

W I N T E R 2 0 1 1 - 2 0 1 2

the
Child Welfare Newsletter

**Foster Parent
Support Group**

Monday, February 13,
2012
6:00 – 8:00 pm

Inviting all foster parents and
adoptive parents to come and
bring their families.

Immanuel Lutheran Church
(corner of W. Michigan and
Brown St. diagonally across from
Walmart)

Potluck Dinner
Please bring a side dish or dessert
to share. The main dish will be
provided.

Come meet and support other
foster parents and be supported.

Please RSVP to Stasia Milligan

at stasiamilligan@strongfamilies.org
or call

(517) 787-7920 ext. 545
Childcare is provided!



**Winter means snow, sledding,
holidays, hot chocolate and**

curling up by the fire with the family. In this edition
we have an article on importance of stability of a foster
care placement, the first on a series of articles on
trauma, and information about training opportunities
for the New Year.

**The agency is closed the following days for the holidays:
December 23, 26, & January 2. The agency has 24-hour
emergency access, please call 517-787-7920 and push 3 for
child welfare. Leave a message with the answering service
and someone will call you back.**

**Kinship Support Group
(For relatives raising relatives)
Thursday, February 9, 2012
Every 2nd and 4th Thursday of the month
Groups for adults and children
Dinner and childcare provided
RSVP to Stasia at 517-787-7920 ext. 545**

Trainings for 2012



CPR Training

Saturday, February 25, 2012, from 9am-noon or 1pm-4pm. Please register by calling Stasia at 517-787-7920 ext. 545 or email stasiamilligan@strong-families.org

Understanding Trauma in Children

Saturday, April 21, 2012 from 9am-4pm. Lunch will be on your own from noon-1pm. Child care will be provided. Please register by March 31, 2012 by calling Stasia at 517-787-7920 ext. 545 or email stasiamilligan@strong-families.org

P.R.I.D.E. Core Training

This training is for parents or relative caregivers who are in the process of being licensed for foster care or who are interested in adoption.

MARCH

Session 1 & 2	March 6, 2012	5pm-8:30pm
Session 3	March 13, 2012	5:30-8:30pm
Session 4	March 20, 2012	5:30-8:30pm
Session 6	March 27, 2012	5:30-8:30pm

@ DHS, 301 Louis Glick Hwy., Jackson, MI

RSVP to Stasia @ 517-787-7920,
stasiamilligan@strong-families.org

P.R.I.D.E. Training

This training is for parents who are in the licensing process for non-relative foster care. If you are licensed to do non-relative foster care, you are required to complete this training within the first two years of licensure.

MARCH

Session 5	April 10, 2012	5:30-8:30pm
Session 7	April 17, 2012	5:30-8:30pm
Session 8	April 24, 2012	5:30-8:30pm
Session 9	May 1, 2012	5:30-8:30pm

@ DHS, 301 Louis Glick Hwy.,
Jackson, MI

RSVP to Stasia @ 517-787-7920,
stasiamilligan@strong-families.org

The Importance of Foster Care Placement Stability

by Stasia Milligan

I recently had the opportunity to attend a conference with nationally recognized speakers discussing the importance of placement stability for children in foster care. They shared with us the results of some important research that is being done in the social work field. The major conclusion of this research is that the outcomes for children who experience multiple foster care placements are much poorer than children who have placement stability.

Children who come into foster care have already experienced profound losses; their parents, homes, pets, belongings, friends, and sometimes siblings. Each time a child has to move they experience more loss, and this increases their levels of emotional pain, stress and anxiety. This can lead to more behavioral problems, making placement stability even more difficult to achieve. Children who have fewer foster care placements have fewer major emotional and behavior disorders (Pecora, 2010).

Children enter foster care with attachment difficulties. Caregivers have failed to meet their needs, so these children have limited experience in building loving, nurturing relationships with caregivers. Being moved from one foster placement to another, diminishes a child's ability to attach to a caregiver. Children lose their ability to trust and form new relationships, which can affect them for a lifetime.

When children in foster care have to move to a new home, that can mean that they have to change schools. School interruption and learning delays are common factors for children before they come into care, so another disruption in the learning experiences can compound those delays. Children who have fewer moves are more likely to experience academic success and graduate from high school (Pecora, 2010).

In the next edition of the newsletter, I will discuss some of the factors involved in placement disruption. I will also share some of the things that agency personnel and foster parents can do to reduce these moves. The research referenced in this article comes from articles written by Peter J. Pecora PhD, in CW360 Promoting Placement Stability 2010. This was published by the Center for Advanced Studies in Child Welfare, School of Social Work, University of Minnesota.



Trauma and children: An introduction for foster parents – Section I

It happened suddenly. Sarah and her 10-year-old foster daughter, April, were walking into the grocery store. Out of the blue April shouted, “That’s him!” Sarah looked and saw April staring at a man entering the store just ahead of them. The man, who seemed perfectly ordinary to Sarah, took no notice of them.

Yet April’s body was rigid with fear. She refused to go any further. In a quavering voice she asked if they could please leave. In the car on the way home she cried quietly to herself, unable to explain what had happened.

It was only later, after she had learned about trauma and its effects, that Sarah understood what went on that day.

April was having a trauma reaction.

* * * * *

All children enter foster care with a variety of memories: some happy, some sad, some worse than sad.

