Self-Study Course

Child Abuse and Neglect in the Young Child

Revised July 2002

5 Hours Credit

Instructions: Read this course and complete the questionnaire at the back of the self-study. When you have completed the questionnaire, please return it to the Alaska Center for Resource Families for scoring. You may keep this self-study for future reference.

This self-study course was written by Aileen M. McInnis, Training Coordinator for the Alaska Center for Resource Families

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The Alaska Center for Resource Families, a project of Northwest Resource Associates, is funded through the State of Alaska Office of Children's Services to provide training opportunities for foster parents throughout Alaska.

Foster Parent Competencies:

910 Abuse and Neglect of Children and Youth

910-1 The foster caregiver can recognize signs and symptoms of neglect, physical abuse and sexual abuse; knows how and when and to whom to report this information; knows who is mandated to report; and knows how to support the child or youth in care throughout the investigation process.

910-2 The foster caregiver understands the types of family situations that can contribute to physical abuse, sexual abuse and neglect of children and youth.

910-3 The foster caregiver knows the primary goals of child welfare services and the types of services that can help abused and neglected children and youth and their families.

910-4 The foster caregiver understands ways in which foster caregiving can help children and their families overcome the problems that contribute to and result from abuse and neglect.

911 The Effects of Abuse and Neglect on Child Development

911-1 The foster caregiver has a thorough knowledge of the stages, processes and milestones of normal physical, cognitive, social and emotional development from birth through adolescence.

911-2 The foster caregiver knows the potential negative effects of child abuse, neglect, and sexual abuse on development, and can identify indicators of development delay or problems.

911-3 The foster caregiver can contribute to the development of case plans that address developmental problems, and can assist in referring and accessing developmental assessment and/or services for a child in care.

911-4 The foster caregiver knows how behavioral problems of children and youth may be symptoms of underlying developmental delays or emotional disturbance.

911-5 The foster caregiver knows age-appropriate and realistic expectations for children and youth with developmental problems, and can assist primary families in understanding their child or youth's developmental problems and needs.

FOSTER CARE MASTER SERIES:

CHILD ABUSE AND NEGLECT IN THE YOUNG CHILD

Introduction*: The Vulnerability of the Early Years*

NOTE TO READER: *In an effort to keep this material readable, sources used to write this course will be not be footnoted, but will be listed at the end of this training packet.*

For foster parents who care for young children, the effects of maltreatment can be heartbreaking. Foster parents are asked to care for aggressive toddlers, depressed infants, preschoolers with violent tendencies, and premature infants shaking from cocaine addiction. The effects can last a lifetime. In the book, Ghosts in The Nursery, Robin Karr-Morse and Meredith Wiley explain the impact violence has upon the physical and cognitive development of children. In their work, these factors emerge as having long term negative effects on a child's brain and social development:

- *Early physical or sexual abuse*
- *Domestic violence during pregnancy*
- *Maternal stress during pregnancy*
- *Chronic parental depression*
- *Neglect or lack of stimulation during early years*
- *Malnutrition during pregnancy or during early years*
- *Early breaks in caregiving (or disruptions in attachment)*
- *Teratogens (or fetal exposure to toxins such as drugs, alcohol or lead)*

Many young children have experienced these conditions before coming to foster care and are high risk for long-term damage. About 2000 children die each year as a direct result of child abuse or neglect. Of these, 78% are younger than 5 years old. 38% of these children are younger than 1 year of age. 44% die from the results of neglect. 51% die as a result of physical abuse. For young children facing severe abuse or neglect, foster care may literally *save their lives*. But we also understand that young children need an opportunity to develop attachments to consistent caregivers. Foster care is not a permanent solution.

Recent changes in federal and state laws have enacted timelines that will hopefully prevent children from lingering in foster care. While reunification is still the major goal with children in foster care, the Division of Family and Youth Service must file for termination of parental rights if a child has been in foster care longer than 15 of the last 22 months (unless there are compelling reasons). Young children must have more frequent reviews. The safety and wellbeing of the child must be the focus of the court's actions. The change in the law reflects an increasing recognition of the special needs of our youngest in care. Early and swift intervention for these children is the key to healing and stopping the cycle of violence.

Research by Doris Lewis (1989) supports the fact that while adult violence can result from a violent childhood, *it is not inevitable.* She found children with several internal factors *combined* with a negative early childhood were more prone to violent behavior when they became adults. Internal factors include cognitive deficits, alcohol or drug exposure, or neurological deficits such as traumatic brain injury or ADHD. If the child experienced good parenting and a responsive caregiver, the child was much less likely to be violent in adulthood. This formula might look like this:

Physical Vulnerability Of Child

+ Environment/Caregiver Response

= Long Term Effects On The Child

The lesson for foster parents is this: while we cannot control the internal factors of what a child brings to our home, *we can offer a positive environment and relationship to a child, and thus help with the positive development of a child*. The above formula offers hope that with an understanding of the impact maltreatment has upon a child, and a set of skills to provide a positive sensitive response, a foster parent can give a child a much better chance to get a good start. The quality of the emotional and nurturing care we give to young children seems to have as much impact as the physical care we offer. Research shows children are at high risk for falling behind in development *after* foster care placement and that foster children are at higher risk for health and developmental problems than the rest of the population. Foster parents (and social workers) to young children have a very important job. We are charged with keeping the child safe, but we also need to provide a good start for these children at the most vulnerable time of their lives.

Part One of this self-study will explore the effects of abuse and neglect upon the young child. **Part Two** will outline the newest research on brain development in early childhood and discuss the critical task of attachment in the early years. **Part Three** will summarize what we know about the effects of prenatal drug and alcohol exposure. Finally in **Part Four**, a foster family shares their experience of caring for young children in foster care.

Let's give our foster children a good start,
so they can have a chance at a good finish!

Part One: *Effects of Abuse and Neglect*

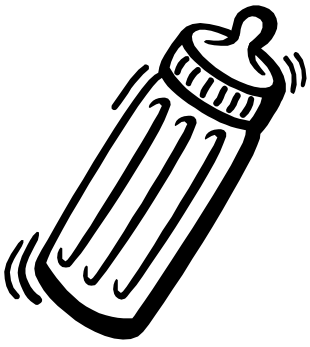
How common is child abuse? National statistics reveal that of total child maltreatment reports, 54% involved neglect, 22% involved physical abuse and 8% involved suspected sexual abuse. Over 80% of the situations involved alcohol or drug addiction in the family. How are children impacted by maltreatment? That depends on several factors. When did the abuse happen? How long did it last? What kind of abuse occurred? Who is the child involved and what happened to him and his family? In this section, we will look in depth at three areas of maltreatment: *neglect*, *physical abuse* and *sexual abuse*.

Neglect: Feeding The Hungry Heart

Infants and young children have two major developmental tasks: to physically survive and to attach to a consistent caregiver. Neglect severely impacts both of these. *Neglect is the failure by a person responsible for the child's welfare to provide necessary food, care, clothing, shelter or medical attention.* Physical neglect includes nutritional neglect, failure to provide medical care, and failure to protect a child from physical and social danger. A neglected child often experiences the lack of appropriate parenting and lack of a stimulating environment as well.

Neglect is the most frequently reported form of maltreatment for young children and is the primary reason for foster care placement among substance abusing families. Because infants and young children are so dependent on their caretakers, neglect can cause significant developmental harm and may compromise a child's physical health. Neglect can result in impaired academic achievement and social success. In one study, children who experienced severe neglect during early childhood showed a wider and more severe continuum of problems upon entry into kindergarten than children who were physically or sexually abused. Neglect during infancy can contribute to poor attachment, poor growth, failure to meet developmental milestones, trouble developing self-control, and trouble relating to peers. Young children and babies who live in unstable or unresponsive environments or who don't attach to a consistent caregiver can also impacted in brain development, including major delays in language and speech.

