

# Family Connections

Volume 11, Issue 2 ~ Spring, 2012

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## May is National Foster Care Month

Each May, National Foster Care Month provides an opportunity to shine a light on the experiences of youth in the foster care system. The campaign raises awareness about the urgent needs of these young people and encourages citizens from every walk of life to get involved – as foster or adoptive parents, volunteers, mentors, employers or in other ways.

With the help of dedicated people, many formerly abused or neglected children and teens will either reunite safely with their parents, be cared for by relatives or be adopted by loving families. Many children would not have to enter foster care at all if more states provided support and services to help families cope with crises early on.

Thanks to the many advocates, child welfare professionals, elected officials and support groups around the country, the total number of children in foster care has decreased over recent years. But more help is needed.

Every year, approximately 30,000 young people leave the foster care system without lifelong families – most at age 18. On their own, these young adults must navigate a

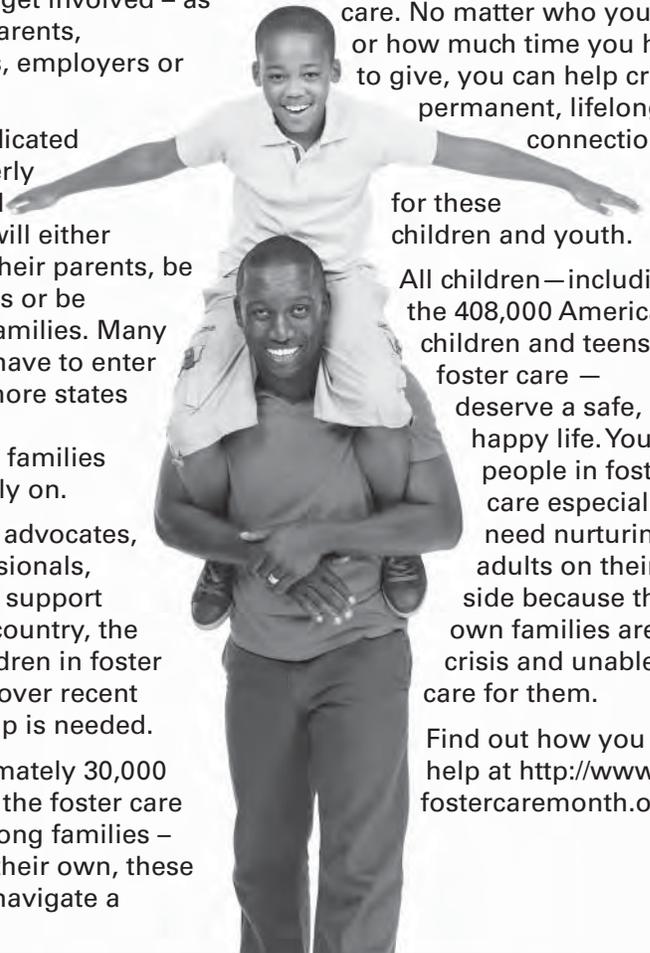
weakened economy offering fewer jobs and less support for vital services such as housing. They need – and deserve – caring adults who love and support them.

Join us in helping to change the lifetime of a child or youth in foster care. No matter who you are or how much time you have to give, you can help create permanent, lifelong connections

for these children and youth.

All children—including the 408,000 American children and teens in foster care – deserve a safe, happy life. Young people in foster care especially need nurturing adults on their side because their own families are in crisis and unable to care for them.

Find out how you can help at <http://www.fostercaremonth.org>.



## Traumaversaries: Lessening the Impact of Adopted Children's Annual Triggers

Anniversaries, "returning yearly", are associated with happy occasions for many of us—birthdays, wedding days, holidays and so on! Yet, returning yearly can also lend to a downward spiral—behaviorally and emotionally—for children (or adults) who have experienced losses associated with moving, abuse, abandonment, etc. These traumaversaries can affect children adopted at all ages—infant to adolescents. Continue reading on page 9.

# News You Can Use: Foster & Adoption Advisory Board

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## Save the Date!

# "All Together Now" Conference Tan-Tar-A Resort / June 14 - 16, 2012

Register NOW for the ONE Conference at Tan-Tar-A Resort Osage Beach, MO June 14-16, 2012! This statewide gathering for the "All Together Now" Conference will unite Missouri's resource providers, professionals and agencies for training, networking and support opportunities.

Those who register by April 30th will receive the early bird discount and the opportunity to win an all inclusive cruise for two for only \$75.00 per person.

Sponsoring agencies include Missouri Children's Division, Midwest Foster Care and Adoption Association, and Missouri Foster Care and Adoption Association. Conference donor includes the Missouri Task Force on Children's Justice. If your agency or organization would like information about conference sponsorship, please contact Danielle Schweiger at 816.350.0215 ext.357 or [danielle@mfcaa.org](mailto:danielle@mfcaa.org). For more information visit <http://www.one-conference.org/>.

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## Get Involved

### Local Advisory Board:

Each local board operates within its own established bylaws. To find out more information about the work being done in your area, contact your parent representative or foster parent association listed to the left.

### State Advisory Board:

Each area board is responsible for sending two parent representatives to the state meetings held quarterly in Jefferson City. Parent representatives are asked to make a two-year service commitment to the state board. If you are interested in representing your area, contact your parent representative listed in the column to the left.

