

# Module 4: Placement

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## *Licensing Pre-Service Curriculum*



### Participant Guide

Office of Child Welfare

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**12/1/2019**

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<b>References:</b>	<ul style="list-style-type: none"><li>• Fostering Perspectives Newsletter, Vol. 13, No. 2 • May 2009 <a href="http://fosteringperspectives.org/fpv13n2/transition.htm">http://fosteringperspectives.org/fpv13n2/transition.htm</a></li><li>• Department of Children and Families employees must follow the Florida Code of Ethics, Operating Procedure No. 60-5, Chapter 5, October 9, 2013.</li></ul>
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## **Unit 4.1: Placement**

**Learning Objectives:**

1. Explain the importance of matching a specific foster home to a child's needs and strengths, whenever possible.
2. Identify the types of transitions a child in the foster care system may experience on his/her personal journey towards permanency.
3. Identify strategies for maintaining foster homes.
4. Identify continuing supports for foster parents.
5. Identify common disruptions and supports to prevent these from occurring.

## Placement Matching

### Placement Matching

Analyze the child's age, gender, sibling status, special physical, educational, emotional and developmental needs, alleged type of abuse, neglect or abandonment, community ties and school placement, and potential responsible caregivers that can meet the child's needs.



Use the Unified Home Study to determine if a relative or non-relative is responsible and capable of meeting the child's needs.

- Relatives first, then persons with an established relationship with the child
- Adoptive parents of siblings
- Utilize the Multiethnic Placement Act of 1994, 42 U.S.C.A. §671(a)(18), and the Interethnic Adoption Provisions.
- Comply with the provisions of the Federal Indian Child Welfare Act.
- When goal is reunification, place in as close proximity as possible to the caregiver.

Licensing 1.1.22

**Activity A:**  
**Meeting Foster Care Providers**

1. **Directions:** Answer the following questions based on the guest speaker's presentations.
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*What does each of the programs provide in terms of services?*

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*How does the team determine which service is right for each child?*

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*How does the team access these services for children?*

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*How do foster parents prepare for the different levels of licensure?*

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*What is the Licensing Specialist's role within each of these levels of licensure?*

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## Stage 3: Placement

During this phase a Licensing Specialist's job tasks include:

- Review and evaluate the foster parent profile to assist with the proper matching and placement of children.
  - Conduct purposeful home visits as required.
  - Provide effective and timely interventions to prevent placement disruption and retain foster parents.
  - Identify and communicate needs of foster parent or children to appropriate parties to ensure that services are rendered in a timely manner.
  - Serve as a liaison between the foster home/children and Case Managers.
  - Assess foster parents to identify and provide for on-going training needs.
  - Inspect the home to assure continued compliance with home inspection standards in Chapter 65C-13, F.A.C.
  - Develop and implement strategies to encourage foster parent peer-to-peer support.
  - Investigate reported safety concerns in a foster home.
  - Develop and implement corrective action plans to respond to identified safety concerns in a foster home.
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## Partnership Commitments Regarding Placement

Responsible placement:

- Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation, including sexual orientation and family relationships.
- DCF, CBC, and agency staff provide caregivers with all available information to assist in determining if they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC, and agency staff assist them in gaining the support, training, and skills necessary for care of the child.

## Placement Considerations

The goal of a careful matching process is to ensure the most appropriate fit between the needs of the child and the strengths of the family.

- Matching is the task of reviewing the assessments of potential families along with those of available children to determine the best family to provide safety, permanency, and well-being for a specific child or sibling group.
- The selection of a potential foster parent should be a collaborative effort between the child's Case Manager, foster parent, Licensing Specialist, placement services, and other professionals.
- The Licensing Specialist is most aware of the foster parent's strengths and needs so that input is critical.
- In seeking families for children, Child Protective Investigators or Case Managers should first explore families to which the child already has some attachment (e.g., relatives or current or previous foster parents). This may be particularly important for older youth. If no appropriate resources for the child exist within the child's current network, "matched" families (non-relative families unknown to the child) should be considered to meet the child's needs for foster placement.
- There is a range of possibilities between a good and poor match. In most matches, the family is a good match for some of the child's issues, a minimal match for some, and a poor match for others. It is imperative that the family be a good match for the child's most critical needs or issues. Additionally, potential foster parents should be highly motivated to develop the necessary knowledge and skills to meet all the child's needs.

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## Types of Placements

The three types of placements are:

- Relative
- Non-relative
- Licensed Foster Care

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## **Activity B:**

### **Bringing Families Together**

**Directions:** Review foster parent and child information. Respond to the prompts that follow the information. Upon completion, discuss responses in the large group.

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#### **Foster Parent Information**

##### **Nancy's Story**

Nancy (31) is a single foster parent who completed her license a year ago. She has had several placements that have lasted a few days throughout the full year. She currently has one foster child in her home. He is seven and has some learning disabilities. Her parents fostered when she was little and she had a lot of foster brothers and sisters coming and going. As adults, she still keeps in touch with a few of her foster siblings. She is proud of how good her family was to the kids and has heard that many of the kids felt they had come to her parents' home just-in-time. That is the kind of home she wants to be. She is excited about helping kids who really need a fresh start. She does admit that she feels like she may not be able to handle kids with physical disabilities and feels she is not prepared to take on very young children. She wishes she had made the decision to foster years ago. She loves to see what a well-informed, dedicated team can do to make the difference in a child's life. She admits that fostering is very emotional for her. There are so many joys and such despair. She loves laughing with children, watching them learn new skills, and building dens under the dining room table. She cries for their pain and she worries about the placements. She stresses over visitations. Nancy works while her foster son is at school. Nancy's mother sometimes picks him up from school when Nancy has to work late.

***List the strengths and needs of each parent using the information provided.***

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**Kelly and Jim's Story**

Kelly (50) and Jim (52) have one birth child, Sebastian (10). They completed their license a few months ago and are awaiting their first placement. They had never really thought about fostering, but they had friends who did it and shared how rewarding it was, so they thought they would try. They felt they could offer a loving home as well as support the children during a difficult time. They felt their life experience and experience with their own child would help them be good foster parents. They are a very kind couple with a warm presence. They enjoyed the licensing process and learned so much about parenting children in out-of-home care. They learned that their own parenting style would need to be altered to help children who have been traumatized. This scares them a little, but they are confident they can do it. However, they are hesitant about exposing their own child to extreme emotional outbursts or worse. They know that some sacrifices have to be made by not only them but by their son as they begin to accept children in their home. They have said they can take children of any age but would prefer children around their son's age or younger. They are nervous about the initial placement as they don't know the age of the child(ren) entering their home and are not certain how to prepare.

***List the strengths and needs of each parent using the information provided.***

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**Bianca and Graham's Story**

Bianca (39) and Graham (37) have two birth children, Scott (15) and Penelope (17). They enjoy being parents and having a family. They wanted to share their love and their home with more children. They would love a house full but know they cannot effectively meet the needs of too many children at one time. They have been fostering for nine years. They have had twenty-five placements during that time. They are currently fostering three children, two of whom are siblings and are soon to be reunified with their mom. Their other foster child is up for adoption as parental rights have recently been terminated. Bianca and Graham are highly involved in the church and community. They are also active participants in the foster care community. Bianca and Graham take fostering very seriously and strive to be advocates for the children as well as their birth parents. They have worked with children who have displayed many trauma-related behaviors over the years. They say they have seen it all.