A foster parent recalled how a three-month old placed in her home would lay in the crib and be very quiet. When she would approach the baby, the child would turn his head away and not make eye contact. The foster mother gradually increased physical contact and paid special attention to establishing a nurturing feeding pattern. She actively attempted to make and keep eye contact with the child. Her efforts paid off. By six months, the baby was responding to both foster parents' voices and had gained weight. Most encouragingly, he was actively seeking to engage the foster parents' attention with cooing sounds and eye contact.



Another foster family told of two preschool aged sisters who were very dependent upon each other. The girls did not connect with either foster parent or turn to them for comfort. They seem to prefer their own company. At dinner, they gulped down food quickly and ate with their fingers. At night, the girls sneaked into cupboards and devoured things such as cake mix and brown sugar. The older sister was quite protective of the younger child. Though the girls would start out in their own beds at the beginning of the night, the foster mom would often find them in the morning sleeping together with their arms around each other for comfort.

Neglect is often paired with other forms of abuse. Physically abused children also suffer from neglect in 50% of reported cases. Drugs and alcohol can so occupy a parent's attention and energy that the needs of children are ignored and unmet. Addicts often engage in risky behavior and deal with questionable peers putting children at higher risk for sexual abuse. Children born to addicted parents are also at high risk for fetal alcohol syndrome or prenatal drug affects. There is a high correlation between neglect of young children and the presence of depression in the birth mother.

Failure To Thrive

Early neglect can kill. When feeding patterns are interrupted, emotional needs are not met, or medical treatment is withheld or inconsistent, children fail to gain weight and grow. *Failure To Thrive* (FTT) is a serious medical condition most often seen in children under one. Weight, height, and motor development fall significantly short of average growth rates of normal children. Organic condition can result in FTT such as serious kidney, heart, or intestinal disease, a genetic error of metabolism, brain damage, reflux, or complications from anemia or cerebral palsy. However, FTT can also result from a parent not giving a baby enough to eat, severe emotional neglect or abandonment. Characteristics of FTT include weight below the fifth percentile of the normal range or a child whose weight is decreasing. This weight loss does not seem to have a medical cause. These children usually gain weight when given adequate feeding and appropriate stimulation (such as in foster care or in a hospital.)

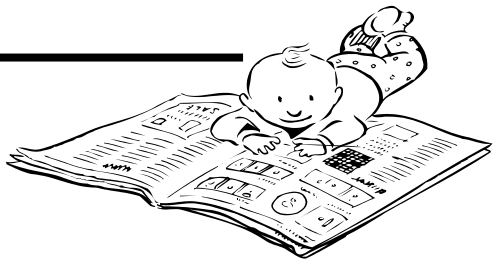
Underfeeding causes over 50% of cases of failure to thrive. Some underfeeding is due to lack of understanding of what an infant requires, as might be the case with a parent with mental retardation or a young parent with little knowledge about feeding a baby or a parent with the wrong formula. Other causes include depression and personality problems in the parents, poverty (watering down the formula to save money), and other sources of social or family stress. Deficits in the critical attachment process between parent and child are thought to be partially responsible.

Effects Of Neglect

- Subdued crying, whimpering, mewing.
- Unattended diaper rashes or skins abrasions. Dirty or unkempt. Lice.
- Flat head or bald spot from laying in crib for long periods of times.
- Poor teeth development, decayed teeth or ear infections from propped bottles.
- Complications from untreated medical or dental problems. Skin rashes.
- Inability to be comforted, inconsolable, crying, fussy. May cry if not held constantly.
- Hypervigilant (won't take eyes off you).
- Fearfulness, anxiety, clingy.
- Speech difficulties and delays.
- Headbanging or rocking for stimulation.
- Poor eye contact, detached from others.
- Indiscriminate attaching.
- Delays in gross motor (rolling, sitting, attempts to crawl); in social areas (seeking eye contact, smiling, cooing); and in speech (babbling, responding to a parent's voice).
- A quiet non-demanding, depressed baby. Passive/withdrawn, Lethargic. Baby seems like a listless "blob" with little personality.
- Minimal weight and height gain. Failure to thrive. Cognitive delays due to poor nutrition.
- Hyperactive behavior, inability to concentrate or complete small task, impulse control.
- Difficulty playing with toys & other children.

MINI-WORKSHOP

Fostering The Neglected Infant Or Young Child



- All infants and young children who come into foster care should have **a thorough physical exam** as soon as possible. Foster parents should be especially observant regarding eye problems, teeth, skin, and ear infections. Make sure immunizations are up to date!

- For children with failure to thrive or eating difficulties**—talk to doctor or nurse about feeding schedule and adaptations.** For example, babies with cleft palates or birth defects affecting mouth and throat may need special adaptive bottles or nipples. Failure to thrive babies may need smaller feedings more frequently or need a specially mixed formula.

- **Provide regular healthy meals and snacks.** Set limits for a child if he overeats. Children who have been neglected often have eating problems such as overeating or hiding food. Don't battle over food. Set simple rules and limits, such as a two helpings limit or keeping all food in the kitchen area.

- It is critical that young children **make an attachment to a consistent caregiver**. Make the most of your feeding. Encourage eye contact, snuggle a baby close to you, talk and sing to a baby, and encourage communication. Never prop a bottle to feed a baby!

- **Watch a baby's cues to when he getting overloaded.** Babies will often look away, yawn, sneeze or flail their arms. For a child who is easily stimulated, gradually engage and increase the stimulation to avoid stress to a child. One foster mom started feeding a child with the child sitting on her lap facing away from her. She gradually moved the child around until he could both feed and look her in the eyes.

- **The eyes have it!** Help a toddler or preschooler **focus attention** by looking him in the eye. Or touch your finger to his nose and then touch your own and say 'Look at me, please." Make it a point to give a child your full attention as much as possible to help him connect to you.

- **Provide a variety of interesting age appropriate toys** to encourage thinking, problem solving, jumping, and fine motor skills. Toys don't have to be expensive! Give bowls and spoons to bang; make simple blocks to stack; provide crayons and coloring books; or, make colorful mobiles of yarn and magazine pictures. Neglected children may have initial trouble knowing how to play, so take time to show how to stack blocks or get a sound out of a toy.

- When putting a baby to sleep remember, back to sleep! **Placing a baby on his back to sleep** seems to reduce the risk of Sudden Infant Death Syndrome. But give the baby lots of blanket time on his tummy when awake to help a baby develop his upper body strength.

Physical Abuse: The Hand That Hurts

Physical abuse is the non-accidental injury of a child by a caretaker. Physical abuse may include hitting, slapping, shaking, beating, punching, shoving, pushing or throwing. Children may be beaten or hit with cords, spoons, belts or sticks. Children may also be burned with cigarettes, irons, stoves, or hot water. Physical abuse causes both emotional damage and immediate and long-term physical injury.

> A 3-month-old baby and her 17-month-old brother were taken into protective custody when a doctor's examination discovered abuse. X-rays of the 3-month-old revealed old fractures of the baby's finger and arm, and an old skull fracture. The 17-month-old also showed clear signs of maltreatment. The father was intoxicated.
>
> --*From* ***Alaska's Children of a Hidden War***

Effects Of Physical Abuse

- Physical or cognitive delays related to abuse (such as Shaken Baby Syndrome).
- May have physical injuries needing attention such as infected injuries, internal injuries, bruises or broken bones.
- Delays in development, especially in speech or small motor development.
- Aggressive acts toward others such as hitting, biting, and rageful tantrums.
- Self-destructive behavior such as headbanging or high risk play.
- Extreme or inappropriate reactions to pain.
- Difficulty playing and in make believe, parentified, adult behaviors.
- Fears at bedtime, fears of strangers. Flinching or fear of touch.
- Disassociative disorders or becomes detached or difficulties with attachment. Doesn't look to parent for comfort.

