

# Family Connections

Volume 9, Issue 2 ~ Spring 2010

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## Summer Safety for Kids

(Article by Richard Condon, <http://www.ArticleBlast.com>)

With summer just around the corner kids will be spending even more time at home and playing outside. For parents who can't be there during the day (we don't all have a summer vacation!) there are several precautions we can take to ensure the safety of our kids:

**Public Pools:** Make sure that your local pool has trained, experienced lifeguards on duty at all times. Alert lifeguards of any specific needs that your child may have, such as breathing issues like asthma that may cause problems during swimming. Also make sure your child has the necessary swimming gear if he or she is a new swimmer - such as flotation devices and goggles. Finally, remind the kids to stay in the shallow end of the pool and to pay attention to the commands of the lifeguards and chaperon.

**Biking:** Going to friends houses, to the park and to the pool means long hours of biking. Children's safety vests are a good way to keep them safe on the road when they're biking home.

**Community:** Get to know your neighbors and the parents of your children's friends. Have their phone numbers so you can make sure the kids got safely to a friend's house or other destination. Having a network you trust and can rely on will make you and your kids feel safer.

**Night-Time:** If your kids are going out after dark make sure they're well equipped with bike lights and reflective gear on their clothes and/or backpacks. Child sized reflective vests are always a good option.

**SUN:** heat related sickness such as exhaustion and fainting are easily avoided by taking a few precautions:

Drink plenty of water - for young, active children make sure they are rehydrating every 20 minutes

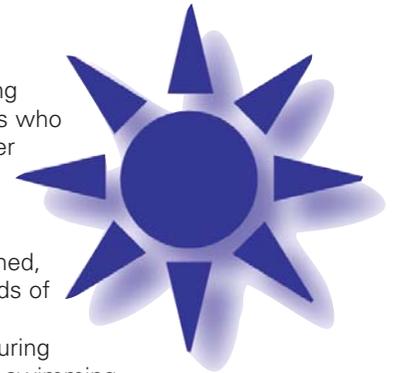
Get out of the sun once an hour - take a 15 minute break indoors or in the shade  
Use sunscreen and reapply it regularly, especially after swimming. Don't forget your sunglasses!

Wear appropriate clothing - avoid dark colors and stick to light, breezy material; mesh vests are a good alternative for safety in the sun!

Stop strenuous exercise - playing outdoors, running, biking or playing a sport can be dangerous in extreme heat; at the first sign of dizziness or faintness, take a break.

**Remember** that taking just a few extra minutes to lather on sunscreen and strap on a helmet can save everyone a lot of worry and guarantee a safe and fun summer!

**About the Author:** Richard Condon is the Director of Safety Depot, a secure online supplier of affordable, high quality safety gear, including reflective vests, jackets, and rain gear. Whether you need a regulation Class 2 vest or a bulk order of economy vests, [www.safetydepot.com](http://www.safetydepot.com) is your quality ANSI vest resource.



# News You Can Use: Foster Care & Adoption Advisory Boards

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## Local and State Boards Working for You

The Children's Division supports foster parents through the on-going work of the State Foster Care & Adoption Advisory Board. Each area/region of the state holds local meetings and works to resolve issues of their area foster/adopt parents. The state board consists of two parent representatives from each local board, and three foster parent association representatives.

### Goals of the Advisory Board:

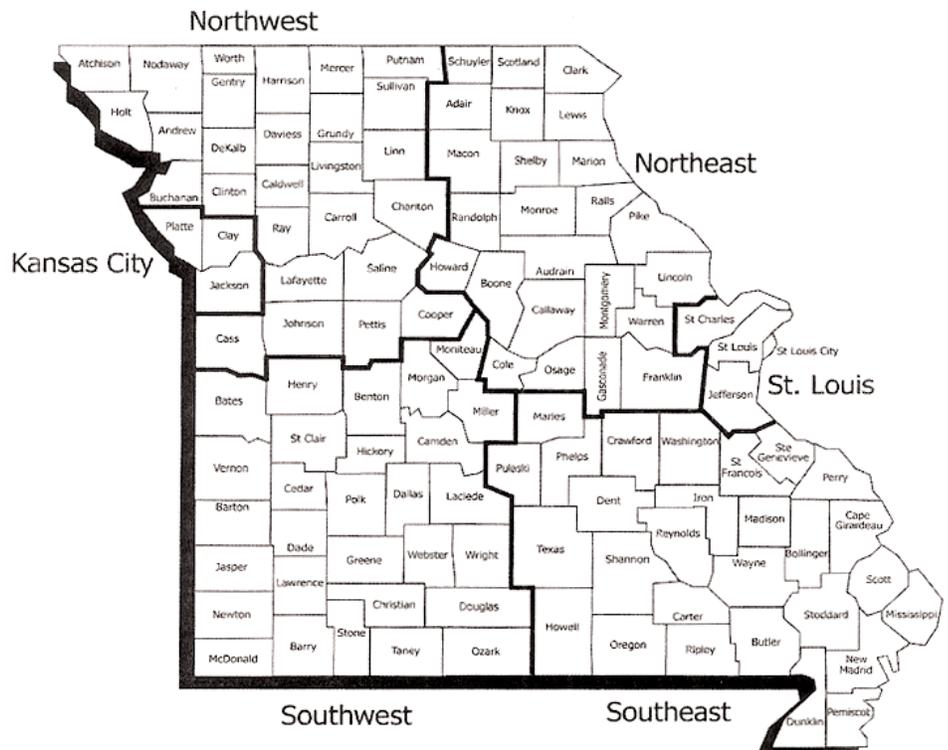
- Goal 1:** To use available internal and external data to identify systemic needs, and develop plans to address those needs, using resources available within the agencies involved and the community as a whole.
- Goal 2:** To improve partnership between the Children's Division, other relevant state agencies, and foster parents through ongoing communication, input, and support.
- Goal 3:** To work together with the Children's Division to clarify policy and practices, provide feedback and recommendations regarding present and proposed policies related to child welfare.
- Goal 4:** Improve the Children's Division's communication with, and resource families' knowledge of, Children's Division policy.
- Goal 5:** To provide an opportunity for resource families, Children's Division staff, and the community to network and share resources.

