

Welcome!

**Nevada Division of Child and Family Services
Foster Parent Pre-Service Training
Handouts and Class Material
October 2023**

We look forward to meeting you!



Joe Lombardo
Governor

Richard Whitley, MS
Director



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Cindy Pitlock, DNP
Administrator

Hello!

Thank you for your interest in becoming a foster parent with the Nevada Division of Child and Family Services (DCFS). We are excited that you have signed up to take the Foster Parent Pre-Service Training starting on Tuesday October 3, 2023. The course will be held on four consecutive Tuesday and Thursday evenings from 6:00 pm to 9:00 pm. The exact dates are October 3rd, 5th, 10th, 12th, 17th, 19th, 24th, & 26th.

The training book that you have received with this letter includes the agenda and handouts for all the classes. The Power Point is not printed out for you but if you'd like to have it, let me know. Please have the training book handy during the training as we will be referencing and using it throughout the time that we are together.

The Pre-Service Training will be held via the Microsoft Teams platform. In order to participate in the training, you will need the following:

1. Computer or laptop
2. Webcam
3. Microphone that enables you to hear the training and that others can hear you on (most webcams have a microphone built in)

You don't have to have a Microsoft Teams license to access the training since we'll send you a link in an email that will take you right to the training. We do recommend that you download Teams on your computer prior to the beginning of the Pre-Service Training. If you would like to do a practice session with Teams beforehand, let me know and we will arrange it. That session will take 5-10 minutes only and will verify that you can access and utilize Teams.

If you have questions about the training, about using Teams, or about the technology needed to take the training, we are here for you! Please contact me at (775) 684-1973 or email me at kevin.quint@dcfs.nv.gov.

We look forward to seeing you on October 3rd and walking with you as you begin your foster care journey!

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Quint".

Kevin Quint, Clinical Program Manager

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Welcome Letter From Foster Parent

Hello,

My name is Crystal and I remember going through the pre-service training and all of the questions, excitement, and concerns we had when getting ready to take this step.

I remember all of the questions asked during our training and that the negative behaviors were a main focus of discussion when it was time for our speaker. When you go in this journey understand if you can think of it (behavior wise) prepare yourself to deal with it. There will be things that come up that you couldn't even think of...it can happen. The things you didn't think you could handle...most likely will crop up.

When it happens seek support, have someone you can confide in, keep your cool, and remember that *for every behavior there is some reason for it*. It serves a purpose in their mind. It's our job to try and figure out the whys and help develop better ways for them to cope. Arm yourself with knowledge, learn to express yourself (no shame in telling the child something they did upset you and the whys, keep it brief, focus on the behavior, and age appropriate), take extra trainings, buy books, take time out for yourself and self-care.

Nothing, in my opinion is more rewarding than helping others understand they have a choice, they will be heard, and they are worthy of love. Many of these little people are very helpful, can find outside the box solutions, are loving and kind, and can bring all kinds of wonder into your life.

Give them a purpose that focuses on their strengths and wants. They like animals? Consider having foster kittens, volunteer at a shelter, and animal related "field trips". They like playing outside? Take them hiking, get a sand box, go for regular walks with them one on one, toss a ball. The possibilities are endless. What they crave most is someone that wants to spend time with them doing something they enjoy. One-on-one time and listening can and will bring out the more positive aspects that many of them hide to protect themselves.

I will call foster parenting a journey. There will be many hardships and great rewards when caring for children that have NO voice or choice in being removed

from their homes. Perhaps it would help to also know that it is most likely that their parents were also traumatized and hurt in many of the same manners that they repeat with their children. Breaking the cycle is tough!

Those parents may not have had any help, know how to ask for it, or never felt like they were or would be listened to. When our children discuss their family-blaming, shaming, cutting off contact (unless the contact is abusive of course), and inserting our opinion is not helpful.

These kids feel like they are BAD and it's their fault but that is still their family. Empathize when they talk and try to incorporate the good things from their family. Just listen and when appropriate express outrage for them, remind them they aren't bad that it's NOT THEIR FAULT!

Try to work with the family in as positive a manner as possible even if the birth family is not going to change. Let the child(ren) see it for themselves because at some point they will when they have positive role models in their life. Understand that your continued effort will in time (and by time it could take years), whether they live with you forever or only spend a few months with you, can and will make a lasting impression on them. Let's make it one that will be positive and result in them reaching out at any point in their life because you let them be heard.

Another difficult obstacle is dealing with a variety of persons providing services to children in your care. Some professionals will mistreat you because of their own views and/or experiences with other foster parents. It is important to be assertive and in cases when someone is clearly unprofessional that you speak up and contact their supervisors. It is important that we get our children the same level of care or better than we expect for ourselves. Treat all members of the child's team with respect, communicate clearly, and understand personal boundaries.

In all, if there is anything of most value in taking this journey is that you are raising people that will become a part of our society. When we role model the values that we hold dear and do as we say we are setting an example for those that come into our care.

A couple of suggestions: I don't think it's beneficial to have a revolving door of

children in a home. It's very upsetting, confusing, and makes the kids feel expendable.

Sometimes a child is truly not doing well in your environment (more harm to them). Some kids really do need to be the only child in the home due to their trauma.

Be willing to try and work through things that you didn't want to! Ask for help--- venting is great get a confidant! **Every move for a child is a move that can crush them even further.** Don't expect gratitude or for them to accept you as family but by all means let them know when they hurt your feelings ("I Feel" statements).

When they upset us there is nothing wrong in stating that ("I Feel" statements) and then stating you're going to take a self-time out (role modeling) because you need to calm down. Eventually, they will do the same!

"Time in's" work much better than "time outs". (Time outs can be viewed as rejection)

Give them a voice and advocate for them! Listen without judgement. **Actions speak louder than words!**

"Treat us as you would like to be treated as if we are your flesh and blood, provide for us, be kind, help us stay on top of our schoolwork and make better choices in life. Listen to us, just listen, we are people, too, with feelings."

Sincerely,

Crystal



Live Online Class

PRE-SERVICE TRAINING FOR FOSTER CARE APPLICANTS**

Tuesdays & Thursdays
October 3rd - 26th
6PM - 9PM

All dates:

October 3rd

October 5th

October 10th

October 12th

October 17th

October 19th

October 24th

October 26th

After attending and completing all eight sessions, participants will move on to the next steps in foster care licensure.