**List the strengths and needs of each parent using the information provided.**

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### **Hannah's Story**

Hannah (58) has been a foster care provider for three years. She has provided care for a number of children over the years and has adopted one child, Zach (14). Hannah is a retired pre-school teacher and her birth children are grown. Fostering seemed the natural next step. Her adult children have provided her with much encouragement and support. The decision to become a foster parent was one she made with her family and they continue to help by offering practical support. They even participate in foster parent in-service training events. Hannah has shown the ability to embrace children into her family as if they have always been a part of the family. She is willing and able to embrace children of all ages, abilities and ethnicities. Hannah sometimes struggles with relationships to birth parents because their actions often frustrate and anger her.

**List the strengths and needs of each parent using the information provided.**

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### **Child/Youth Information**

#### **Ali, Aliyah, Miriam, Haider, Jafar, Ahmad**

This is a very special sibling group with two sets of twins. The elder twins are Ali and Aliyah (12/05), followed by Miriam (05/07), then Haider (07/09), and lastly twins Jafar and Ahmad (01/11). Aliyah is more reserved and quiet but has a pleasant personality. She enjoys cheerleading, dancing, and enjoys traditional girl things. Her twin Ali can be reserved too, but becomes very talkative when a topic interests him. He loves to jump on a trampoline, is very adventurous, and likes to try new things. Miriam is sweet, affectionate, and can be a bit shy at first, but is quite a little chatterbox once she gets to

know you. She also enjoys cheerleading and dance. She likes school and gets good grades. Haider is a sweet and loveable boy. He gets along with his siblings and likes to play with stuffed animals and play video games. Ahmad is very energetic and likes to stay active. He loves to play outside. He takes a lot of pride in his appearance and enjoys looking good and playing with different hairstyles. His twin, Jafar, is more reserved and likes to be helpful. He is kind and generous and likes to do anything fun. Like his twin, Ahmad, Jafar likes to make sure he looks good.

Their parents are working very hard to reunify with them within the next six months. The agency is working closely with them family to achieve the six-month timeframe.

**Answer:**

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the children.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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**Jimmy, Taylor, Stephanie, Diane, Brad**

This sibling group is comprised of five children: Jimmy, Taylor, Stephanie, Diane, and Brad. These children have a lot to offer a family: they're all loving, kind, and currently residing with a non-relative who is unable to continue caring for them. They're hopeful to find a family willing to keep all five of them together.

Jimmy is the oldest child in the sibling group and is quiet. His focus is on family and he tends to be protective of his siblings and other extended family members. He enjoys sports, his favorite being football. He enjoys playing on a football team and is eager to continue doing so in the future. He also enjoys watching movies, getting on the Internet, and playing board games and video games in his free time.

Taylor enjoys gymnastics, drawing, swimming, shopping, watching TV, and playing around on her cell phone and tablet computer. She hopes to become a veterinarian in the future. She wants people to know that she is "cute, fancy, strong, funny, talented, a Christian, a gymnast, and intelligent".

Stephanie is the middle child in this sibling group and she enjoys sports especially swimming and playing soccer and watching TV. She aspires to become a singer someday and wants people to know that she is "funny, awesome, talented, and a Christian".

Diane enjoys going to the park, swimming, playing with Lego blocks, shopping, and doing "girly" stuff like painting her nails and getting her hair fixed. Her favorite colors are pink, purple, and blue. She hopes to join karate in the near future, something she has been dreaming of for quite a while.

Brad is the youngest sibling and has an easy-going personality. He's a sweet boy who generally does what he's told (even by his older siblings). He loves to play with dinosaurs and animals and hopes to become a bus driver when he grows up. He loves to watch TV, loves animals, enjoys playing with blocks and colors, and loves to play outside.

The father of this sibling group is incarcerated and the mother is experiencing major depression. She is currently hospitalized and relatives have been contacted about the children's need for care. The expended family lives in another state, so the agencies now are working on getting home studies completed however this process may take up to three months.

**Answer:**

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the children.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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**Melissa, Judy, Barrish, Marcus**

Melissa, Judy, Barrish, and Marcus are a sibling group that is very attached to each other. Melissa, born in November 2003, is a beautiful girl with a very positive and caring spirit. and is very friendly. She enjoys getting her hair done, and she loves fashion. Melissa also loves to talk on her cell phone. She is very helpful. She does chores without being prompted and she helps take care of her siblings. Melissa can be very shy, but she warms up quickly to people. She does receive special education services. She attends regular classes but has accommodations made for her. She generally makes good grades.

Judy, born in September 2006, has a beautiful smile and she is very friendly. Judy is very attached to her siblings. She loves to travel and see new things. She loves children and interacts very well with small children and babies. Judy loves technology. She is very good with computers and tablets. She does receive special education services. She spends most of her day in a resource classroom.

Barrish, born in August 2009, is a very curious child who talks to anyone and asks many questions. He has a very pleasant disposition. Barrish does have to be prompted to do daily tasks. Barrish loves football. He also likes toy trucks and cars. He loves animals and he loves to play outside. Barrish receives special education services. He spends most of his day in a resource classroom.

Marcus, born in October 2011, is a very loveable and energetic young boy. He loves to play with toys. He loves cars and trucks. Marcus likes to watch TV and also likes to play with blocks and do puzzles. Marcus is a very active child. He enjoys being around people he knows and he is very attached to his siblings. Marcus responds positively to prompting, redirection, and verbal praise. He has moderate behavioral and emotional needs and requires constant supervision. Marcus receives special education services. He spends most of his day in a resource classroom.

Both biological parents are addicted to meth and there are no relatives willing to take these children. The children were self-parenting most of the time during the last year and neighbors made multiple reports about their lack of supervision. The school has also made reports regarding lack of hygiene, food, clothing and not having basic needs met.

**Answer:**

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the children.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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### **Nathaniel**

Nathaniel is an endearing seven-year-old boy who has a lot of love to give to a family. He enjoys spending time outside, riding on his scooter, blowing bubbles, and swinging. He also likes playing with doll houses, and even doing chores. Nathaniel is an active participant in classroom discussions at school.

Nathaniel is of African American and Native American heritage and needs parents who will preserve his connection to his tribe and ensure cultural connections are forged and maintained.

The best fit in a family for Nathaniel will have an active lifestyle, be very loving, and be able to patiently provide structure, stability, and predictability, which Nathaniel needs to heal and grow. He does best with one-on-one attention and close supervision for safety and guidance.

Nathaniel was being raised by his mother and was sexually abused by his uncle (mom's brother). He disclosed the abuse to a teacher at school. Nathaniel and his mother live with his grandmother and the uncle also lives in the same home. The uncle was court ordered to not have contact with Nathaniel but it was discovered that the mother and grandmother allowed him to move back into the home. They believe that Nathaniel is making up the story.



**Answer:**

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the child.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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**Thai**

Thai is an likable thirteen-year-old child. Thai is yearning to be part of a family who will provide love, stability, and guidance to him. Thai is fun to be around and has a very sweet personality. He is quite the conversationalist and is rather engaging. Thai describes himself as helpful, intelligent, silly, and respectful. Thai does well in school and enjoys looking nice. He does not like to be bored and thrives when he has an element of physical activity in his day.