## Important Reminder for Foster Parents and Caregivers

### Facebook and Social Media Guidance for Foster Parents and Caregivers to Ensure the Confidentiality and Safety of Children in Foster Care

Social networking sites like Facebook, MySpace, Twitter, Bebo, etc., have become a part of everyday life for many of us. These sites are fun and useful in helping us stay connected with friends and family. However, I would like to offer a word of caution about these sites.

While you may feel that the sites offer you a private forum for communication, this is not necessarily so. Even if you only allow your “friends” or “followers” to see your posts, what happens to the information once it leaves your hands can be out of your control. In many cases, posting information to such sites is akin to putting it on the front page of the newspaper. There have been instances where private posts have ended up causing embarrassment to people in their workplace - as others see the information that they share. You should consider carefully what you post.

If a child enters foster care from abuse or neglect, the possibility of their perpetrator finding them if they are on Facebook is a real fear.

Of course, you should **never post case information** on these sites, as **that is a violation of confidentiality**. **Foster parents should NOT post photographs of foster children on any social networking site or website.**

The Children’s Division Policy used to support not putting pictures of foster youth on facebook etc, is: “Child Exploitation, Public Performance and Media Involvement.” Media involvement includes, but is not limited to, television, radio, **the Internet**, newspaper, magazines, any agency newsletter, brochure, flyer, video, or any other form of media. More information is available at <http://dss.mo.gov/cd/info/cwmanual/section8/ch4/sec8ch4sub1.htm>. As always, if you have a question, please contact your licensing worker.

The foster children, themselves, are free to use these sites, under careful monitoring by their providers. The social networking sites can make it easy for sexual predators to find and groom potential victims. Posted photos often give a predator clues about the locations of young people’s homes and schools. For example a photo can show a house number on the front of the

house, or the young person in a cheerleading or sports uniform. This, along with the city posted on a profile, can easily lead a predator to a young person. While the social networking sites, themselves, are working to protect children from this danger, nothing they can do takes the place of careful monitoring by caregivers.

Treat anything you post on a social media site as if you were printing it on the front page of a newspaper.

#### General Advice:

- DO NOT post identifiable pictures or stories of youth in foster care on any social media site or website.
- Cautions should always be taken when using any social media tool - not only for the children in your care, but also for yourself. If you’re unsure about posting something, just don’t.
- Take great caution when contacting relatives of adopted children. When a family member sees a relative in a facebook post, it may give them false hope as to a possible reconnection with that family member. It may also be hurtful to see a niece, cousin, or grandchild in a photo with another family. As one adoptive parent discovered, “I contacted my child’s biological grandmother to try and get a baby photo since he didn’t have one. I didn’t realize how hurtful this request would be for her. It brought back so many memories and ended up being a painful experience for us both. If I had to do it over again, I wouldn’t have contacted her. Instead, I should have gone through our worker, or handled it in some other way - not through the totally informal facebook. So think about the consequences of contacting someone.”
- Become familiar with privacy settings. You may not always be aware of the personal information that you are sharing. Make yourself familiar with facebook’s policies regarding the sharing of personal information.
- Don’t fear social media. It’s not going away any time soon. The benefits of using these tools to connect with others and share information can be a wonderful thing and the positives far outweigh the negatives. However, with any new media platform, we must be cautious.

Article by: Jessi Brawley, Foster & Adoptive Care Coalition

## Expert Exchange: Professional Answers to Your Questions

**Parents Ask:** How can we help our child overcome adversity?

Teaching children to deal with adversity, cope with frustration or failure, and maintain their self-confidence is extremely important.

Adversity dogs most of us throughout life. Unless we develop the grit and determination to persevere, we get swamped. Children who experience early success too easily may simply quit when things don't go their way. Children who rarely feel successful often don't explore their own capabilities. They fall short because they didn't learn that success in life is a process, not a one-time event. What's a challenge for all children may be even more of a barrier for foster and adoptive children whose early experiences may have made them more sensitive to setbacks.

Strategies to help children acquire skills and character traits to cope with adversity:

**Help your child redefine "failure."**

Emphasize that mistakes are simply part of the learning process and that persistence usually brings long-term success. The real "failure" is for a child not to try something that's important or that he might enjoy. Talk about this before he attempts something challenging, and remind him of it periodically.

**Stress the process rather than the outcomes in situations involving practice and preparation.** Encourage your child to enjoy learning how to do something, whether it is writing a term paper, kicking a soccer ball or learning to paint. Praise his efforts, determination, and persistence. Point out his improvements.

**Encourage your child to persevere when setbacks discourage him.**

Explain that long-term success usually comes from preparation and perseverance, not just ability. Share

examples from your own experience when you have had to work hard until you succeeded.

**Prepare your child to try hard without necessarily expecting to come out on top in competitive situations.** Emphasize having fun, learning how the process works, cooperation, and seeing improvement, rather than a result. Make it clear that you do not love and respect him because he excels. You love him because he is your child and you respect him even more for continuing to try when things don't go his way. Encourage him not to fall into the trap of equating his self-worth with being the best at what he is involved in.