### 2010 Meetings - Mark Your Calendar

**Date / Time:** Tuesday, September 14, 2010 / 10:00 a.m. - 3:00 p.m.  
**Location:** Howerton Building  
615 Howerton Ct.  
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.

RSVP to your area representative, or to Cheryl Williams, Secretary of the Board, at [williams.cd@sbcglobal.net](mailto:williams.cd@sbcglobal.net).



## Inside CD: Your Children's Division Update

### Foster Care Awareness Month



May was National Foster Care Month. Every May the Missouri Children's Division takes the opportunity to pay special recognition and show appreciation to the individuals who have made the choice to parent the approximately 9,300 youth in foster care in Missouri. Approximately 5,800 professional resource providers and volunteer relative and kinship families have opened their homes

to the youth in foster care who need temporary and sometimes permanent families to take care of them when their own parents are unable to do so. On May 19, 2010, Governor Jay Nixon signed a proclamation declaring May to be Foster Care Month in Missouri.

Although the Children's Division cannot solicit donations to support endeavors to honor resource providers, local county offices are encouraged to acknowledge the vital contribution of our resource providers by planning events to show recognition of the commitment and valuable services that the surrogate parents of children and youth in foster care provide.

### Missouri Heart Gallery

For the fifth year, the Missouri Adoption Heart Gallery will travel across the state featuring professional photographs of Missouri foster children awaiting adoption. These photos capture the hearts and souls of the children. Two hundred and eight photos will be featured in the 2010 Missouri Adoption Heart Gallery. The photos will be displayed in twenty-three venues across the state from the end of April through November. The 2010 Missouri Adoption Heart Gallery Kick-off event was held on April 30, 2010 at the Crown Center Atrium in Kansas City.

The Children's Division (CD) of the Department of Social Services partners with the Adoption Exchange of Missouri to host the gallery. The gallery concept began in New Mexico several years ago and has spread to several states, as it has proven to be a very successful way to help children and families come together. Missouri adopted the Heart Gallery concept in 2006.

### Infant Deaths Prompt CPSC Warning About Sling Carriers for Babies

The U.S. Consumer Product Safety Commission (CPSC) is advising parents and caregivers to be cautious when using infant slings for babies younger than four months of age. In researching incident reports from the past 20 years, CPSC identified and is investigating at least 14 deaths associated with sling-style infant carriers, including three in 2009. Twelve of the deaths involved babies younger than four months of age.

Slings can pose two different types of suffocation hazards to babies. In the first few months of life, babies cannot control their heads because of weak neck muscles. The sling's fabric can press against an infant's nose and mouth, blocking the baby's breathing and rapidly suffocating a baby within a minute or two. Additionally, where a sling keeps the infant in a curled position bending the chin toward the chest, the airways can be restricted, limiting the oxygen supply. The baby will not be able to cry for help and can slowly suffocate.

CPSC urges parents of preemies, twins, babies in fragile health, and those with low weight to use extra care and consult their pediatricians about using slings.

Two months ago, the Commission added slings to the list of durable infant products that require a mandatory standard. Additionally, CPSC staff are actively investigating these products to determine what additional action may be appropriate. Until a mandatory standard is developed, CPSC is working with ASTM International to quickly complete an effective voluntary standard for infant sling carriers.

CPSC recommends that parents and caregivers make sure the infant's face is not covered and is visible at all times to the sling's wearer. If nursing the baby in a sling, change the baby's position after feeding so the baby's head is facing up and is clear of the sling and the mother's body. Parents and caregivers should be vigilant about frequently checking their baby in a sling.

*CPSC is interested in receiving incident or injury reports that are directly related to infant slings. You can do this by visiting [www.cpsc.gov/cgibin/incident.aspx](http://www.cpsc.gov/cgibin/incident.aspx) or call CPSC's Hotline at 800.638.2772.*

### 2010 Missouri Heart Gallery Schedule

#### June 14th - 18th

Truman State University  
Baptist Student Center  
110 West Normal, Kirksville

#### June 30th - July 5th

Tom Sawyer Days  
Mark Twain Museum  
120 North Main, Hannibal

#### July 12th - July 19th

Daniel Boone Regional Library,  
Columbia Branch  
100 West Broadway, Columbia

#### July 22nd - 29th

Cowan Civic Center  
500 East Elm St., Lebanon

#### August 2nd - 9th

Camden County Library  
89 Rodeo Rd., Camdenton

#### August 12th - 22nd

Missouri State Fair  
Mathewson Exhibition Ctr.,  
Sedalia

#### August 24th - 31st

Library Station  
2535 N Kansas Expy., Springfield

#### September 1st - 9th

Battlefield Mall  
2825 South Glenstone Ave.,  
Springfield

#### September 10th - 21st

Carthage Public Library  
612 South Garrison, Carthage

Webb City Public Library  
101 South Liberty, Webb City

*For a complete and updated schedule, visit the website at: <http://www.moheartgallery.org>*

## Capitol Ideas: Your Policy Update

### **Lack of Consensus Between the Children's Division and the Family Support Team (CD10-24)**

Occasionally, there are situations where there may be a lack of consensus between the team members regarding a particular decision. If the Children's Service Worker is the only member of the FST/PPRT not in agreement with the rest of the Team on a particular decision, the worker should discuss their concerns with their supervisor and/or Circuit Manager. If there is still disagreement after discussion with the supervisor and/or Circuit Manager, new policy requires the county to forward all relevant information to the Regional Office who will review the case to determine how Children's Division should proceed.

When a case is managed by a contracted foster care case management provider, the worker should discuss disagreement with other team members with their immediate supervisor. If there is still disagreement after supervisory review all relevant information should be shared with the Program Manager who will determine the appropriate course of action.