Thai enjoys animals immensely. A prior respite family of his had a hobby farm and caring for the animals provided Thai with a sense of satisfaction, helpfulness, and a way to expend energy in a positive way. His favorite television channel is Animal Planet and he can tell you a lot of exciting facts about animals.

Thai is doing well with school. He is getting along well with peers, completing his homework as assigned and his interest in reading has increased. Thai responds well to earning rewards for positive behavior.

Thai is in need of a family who can provide stability for him at last. A calm, consistent, and structured environment would be best for Thai as he acclimates to family life. Thai's treatment team feels that it would be best for him to be the youngest or only child. Thai was sexually abused by his father from age four to six and was sent to live with his grandmother until she passed away a year ago. His mother has some developmental challenges and has not been able to establish housing or stability to provide consistent care for Thai. Now she is receiving services from ADA and they are hopeful she will be able to reunify with Thai in the next six to nine months.

**Answer:**

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the child.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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### Nicolas

Nicholas is a helpful and polite seventeen-year-old boy with endearing brown eyes. His favorite color is blue and his favorite food is pepperoni pizza. Nicholas likes to draw and play games that include *Monopoly*, *Clue*, *Yahtzee*, *Chess*, and *Checkers*. One of his all-time favorite movies is *The Page Master*, which is about a boy who likes adventure and uses his imagination, much like Nicholas himself.

Nicholas enjoys school and has a strong desire to do well. He says gym is his favorite class because he likes playing sports, especially basketball. Nicholas has also participated in Special Olympics and likes bowling. Nicholas enjoys singing, playing with toys, reading books, and putting together puzzles.

Nicholas would benefit most from nurturing and patient parents who will be able to devote time and attention to him. Furthermore, he needs parents who will be understanding of his challenges, have realistic expectations of him, and be willing to be patient during transition.

Nicholas has been in and out of foster care for the last six to seven years as his father has struggled with drug and alcohol dependence and his mother is deceased. Recently his father was incarcerated and has a very long sentence due to involvement in a violent crime. At this point in his life, Nicholas does not desire to be adopted, but would like a family that he can spend his favorite holiday, Christmas, with after he becomes an adult. He would like a family who also shares some of his interests, which include: spending time outdoors, going to the lake and swimming (in the shallow end), playing in the sand, and listening to country music. He is open to being part of a home with other children he could get to know better, as well as a home with pets that could include either a dog or cat.

### Answer:

What are the children's needs?

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Select the family you believe would best meet the child(ren)'s needs and express your rationale.

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Assess the potential impact of the match on the child.

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What is the potential impact of the match on the foster family?

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Determine what would be needed from the Licensing Specialist to support the match.

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## Helping Children Adjust to Placement

Here are some tips for Licensing Specialists to emphasize with foster parents to make a child feel comfortable on his/her first day/night of placement in their home. These tips will be further discussed during the next activity, First Night.

Licensing Specialists will need to discuss with foster parents how important it is that they:

- Support children speaking with their parents after getting settled in if this is within court guidelines. If the parents are not able to engage right away, support a phone call as soon as possible.
- Speak with the birth parents and ensure they will provide great care for their child(ren) and ask for any guidance on the needs and preferences of the child(ren).
- Have a conversation as to what they would like children to call them.
- Help the child feel safe by telling him/her about their family and the neighborhood.
- Explain and show children where they will sleep, and if applicable, who shares the room.
- Give them a tour of the home and consider putting non-institutional signs on the doors (Child's Name Bedroom, bathroom, laundry etc.) until the child is comfortable with where everything is located.
- Inform the child about the rules about bedtime.
- Encourage children to tell them if they are hungry and be clear and sensitive about explaining what they can eat, e.g., can they go into the refrigerator?
- Explain where the bathroom is and that a light will be left on so they will be able to find it easily. Inform them which towels are theirs.
- Ask if they would like help putting their things away and where they can put their belongings.
- Ask about their favorite foods, toys, clothing, and music.
- Ensure that the child's living space and freedom in the home mirrors the other household members.

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## Activity C: First Night

### Directions:

1. Review the First Night worksheet below.
2. The first column on the table offers suggestions that foster parents can implement to assist with the “first night” of placement.
3. Develop at least one task the Licensing Specialist can do to assist the foster parent in implementing the suggestions in column A.

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Column A – Foster Parent Suggestions	Column B – Licensing Specialist Suggestions
Have a conversation as to what they would like to call you.	
Help the child feel safe by telling him/her about your family and the neighborhood.	
Explain and show them where they will sleep, and if applicable, who shares the room.	
Inform the child about the household rules, including bedtime.	
Tell them if they are hungry what they can eat, e.g., can they go into the refrigerator?	
Explain where the bathroom is and that a light will be left on so they will be able to find it easily. Inform them which towels are theirs.	
Ask if they would like help putting their things away and where they can put their belongings.	
Ask about their favorite foods, toys, clothing and music.	

## Funding Sources

When the child is legally in foster care and in a licensed setting, the child is eligible for a variety of funding sources including Title IV-E fund entitlements which may include:

- Medicaid
  - Women Infant Children (WIC) nutritional program
  - Free/greatly reduced daycare/aftercare/summer camp
  - Board rate (money for child and child's upkeep, which should not be perceived as a paycheck for foster parents)
  - Clothing vouchers
  - Back-to-school supplies
  - Free breakfast/lunch at school
  - Tuition waivers for post-secondary educational institutions and other qualifying vocational/technical programs (tuition and certain fees identified by the Department of Education that are waived)
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## Permanency

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The Permanency Goals available under Chapter 39, F.S., listed in order of preference, are:

- Reunification;
- Adoption, if a petition for termination of parental rights has been or will be filed;
- Permanent guardianship of a dependent child under s. 39.6221, F.S.;
- Permanent placement with a fit and willing relative under s. 39.6231, F.S.; or
- Placement in another planned permanent living arrangement under s. 39.6241, F.S.

## Activity D:

### Permanency Options

**Directions:**

1. Create a teach-back of the permanency option assigned to you.
    - *Permanent guardianship of a dependent child under s. 39.6221;*
    - *Permanent placement with a fit and willing relative under s. 39.6231; or*
    - *Placement in another planned permanent living arrangement under s. 39.6241.*
  2. Be prepared to present your findings.
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## Determining the Best Permanency Goals

- Will interventions alleviate the causes of removal.
- Current family/other relationships that provide stability.
- Ability to provide from the child's needs on a long-term basis.
- Family-like placement options.
- Child's preferences.

Documentation plays a vital part in achieving permanence for children in a timely manner.



**Activity E:****Which Permanency Options Would You Choose?****Directions:**

1. Individually read the 4 scenarios and choose which permanency option you think is the best.
  2. Discuss as a class and see if you agree.
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**Scenario 1**

Mr. and Mrs. Smith, 60-years-old, have been foster parents of 2 1/2-year-old Jerome since he was 12-months-old. The conditions resulting in placement continue to exist. The Smiths have foster-parented a number of children throughout the past 25 years. Approximately 15 years ago, they adopted three of their foster children. These children are now in their late teens/early twenties; two of them graduated from high school. The other child quit school when she became pregnant. These children had a stormy adolescence due in part to the rigidity of their parents.