Only after an issue has been identified, and the emotions it generates expressed, should you engage in problem-solving.

**Clarify expectations and help your child set reasonable objectives if he strives after unrealistic goals.**

Is the point to develop some athletic skills and enjoy being on a team or to win a championship? Is it to get perfect grades, or to do well enough, have friends, and live a well-rounded life?

**Listen to your child's feelings and his analysis of the situation**

before reassuring him or sharing your perspective when he is disappointed with the outcome. Draw him out with open-ended questions that cannot be answered by a Yes or No. Ask: How do you feel? What are you thinking now? Are you being fair to yourself? What would you say to your best friend if things turned out the same for him? What, if anything, would you do differently next time? How might that work out? Only after drawing out his ideas and feelings about how to proceed should you voice

your own perspective.

**Acknowledge real obstacles to success, including the difficulty of the task and any handicaps your child may have.** For instance, a child with learning disabilities may need to plan ahead, start earlier and revise more often than classmates in order to complete a quality term paper. This effort and the self-discipline it requires are laudable and a valuable preparation for career success.

**Help your child identify and express troubling emotions when misfortunes arise.** Illness, betrayal by a friend, the death of a pet or a move to a new school may generate unrecognized feelings of sadness or anger. Your child might feel vaguely sad or sink into depression if these emotions are not dealt with properly.

**Children need to express troubling feelings.** Parents who ask open-ended questions and paraphrase what they say can help them do this. When left unrecognized or unexpressed, these buried emotions make it even harder for a child to persist and feel good about his efforts.

**Listen, paraphrase and draw your child out before speaking up.**

Only after an issue has been identified and the emotions it generates expressed should you engage in problem-solving, offer reassurances, reframe the situation in more favorable terms, or redirect his focus to other areas of his life. Giving your child an opportunity to think things through himself will help him develop problem-solving skills that will be helpful for the rest of his life.

**Keep in mind that setbacks offer opportunities for important growth in character and coping skills.**

Although setbacks may seem tragic to a child when they occur. Parents who use strategies like these can turn adversity into learning

## Resources for Parents and Professionals

situations and help their child develop the determination, persistence and problem-solving skills that will help them cope with challenges throughout their lives and learn to overcome barriers on the way to success.

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, Gifted Association of Missouri and other publications. O'Brien's April 6 column, "Prevent teen suicide by addressing it," won the 2010 Missouri Institute of Mental Health award for outstanding reporting on Suicide.



### Congressional Caucus on Foster Youth Will Work to Protect and Promote the Welfare of All Children in Foster Care



With more than 424,000 children and older youth in the nation's foster care system, the number of children who exit the foster care system without finding a permanent family has increased over the years by nearly 29,500. The experiences of youth transitioning out of the foster care

system place them at a higher risk for unemployment, poor educational outcomes, health issues, early parenthood, long-term dependency on public assistance, increased rates of incarceration, and homelessness.

Co-chaired by Rep. Karen Bass (D-CA), Rep. Tom Marino (R-PA), Rep. Jim McDermott (D-WA) and Rep. Michele Bachmann (R-MN), the newly created bipartisan Congressional Caucus on Foster Youth will work to protect and promote the welfare of all children in foster care and those who have "aged out" of the system. The Caucus will provide a forum for members to discuss the challenges facing all foster youth and develop policy recommendations for improving child welfare outcomes in five focus areas: Safety; Permanency; Well Being; Educational Opportunities; and Youth, Family, and Community Engagement. For more information, visit <http://fosteryouthcaucus-karenbass.house.gov/>

### Sports Season Is Back! Prevent Sports-Related Injuries in Kids

Improvements in the quality of protective equipment—such as padding and helmets—have made sports participation safer than ever before. Even so, children's bodies are still vulnerable to injury. As youngsters move through middle childhood—becoming bigger, stronger, faster, and more aggressive—the incidence of injuries rises. Studies show that each year, 2 to 3 percent of five-to seven-year-olds experience injuries that require more than a few days of rest and recuperation; that figure increases to 5 to 10 percent among nine- and ten-year-olds.

Injury prevention should be a paramount concern. Your child should be wearing a well-fitted helmet, mouthpiece, face guard, padding, eye gear, protective cup, or other equipment appropriate for the sport.

The majority of sports-related injuries involve the body's soft tissues rather than the bones. About two thirds of all injuries are strains (overstretching or overextension of the muscles) and sprains (wrenching of a joint with partial tear of the ligaments). Many injuries are caused by overuse of or repetitive stress on the affected body part. When a child overdoes it or trains inappropriately—for example, pitching too many innings or throwing improperly—the stress placed on the joints, tendons, and muscles can cause damage. Overuse injuries can often be prevented by advising your child to stop exercising at the first sign of discomfort. "No pain, no gain" may be a catchy phrase, but it is bad advice. "Slow but sure" makes a lot more sense.

Injuries need to be properly diagnosed and treated. Even injuries that appear to be minor should probably be examined by a pediatrician. In addition to recommending specific types of treatment, the doctor may suggest that your child reduce the level of athletic participation for a while, allowing the injury to heal while maintaining some use of the injured body part. Improperly treated and incompletely healed sports injuries can set the stage for lifelong problems. Because youngsters in middle childhood are unable to contemplate the future seriously, parents have to be firm to ensure that medical guidelines are followed. Identify the cause of the injury before returning to the sport. Was the playing field in bad shape? Was the safety equipment not being used? Was training or fitness not adequate? Was the coaching poor? If parents neglect these factors, injuries are likely to reoccur.

