



# Connections

## February



### Foster Parents and Birth Parents **WORK TOGETHER** for the Benefit of Children

BY KRISTA MCCOY, MSW, LSW

Many of us understand the importance of working as a team. But many times we think of the team as being the caseworker, foster parents, therapist and teachers. Or we see the team as the birth parents, caseworker and recovery coach. We rarely see the birth parents in the same team with the foster parents and caseworker.

The reasons for this vary. Often times it is the caseworkers' fear of a war starting between the birth parents and foster parents.

Sometimes it is the foster parents' fear of the birth parents or vice versa. Whatever the reason, a sense of teamwork and unity is often missing when we speak of birth parents and foster parents working together for the benefit of the children.

Several innovative programs have been created in Illinois and across the country that dispels the myth that foster parents and birth parents cannot work in unity. In order for the two groups to work together,

both must set aside their hesitation and most importantly, their fear of the other to accomplish their goals.

Birth parents sometimes feel that the foster parents are trying to "steal" their children, or "brainwash" them to hate the birth parents. On the other hand, the foster parents sometimes feel that the birth parents are bad people who don't deserve to have the children returned to them. These sometimes deeply-held prejudices

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about the other group need to be dealt with head-on in order for the two to work to help the children.

Many times the caseworker will need to act as a mediator, talking openly and honestly to each part before bringing the two together in a neutral location. I have been able to do this on separate occasions, carefully laying the groundwork prior to the actual meeting, which includes not disclosing any information that either does not want disclosed.

When planning the actual meeting, it is best to make sure that a clear agenda has been laid out for everyone involved. The initial meeting should also have a time limit, often decided by the ages of the children if they are going to be present for part of the meeting.

The meeting and conversation between birth parents and foster parents can be powerful for the children to witness as well. When children see that both groups can get along, it sends the message to the children that they don't have to love one and lose the other, but they can love and be loved by all. When this occurs it is a powerful therapeutic tool. Counselors often spend years trying to help children bridge the "loyalty gap."

As a former caseworker, I watched in amazement as birth parents and foster parents shared information and feelings about the child they had in common. I watched as

defenses fell and they were able to make plans for this child's future. I also made a point to do a sort of "debriefing" afterward with the birth parent and the foster parents apart from each other. This can also be done with the therapist. This is important to do particularly if another meeting is planned. I asked both the birth parents and the foster parents what they thought of the other.

They all expressed their relief in meeting the other, admitting that they were nervous and afraid of being judged. We were able to talk about how the meeting was important, and I thanked them for putting aside their own differences to help the children.

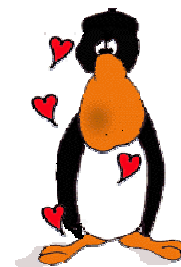
Over time, some birth parents and foster parents have been able to work so closely that if their children are returned, the birth mothers have called the foster parents to act as relief parents. This is also a therapeutic tool in transitioning children in cases of reunification. Even if reunification is not possible, after meeting each other, the foster parents are sometimes chosen by the birth parents to become the adoptive parents. When that occurs the birth parents can feel empowered, and sometimes make the process less adversarial for everyone. I have worked with several birth parents who opted to sign specific adoption consents and avoided a painful and possible lengthy termination trial of their parental rights.

When both sets of parents have met, it makes for smoother transitions when visitations are part of the case plan for children. If face-to-face meetings are not possible, then phone calls can be used as well. Each person needs to continue to keep the child's best interest in mind at all times. In all reality, this is often difficult, but important to do.

I have watched as father spoke to father, and mother to mother, both seeing the humanness of the other, realizing that both loved and cared for the children in their own ways. Some of these relationships have even continued throughout the years. Now that is what I call teamwork.

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ABOUT THE AUTHOR: Krista McCoy, MSW, LSW, is a biracial, transracial adoptee. She is appointed to the Illinois Adoption Advisory Council where she advocates for children and families from the foster care system. She is also the executive director of Children Remembered, a not-for-profit organization which provides support, education and advocacy for people separated from birth parents by adoption, foster care or divorce. She has been a public speaker on issues of foster care, adoption and child abuse for the past 13 years. To contact McCoy, or have her speak at a conference or workshop, e-mail her at [keptsafe@sbcglobal.net](mailto:keptsafe@sbcglobal.net) or mail her at P.O. Box 234, Northbrook, IL 60065-0234.



*SOURCE: Fostering Families Today, March/April 2005*



## Welcome New Foster Parents

Submitted by Will Herber

Please welcome Heather Steiner to our foster care community. Heather lives on the north side of the city of La Crosse (actually in the Town of Campbell on French Island). Heather joins us as a respite care provider for all of the licensed foster homes in La Crosse County. She currently owns and operates a day care in her home and is assisted in the provision of child care by her sister who is also state certified. Heather prefers to care for children ages 0 to five years however she has a lot of experience in working with adolescents that have been in alternate care situations. Heather became interested in foster care when a friend of hers talked to her about area "receiving homes" that some private adoption agencies use prior to transition to adoptive homes. Heather has chosen respite care at this time because it fits her family best right now. If you should happen to see her at trainings or up and coming foster care events, please welcome her.



