

## MODULE VI: MINIMIZING THE TRAUMA OF PLACEMENT

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### Note Taking Guide

At the end of this module, you will be able to:

- Explain strategies you can use to help a child feel emotionally safe
- Explain how helping the child maintain connections with important people from his past minimizes the trauma of placement
- Describe the kind of information from a child's history that can help determine appropriate parenting strategies

### The Trauma of Placement

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From a child's perspective, placement means:

- Ruptured relationships
- New people, routines, and rules
- Strangers who have authority over them, without their input
- Labels and stigma



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### What Trauma Looks Like

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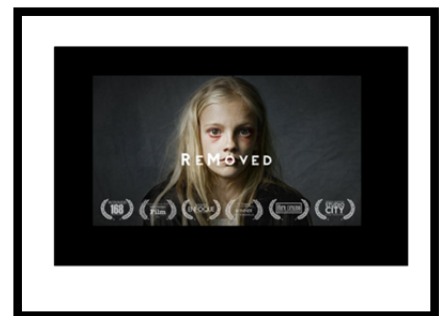
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**Creating Emotional Safety**

- 1. Help them become familiar with the home and community
- 2. Reassure the child
- 3. Help the child maintain connections
- 4. Ask them what makes them feel safe
- 5. Give them opportunities to express themselves freely
- 6. Be honest and open in regards to their future
- 7. Be mindful of transitions and other emotional "hot spots" (NCTSN, 2007)
- 8. Know how to address emotional crises




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## Importance of Gathering Information about the Child

“Being aware of how a behavior emerged from your child’s world is likely to be the best way to know how to respond to that behavior” (Hughes & Baylin, 2012).

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### Meet Eddy

- Babyish behavior
- Unresponsive to affection
- Ignore rules
- Leaves for hours
- Eats whatever he wants
- Destroys property
- Tantrums
- Unkempt



List three ways you will use the information from this training.

- 1.
- 2.
- 3.

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### When They First Arrive

#### Judy Qualls (Adoptive Parent, Former Foster Caregiver, and Trainer)

This is a brief guide my husband and I have used over the years with our teen girls and boys in an attempt to lessen their sense of feeling alone, “out-of-place,” and afraid when stepping into our home and community.

#### **STEP 1: Introduce them to the family and give them a tour of the home**

We always greet them with a genuine smile, a personal handshake, and an acknowledgment of their acceptance into our family, by saying, “We are so happy that you have come.” Usually, while the case worker was still present in the home, I would ask one of our trusted “senior” youngsters to take this newest member of our home on a tour. This provided the opportunity for questions to be answered by someone their own age. The “senior” girl showed the new girl which room, dresser, and closet would be hers. (Our teen girls tended to share bedrooms and they could decorate as they wished.) She would also be told that each girl had the right to expect that her belongings would not be touched or taken by anyone else without permission. This was one of the “non-negotiable rules” within our home. The tour continued with the new girl being shown the bathrooms, family room, laundry room, etc.

Pictures of many smiling young people hung on one wall of our house. I explained to the youngster that some people in the pictures were our birth children, some were our adopted children, and most of them were our foster children. I would then say, “I hope one day you will let me put your picture on our family wall.” I believe it gave them a connection and an understanding that others had come to this home, lived here, and had moved on. I wanted them to see this home as a place of sanctuary.

#### **STEP2: Go over the family rules**

After the tour, I would ask if there were any questions for me. I would then explain that it was my job, my responsibility, to make certain that everyone was safe in our home. I would say that because none of us knew each other it was important that each member of the family knew what was expected of her but also what each member should be able to expect in being a member of the family. I would give a copy of our 19 “Non-Negotiable Rules” and read through each of them, explaining why we needed each one. I would ask if there were any of these rules that she would feel were too harsh or difficult.

Our non-negotiable rules essentially cover daily routines such as hygiene, school attendance, and our honoring and respectful treatment of one another. I expressed our hope and desire that she would be happy living with us and that both Jim and I would always be available and open to talk about any concerns or problems they might be experienced. I also let each youngster see and read the “Rights of Youth in Foster Care.” I maintained a cork bulletin board in the hallway on the main level where the rights, the non-negotiable rules, articles from newspapers, magazines, etc., and chore schedule were posted.

