

Caregiver Core Training – Participant Handouts

These handouts are all the materials you will need during class to participate in activities. Please bring a printed copy with you. If you do not have access to a printer, please request one from your CCT trainer.

In addition, please note that a participant manual with additional resources is accessible online at: [Participant Manual](#)

The Participant Manual is designed to give you additional information about the topics covered in each session, including links to CA policy documents and forms, background information and guidance. We recommend that participants review the participant manual before or after each CCT session. If you do not have online access and would like a printed copy of the materials, please request one from your CCT Trainer.

Session 1: Introduction to the Child Welfare System

Topics covered in Session 1

- Introduction to Class
- Life of a Case – Intake through Permanency
- The Experience of Separation from the Child’s Point of View
- Life of a Case – Legal Authority and Concurrent Planning
- \$#!+ People Say to Foster Parents

Competencies covered in Session 1

CCW101-01 Awareness of the foster care system, including but not limited to, the primary goals of Child Welfare Services and the Indian Child Welfare Act.

CCW101-02 Awareness of a child’s journey through care based on legal/judicial processes and Child Welfare agency policies and procedures.

CCW101-03 Awareness of the process and procedures for investigating allegations about foster care rule violations or maltreatment of children in foster care (DLR-CPS).

CCW101-04 Awareness of the laws that define Child Abuse/Neglect.

CCW101-05 Awareness of how and when to report critical incidents to Children’s Administration and/or seek emergency assistance through 911 if a child is injured, seriously ill, or in danger etc.

CCW102-04 Awareness of the primary goals of child welfare services, and the types of services that can help abused and neglected children and their families.

CFAM131-04 Awareness of the risk factors that may contribute to Child Abuse/Neglect.



Begin Session 1

Beliefs and Attitudes Survey

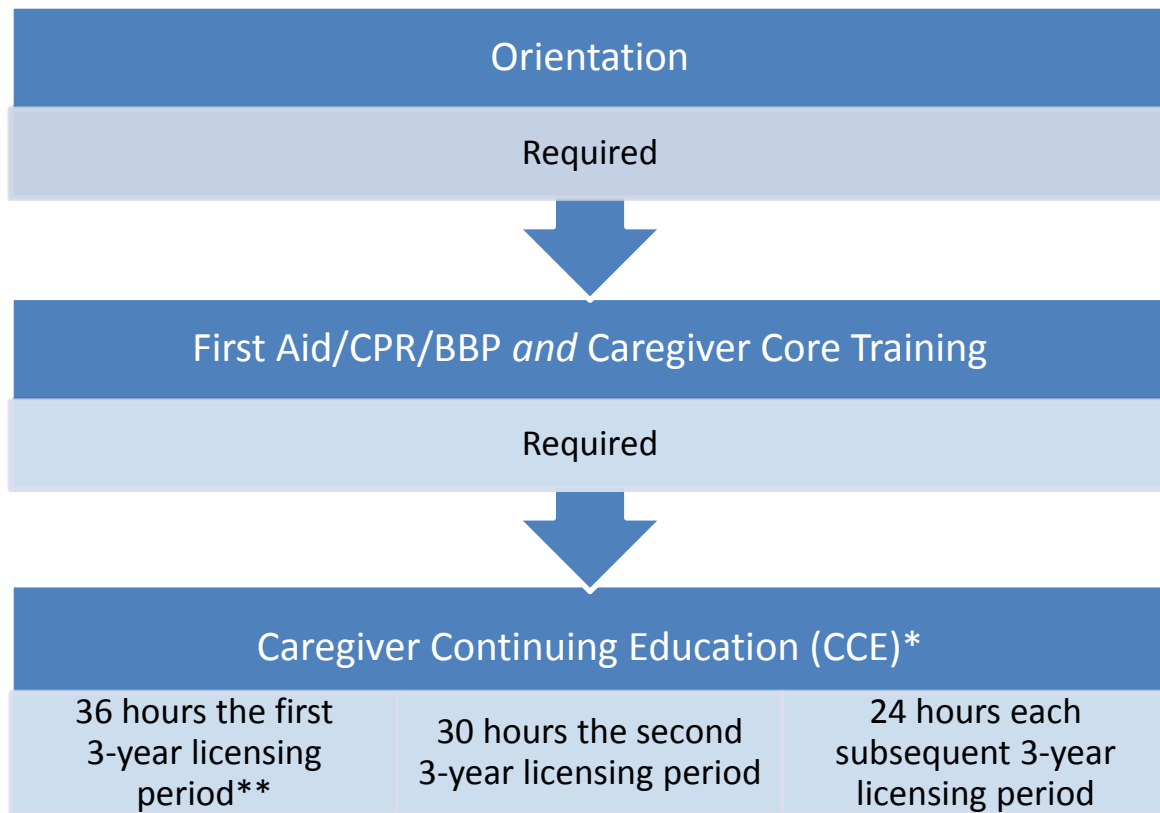
Children & Families in the Child Protective Services System

This is not a test and there will not be a grade. This quick survey is intended to focus our thinking on our beliefs and attitudes about the children and families in the child protective services system. Take a moment to respond to the following statements. When you agree, check the box for “Agree”; if you don’t know, aren’t sure or cannot commit, select the box for “Not sure”; and if you disagree, select the box for “Disagree”.

Foster children will be easy to please because they will be relieved to be in a safe home.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Providing a foster home is a way to rescue a child from a difficult situation.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Parents who abuse their children do not love them.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Fostering a child is a good way to adopt a child.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Most children who go into foster care never go home.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Most children come into foster care because their parents physically abuse them.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Foster parents can provide a better life for a foster child than the child’s parent can.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Parents that abuse their children have to prove themselves to get their child back.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Parents of children in foster care are really different from most people in the community.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
I have a lot in common with the children and the parents in the foster care system.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>
Parents should earn the privilege of visiting their children in foster care.	Agree <input type="checkbox"/>	Not sure <input type="checkbox"/>	Disagree <input type="checkbox"/>

Caregiver Training

Depth of Knowledge and Skills



***You are encouraged to take up to 12 hours of CCE between the time you submit your application and you receive your license, as these hours will carry over to your first 3-year licensing period. Additionally, you may carry 12 hours of CCE from one licensing period over to the next licensing period.**

****During the first 3-year licensing period, you must take at least one training from each category, and at least one of these must be culturally-based.**

Training Passport: Caregiver Core Training

It is the participant’s responsibility to bring this Training Passport to all sessions.