Children in contact sports are much more vulnerable to serious injury, with the knees bearing the brunt of more injuries than any other part of the body. The ankles, shoulders, and elbows are also particularly susceptible to injuries that can put youngsters on the disabled list during the healing process. *Article from healthychildren.org.*

# Capitol Ideas: Your Policy Update

## **Changes in Requirements to the Supervised Visit Checklist, (CD12-01)**

The purpose of this memorandum is to inform staff of new utilization requirements for the Supervised Visit Checklist, CD-86. This change comes as a result of a Continuous Quality Improvement (CQI) request to reduce duplication of work. Current policy requires the form to be completed any time a supervised visit is conducted. The worker is then required to enter the information into FACES.

Case managers and service workers no longer need to complete the CD-86 when supervising a visit. The form will be optional. Visitation information should just be entered into FACES. If the visit is supervised by someone other than the worker, such as the resource provider or therapist, the form should be completed by the individual supervising the visit so staff may enter the information into FACES. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-001.pdf>

## **Healthcare Homes-the Community Mental Health Center Model (CD12-02)**

The purpose of this memorandum is to introduce the Community Mental Health Center model of Healthcare Homes, a new service available to individuals who receive Medicaid effective January 1, 2012. A Healthcare Home is not a place of residence; it is a network of healthcare professionals, including a primary care physician, nurse care manager, health care home director, and community support specialists, who work collaboratively to assist in identifying mental health needs and providing services to parents and children to meet those needs. This model of care also provides supports/services to those enrolled. To view these supports/services and continue reading go to <http://www.dss.mo.gov/cd/info/memos/2012/cd12-002.pdf>

## **Education Stability at Placement Change and Credit Report Requirements for Older Youth (CD 12-06)**

The purpose of this memorandum is to introduce requirements as a result of recent federal legislation. The Child and Family Services Improvement and Innovation Act (Public Law (Pub. L.) 112-34) was signed into law on September 30, 2011. This law amends the case plan requirement for the timing of educational stability and the case review system definition to require credit reports for youth age 16 and older. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-006.pdf>

## **Western Region MO HealthNet Managed Care Program (CD 12-11)**

Children's Mercy Family Health Partners

(CMFHP) are no longer participating in MO HealthNet Managed Care health plan in the Western region of Missouri. CMFHP and Healthcare USA are merging. All participants currently enrolled with CMFHP will be transferred to HealthCare USA on February 1, 2012. Blue-Advantage Plus of Kansas City, Healthcare USA, Missouri Care Health Plan, and Molina Healthcare of Missouri will be the participating MO HealthNet Managed Care health plans in the Western region. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-011.pdf>

## **Federal Adoption Tax Credit (CD 12-15)**

Families attempting to claim the Missouri Adoption Tax Credit are required to complete the MO-ATC as verification that a child meets special needs and to provide information on out of pocket expenses related to the adoption of their child. When claiming the Federal Adoption Tax Credit families are being asked to provide a letter from the Children's Division verifying their child is considered special needs in addition to other documentation such as their MO-ATC form, the decree of adoption and the adoption subsidy agreement.

Workers asked to provide verification of special needs should work with the family to determine if the child meets special needs criteria using the Missouri definition of a Special Needs child (The criteria for a Missouri special needs child is viewable at <http://www.dss.mo.gov/cd/info/memos/2012/cd12-015.pdf>). If a determination is made that the child meets special needs criteria, a letter template has been developed for workers to use to provide additional documentation of special needs eligibility for the purpose of claiming the Federal Adoption Tax Credit. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-015.pdf>

## **Introduction of the New and Revised Tools for Child/Family Health and Developmental Assessment (CD 12-18)**

These revisions are the result of a CQI request to combine the information collected on the CW-103 and the Placement Planning Form (CW-15). Together the CW-103 and attachments A and B provide comprehensive health and developmental information about the child, the child's parents, grandparents, siblings, other relatives and significant adults in that child's life. These forms provide the Division with valuable insight into the child's health and developmental history to better manage the child's case throughout the out-of-home process. The worker is responsible for assuring the CW-103 and attachments are completed by assisting

the appropriate party (the child's parent(s), guardian, relative or significant adult) in filling out the forms or by engaging the appropriate party to assist the worker in filling them out. The Children's Service Worker should begin the process of completing these forms at the time of initial contact; but should continue to gather information during subsequent visits with the family until the form is complete. Continue reading at <http://www.dss.mo.gov/cd/info/memos/2012/cd12-018.pdf>.