A physically abused child may need ongoing medical appointments, orthopedic devices, physical therapy or services such as special education or tutoring. Some battered children do not feel safe in their own bodies. They may overreact to pain and discomfort, and or deadened themselves to pain so that they don't react normally. Many battered children feel they are to blame for the abuse. They feel they were hit because they were bad, and believe being in foster care is a punishment for being bad. Some children deal with their confusion and fear by striking out. Other children withdraw into themselves others and have difficulties socially. Physically abused children are often concerned with basic survival skills, such as staying safe, being acutely aware of surroundings and other people's feelings, and taking advantage of others.

> A foster family was stunned to discover that whenever they would discipline or scold their four-year-old foster son, Sammy would get so upset that he would start to hit himself, sometimes in his arms, sometimes in his head. Sammy was a shy, skittish boy who had been severely beaten by his mother's boyfriend when he would misbehave or have an accident in his pants.

The age and developmental stage of the child may determine how a child reacts. Infants who are physically abused will most likely retreat and become fearful, shutting down or losing weight. When abuse begins later in the preschool years, children are more likely to become either aggressive and distracted, or withdrawn and depressed. Young children who have been physically abused seem to be less enthusiastic about learning and playing. Children may also exhibit nightmares, bedwetting, regression of recently acquired skills, and hyperactive behavior. Children exposed to violence between the adult caregivers in their homes show symptoms similar to if they experienced the violence themselves. In physical abuse or domestic violence, children often identify with either the aggressor or the victim, becoming generally aggressive or generally passive.

Research indicates a child may affected by violence while still in the womb. Experiments in rats show that pregnant rats exposed to chronic violence give birth to young who show more aggressive behavior after birth. The harmful effects of this exposure are compounded by prenatal exposure to alcohol. Studies with monkeys exposed to both stress and alcohol during fetal development show the offspring are more hyperactive and aggressive, especially if exposure occurs during the first term of pregnancy. When humans experience extreme stress, they produce the hormone *cortisol*. This hormone puts a person on hyper-alert and allows them

to be acutely sensitive to their surroundings. If a woman is pregnant, her developing fetus is also exposed to cortisol that can affect a fetus developing brain. Cortisol is also produced in children who are in a violent or abusive situation. Think of it as a chemical that is pumped into the brain when we need to think fast and act fast for survival. This can be lifesaving in some situations, but if this hyper-alert state is chronic, cortisol can act like a poison, focusing all energy on survival and taking it away from normal development. A child who grows up in chronic stress may become over sensitive and may seem to over react to anything kind of stimulation. They may have a harder time relaxing and enjoying themselves through play.

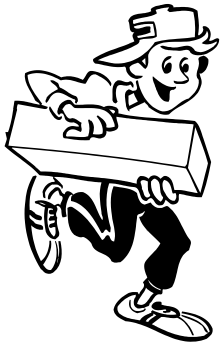
Young children often recover fairly well from earlier abuse and show great signs of recovery if they are placed in stable, sensitive homes. Foster parents should be aware that these children and babies may not be as responsive or "cuddly" as other children. But these are the babies who need you the most! Children who are physically abused tend to have a harder time making a good attachment because they do not feel safe. As a foster parent, you help a child heal by providing a safe environment. But you may need "take charge" and put the extra effort forward to help these children learn to trust you.

Shaken Baby Syndrome

Shaken Baby Syndrome occurs when children are violently shaken either as part of a pattern of abuse or because a caretaker has become overly frustrated with a crying or fussy baby. Violent shaking is especially dangerous to infants because their neck muscles are undeveloped and their brain tissue is exceptionally fragile. Vigorous shaking repeatedly pitches the brain in different directions. Those sudden motions can cause some parts of the brain to pull away, tearing brain cells and blood vessels in the process. When a child is shaken in anger and frustration, the force is multiplied 5 or 10 times more than it would be if the child had simply tripped and fallen. Initially, there may be no obvious outwards signs of injury to a baby, but there may be internal injuries in the brain or behind the eyes. These injuries can include: brain swelling and damage, subdural hemorrhage, mental retardation, developmental delays, blindness, hearing loss, paralysis, speech and learning difficulties and death.

Infant Learning Programs

Infant Learning Programs are programs run through nonprofit agencies and tribal organizations throughout Alaska and are funded by the State of Alaska. Infant Learning Programs provide early intervention and screening for children from birth to three. Services include developmental screenings and at home services to help babies and young children overcome delays and lags. Do you think the young child in your care could benefit from ILP? Contact your social worker or local OCS office for the location of the Infant Learning Program closest to you.



MINI-WORKSHOP

Fostering The Physically Abused Infant Or Young Child

- The first step is a **thorough physical exam**. The risk of physical damage is very high. Some damage may be internal and not detected by simply looking at a child. Get a good physical exam soon after child's placement with you.

- **Speech and language delays** are common in young abused children. Talk to a child. Describe what you are doing. Make reading to your child a regular part of the day. Contact the Infant Learning Program if you feel a child may have delays.

- **Touch!** Most children respond quickly to nurturing touches such as hugs, piggyback rides, kisses and holding hands. But be sensitive to the more hesitant or fearful child. Try less threatening touches such as brushing hair, pats on back, sitting next each other and side hugs. Use soft toys and cozy blankets.

- **Avoid loud voices and angry, rough handling.** Children who have been physically abused often have a reflexive reaction toward raised voices or hands. Keep your voice and the environment as calm and steady as possible.

- **Be aware of the child who "pushes buttons.**" Some children seem to try to defy their caregivers at every turn or almost seem to *want* to get punished. Remember, children may have learned that to get attention, they may have to act out. Stay calm. Focus on what the child needs, not how he makes you feel. Give the child attention when he does well, including verbal praise and a pat on the back.

- **Help children identify feelings.** Many hurt children show all strong feelings through aggression or anger. Feeling lonely or scared may be expressed through hitting or tantrums. Preschoolers are able to learn the feelings of *mad, glad, sad* and *scared*. You can use simple faces drawn on a piece of paper to help a child learn to identify his feelings. Teach children to use words when angry, not fists. You may also need to get the child to do something physical such as punch a pillow, throw a ball or jump up and down.

- **Have a plan in place for aggression.** Establish a house rule that it is not okay to hurt yourself or others. Provide close supervision for a child prone to hurting others, and intervene as he starts to wind up. Use distraction, move a child to another activity, or move physically closer him to provide support. You may need to restrain a child who is physically hurting himself or others.

- **Use time-out sparingly.** For children with poor social skills, being isolated from others as a punishment may not be the most effective way to use time out. Timeout when used punitively may also increase anxiety and fear in a child. Separating a child from the activity but stay near him as he takes a break to calm down.

Sexual Abuse: The Ultimate Betrayal

Foster parent often find it particularly difficult to understand why or how a small child can be molested. *Sexual abuse or molestation may include sexual touching, forcing a child to touch an adult sexually, penetration with a finger or mutual sexual touching, exposure to pornography, or intercourse.* Physical exams may show tearing of the vaginal tissue, bruising, scarring, scrapes or bruises, infections or even venereal disease. It is also very possible that a physical exam will not show any physical signs of penetration, since the abuse may take the form of touching and exposure, and not penetration.

Sexual abuse is the least common form of abuse to infants, although the proportion of young children reported for sexual abuse doubles by the time children are in preschool. In one study, sexual abuse increased from less than 9 % in infants to over 21% for preschoolers. Girls are more likely to be reported for sexual abuse than for boys, though boys are more likely to be physically abused while being molested. Young children who are neglected are higher risk for also being sexually abused. It is not unusual for a child to be placed in foster care for one reason (such as neglect or physical abuse), then later in the placement when the child is sexually acting out, the child is found to have a history of sexual abuse.

The common effects of sexual abuse upon young children are listed in the text box. However, it is important for foster parents not to view sexually abused children as "damaged goods." Sexual abuse is an experience, not a disorder. A sensitive response from a foster parent can serve as a healing and preventive factor in caring for these vulnerable children. Each child will be affected differently and need something different from you. Some children may feel tense or unsafe in their bodies, so may need extra care around touch. Some children are prone to nightmares and bedwetting, so need extra soothing or time for transition at bedtime. Other children are shy or scared around foster fathers or other men.