Jerome is healthy but receives little to no stimulation in this home. It is only after reminders that the Smiths take Jerome to the doctor for his checkups and immunizations. He is often left to play alone with the TV on. Mr. Smith is on disability. Mrs. Smith spends much of her time sitting in the living room. Her health is ok. The Smith children are not a resource for Jerome.

Jerome seems to have a warm affectionate relationship with both Mr. and Mrs. Smith.

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**Scenario 2**

Frank, age 14, has lived with his present caregivers, family friends, for two years. Prior to that, he lived in four foster homes after entering the child welfare system when he was eight years old. All of his homes have been in the same city area in which he grew up. His mother is a drug addict. After three in-patient attempts at rehabilitation, she has entered a halfway house where she is reportedly doing well. She recently resumed visitations with Frank every other week.

Frank's father is a very passive individual who rents a room in a boarding house and sees Frank about every other month. Parental rights were terminated two years ago. Frank's caregivers do not want to adopt him but have indicated an interest in caring for him until he is 18 if they can receive financial assistance. An adoptive home in the county has been identified for him, but Frank is adamant that he does not want to be adopted. He wants to remain with his family.

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**Scenario 3**

Two children, ages 2 1/2 and 18-months, were placed in foster care fifteen months ago due to the mother's homelessness which is continually caused by poor relationship choices. Medical neglect of the baby has also been documented. Family preservation services were offered prior to entering care. Since placement, reunification services were offered. Mother has visited sporadically.

Chyanne, 18-months old and Robert, age 2 1/2, have had three unsuccessful foster home placements.

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**Scenario 4**

Krista, age 10 years, was placed in foster care when her father killed her mother in a violent rage. She loves her father and visits him regularly in prison. She also has regular visits with an older half-sibling (mother's child by another relationship). Both paternal and maternal grandmothers have said that Krista could come to live with them, but they do not wish to adopt her. Also, Krista is opposed to adoption.

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## Timely Permanency

Make a list of things you can do from the beginning of a case to assure the most appropriate permanency option is chosen.

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## Concurrent Case Planning, s. 39.01(19), F.S.

- Establishes case plan permanency goal using reasonable efforts to reunify the child with the parent, while at the same time establishing another goal.
- Concurrent efforts to more quickly move children from foster care to a permanent family.

### 65C-30.001(30), F.A.C.

“Concurrent Case Planning” means working toward a primary permanency goal while at the same time establishing an alternative permanency goal for the child to be utilized in the event reunification does not occur within a time period that is reasonable with the child’s sense of time.

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## Types of Transitions

While trying to reach reunification, it is necessary to have concurrent goals so the child can achieve permanency.

Each of these goals result in a different type of transition:

- Transition back to biological parent(s)
- Transition to relative placement/guardianship (this could also be a non-relative)
- Transition to independent living
- Transition to adoption

When talking about transitions, it is necessary to discuss other disruptions in foster care including:

- Unplanned runaway by the child
  - Unplanned changes in the foster family
  - Discovery of deal breakers by the foster parents
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### Transition Back to Biological Parent(s)

- Children may wonder if it is safe and if the parent has really changed or if change will last.
  - Children may regress in placement due to anxiety.
  - Children may want to reject the foster family first to show loyalty to family or to avoid their feelings.
  - Emotions may run high when reunification is planned and is not immediate.
  - Timing for telling children should be discussed with the team.
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## Transition to Relative Placement/Guardianship

Sometimes relatives (or non-relatives) come forward during the placement experience. Relatives, non-relatives, and parents who are non-offending may motion for and gain custody even while the previously custodial parent is still working a case plan.

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## Transition to Another Foster Home or Group Home

For any number of reasons, children may have to move from one foster home to another foster home or group home. These transitions can be just as traumatic as any other transition for children and the families they are leaving. Children in this situation are often uncertain, afraid, and grieving.

To make these transitions as painless as possible, adequate information sharing is needed. For the Licensing Specialist and Case Manager, this means working with the child's parents to learn about the child's likes and dislikes, bedtimes, routines, favorite foods, and other things that will help the child feel more comfortable, and then passing this and other information on to the foster parent.

This also means sharing information with the child as well. The child should know at all times what is happening to them and why. Based on the responses from children in the *Fostering Perspectives* writing contest, there are a lot of things young people want to know before moving to a new foster home. Core questions may include:

- Will you respect me? Respect means different things to different children. It can include treating their belongings well (even if they are worn or dirty), honoring their religious faith and supporting church attendance, treating every child in the home fairly, and never referring to them as a “foster child”.
- Will you help me maintain connections? This includes visits and other contact with family members and also connections with friends, former foster parents, etc.

- Will you accept me for who I am? Children frequently blame themselves for moves. We must constantly make it clear to the children that what is happening is not their fault and that they are not being punished for something they did.
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## Transition to Independent Living

- Many children age out of the system if reunification is not possible and they are not adopted.
  - A transition plan will be in place to develop self-sufficiency skills.
  - The Independent Living Program and its benefits are set up to help the youth in this transition.
  - This is both an exciting and overwhelming time for anyone, but a child who is leaving foster care faces more challenges such as:
    - a higher risk for unemployment
    - poor educational outcomes
    - health issues
    - early parenthood
    - long-term dependency on public assistance
    - increased rates of incarceration
    - homelessness
  - The Independent Living Program and its benefits are set up to help the youth in this transition.
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## Transition to Adoption

Benefits to foster parent adoption include:

- Greater knowledge of a child's experiences prior to placement and knowledge of what behaviors to expect from the child
  - Fewer fantasies and fears about the child's birth family, because they often have met and know them as real people with real problems
  - A better understanding of their role and relationship with the agency and perhaps a relationship with their worker (if the same worker stays throughout the duration of the child's placement)
  - No need to move to a new family and experience additional loss
  - Permanency more quickly
  - Allowing biological parents to know who is permanently caring for their children
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### Show Time – Video Review



*After watching the “I Like Adoption” video, what are takeaways regarding the transition to adoption?*

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## Partnership Commitment – Smooth Transitions

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## Activity F:

### Trauma Sensitive Transitions

**Directions:**

1. Read the transition summaries below.
  2. Assign the following roles to each participant: Foster parent, Case Manager, Guardian ad Litem, CLS Attorney, and Licensing Specialist. For the IL transition, you will need an IL Specialist. For the adoption transition, you will need an Adoption Specialist. You may also add a relative or transition parent as appropriate.
  3. Conduct a staffing where each transition summary is discussed and every member of the team contributes in planning a trauma-informed transition.
  4. Use the following questions to guide the staffing discussion:
  5. Staffing questions:
    - a. What does the child need to reduce the trauma of transition?
    - b. What needs does the foster parent have?
    - c. How can the foster parent help meet the child's needs?
    - d. How can the Case Manager, Guardian ad Litem, CLS Attorney, the Licensing Specialist, and others help meet the child's needs and the foster parent's needs?
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**Transition to Biological Parent**

Cassandra who is 14-years-old, her mom, Cathy, and her team worked hard to help her recover from a lack of basic care including not having access to food and shelter when she was with her mom. As a result of having Cassandra removed from her, Cassandra's mom made a decision to get off drugs and agreed to enter a treatment program. Although Cassandra's mom has more tasks to do on her case plan, she now has the support she needs to keep moving forward. Unfortunately, this has happened previously and Cassandra's mom stayed clean and sober for almost a year before using again. Mary, the foster parent, has met Cassandra's mom, Cathy at court and although it was awkward, Mary let Cathy know that Cassandra really misses her. Cathy thanked her for taking care of Cassandra. At the permanency hearing, the judge determines that as soon as the providers involved with Cassandra and her mom deem them stable enough, Cassandra can return to her mom's care. This move will not be immediate, however, in response to the news, Cassandra returns to the foster parent's home and packs. She then shuts out the family emotionally and spends her days waiting for the therapists to give the judge approval for reunification.