Trainer will date and initial to verify participant’s attendance.

Participants must complete Sessions 1-4 before continuing to Sessions 5-8.

When all of the Sessions and the Field Experience are complete, a Certificate will be issued.

Name:
Address:
Phone Number:
Email Address:

Date	Session	Trainer’s Signature
	1: Introduction to the Child Welfare System	
	2: Working as a Member of the Team	
	3: Working with Birth Families	
	4: Cultural Connections and Advocacy	
Field Experience: Please provide a brief description of your Field Experience:		
	5: Growing up with Trauma, Grief, and Loss	
	6: Understanding and Managing Behaviors	
	7: Communication and Crisis Management	
	8: Getting Ready and the Effects on the Caregiving Family	

Session 2: Working as a Member of a Team

Topics covered in Session 2

- Working as a Member of the Team
- Communication
- The Role of Caregivers
- Confidentiality
- Prudent Parenting

Competencies covered in Session 1

CCW102-01 Awareness of the individuals' roles on the child welfare team: Caregiver; Social Worker; agency staff; CPA staff; CASA/GAL; attorneys; and judge.

CCW102-02 Awareness of the need for effective communication and engagement with the child welfare team.

CCW102-05 Awareness of the need to support the case plan regardless of Caregiver's own feelings and perceptions.

CCW104-01 Awareness of how/when to obtain assessments, treatment, and services for children in care including services related to health, mental health, developmental delays, and other issues.

CCW104-02 Awareness of the need for supporting children in their regular school settings: opportunities for involvement in school activities; awareness of special education services and accommodations.

Begin Session 2

Serena

Circumstances in Which Serena Comes into Care

Serena is 9 years old and has been in foster care for the past 2 months. After several years of sporadic drug use, her mom had a near-fatal overdose. Serena came home from school one day and found her mom unconscious on the couch. She used her mom's cell phone to call 911 and saved her mother's life. Serena has disclosed that sometimes her mom forgot to feed her. Also, there were some nights when her mom left her alone all night and she put herself to bed and got herself to school in the morning.

Serena and her mother emigrated from Vietnam when Serena was 18 months old.

The whereabouts of Serena's father are unknown.

Foster Parents

Serena has been living with the same foster parents since she came into care 2 months ago. Most of the time, Serena seems happy, gets along well with the other kids and enjoys family activities. However, after visits with her mom, she is angry and aggressive. She often refuses to eat dinner, saying she isn't hungry, and has trouble settling down for bed. The foster parent tries to talk to her about the visits with her mom, but she cries, and won't say anything. Aside from her responses to visits, she has no difficult behaviors. The foster parent finds it odd that when bathing, Serena washes her underwear in the tub and hangs it over the edge to dry for the next day. The foster parent also recently found a stash of food hidden in her closet.

Serena is currently in 3rd grade, but has been struggling in school since entering foster care. The teacher has reported to the foster parent that she has difficulty focusing, and lashes out at her teacher or other students. Some days she seems agitated and anxious, and it is very hard for her to complete in-class assignments on these days. She is falling behind in her school work.

Serena, Continued

What do I know about this situation?

What are my assumptions about this situation?

Are my assumptions true?

What information do I need?

What information do I share with the team?

Caregiver's Report to the Court, Continued

5. Child's emotional health and well-being (counselor or therapist appointment schedule):

6. Child's adjustment to caregiver family and caregiver family expectations:

7. Child's visits with parent(s) and sibling(s):

8. Your view on the needs of the child:

9. Your thoughts on how these needs can be addressed:

10. Your thoughts on Department's case plan:

Caregiver's Report to the Court, Continued

11. Other child/case specific information you wish the Court to consider:

Caregiver's Signature:

Signature Date:

Caregiver's Printed Name:

Session 3: Working with Birth Families

Topics covered in Session 3

- Green / Blue Family
- “Zero to Three” Video
- The Continuum of Partnering with Birth Families
- Visitation Perspectives
- Birth Parent Voices

Competencies covered in Session 3

CCW102-03 Awareness of the importance of being involved and involving biological families, in case planning and working towards reunification.

CCW103-02: Aware that reunification is the primary goal of Child Welfare Services.

CFAM135-02: Aware of the importance of preparing a child for placement transitions.

CFAM136-01: Aware of the need to interact with children and their families in a culturally responsive and appropriate way.

CFAM137-01: Aware of the importance of children’s relationships with families, including the importance of fathers as parents.

CFAM137-02: Aware of caregiver’s role in visitation to be positive and supportive of child’s family contact; making the child available for visits.

CSELF181-02: Aware of the need to not interfere with the permanency plan for a child.



Begin Session 3

Trash Bag Activity

Directions

Imagine you are Serena and you are at home and police and people come to your house and tell you that you will have to leave your home and come with them. You have 5 minutes to take whatever you want with you but it has to fit in this bag:



How did it feel to fill this bag?

What did you bring?

What did you have to leave behind?

Video Themes

Zero to Three

First relationships:

Attachment, trauma, and brain development:

Repairing relationships between birth parents and children:

The role of the foster parent:

Visitation Perspectives

Step into the shoes of each role.

	Child	Birth Parent	Foster Parent/Relative
What am I feeling?			
What do I fear?			
What do I want?			