Effects Of Sexual Abuse

- Difficulty sleeping or relaxing. Infants may be clingy, fussy or hard to soothe. present stiff body or refuse to cuddle.
- Physical symptoms such as tears, bruises or rashes in the genital or areas; vaginal or penile discharges.
- Difficulty eating, especially for children who have been orally penetrated.
- Odd self-soothing behavior such as rocking, masturbation or head banging.
- Passivity, withdrawal and depression.
- Anxious or fearful, withdrawn, clingy.
- Unusual knowledge of sexual activities beyond appropriate for this age; overly interested in adult genitals or being sexual with adults.
- Seductive, adult-like, very sexual in relationships toward adults when wanting attention or affection, inappropriate displays of affection such as open-mouthed kissing.
- Parentified or adult-like.
- Difficulty in eating, sleeping or using the toilet. shows regression in behavior such as bedwetting, thumbsucking, wanting to use bottles, being very clingy, increased fear or baby-like behaviors.
- Sexualized behaviors and play such as excessive masturbation, inserting object into vagina or rectum, or being sexual with other children.

House Rules

A foster parent caring for a sexually abused child has two roles: to provide a safe environment for the child and provide a safe environment for others in the home. These can be established through *house rules.* House rules are guidelines that everyone in the family can understand and follow. A few simple rules for young children may include:

Everyone must wear clothes or a bathrobe when in public places of the house. It is not okay to walk around naked or in your underwear.

It is not okay for children to touch each other in their private parts.

We must have respect for our bodies and for others bodies. So it is not okay to hurt another person or hurt yourself.

When trying to guide a child's behavior, refer often to your house rules or expectations.

Cindy, your four-year-old foster daughter, comes into the kitchen in the morning with nothing but a tee shirt and panties on. You ask her to return to her room and put on some pants, because the house rule is that everyone needs to wear either clothes or a bathrobe when walking around the house.

Some children may need specific rules just for them.

One foster parent cared for a child who often tried to kiss other children. Instead of punishing the child, the mother established a rule that if the child felt he wanted to kiss another child, he should come to his foster mother for help. The mother then could help him determine if it was an "okay" touch.

MINI-WORKSHOP

*Fostering The Sexually Abused Young Ch**ild***

- **Get the child a good medical evaluation.** For children recently placed in your home, pay attention to any discharges, infections, rashes or scrapes you may have a chance to notice. Talk with the doctor if you are seeing bladder infections or bowel problems or if child complains of pain when using the toilet. Molested children who undergo a physical examination may be emotionally upset for a few weeks after the examination.

- **Be sensitive about touch**. Children who have been abused may be hesitant about touching strangers -- and that means you! Help a child feel safe by asking before you touch or respecting a child's wish not to be touched.

- Foster fathers play a special role in the lives of these children. **Foster dads need to go slowly in building trust with children.** Let the foster mom take the lead in bathing, dressing and putting children to bed. Stay involved, but go slowly.

- Some children have a poor sense of boundaries. They talk about their sexual abuse with strangers in the grocery store, or try to touch others in sexual ways. **Help a child build boundaries** by establishing house rules and talking to them about the consequences of their behavior. Identify safe people they can talk to about what happened to them. If a child is sexual with another child, stop the behavior gently but firmly and restate the house rule about touching. Provide close supervision and remind the child about the rule.

- If you have a young child who is sexually acting out, **provide careful supervision** when the child interacts with other children to avoid any risk that the child may hurt another child. Also, be extremely careful of who you leave the child with to avoid re-victimization.

- **Talk to preschool children about "good touch and bad touch".** Talk to children about how some touches are good touches are good to give and good to get (such as hugs and holding hands), but hurtful touches (such as hits and pinches) and touches in private parts (touching genitals or someone exposing themselves) are not okay. You can find books and videos for children on this topic at the local library or in video stores.

- **Be prepared to talk to kids about sexual abuse.** Children may reveal information to the foster parent or ask questions. Don't shame a child or scold them for talking about it. Develop some simple language to answer questions. "*Sometime adults have problems that make them want to touch little kids in their private parts. But there is a law that says that's not okay. Little kids need to feel safe and it is not okay for adults to touch them that way. I'm sorry what happened to you. This house is a safe place and that kind of touching is not allowed here."*

Part Two: *Brain Development And Attachment In The Early Years*

The brain is a miraculous piece of work. It develops more during pregnancy and early childhood than at any other time of life. We used to think a child was born with all his brain "hardware" in place. A rich environment merely provided experiences and knowledge to put into the brain. But with development of technology that allows us to take pictures of the active brain (such as PET Scans), we are getting a whole new picture. The human brain is an incredible organ that allows us to perform operations from the simple repetitive tasks of survival (such as eating or sensing danger) to more abstract thought (math, reasoning, and moral values).

Principles of Brain Development

From *The First Years Last Forever*

- The outside world shapes the brain's wiring.
- The outside world is experienced through the senses—seeing, hearing, smelling, touching and tasting—engaging the brain to create or modify connections.
- The brain operates on a *"use it or lose it"* principle.
- Relationships with other people early in life are the major source of development of the emotional and social parts of the brain.

But we are not born with a fully developed brain. A child's brain is born with many connections in place, but it is the interaction between the environment and the brain that actually develops and strengthens the brain. It is as if a baby is training for a running race. The more he uses a connection, the stronger it gets. If he doesn't exercise it or if it not stimulated, it remains weak or will prune itself away during later childhood. This concept is called "use-dependent" by researcher Dr. Bruce Perry of Baylor University. The brain develops in a preordained sequential fashion but the strength and dominance of these functions will be dependent on the kind of sensory stimulation a child receives. Children who grow up in a varied, sensitive and stimulating environments usually develop stronger connections and display better cognitive skills than children who grow up in non-stimulating, traumatic, or impoverished environments. In other words, *use it or lose it!* To understand how this affects children, let's look at two children.

Ray is a young baby whose mother dotes on him. She talks to him often, and sings him songs she remembers from her childhood. She looks him in the eye and smiles and coos until Ray coos back. Then she smiles and nods her head in encouragement. She rocks her baby gently to help him sleep. If we could look inside Ray's brain, we would see his brain popping, crackling and firing as it builds the connection between words, speech and his loving mother with attachment and feeling loved. Nurturing caregiving helps brain development in young children. Brianna, however, receives very little affection from her mother. Her mother is often too depressed to pick her up and leaves her in a crib for long periods. When she does talk to Brianna, it is often in a flat, uninteresting voice. Her mother sometimes takes a long time to prepare a bottle, and is often distracted or depressed while Brianna is feeding. Brianna's brain is making weaker connections, because her caregiving is inconsistent. Language, feeding and talking will not be linked pleasurably with human interaction and with her mother.

Language is especially sensitive to environment. In one study, children at 20 months who had mothers who talked to them often averaged 131 more words than children of less talkative mothers. At 2 years of age, the gap between these same two groups of children had more than doubled to 295 words. This is why neglect is so damaging to an infant or toddler's development. A foster child from a neglectful, chaotic or non-stimulating home experiences delays in language and speech.

How Abuse And Neglect Affects Brain Development

Neuroscientists have documented that sustained deprivation or exposure to violence at an early age can interfere with normal brain development in children. If a child's early experience is filled with fear and stress, then the neurochemical response to fear and stress become the stimuli that shape the developing brain. For example early trauma elevates stress hormones, such as cortisol. High cortisol levels during the vulnerable first three years increase activity in the part of the brain involved in vigilance and arousal. As a result, the brain is wired to be in a constant state of high alert. The slightest stress unleashes another surge of stress hormone causing hyperactivity, anxiety and impulsive behavior. While the brain is paying attention to fear and stress, other areas of the brain can remain underdeveloped. Autopsies on the brains of young children who were abused early in life reveal regions in the cortex and the limbic system (responsible for emotion, attachment, logic and reasoning) were 20 to 30 percent smaller than those in normal kids. Some foster children overreact to any type of stressful situation (even mildly stressful events such as going to school or a test). These children are quick to erupt because they are hypersensitive to this arousal. Concentration is difficult, so school is harder. Children have more difficulty with the subtle feelings of joy, excitement, interest and empathy. They tend to be more suspicious of the world outside themselves.