Some foster children, like April, have had experiences so terrifying and disturbing that the memories of these events are problems in and of themselves. After the event has ended, the experience plays itself out repeatedly in their minds. The thoughts, emotions, and feelings of being out of control and threatened are re-experienced, as is the fear, anxiety, and pain associated with the event (ChildTraumaAcademy, 2002).

These intrusive memories are so awful and overwhelming that children struggle mightily to defeat them, to avoid them, to make them go away.

As foster parents you may see these struggles reflected in a host of challenging behaviors: nightmares, regressive behaviors, depression, acting out—the list goes on. To provide proper care for these children, and to make sure that they respond in an appropriate way, foster parents need to understand trauma: what it is, how it impacts child behavior, and how to respond.

Definition, Causes, and Impact

Trauma is a psychologically distressing event that is outside the range of usual human experience, one that induces an abnormally intense and prolonged stress response.

Despite the fact that they are outside the range of usual human experience, traumatic events are fairly common, even among children. A study of children and adolescents in Western North Carolina found that 25% had experienced at least one potentially traumatic event.

Events that can induce trauma include the sudden death of a loved one, assaultive violence (combat, domestic violence, rape, torture, mugging), serious accidents, natural disasters, witnessing someone being injured or killed, or discovering a dead body.

Among foster children physical and sexual abuse are common sources of trauma. Other causes of childhood trauma can include animal attacks (e.g., dog bites), life-threatening illnesses, and prolonged separation from caretakers.

Adversities experienced for an extended period after the trauma (such as a series of different placements or separation from a caregiver) and the supports available to children can influence the severity of their trauma reactions.

With informal support, the majority of trauma survivors recover on their own within a few weeks, though some need longer to heal. For a small minority, however, traumatic events trigger various mental disorders, including posttraumatic stress disorder (PTSD), a particularly serious reaction to trauma.

Left untreated, PTSD can put children at risk for school difficulties, attachment problems, additional psychological disorders, substance abuse, and physical illness. Even if they do develop PTSD, however, timely and appropriate treatment often helps to reduce the severity of stress reactions, or to eliminate them altogether.

Typical Reactions to Trauma

Though trauma reactions may last for weeks or months after the traumatic event they usually show a swift decrease after the direct impact subsides (Goodman, 2002).

Foster parents should be able to spot the following reactions; though these are typical responses to trauma, these behaviors may have causes other than trauma (NIMH, 2001):

Ages 5 and younger: may fear being separated from parent, crying, whimpering, screaming, immobility and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. May regress—return to behaviors exhibited at earlier ages (e.g., bed-wetting, fear of darkness). Children of this age are strongly affected by the parents' reactions to the traumatic event.

Ages 6 to 11: may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, angry outbursts, and fighting are common. Child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt, and emotional numbing or “flatness” are often present as well.

Ages 12 to 17: may exhibit responses similar to those of adults, including flashbacks, nightmares, emotional numbing, avoidance of reminders of traumatic event, depression, substance abuse, problems with peers, and antisocial behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. May feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery.

Fostering Perspectives, Vol. 10, No. 1 • November 2005 NC Division of Social Services and Family and Children's Resource Program. http://www.fosteringperspectives.org/fp_v10n1/trauma.htm

THANK YOU CARD

If your child received gifts from Operation Good Cheer, the agency needs a thank you card from them. The donors that provide the gifts really look forward to hearing from the children. If your child did not come to the Holiday Party and make a thank you card, please have them make one. Please have them to Family Service by January 9, 2012. Thank you



Easy Holiday Recipes to Make with Your Kids by Kirsta Grapentine

The holidays are a great time of year to spent time in the kitchen with kids of all ages. Below are a few of my favorite yummy and easy to make holiday snacks that also make quick inexpensive gifts for your children to give to others. Enjoy!

White Peppermint Bark

- 1 pound white almond bark or white chocolate chips
(almond bark is easier to microwave without burning)
- 1 teaspoon peppermint extract
- ½ cup – 1 cup of crushed peppermint candy canes

Melt almond bark in a microwave safe bowl, checking every minute or so to ensure it does not burn. Stir melted chocolate/bark until smooth. Stir in mint extract and half your crushed candy canes. Pour onto foil or parchment paper lined cookie sheet and sprinkle remaining crushed candy cane on top. Cool in fridge until set and cut or break into pieces to eat, share or give away as gifts. An alternative is to dollop the melted mixture by the tablespoon onto lined cookie sheets for bite size pieces and then sprinkle with remaining crushed candy cane.

Chex Mix

- 9 cups of your favorite chex cereal (my fav's are corn and rice)
- 3 cups of your favorite "filler" (nuts, pretzels, cheese-its, bagel bites, bugles, etc)
- 6 tablespoons melted butter or margarine
- 1 ½ teaspoons seasoning salt
- 2 Tablespoons Worcestershire sauce
- ¾ teaspoon garlic powder
- ½ teaspoon onion powder_

Mix cereal and "filler" in a large roasting pan. Melt butter and add Worcestershire sauce and spice powders. Toss dry ingredients with butter mixture. Bake at 250 degrees for 1 hour stirring every 15 minutes to ensure that flavor is equally distributed for maximum taste sensation. Cool and eat, or store in large airtight container.