## Welcome Meghan and Betsy, our Alternate Care Unit Student Interns

Hello! My name is **Meghan Rentschler** and I am a student intern from the University of Wisconsin-La Crosse. I will be graduating in May with a Bachelor's degree in Sociology and an emphasis in Child Youth Care. After graduation I will be returning to Madison and working with adults with serious mental illnesses as a resident counselor. I plan on attending either the University of Wisconsin-Milwaukee to pursue my Master's in Social Work or the University of Wisconsin-Stout to pursue my Master's in Counseling. I previously interned at La Crosse County Human Services during the summer of 2005 and am excited to return to the Alternate Care Unit! As an intern I will continue to piece together the confidentiality packet, work on kinship assessments, and go on home-visits. I am looking forward to meeting many families in the community and getting a great experience once again! Hope to see you around!

My name is **Betsy Thesing**. I am a senior social work major from Viterbo University. I will be covering Tracy Puent's caseload until she returns from maternity leave. I love to read and spend time with my two wonderful nephews. I am really excited to meet the foster parents and children.



## Foster Parent Training March 2006

### Placement Decisions for Ongoing & Concurrent Homes



As many of you are aware, the Department offers generalized training for foster parent's every other month, which is offered the first Tuesday of that designated month. The upcoming training is set for March 7<sup>th</sup> from 6 to 8 pm at the Human Services basement auditorium. This training will outline how the Department makes decisions on placement options for children coming into care and will be facilitated by social worker Kay Collister (Placement Specialist) & social worker Richelle Zimmerman.

This training is designed to get at the complexity of placement decisions as well as hands-on activities that allow the participants to experience this matching process. This training is excellent for **foster homes that are doing ongoing foster care or concurrent planning homes** who have an interest in understanding more about how placements occur and what goes into such decisions. If you have any questions regarding this training please contact Richelle Zimmerman at 785-6041. Otherwise hope to see you at the training on 3-7-06 at 6 pm!



The date for the Harvest of Thanks has changed. It will be held on

**Thursday,  
November 2, 2006**

at the Newman Center. Be sure to mark this new date in your calendars!



### *What Do You Mean By .....*



**Anemia:** A symptom, not a disease, in which the blood is unable to provide adequate oxygen. There may be no obvious signs but drowsiness, headaches, dizziness, and shortness of breath are common.

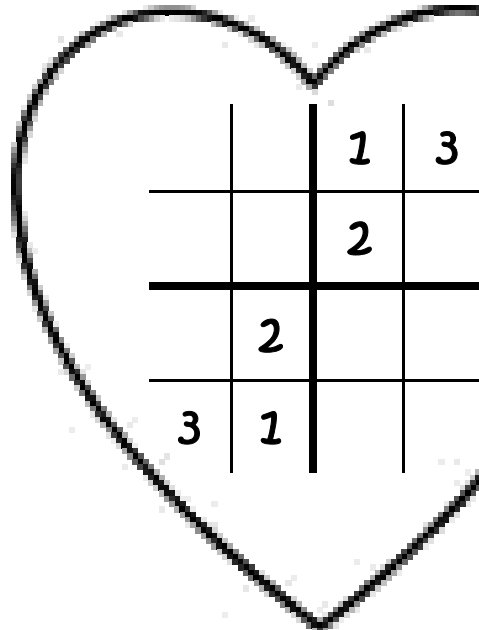
Anemia has various forms and ranges in severity. Sometimes the body adjusts so well that there is no functional impairment. Treatment depends upon the cause of the anemia.

**Heart murmur:** Sounds from the heart other than those normally present. A murmur is caused by the blood passing over a rough-ended valve, flowing through a constricted opening, a defect in a heart valve, or by backflow of blood through an incompetent valve.

*Excerpted from Adopt! January 2005. Published by Adoption Resources of Wisconsin.*



Fill in the grid so that each row, column, and box contains the digits 1 through 4.



Unscramble these Valentine's Day words. Then, use the letters in the numbered boxes to read the secret message.