I would outline the privileges and rewards that were enjoyed within our family. I would talk about those things that we, as a family, did together such as trips to the seashores of Virginia and Florida, and fun outings to places like Cedar Point and Kings Island.

**STEP 3: Let the child unpack and settle in**

After going over the rules, I gave the youngster time to get comfortable in their new room. I have found that most youngsters tend to be very protective of their “things” and want to do the unpacking themselves. However, if they asked, their roommate would help them settle in.

**STEP 4: Share a meal**

Because food always seems to be at the center of fellowship, a warm meal with kid favorites would be next. Mealtime routine and “who sits where” were easily introduced and modeled by the other youngsters at this time.

**STEP 5: Give them a driving tour of the community**

After the meal, we would take a driving tour past the school the youngster would attend and then head into the nearest town. This often included a stop at a local favorite ice cream shop.

**STEP 6: Introduce the bedtime routine**

Upon return home, relaxing and bedtime routines followed. Bathing or showering, snack, quiet time in room, and lights out signal the end of that first day at our house.

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The steps listed above are simply a model of what we did in an effort to forge an easier transition for the youngster coming to stay with us. Certainly, each family can and should develop their own “welcome” strategy.

Because I did not have a parent’s knowledge of the youngster’s personality and temperament and I did not yet have insight into the personal history of each youngster, my objective was to gain a foundational relationship by learning more about her. I would spend as much time as possible in the proximity of the youngster, and we would participant together in some casual activity that permitted our sharing without a formal sitting down “to talk.” I also used this time to fill in any “blanks” she might have about the family or community. Taking this time was invaluable in developing the personal relationship between the teen and me. Giving this time in the very beginning helped set the stage for future times when more serious and difficult discussions would need to take place.

I asked a youngster who had been in foster care for six years and had lived in many families how he dealt with all of the moves. He replied very simply, “Oh, you get used to it.” I don’t think a person, much less a youngster, ever gets “used to it.” It is our responsibility to think about how it would feel if we were placed in their position and do what we can to help them heal.

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### Emotional Crises

Because of the trauma children in care have experienced, and the often ineffective coping skills they have learned, caregivers and adoptive parents may find themselves dealing with a child who is experiencing an emotional crisis. These children are flooded with emotions they have not learned to deal with, and respond reflexively with behaviors they have not yet learned to control.

In general, there are three steps to addressing a crisis:

#### Step 1: Establish Safety

- Protect other children in the home. Children not involved in the conflict should be removed from the scene of the conflict and sent to their rooms. Removing an “audience” can be an effective tool in de-escalating a family crisis. Any objects nearby which could be harmful to the child or others in the family (knives or other sharp objects, objects that could become missiles) should be removed from the proximity of the child in crisis. Many caregivers and adoptive parents choose to store family heirlooms and treasured possessions before a child arrives rather than risk they be damaged during a crisis.
- Caregivers or adoptive parents may decide to “go to their rooms.” This removes an audience for the child’s or youth’s tantrum and, at the same time, removes the adult from a potentially dangerous confrontation. Removing the adult from the conflict will sometimes keep a crisis from escalating beyond a manageable level.
- The caregiver or adoptive parent interacting with the child should be an “emotional container” (NCTSN, 2010). This term refers to the ability of the caregiver to tolerate their own emotional reactions and control their behavior, including body language, tone of voice, and phrasing. Being an “emotional container” is not an easy thing, and additional training and lots of practice is needed.
- If the child is engaging in dangerous behavior, the caregiver or adoptive parent may need to ask for help from another adult, or in an emergency, from the police.

**Step 2: Communicate with the Caseworker**

- Caregivers and adoptive parents should talk with their worker ahead of time to find out who should be contacted if the caseworker is unable to be reached or it is not during her work hours and other agency-specific protocol. Caregivers and adoptive parents should contact the caseworker as soon as they are able after they have established safety during the crisis, and report what has happened. Always de-brief following a crisis so that the opportunity to learn more about successful strategies is not lost.
- Develop plans with the child and the caseworker or therapist for avoiding or resolving similar problems in the future. Consider what “triggered” the child and how this trigger can be avoided in the future.
- Advocate for additional support for the child in learning to manage emotions and behaviors. The caregiver or adoptive parent should ask the worker what additional supports there are for them and where they can get additional crisis prevention training.