Session 4: Cultural Connections and Advocacy

Topics covered in Session 4

- Race, Ethnicity and Culture
- Understanding Disproportionality
- Native American Children
- LGBTQ Youth
- Advocacy
- How We Interpret Behavior
- Keeping Cultural Connections

Competencies covered in Session 4

CFAM134-01: Aware of the need to encourage everyone in the home be respectful; provides appropriate nurturing and empathy to children.

CFAM136-01: Aware of the need to interact with children and their families in a culturally responsive and appropriate way.

CFAM136-02: Aware of the importance of helping children resolve issues related to race, ethnicity and culture.

CFAM136-03: Aware of the mandate to keep Indian children connected with their cultural heritage and tribes.

CFAM136-04: Aware of the need to seek deeper knowledge and develop skills for interacting with families from diverse cultures.

CFAM136-05: Aware of the key issues faced by refugees or immigrants.

CFAM139-14: Aware that some children may question their sexual identity and that some may be gay lesbian, bisexual or transgendered

Begin Session 4

Keeping Cultural Connections – Scenarios

Scenario 1

Iesha is a 12-year-old African-American girl. She grew up with her biological mother in a poor part of town. She and her mother were very close and spent weekends doing girl stuff like painting nails and doing hair. Iesha loved it when her mom would spend hours braiding Iesha's hair. Iesha and her mother attended the Baptist church where some of Iesha's friends also attended. Iesha went to the public school down the street where she would talk to many of her neighbors as she passed them on her way to and from school. Even though Iesha and her mom didn't have much, they had each other.

Iesha's mom passed away unexpectedly. Because Iesha doesn't have any other family, she was placed in a foster home until a permanent placement could be found. Eventually a family came forward that wanted to adopt Iesha. The mom, dad and 3 children (all older than Iesha) live in an upper middle class neighborhood. Iesha has been enrolled in a private school where she has to wear a uniform and her grades begin to drop. The family attends the Catholic Church, eats strange food (compared to what Iesha is used to) and does not allow Iesha to talk to the neighbors. The family does not know their neighbors and they don't want the neighbors involved in their business. The children in Iesha's new home are not interested in trying any foods that Iesha likes. They think Iesha's food sounds horrible. Iesha misses her old school and the Baptist church.

How can the adoptive parents keep Iesha connected with her culture? How could her foster parents advocate for her?

Scenario 2

Michael, 5 years old, and his older sister Victoria, 7 years old, are members of the Quinault Indian Nation. They grew up with their mother in a single-parent home in Tribal housing on the Quinault Reservation. The children have a close relationship with their maternal relatives, as they have grandparents, aunties and uncles who occasionally provide care and supervision when their mother is at work. The children participated in Tribal events on the reservation, attending Pow-Wows and Community Gatherings, and the family regularly attended Shaker church services.

The father is a member of the Yakama Nation and lives in Olympia. He has not had contact with the children since Michael was born. However, Michael and Victoria know their paternal relatives who live in Tacoma and on the Yakama Reservation. The children visit the Yakama Tribe and their paternal relatives monthly.

Keeping Cultural Connections – Scenarios, Continued

The children are involved in drumming, singing and dancing. Victoria excels in fancy dancing and looks forward to Pow-Wow season. Michael also enjoys going to Pow-Wows, and mostly stays by the drum circle and sings with the group every chance he gets.

The children were removed from their mother’s care because of substance abuse issues. Although there are a lot of family members who helped raise the children thus far, no one was available to take in Michael and Victoria. The children were placed into foster care and in separate homes. Michael was placed in a home in Aberdeen and Victoria was placed in a home in Chehalis.

Since the children were removed, the mother has not complied with court orders and has not communicated with the Tribal Child Welfare program. Some Tribal staff sees the mother in the local area, but has not been successful in maintaining connection with her.

Michael has adjusted well in his Aberdeen home, but frequently asks about his mother and the rest of the family, and gets extremely emotional about missing his “Grandpapa.” The child explained that his grandfather taught him how to drum and sing.

Victoria has struggled in her Chehalis home. She reports not having any friends in school and deeply misses her family, especially Michael. While passing by Capitol Lake in Olympia, Victoria said that she likes looking over the water because it reminds her of home.

How can the foster parents keep Michael and Victoria connected with their culture? How could their foster parents advocate for them?

Scenario 3

Janae is a 17-year-old girl who identifies as male. Janae came into care after extreme physical abuse at home in Seattle. Janae’s parents refused to accept Janae as male, or use the name “Jay,” as Janae requested. Janae ran away from home and was picked up by the police a week ago. Janae has been placed in a foster home in Tacoma that has no previous experience with children whose gender identity does not match their physical body. The foster parents don’t know what to do to help or support Janae. Janae has not opened up to them yet. However, at Janae’s old school, Janae had a strong connection to the guidance counselor, who was a strong ally. In addition, Janae, had connected to Gay City in Seattle and was involved in programming there.

How can the foster parents keep Janae connected with his/her culture? How could the foster parents advocate for Janae?

Session 5: Growing up with Trauma, Grief, and Loss

Topics covered in Session 5

- Early Child Development
- Attachment
- Trauma, Grief, and Loss

Competencies covered in Session 5

CFAM131-01 Awareness of child and human development across all developmental domains.

CFAM131-02 Awareness that early childhood is a critical window for brain development.

CFAM131-03 Awareness of the effects of poverty, trauma, and maltreatment on development and how children in care, due to genetic factors, may also be at elevated risks of developing health, mental health and/or developmental concerns.

CFAM132-01 Awareness of the child’s need to heal from physical and emotional trauma.

CFAM133-01 Awareness of the dynamics of brain development, relationships and attachments.

CFAM133-02 Awareness that children in out-of-home care may be affected by attachment issues and disorders.

CFAM133-03 Awareness that separation and placement affects early brain development, relationships and attachments.

CFAM133-04 Awareness that relationships with trustworthy, consistent caregivers will have a positive effect of the development of the child’s brain.