****This Pre-Service Training is for people interested in becoming licensed to provide Family Foster Care. If you are interested in becoming licensed to become an adoptive home, please contact Kevin Quint for adoptive resources outside of DCFS.**



Topics Covered:

- The “Life of a Foster Care Case”
- Foster parent roles & keys to successful fostering
- Helping children with special needs
- Helping children who have experienced trauma
- Working with the birth family
- The foster care licensing process
- You will also hear from judges, social workers, birth parents, current foster parents, former foster children, and more

To Register Create an account at www.ruralnvfostercare.com



888-423-2659



shelby.riley@dcfs.nv.gov

Nevada State Division of Child and Family Services (DCFS)

Foster Parent Pre-Service Training Agenda

October 3, 5, 10, 12, 17, 19, 24, & 26 2023

6:00 PM to 9:00 PM

NOTE: This Agenda is subject to change

Session 1, part 1: October 3, 2023; 6:00 pm to 9:00

pm *Welcome & Introductions*

Overview of Child Welfare

- The history of child welfare
- The mission and values of the Division
- Overview of DCFS
- Myths and truths about the Division

BREAK

- Communication with the Division

How it Works-Part 1

- “The Life of a Case” – Presentation by DCFS Caseworkers

Recap and Q & A

Session 1, part 2: October 5, 2023; 6:00 pm to 9:00 pm

Welcome & Review from Last Time

How it Works-Part 1 (continued)

- “Child Welfare and the Courts” – Presentation by Juvenile Court Judges

BREAK

- Foster parent responsibilities and roles
- Ethics/confidentiality/mandated child abuse reporters

Introduction to the Quality Parenting Initiative (QPI)– Presentation by Karissa Lemme, QPI,

Summary, takeaways for Session 1, and assignments



Session 2, part 1: October 10, 2023; 6:00 am to 9:00 pm

Review Session 1, review homework/assignments, and process takeaways

How it Works--Part 2

- “Alice’s Story”

BREAK

- Presentation by Court Appointed Special Advocates (CASA) and Guardian Ad Litem (GAL)

BREAK

How it Works—Part 2 (continued)

- What does it take to successfully foster?
- What about children with special needs?
- Overview of the child’s team

Recap and Q & A

Session 2, part 2: October 12, 2023; 6:00 pm to 9:00 pm

Welcome & Review from Last Time

"Licensing 101"- DCFS Licensing Worker

BREAK

Pannel Presentation: Foster Parent Panel

Summary, takeaways for Session 2, and assignments

Session 3, part 1: October 17, 2023; 6:00 pm to 9:00 pm

Review Session 2, review homework/assignments, and process takeaways

Helping Children Who Have Experienced Trauma

- The Trauma Elephant
- My Child #1 group exercise
- Definition of trauma
- How children respond to trauma
- Film: “Remembering Trauma”

BREAK

Helping Children Who Have Experienced Trauma (continued)

- How children respond to trauma (continued)
- Film: “ReMoved”
- My Child #2 group exercise
- The human brain’s response to trauma
- Trauma and a child’s development
- My Child #3 group exercise
- Trauma reminders

Recap and Q & A

Session 3, part 2: October 19, 2023; 6:00 pm to 9:00 pm

Welcome & Review from Last Time

Helping Children Who Have Experienced Trauma (continued)

- Trauma reminders (continued)
- The Conflict Cycle
- Building a safe place for children who have experienced trauma

BREAK

Helping Children Who Have Experienced Trauma (continued)

- My Child #4 group exercise
- Healing from trauma
- Advocating for the child who has experienced trauma
- My Child #5 group exercise
- Self-care

Summary, takeaways for Session 3, and assignments

Session 4, part 1: October 24, 2023; 6:00 pm to 9:00 pm

Review Session 3, review homework/assignments, and process takeaways

Continuing Family Relationships

- Helping a child to connect with their past and why that's important
- Relationships with the birth family

BREAK

Panel Presentation: Birth Parent Panel

Recap and Q & A

Session 4, part 2: October 26, 2023; 6:00 pm to 9:00 pm

Welcome & Review from Last Time

Planning for Change

- How will a new child in your home change things?
- How will a child leaving your home change things?
- Transitions and preparing for “aging out.”
- Independent Living—Presented by Staff at Independent Living (IL)

BREAK

Panel Presentation: Aged Out Foster Youth

Summary, takeaways for Session 4, and assignments

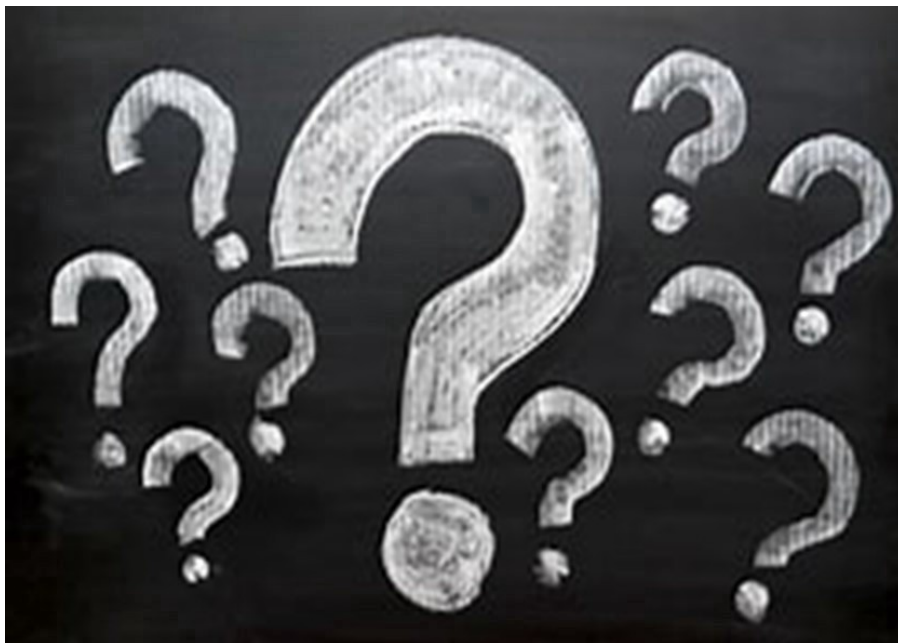
Conclusion, wrap-up, participant evaluations, certificates, and next steps



Foster Parent
Pre-Service
Training
Session 1
Materials

Why Do You Want to Foster?