**Step 3: Document the Crisis**

- Caregivers and adoptive parents should document the incident as soon as possible while the details are fresh in their memory.
- If other children or adults witnessed the incident, they should be asked to describe or document what they saw.
- A copy of the documentation should be sent to the caseworker as soon as possible and caregivers and adoptive parents should keep a copy for themselves. The therapist, if one is involved, should also receive a copy.

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### Eddy's Story

Read Eddy's story and underline any information you found helpful in understanding Eddy's behavior:

- Reverts to 'babyish' behaviors when he thinks he is going to get into trouble
- Unresponsive to affection and attempts to avoid it
- Ignores your direction and the house rules
- Leaves the home without asking and stays gone for hours at a time
- Eats whatever he wants whenever he wants
- Destroyed most of the books and toys you have given him
- Screams and tantrums if he isn't able to get your attention right away
- Often smells and appears unkempt

#### Eddy's Story

Eddy has lived with his mother and grandmother in his grandmother's home for most of his life. His mother is addicted to alcohol, is known to use cocaine, and periodically disappears for weeks at a time, leaving Eddy with his grandmother. Eddy's mother used drugs and alcohol throughout her pregnancy, causing him to develop sensory processing disorder, a condition in which the brain has trouble responding to sensory information. Loud noises, touch, and bright colors all cause Eddy to feel overwhelmed. He would cry inconsolably as an infant when over stimulated and as he got older, he would escape if possible or lash out when he felt "cornered."

When Eddy's mother is home, her approach to parenting Eddy is very unpredictable. Much of the time, she ignores him completely, particularly when she is sleeping after a binge. At other times, she punishes him for even the smallest transgressions, particularly when she has a headache and can't tolerate noise. Eddy's mother will often back off from punishment if Eddy uses baby talk, curls up in a ball, or begins sucking his thumb, because she thinks it's so cute.

Eddy's grandmother is 72 years old, has arthritis, and has difficulty moving around. She typically lets Eddy do what he wants in order to avoid his raging temper tantrums. At times, when she thinks Eddy has been particularly bad, or when she is just plain tired of his behavior, she yells at him and sends him to his room. If he yells back and refuses to go, she will give up and lock herself in her room. On occasion, she has also whipped him.

Eddy's mother's has a boyfriend who occasionally stays in the home. He seems to ignore Eddy until he can't take it anymore, then he will try to "control the kid" by creating and enforcing extremely rigid rules, and physically punishing Eddy for any and all misbehavior. Often when the boyfriend is staying in the home, Eddy will take the family dog, Fred, and roam the neighborhood for much of the day and even into the night.

Food is scarce in the home and Eddy has gone days at a time without eating. The grandmother does the grocery shopping once a month, and often will cook a nice meal when she gets home with the food. Any leftovers are eaten by the boyfriend within a few hours.



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### Questions to Ask

#### History of the Child

1. What is known about the child's prenatal care and birth?
2. Who cared for the child during his first few years of life?
3. What is known about the child's developmental history?
4. Is there any history of abuse, neglect, or any other traumas? If yes, when did these events occur and what is known about them?
5. How has the child done academically and behaviorally in school?
6. Has the child receive any mental health treatment? If yes, What was the treatment and outcomes?
7. Is there a life book?

#### History of the Birth Family

8. What history is known about the parents? siblings? grandparents and extended family members?
9. Do the parents have a history of drug or alcohol abuse? Do they have any history of traumas?
10. What was the home environment like?

#### Placement History

11. How many moves or placements has the child had and why did they occur?
12. What were the environments of the previous homes like?

#### Current State

13. What is the child's current health? Does the child have any medical needs or allergies?
14. Is there any evidence of developmental delays? Any suspected learning difficulties?
15. What parenting strategies work best?
16. Does the child accept and give affection?
17. How would you describe the child's personality and temperament?
18. Are there issues of diversity that need to be discussed?
19. What are the child's strengths? Hobbies?
20. What is the relationship between the child and his birth parents, siblings, and extended family?
21. Who else is important in this child's life and needs to remain connected to this child?