CFAM133-05 Awareness that separation, grief, and loss is experienced by children, families, caregivers, and social workers.

CFAM134-10 Awareness of the potential influences/triggers on a child’s behavior including: developmental challenges, behavioral emotional challenges, past abuse, neglect, separation, and placement.

CFAM139-01 Awareness that a child entering care may have special needs: illness or medical condition; developmental delays; emotional and/or behavioral issues; may be medically fragile.

CFAM139-04 Awareness of the possible effects of prenatal drug exposure.

CFAM139-05 Awareness that Fetal Alcohol Spectrum Disorder may impact development.

Session 5: Growing up with Trauma, Grief, and Loss

Competencies covered in Session 5, continued

CFAM139-06 Awareness of the possibility of providing care to children with emotional, behavioral, or thought disorders.

CFAM139-10 Awareness that post-traumatic stress disorder (PTSD) may occur in children of trauma.

CFAM139-11 Awareness of healthy sexual development in children and youth including knowledge of puberty.

CFAM139-12 Awareness that sexual abuse may impact a child's behavior, thoughts and development.

CFAM139-13 Awareness that some children may have been exposed to domestic violence.

CFAM139-15 Awareness that children placed in care may not possess age appropriate life skills.

CFAM139-17 Awareness that some children, especially children of trauma, may have drug and/or alcohol abuse issues.



Begin Session 5

Essential Connections

<p>1. Information We Need What do I need to know in order to live in the world?</p>	
<p>2. Significant Persons Who is important in my life?</p>	
<p>3. Group What groups do I belong to?</p>	
<p>4. My Meaningful Role What do I do that gives meaning to my life?</p>	
<p>5. Means of Support How do I support my family?</p>	
<p>6. Source of Joy What makes me happy?</p>	
<p>7. System of Values What do I have strong beliefs about?</p>	
<p>8. Places What places are important to me?</p>	
<p>9. Culture What is culturally important to me?</p>	
<p>10. History How do I know about my past?</p>	

How to Keep Youth Connected

<p>1. Information They Need</p> <p>What do they need to know in order to live in the world?</p>	
<p>2. Significant Persons</p> <p>Who is important in their life?</p>	

How to Keep Youth Connected, Continued

<p>3. Group</p> <p>What groups do they belong to?</p>	
<p>4. Their Meaningful Role</p> <p>What do they do that gives meaning to their life?</p>	

How to Keep Youth Connected, Continued

<p>5. Means of Support</p> <p>How do they support their family?</p>	
<p>6. Source of Joy</p> <p>What makes them happy?</p>	

How to Keep Youth Connected, Continued

<p>7. System of Values</p> <p>What do they have strong beliefs about?</p>	
<p>8. Places</p> <p>What places are important to them?</p>	

How to Keep Youth Connected, Continued

<p>9. Culture</p> <p>What is culturally important to them?</p>	
<p>10. History</p> <p>How do they know about their past?</p>	

Session 6: Understanding and Managing Behaviors

Topics covered in Session 6

- Understanding the Needs That Drive Behavior
- Effective Discipline
- Positive Discipline and Behavior Intervention Model
- Behavior Activity

Competencies covered in Session 6

CFAM133-06 Awareness of the need to help children adjust to caregiver’s home.

CFAM134-02 Awareness of the need to provide structure and predictability for a child who has been maltreated.

CFAM134-03 Awareness of the goals of behavior management and appropriate discipline techniques.

CFAM134-04 Awareness of behavioral expectations appropriate for the age, capability and cultural background of each child; the importance of setting limits for children; the state law and policy prohibiting corporal punishment by foster parents.

CFAM134-10 Awareness of the potential influences/triggers on a child’s behavior including: developmental challenges, behavioral emotional challenges, past abuse, neglect, separation, and placement.

CFAM139-07 Awareness that children in care may have strong emotions including anger and rage.

CFAM139-08 Awareness that mental health issues may be present in children in out-of-home care.

CFAM139-15 Awareness that children placed in care may not possess age appropriate life skills.



Begin Session 6

Three Hungry Children

My Kids Are Hungry...What Do I Do?

Behavior

What would I do?

Response

How might people react to me?

Choices

Brea – 5 years old

Very dirty and smelly, and resistant to taking a bath

Cassia – 3 years old

Does not want to go to sleep

Danny – 13 years old

His room is a complete disaster.

Ali – 8 years old

You have asked him to turn off the video games and he has not followed through.

Briston – 6 years old

At a family gathering, he suddenly drops his pants and starts masturbating.

Logical Consequences

- 1. Your children leave their toys and books all over the house. Which of the following would be a logical consequence?**
 - a. You tell the children that any toys that they don't pick up, will be picked up by you and put away until Saturday.
 - b. You don't let them have any dessert on days when their toys are not picked up.
 - c. You leave the toys for days and days, with the hope that somebody will get sick of the mess and do something about it.
 - d. Put the kids in a time-out while you pick up the toys.

- 2. Upon returning from a shopping trip with a six-year-old, you find that she has a pocket full of candy that you didn't buy. Which of the following would be a logical consequence?**
 - a. Take the candy away from her and give it to the other kids.
 - b. Tell her she cannot have dinner.
 - c. Take something that belongs to her so that she can see how it feels.
 - d. Return to the store with her and have her pay for the candy with her own money.

- 3. An 11-year-old in your home has a difficult time getting his homework done. You have established a homework hour, but he doodles, fools around with the other kids and generally wastes the hour. Which of the following would be a logical consequence?**
 - a. Take away his weekend privileges.
 - b. Let him know if it is too distracting for him to sit and work with the other kids, then you will find him a quieter place to do his homework.
 - c. Give him extra chores to do.
 - d. Let him flunk.