## **Primary Care Health Homes (CD 12-19)**

Health Homes is a new benefit available to individuals who receive Medicaid. The primary care health homes are designed to provide comprehensive health services to parents and children through a team of healthcare professionals, including a primary care physician, nurse care manager, health home director, and behavioral health consultant, who work collaboratively to assist in identifying needs and providing services to meet those needs. Health Homes also provide the following supports/services:

- Comprehensive care management;
- Care coordination;
- Health promotion;
- Comprehensive transitional care including follow-up from inpatient and other settings;
- Patient and family support; and
- Referral to community and support services

This program is available for individuals with chronic conditions. Individuals are eligible if they possess diabetes or a combination of two or more of the following:

- Asthma;
- developmental disabilities;
- diabetes;
- heart disease (including hypertension, hyperlipidemia, and congestive heart failure);
- body mass index greater than 25; or
- tobacco use

Some eligible individuals have received a letter notifying them of their eligibility. Other individuals may be eligible even though they were not auto enrolled. Staff, parents, or guardians may contact primary care Health Homes to enroll in this program. A list of primary care Health Homes is available through this link. A PowerPoint has also been developed to provide additional information about the program. Kathy Brown may be contacted at 573.522.3012 to answer questions. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-019.pdf>

# Capitol Ideas: Your Policy Update

## **Retaining Missouri Medicaid for out of State Placements (CD 12-20)**

The purpose of this memo is to inform staff of new functionality in FACES which will allow children in Children's Division (CD) custody, adoption or guardianship status the option to retain Missouri (MO) Medicaid, if appropriate, when residing out of state. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-020.pdf>

## **Resource Home Licensure Supervision Transfers between Agencies (CD 12-21)**

The purpose of this memorandum is to introduce protocol for the transfer of licensure supervision between agencies. A resource provider may choose to have their license supervised by a different agency than the agency that developed their home. If that occurs, there are specific guidelines to make the transition. These guidelines are available at <http://www.dss.mo.gov/cd/info/memos/2012/cd12-021.pdf>.

## **Automated Deletion of CA/N Investigations Found to be Harassment (CD 12-22)**

The purpose of this memorandum is to inform staff that the Child Welfare Manual has been revised to clarify the automated process by which Child Abuse/Neglect (CA/N) Investigations are expunged in FACES following a determination of harassment. The Division is required by state law to ensure that all identifying information is expunged forty-five (45) days from the conclusion date of the CA/N Investigation. FACES has an automated function to expunge all reports with a harassment indicator in accordance with state law. Local offices will still be required to ensure that the paper files are also expunged forty-five (45) days from the conclusion date. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-022.pdf>

## **KIDS Account Policy update (CD 12-25)**

Instructions for KIDS-2 submittals regarding required documentation has been added as well as information on the allowable use of KIDS funds. Examples of allowable expenditures include: school supplies; medical treatment and education or job skills training; if related to a child's disability, personal needs assistance; special equipment; therapy or rehabilitation. In addition, policy has been updated to reflect the changes as a result of transition to FACES Resources and Financials. <http://www.dss.mo.gov/cd/info/memos/2012/cd12-025.pdf>

## **Pre-placement visits (CD 12-26)**

Family Support Team, FST, meetings should be held prior to taking any action relating to a change in placement of a child in the Division's custody. Any pre-placement visit must be discussed and pre-approved by

the FST and the pre-placement provider. The FST should review the Foster Family Profiles, CD-56, of potential resource providers to determine and select the most appropriate placement for the child. Decisions regarding the pre-placement visit plan are on a case-by-case basis and unique to the needs of the child. Read more at <http://dss.mo.gov/cd/info/memos/2012/cd12-026.pdf>.

## **Children of Youth in Alternative Care (CYAC) Policy (CD 12-28)**

A CYAC child is defined as a child who is in the legal and physical custody of their parent, who is in the custody of the Children's Division (CD). If the CD has been given care and custody of the child of a youth in alternative care, then the child is legal status 1, not CYAC. If there is no court order, and the child is placed with their parent, the child is likely a CYAC child. Continue reading at <http://dss.mo.gov/cd/info/memos/2012/cd12-028.pdf>.

## **Relative and Kinship Training (CD 12-30)**

The purpose of this memorandum is to provide clarification regarding training hour requirements for relative and kinship resource providers.

In order to be a licensed relative or licensed kinship provider, nine (9) hours of STARS Caregiver Who Knows the Child pre-service training must be completed. In addition to this 9 hours of instruction there is to be a minimum of 9 hours assessment time. The instruction of the curriculum may be self-study, one on one with a resource licensing worker, or in a class room setting as a group. Continue reading at <http://dss.mo.gov/cd/info/memos/2012/cd12-030.pdf>.

## **Stepparents as resource providers (CD 12-31)**

The purpose of this memorandum is to clarify policy regarding stepparents as resource providers. A stepparent by legal definition, RSMo 210.481 (9), is a relative. If a legal status 1 foster youth is placed in the home of their stepparent, the placement type is an RHU, unlicensed relative home, not pursuing licensure. If the placement provider is a prior stepparent who is divorced from the child's natural parent, then the placement type is a KHU, unlicensed kinship home.

Stepparents are not eligible for pursuing a foster home licensure; therefore, they are not eligible for maintenance payment. Pursuant to statute 453.400, a stepparent shall support his or her stepchild to the same extent that a natural or adoptive parent is required to support his or her child so long as the stepchild is living in the same home as the stepparent. If the stepparent needs financial assistance, they may apply for TANF benefits.