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### Informed Consent

**Ohio Administrative Code 5101:2-42-90: Information to be provided to caregivers, school districts and juvenile courts; information to be included in individual child care agreement.**

- A. When a public children services agency (PCSA) or private child placing agency (PCPA) holds custody of a child and plans to place the child into a substitute care setting or respite care setting, the PCSA or PCPA shall share information with the caregivers in accordance with paragraphs (B) and (C) of this rule to allow them to make an informed decision regarding whether they can care for the child.
- B. Prior to placing the child, or within ninety-six hours of an emergency placement or a change in the case plan in accordance with section 2151.31 or 2151.412 of the Revised Code, the PCSA or PCPA shall share information identified in paragraphs (B)(1) to (B)(9) of this rule with caregivers of a substitute care setting. The PCSA shall maintain a detailed record of the information that was shared, and the caregivers' acknowledgement of receipt of the information, by the date of the caregivers' signature, in the child's case record. The PCSA shall maintain this information in the state automated child welfare system (SACWIS). The PCPA shall maintain this information in the child's case record. The information shall include:
1. The child's health, behavioral characteristics, treatment and service needs, and plans to meet those needs as identified in the case plan.
  2. Any special needs the child may have such as special diets, therapy, tutoring, or learning disabilities.
  3. The child's prior history of maltreatment. Provision of information regarding child abuse or neglect assessments/investigations shall comply with rule [5101:2-33-21](#) or [5101:2-33-22](#) of the Administrative Code, if applicable.
  4. Information on any acts committed by the child that placed the health, safety, or well-being of others at risk such as victimization of other children or animals, or setting-fires.
  5. The type of school the child will attend, if applicable.
  6. The child's visitation schedule with his/her parents or guardian.
  7. The substitute caregivers' responsibilities.
  8. A written report containing the information specified in paragraph (B)(9) of this rule, for a child who has been adjudicated delinquent for commission of any of the following offenses:
    - a) Aggravated murder.
    - b) Murder.
    - c) Voluntary manslaughter.
    - d) Involuntary manslaughter.
    - e) Felonious assault.
    - f) Aggravated assault.
    - g) Assault.
    - h) Rape.
    - i) Sexual battery.

- j) Gross sexual imposition.
  - k) Conspiracy involving an attempt to commit aggravated murder or murder.
  - l) Any other offense that would be a felony if committed as an adult, and the child, upon committing the offense, was found to be using or in possession of a firearm.
9. The PCSA shall make a written request of the juvenile court that placed the child in the agency's custody, for the information identified in paragraphs (B)(9)(a) to (B)(9)(d) of this rule and share this information with the substitute caregiver. The PCSA shall maintain a copy of the written request for information, a copy of the written report shared with the caregivers, the date it was shared and the caregivers' acknowledgement of receipt of the information in the child's case record. The PCSA shall maintain this information in SACWIS. The PCPA shall maintain this information in the child's case record.
- a) The child's social history;
  - b) A description of all the known acts committed by the child that resulted in the child being adjudicated delinquent and the disposition made by the court, unless a child's record has been sealed pursuant to section 2151.358 of the Revised Code;
  - c) A description of any other violent acts committed by the child.
  - d) The substantial and material conclusions and recommendations of any psychiatric or psychological examination conducted on the child or, if not available, the substantial and material conclusions and recommendations of an examination to detect mental and emotional disorders conducted in compliance with the requirements of Chapter 4757. of the Revised Code by a licensed independent social worker, licensed social worker, licensed professional clinical counselor, or licensed professional counselor.
- C. Prior to the child's placement in a respite care setting, the PCSA or PCPA shall share with the respite caregiver pertinent information identified in paragraph (B) of this rule that could impact the health, safety, or well-being of the child or others within the temporary setting. The PCSA shall maintain a detailed record of the information that was shared, and the caregivers' acknowledgement of receipt of the information, by the date of the caregivers' signature, in the child's case record. The PCSA shall maintain this information in SACWIS. The PCPA shall maintain this information in the child's case record.
- D. The PCSA or PCPA shall provide foster caregivers with a written report which contains substantial and material conclusions and recommendations of any psychological, psychiatric, or mental health examination contained in the child's case record. This shall include, but is not limited to, examinations conducted in accordance with paragraph (B)(9)(d) of this rule and rule [5101:2-42-66.1](#) of the Administrative Code. The written report shall be provided to the foster caregivers as soon as possible, but no later than sixty days after placing the child in the foster home. The PCSA shall maintain a copy of the information provided, the date the information was provided, and the foster caregivers' acknowledgement of receipt of the information in the child's case record in SACWIS and the PCPA shall maintain a copy in the child's case record.
- E. Prior to placing a child in a foster home in another county or in a foster home operated by a private agency whose headquarters are in another county, the PCSA or PCPA shall be responsible for sharing information with the prospective foster caregivers and the board of education for the school district in which the child will be enrolled. The PCSA or PCPA shall share this information orally and