Understanding and Managing Behaviors

Practice Scenario A: Amber

Amber is a 4-year-old who has been enrolled in Head Start for the past year. She had a rough first year of life. Her mother has been an alcohol and substance abuser for many years and she left Amber unattended for hours at a time when she was just an infant. It is unknown if mom used drugs or alcohol during her pregnancy.

Amber came to live with relatives when she was 12 months old. The relatives have had Amber since then and plan to adopt her. They have been very consistent in their parenting practices and immediately took Amber to be evaluated by early childhood specialists. Because the evaluation showed delays, Amber has been receiving services for 3 years.

Amber plays well with other children, is described as sweet, has great eye contact, and seeks attention and affection just like other children. Amber occasionally gets upset and may yell or throw a stuffed animal. When the caregiver intervenes, she calms down fairly quickly and is able to regain control.

Strategies:

Understanding and Managing Behaviors, Continued

Practice Scenario B: Brandon

Brandon is a 5-year-old boy who has been in foster care for two years. He has lived with the same foster family since he came into care for medical neglect. He has three siblings who were placed in foster care for a short time, but have been successfully reunited with their parents.

Brandon was born with a cleft palate and a congenital heart defect. His parents did not follow through with recommended medical services. It is reported that they “just didn’t seem to connect with him”. They were very uncomfortable with his medical conditions. Brandon has been hospitalized five times for corrective surgeries, each time being away from the foster home for one to two weeks. Although Brandon maintained contact with his families (foster and birth) during the hospitalizations, he still had to re-adjust each time he returned to the foster home.

Brandon struggles with making friends, and prefers to play by himself. He doesn’t shy away from physical affection, but he rarely initiates it. He has poor eye contact. Although not intentionally aggressive, he shows little remorse when his actions hurt others. The permanency plan is for Brandon to return to his birth family. He currently has weekly visits with them.

Strategies:

Understanding and Managing Behaviors, Continued

Practice Scenario C: Calisha

Calisha is a 9-year-old girl who has lived with four different foster families since coming into care at age five. Calisha is in the 4th grade, receiving special education services for learning disabilities and behavioral difficulties. Little is known of Calisha's prenatal development and early childhood, except that the family moved frequently and she was often left home alone for extended periods of time. Calisha's record states that she was found wandering around the neighborhood in dirty clothes, asking neighbors for food.

Calisha has lived with her current foster family for the past 12 months. It took her a long time to adjust to the household expectations and family routines. Calisha often reacts to requests to brush her teeth, or get ready for bed, with yelling, slamming of doors and sometimes tantrums that last 30 minutes or more. When Calisha gets angry, she goes to her room and isolates herself for two or three hours.

Calisha seems closer to her foster father and sometimes allows him to hug her, but she rarely initiates contact. Calisha is not close to her foster mother or the other children in the home. Calisha sometimes purposely initiates arguments with family members or takes toys from the other kids and hides them or breaks them. She has difficulty with honesty.

Strategies:

Understanding and Managing Behaviors, Continued

Practice Scenario D: Dominic

Dominic is 13 years old. His mother died following his birth, and his father has had ongoing mental health problems. As Dominic has grown older, his father has depended on him more and more. He doesn't allow Dominic to have friends over, play sports, or leave the home except to go to school. Dominic's father has told him for many years that he is responsible for his mother's death.

Dominic stayed after school last week to attend a Science Fair meeting. His father came to the school looking for him, and began to verbally abuse him in front of the teachers and other students. Dominic fell to the ground in a fetal position, crying, and refused to talk to, or leave with, his father. Dominic was placed in a psychiatric hospital unit for two days, and then placed in foster care.

Dominic's father is currently hospitalized. Dominic is very quiet at the foster home – he won't speak unless spoken to, and spends most of his time alone in his room. He is shy, depressed and appears much younger than his 13 years. He refuses to come to family meals or join in with any activities. He rarely expresses any emotion, including a reaction to physical pain. He likes to watch violent TV and movies, and draws pictures involving blood and gore.

Strategies:

Session 7: Communication and Crisis Management

Topics covered in Session 7

- Licensing and Minimizing the Risk of Allegations
- The Power of Language in Managing Behavior
- Disclosures
- Crisis Intervention
- Finding the Fun and Self-Care
- Youth Panel

Competencies covered in Session 7

CCW104-03 Awareness that children placed with a caregiver may disclose new information related to CA/N not known to social worker.

CFAM134-02 Awareness of the need to provide structure and predictability for a child who has been maltreated.

CFAM134-03 Awareness of the goals of behavior management and appropriate discipline techniques.

CFAM134-07 Awareness of the importance of supervision of children in the caregiving home.

CFAM134-09 Awareness of how to manage crisis/severe behavior problems in the home: aware of agency policy on physical restraint of children in care; aware of actions to take when children are out of control.

Understanding WACs

WAC 388-148-1515

How often must I feed children?

- (1) You must provide all children a minimum of three meals in each twenty-hour period. You may vary from this guideline only if you have written approval from the child's physician and social worker.
- (2) The time interval between the evening meal and breakfast must not be more than fourteen hours.

Scenario

The child in your care has skipped a class at school three days in a row. You have just found out on the third day. You are so upset with the child that you tell her she must go straight to bed after school and that she is not welcome to have dinner with the family. Will this action result in a licensing violation?

WACs around Medication

WAC 388-148-1565

How must medications be stored?

- (1) Prescription and over the counter medications must be kept in a locked container.
- (2) Internal and external medication must be stored separately.
- (3) Human medication and animal medication must be kept separate and in locked containers.

WAC 388-148-1570

Who may access stored medications?

Only you or another authorized care provider (such as a respite provider) is allowed to have access to medications for a child in your care except as noted in WAC 388-148-1580.

WAC 388-148-1575

What are other requirements for medications?

- (1) You must keep a written record of all prescription medications and the dates given for the children in care. This list must go with the child when a child leaves your home.
- (2) You must notify the child's DSHS worker of changes in prescribed medications.