(slide 3)



DCFS Foster Parent Pre-Service Training

Overview of the Child Welfare System: The History of Child Welfare (slides 5-6)

Source: Child Welfare Information Gateway. (2019). About CAPTA: A legislative history. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

The History of Child Welfare:

In the 19th century, the concept of child welfare grew out of children being orphaned on the streets because parents could not care for them. The movement was created mainly by religious and charitable groups.

These "Orphan Asylums" were expected to instill good values and moral character into children with rigid scheduling and strict discipline. However, these congregate care facilities were ultimately seen as poor substitutes for parental figures. The thought evolved that children would fare better away from the 'streets' and into family homes, what we now call foster care.

The Children's Aid Society (CAS) of New York was founded in 1853 by small group of clergy and social reformers. The founder, Charles Loring Brace, saw the degrading/dehumanizing conditions in New York City orphanages and became the Director of CAS.

Orphan Trains (1853-1929) were sent out with thousands of children to the western side of the country, most often with farm families. The hope was that a "wholesome family atmosphere" would turn children from criminals to productive citizens. Ultimately, many children would be exploited as free labor by their guardians and treated very poorly.

The Child Protection Movement stemmed from the Humane Society Movement in the 1870s and Societies for the Prevention of Cruelty to Children arose throughout the United States and Europe. As a result, in the 1960s, governmental agencies started to accept responsibility for child protection.

This movement became more formal with the Child Abuse Prevention and Treatment Act (CAPTA), which was created in 1974 and has been amended multiple times since. The Act did the following:

- Required certain professionals in the community to become "mandated reporters"
- Provided federal funding and guidance to states in support of prevention, assessment, investigation, prosecution, and treatment activities
- Established a national clearinghouse of information on child abuse and neglect
- Provided grants to public agencies and nonprofit organizations for programs and projects

DCFS Foster Parent Pre-Service Training (slide 7) **Overview of the Child Welfare System: Values of the Division**

DCFS Mission Statement

The Nevada Division of Child & Family Services (DCFS), together in genuine partnership with families, communities and other governmental agencies, provides support and services to assist Nevada's children and families in reaching their full human potential.

DCFS recognizes that Nevada's families are our future and children, youth, and families thrive when they:

- Live in safe, permanent settings
- Experience a sense of sustainable emotional and physical well-being
- Receive support to consistently make positive choices for family and the common good

DCFS Core Value:

Building Strong Communities Through Strengthening Families

Child Welfare agencies in Nevada believe families are the primary providers for children's needs. The safety and well-being of children is dependent upon the safety and well-being of all family members. Children, youth and families are best served when staff actively listens to them and invite participation in decision-making. We support full implementation of family-centered practice by engaging families in child and family teams and offering individualized services to build upon strengths and meet the identified needs of the family.

TRUE OR FALSE?^(slide 11)

1. The child welfare system provides everything kids in foster care need
2. Foster parents are only in it for the money
3. The Division has a “blacklist” reserved for foster parents we don’t like
4. Foster parents must take any child into their home that the Division wants
5. Foster children are problem children
6. Once I take a foster child, I’m on my own
7. Foster parents can’t hold a job outside the home
8. A birth parent can take their child back whenever they want
9. Foster parents are not allowed to adopt a foster child
10. “I’m too old to foster”
11. DCFS wants to remove children
12. The younger the child, the better the chance they’ll be “okay”

Truths About the Child Welfare System: Group Exercise Answers

(slide 11)

1. The child welfare system provides everything kids in foster care need
FALSE! DCFS brings a lot of services to children in care but much of what happens for the child, happens in the foster home. The monthly stipend is intended to help foster parents feed and clothe the child, as well as to pay for some other expenses.
2. Foster parents are only in it for the money
FALSE! Most foster parents have huge hearts and give way more than they get.
3. The Division has a “blacklist” reserved for foster parents we don’t like
FALSE! We value the foster parents in the system. If there are ongoing issues in a home or if abuse occurs from the home to the child, action is taken.
4. Foster parents must take any child into their home that the Division wants
FALSE! Foster parents have choices.
5. Foster children are problem children
FALSE! Some foster children have emotional and behavioral problems and issues. However, there are services inside and outside of DCFS that can help with this. In addition, foster children are kids that have extraordinary circumstances, but they are not “damaged goods.”
6. Once I take a foster child, I’m on my own.
FALSE! DCFS is there to support the foster home.

Truths About the Child Welfare System: Group Exercise Answers

7. Foster parents can't hold a job outside the home

FALSE! Foster parents can work full-time, part-time, or not at all. However, the foster parent needs to be in the home enough to meet a child's needs.

8. A birth parent can take their child back whenever they want

FALSE! Children in foster care are in DCFS' custody. If a child is placed back with his or her birth parent or family, it is because the family is ready to take their child back and this is the best option for the child.

9. Foster parents are not allowed to adopt a foster child

FALSE! There are times that a foster home adopts a child that they've fostered.

10. "I'm too old to foster"

FALSE! Age is not a factor as much as health and the ability to care for a child.

11. DCFS wants to remove children

FALSE! DCFS is mandated by federal law and by societal values to keep children with their birth home if they are safe and well cared for. Child removal is guided by strict guidelines that are overseen by Nevada law and the courts.

12. The younger the child, the better the chance they'll be "okay"

FALSE! Children can experience trauma during any phase or time in their life and this trauma can have devastating effect on his or her development and ability to thrive.

Communication with the Division (slide 13-14)

First of all, **NO NEWS IS GOOD NEWS**

There are many different variables/factors that go into potential placements – your licensed age range, gender choices, number of children you are licensed for, bedroom situation, whether you have pets (kids have allergies, etc.), type of care you are licensed to provide, etc.