Lack of consensus between team members could result in a delay in permanency for the youth; therefore, it is especially important that this process is followed in a timely manner to avoid any delays to the youth reaching permanency. <http://dss.mo.gov/cd/info/memos/2010/cd10-024.pdf>

### **Revision of Forms: Resource Family In-Service Training Request, CD-114; Personal Reference Questionnaire, CS-101F; and Certificate for Licensure and Approval for Foster Care Services (CD10-23)**

For the Resource Family In-service Training Request, CD-114, the Continuous Quality Improvement (CQI) requested to add a place to enter the training code (for training hour credits) on the form. The CD-114 has been revised to include the training credit code.

The Personal Reference Questionnaire, CS-101f, is used to obtain the required three personal references for resource provider licensure. The CS-101f has been revised to add a place on the form to enter the phone number of the individual providing the reference.

The Certificate of License and Approval form is given to resource providers who meet licensure requirements to provide foster care services. The form has been updated to include DVN information. Age and gender placement information has also been revised.

<http://dss.mo.gov/cd/info/memos/2010/cd10-023.pdf>

### **Racial Disproportionality and Disparity in Child Welfare (CD10-21)**

The purpose of this memo is to increase awareness regarding the disproportionate representation of children and youth of color within the child welfare system nationally, and in Missouri. This memo goes over basic terms and what CD will do in 2010 to move forward.

<http://dss.mo.gov/cd/info/memos/2010/cd10-021.pdf>

### **Clarification of Respite Provider Case File and Respite Unit Use (CD10-20)**

Policy requires that a respite provider case file be maintained for those respite providers who have no other foster care license case file. There have been revisions to the case recording section of the Respite file. These revisions include:

- Clarification for whom a respite provider case file is created
- Training documentation

Policy has been revised to clarify that the licensed resource provider receives their foster care maintenance only while the child is placed in the policy allowed respite care units.

<http://dss.mo.gov/cd/info/memos/2010/cd10-020.pdf>

### **Revision of the Cooperative Agreement for the Purchase of Foster Care Services, CM-3 (CD10-19)**

All resource providers must complete 30 hours of in-service training during their two year licensure period as well as meet other requirements. If the resource provider fails to meet the requirements, their license is placed on Administrative Hold. The Cooperative Agreement for Professional Parenting Services, CM-14, is closed at that time, and a CM-3 must be signed.

This allows for the monthly maintenance payment to continue, but the \$100.00 Professional Parenting Payment will cease

until the provider meets the licensing requirements.

<http://dss.mo.gov/cd/info/memos/2010/cd10-019.pdf>

### **National Youth in Transition Database (CD10-18)**

The purpose of this memo is to introduce changes that have been made and preparations taking place in the next year for the National Youth in Transition Database (NYTD).

Independent living services information will be collected and reported on all youth in the served population and outcome information will be collected from a baseline of youth in foster care at age 17 beginning October 1, 2010.

<http://dss.mo.gov/cd/info/memos/2010/cd10-018.pdf>

### **Revision of Family Support Team Meeting Sign-in/Confidentiality Statement, FST-1 (CD10-17)**

The purpose of this memorandum is to introduce the revised Family Support Team Meeting Sign-In/Confidentiality Statement, FST-1. Through the Continuous Quality Improvement process, a request was made to modify the form to include a field for the date, a field to indicate whether or not the meeting is a Permanency Planning Review Team meeting (PPRT), and to clarify the process for utilizing the form.

This form should be signed by all participants at the beginning of the Family Support Team or Permanency Planning Review Team meeting. At the conclusion of the meeting, participants should indicate whether or not they agree with the plan by selecting the appropriate box. <http://dss.mo.gov/cd/info/memos/2010/cd10-017.pdf>

### **Protocol for RSMo 210.305, HB 154 and HR 6893 Fostering Connections to Success and Increasing Adoptions Act (CD10-16)**

The purpose of this memo is to introduce the protocol for RSMo 210.305, HB 154, and the Fostering Connections to Success and Increasing Adoptions Act, HR 6893. This bill gives grandparents first consideration for placement before other relative options and requires an immediate diligent search to locate, contact, and place with a grandparent once a decision has been made to take protective custody

## Capitol Ideas: Your Policy Update

of a child during the first three hours after custody. Notification can occur prior to custody, but notification and placement must occur no later than three hours after custody.

<http://dss.mo.gov/cd/info/memos/2010/cd10-016.pdf>

### **Accommodating Older Youth and Families in The Family Support Team Meeting Process (CD10-15)**

The purpose of this memorandum is to clarify the policy that youth 13 and over should attend their Family Support Team (FST) Meetings. All youth 13 and over should attend their FST meetings unless the worker and supervisor agree that there is a valid reason why the youth cannot attend the meeting. If it is not possible to schedule the meeting around school hours, the worker should ensure that the youth is not consistently missing the same class to attend the FST meeting. In addition, House Bill 154 states that students may not be penalized for absences resulting from required court appearances and court-related activities, which would include FSTs.

<http://dss.mo.gov/cd/info/memos/2010/cd10-015.pdf>

### **Incarcerated Parent's Child Status Report, CS-2A (CD10-14)**

The purpose of this memo is to introduce the Incarcerated Parent's Child Status Report, CS-2A. An incarcerated parent is entitled to information regarding their child(ren). As a result, the Incarcerated Parent's Child Status Report has been developed to allow workers to provide incarcerated parent(s) with information regarding their child(ren) on a quarterly basis.

<http://dss.mo.gov/cd/info/memos/2010/cd10-014.pdf>

### **Emergency and Residential Treatment Placements (CD10-12)**

The purpose of this memorandum is to discuss the appropriate level of services for children placed in residential treatment when they are moved from one facility to another. Residential treatment services need to be provided to children who are in need of such when providers are readily available. Emergency residential placements are not designed to address the treatment needs of the child. Payment to these providers is for room

and board only. Emergency services should not be authorized for children who have been receiving moderate, severe, or psychiatric residential services when they are moved to another facility if the provider is contracted to provide treatment services.