**Transition to Relative Placement**

Jessica's dad's sister, Aunt Maggie, has been trying to convince the dad to step up and seek custody of Jessica. However, he does not feel prepared to be a single parent and he continues to offer minimal support while Jessica's mom struggles with mental illness. Recently Jessica's mom was hospitalized after threatening to kill herself and Jessica. As a result, three-year-old Jessica was placed in licensed care because her father could not be located. After finally reaching the father and completing a home study, it was determined that Jessica would not be safe with him until he implemented some changes. He was relieved because he verbalized not being in a position to care for a child due to the fact that he does not have a consistent place to live and he struggles with addiction. He recommended we contact his sister, Maggie for assistance. Maggie knows Jessica and often kept her on the weekends until Jessica's mom started avoiding her because she said she was going to report her for not taking care of Jessica. It has been about six months since Maggie last saw Jessica. The judge orders Jessica to be placed with Maggie within 24 hours. Jessica has been in this foster home for three months and everyone has fallen in love with her. In addition to a deep attachment to Jessica, the family was planning to take her to their family reunion and purchased clothes and a plane ticket for Jessica which was approved prior to Maggie's petition for relative placement.

**Transition to Another Foster Home or Group Home**

Julie is a 13-year-old girl who had been living with her paternal grandmother because her mother abandoned her. Her mother was a known prostitute and was involved in illicit drug use. The grandmother was unable to manage Julie's behaviors and the school contacted the Department after Julie was found having oral sex with a male classmate on school property and the grandmother refused to pick her up from school. The grandmother said she had no help and was unable to keep taking care of Julie, so she was placed in foster care.

Julie was placed with a single mom who has one birth daughter who is 16 years old. The foster mother hoped this would be a good arrangement for Julie and also a good experience for her daughter. Initially, Julie seemed to be doing well in the placement and her teachers reported she was performing better at school as well. Recently the 16-year-old daughter overheard a conversation between Julie and a male arranging a place to meet and have sex so she informed her mother. The foster mother and Case Manager met with Julie and discussed birth control, pregnancy and safety with her. Julie agreed to be careful, but would not open up in the conversation.

Recently Julie's behavior spiraled out of control. She started running away and was picked up by the police in the early hours of the morning. She has been making contact with unknown males on the internet and her text messaging suggests she is vulnerable to sexual exploitation. Everyone on the team is worried she is heading in the same direction as her mother. This disruption in the household has become extremely stressful for the foster mom and her daughter so after trying to work with Julie and the team for several

months, with Julie making no changes, the foster mom has asked that Julie be moved from her home.

### **Transition to Independent Living**

Mike came into foster care at age 14 due to ongoing substance abuse by both parents which left him on his own a lot without the resources to take care of his basic needs. When DCF removed him from his home, he went to live with one of his best friend's family and he has become part of that household. The family was very supportive of his interests and pushed him to excel academically. Now he is 17 years-old and desires to move out into an apartment close to the community college where he will begin classes soon. Mike has not had consistent contact with his parents and sometimes he seems depressed that they are still unable to remain clean and sober. He is hopeful that one day they can have a great family. Mike has been working part-time at the Dairy Queen and now has a very good savings account. In the past, Mike has been known to give money to friends in need without thinking it through. The family he lives with have expressed concern that Mike's parents will find out where he lives and ask him for money or a place to stay and Mike will not be able to say no.

### **Transition to Adoption**

Austin, a precocious six-year-old, is a member of a sibling group of three children. Due to extensive sexual abuse and subsequent child-on-child abuse between Austin and his seven-year-old female sibling, they were placed in two separate foster homes and their infant sibling was placed with a relative in another state. Austin has done very well in treatment and his therapist believes he is ready to move to a forever family. Austin is very bonded with the single foster parent who is struggling with the decision that she cannot commit to adopting Austin. Austin has been allowed to have supervised visits with his sister who has not been matched with a family yet.

Professionals do not believe the siblings would ever do well in a home together, so the permanency plan is to find them separate adoptive families. Austin has expressed sadness that he and his sister cannot live with the same family, but he is wanting to be adopted. He rarely mentions the baby until he is around other babies or sees family photographs.

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## Foster Parent as Transition-Maker

As the *transition-maker*, foster parents are expected to establish the foundation for a child's successful transition by:

- Providing a loving and safe home where the child feels connected and wanted
  - Being a sensitive and responsive caregiver who develops a nurturing relationship with the child that helps the child heal and responds to child behaviors and responses through traumatic sensitive-care while maintaining their own platform
  - Helping the child develop his/her own strategies for resilience as well as building skills in self-regulation, self-control, social interaction, and cognition
  - Helping the child prepare for the future through support and encouragement of child's interests, education and cultural background, and supporting connections and relationships
  - Talking with children about the changes that occur with transition
  - Helping children understand their own history, and helping children adjust to losses
  - Planning as well as anticipation of how they will support children through emotional highs and lows
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## Partnership Commitment – Avoiding Disruption for Child

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## Disruptions in Foster Care

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## Preventing Disruptions

These strategies include:

- Involving the team to help resolve the problem as early as possible
  - Request a staffing to help stabilize and identify additional supports if needed
  - Seeking counseling for the child and/or family
  - Respite care to give everyone time to reflect and regroup
  - Educating oneself on the reasons for and possible strategies for coping with the deal breaking behaviors
  - Joining a support group
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## When Disruptions Does Occur

Change of placement is advisable when:

- The safety of the family and other children is in jeopardy.
  - A reasonable solution cannot be found.
  - Medical conditions exist that the family is not skilled to handle.
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## Disruption Due to New Placement

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## Disruption Due to Unplanned Runaway

Youth run for many reasons, but three common reasons include:

- Missing their biological family and the need to remain connected with them.
  - Struggling with connections and attachments to foster caregivers (and Case Manager) and feeling unconnected and uncared for without the support and guidance they needed.
  - Struggling for autonomy and normalcy.
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## Helping Children Understand Their History

Life books, eco-maps, life-maps, and life-paths are all tools foster parents can use to help children of various ages understand and find ways to visually represent the answers to questions of how they came to be separated from their biological family and where they will ultimately belong.