Understanding WACs, Continued

- (3) You must give prescription and over the counter medications as specified on the medication label or as prescribed by persons legally authorized to prescribe medication. This includes herbal supplements and remedies, vitamins, or minerals.
- (4) You must give children non-prescription medication according to product instructions and seek medical advice regarding possible interactions with a child's other prescription and non-prescription medications.

WAC 388-148-1580

Can children take their own medications?

- (1) You may permit children under your care to take their own medicine as long as:
 - (a) They are physically and mentally capable of properly taking the medication; and
 - (b) You obtain and keep written approval by the child's DSHS worker in your records.
- (2) When a child is taking their own medication, the medication and medical supplies must be kept locked or inaccessible to unauthorized persons.

WAC 388-148-1585

Can I use medication for behavior control?

You must not use medication for behavior control, unless prescribed for that purpose by a physician or another person legally authorized to prescribe medication.

WAC 388-148-1590

Can I choose to give prescribed medications, including psychotropic medication?

- (1) You must not start or stop giving a child's prescribed medication without approval from the child's physician.
- (2) In addition to the physician, you must coordinate starting or stopping a child's psychotropic medication with the child's social worker to determine what consent is needed. The social worker may need to obtain consent from the child age thirteen and older, the parent, or the court.
- (3) You must not give medications to a child that has been prescribed for someone else.

Understanding WACs, Continued

WAC 388-148-1595

Can I accept prescription medication from a child's parent or guardian?

- (1) The only medication you may accept from the child's parent, guardian, or responsible relative is medicine in the original container labeled with:
 - (a) The child's first and last name;
 - (b) The date the prescription was filled;
 - (c) The medication's expiration date; and
 - (d) Readable instructions for administration (manufacturer's instructions or prescription label) of the medication.
- (2) You must notify the child's DSHS worker when you receive a new prescription from a child's parent or guardian before giving it to the child.

Scenario

Your foster daughter who is 11 years old was diagnosed with Attention Deficit Hyperactivity Disorder at the age of 9 and has been prescribed Adderall to be taken twice daily. She has been taking this medication for the 3 months that she has been in your home. Today, she refused to take the medication and informed you that she is not going to take it again.

Can you simply stop giving her the medication? What should you do and who should you contact?

Name It to Tame It

What would your response be?

Ali – 8 years old

His pet rat has died. He is storming around the house telling everyone that he hates them.

Brea – 5 years old

In a rage, Brea tears up the photo of her and her mom. She comes to you mad and says, “It’s all your fault and I do not want to live here anymore.”

Cassia – 3 years old

She asks for a cookie and you say no. She starts sobbing.

Danny – 13 years old

He comes home from school slamming doors and saying his teacher is a jerk.

Marcus – 15 years old

Marcus comes home from school and starts to pack his bags. He is cursing under his breath and keeps saying, “I am done. I am out of here.”

Session 8: Getting Ready and the Effects on the Caregiving Family

Topics covered in Session 8

- Effect on the Caregiving Family
- Understanding Placement
- Planning for Transitions
- Caregiver Panel
- First Placement

Competencies covered in Session 8

CCW103-01 Awareness of the benefits and limitations of different permanency outcomes.

CFAM135-01 Awareness of how foster or kinship caregiving can affect caregiving families.

CFAM138-01 Awareness of how adoption may affect the caregiving family: aware of the differences between caregiving and adoptive parenting, transition issues, and common emotional reactions in adoptive families.

CSELF181-01 Awareness of the importance of receiving all relevant placement information.

CSELF181-03 Awareness of the impact of caregiving on the self, marriage, other adult relationships, permanent children and the family as a whole.

CSELF181-04 Awareness of the ongoing stresses related to caregiving.

CSELF182-01 Awareness of how to access formal support groups and resources (foster and kinship care support groups, parenting resources, Kinship navigators etc.) as needed.

CSELF182-02 Aware of the importance of developing and managing supportive relationships and support systems.

CSELF183-01 Awareness of caregiver's own emotional cues.

CSELF183-02 Awareness that caregiver's own history of trauma, grief and loss may trigger strong emotions in caregivers.