send this information in writing no later than five days after the child's placement in the new school district. The PCSA shall maintain a copy of the information shared, the date the information was provided both orally and in writing, and the foster caregivers' acknowledgement of receipt of the information, in the child's case record in SACWIS and the PCPA shall maintain a copy in the child's case record. The information shall include:

1. A discussion of safety and well-being concerns regarding the child and, if the child attends school, the students, teachers, and personnel of the school.
  2. A brief description of the reasons the child was removed from his home.
  3. The services the child is or will be receiving.
  4. The name, address and telephone number of the agency that is or will be directly responsible for monitoring the child's placement and the name and telephone number of the contact person for the agency.
  5. The name, address and telephone number of the agency having custody of the child and the name and telephone number of the contact person for the agency.
  6. The previous school district attended by the child.
  7. The last known address of the child's parents.
- F. When the PCSA or PCPA places a child who has been adjudicated unruly or delinquent in a foster home in another county or in a foster home operated by a private agency whose headquarters are in another county, the PCSA or PCPA shall provide the prospective foster caregivers and the juvenile court where the prospective foster home is located with written information about the child no later than five days after the child's placement. The PCSA shall maintain a copy of the information shared, the date the information was provided, and the foster caregivers' acknowledgement of receipt of the information in the child's case record in SACWIS and the PCPA shall maintain a copy in the child's case record. The information to be provided shall include:
1. The information listed in paragraphs (E)(3), (E)(4) and (E)(5) of this rule.
  2. A brief description of the facts supporting the adjudication that the child is unruly or delinquent.
  3. The name and address of the foster caregivers.
  4. The safety and well-being concerns with respect to the child.
  5. The safety and well-being concerns with respect to the community.
- G. When the PCSA or PCPA contracts with a private non-custodial agency (PNA), the PCSA or PCPA shall share information with the PNA in accordance with paragraphs (B) and (C) of this rule. The PCSA shall maintain a copy of the information shared in SACWIS in the child's case record. The PCPA shall maintain a copy in the child's case record.
- H. The PCSA or PCPA shall develop an individual child care agreement (ICCA) each time a child is placed in a substitute care setting, including a children's residential center (CRC) administered by the PCSA. An ICCA is not required for temporary leaves from a substitute care setting (e.g., respite or hospital stays) or direct placements ordered by the court (e.g., detention). The ICCA shall be signed by all parties and a copy provided to the substitute caregivers prior to placement, or within seven days of an emergency placement. The ICCA shall include, but is not limited to, the following:
1. The name, address and telephone number of the PCSA or PCPA; the name of the child's caseworker; information regarding how the caseworker may be contacted during regular hours and for emergencies; and the date of the agreement.
  2. The child's name and date of birth.