And if you have a placement(s) and you aren't hearing from the worker, it means that he/she believes everything to be well (until they hear otherwise)

When it's an Emergency

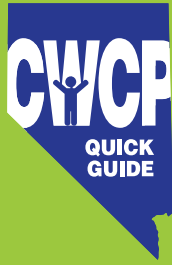
- Foster child is injured or seriously ill & must go to hospital/Emergency Room
- Any safety issue that presents itself
- There is a visitation that you are scheduled to take the child to and cannot
- There is an emergency with your own family, and you need help to designate immediate respite care
- IF the emergency is during the workday, call the social worker directly at their officenumber
- IF they don't answer, then call back and dial '0'. Let the person you reach know there is an emergency with your foster child and ask to speak to the worker or the worker's supervisor (or any other available supervisor)
- IF the emergency is after-hours, call 9-1-1 and have the sheriff's or police office dispatch contact the after-hours worker, who will have access to a supervisor to advise them on next steps
- When in doubt, CALL 9-1-1 any time there is a situation which threatens the safety of a foster child

Communication with the Division

When it's not an Emergency

- IF your foster child receives a minor injury, document the date/time/incident details and EMAIL the worker
- IF you are planning future vacation plans and desire to take the child(ren) with you, EMAIL the worker while in the planning stages, to request formal permission
- There is a 72-hour window to travel over state lines without formal permission, but you'll need to notify the worker, **regardless**
- Basic questions or inquiries about the child
- Any other issue that is not emergent (i.e., school/grade issues)
- IF you need future respite, EMAIL the worker
- IF you have basic questions about the child or concerns that don't warrant an emergent response, EMAIL the worker
- IF the worker is not responding to you, it is TOTALLY APPROPRIATE to 'go up the chain of command'

Keep in mind, that each time you email your foster child's worker, YOU have a date/time stamped letter that you addressed the above issues/concerns with your worker. This protects the child, helps the worker prioritize caseload duties, and ultimately, PROTECTS YOU!



Child Welfare Court Process

Quick Guide For Families

THE PRIMARY GOAL IS THE SAFETY OF THE CHILD

Below is brief overview of the steps involved in the Nevada Child Welfare Court Process. **Ideal outcomes preserve and reunify the family by making it possible for the child to be safe at home.** Parent/Caregiver commitment to completing the requirements of their individualized **Case Plan** is **crucial** to helping that outcome become a reality.



Rev. 012921

NOTE: NOT EVERY ITEM SHOWN WILL APPLY IN EVERY SITUATION.



Every effort is made to place a child with a suitable relative or close family friend who the child knows.

Arrows pointing to a house indicate times where it may either be determined the child can be returned home with a **Safety Plan** in place, or where the case may be closed and family is reunified.

*Agency = Child Welfare Agency
MORE DETAILS ABOUT EACH STEP CAN BE FOUND ON THE BACK.

CHILD WELFARE COURT PROCESS - QUICK GUIDE FOR FAMILIES

Below is additional Information about the steps involved in Nevada Child Welfare Court proceedings. **NOTE: NOT EVERY ITEM SHOWN WILL APPLY IN EVERY CASE.**

1. PRELIMINARY PROTECTIVE HEARING (PPH) OR PROTECTIVE CUSTODY HEARING (PC)

When a child is placed into protective custody, a judicial officer must conduct a PPH or PC Hearing **within 72 hours** (excluding weekends and holidays). Based on the facts, the court decides if the child will remain in protective custody or be released to parent.

If the court decides child should remain in protective custody: A 10-day Protective Custody Order or Preliminary Protective Order is issued. A **Plea Hearing** or **Admit/Deny Hearing** (#2) is scheduled.

If noted problems are taken care of during the 10 days: The Agency* may return child to parent custody.

2. PLEA HEARING OR ADMIT/DENY HEARING

This hearing must be held after the filing of a petition alleging child needs protection. This hearing informs all parties of allegations in the petition showing why the Agency* thinks child is in need of protection and the family needs services. At this hearing, Parent/Party can either:

- **ADMIT** that all or some of the allegations are true - or -
- **SUBMIT/PLEAD NO CONTEST** that all or some of the allegations are true - or -
- **DENY** allegations and ask for an **Evidentiary Hearing**

If ADMIT/SUBMIT: a Disposition Hearing is set (**#4**)

If DENY: case goes to Trial (**#3**)

If parent/party fails to appear for this Hearing:

Court may proceed to hear evidence on the petition without parent/party present to determine if child is in need of protection.

3. EVIDENTIARY HEARING (TRIAL)

During this hearing, the court reviews evidence regarding the allegations in the petition (such as witness testimony, documents or other records). Parent/Party has a right to question the witnesses and evidence, and may present their own witnesses and evidence. Agency* must prove the allegations to the court by a *preponderance of evidence* – this means the Agency* needs to prove it is more likely the allegations are true than not true.

- **If court finds the allegations are true:**
Matter is set for a Disposition Hearing (4)
- **If court finds the allegations are not true:**
Petition is dismissed; child is returned home; case is closed
- **If parent/party fails to appear for this hearing:**
Court may proceed to review the evidence without parent/party there

4. DISPOSITION HEARING OR REPORT & DISPOSITION (R&D) HEARING

This hearing is held within 15 business days after finding allegations are true and child is in need of protection. The court determines if case should remain open, who should have custody and control of the child, where the child should live, and reviews a **Case Plan** for services for the family. The court may also determine if reunification efforts are not required due to aggravated circumstances. The court may also set future court dates for periodic review the case.

5. SEMIANNUAL REVIEW HEARING

If case remains open after the Dispositional Hearing, the court must review the case **AT LEAST EVERY** six months after child is removed from home. (In some jurisdictions this review occurs every 90 days.) At this hearing the parties and relatives are given an opportunity to talk to the Judicial Officer and the court reviews:

- Necessity and appropriateness of the child's placement
- Needs of child (ie: education, medical, therapeutic, etc.)
- Visitation
- Progress of **Case Plan** objectives
- Whether child may be returned to a parent
- If appropriate, permanency plans may be discussed
- When case should be closed

6. ANNUAL PERMANENCY REVIEW HEARING

Annual Review Hearings must be held within 12 months from the date of removal or within 30 days following court findings of aggravated circumstances, then annually thereafter. This hearing covers the same topics as the Semiannual Hearing (#5), plus review and approval of a permanency plan(s) for the child.

7. STATUS OR INTERIM REVIEW HEARINGS

The court may schedule Status or Interim Review Hearings every 90 days or as needed in the case. These hearings allow the parties to provide an update to the court on the status or progress with regard to the **Case Plan** and take any actions that might be necessary to allow the case to progress to permanency.

WHAT IS A CASE PLAN?

A **Case Plan** is a court-approved document that includes goals for the parent/caregiver, goals for the child, and activities that the parent/caregiver and Agency* are responsible for achieving.

If child is still in the home: Parent/caregiver may be asked to complete a **Case Plan** to help the child remain safely at home.

If child is removed from the home: The **Case Plan** states why the child was removed and what needs to happen in order for the child to return home.

