

SW 510 - Shayna Chupein

What Comes Next?

A Guide for Kinship Foster Placements



Introduction

For children entering foster care in Montana, kinship offers a valuable way to maintain family connections and stability while the family of origin works efforts with the department for reunification. Kinship providers may be licensed or unlicensed and may be family members or those who have existing strong relationships with the child prior to involvement with Child & Family Services (“Considering Kinship Care”, n.d.) This article is designed to give kinship care providers an understanding of what to expect from CFSD as well as from the child as they are placed in your care.

What is the role of a kinship provider?

As of January, 2015 there are 2,777 children placed in Montana's foster care system ("Montana's foster care", n.d.), nationally . Children entering foster care in Montana have been deemed by a Child Protection Specialist to be in immediate or apparent danger of harm (Children and Family Services Policy Manual", n.d.). After placement of the at-risk child, the department will work with the birth parents as well as other treatment team members in order to successfully reunite the child with the family of origin when at all possible. Kinship providers can use their existing relationship with the child and family to support family bonds and security which is vital for the well-being of the child. Kinship providers may work with therapists, the legal team, and the social worker in order to assure all the child's physical and emotional needs are met as well as all steps are taken to successfully reunite the child with his/her family.

What to expect from your social worker:

As the child placed with you transitions into your care, your relationship with your Child Protection Specialist will be an important component to successfully acclimating the child to your care. Regardless of the relationship you had with the child prior to placement, involvement with Child & Family Services places a large amount of stress on all family members including the child. Your CPS can assist you with referrals to mental health and medical providers, in home services, and respite care.

Being in consistent communication with your CPS will allow you to be updated on the status of the case and gain access to services within community. If there are concerns with the placement of the child, your CPS can work with you to create a Placement Stabilization Plan in order to address your concerns and prevent disruption of the placement.

What to expect from the child in your care:

Children within the foster system have either experienced or been in imminent threat of experiencing a variety of trauma. Adverse Childhood Experiences (ACEs) are shown to have

longstanding effects on the child in regards to their quality of life as well as causes of illness and death (Injury Prevention & Control, 2013). Intense and prolonged stress can result in a variety of health ailments as well as impact the development of the brain. ACEs can similarly coincide with early pregnancies, suicide, sexual activity, and drug use. (Audage & Middlebrooks, 2008). Additionally, many children in foster care may have mental health or physical diagnoses in which the kinship care provider and treatment team must be adequately prepared to address.

Reactive Attachment Disorder (RAD):

Reactive Attachment Disorder is a diagnosis which affects children in foster care at a disproportionately high rate. Although it is seen in less than 1% of children nationwide, 40% of children in foster care exhibit symptoms of RAD. The DSM-IV-TR designates RAD as “behavior enacted before the age of 5 that is disturbed and developmentally inappropriate regarding social relatedness. Children with Reactive Attachment Disorder may exhibit highly inhibited symptoms such as isolation, failure to form relationships with caregivers, and hypervigilance. Those children with disinhibited RAD symptoms may form relationships indiscriminately, even with strangers (Balasingham, n.d.).

Some signs of reactive attachment disorder include:

- child who is superficially charming or engaging
- child who fails to respond to foster parents attempt at soothing
- lying about the obvious
- false allegations of abuse
- triangulation of adults
- lack of cause-and-effect thinking
- stealing
- lack of conscience

Simply put, children with Reactive Attachment Disorder struggle with forming healthy emotional attachments (“Reactive Attachment Disorder”, n.d.). Due to the experience of unreliable or negative relationships in early childhood, your child may struggle with forming a healthy attachment with you and other adults when placed in your home. Children with RAD may present as anxious, withdrawn, and fearful or, oppositely, they may seek to form attachments with each new person they meet. These children may struggle in home and school and you may require additional supports from agencies and your CPS in order to build structure and security to assist the child in beginning to form healthy attachments.

Oppositional Defiant Disorder

Another common diagnosis among children within the foster care system is Oppositional Defiant Disorder or ODD. Children with ODD demonstrate an ongoing pattern of hostility, defiance, and uncooperative behavior with authority figures, including foster parents, which severely impacts their day to day functioning. Symptoms may include :

- Excessive questioning of adults
- Frequent Temper Tantrums
- Mean and hateful talking with adults
- Deliberate attempts to annoy or frustrate people

(Tip Sheet: ODD Intervention, n.d.).

Due to the struggles in early attachment and stability of the child in foster care, children exiting foster care are disproportionately represented in the adult and juvenile justice system. Over 70% of all State Penitentiary inmates have spent time within the foster care system. Early intervention and support with the foster child are essential to forming healthy attachments and coping mechanisms which may follow the child into their adult life.

Children with strong social bonds are shown to have a lower chance of adulthood delinquency (“Striking Back in Anger”, n.d.).

Intervention and Helping Children Succeed

For children both with RAD and ODD, negative childhood experiences as well as poor bonding and attachment in early childhood can have lasting implications into their adult life. As a kinship provider you are in a position to learn with the child and show through example how to have healthy relationships and attachments. You should work with your CPS as well as your treatment team, including therapists, to learn how to best meet the needs of the child in your care.

For all children in foster care, consistency and structure will provide the foundation to addressing the symptoms of these diagnoses. Setting appropriate and reliable boundaries with the child in your care may help alleviate the anxiety as the child as well as provide support for you during moments of opposition. Focus on the positives with your child and pick your battles. Children transitioning into a new environment and with symptoms of ODD and RAD may test boundaries and question authority figures. This is a normal and expected part of the placement of the child and there is support available (“Tip Sheet: ODD Intervention”, n.d.).

Children with ODD have not learned how to navigate the world through healthy relationships. By providing fair consequences and expectations you may begin to teach them healthy ways to navigate relationships. Do not expect perfection and work with the child to begin to label their emotions. “Tina you seem very angry right now” or “I can tell you are frustrated” will serve as helpful ways for children to recognize and categorize their emotions in ways they had previously been unable to (“Tip Sheet: ODD Intervention”, n.d.).

As a kinship care provider, there are resources available to you for your support. Utilize respite care, support groups, and individual therapy to address the emotions which this placement may bring up. Foster care placements are a stressful experience and navigating them on your own is difficult. There is a wonderful foster provider community in Montana who can help you through this journey. This article served to explain some of the normal reactions which may come up for children while in foster care to show that whatever experience you are having with the child in your care, you are not alone.

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