3. History and background information known about the child, including, but not limited to:
    - a) Positive attributes, characteristics, or strengths such as friendliness, talents, interests, or educational achievements.
    - b) Physical, intellectual, and social development.
    - c) Immediate health needs and current medications.
    - d) Psychiatric and/or psychological evaluations of the child.
    - e) Attachment and bonding of the child to caregivers and siblings.
    - f) History of abuse or neglect of the child.
    - g) If applicable, a description of all acts which resulted in the child being found delinquent and the disposition made by the court.
    - h) Information on any other violent acts committed by the child that may or may not have resulted in the child being adjudicated delinquent, including, but not limited to: arson, kidnapping, domestic violence and animal cruelty.
  4. The child's need for placement and estimated timeframe for placement.
  5. Procedures for meeting the child's emergency and non-emergency medical needs, and information regarding the child's eligibility for Title XIX medical assistance.
  6. Any services, including, but not limited to, mental health and substance abuse services to be provided to the child or substitute caregivers and the party responsible for providing the services.
  7. Visitation plan with parents, guardian, custodian and other persons when applicable, pursuant to rule 5101:2-42-92 of the Administrative Code.
  8. Transportation arrangements for visits and other activities, and the party responsible for providing the transportation.
  9. Case plan goal for the child, pursuant to rule 5101:2-38-05 of the Administrative Code, if applicable, for a PCSA and rules 5101:2-39-10 and 5101:2-39-11 of the Administrative Code for a PCPA.
  10. Any special needs the child may have such as special diets, therapy, tutoring, learning disabilities and any other needs requiring assistance from the substitute caregiver;.
  11. A statement that the methods of discipline used for the child shall comply with either rule 5101:2-7-09 or 5101:2-9-21 of the Administrative Code, as applicable.
  12. The agency's invoicing procedures, if applicable.
  13. The rights and responsibilities of the PCSA or PCPA, the agencies providing services to the child, and the substitute caregivers.
  14. For children in the custody of a PCSA, a statement that assures that the substitute caregivers and agencies providing services will provide all applicable data to the PCSA for the "Adoption and Foster Care Analysis and Reporting System" (AFCARS) as required by section 479 of the Social Security Act (42 USC Section 679 , 42 USC Section 1994 , 42 USC Section 108 stat. 4459).
- I. If the PCSA or PCPA is unable to complete any part of the ICCA within the timeframe required in paragraph (H) of this rule, the PCSA or PCPA shall document in the ICCA the information needed and the steps that will be taken to obtain the information.
  - J. When the child's placement is in a children's residential center (CRC) under the direction of another agency, the PCSA or PCPA shall develop and execute the ICCA with the other agency and provide a copy of the ICCA to both the agency and the CRC.

- K. When the child's placement is in a foster home certified by another agency, a second ICCA shall be executed between the certifying agency and the substitute caregivers, with a copy maintained in the child's case record.
- L. The PCSA or PCPA shall review and update the ICCA or develop a new ICCA when there is a change in any information required by paragraph (G) of this rule. The PCSA or PCPA shall provide a copy of the updated or revised ICCA to the substitute caregivers no later than seven days after any information changes, and document its provision on the case plan document.
- M. The PCSA or PCPA shall maintain copies of all ICCAs and updates in the child's case record and the substitute caregivers' record.
- N. The PCSA shall provide the substitute caregiver with a copy of the JFS 01443 "Child's Education and Health Information" (rev. 2/2006), or its alternative pursuant to rule [5101:2-38-08](#) of the Administrative Code.

Effective: 11/09/2009

R.C. [119.032](#) review dates: 07/31/2009 and 08/01/2014

Promulgated Under: [119.03](#)

Statutory Authority: [5103.03](#) , [5153.166](#)

Rule Amplifies: [2151.55](#) , [2151.551](#) , [2151.552](#) , [2151.553](#) , [2151.554](#) , [2152.72](#) , [5103.03](#) , [5153.16](#)

Prior Effective Dates: 9/28/87, 1/1/89, 1/1/90, 10/1/90, 7/1/92, 10/1/97, 7/1/00, 1/1/03, 10/03/05, 10/9/06

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### Michael's Story

Michael, age 12, was removed, along with his two younger sisters, from his single father following repeated episodes of serious physical abuse. He and his sisters were placed with a paternal aunt and uncle. The aunt and uncle want to keep his sisters, but after four months, they asked for Michael to be removed. Michael has refused to acknowledge that the abuse occurred, and wants very much to remain with his father, in his school, and with his circle of neighborhood friends.

Michael's mother abandoned the family when he was five years old, and he has not seen her since. Michael states that he has no memories of his parent's together, but in first grade he drew a picture of a man hitting a woman. When the teacher asked him about it, he said that it was his mother and father. Child protective services was called, but when they interviewed Michael, he said he was just joking. The mother was no longer in the home, and the father denied ever hitting his wife.