<http://dss.mo.gov/cd/info/memos/2010/cd10-012.pdf>

### **Quality Worker Visits with Children (CD10-09)**

For purposes of the federal compliance review, the Children's Division will be adopting the federal and Council on Accreditation standard for monthly visitation, which is one visit per calendar month, as the minimum number of visits required. Staff will likely visit with children more than once a month; however, the worker visit report will calculate compliance per calendar month based on the federal standard. Regardless of the number of visits and contacts a worker has with the child or youth within any given calendar month, at least one visit must occur within the placement setting. For quality reviews, the goal for visiting with children and youth each month should be to have more contact and interaction than the minimum allowable.

<http://dss.mo.gov/cd/info/memos/2010/cd10-009.pdf>

### **Child Care Provider Administrative Hearing Process (CD10-05)**

The purpose of this memo is to clarify the administrative hearing process for registered family home providers. When denying or closing a child care provider registration due to a background screening, staff will reference Chapter 210.025 RSMo. An individual rejected as a result of a background screening may appeal the decision by requesting an administrative hearing. The potential provider is the only individual that may request the hearing even if a household member is the one that has been determined to have a disqualifying criminal history.

<http://dss.mo.gov/cd/info/memos/2010/cd10-005.pdf>

### **Clarification of Family Unit Members and Ineligible Child Care Providers (CD10-04)**

The purpose of this memo is to notify staff that the Child Care Manual, Family Unit, and Ineligible Child Care Providers has been revised. The definition of parent, for Child Care Assistance purposes, is a parent by blood, marriage, or adoption. A legal guardian or other person standing in loco parentis also meets the definition. Because adoptive and resource parents meet the definition of parent for Child Care purposes, they are mandatory members of the child care family unit. A Non-Parent Caretaker Relative must also be included as mandatory members of the family unit, if no biological parent, adoptive parent, or legal guardian resides in the household.

<http://dss.mo.gov/cd/info/memos/2010/cd10-004.pdf>

### **Missouri Child Care Provider Reference Guide (CD10-03)**

The purpose of this memo is to introduce the Missouri Child Care Provider Reference Guide. The Missouri Child Care Provider Reference Guide has been developed as a resource for child care providers providing services to the Department of Social Services (DSS) children and families and to serve as a reference for child care providers interested in the DSS child care reimbursement program.

The Missouri Child Care Provider Reference Guide provides an overview of the child care payment process and has a listing of resources that are available to child care providers. Staff are encouraged to refer both child care providers and individuals who are interested in providing child care services on behalf of the DSS to the guide when contacted. The guide can be accessed on the internet at <http://www.dss.mo.gov/cd/childcare/index.htm> by clicking on Missouri Child Care Provider Reference Guide.

<http://dss.mo.gov/cd/info/memos/2010/cd10-003.pdf>

### **Keep Current...**

The above is a brief summary of the current policies impacting the Children's Division. A more complete explanation is available at: [www.dss.mo.gov/cd/info/memos/2010](http://www.dss.mo.gov/cd/info/memos/2010).

## Personal Stories

### My Life: From Rage to Reason

*from the Winter 2010 issue of Adoptalk  
By Serena Pickle © 2010*

*Serena is doing very well these days. She teaches in her field and just got married. No stranger would ever know that her future did not always look so bright.*

Hello! My name is Serena and I'd like to take you through the journey of my life so far. Unfortunately, it didn't start out very well. I was born in Tennessee and doctors needed to detoxify me right away because of the drugs and alcohol in my system. Ten days later, after nurses told my birth mom that no one would adopt a drug baby, she took me home to live with my older brother and sister, Scott and Gina.

A year later, social services removed Scott, Gina, and me due to neglect and abuse. Gina went to live with her birth dad, but my brother and I entered foster care. By the time I was four, Scott and I had been through **14 placements**. Some were with relatives, some with foster parents, and at times we lived in a Methodist children's home. Some placements lasted only a week. They tell me that my screaming and violent behavior, and the need to keep Scott and me together, caused a lot of the moves.

Then, when I was four and Scott was seven, we met our adoptive parents. They were therapeutic foster parents, but they were not prepared. Nothing they tried could settle me down. I kicked holes in my bedroom wall and door, and Mom and Dad had to board up my window so I couldn't throw myself out of it. Mom says my room was like a bomb area, with everything in ruins. Mom and Dad spent hours holding me close to keep me safe.

All I can remember about that time is that I was very angry, and I didn't know why. I had no idea how to keep myself from lashing out, screaming, and raging when I felt negative emotions starting to build inside me.

Less than a year after Mom adopted me, she took me to a psychiatric facility. She and Dad were exhausted from living in constant turmoil and losing sleep to make sure I wasn't going to hurt myself or anyone else. They also didn't think Scott's

needs were being adequately addressed.

Doctors, however, couldn't come up with a definite diagnosis for me. Their theories ranged from autism, to identity disorder, to multiple personality disorder. Medications, some of which were not intended for young children, didn't help. The only point of agreement between the doctors was that I would never be able to function normally in a family.

While I was in the hospital, Mom did some reading and found out about **attachment disorder**. Suddenly, my troubling behavior began to make sense. The closer Mom and Dad got, the more scared I became and the harder I fought to push them away. Mom wasn't going to give up on me and she refused to put me in a group home.

Within a few years, Mom and Dad moved the family to Colorado so we could be closer to an out-of-home treatment program that seemed promising. Scott got help too. Mom and Dad were involved in the treatment and visited me regularly in the out-of-home placement.

Sometime when I was nine, things started to click in my head. I was in isolation after having a tantrum and began to realize that I was only hurting myself by acting out that way. **It dawned on me that my behavior was a choice, and something I could change.**

Life wasn't great right away, of course, but I steadily made progress and was able to end therapy by the time I was 14. School success, happily, came far more easily. I graduated from high school ahead of schedule and went on to college. The doctors' grim predictions when I was five never came true.