TEARH       
9 4 8

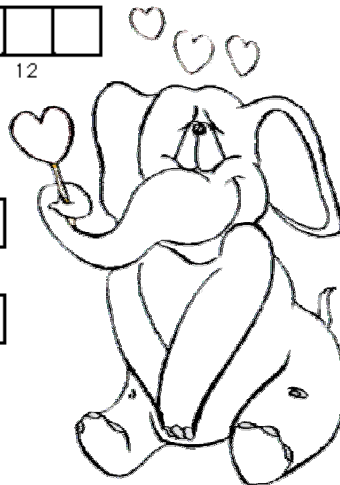
CNAYD        
7

WESRFLO          
1 10 12

LEOV      
2 3

DACRS        
11 6

DUPIG        
5



1 2 3 4

5 6

5 7

8 9 10

11 5 12

Face Paint  
(Child Safe)

Feb. 2 Groundhog Day

4 Thank a Mailman Day

5 Super Bowl Sunday

8 Boy Scouts Day **Celebrate**

11 White Shirt Day

12 Lincoln's Birthday

13 Read to Your Child Day **these**

14 St. Valentine's Day

15 Gum Drop Day

20 President's Day **February!**

22 Washington's Birthday

23 Banana Bread Day

27 Polar Bear Day

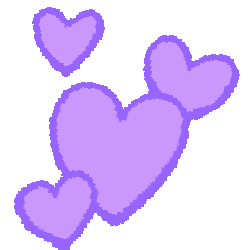
28 Mardi Gras (Fat Tuesday)

You will need:

- 1 teaspoon corn starch
- 1/2 teaspoon water
- 1/2 teaspoon cold cream
- Food coloring, as desired
- Small yogurt container, clean and dry
- Small paintbrush

Stir together the cornstarch and cold cream until well blended. Combine with water. Add food coloring, one drop at a time, until the paint becomes the desired color. Experiment with the colors by adding more drops of the same color for a darker paint or by adding a different color to create a new shade. Paint designs on faces with a small paintbrush; remove with soap and water. The face paint may be stored in covered yogurt containers.

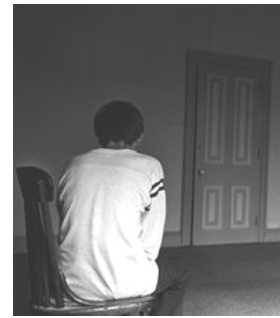
Adapted from "[Prime Time Together...with Kids](#)" by Donna Erickson. Augsburg Publishing



# fostering perspectives

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## Children Who Don't Love: Reactive Attachment Disorder

Psychologists and researchers have confirmed what we have known for a long time: poor parenting in early childhood can have a significant negative impact on children. Without the foundation of a close psychological bond with one or more caregivers in their first five years of life, children can develop "attachment disorders" such as Reactive Attachment Disorder (RAD). Left untreated, children with RAD or other attachment disorders may never learn to form normal relationships with others.

### How does it start?

It is believed that Reactive Attachment Disorder is most often caused by poor care by the parent or caregiver in the first five years of life. In the case of an infant, parenting poor enough to cause RAD can include failure to comfort, touch, make eye contact, and generally meet the needs of a child. In addition, researchers speculate that RAD may be induced by experiences such as adoption, the death of a parent, abuse, neglect, unresolved chronic pain (earaches or colic)—anything that causes a break in a child's normal, healthy bonds with a caretaker (Reber, 1996).

Not surprisingly, kids in foster care are at greater risk for RAD than children in the general population. One study of maltreated infants found that 80 percent showed signs of insecure/ambivalent attachment (Cicchetti & Barnett, 1991).

### How do you recognize it?

In *Children at Risk for Reactive Attachment Disorder: Assessment, Diagnosis and Treatment*, Keith Reber describes children with the insecure/avoidant attachment typical of RAD as showing "the most confusing, contradictory behaviors, marked by two conflicting drives: approach and avoidance. A burst of anger may be followed by a sudden frozen watchfulness (Main & Soloman, 1990; Fraiberg, 1980; Delaney, 1991). This child will turn away from the caregiver, refusing to make eye contact, or will arch her back, push away, or fight viciously to avoid closeness. When distressed, she will not seek out caregivers or allow comforting. On the other hand, this child will, without fear, ask to be taken home by a stranger."

Beyond these conflicting drives, a wide range of symptoms have been associated with RAD. Children with RAD can be

- **Superficially engaging and charming.** Children with RAD may easily win adults over, hiding extreme misbehavior and avoiding blame by lying and projecting an image of innocence.
- **Cruel to siblings or animals.** Pets are often the victims of a child's anger.
- **Inappropriately demanding.** These children are terrified of losing parents (many of them have lost parents in the past). They are also afraid of losing control. This can lead to illogical demands and threats at times of normal leave-taking, such as leaving the child with a baby-sitter (Reber, 1996).

*Even if your child exhibits one or more of the characteristics listed above, he or she may not have a RAD. The truth is, RAD can be very difficult to diagnose.*

If you suspect your foster child has serious trouble with attachment, your first step should be to talk with your social worker. He or she may know where to go to have the child evaluated. Unfortunately, this can be costly, and there are a limited number of individuals capable of conducting this kind of evaluation .