If the stepparent gets divorced from the natural parent, their vendor type changes to a KHU and they may pursue licensure to be eligible for maintenance payment. Stepparents are not eligible for adoption or guardianship subsidy if they are married to the natural parent of the child. <http://dss.mo.gov/cd/info/memos/2012/cd12-031.pdf>

## **How to use the Full-Time Care Exception Question for PS Child Care Authorizations (CD 12-32)**

The purpose of this memorandum is to remind staff of how to use the full-time exception question when authorizing protective services child care in the FAMIS/FACES Interface.

During the school year, school age children should not have a need for full-time units of care during the day. Child care for school age children is limited to half-time and/or parttime units of care from October 1 through April 30. When there is a need, staff should answer yes to the full-time exception question to have five (5) full-time units of care, per month, automatically added to the child care authorization. The additional units of authorization can be used to cover possible school absences, school holidays, snow days, teacher's meetings, or other days school may not be in session. Continue reading at <http://dss.mo.gov/cd/info/memos/2012/cd12-032.pdf>.

**Revisions to Eligible Need for Child Care, Unearned Income and Income from Self-Employment sections of the Child Care manual. (CD 12-33)** The purpose of this memorandum is to inform staff of revisions to the child care manual sections on Eligible Need for Child Care, Unearned Income, and Income From Self Employment. Primarily, language has been updated due to changes in program names (such as JTPA to WIA) and to clarify current policy for staff. Continue reading this memorandum at <http://dss.mo.gov/cd/info/memos/2012/cd12-033.pdf>.

## **Keep Current...**

This is a brief summary of the current policies impacting the Children's Division. A more complete explanation with additional updates is available at: [www.dss.mo.gov/cd/info/memos/2012](http://www.dss.mo.gov/cd/info/memos/2012).

## Resources for Parents

### Traumaversaries (story continued from page 1)

We have all had the experience of triggers. The most common is hearing a song on the radio, and thinking about a first love. Smells are also common triggers. In such instances, we may experience a response such as feeling happy, sad, angry, melancholy, depressed, frustrated, annoyed, etc.-a full range of emotions can result from a single trigger!

Adoptive parents and professionals are strongly encouraged to understand the role of triggered implicit memories in daily family life. Our previous posts, *Implicit Memories: The Roots of Today's Behavioral Challenges-Part One and Part Two*, and *Why Love Isn't Enough-Part Five: The Impact of Trauma on Brain Development* offer in-depth information about this topic and examples of the implicit memory system in action.

Declarative or explicit memories-events we have a conscious ability to retrieve and state-become traumaversaries as well.

Traumaversaries can wreak havoc in adoptive families. While they can occur at any time of the year, many coincide with the holiday season as we can see from the examples of both, Dana and Donna. Moms, Dads, brothers and sisters want to enjoy Thanksgiving, Christmas and welcoming the New Year. This can be challenging when the adoptee has regressed and is acting out!

Ways to offset the impact of annual trauma-related anniversaries:

#### Identify traumaversaries to the best of your ability.

In a datebook, record your adopted son's or daughter's date of abandonment (if different than his or her birthday), move to your home,

move from one foster home or residential facility to another, termination of parental rights, separation from siblings, adoption finalization, "Gotcha Day," etc.-record as many important dates as you know. Also, record all family members' birthdays. Keep in mind, the adoptee's anniversaries and/or a month full of family occasions can contribute to the adoptee experiencing a traumaversary. For example, one family I know has four kids' birthdays in September.

This amount of focus on family time and special celebrations triggers their adopted daughter's memories of the birth siblings from whom she is separated. Overwhelmed with grief, her negative behaviors escalate. Review your date book frequently. "Seeing" these potential triggers is easier than trying to remember them for the busy adoptive parent.

#### Recognize the connection between traumaversaries and negative behavior.

Children who have a history of trauma communicate primarily through behavior:

- They have little ability to verbalize feelings. Trauma interrupts the process of developing this ability. Once off-track, this is a skill that requires much work-often over a long period of time-to repair.
- We must realize that much trauma occurs when children are young. They have very little or no language development. So, they don't have the words to express what has happened to them. The feelings for this trauma remain pent up until the words are made available.
- Children are often offered little opportunity to process their traumatic experiences. As adults, we prefer to wait for the child to tell us what happened to him. Or, we are waiting until she is "old" enough to process the trauma. Or,

we expect that children will simply "get over it." Somehow, on their own, they will process being physically abused or neglected, or why their birth parents' chose substance abuse as a way of life, or why they were put in foster care. We seriously need to re-think all of these adult misperceptions! Thus,

1. The trauma is triggered.
2. The child is flooded with grief.
3. The child acts out behaviorally.
4. The behavior is the expression of the grief.
5. Their hope is that we will recognize their messages, via their behavior, and provide the example-role-model-to talk about feelings and profoundly overwhelming experiences.

#### Regression may accompany a trigger.

Triggers cause the child to remember painful, frightening events-consciously or unconsciously. This is stressful. Children who are often stressed return to earlier developmental periods. They especially return to the developmental age at which the trauma occurred. Rather than discourage the behaviors of the regressed child, parents are encouraged to step back and recognize the source.