Children in my therapeutic foster placements were the first to inspire me to consider teaching. One girl had multiple disabilities, and a boy I knew was blind and had cerebral palsy. While going through treatment, these children were the first people I learned to love and wanted to help. Then, in middle school, I got involved in Special Olympics, and served as a summer camp counselor, a teacher, and a coach.

I now hold a master of arts degree in

education/special education, and bachelor of arts degree in English and secondary education. Currently I'm teaching middle school English to a classroom of students that all have different abilities. It is just what I wanted to do.

**The most important thing in my life, though, is my family.** My parents helped me conquer unnamed demons, and taught me how to value family and live life. My mom and I talk constantly these days and get together two to three times a week. When my dad died unexpectedly this summer, she was my rock even as she grieved her loss. And when I got engaged at Christmas, she was there to celebrate with me.

My siblings, Scott and Gina, are precious too. Thanks to Mom's sleuthing, we were able to reconnect with Gina and her family when I was 14. Now all three of us are a part of both families, and we even celebrate some holidays together. The relationships I have with my family seem much like the relationships my friends have with their families, but there's an important difference. **I don't take my family for granted,** and the chaos I experienced early on makes me deeply value family in ways my friends can't quite understand.

At my wedding this February, Gina was my matron of honor, and Scott walked me down the aisle to the man who is now my husband. My family is now connected with my husband's family (and vice versa), and I couldn't be happier.

More than 10 years ago, on the day I was confirmed at church, I suddenly noticed that my mom had tears streaming down her face. I asked what was wrong, and she told me that she had been praying for help and God kept assuring her that everything would work out. She was finally able to see that the many trials we endured had led to good. And every day since, she has been able to see how her and Dad's love and dedication transformed an angry, out-of-control pre-schooler into the happy, healthy, and productive young woman I've become.

*This article was reprinted with the permission from Adoptalk, published by the North American Council on Adoptable Children [www.nacac.org](http://www.nacac.org).*

## Expert Exchange: Professionals Answer Your Questions

### Parents Ask:

*How can I tell if my child has been abused? I know we didn't do it, but how can I know what she's been through before she came to us? What should we do?*

What an important question you asked! With estimates that one in six boys and one in four girls undergo some sort of childhood abuse, it's certainly not unlikely that a foster or adopted child may have been the victim of emotional, neglectful, physical or sexual abuse. It's a good question for all parents to ask, especially parents of children who have been exposed to other caregivers for a significant portion of their lives.

#### Let's get back to your question.

It's an important, but also a broad question that cannot be answered by simply linking random symptoms to a given type of abuse. There are many and varied symptoms of abuse, ranging from eating and sleeping disturbances to sudden mood swings, from bedwetting to risk-taking and self-injury, from anxiety and depression to sexual acting out, from fear of intimacy to over-concern for others, from somatic complaints to panic attacks, fear of losing control in relationships to shame about her body, from lack of confidence to overachieving in school.

The lists go on, with some symptoms associated with multiple forms of abuse and some more closely with one form of abuse than others. However, many of these symptoms can be caused by other mental health stressors as well as by abuse, so it is difficult to accurately determine whether a child has been abused, or what form the abuse might have taken, simply by identifying symptoms. That said, even though it may not be immediately clear what caused the symptoms, something did, and it is important it be identified and addressed.

#### Here's what parents can do.

**First, revisit your own question and break it down.** What

prompted you to wonder whether your child had been abused? Was it an abstract concern based on your knowledge of how frequently foster and adoptive children suffer abuse? Or are there specific behaviors that trouble you? If so, what?

**Keep a log of behaviors that concern you.** Document the behavior, what occurred prior to the behavior that may have triggered it and what your child does afterwards. Does she shudder, for example, when someone innocently and appropriately puts a hand on her shoulder? Does she become withdrawn or, alternately, clinging? Keeping a written record will help you sharpen your impressions and reveal possible patterns.

**Work with your spouse** to keep the log as accurate and complete as you can. Review it regularly, discuss it with your spouse, and look for patterns because they are much more revealing than isolated instances of a behavior. Over a period of weeks, and certainly after several months, some of your concerns may intensify while others abate.

**Take your concerns to a professional.** Don't try to make a clinical diagnosis yourself. Show the log to a professional. Explain your concerns, and ask for suggestions. Don't expect the therapist to make a definitive clinical diagnosis from your descriptions. But she can help you determine what to focus on. She may want to talk to your child or may prefer to have you continue gathering information. Whatever you do, don't go it alone. Working with a professional with the training and experience to determine the type of abuse and, if necessary, guide you in corrective response will make your actions much more powerful and effective.

**Prepare for talking to your child** by planning how you would like to respond to the worst scenarios you could imagine. What are they? Was she beaten? Raped? Discuss and rehearse them with

your spouse. If you show shock or disgust, for example, your child will shut down immediately. How would you feel? How would your child respond if you show those feelings? How would you like to respond?

**Avoid denial and keep an open mind** to what the therapist suggests or your child reveals. It may be that the abuse you uncover will horrify you nearly as much as it traumatized your child. Child abuse is horrifying to think about, and adults who are committed to detecting and alleviating its damage must discipline themselves to consider all the evidence. If you respond with denial, you deny your child a chance to heal. Get therapy for yourself if you need it to help you deal with your upset feelings.

**Ask gentle questions and listen actively by paraphrasing** when something concerns you. Use open-ended questions, such as, "What happened? When? How did you feel?" The worst things you can do are to look shocked or interrogate her. Instead of firing questions, repeat key details and emotions back to her to assure her and confirm for yourself that you understand her.