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## Activity G:

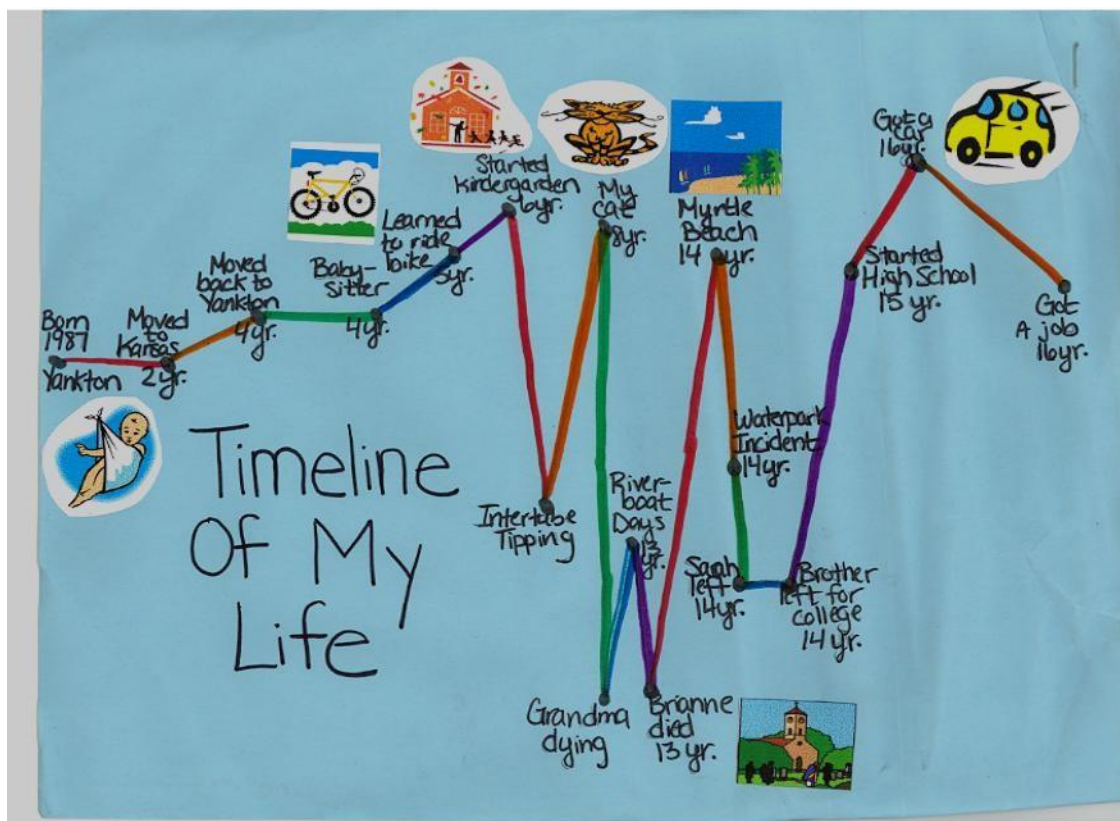
### Creating a Life Map

**Directions:** Review sample Life Map. Create a Life Map using the materials available. Life Maps that reflect both good and bad events can make you appreciate, adapt or change your life in some way. You may draw your symbols, cut the symbols out of magazines, use stickers, etc.

A life map tracks your journey through life and marks out important events along the way. Remember that an important event doesn't have to be exciting or memorable for others, the map is all about showing what is important to you.

Share your Life Map with others in the class.

### Sample Life Map





## **Unit 4.2:**

### **Working with Foster Parents to Manage Children's Behavior and Meet their Needs**

#### **Learning Objectives:**

*Slide*

1. Explain the role of Licensing Specialists in understanding children's behaviors and supporting foster parents.
2. Define secondary trauma and how it impacts Licensing Specialists and foster parents.
3. Explain how to work with the team to minimize trauma to a child during placement.
4. Explain the challenges foster parents may experience in working with a child exhibiting evidence of trauma-related behavior and how the Licensing Specialist can assist with facilitating collaboration to manage these challenging behaviors.
5. Define and explain the policy and practice expectations of normalcy in the life of a child in foster care.

## Trauma Sensitive Parenting

Trauma-sensitive parenting strategies include:

- **Understanding the Impact of Trauma**

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- **Creating a Feeling of Safety and Acceptance**

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- **Managing Emotions**

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- **Identifying a Child's Reaction and Response to Trauma**

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- **Supporting Connections and Relationships**

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- **Helping Child Develop a Strong Sense of Self**

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- **Advocating for the Child**

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- **Looking at their Own Responses**

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- **Taking care of Self**

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## Helping the Child Heal

Research shows that early childhood trauma changes the brain, but there is hope because early childhood support also changes the brain.

- Children who have had insecure attachments at home can build resilience if they have at least one secure relationship where another adult knows them and feels what is going on inside of them.
  - Studies have shown that the brain repairs itself when interventions are successful.
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## Foster Parent Strategies for Responding to a Child's Trauma

Strategies that help a child communicate and work through their trauma include:

- **Create safety**
  - **Look at sensory triggers**
  - **Work gradually to reintroduce stimuli**
  - **Increase the child's comfort**
  - **Create the story**
    - **Creating the story with pre-verbal children:** While they may not understand the words, foster parents should express that they understand what happened to the child. It will convey a sense of safety. Children will understand through an adult's tone of voice and the rhythm and rate in which it is communicated.
    - **Using non-verbal communication to communicate and understand what is going on with children:** This includes eye contact, facial expression, tone of voice, posture, gestures, and timing and intensity of response.
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## **Activity H:**

### **Partnering to Address Trauma**

**Directions:**

1. Using the case scenario assigned, create a ten-minute role play of a Licensing Specialist working with a foster parent and child demonstrating the use of one of the strategies presented.
  2. The person playing the role of the Licensing Specialist is instructed to demonstrate how they would educate, support, and coach a foster parent who is struggling to respond to a child's trauma influenced behaviors.
  3. Repeat the role play two additional times, using a different scenario so that each person demonstrates the role of the Licensing Specialist.
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**Scenarios:**

1. Every night at dinner time the child begins to cry and sometimes is so inconsolable that they throw up and cannot eat dinner. The foster parent finds out that dinner time is when one of their parents came home intoxicated and would often become violent if they did not like what the other parent had prepared.
2. You go on your licensing visit and while speaking with the foster parent, you notice that the child's room is very plain. There are no pictures on the wall and although it is clean and neat, there are no comfort items. The foster parent comments to you that the child does not ever like to be in their room alone and this is causing stress at bedtime.
3. You receive a phone call from the foster parent after the child came home from school visibly upset. The child was angry at the foster parent for coming to the school that day because other kids saw the foster parent who is a different race from the child and began asking the child about the foster parent. Several kids continued to tease them on the bus ride home.

## Building Resilience

Resilience is the ability to recover from traumatic events. In general, children who are resilient, see themselves as:

- Safe
- Capable
- Loveable

Some resiliency factors include:

- Having a strong, supportive relationship with a competent and caring adult.
- Feeling a connection with a positive role model or mentor. This can be someone who has also gone through painful experiences and survived or someone the child aspires to be like as an adult.
- Feeling their talents and abilities are being recognized and nurtured.
- Feeling some sense of control over their own lives. Being removed from one's home and placed in foster care can increase traumatized children's feelings of having no control and no say in what happens in their lives. Being empowered can help their recovery from trauma.
- Feeling invested in and part of a larger community, be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.
- Foster parents should not mistake withdrawal as healing or resilience.