Experience may alter the behavior of an adult, but it literally provides the organizing framework for the brain of a child.

-- Dr. Bruce Perry
Baylor College of Medicine

> Sometimes, if somebody was just coming up to give us a hug and they'd say our names loudly— we would cower. We would actually throw our hand ups and cower. I did that all the time until I moved in with Richard, my foster father. I figure he was mad at me, and I thought he was gonna come hit me. So I just threw up my hands like, "you're not gonna hit me so just get away." After awhile you don't realize that it's not wrong any more. You see all this stuff and you don't realize that it is not wrong anymore to hit somebody...
>
> *John, 19 year old who spent six years in foster care in four different placements*

The brain adapts to survive in the world. Unfortunately for a young man like John, his brain perceived any person approaching him as harmful and caused him to instinctively protect himself, even though the threat wasn't real. These children need alternative, concrete skills to help them adapt. We literally need to help them develop different "connections" in their brains to help guide their behavior.

Formation Of Attachment In Young Children

Attachment to a caregiver is one of the most important developmental steps that happen in the first years of life. Attachment doesn't just happen--it strengthens over hundreds of daily interactions, starting with the very first meeting between parents and baby at birth. At its most basic level, attachment grows when a child has a need (eating, wet diaper, pain, loneliness) and a caregiver meets that need. A baby develops trust that his caregivers are not just a source of food, but a source of comfort as well. Babies need the emotional nurturance that only holding, cuddling, eye contact, rocking, talking, cooing and repeated interactions with a consistent caretaker can bring. Physical interactions build the connection between a baby and a caretaker and establish a blueprint for other relationships during the child's lifetime.

Researchers have found those children who receive warm and responsive care giving and are securely attached to their caregivers cope with difficult times more easily when they are older. They are more curious, get along better with other children, and perform better in school than children

This process of attachment has a corollary process in the brain, as babies begin to associate the caregiving of the parent (through feeding and holding and soothing and changing) with relief of discomfort and pain. The building of these associations happens over a long period of time. If a parent responds consistently to a baby's needs, this association strengthens. If a child's signals are met with pain, or ignoring, or rough handling, these same connections prepare for erratic and stressful feelings instead. This pattern forms a basis for how the child generally reacts to the world. Researchers (L. Alan Sroufe, et al, University of Minnesota) have found those children who receive warm and responsive caregiving and are securely attached to their caregivers cope with difficult times more easily when they are older. They are more curious, get along better with other children, and perform better in school than children who are less securely attached.

Abused or neglect children often have a *disorganized attachment.* Disorganized attachment means that a child seeks closeness with a mother or caretaker, but does it in disorganized or distorted ways. He may seek an attachment, then freeze or back away. He may want endless attention, yet he never seems to ever have enough or feel pleasure in that attention. This kind of attachment is most often found in children who been neglected or abused in early childhood.

> Sammy seemed to like his foster mother very much, but would not let her pick him up or hug him unless he initiated it. He would often back up towards her and gradually stand near her. Later, as he grew more comfortable, he would hold the hem of her shirt in his hand, but would withdraw if she asked him if he wanted to sit on her lap. He would get very jealous if any other child was sitting in his foster mother's lap, but he would never accept her invitation to get close.

Some children with severe attachment difficulties may be diagnosed with reactive attachment disorder. **Reactive attachment disorder** is *a psychological diagnosis that is defined as a markedly disturbed and developmentally inappropriate social relatedness in most contexts that begins before 5 years and is associated with grossly pathological care.* (DSM IV, American Psychiatric Association, Washington, DC 1994.) Early intervention with these children when they are still young is the most effective way to prevent attachment problems from developing into persistent, pathological disorders later in childhood or adulthood.

How Does Being Placed In Foster Care Affect A Child's Attachment?

Foster care also puts children at risk for developing poor attachments. Children are placed in foster care to provide them shelter from maltreatment. But too often, children experience several moves while in foster care. Young children may be moved without preparation. If visits are limited or if a child is not encouraged to keep attached to his birth family, his problems with attachment may actually stem from being mishandled by the system, rather than being mishandled by a caregiver.

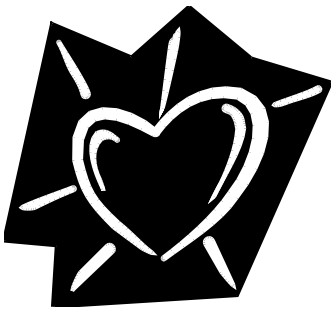
The time between 6 months and three years are the most difficult years for children to be separated from their primary caregivers. Around 6 months, babies can clearly identify the primary caregivers in their world and respond differently to them. Attachment that has just begun the first 6 months begins to solidify between 6 months and 3 years. Think of an 8-month-old baby who cries desperately at being separated from his mother. "Stranger anxiety" is a really a sign that a baby has formed an attachment. After three, children have a better command of language, so they have a tool to express their loneliness, fear and anger. Between 6 months and 3 years, separation from a caregiver is the hardest on a child who may neither understand nor be able to express his confusion and pain.

On the other hand, a foster parent may be the most stable person in a young child's life. If a child has been abused or neglected, having a stable home with consistent caregiving can help a child experience a positive family relationship. Foster and adoptive care may provide an attachment that the child will not get from his birth family no matter what kind of professional treatment they get.

How Attached Should A Foster Parent Get To A Child?

Helping children develop an attachment to their foster parents can help a child who may have not had an experience of healthy attachment. It is especially critical that infants and young children feel a warm, caring attachment to a primary caregiver. Children can't wait until they are 8 or 12 or 15 years. They need it right from the start. Sometimes foster parents may hold back for their own emotional protection. Sometimes foster parents get "too attached" and are open to all the pain that losing a child can inflict upon one's heart.

Becoming "too attached" becomes a problem when a foster parent's attachment to a child interferes with the goal of permanency for a child.. A foster parent may not be willing to help a child transition back to a birth parent or into a new adoptive home. A foster parent may sabotage visits, give the child a new name, or send a subtle message to a child that his parents can't take good of care of him. It is a fact of foster care that it hurts when children leave your home. You will always have to fight that battle inside yourself as to what is in the best interest of the child. Remind yourself often that you give a special gift to a child – a *temporary* safe home. An experienced foster parent put it this way:



Remember what you are-- a temporary safe home for children in crisis. There are children that will in fact come to your home and have no one … But many if not most of these children have families and the objective is to find a safe healthy place within these families for them to live. Don't try and keep a child that is wanted. Save that space and that place in your heart and home for that child that has no one…

-- From *Guidelines From Claudia*

MINI-WORKSHOP

Brain Development And Implications For Foster Care

Modified From The *I Am Your Child Campaign*

- **Be warm, loving, and responsive.** Use eye contact, touch, and a loving tone of voice with children. Young children experience these things through their senses of touch, seeing and hearing. So rock, hold, coo, rub backs, and be near to a child.

- **Respond to the child's cues and clues.** Get to know how a child tries to get attention or his needs met. Responding quickly and soothingly promotes attachment and a sense of wellbeing.

- **Talk, read and sing to the child.** Language, sensory input through the eyes and the ears are excellent ways to promote brain development and growth. When you read to a child, make it an active event. Ask questions, point to the pictures, talk about the pictures, and repeat phrases and words.

- **Establish routines and rituals.** Familiar events build security in a child. Routines are especially helpful for foster children who have undergone disruption and removal from their homes. Pair pleasant cues with everyday routines. One toddler knows it is naptime because his mom sings a song and closes the curtains. Another preschooler knows that foster dad comes home shortly after snack time. A bath, pajamas, snack and story always mean bedtime is coming.

- **Encourage safe exploration and play.** Enrich your environment with age appropriate toys and activities. Childproof your house so you don't have to say no all the time. Childproofing allows a child to explore while still being safe.