**Remain calm, persistent and supportive.** As other occasions arise, continue to ask gentle questions and listen actively. If your child has been abused, she likely distrusts adults, feels isolated and vulnerable and may be deeply ashamed. Reaffirm your unconditional love while giving her repeated opportunities to disclose painful information. Reassure her she did nothing wrong in case she blames herself or feels guilty or ashamed. Only your acceptance and love will nurture her to the point that she can disclose—perhaps first admitting to herself—the abuse she has suffered. Your patience, persistence, active listening and nonjudgmental support will allow her to do so.

**Encourage a positive attitude throughout the process** of uncovering and dealing with her abuse. Ask your child what her

positive traits are. Reinforce them and suggest a few of your own. Praise her for her courage, her determination to overcome obstacles, her positive character traits and achievements. Make sure these positives are clear in your mind before talking to her.

#### Maintain your expectations, limits and consequences.

Every child needs consistent expectations from parents, and abused children more than ever. Their trust in adults has been betrayed repeatedly, and they must know what is expected of them and what they can expect from caregivers, especially parents. Only if your actions are predictable, will she know where she stands. Your unpredictability—however well meaning—will trigger old responses and return her to an unpredictable, frightening world. If she tests the limits you have set, matter-of-factly impose the consequences. Being consistent means you cannot suspend a consequence her behavior has earned her. In the long run, this will inspire trust and confidence in you that will help her heal. Gradually, as you remain consistent and matter-of-fact in your discipline, she will come to trust you, trust herself and heal.

*The bottom line:* how you handle yourself may be the single most important factor in helping your child reveal and eventually recover from any abuse she may have suffered. Adhering to these guidelines will help regardless of what form abuse has taken or what the treatment plan devised by your therapist might be.

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.

## Media Mania

### Surf's Up: Online Resources

Below are links and information related to keeping our kids healthy and safe: <http://www.ctf4kids.org>

#### Gateway Grandparents/Kinship Network

A collaboration of organizations and agencies working in the St. Louis metropolitan area to support and enhance the lives of grandparents raising grandchildren and relatives who are caregivers of related children.

[http://extension.missouri.edu/ecregion/grandparent/index.shtml#About\\_us](http://extension.missouri.edu/ecregion/grandparent/index.shtml#About_us)

#### Missouri Department of Health and Senior Services

Presents the Baby Your Baby website which promotes prenatal and well-child care for all Missouri families.

<http://www.dhss.mo.gov/babyyourbaby/>

#### Missouri Department of Social Services

To report child abuse and neglect in Missouri, call the hotline at 800.392.3738. The Children's Division staff this hotline 24 hours a day, 7 days a week, 365 days a year.

<http://www.dss.mo.gov/>

#### Missouri Kids First

A statewide network of individuals, programs and organizations committed to protecting Missouri's children by improving the response to child victims and ending the cycle of child abuse in communities through resources, training, support and public awareness.

<http://kidsfirst.com/>

#### ParentLink

A site for parents and professionals to access parenting information, support, problem solving techniques and nutrition information. The ParentLink toll-free WarmLine (1.800.552.8522) is available in English and Spanish, Monday - Friday, 8:00 a.m. - 5:00 p.m.

<http://education.missouri.edu/orgs/parentlink/>

#### Practical Parenting Partnerships

A training and resource center to help schools, parents, and community members work together for children's growth, development, and success in school.

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

#### Connect for Kids

Connects a wide audience from parents to professional child advocates with information and tools to learn about issues affecting children, families, and communities.

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

#### Cybertipline (800.843.5678)

The 911 of the Internet to report cybercrimes.

<http://www.missingkids.com>

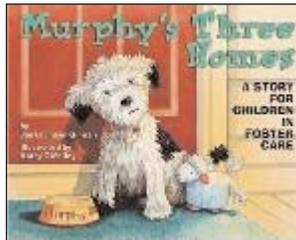
#### KeepKidsHealthy.com

A pediatrician's guide to your children's health and safety.

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

### Book Spot

#### Murphy's Three Homes: A Story for Children in Foster Care



By Jan Levinson Gilman

Reading level: Ages 4-8

Paperback: 32 pages

ISBN-10: 1433803852

ISBN-13: 978-1433803857

Murphy, a Tibetan Terrier puppy, is told he is a 'good luck dog' - he is cheerful, happy, and loves to play and wag his tail. However, after going through two different homes and an animal shelter, Murphy starts to feel like a 'bad luck dog' who nobody wants. "Murphy's Three Homes" follows this adorable pup through his placement in three new homes, as well as through his anxiety, self-doubt, and hope for a new, loving family. Finally, Murphy is placed in a caring foster home where he feels comfortable and valued. He learns that he is not a bad dog after all and can go back to being a playful puppy and a 'good luck dog!'

#### About the Author

Dr. Jan Gilman has a BA from U.C. Berkeley and a PhD from the Wright Institute in Berkeley, California. She is a Clinical Psychologist living in Santa Rosa, California and has spent thirty years working with children and families. She combines her experience working with the adoption and foster care community with her lifelong love of animals in writing this metaphorical story about her real dog, Murphy. Dr. Gilman is married. She has two grown children and two grandchildren.

### An Unlit Path: One Family's Journey

#### Toward The Light Of Truth

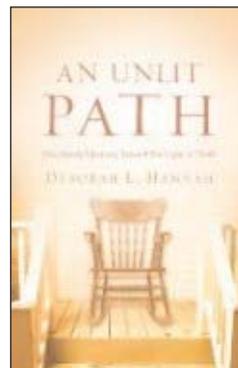
By Deborah Hannah

Paperback: 272 pages

Publisher: Xulon Press (October 6, 2006)

ISBN-10: 1600344844

ISBN-13: 978-1600344848



What happens when love is not enough? The answer lies in this true story of one family's journey through the world of foster care and adoption within the United States. It is a personal account, encompassing both heartbreak and joy, while realistically embracing the intrinsic challenges of parenting the "hard to place" child. The long-term affects of neglect and abandonment, along with the issues of Reactive Attachment Disorder, sexual abuse, mental illness, and false allegations are discussed in the context of the family's four biological, five adopted and nine foster children. From a prospective parent's standpoint, this book dispels unrealistic and idealized expectations, yet it offers spiritual insight into understanding, acceptance and finally, forgiveness. Creatively written, this is a story that needs to be told, for although tragic in nature, it raises the awareness of the reader to the inherent risks and rewards of adoption.