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## Activity I:

### Building Resilience and Healing

**Directions:**

1. Read the case studies and use your worksheet to respond to the questions.
  2. Be prepared to discuss with the whole class.
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### **Case Studies: The Children**

**Cara's Story**

Cara is 12. Her mom, Carol (30), has a drug and alcohol addiction. Cara has never known who or where her father is. Cara remembers mom has always had a few beers every night, but the drugs started three years ago when Carol's boyfriend took off with the car and the little savings she had. Carol became very sad for a long time and things changed for the worse. Carol couldn't keep a job and money was tight, so she began to pay for food, rent, and drugs through prostitution and recently began selling drugs for one of her male friends. Carol was recently incarcerated for possession with intent to sell and is being held in prison until her trial.

Carol tried to protect Cara and keep her from making the same mistakes she has made. Cara attends school most of the time and does not take drugs or alcohol, although she has tried them on occasion. Due to Carol's drug use, she cannot protect Cara and she sometimes forgets to take Cara to school or feed her. Additionally, Carol is not always awake when visitors come to the home. Cara remembers many male visitors at all hours of the night while growing up. Some of these male visitors would come into Cara's room when Carol was passed out.

The male visitors were not always nice to her mom and have hit her in front of Cara. One night, a man threatened Carol with a knife when she refused one of his requests. He threatened to scar her face and Cara remembers feeling terrified.

Cara is worried about her mom and angry about her mom's incarceration. She does not want to go into foster care and has said she will just run away so she can visit her mom. She has no family other than Carol.

1. What are the child's strengths?

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2. What strategies should the foster parent use to contribute to resilience and support healing for the child?

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3. How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

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4. Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?
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### **Kavin and Tyree's Story**

Kavin is nine and Tyree is eight. Their mother is Sandra (34). Sandra married Juan (33) two years ago and Juan has not officially adopted the boys yet. Sandra and Juan recently had a baby together, Lucy (six months).

Both Kavin and Tyree have learning disabilities and each has an Individual Education Plan at school addressing their special education needs and emotional and behavior difficulties. Kavin has a temper and often gets into fights at school and in the neighborhood. He has difficulty listening in class and has a hard time reading. Tyree is very friendly towards people who show any interest in him – and quite often towards those who don't! He enjoys playing with his baby sister and tries to take care of her. He has accidents and wets the bed. Both boys have little sense of what keeps them safe and are frequently



wandering the neighborhood by themselves. Additionally, both boys are very skinny and rather short for their ages. Sandra often lets them fend for themselves. As a result, they do not eat well, often making very poor choices for breakfast, lunch, and dinner. This is especially bad given Kevin's diabetes.

Juan is in the military and is out of the country for extended periods of time. He deployed several weeks after the birth of Lucy.

Prior to her marriage to Juan, Sandra suffered from severe depression. She has been working with a Case Manager due to a history of neglect of her children, and while she occasionally has relapses in care, she has made progress over the years. However, since Lucy's birth and Juan's deployment, Lucy's depression has returned and the neglect has escalated. The children were removed from the home due to severe safety concerns. Kevin was not receiving his medication regularly, causing several incidents resulting in hospitalization.

Lucy went to live with Juan's mother, Marie, but she could not take the boys because they were too difficult for her to handle.

1. What are the child's strengths?

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2. What strategies should the foster parent use to contribute to resilience and support healing for the child?

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3. How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

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4. Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

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### **Deirdra and Ian's Story**

Deirdra is 14 and Ian is nine. Their father passed away when the children were young and their mother, Francine (35), has raised them.

The family is Christian and regular church-goers and are often participating in church activities. They are all very close-knit group who love one another's company.

Francine has mental health problems. In the past, Deirdra and Ian were fostered once before when Francine was not able to take care of them. She did recover and has been doing much better in recent years. However, Francine recently tried to commit suicide. Ian was the one who found his mom unconscious. He called 911 when he saw pills and could not revive her. She is now in hospital and is receiving treatment. She has agreed for the children to be fostered until she is better, which may take several months or longer. Deirdra feels very responsible for her mother and Ian. At home she takes on the role of mom. She often tells Ian what to do and can be quite bossy to him. She has no interest in school and sees it as an interference with her duties. She has stopped going to school the last few weeks.

Ian is a quiet child who loves to draw. He does well in school, but sticks to himself. Lately, he has not been participating in class and with his friends. He doesn't like to talk about his mom's suicide attempt. In fact, he doesn't really talk much at all. He thinks his sister is the only person he needs while mom is in the hospital.

1. What are the child's strengths?

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2. What strategies should the foster parent use to contribute to resilience and support healing for the child?

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3. How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

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4. Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

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### **Kendra's Story**

Kendra is eight. Her parents are Leslie (28) and Jacob (42). She has a step-brother, Jake (17), who lives part time with his mom. Her parents own a business and work very long hours. They play with Kendra when they have the time, but are often only home for dinner and a little television at night. Kendra spends a lot of time at her neighbor Karen's apartment when her parents are out of town on business or when her parents get home late from work. They often leave Kendra in the care of Jake when they leave town.

Lately, Kendra has been acting out at school. She is often disruptive, pees in her pants, does not concentrate, and does not play with other children. She can often be found singing to herself and making noises. One day, when her parents were at a conference out of town and Kendra was at Karen's house, she refused to go home. Concerned, Karen called the Hotline.

It was discovered that Kendra was the victim of sexual abuse over a period of time. As a result of the investigation, it was revealed that her brother, Jake, had been sexually abusing Kendra. He threatened to hurt her mom if she told anyone. It was further

revealed that her father, Jacob, had suspected something might be wrong, but was too busy to deal with it right at the moment.

1. What are the child's strengths?

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2. What strategies should the foster parent use to contribute to resilience and support healing for the child?

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3. How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

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4. Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

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### **Peter's Story**

Peter is 16. He is an only child. His parents, Tracey (44) and Joe (48), recently kicked Peter out of the house because they found him kissing a boy. His parents told him he could come home once he fixed himself.

The family is highly conservative. Peter is involved in many social activities and groups. He was working on a leadership project towards his Eagle Scout badge with a group of

friends whose parents are all very close. His parents told Peter not to show his face at the group meetings because he has brought them shame. He was staying with friends when the mom called the Hotline because she was concerned and also did not have the resources to take care of Peter.

Peter is an AP student and is beginning to get letters from colleges. He is distraught over his parents' rejection and the loss of his community.

1. What are the child's strengths?

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2. What strategies should the foster parent use to contribute to resilience and support healing for the child?

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3. How can the Licensing Specialist support the foster parent and contribute to resilience and healing for the child?

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4. Who are other partners that the Licensing Specialist can engage to support the foster parent? How can they assist?

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## Placement Through a Child's Eyes

It's important that Licensing Specialists and foster parents understand that healing and resiliency is possible for children with traumatic childhood experiences.

By forming healthy relationships with foster parents and professionals, children learn to heal. However, the road to healing and resiliency is a difficult one that begins at the moment of placement.

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## Transition to Initial Placement

Children at initial placement will need supports to minimize the trauma of initial placement as well as the trauma they experienced during removal. Supports may need to continue after the initial placement, particularly if the change in placement produces more trauma.

It is the responsibility of the Licensing Specialist to ensure that foster parents are prepared for placement.