Once the **Case Plan** is signed, or when the court approves it, the parent/caregiver must do what is being asked of him/her.

8. INITIAL TERMINATION OF PARENTAL RIGHTS HEARING

If paperwork to Terminate Parental Rights is filed, an Initial Hearing is set. The parent can ask for a trial or a mediation, whether or not they indicate that they wish to relinquish parental rights. If the parent does not have an attorney one may be appointed. **If a parent fails to appear for the Initial Termination of Parental Rights Hearing, their rights may be terminated at that time.**

9. MEDIATION OR INFORMAL SETTLEMENT CONFERENCE

Both **Mediations** and **Informal Settlement Conferences** can be helpful in resolving problems prior to going to court. Either can occur at any phase of a case, whether at the beginning or in the final stages to discuss the possibility of an open adoption agreement (if applicable).

- **Mediation** is a voluntary informal meeting with a court-appointed mediator who is present to ensure all parties are heard and remain respectful. The mediator helps guide the parties in negotiating a resolution to many different issues in the case. (A judge will not be at the mediation.)
- **Informal Settlement Conference** is an informal meeting between all parties and their attorneys to discuss or negotiate resolutions for some or all of the issues in a case. (Neither a judge nor mediator will be at the meeting.)

10. TERMINATION OF PARENTAL RIGHTS TRIAL

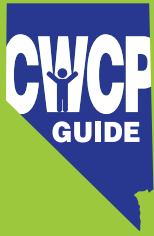
At a Termination of Parental Rights Trial all parties have the opportunity to testify, call witnesses, question all witnesses and present relevant evidence to the court. The Agency must show by clear and convincing evidence that it is in the best interest of the child for parental rights to be terminated. At the conclusion of the trial, the court may issue a decision immediately, or take the matter "under advisement" and issue a written decision at a later date ("under advisement" means the court may take some time to review the evidence.)

11. GUARDIANSHIP HEARING

If a petition for guardianship is filed, a hearing is set to determine if the guardianship should be granted. **If parent does not consent/agree to the guardianship, parent must appear at the Guardianship Hearing to contest (oppose) it.** If guardianship is contested, an Evidentiary Hearing is scheduled to show why a guardianship is necessary and in the child's best interest. **If parent fails to appear at Guardianship Hearing (and has not yet agreed to guardianship) the court may grant the request for the guardianship.**

12. PERMANENCY

Once permanency is achieved, a case may be closed. Permanency options include: reunification, adoption, guardianship (placement with a fit and willing relative or non-family member who has a significant emotional and positive relation with the child) or another planned permanent living arrangement (APPLA) which means a child age 16-17 may live independently with assistance from the State.



Child Welfare Court Process

GUÍA RÁPIDA PARA LAS FAMILIAS

EL OBJETIVO PRINCIPAL ES LA SEGURIDAD DE LOS Y LAS MENORES

A continuación se muestra una descripción general de los pasos del Proceso Judicial para el Bienestar de Menores de Nevada. **Los resultados ideales protegen y reunifican a la familia al hacer posible que el hogar sea seguro para el/la menor.** El compromiso del padre, la madre o la persona cuidadora para cumplir con los requisitos de su Plan del caso personalizado es esencial para lograr este resultado.



Rev. 012921

NOTA: NO TODOS LOS PUNTOS MENCIONADOS APLICAN EN TODAS LAS SITUACIONES.



Se hacen todos los esfuerzos razonables para colocar al/a la menor con un/a pariente o amigo/a de la familia adecuado/a, a quien el/la menor conoce bien.

Las flechas que apuntan hacia la casa indican los momentos en los que se puede decidir que el/la menor regrese al hogar con un Plan de seguridad, o en los que se puede cerrar el caso y la familia se reunifica.

*Agencia = Agencia de bienestar de menores
PUEDA ENCONTRAR MÁS INFORMACIÓN DE CADA PASO AL REVERSO.

CHILD WELFARE COURT PROCESS - GUÍA RÁPIDA PARA LAS FAMILIAS

A continuación se presenta más información sobre los pasos del Proceso Judicial para el Bienestar de Menores de Nevada.

NOTA: NO TODOS LOS PUNTOS MENCIONADOS APLICAN EN TODAS LAS SITUACIONES.

1. AUDIENCIA DE CUSTODIA DE PROTECCIÓN PRELIMINAR (PPH) O AUDIENCIA DE CUSTODIA DE PROTECCIÓN (PC)

Cuando se coloca a un/una menor en custodia de protección, un/una funcionario/a del tribunal puede realizar una Audiencia PPH o PC **en las siguientes 72 horas** (sin incluir fines de semana y días festivos). Con base en los hechos, el tribunal decide si el/la menor permanecerá en custodia de protección o regresará con su padre y/o madre.

Si el tribunal decide que el/la menor debe permanecer en custodia de protección: se emite una orden de custodia de protección o de protección preliminar por 10 días. Se programa una **Audiencia de declaración de culpabilidad o de aceptación/negación (#2)**.

Si los problemas detectados se resuelven durante los 10 días: La Agencia* puede regresarle al padre y o la madre la custodia del/de la menor.

2. AUDIENCIA DE DECLARACIÓN DE CULPABILIDAD O DE ACEPTACIÓN/NEGACIÓN

Esta audiencia se lleva a cabo después de que se presenta una petición que declara que el/la menor necesita protección y en ella se comunican las acusaciones de la petición, que muestran por qué la Agencia* cree que el/la menor necesita protección y la familia necesita servicios. En esta audiencia, el padre, la madre o la parte interesada puede:

- **ADMITIR** que todas o algunas acusaciones son ciertas - o -
- **NO IMPUGNAR** que todas o algunas acusaciones son ciertas - o -
- **NEGAR** las acusaciones y solicitar una **Audiencia de pruebas**

Si ADMITE/NO IMPUGNA: se programa una Audiencia de **(#4)**

Si NIEGA: el caso va a juicio **(#3)**

Si el padre, la madre o la parte interesada no se presenta:

El tribunal puede recibir las pruebas de la petición sin que el padre o la madre esté presente y decidir si el/la menor necesita protección.

3. AUDIENCIA DE PRUEBAS (JUICIO)

En esta audiencia, el tribunal revisa las pruebas sobre las acusaciones de la petición (testimonios de testigos, documentos y otros expedientes). El padre o la madre tiene derecho a cuestionar a los/las testigos y las pruebas, y puede presentar sus propios testigos y pruebas. La Agencia* debe demostrar las acusaciones con un *mayor valor persuasivo de las pruebas presentadas*, lo que significa que la Agencia* debe comprobar que es más probable que las acusaciones sean ciertas a que no sean ciertas.