## Signs & Symptoms

Provided by the American Academy of Pediatrics, [www.healthychildren.org](http://www.healthychildren.org)

It is not always easy to recognize when a child has been abused. Children who have been mistreated are often afraid to tell anyone, because they think they will be blamed or that no one will believe them. Sometimes they remain quiet because the person who abused them is someone they love very much, or because of fear, or both.

A child who has been abused needs special support and treatment as early as possible. The longer he is left to deal with the situation on his own, the less likely he is to make a full recovery.

### Physical Signs

- Any injury (bruise, burn, fracture, abdominal or head injury) that cannot be explained
- Genital pain or bleeding, as well as a sexually transmitted disease

### Behavioral Changes that Raise Concern about Possible Abuse

- Fearful behavior (nightmares, depression, unusual fears)
- Abdominal pain, bedwetting (especially if the child has already been toilet trained)
- Attempts to run away
- Extreme sexual behavior that seems inappropriate for the child's age
- Sudden change in self-confidence
- Headaches or stomachaches with no medical cause
- Abnormal fears, increased nightmares
- School failure
- Extremely passive or aggressive behavior
- Failure to gain weight (especially in infants) or sudden dramatic weight gain
- Desperately affectionate behavior or social withdrawal

## Healthy Eating Menu

From [EatingWell.com](http://EatingWell.com)

Give your kids what they want to eat – yummy recipes that will have them running to the dinner table! Teaching kids to eat healthy foods at a young age will help them develop healthy eating patterns for life.

### Main Dish

#### Almond-Crusted Chicken Fingers

Makes 4 servings

Total Time: 40 minutes

#### Ingredients

Canola oil cooking spray  
 1/2 cup sliced almonds  
 1/4 cup whole-wheat flour  
 1 1/2 teaspoons paprika  
 1/2 teaspoon garlic powder  
 1/2 teaspoon dry mustard  
 1/4 teaspoon salt  
 1/8 teaspoon freshly ground pepper  
 1 1/2 teaspoons extra-virgin olive oil  
 4 large egg whites  
 1 pound chicken tenders

#### Preparation

1. Preheat oven to 475°F. Line a baking sheet with foil. Set a wire rack on the baking sheet and coat it with cooking spray.
2. Place almonds, flour, paprika, garlic powder, dry mustard, salt and pepper in a food processor; process until the almonds are finely chopped and the paprika is mixed throughout, about 1 minute. With the motor running, drizzle in oil; process until combined. Transfer the mixture to a shallow dish.
3. Whisk egg whites in a second shallow dish. Add chicken tenders and turn to coat. Transfer each tender to the almond mixture; turn to coat evenly. (Discard any remaining egg white and almond mixture.) Place the tenders on the prepared rack and coat with cooking spray; turn and spray the other side.
4. Bake the chicken fingers until golden brown, crispy and no longer pink in the center, 20 to 25 minutes.

#### Nutrition

Per serving: 174 calories; 4 g fat (1 g sat, 2 g mono); 66 mg cholesterol; 4 g carbohydrates; 27 g protein; 1 g fiber; 254 mg sodium; 76 mg potassium. Nutrition Bonus: Selenium (31% daily value).

### Side Dish

#### Cheesy Broccoli-Potato Mash

6 servings, 2/3 cup each

Total Time: 30 minutes

#### Ingredients

1 pound Yukon Gold potatoes, cut into wedges  
 3/4 pound broccoli crowns, chopped (4 cups)  
 3/4 cup shredded fontina cheese  
 1/2 cup nonfat milk, heated  
 1/2 teaspoon salt  
 Freshly ground pepper, to taste

#### Preparation

1. Bring 1 inch of water to a boil in a large pot. Place potatoes in a steamer basket and steam for 10 minutes. Place broccoli on top, cover and steam until the potatoes and broccoli are tender, 6 to 8 minutes more. Transfer the broccoli to a large bowl and coarsely mash with a potato masher. Add the potatoes, cheese, milk, salt and pepper and continue mashing to desired consistency. Serve immediately.

#### Nutrition

Per serving: 135 calories; 4 g fat (3 g sat, 1 g mono); 16 mg cholesterol; 17 g carbohydrates; 7 g protein; 2 g fiber; 329 mg sodium; 201 mg potassium. Nutrition Bonus: Vitamin C (100% daily value), Vitamin A (30% dv), Calcium (15% dv).

### Dessert

#### No-Bake Cookies

4 servings, 2 cookies each

Total Time: 10 minutes

#### Ingredients

8 whole-wheat graham cracker squares, finely ground  
 1/4 cup raisins  
 1/4 cup smooth natural peanut butter  
 2 tablespoons plus 2 teaspoons honey  
 4 teaspoons unsweetened coconut

#### Preparation

1. Combine ground whole-wheat graham crackers, raisins, peanut butter and honey in a small bowl. Pat into 8 cookies and press lightly in coconut.

#### Nutrition

Per serving: 313 calories; 13 g fat (2 g sat, 0 g mono); 0 mg cholesterol; 46 g carbohydrates; 7 g protein; 4 g fiber; 284 mg sodium; 82 mg potassium. Nutrition Bonus: Fiber, protein, potassium.

# Missouri Adoption Resource Center

## 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](http://www.foster-adopt.org)

### **A Message from Your Educational Advocate: Balancing Student Privacy and School Safety:**

The Family Educational Rights and Privacy Act (FERPA) is a federal privacy law that gives parents, including foster parents, certain protections with regard to their children's education records, such as report cards, transcripts, disciplinary records, contact and family information, and class schedules.

As a parent, you have the right to review your child's education records and to request changes under limited circumstances. To protect your child's privacy, the law generally requires schools to ask for written consent before disclosing your child's personally identifiable information to individuals other than you.