- **Make TV watching selective.** Television by itself cannot teach a child language. Young children should be spending much more time in play and activities than in watching television. Limit videos and television to a few good programs. Do not expose children to frightening, loud, violent action films. Young children are still learning the difference between real and pretend and can be easily confused or frightened about what they see on television. And time in front of the television means time not spent interacting with other people. Television does not demand two-way human interaction, the very thing that children with attachment problems need. Don't let television become a substitute for a good parent.

- **Use discipline as an opportunity to teach.** As you begin to set limits in the second year, keep the focus of discipline positive. Think about guiding, not about punishment. For example, teach a child to touch "gentle" instead of scolding him for hitting. Teach a preschooler what to do when she is angry instead of merely putting her in time-out.

- **Take care of yourself.** Caring for young children can be both emotionally and physically exhausting. Fostering a child who has been maltreated is even more difficult. Develop ways to take care of yourself, such as swapping babysitting with another foster parent, exercising regularly or enjoying a date with your spouse.

Part Three: *Effects Of Prenatal Drug And Alcohol Exposure*

Over a decade ago, national attention focused on "crack" babies, or babies exposed to cocaine during pregnancy. Almost three decades ago, researchers put the name "fetal alcohol syndrome" to a constellation of birth defects in children exposed to alcohol during pregnancy. We have become painfully aware of the detrimental effects teratogens have upon the vulnerable fetus. *A teratogen is a chemical that can cause toxic effects in developing human embryos.* Teratogens enter the mother's bloodstream and cross over the placenta exposing the developing fetus. Alcohol, nicotine (as in cigarettes), over the counter drugs, and cocaine are the most common of teratogens. The damage to the child depends on the substance, how much is used, what point of the pregnancy the fetus was exposed, and the quality of prenatal care. Some drugs, such as alcohol or cigarettes, compound the effects of other drugs. When two substances are taken together (such as with cocaine and alcohol), the effect on the fetus may be more than when each drug is taken separately. Many children are victims of *polydrug exposure*, or use of several drugs during pregnancy.

How The Child Is Impacted By Teratogens Depends Upon:

- What substance is used
- How much is used
- What point of the pregnancy the fetus was exposed
- The quality of prenatal care
- The mother's health
- The genetic makeup of the fetus

Alcohol seems to cause the most long-term damage to a child, affecting the central nervous system and development of organs, facial features and physical growth. Alcohol also affects brain development and can lead to problems in abstract thinking, impulse control, and cognitive thinking. Cocaine impacts the central nervous system and sometimes causes premature birth. Other drugs such as marijuana, heroin, speed and inhalants can also be harmful. Because each infant is affected differently, foster families need to work closely with a medical professional to provide the best physical care for the individual child in their care.

Neonatal Abstinence Syndrome or NAS refers to a cluster of withdrawal symptoms seen in a newborn child repeatedly exposed to teratogens in utero. *Neonatal* means the first month of life. *Abstinence* refers to the discontinued exposure to a substance. In the weeks immediately after birth, a baby may show withdrawal symptoms, such as shaking, tremors, high anxiety, central nervous system involvement, and dramatic state changes. This cluster of symptoms is called a *syndrome.* Cocaine, alcohol and heroin have all been associated with NAS. Some babies will need medication to relieve the painful symptoms related to NAS. Ongoing birth defects, such as facial dysmorphology associated with alcohol exposure or hyperactivity associated with cocaine exposure may continue past infancy into childhood and possibly adulthood.

Effects Of Cocaine

Babies repeatedly exposed to cocaine in utero are at higher risk for being born premature or at a lower birth weight. They are at higher risk for seizures and respiratory problems. Some cocaine exposed babies are difficult to calm when crying; have difficulty moving from sleeping to waking; or may have jerky muscle control and tremors. Babies may suck their fists frantically; flail their arms in distress; or exhibit a poor sucking response. Babies may have stiff muscle tone (called *hypertonic)* and be delayed in walking.

The first three months seem the most difficult because of gradual withdrawal and central nervous systems disorders and the high risk of premature birth. Research is now showing that if a prenatally cocaine exposed child grows up in a responsive and nonviolent environment, she will often develop fairly normally once the initial year is passed. However, some effects may linger. At one year of age, drug affected children often have difficulty with repetitive tasks such as stacking and putting objects into a jar. Children this age can also become easily agitated and out of control. At two, prenatally children may be normal at receptive language, but may lag behind in expressive language. Receptive language is what the child can understand. For example, you say "Go get your dolly" and the child gets it. Expressive language is what a child can communicate back to you. If you ask,, "What is that?", a child may have difficulty saying it is a dolly. There is an increase of hyperactivity and learning disabilities in some children, but if the environment is nurturing, most of these children can do well.

Effects Of Prenatal Cocaine Exposure

- Possible withdrawal symptoms, Neonatal Abstinence Syndrome (NAS)
- Damage to central nervous system
- Possible later learning difficulties and small motor control; difficulty sucking
- Birth defects related to hands, kidney, urinary system
- Premature delivery, smaller head size
- Difficulty going to waking to sleeping; muscle twitches, spasms or jerking
- Altered nasal passages, Breathing problems

Effects Of Prenatal Exposure To Other Substances

Marijuana
- Lower milk supply for the mother
- Smaller fetal growth

Tobacco
- Low birth weight and prematurity
- Increased risk of Sudden Infant Death Syndrome
- Possible increased risk of Attention Deficits
- Second hand smoke can result in respiratory problems such as infections and asthma

Speed
- Smaller fetal growth
- Possible birth defects
- Tremors, sleep disruption, hypertonic muscles

Heroine/ Opiates
- Possible withdrawal symptoms, Neonatal Abstinence Syndrome (NAS)
- Possible later learning difficulties

Inhalants
- Mental retardation
- FAS-like symptoms (not including facial dysmorphology)
- Increased risk of cleft palate

Effects Of Alcohol

Fetal Alcohol Syndrome (FAS) refers to a cluster of symptoms where children show signs of facial dysmorphology, growth retardation, central nervous system damage and a history of maternal drinking. Fetal Alcohol Effects (FAE) means a child shows symptoms in some but not all of these areas. If you are

caring for an infant with severe Fetal Alcohol Syndrome, you may know this at the time of placement. The Office of Children's Services is required by Alaska child protection law to share medical information about the child with you at the time of placement. But if a child does not have clear signs, if there is not a clear history of maternal drinking, or if a child comes into care during his preschool years, you may not have this information. If you suspect a child is alcohol affected, contact your social worker about the possibility of an examination and possible diagnosis.

Effects Of Alcohol Exposure

- Dysmorphology of facial features (eyes set wide apart, thin upper lip, low set ears, flat midface)
- Damage to central nervous system
- Growth retardation
- Smaller head size
- Birth defects to heart, palate, kidney, skeletal system, brain, eyes, ears
- Possible withdrawal symptoms, Neonatal Abstinence Syndrome (NAS)
- Impulsiveness, hyperactivity
- Trouble with abstract thinking
- Auditory or visual processing problems (don't understand what's heard or said)
- Unusual crease in palms of hand
- Irritability and hypersensitivity
- Joint abnormalities in elbows, hands and feet
- Cardiac abnormalities or murmurs

Alcohol exposed infants may be hard to wake up and hard to get to sleep. They may have weak sucking reflexes and need extra time to finish a bottle or need help in getting formula in their mouths. Preschool children may lag behind in their fine motor development and have difficulty with drawing, using crayons, using utensils and tying their shoes. Preschool children also may have a very high metabolism, so that even if they eat a lot, they may grow slowly and be quite thin. Children with alcohol affects also may be very sensitive to sensory stimulation. Bright lights, scratchy clothes, loud noises such as vacuums and sirens, spicy food and strong odors may cause upset or even tantrums. For example, one adoptive mother of alcohol affected twins found teaching children how to brush their teeth was a challenge. Both girls were very sensitive around the mouth and would scream as if in pain when she would try. Another father found that trimming toe and fingernails was very difficult because the child would cry as if he was in pain.