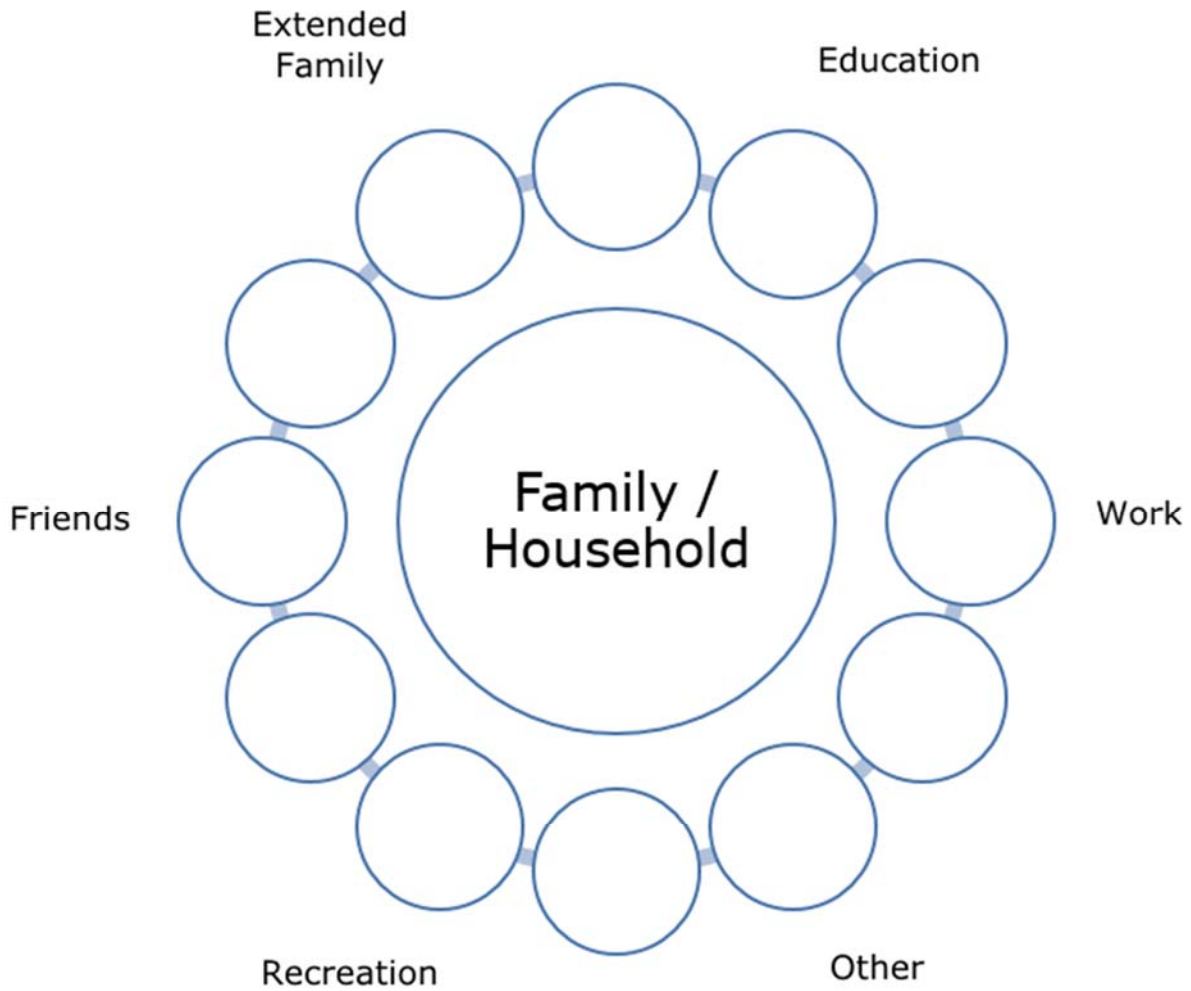


Begin Session 8

Behavioral/Social Concerns for Placement

Past Emotional Abuse	<input type="checkbox"/>	Past Physical Abuse	<input type="checkbox"/>
Past Sexual Abuse	<input type="checkbox"/>	History of Neglect	<input type="checkbox"/>
Alcohol/Drug Use	<input type="checkbox"/>	Alcohol Drug/Fascination	<input type="checkbox"/>
Argumentative	<input type="checkbox"/>	Aggressive/Defiant	<input type="checkbox"/>
Sexual Issues	<input type="checkbox"/>	Sexually Acting Out	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Withdrawn	<input type="checkbox"/>
Offensive Language	<input type="checkbox"/>	Physically Assaultive	<input type="checkbox"/>
Boundary Issues	<input type="checkbox"/>	Stealing	<input type="checkbox"/>
Suicidal	<input type="checkbox"/>	Suicide Gestures	<input type="checkbox"/>
Suicide Attempts	<input type="checkbox"/>	Tantrums	<input type="checkbox"/>
Excessive Masturbation	<input type="checkbox"/>	Running Away	<input type="checkbox"/>
Fascination w/Weapons	<input type="checkbox"/>	Self-Injurious	<input type="checkbox"/>
Lying/Deceitful	<input type="checkbox"/>	Hygiene Problems	<input type="checkbox"/>
Delinquent Activity	<input type="checkbox"/>	Street Wise	<input type="checkbox"/>
Gang Affiliated	<input type="checkbox"/>	Gang Activity	<input type="checkbox"/>
Property Damage	<input type="checkbox"/>	Fire Setting	<input type="checkbox"/>
Enuresis	<input type="checkbox"/>	Encopresis	<input type="checkbox"/>
Hurts Animals	<input type="checkbox"/>	Fears Animals	<input type="checkbox"/>
ADHD/ADD	<input type="checkbox"/>	Eating Problems	<input type="checkbox"/>
Hoarding Food	<input type="checkbox"/>	Eating Disorder	<input type="checkbox"/>
Fetal Alcohol Syndrome	<input type="checkbox"/>	Fetal Alcohol Related Condit.	<input type="checkbox"/>
Drug Withdrawals	<input type="checkbox"/>	Aggressive to Peers	<input type="checkbox"/>
Aggressive to Children	<input type="checkbox"/>	Sleep Difficulties	<input type="checkbox"/>
School Problems (Academic)	<input type="checkbox"/>	School Problems (Behavior)	<input type="checkbox"/>
Smoking	<input type="checkbox"/>	Following Rules	<input type="checkbox"/>

Eco-Map



Weekly Calendar

		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	am							
	30							
7	00							
	30							
8	00							
	30							
9	00							
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10	00							
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11	00							
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10	00							
	30							

Eco-Map and Weekly Calendar Activity Scenarios

Zia, 3 weeks old

Zia tested positive for drug exposure at birth. She was premature and very small. She has just been released from the hospital and is still quite frail. She has to be fed every 2 hours and monitored closely 24 hours a day. Zia has to see a medical professional to be weighed, measured and evaluated 2 to 3 times weekly. She also visits her father 5 times a week (Monday through Friday) from 8 to 9 am at the local DSHS office. An outside agency provides transportation, but they have to pick her up and drop her off at your home.

Josiah, age 16

Josiah is placed separately from his 5-year-old half-sister, Emily.

Josiah is currently attending the local high school. In addition, he is attending a tutoring program to help him catch up in math and science. He meets with his tutor twice per week from 5 to 7 pm on Tuesday and Thursday. Josiah is in the school band and band practice takes place daily after school from 2:45 to 4:15. There are band concerts, competitions and activities most Saturdays from 11 am to 3 pm.

Josiah visits with his parents from 8am to 8pm on Sundays in their home. There is no bus service to his parents' home and the parents do not currently have a vehicle. The family lives 22 miles from you, so it is not possible for Josiah to ride his bike. You have agreed to transport him.