There is no harm, to the child, in allowing this "young" behavior. In fact, regression can be a wonderful source of healing. If we nurture this "young" child in the same manner that we would a child at this "actual young chronological age," we fill in the void left by the trauma. We solidify the adoptee's development. Once your child's development is on more solid footing, the annual trigger's impact is lessened.

#### Trigger Management-Talk About "It" The Ripple Effect

About two weeks before the identified potential or known traumaversary, Mom or Dad, can use "trigger management" to offset the impact

## Resources for Parents

of the event with the ripple effect-an idea is put forth as to what the problem may be and eventually the child realizes the idea is a safe topic. Thus, conversation occurs.

Providing the words to an implicit memory is referred to as cognitive feeding. We are feeding the implicit memory system the information it needs to release the grief associated with its memories. Once the words are stated, the feelings connect and the traumaversary should subside.

Keep in mind, you may have to put forth a few ripples before your child becomes willing to participate in a conversation. However, the sooner you give this a try, the sooner you are on your way to reducing the swells of emotional backlash involved in these yearly occurrences.

Professionals can participate or take the lead in trigger management during the course of therapy as well.

### Rituals

Trigger management may also include rituals. Many adoptive families create rituals, symbolic ways to remember and reflect. Adoption has often been steeped in rituals for celebrations, such as "gotcha day," as well as in rituals to acknowledge loss. A candle may be lit or a helium balloon released to acknowledge the birthmother on Mother's Day. A small box can be decorated and called a birthmother, birthbrother or birthsister box.

At times when birth family members are missed, the adopted child can draw a picture or write a letter which is added to the contents of the box. Carrying out rituals opens the door for the child to express his or her thoughts and feelings about those missed.

### Seek Professional Help

If traumaversaries occur year after year, it is time to seek professional help. This means that your adopted son or daughter is "stuck" in the grieving process. The child is not

working through his or her pre-adoptive experiences. As always seek the help of a professional knowledgeable in trauma, attachment and adoption.

The Association for Treatment and Training in the Attachment of Children offers a state-by-state listing of such therapists.

Unresolved grief harms children long-term. Children who are not provided opportunities to grieve are at risk for:

- Decreased social, emotional and cognitive developmental growth
- Regression to earlier stages of development for an extended period of time
- Inability to concentrate-impaired academic progress
- Physical difficulties-fatigue, stomach aches, appetite changes, headaches, tightness in chest, shortness of breath, low energy, difficulty sleeping, etc.
- Depression
- Anxiety
- Risk-taking behaviors
- Withdrawal from friends or extracurricular activities.

In conclusion, there is much parents and professionals can do to minimize the impact of "returning yearly" to the grief associated with traumatic experiences. Helping grief flow-away-improves each day of the year in adoptive family life!

*This article was printed, with permission, from the A Family For Every Child (AFFEC) Adoption Agency January 2012 Newsletter.*

## There are more than 1,400 Missouri kids looking for a home. Meet some of them through the Heart Gallery of Missouri

The Heart Gallery raises awareness in our communities that children of all ages in Missouri are waiting for the right families. Each child in the Heart Gallery represents all of the children waiting for "forever families." The hope is that, when the community sees the faces of the children, they will inquire about becoming a foster or adoptive parent.

The Heart Gallery can be viewed at [www.moheartgallery.org](http://www.moheartgallery.org). It also exists as a real-life traveling exhibit, uniquely impacting visitors as they see the faces of the children. The 2012 Heart Gallery Tour will be coming to a community near you later this summer. If you know of an organization that would like to host the Heart Gallery this year, please contact Crystal Wilson at [Crystal.L.Wilson@dss.mo.gov](mailto:Crystal.L.Wilson@dss.mo.gov).



Twelve-year-old Timothy is a vigorous young boy who takes pleasure in interacting with others. He loves to play outside and really enjoys playing catch. Timothy responds well to structure and consistency and would benefit most from a patient two-parent forever family who will assist with his physical disabilities. *Portrait by Scott Hastings.* For more information on Timothy, please call Deborah Sutcliffe, Adoption Specialist, at 636.940.3382.

## Foster and Adoption Resource Centers

### Eastern MO ARC

Foster & Adoptive Care Coalition  
1750 S. Brentwood Blvd., Ste. 210,  
St. Louis, MO 63144  
800.FOSTER.3 / [www.foster-adopt.org](http://www.foster-adopt.org)

### Trauma Training

Thanks to funding from the Missouri Children's Division, the Foster & Adoptive Care Coalition offered a trauma and loss certification program to child welfare and mental health professionals. This program was presented by William Steele, Psy.D., founder of The National Institute for Trauma and Loss in Children. The training addressed self-protection in order to continue to care for others and taught techniques of environment awareness, how to stay in control, use common sense and avoid the mindset "it won't happen to me"; trust your instincts, know the message you are sending, and making sure you are not making yourself a target. We are grateful to have had this wonderful opportunity! For more information, please visit <http://www.startraining.org/trauma-and-children> or contact Nickie at [nickiesteinhoff@foster-adopt.org](mailto:nickiesteinhoff@foster-adopt.org) or 314.367.8373 x2235.