- **Si el tribunal determina que las acusaciones son ciertas:**
Se programa una Audiencia de disposición (4)
- **Si el tribunal determina que las acusaciones no son ciertas:**
Se desecha la petición y el/la menor regresa a su casa; el caso se cierra
- **Si el padre o la madre no se presenta:**
El tribunal puede recibir las pruebas sin su presencia

4. AUDIENCIA DE DISPOSICIÓN O AUDIENCIA DE REPORTE Y DISPOSICIÓN (RYD)

Esta audiencia se realiza dentro de los 15 días hábiles posteriores a la determinación de que las acusaciones son ciertas y que el/la menor necesita protección. El tribunal decide si el caso debe seguir abierto, quién tendrá la guarda y custodia del/de la menor, dónde va a vivir, y revisa un **Plan del caso** de los servicios para la familia. También puede decidir si existen circunstancias agravantes por las que no se requieren esfuerzos de reunificación. El tribunal puede fijar fechas de audiencias futuras para revisiones periódicas del caso.

5. AUDIENCIA DE REVISIÓN SEMESTRAL

Si el caso sigue abierto después de la Audiencia de disposición, el tribunal debe revisarlo **POR LO MENOS CADA 6 meses** después de que el/la menor se traslada fuera del hogar. (En algunas jurisdicciones esto ocurre cada 90 días). En esta audiencia las partes y parientes tienen la oportunidad de hablar con el/la funcionario/a del tribunal y el tribunal analiza:

- la necesidad y la idoneidad de la colocación del/de la menor
- las necesidades del/de la menor (p. ej., educación, salud, terapias, etc.)
- visitas
- avance de los objetivos del **Plan del caso**
- si el/la menor debe regresar con el padre/la madre
- si corresponde, se puede analizar el plan de permanencia
- cuándo se debe cerrar el caso

6. AUDIENCIA DE REVISIÓN DE PERMANENCIA ANUAL

Se lleva a cabo dentro de los 12 meses posteriores a la fecha de traslado fuera de casa o dentro de los 30 días posteriores a la determinación de circunstancias agravantes, y después una vez al año. Esta audiencia trata los mismos temas que la Audiencia semestral (#5), más la revisión y la aprobación del plan o los planes de permanencia para el/la menor.

7. AUDIENCIA DE VERIFICACIÓN DE LA SITUACIÓN O PROVISIONAL

El tribunal puede programar Audiencias de verificación de la situación o provisionales cada 90 días o según sean necesarias. Estas audiencias permiten que las partes pongan al día al tribunal sobre el estado o el avance en el Plan del caso y que tomen las medidas necesarias para que el caso avance hacia la resolución definitiva.

¿QUÉ ES UN PLAN DEL CASO?

El **Plan del caso** es un documento aprobado por el tribunal que contiene los objetivos para el padre, la madre o la persona cuidadora, los objetivos para el/la menor, y las actividades que el padre, la madre o la persona cuidadora y la Agencia* tienen que realizar.

Si el/la menor sigue en el hogar: es posible que se le pida al padre, la madre o la persona cuidadora que elabore un **Plan del caso** para ayudar a que el/la menor permanezca a salvo en casa.

Si el/la menor se traslada fuera de su hogar: el **Plan del caso** establece el motivo por el cual el/la menor se trasladó fuera de casa y lo que debe ocurrir para que pueda regresar a su hogar.

Una vez que se firma el **Plan del caso**, o cuando el tribunal lo aprueba, el padre, la madre o la persona cuidadora debe hacer lo que se le solicita.

8. AUDIENCIA INICIAL DE REVOCACIÓN DE DERECHOS DEL PADRE O DE LA MADRE

Si se presenta la documentación para revocar los derechos del padre y/o la madre, se programa una Audiencia inicial. El padre/La madre puede solicitar un juicio o una mediación, indiquen o no que desean renunciar a los derechos de padre o madre. Si el padre o la madre no tiene un/a abogado/a, se le puede designar uno/a. **Si el padre o la madre no se presenta a la Audiencia inicial, es posible que los derechos sean revocados en ese momento.**

9. MEDIACIÓN O JUNTA DE AVENENCIA INFORMAL

Las **Mediaciones** y las **Juntas de avenencia informales** pueden servir para solucionar los problemas antes de ir al tribunal. Pueden realizarse en cualquier etapa del caso, ya sea al inicio o en las fases finales para analizar la posibilidad de un convenio de adopción abierta (si corresponde).

- **Mediación:** es una reunión informal voluntaria con una persona mediadora designada por el tribunal que garantiza que todas las partes sean escuchadas y sean respetuosas. También ayuda a negociar soluciones a muchos problemas del caso. (El juez o la jueza no estará en la mediación).
- **Junta de avenencia informal:** es una reunión informal entre las partes y sus abogados/as para analizar o negociar soluciones a algunos o a todos los asuntos del caso. (Ni el juez/la jueza ni la persona mediadora estarán en la reunión).

10. JUICIO DE REVOCACIÓN DE DERECHOS DEL PADRE O DE LA MADRE

En este juicio todas las partes pueden testificar, llamar testigos, cuestionar a los/las testigos y presentar pruebas relevantes ante el tribunal. La Agencia debe mostrar pruebas claras y categóricas de que los derechos del padre o de la madre se deben revocar por el interés superior del/de la menor. Al finalizar el juicio, el tribunal puede emitir una decisión de inmediato, o estudiar el asunto "detenidamente" y emitir una decisión por escrito en una fecha posterior ("detenidamente" significa que el tribunal puede tomarse cierto tiempo para analizar las pruebas).

11. AUDIENCIA DE TUTELA

Si se presenta una petición de tutela, se fija una audiencia para determinar si se debe otorgar. **Si el padre o la madre no da su consentimiento/acepta la tutela, debe presentarse en la Audiencia de tutela para impugnar (oponerse) a ella.** Si se impugna la tutela, se programa una Audiencia de pruebas para demostrar por qué la tutela es necesaria y por el interés superior del/de la menor. **Si el padre o la madre no se presenta a la Audiencia de tutela (y no la ha aceptado), el tribunal puede autorizar la solicitud de tutela.**

12. PERMANENCIA

Un caso se puede cerrar cuando se logra la permanencia. Las opciones de permanencia incluyen: reunificación, adopción, tutela de crianza (colocación con un/a pariente o no familiar adecuado/a que tiene un vínculo emocional y positivo importante con el/la menor) u otro arreglo alternativo permanente (APPLA), que significa que un/una menor de 16 a 17 años puede vivir de forma independiente con apoyo del estado.

