Adding diagnoses does not help since these all end in "disorder"—a term which again underlines the idea of "not normal."

In reality, of course, children may be displaying very well-ordered responses to a disordering situation. That which is normal for adoption only becomes abnormal when placed within the bell curve of the population at large.

Not receiving a label when one is needed, however, can create other difficulties. If a concern needs to be addressed but remains unidentified, the child may not get proper treatment.

Unfortunately, the diagnostic system is fairly brittle and follows the medical model in which you either have the bug or you don't. Practitioners get a little wiggle room by using diagnoses that end with "not otherwise specified." For example, "depression not otherwise specified" means the person does not meet the criteria for typical depression, but has depression-like symptoms. It can also mean that we need extra time to diagnose the condition more specifically.

We must remember when

applying psychological diagnoses that these disorders are not as concrete and definable as medical illnesses. Whether one has tuberculosis is much more definitive than whether one has a histrionic personality disorder. Psychological categories are by comparison a bit arbitrary or "constructed."

The recent trend to group a few diagnostic categories as a spectrum of disorders represents a move away from one box toward several that express a range of symptomology. Thus, instead of, "You have it or you don't," we are saying, "You have some version of this disorder along a continuum of degree." We have spectrum disorders for fetal alcohol and autism. I hope we can find more range for other disorders, like attachment, as well.

Another diagnostic conundrum occurs when clinicians view a child from within their own specialty. An attachment specialist may see attachment, while a sensory integration specialist finds SI and a psychiatrist recognizes bipolar. It is like the six blind men who went to see an elephant. Stationed at different parts of the animal, the men in turn declared that the animal was like a tree trunk, spear, fan, rope, snake, and wall. They were all correct, but none could move past his own limited perspective to put the whole detailed picture together.

One must walk with eyes open all around the elephant to see how the pieces fit together. Otherwise, assessments become a collage of seemingly unrelated fragments. When professionals cannot provide a comprehensive picture, it falls to the parents to do so. In the course of visiting with

practitioners and other similarly situated parents (who can be great resources), parents may themselves become experts and advocates. In turn, they can guide other struggling parents.

The Holistic Model

Child psychiatry is still a young science, feeling its way. Neither it nor the medications it relies on are at the level yet of incontrovertible science. That is still years away. Even as it evolves, child psychiatry must struggle with the fact that children, especially those in foster care or adoptive homes, may display a highly complex composite of symptoms that are not amenable to classification within rigid, brittle, black and white boxes.

A holistic model allows us to think outside the box, and mix and match and blend—two-thirds of this disorder with 50 percent of that, and a few traits of that other thing thrown on top. It sounds messy and at first glance a bit haphazard, but if done well, the approach is actually quite artful, informative, and accurate.

Three core questions tend to come up in diagnosis:

1. Are there adoption (loss) issues?
2. Is it a developmental issue?
3. Is it nature or nurture?

A sensitive assessment can answer the first two questions, but to accurately address the third, clinicians need good information about the birth family's mental health history, the child's pre- and post-natal exposures or deficiencies, and early neglect, abuse, and trauma.

These details too often can be exceedingly hard to access. Fortunately, the skilled clinician

can still detect subtleties and construct a reasonable picture even without much background history.

The advantage of the holistic approach is that clinicians can more closely approximate the child's true personality structure, condition, and situation. They can also explore interaction patterns between varied components of a child's personality. Often, additional components do not just add a neat layer distinct from other issues.

Certain elements interact quite dynamically. Trauma, for instance, can reduce a child's ability to attach, which can in turn keep him from being able to process trauma with help from others. One element, if similar to another, may be harder to detect, and occasionally two elements complement one another.

When clinicians study the whole child, what finally emerges is a complicated weaving together of the 10 potential strands I mentioned at the outset. In each case, usually a few of these influences stand out. Then we must detect the complex dance of their interaction.

By ruling influences in and out, and noting how they interact, we can begin to penetrate the fog and articulate the real underlying concerns. And when that happens, the way is clear to more effectively treat children in or adopted from foster care and to help them to heal.

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Waiting Children: Seeking a Place to Call Home

Meet Ar'Mondre

Already knows what he wants to be when he grows up.

Ar'Mondre (11) is soft-spoken with warm brown eyes. He is initially shy around new people, but gradually becomes engaging and talkative. Ar'Mondre is artistic and creative, and likes to build things. His independence and sense of humor tend to make Ar'Mondre stand out in a group. He enjoys cooking and baking, and his favorite fast food is McDonald's. Ar'Mondre wants to be a police officer when he grows up.



Ar'Mondre has been in care for eight years. He longs for a loving family to call his own, and would do best in a two parent family with a strong male role model. For more information, contact Connie Doty, Wendy's Wonderful Kids Recruiter, at 800.FOSTER.3 (314.367.8373) x28. **Photo courtesy of Sears Portrait Studio.**

Meet Shaiesha, Jonathan, Amber and Jordan

Siblings are friends given by nature.

Shaiesha (16) is a wonderful young lady. She is a sweet and caring girl who loves to have fun. She is smart and loves to challenge people and enjoys dancing, reading, and listening to music. Shaiesha would like for others to see her as trustworthy, responsible and a nice person that they can confide in.

Jonathan (13) is very smart, caring and selfless. He enjoys swimming, skateboarding and playing video games. Jonathan states that his hobbies include football and riding bikes.

Amber (11) is a sweet girl with a pretty smile, that loves to have fun. She enjoys basketball, soccer, ballet, swimming, and dancing. Amber feels that her best talent is basketball.

Jordan (8) is a sweet boy with a wonderful smile who is very smart and loving. He enjoys riding bikes, sports, and skateboarding. His hobbies are playing video games. Jordan reports that he is talented in dancing, singing, and rapping.

Shaiesha, Jonathan, Amber, and Jordan have a close bond as a sibling group. They would like to be placed in a home together. For more information, please contact Kerri Hoeflicker, Adoption Specialist from the Missouri Children's Division by calling 816.889.2335 or at Kerri.J.Roy@dss.mo.gov.



Meet Violet

Has hopes and dreams of a family.

Violet (15) is described as a wonderful child who has a sweetness and spirit about her. She enjoys outside activities, doing puzzles, collecting Lisa Franks art work, making crafts and watching movies such as Spirit and Lion King 2. Her favorite foods include pizza, spaghetti, fried mushrooms, and ramen noodles.

Violet's hopes and dreams are to someday have a permanent family - to be adopted, to have her own pets, and to ride a horse. For more detailed information, contact Anna Anderson, Case Manager or Leta J. Malott, Adoption Specialist at 573.729.4137.



Family Connections
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