### Foster and Adoptive Family Sale at [RE]FRESH June 7th

[RE]FRESH is a store created and intended for foster and adoptive families! It's also open to the public - who don't get the great discounts that our families do! With a 90% discount for foster youth and 30% for foster/adoptive families, it's a resource to utilize. Come by and see why [RE]FRESH isn't just a resale store - it's a fashion adventure bursting with clothes for Spring and Summer!

The next family sale exclusively for foster/adoptive families will be held June 7th from noon to 7PM at [RE]FRESH (1710 S. Brentwood Blvd., St. Louis, MO 63144). Don't miss this special opportunity to take home some great Spring and Summer items! Please call 800.FOSTER.3 for more information.

*Foster and Adoptive Family*

**BIG  
SALE**

### 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)

### 2012 Midwest Foster Care & Adoption Association Forever Families Gala

The Gala will take place Saturday, August 4th, 2012, at 6 p.m. at Inter-Continental on the Plaza (401 Ward Parkway, Kansas City, MO). Guests will enjoy an evening of delicious cuisine and the opportunity to bid on unique and exclusive auction items.

### New Mentoring Program

The MFCAA C.A.R.E.S Program is a free and local program for foster youth ages 12-18. It was created in response to the need for youth in the foster care system to have a consistent role-model they can look to for guidance in preparing for adult life while building lasting relationships.

Youth who age out of foster care are seven times more likely to become involved in the criminal justice system before they're 30. Research shows that quality mentoring can help change those statistics. Our C.A.R.E.S program can help reduce first-time drug and alcohol use, increase regular school attendance, improve grades and benefit caregiver and peer relationships. Help make a difference in the lives of youth in our community. MFCAA has boys and girls waiting for mentors.

### Mentoring Requirements

- Successfully complete the application and screening process.
- Be a friend and role model to a youth in need of guidance and encouragement.
- Meet with your mentee for at least eight hours a month for a minimum of one year.
- Report progress to program staff once a month.
- Attend quarterly program-wide events with your mentee.

Mentors are of all ages (at least 21 years old) and come from all walks of life. Mentors focus on different activities, both recreational and educational- based on shared interests. Some activities may include: swimming, hiking, cooking, playing sports, scrapbooking, helping with homework and just hanging out. To apply for the program or find out the requirements to become a mentor, please contact Nathan Ross at 816.350.0215 x361 or [nathan@mfcaa.org](mailto:nathan@mfcaa.org).

## Waiting Children: Seeking Forever Families



### Meet Jauan

Jauan is a friendly, personable, and well-rounded young athlete who enjoys all kinds of physical activities. A skilled football and basketball player, Jauan also likes skateboarding, and can do things on his board that seem physically impossible! A budding gymnast, Jauan can often be found practicing back flips, which he learned to do on his own with no instruction. When not playing football or basketball, Jauan loves to go for long bike rides.

Although he's clearly an outdoors guy, 12-year-old Jauan also enjoys doing quieter, indoor activities, such as playing video games and watching movies. He recently saw the movie *Karate Kid*, and hopes to someday have the chance to learn martial arts. Since he's a fast learner and willing to put in hours of practice, Jauan will probably be a black belt in no time! Described as a sensitive young man with leadership potential, part of Jauan's love of the outdoors includes a love of flowers, especially yellow ones. One of Jauan's current challenges is learning to channel his leadership skills to motivate other children to move in positive directions. Jauan has thought about his future, and hopes to become a professional athlete one day. If this is not possible, this strong minded and motivated young man will find another positive direction.

For more information, please contact Edna Green at 314.367.8373 x2247, or [ednagreen@foster-adopt.org](mailto:ednagreen@foster-adopt.org). **Photo courtesy of Sears Portrait Studio.**

### Meet Matthew

10-year-old Matthew is a positive and caring young man with a definite plan! He's always ready for swimming, bike riding or for a pick-up game of baseball, basketball, or football. Matthew loves sports, especially St. Louis Rams football.

Polite, respectful and courteous, Matthew is proud of his sports abilities, and loves displaying his baseball trophy. He thinks school is fun, and likes going each day, especially to math class. Matthew describes himself as a hopeful person, and he looks forward to being adopted and "having a family." This young man would really like to help people, and hopes to become a policeman or fireman when he grows up. In the meantime, he's hoping for a family.

Matthew needs a family that will provide him with love, structure, and stability. For more information, please contact Dawn Phillips, Adoption Specialist, St. Francois County Children's Division, at 573.431.6592. **Photo courtesy of Scott Hastings.**



### Meet Sakita

17-year-old Sakita is a beautiful, caring young woman. In her free time, she enjoys dance, playing basketball, bowling, and skating. She also loves going to the movies with friends. Sakita has a passion for food and nutrition. Recently, she took a class on the subject at school and really had fun. She enjoyed the class so much that she's considering pursuing cooking as a career. Sakita thinks school is fun and her second favorite subject is personal finance. Though modest, Sakita says she's smart and helpful. She's always willing to take the extra step to help a friend in need.

For more information on Sakita, please contact Shonetta Reed at 314.367.8373 x2231 or [shonettareed@foster-adopt.org](mailto:shonettareed@foster-adopt.org). **Photo courtesy of Sears Portrait Studio.**

Family Connections  
c/o The Coalition  
1750 South Brentwood Blvd., Ste. 210  
Saint Louis, Missouri 63144