*Agencia = Agencia de bienestar de menores

Puede encontrar más información en la
"Guía para las familias sobre el Proceso Judicial para
el Bienestar de Menores de Nevada" en: cwcp.nvcourts.gov

Foster Parent Responsibilities and Roles (slide 23)

Per NAC 424.500 Care and treatment of children: General requirements

Discuss some of these Responsibilities and Roles. Discuss which ones would come easy to you? Which ones might be difficult for you? Are there any that you think are unreasonable? What should be added?

- *Provide* a safe, stable, and nurturing environment
- *Encourage* a child's autonomy, respect their privacy, consider child's preferences
- *Respect* the beliefs, interpersonal styles, attitudes, behaviors, and culture of a child and their family
- *Gain* the knowledge and understanding of children who have greater physical or emotional needs
- *Provide* effective supervision
- *Have* the physical and emotional health to carry out responsibilities of fostering
- *Work* cooperatively with DCFS and other partners to meet the needs of the child
- *Observe* and record each child's progress in the foster home

Foster Parent Responsibilities and Roles

Per NAC 424.500 Care and treatment of children:

General requirements (continued)

slide 23

- *Provide* care, training, and guidance in helping a child learn to control behavior
- *Work* with DCFS to help children experience normalcy in their daily lives
- *Ensure* that all decisions are made using the reasonable and prudent parent standard
- *Plan* activities that provide for and stimulate social relationships, creative activities and hobbies
- *Don't* be judgmental regarding the child's parents and the family of the child
- *Assist* the Agency with transporting the child to necessary appointments, meetings or other required travel
- *Attend* any appointment related to the health of the child (unless other arrangements approved by the caseworker)
- *Assist* the Agency to ensure that the child is provided with ongoing visitation and contact with siblings or other family members, if requested by the caseworker
- *See* that each child observes curfew and all other lawful requirements
- *Don't* smoke or vape in the home and in the direct presence of foster children

Confidentiality and Mandated Reporting

(Slide 24)

Confidentiality (NAC 424.485)

A foster parent is required to maintain a foster child's confidentiality regarding information relating to the foster children in their care. DCFS may revoke or suspend the license to operate a foster home of a foster parent who violates this rule.

The foster parent is required to ensure that the foster children in the care of that foster home are not identified by name or by clear description, or photographed for any publication or other printed, broadcast or social media or any internet website without the permission of the licensing authority and/or caseworker. For specific social media and confidentiality guidelines, see, "*Social Media Guidelines for Foster Parents*" on the next page.

What about normalcy? In fact, sometimes, this regulation conflicts with the argument that children need normalcy in foster care; when in doubt, first ask the caseworker and discuss!

Mandated Reporting (NRS 432B.220)

- **All** medical and health care service personnel including dental, vision, audiology and chiropractic professionals
- **This includes staff and volunteers for any facility or establishment that provides care for children. And, of course, this includes foster parents**
- Any person on the list and who in his or her professional or occupational capacity knows or has reasonable cause to believe that a child has been abused or neglected is required to
 1. Report the abuse or neglect of the child to an agency which provides child welfare services (i.e. DCFS) or to a law enforcement agency and
 2. Make a report not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abuse or neglected

Report Suspected Child Abuse or Neglect in Rural Nevada

1 (833) 571-1041



Available 8:00am-5:00pm Mon-Fri

- Carson City
- Churchill County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County
- Lincoln County
- Lyon County
- Mineral County
- Nye County
- Pershing County
- Storey County
- White Pine County

After hours, weekends, and holidays call:
1(833) 803-1183



Social Media Guidelines for Foster Parents

What is social media?

Social media includes various online technology tools that enable people to communicate easily via the internet to share information and resources. Commonly used social media tools (such as Facebook, Google+, Twitter, Instagram, Snapchat, YouTube and many others) as well as various mobile applications are important outreach and communication tools. These tools can encompass audio, video, images, podcasts and other multimedia communications.



Confidentiality

The Division of Child and Family Services (DCFS) is committed to the safety, well-being, and privacy protection of the children and families we serve. DCFS recognizes that social media is deeply embedded in societal culture and has provided many individuals the ability to be more connected to others than ever before. DCFS also recognizes that relationships are vital to human growth and development and we strive to create safe environments to support healthy relationships. This guide is intended to support foster parents and relative caregivers in understanding their obligations around their use of social media in relation to a child in care. It also provides tips to help foster parents ensure safe use of social media by a child in care. When it comes to sharing information about youth in state custody on social media sites, foster parents must use their best judgment. And, though we want the children and youth to participate fully in family life and activities, confidentiality is a must -- even in the digital realm.

If you have questions about sharing information/ photos of a child in care on any social media site, please talk to your caseworker.

Before You Post

Foster Parents and **relative caregivers** who use social media sites can post photos and videos that include children and youth in foster care those sites, if the following conditions are met:

- The children are not identified by name.
- The children are not identified as foster children.
- There is no discussion on social media sites and websites about the child, the child's case or the child's family (including the reason a child entered foster care, visitation, progress of parents, status of the case, etc).
- Secure your privacy settings and location settings.
- Do not post photos or text with identifying information (house numbers, where you are currently, tagged photos, weekend plans, vacation destinations etc).
- Do not "tag" a foster child in any of your photos.
- Talk to the youth and make sure he or she is comfortable with you sharing information and images.
- There are no safety issues related to the child, specifically described by the caseworker (e.g. for safety reasons, the child's family cannot know where the child is placed).

Helping Youth Use Social Media Safely

While it may be tempting to forbid children and youth to use social media, this is seldom realistic. The Internet and mobile devices are too widespread and accessible. In addition, forbidding social networking may make it harder for youth in foster care to fit in with friends and relate to other teenagers in the community. Instead, foster parents and relative caregivers should provide guidance and boundaries to help youth in their care use social media safely.