Alcohol exposed children often have difficulty with abstract thinking. This translates into problems with imagination, with the ability to pretend, or with concepts such as time or "being good." For the preschool child, imaginative play such as playing house, dress up or pretend (such as Halloween masks) may be scary or difficult. Children with FAS/FAE don't seem to pick up many of the skills that most children seem to spontaneously start on their own. With such a child, you as a foster parent may need to actively teach skills like how to initiate play with another child, how to play with a toy, or how to accomplish a task. *Show* the child; don't *tell*!

Lags in physical and cognitive development tend to widen during toddler and preschool years. Children are developing but at a slower pace, so the gap between them and their peers widens. Children do not "outgrow" the effects of alcohol exposure, though some of the facial features seem to diminish in adolescence. But in a caring responsive environment, a child can strive to develop strategies to cope with the damage that has occurred. If at all possible, work with a health provider or doctor in your community that understands the effects of prenatal alcohol exposure.

Preventing Secondary Disabilities In Alcohol Exposed Children

Often the difficulties in these children's lives occur because of the *secondary disabilities* they develop. *Primary disabilities* refer to the direct effects of alcohol exposure, including central nervous system impact or physical effects. *Secondary disabilities* refer to the problems that result from interaction in the world as they grow older. Secondary disabilities include mental health problems, dropping out of school, trouble with the law, inappropriate sexual behavior and alcohol and drug problems. Several "universal protective factors" seem to decrease the risk of secondary disabilities.

1. *Living in a stable and nurturant home for over 72% of a child's life*. A permanent plan for young children in foster care needs to be pursued swiftly.

2. *Receiving a diagnosis of FAS/FAE before age six.* When a child's disability and alcohol effects are diagnosed early in life, he has a chance to receive appropriate services and support.

3. *Never having experienced violence against self.* Foster care can be a protective factor for children from violent and abusive homes.

4. *Staying in each living situation for an average of more than 2.8 years.*

From ***Understanding the Occurrence of Secondary Disabilities in Clients with FAS and FAE***, Ann Streissguth, et al

It is up to all of the members of the child protective systems and the courts to ensure that young children are not moved unnecessarily, that a plan for permanency is swiftly arrived upon and that children receive the developmental services that they need early in life. These factors will contribute to giving our children the best start on life we can give them.

MINI-WORKSHOP
Fostering The Prenatally Exposed Young Child

With Babies:

- **Work closely with a medical professional** to address any physical problems or conditions your baby has a result of prenatal exposure or prematurity.

- **Develop strategies to help sooth or calm a crying baby.** Some ideas include swaddling infants or wrapping a child tightly in a blanket. Rock a baby up and down instead of side to side. Repetitive movements or sounds such as a vacuum cleaner or setting the infant seat on top of a running dryer sometime works.

- **Reduce stimuli.** Use white noise (such as static on the radio) to mask noises. Use low wattage lights in the bedroom; avoid loud, noisy mobiles. Keep radio and television low. Limit eye contact with overly sensitive babies during feedings.

- For babies with eating difficulties, **feed smaller amounts of formula more often** and allow more time for feeding. Support chin and both cheeks to increase sucking ability.

- **If a child's muscles are stiff,** exercise or massage the muscles. Don't let a child spend too much time on his back—vary the child's position. Avoid walkers and jumpers -- they increase muscle stiffness. Mechanical swings can help babies relax.

- For the baby who is easily startled or agitated, **help a child attach to a blanket or a soft stuffed animal.** Bundle a soft blanket on top of a child's chest for weight and comfort when you are changing diapers. Have all diapering materials ready to go before changing so that diaper changes are quick.

- **Try baby massage.** Massage has been correlated with increased weight gain and a decrease in the amount of cortisol (a stress hormone) in an infant's urine. Massaged babies have shown to be more easily soothed, fall asleep faster and are generally more alert when awake. Start with just a few minutes at a time, and work up to 10 to 15 minutes.

With Toddlers or Preschool Children:

- **Get your foster child assessed for developmental delays** through a program such as Infant Learning Program for children birth to 3 years or the school district for preschool aged children. Ask for ideas for activities or games to do with the child at home to promote his development.

- **Provide a language rich environment.** For children who have trouble expressing what they want to say, use visual aids or teach simple sign language. Use pictures posted on the wall that children can point at or to communicate simple rules or activities such as handwashing or brushing teeth.

- Keep toys and play materials sorted into small containers (not a big toy box that is hard to sort). This **will keep toys and confusion to a minimum** and keeps the child from becoming easily overwhelmed.

- **Use visual clues to help a child with transitions** or understand commands. Blink the light to cue time to go. Get child to look at you before making a request. Sing a specific song when a transition (such as snack or naptime) is coming up.

- **Develop a routine** for getting up in the morning, for putting toys away, for mealtimes and for going to bed at night. Consistent routines are essential for children with FAS.

- **Teach a child how to soothe himself.** Make available things like a large soft blanket to wrap self in, or a bean bag chair or large, soft stuffed animals.

- **Avoid things that over-stimulate the senses** such as hot and spicy food, loud appliances, strange people, clothes that are scratchy or have lots of seams, violent television programs, or bright lights.

- **Try to schedule doctor's appointments early in the morning** when there are fewer people in the waiting room and shorter wait times. Ask your doctor if he would be willing to see your child after hours.

Part Four: *One Foster Family's Story*

Diane Holmstrom and Pete Hjellen are in their ninth year of foster care. They became foster parents after Diane left her full time job and decided to try foster care as a way of serving the community. In their years of fostering over 36 children and adopting one, they have become highly skilled at caring for newborns and young children. Diane takes her job seriously as a foster parent. She has been active in the local foster care association and in her own education around the needs of the children in her care. Pete is an active partner in caring for the child. He is a likeable easy-going father with a gentle way about him.

Caring For The Drug Affected Baby

The children placed in Pete and Diane's home are usually newborns or young children, many of whom have been drug affected at birth. Sometimes they will pick up a child at the hospital, sometimes spending the week gradually getting to know a premature child before taking them home. Some stay only for a short time. Others have grown into toddlers while they have been in their home. Their current foster child, who is four months old, has been with them since a newborn. Diane and Pete were told by the hospital staff that she was "fussy." By trial and error and a little luck, they have discovered ways to soothe her. They found that the child is especially prone to calm to specific types of classical music. She also enjoys baby massage with ointment to help with her extra dry skin and stiffness in her muscles. Massage also teaches her to feel and recognize her own body, to unclench her fists and feel with her palms.

Many of the drug affected babies in their home experience tremors, including shaking and jitteriness in the arms and legs. These tremors seem to lessen as the baby grown older. Sometime these tremors seems to be a result of being over-stimulated, but Diane said she notices they can come on any time, even if a child is calm. Tremors will often pass on their own, but when a baby is tremoring, Diane and Pete help a baby calm down by bringing the arms and hands together on the chest "to midline" or swaddling the baby in a lightweight blanket. When baby starts to spiral out of control often a baby will arch back and throw his arms out. Bringing a baby to midline, Pete explains, provides a sense of being in control. It's a way to help the baby calm herself.

This is the idea around swaddling as well. This tight wrapping of a baby in a blanket provides a sense of security to the baby, and prevents the child from flailing his arms. It works quite well, but every child will be different. Diane said they try swaddling with their current foster child, but the baby has such strong upper body strength that she can work her way out of a swaddling. Cocaine and other drugs often cause a baby's muscles to be hypertonic or very stiff. A child may need gentle assistance to bend the knees closer to the body. Diane found that especially if a baby has gastrointestinal problems, it sometimes helps to gently bend a baby's legs, bringing them closer to the belly, and very gently rounding a baby's back inward, such as holding a bundle between the two crooks of your elbows.

Many of these babies are sensitive to external stimuli, including bright lights, loud noise, too much touching, moving around or overheating. Consider the volume of the television, barking dos, other children's sound, and bright lighting when trying to lower the stimulation in your home.