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## **Activity I:**

### **The Invisible Suitcase**

**Directions:**

1. Answer the following questions.
2. Be prepared to discuss with the whole class.

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***What can you do to help foster parents make the needed changes in their home environment to help a child transition into the home during initial placement?***

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***What will foster parents need from you when they begin to understand the troubling beliefs and feelings children may have about them?***

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***What can you do as a Licensing Specialist to support foster parents and Case Managers in responding to these beliefs that may only be revealed in challenging behaviors?***

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***How does knowing about the invisible suitcase help you in your work?***

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## The Invisible Suitcase

Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. But many also arrive with another piece of baggage, one that they are not even aware they have: an “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them, and the world in general.

For children who have experienced trauma—particularly the abuse and neglect that leads to foster care—the invisible suitcase is often filled with overwhelming negative beliefs and expectations. Beliefs not only about themselves . . .

- I am worthless.
- I am always in danger of being hurt or overwhelmed.
- I am powerless.

But also about you as a caregiver . . .

- You are unresponsive.
- You are unreliable.
- You are, or will be, threatening, dangerous, and rejecting.
- You didn’t create the invisible suitcase, and the beliefs inside aren’t personally about you. But understanding its contents is critical to your helping your child to overcome the effects of trauma and establish healthy relationships.

## The Invisible Suitcase and Behavior

The negative beliefs and expectations that fill the invisible suitcase permeate every aspect of a child’s life. Children who have been through trauma take their invisible suitcases with them to school, into the community, and everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others, and that it is best not to give relationships a chance.

As a result, children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for resource parents. These problems may include aggression, outbursts of anger, trouble sleeping, and difficulty concentrating. Very often, the behavior problems that are the most difficult to handle—those that may even threaten the child’s placement in your home—come from the invisible suitcase and its impact on relationships. One way of understanding why this happens is the concept of reenactment.

Reenactment is the habit of recreating old relationships with new people. Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children experienced with other adults, and so lead to familiar—albeit negative—



interactions. Just as traumatized children's sense of themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

**Activity K:**  
**Minimizing Trauma at Initial Placement**

**Directions:** Answer the following question:

***How can a Licensing Specialist support foster parents to reduce the trauma children may experience during initial placement in each of these areas?***

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**Placement Decisions**

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**Child Information**

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**Sensory Comfort and Settling In**

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**Empathizing with the Child**

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**Trauma Sensitive Care/Behavior Management**

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**Supporting Connections and Relationships**

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**Inclusion and Normalcy**

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**Cross Cultural Placement**

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**Advocating for the Child**

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## Foster Parents and Secondary Traumatic Stress

Secondary traumatic stress is a risk we incur when we engage empathically with an adult or child who has been traumatized.

Vicarious trauma refers to the traumatic impact on those who feel the intensity of the traumatic event through another person.

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## Activity L:

### Self-Reflection

**Directions:**

1. Using your worksheet, read the quotation and answer the questions.
  2. Be prepared to discuss with the whole class.
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Reflect on the Walt Whitman quote,

***“Everything that children experience becomes a fiber of their being”.***

1. Why is it important for you as a Licensing Specialist to develop the capacity to see the world through the child’s eyes?

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2. How do you remain cognizant of any personal trauma triggers you may have and self-regulate so that you serve others with compassion and sensitivity?

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3. What do you do to take care of yourself? What are your strategies for seeing yourself as safe, capable and lovable?

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## Making the Placement Work

The contributing factors that lead to placement success include:

- Foster Parent/Child Relationship

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- Foster Parent/Team Relationship

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- Foster Parent Self-Awareness

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## Predictors of Displacement

Research identifies the following predictors of placement disruption due to foster parent request:

- **Child behavior:** Disruptive, aggressive, or dangerous behaviors are the strongest predictors of placement disruption. Foster parent is unable to cope with the trauma a child is displaying.
  - **Length in placement:** If disruption is going to occur, it will most often occur during the first six months of placement.
  - **Type of placement:** Kinship care is shown to have greater placement stability. Some predictors of placement stability in non-kin homes were linked to specialized or treatment foster care, therapy, and foster parent empathy.
  - **Number of placements:** The more placements a child has, the greater the chances that foster parents will request removal.
  - **Availability of placement:** Availability of quality foster homes as well as the policies that affect placement may affect success of placements. The number of children in a home also affects placement stability based on the strengths/needs of the foster parent and others in the home.
  - **Professional relationships:** The amount of time, the quality of that time, and the rapport between agency workers and foster parents. Additionally, if agency turnover is high, foster families are more likely to request removal due to inconsistency or difficulty connecting with the new agency worker.
  - **Foster parent characteristics:** Examples are their ability to deal with behaviors, being a good fit regarding temperament, being accepting, understanding behaviors are triggered responses, having motivation including general interest, knowing the child, liking children, or desiring to parent.
  - **Family relationships:** Positive family connections for the child results in greater success in placement.
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## Stages of Disruption

The stages of disruption often include:

- Diminishing pleasure: Where in the early months of placement, the negatives begin to outweigh the positives.
  - Child is seen as the problem for everything: When anxiety creates a time of child's "acting out" and the child is seen as the cause of all problems.
  - Going public: When talking about the problem to family and friends increases bad feelings.
  - Turning point: When a bad or critical incident or crisis occurs that almost is "the last straw".
  - The deadline or ultimatum: When parents set a time frame for improvement, or give the threat, "One more time..."
  - The decision to disrupt: When the child fails to meet the expectations for the deadline, violates the conditions established and has to go.
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## When Disruption Occurs

Change of placement is advisable when:

- The safety of the family and other children is in jeopardy.
- A reasonable solution cannot be found.
- Medical conditions exist that the family is not skilled to handle.

If a placement change is needed, in order to change the placement, the foster parent should:

- Work with all partners to develop a transition plan.



- Prepare the child and help them not to feel like they are not good enough or take on blame.
  - Involve the team and follow disruption policies.
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## What is Normalcy?

Normalcy is the right for all youth in licensed out-of-home care to have the opportunity for normal growth and development, and to include age-appropriate activities, responsibilities, and life skills.

The state has given foster parents the authority to make decisions about age-appropriate enrichment, extra-curricular and social activities in the best interest of the child.

The child and birth parent should be involved in this decision-making process.

The Licensing Specialist, the Case Manager and other members of the profession must work together to help support normalcy.

### Participation in Childhood Activities (s. 39.4091, F.S.)

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### Normalcy Requirements for Decision Making (s. 39.4091 (3), F.S.)

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### Explanation of Reasonable and Prudent Parent Standard (s. 39.4091, F.S.)

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**Normalcy Overview (CFOP 175-11, 6-5)**

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**Social Media, Computer Usage and Cell Phones (CFOP 175-11, 6-7)**

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**Driving (CFOP 170-11, 6-8)**

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**Babysitting Overview (CFOP 170-11, 7-3)**

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**Overnight Care (CFOP 170-11, 7-4)**

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**Vacation (CFOP 170-11, 8-3)**

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**Out of Town Travel (CFOP 170-11, 8-4)**

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## Show Time



### A Journey to Normalcy

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## Activity M:

### Normalcy Planning

**Directions:** Review the statute for normalcy and then answer the following questions and determine the process and team members involved.

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- Are teenagers in foster care permitted to get a driver's license?

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- Are teenagers in foster care permitted to get a job?

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- Are children in foster care permitted to spend the night at a friend's house?

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- Are teenagers in foster care permitted to date?

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- Are children permitted to have a cell phone?

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- Are caregivers permitted to post pictures of children in their home on social media sites?

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