Have you questioned the right of the school and others to report and share information about your child? There are many questions and concerns about the privacy of student records and information. The Department of Elementary and Secondary Education have addressed this issue recently on their website with a 2007 article and information from the U.S. Department of Education:

<http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.html>

The topics in this article are:

- Health or Safety Emergency Situations
- Law Enforcement Unit Records
- Security Videos
- Personal Knowledge or Observation
- Transfer of Education Records
- Contact Information

There is also a flyer at:

<http://www2.ed.gov/policy/gen/guid/fpco/brochures/elsec.pdf> with a condensed version of this article.

If you have questions about your child's education, call Leslie Lewis, Eastern ARC's Director of Educational Advocacy at 800.FOSTER.3 (314.367.8373) x37, or e-mail at [leslielewis@foster-adopt.org](mailto:leslielewis@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](http://www.mfcaa.org)

### **A Message from Your Staff: Western Missouri Adoption Resource Center**

**Update:** Work has continued on the Western side of the state to support and maintain adoptive placements for Missouri's children. Frequently families contacting the Adoption Resource Center for crisis support are struggling with parenting children who have suffered substantial trauma. These children demonstrate that trauma history in their inability to trust and attach to their new parents. Their behaviors are designed to push away their new parents before the new parents can reject them.

Recently, in response to this need, MFCAA hosted a two day symposium on Reactive Attachment Disorder led by nationally renowned parenting expert and author, Nancy Thomas. The seminar was attended by more than 300 parents and professionals.

Nancy provided information on the latest research on the interplay between trauma and brain development along with a host of practical parenting solutions for parents struggling to meet the needs of challenging children.

For those who were unable to attend this amazing event, MFCAA has obtained several cd's, dvd's and books by Nancy Thomas and other experts on RAD and PTSD, which are available for check out to families and professionals at MFCAA's resource library.

Contact [Tammy@mfcaa.org](mailto:Tammy@mfcaa.org) for more information. Additional sessions related to the issues discussed in the February symposium will be planned during the MFCAA Annual Child Welfare Conference this November, currently being planned in conjunction with the Children's Division, Cornerstones of Care, and UMKC School of Social Work.

Please check our website at [www.mfcaa.org](http://www.mfcaa.org) for more information this summer.

## Waiting Children: Seeking a Forever Family

### Meet Zechariah, Josiah, Jared & Zion

*Brothers desire a father to take them fishing and hunting*

**Zechariah (11)** prefers to be quiet but also takes pride in his accomplishments and enjoys talking about his day at the dinner table. He loves being outside riding go-karts, roller skating, riding his bicycle, and fishing.

**Josiah (10)** is an energetic, affectionate boy who is very bright and in the gifted program at school. Josiah has a colorful personality that is engaging to all who meet him. Josiah prefers to be outside playing soccer, running track or climbing. **Jared (10 / Twin to Josiah)** is fun-loving, happy-go-lucky and exceptionally intelligent. His smile is captivating and his laugh infectious. Jared is a social "butterfly" attempting to befriend everyone he meets. Jared prefers to play indoors.

**Zion (5)** loves to run outside and climb trees. He is very shy toward people he does not know, however once he warms up to you, he will have you running in circles playing with him. Zion is affectionate and loves to give and receive hugs. *For more information on these boys, please contact Kerrie Ferlet, MSW Adoption Specialist at 816.325.6044, or Kerrie.L.Ferlet@dss.mo.gov.*



### Meet Lee Etta

*Dreams of becoming a fashion or runway model someday*



**Lee Etta (16)** is talkative and is very polite to others. She has a great sense of humor and enjoys making others laugh. Lee Etta enjoys dancing and singing, and would also like to be an interpreter when she grows up. She states that her destiny is to help people. Lee Etta would like a family that will love her unconditionally and a home where she can feel safe and secure. She would also like a home that enjoys participating in adventurous activities where she can try new things such as rock climbing. Lee Etta will need a family in which she is able to have a lot of positive attention.

Lee Etta will be in the 10th grade for the 2010/2011 school year. She enjoys school and gets along well with others, and thrives in any situation where she can receive one on one attention.

*For more information on Lee Etta, please contact Kerrie Ferlet, MSW Adoption Specialist at 816.325.6044, or Kerrie.L.Ferlet@dss.mo.gov.*

### Meet Nathan

*Loves outdoors, exploring, and macaroni & cheese*

**Nathan (11)** is a charming boy that will soften your heart with his loveable nature and friendly personality. He is described as being active, curious, inquisitive, impulsive, and outgoing. This kiddo enjoys being outside, especially when it involves camping, exploring, riding his bike, playing ball, running, jumping, and climbing. He also loves dogs, cats, and rabbits, and his hobbies are drawing and coloring. Nathan's favorite cartoons include "Bob the Builder", "Sponge Bob Square Pants", "Scooby Doo", and "The Ninja Turtles".

He is a great help around the house and is described as a little firecracker! As for food, he will try anything once. Pizza Hut and McDonalds are high on his list, and he also likes macaroni and cheese, grilled cheese sandwiches and tuna casserole. A fifth grader, Nathan prefers math and thoroughly enjoys numbers although he will tell you he likes all his classes. He is benefiting from an IEP (Individualized Education Plan). He attends counseling, which may need to continue after placement. It is expected that Nathan will need assistance as an adult.

The caseworker prefers a two-parent home with a stay-at-home parent who can provide support and be readily available to Nathan. However, all family types will be considered. This is a LEGAL RISK ADOPTIVE PLACEMENT. In a legal risk adoptive placement, it is expected that the family will eventually adopt the child, even though the birth parents' rights have not been fully terminated at the time of placement. *For more information on Nathan, please contact Kerrie Ferlet, MSW Adoption Specialist at 816.325.6044, or Kerrie.L.Ferlet@dss.mo.gov.*



Family Connections  
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