Prevention is the best approach to deal with a fussy baby. "Once they are out of control, you've got problems," Pete warned. "I tend to feed them again before they get out of control," Diane said. With her foster babies with cocaine effects, she goes to a shorter feeding schedule, every two hours instead of four hours but feeding less, so that child gets the same amount of formula. Pacifiers can help babies calm themselves and develop their sucking. Diane and Pete often revert to the good old standby of walking the floors with a crying baby if necessary. One night, Pete spent time walking a particularly fussy baby on the treadmill in their small Anchorage house. Diane says it helps if you have a "baby" room, a room that is just for the baby to help with keeping things quiet and soothing. But in their small house, the bedroom must be shared with their six-year-old daughter. Diane uses a portacrib that wheels, so that she can move a sleeping baby to quiet parts of the house when needed, such as their own bedroom or a quiet corner in the living room at night.

Some foster parents have a schedule, some let the baby lead the schedule. "The baby calls the shots around here," Diane says with a laugh. She adjusts her schedule when needed to accommodate the baby's needs. For example, if she has a meeting one night, sometimes she'll take a baby in a carseat with her if child is having a good day or is calm, but if the child is upset, fussy or cranky, she'll leave the baby home with Pete or stay home herself. She advises foster parents to watch for the baby's cues. Take care when taking the baby out in public. The noise or even the overhead lights might be too stimulating. Sometimes they have had success taking newborns out to events, such as a concert with their daughter. But even then, Diane says she not afraid to leave an event midway if a baby starts to get overwhelmed. "You just learn these things by experience."

Caring For An Abused Or Neglected Child

The abused or neglected children who have been placed in Pete and Diane's home are usually very young and can't verbalize what has happened to them. But Pete and Diane can see it in their physical condition and their behavior. "They come in dirty," Diane says, "so we wash them up so we can know their physical condition." They said that often these children act stand-offish and frightened, and that it is often hard for them to relax or feel comfortable.

Toddler and preschool children often reflexively act out of fear someone could hurt them. They recall an incident in which a young boy in their home climbing atop a heavy table that looked like it was going to topple over. Diane shouted, "watch out!" as a warning. The child immediately fell to the floor and side-scrambled to get out of the way. They could tell that he wasn't afraid of the table falling, he was afraid of getting hurt. "He could move out of your way at a minute's notice." Of the boy and his brother, Pete said, "They didn't wait to see it they were going to get hit. They were out of there."

The sexually abused children who have been placed with them often had nightmares and didn't want to get undressed or be diapered. The very young children, however, responded to good, basic physical care. Diane recalls a two month old baby who was isolated from other family members by being kept for long times in a small room by himself. He came their home as a failure-to-thrive baby. Diane says she started providing normal care of feeding to the child and holding, and the baby began to show small signs of improvement almost immediately. Some children who have been sexually abused are initially reserved with Pete, but it doesn't take long for them to warm up. Diane said it might be different with a five or six year old child, but the young children seem to bounce back quicker.

When A Child Is First Placed

When a child first comes to their home, Pete and Diane do several things. The first thing they do is find out who the social worker is and get the Medical Consent for Emergency and Routine Care *before* they take the child home. They advise that all foster parents follow this practice. If you don't get it right away, you might have to wait a few days and anything could happen. They also find out what size of car seat they need. Some premature infants need a special seat since they cannot fit into a regular infant carseat. If they pick up a child at the hospital, they learn as much as they can from the social worker and spend time with the nurses at the hospital learning what the baby's needs are (such as which formula the baby needs.) Some babies require special equipment or medications, so it is important for foster parents caring for young children to be open to be trained in these areas.

Diane takes the child to a pediatrician for a thorough physical exam. She advises foster parents to get the Medicaid coupons from OCS as soon as they are available. Diane finds out who has already seen the child and takes him there. The Alaska Native Medical Center in Anchorage is a wonderful resource for those children who are eligible. Bathing the baby or child is an important way to check their physical condition. Are there marks or scars? Contagious ailments such as impetigo or lice? Dry skin needing lotion?

Diane also gets the child enrolled into the WIC Program (Women, Infant and Children's Nutrition program). This is a program that can help with food supplements and formula for young children and pregnant women. Most young foster children are eligible for WIC program. If delays are suspected, Diane will set up an assessment with the Program for Infants and Children (the Infant Learning Program in Anchorage.) "Those people really know what they are doing. They're really good." Diane asserts. The social worker must give permission and be involved in all services for the child, but Diane has found if she does the legwork for appointments and services, children get what they need in a more timely way. "You need to be proactive," Pete repeated. "That's the key. You need to recognize you need to do it yourself."

Ask a lot of questions. Do your homework and try to learn as much as you can.

-Diane Holmstrom

An important part of their role is to keep everyone informed what is happening with all the members of the team working with the child. Pete and Diane makes copies of all assessments and gets them to social worker and guardian ad litem, especially in time for court hearings or placement reviews. That allows the court to make recommendations around the baby's needs. In one case, the court delayed moving a baby out of Anchorage until a scheduled opthamological (eye) exam was completed.

Pete and Diane are very aware that the children in their home will return home to the birth parent or live with relatives or adoptive parents. They have seen with the new child protection law that adoptions and permanency planning are moving faster than in the past for young children. Diane makes a photo album for children who stay with them for any period of time and passes that on to next placement. Sometimes they are involved with the transition to a new home, sharing medical information and information about caring for the baby. They recount spending hours of the phone with a relative from North Carolina. Sometimes, however, they are not part of the move and return the baby to OCS for the transitions.

Advice For Other Foster Parents

"Ask a lot of questions," Diane says. "Do your homework and try to learn as much as you can. Experience helps a lot, too. I wish sometimes that I could take the kids I had several years ago and do it over again."

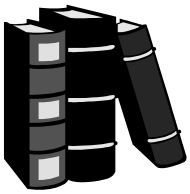
Pete adds, "Be selective. Don't overwhelm yourself with too many kids." Choose the ones that you think will fit into your home, with your other kids, and with your family situation at the time. Think about your home. If you are considering caring for very young children and babies, consider carefully if a baby can do well in your home. Pete and Diane always take into consideration the age of the child, what kinds of physical needs he has and how much he weighs. Diane joked about Medicaid being able to pay for the chiropractor bills for the back injuries foster parents because so much physical lifting is involved with caring for a baby! Foster parents must also consider the time needed to adequately care for the very young child. Pete and Diane talked about times when they have taken several newborn babies one right after another. Newborns by nature have erratic schedules and are often up all night. They talked about living on a newborn baby's schedule. Caring for young children can puts a physical strain on foster parents, and Diane admits it would be nice to get a break once in awhile.

Diane emphasizes that it's important that your foster home is set up for kids and that you have age appropriate toys, including lots of books and things of interest to the age of the child you have. In their 6-year-olds daughter rooms, there are plenty of books, bright wallpaper, pictures of her birth family and many dolls who are of her same race. It is also important for foster parents to remember that children in foster care are often emotionally at a younger age than their physical age, so a six-year-old may be acting at a three-year-old level. Diane says it helps to remember this sot that you may need to give more reassurance, attention and even cuddling that you wouldn't expect a six-year-old to need, but would be normal for a three-year-old.

"We have learned so much from these children in sharing their lives," Diane says. "I've learned a lot, from styling hair different than my own, appreciating ethnic lifestyles including the importance of Native foods and heritage. We've been fortunate to work with some very special family members willing to share ideas with us which enable us to better care for their children."

When asked how she handles getting so attached to the young babies in her homes, Diane responds, "There's a sense of accomplishment in giving them a good home and a good start. Of course you get attach to the little ones. Bonding goes both ways. Sometimes I know my foster kids better than I know my grandkids because my grandkids live somewhere else. But I have to keep in mind at all times, that this isn't my child. I'm a caregiver."

Pete adds, "We help with getting the best start for the baby that we can. And you hope that the child moves on to a good situation."



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