At his aunt and uncle's home, Michael refused to follow their rules. His uncle reported that if he even had one beer to drink, Michael would leave the house without permission and stay gone until late into the night. Michael was very protective of his sisters, and would get in arguments with his aunt and uncle if he did not agree with their parenting techniques. Once, Michael got so angry that he pushed his aunt. This is what prompted their request for his removal.

Michael is excellent at soccer and plays on a neighborhood travel team. He is also in the school's art club. He was an A/B student until third grade, when his grades dramatically dropped to D's. He just barely passed the fourth and fifth grades. He has been suspended once for fighting a classmate and he received a red card once playing soccer for deliberately kicking a boy. Michael claims in both instances the other boy made a derogatory remark about his mother.

Childcare for Michael's younger sisters was provided by a neighbor, and Michael would spend a lot of time there as well. He would pick up his sisters from there every day after school, bring them home, and feed them dinner. His father would return from work late at night, and Michael made a great effort to have the girls tucked in bed before he got home. Once his father came home and the girls were asleep, Michael would leave to go to a friend's house or hang out at the local pizza shop. The manager there would pay him cash to do odd jobs around the restaurant.

Michael has been living with you for two days. He has been very moody and has kept to himself. The only time he seems to smile is when he is talking with his sisters on the phone.

**After reading Michael's story, brainstorm ways you could help establish emotional safety for Michael.**

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### Individual Reflection

*Please take a few minutes to reflect on what you have learned in the Preservice training and how it applies to you. Give this sheet to the agency worker who is completing your homestudy.*

1. Think about a time when you felt unsafe as a child. What caused you to feel unsafe? What did it take to make you feel safe again?

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2. What thoughts and expectations do you think a child coming into your home will have of you?

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3. Consider the scenarios below. Pick one and write about how you would resolve the issue. Note: There is no “right” answer. What is important to remember is to consider how the child will respond to the decision and what course of action, acceptable to you, will be the most supportive to the child.

- a. In most families, each family member has “claimed” a seat at the kitchen table. What if the only seat unclaimed in your home puts the child’s back to the kitchen door, which makes her feel unsafe, and the chair she wants is your 12 year old daughter’s? How would you resolve this issue?

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- b. As you are unpacking the child’s suitcase, you find a bedbug. You also note that the blanket the child sleeps with every night, according to the caseworker, is in the suitcase. It is very late at night and the child needs to get to bed. How would you resolve this issue?

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- c. A six year old child was just placed with you, and is sharing a room with your three year old daughter. Your three year old – who used to have the room to herself - continually runs in and out of the bedroom, without knocking and without closing the door behind her. The six year old has complained several times, asking for more privacy. How would you resolve this issue?

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## Ohio Child Welfare Training Program Preservice Module 6 Minimizing the Trauma of Placement

County where training was held: \_\_\_\_\_

Trainer: \_\_\_\_\_

Date: \_\_\_\_\_

**Please complete the survey and provide comments to help us improve this training.**

1. Information from a child's history:
  - Can help determine appropriate parenting strategies
  - Is not very important in determining appropriate parenting strategies
  - Is unreliable so should not be used to help determine appropriate parenting strategies
  
2. Strategies that could help a child feel emotionally safe include (check all that apply):
  - Helping the child become familiar with the home and community
  - Asking the child what makes him/her feel safe
  - Being open and honest in regards to the child's future
  
3. Helping a child maintain connections with important people from their past:
  - Minimizes the stress of placement
  - Creates more stress in the placement
  - Has no impact on placement-related stress
  
4. The trainer could improve this training if they (check all that apply):
  - Shared additional relevant personal examples
  - Managed the group more effectively
  - Gave clearer instructions for activities
  - Helped me better understand how to apply the information to foster care or adoption
  - Other \_\_\_\_\_
  
5. Have you been completing the reflection sheets?
  - Yes
  - No
  - I have completed some of them.
  
6. If you have completed reflections sheets, have you shared them with your worker?
  - Yes, I have.
  - Not yet, but I plan to.
  - No, I do not plan to share them.
  
7. What other information would you like to share that will benefit future participants of this training (use the back of this sheet if needed)?  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your feedback!*