Josiah attends individual counseling weekly from 5 to 6 pm on Mondays. He needs assistance getting to and from therapy.

Josiah and his sibling visit twice per month. You have been asked to coordinate this visit with the sister's relative placement to keep the two connected.

Josiah is also participating in Independent Living Skills classes from 8 to 9:30 am on Saturdays.

Eco-Map and Weekly Calendar Activity Scenarios, Continued

Kimberly, age 5; Calvin and Zane, twin boys age 2

Kimberly is currently attending a developmental preschool through ECEAP. She attends Monday to Friday from 9 am to 1 pm. Kimberly receives services at the preschool.

Kimberly had significant dental issues upon placement and is in the process of having multiple dental visits to determine whether she will need to have a sedated dental procedure (with court approval obtained) to resolve her dental issues.

The children are visiting their parents 3 times per week from 4 to 6 pm on Monday, Wednesday and Friday at the local DSHS office. An outside agency provides transportation, but the agency has to pick them up and drop them off at your home..

Calvin and Zane have developmental delays and are receiving occupational and physical therapy once a week. Occupational therapy is Tuesdays from 4 to 5 pm and physical therapy is Thursdays from 10 to 11 am. The boys have at least one medical appointment per week between the two of them, as they were born premature and both have frequent colds and respiratory issues.

Valeriya, age 11

Valeriya is of Russian descent. Her parents attend their local church and would like to keep Valeriya connected to her church community. Their services are at 10 am on Sunday mornings. They are ok with her also attending services with your family if you wish.

Valeriya visits with her parents twice per week from 3:30 to 6:30 pm at a local visitation center. You are able to provide input on what days may work for your family.

Valeriya is being assessed through the school to determine whether she has any delays. While the process is underway, there are Individual Education Plan (IEP) meetings once per month on Thursday afternoons from 3 to 4 pm.

Valeriya sees a counselor once per week on Wednesdays from 4 to 5 pm.

She is also interested in participating in a gymnastics class that meets Tuesdays from 6 to 7 pm.

Valeriya requires extra homework assistance due to language delays. Her parents primarily spoke in their native language, with limited English skills.

“Just stay. Stay with him.”

Written by Christy Tennant Krispin, Seattle foster and adoptive parent

It was raining as my son and I made our way from the parking lot to the movie theater on Friday to see the new Star Wars movie. His Luke Skywalker costume – an oversized karate jacket from a thrift store and a lightsaber tucked into his Cub Scouts belt – attracted smiles and winks, and I got more than a few “thumbs ups” from people who appreciated the sight. After waiting for an hour in line, we filed into the theater, all anticipation and wonder as we tried on our 3D glasses, ate our massive bucket of popcorn, and laughed at the fun we were having.

No one looking at us would have guessed that my son has been my son for less than two years.

As we waited for the movie to start, I couldn’t help but remember what life was like those first few months after a social worker dropped him and his baby sister off at our house. As new foster parents, my husband and I had no parenting experience and minimal training, so on day six of their placement with us, when the “honeymoon period” ended, we were not prepared for what followed: violent outbursts, fits of rage, running away from school, hiding, and non-stop talking. It was mentally, physically, and emotionally exhausting, and it took a toll on everyone in the house.

After one particularly difficult afternoon, my nerves frayed and my faith on edge, I phoned a friend of mine who has worked as a CPS social worker for many years. She gave me what has become some of the best advice I have ever received. “If you can make it past four months, you’ll begin to see a turn. Just stay. Stay with him.”

Just stay. Stay with him.

My husband and I, who had been determined from the start that we would keep this child for as long as the state placed him with us, made a fresh resolve that we would stay, not knowing how – or how long – it would take to get to a healthier, less chaotic home life.

Thankfully, my friend was right. The turn was subtle at first: less hitting, less running. But over time, after four months turned to eight months, then a year, we were amazed to look back and see incredible progress. Slowly, our foster son began improving in school, making friends, and, most importantly, trusting us.

After more than two years in foster care, and after twenty months in our home, we were allowed to adopt our boy and his baby sister. Often, I think about what might have happened if

“Just stay. Stay with him.” Continued

we had decided it was just too hard – if we had given up. We would have lost out on an incredible gift. While our son still experiences some effects of early trauma, and while he will carry with him the unique and often difficult story of how he became our son, he is thriving, and today he is growing to be a remarkable boy whose intelligence, humor, wit, and exuberant enthusiasm for life bring tremendous joy to our home and to everyone who knows him.

Christy Tennant Krispin: <https://www.youtube.com/user/afosteredlife>

Alliance

for Child Welfare Excellence

Resources to help Caregivers:

The main source for all relevant caregiver forms is DSHS's own website. The forms are updated frequently so it's best to go to the website rather than downloading the forms and copying them.

On the main page for foster parents are links to relevant news, contact information and important links. <https://www.dshs.wa.gov/ca/foster-parenting>

The link for becoming a foster parent shares up to date information about what to expect including licensing requirements, and financial assistance (including reimbursement rates). <https://www.dshs.wa.gov/CA/fos/becoming-a-foster-parent>

Another page has most commonly used forms in their most up-to-date version. <https://www.dshs.wa.gov/ca/foster-parenting/important-forms-caregivers>

In addition, there are resources to help guide you through relevant policies, laws and guidelines. <https://www.dshs.wa.gov/ca/foster-parenting/guidelines-laws-rules>

Fostering Together has a library of useful forms for caregivers.

<http://fosteringtogether.org/resources/forms/>

Foster Parent Association of Washington State (FPAWS) has some resources on their website as well including a rate assessment tool. <http://www.fpaws.org/content/foster-care-rate-assessment-form>

The Alliance for Child Welfare Excellence has training on all kinds of subjects that will come in handy as problems arise. <http://allianceforchildwelfare.org/caregivers>