Social media provides benefits for youth:

- **Social ties:** Social media helps youth in foster care fit in with their peers and fosters normalcy. Using social media, youth can keep in touch with friends, siblings, and others and make new connections.
- **Support:** Through online community groups, youth in foster care can share experiences with peers who have had similar experiences.
- **Family connections:** Between visits, youth in foster care may share posts or have online conversations with biological family members, when appropriate and approved by the caseworker.
- **Self-expression:** Videos, blogs, and other digital venues allow youth in foster care to express their feelings and ideas, which can help shape their identity and contribute to healing from childhood trauma

Tips to help youth use social media safely:

- **Talk with your youth's caseworker:** Ask about safety needs and concerns that may affect your youth's use of social media and whether he or she had any past issues with social media use.
- **Discuss social media with youth in your care:** Ask youth how they use social media and private messaging and why it's important to them.
- **Set house rules for what's okay and what's not:** Rules will likely vary with the youth's age, but setting them early is important.
- **Set strict privacy settings:** Use privacy settings to help youth limit who can find them online, which posts or photos can be seen, and who has contact permissions.
- **Teach youth to keep personal information private:** Advise youth in foster care not to post their full name, address, school name, phone number, or other identifying information.
- **Learn about social media sites and apps:** Keep abreast of current technology and best practices for the most popular social media sites and apps youth are using today.
- **Be aware of online gaming risks:** Online games can be unsafe as players often interact with others on gaming platforms. Youth should avoid posting pictures of themselves or giving personal information while playing online games, and they should know they can come to you if they are being bullied or harassed. Be aware of the kind of games your youth plays and discuss the risks.
- **Monitor use:** Station computers in a shared area (not a bedroom), and keep track of mobile device use. Know what type of social media your youth uses. Consider asking youth for passwords and permission to let a trusted adult "friend" them. However, try to balance monitoring with privacy. Installing an online monitoring program can also help watch out for inappropriate use
- **Conduct searches:** Every so often, search a youth's name and address to see what information or tagged photos are publicly available.
- **Watch out for profiles on dating apps or risky matchmaking sites:** Look for use of dating sites like OKCupid, Match.com, or Tinder, which may not be appropriate for teens.

- **Explain the need to be careful:** Make sure youth understand that online, not everyone is who they say they are. Advise youth to avoid sharing intimate photos and messaging about sex online.
- **Discuss cyberbullying:** Warn youth not to send, forward, or respond to mean or embarrassing messages or pictures. Help youth document, block, and report bullying if needed.
- **Keep lines of communication open:** Encourage youth to let you know if an exchange makes them uncomfortable, if someone is sending them inappropriate photos, or if anyone asks to meet them in person. Appreciate your youth's participation in their online communities and show interest in their friends.
- **Understand their language:** Youth in foster care may use abbreviations, hashtags, and emoji in their online communications. Understand that teens communicate in a language different from yours.
- **Be prepared to deal with mistakes:** When youth slip up and don't follow guidelines, approach the situation as a teachable moment and calmly work together on what to do next.

Child Welfare Information Gateway. (2017). Social media: Tips for foster parents and caregivers. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

FOSTER PARENT CODE OF ETHICS (slide 25)

National Foster Parent Association (NFPA)

18 Core Principles that foster parenting requires

Group Exercise: Brainstorm for a couple of minutes on what should be included in a “Foster Parent Code of Ethics.” Then look at the principles below and pick out two or three to discuss. Which ones come easy to you? Which ones might be hard for you? Are there any that you think are unreasonable.

1. Provide a safe and secure environment
2. Provide a loving, nurturing, stable family care environment
3. Model healthy family living to help children, youth and families learn and practice skills for safe and supportive relationships
4. Provide positive guidance that promotes self-respect while respecting culture, ethnicity, sexual orientation, gender identity and expression, and agency policy
5. Promote and support positive relationships among children, youth, and their families to the fullest possible extent
6. Meet physical and mental health care needs
7. Promote educational attainment and success
8. Promote social and emotional development

FOSTER PARENT CODE OF ETHICS

National Foster Parent Association (NFPA)

18 Core Principles that foster parenting requires (continued)

9. Support permanency plans
10. Grow as a foster parent in skill development and role clarification
11. Arrange activities to meet children's individual needs
12. Prepare children and youth for self-sufficient and responsible adult lives
13. Meet and maintain all licensing or approval requirements
14. Advocate for resources to meet the unique needs of the children and youth in their care
15. Collaborate with other foster parents and the child welfare team, to build trust and respect confidentiality
16. Promote decisions that are in the best interest of foster children to promote safety, well-being, and permanence
17. Support relationships between children and youth and their families
18. Work as a team member



STRATEGY BRIEF

STRONG FAMILIES

What is the **Quality Parenting Initiative?**

Imagine a child welfare system organized around a single principle: Every child deserves excellent parenting, every day. How would that system look different from the one we have today? Would the system return children to their parents, or place them with relatives faster? Would reunifications or placements be more stable, offering children greater security and reducing the [trauma of separation](#)? Would success be measured in terms of the ability to maintain and build strong relationships for children? These are the questions that the Youth Law Center's [Quality Parenting Initiative](#) (QPI) asks jurisdictions to consider and address.

The approach

QPI is a process to **strengthen foster care and improve permanency and well-being for children** by shifting systems away from a bureaucracy and toward an approach based on relationships. This includes focusing on relative caregivers and foster families' ability to [partner with birth parents](#), strengthen other meaningful relationships for children, and ensure children have access to the experiences that can help them heal, grow, and flourish. Child development and trauma research overwhelmingly indicates that children need consistent and effective parenting to thrive.¹ QPI's aim is to ensure that all children placed in out-of-home care, whether with a relative, fictive kin, or licensed family, receive high-quality parenting that meets their emotional, developmental, cognitive, and social needs. QPI also believes that all stakeholders within jurisdictions can and must work together to



What is the Quality Parenting Initiative?

achieve this goal through reshaping culture, practice, and policy to encourage active and meaningful communication and partnership among birth families, relative caregivers, foster families, youth, and the child welfare system.

Since its inception in Florida in 2008, QPI has expanded to more than 75 jurisdictions in California, Florida, Illinois, Louisiana, Minnesota, Nevada, Ohio, Pennsylvania, Texas, and Wisconsin.

For more information on the principles of QPI, see our Q&A with Jennifer Rodriguez and Carole Shauffer of the Youth Law Center: [How does the Quality Parenting Initiative support healthy childhoods and co-parenting with birth families?](#)

Core values

QPI is laser-focused on relationships. “Kids need relationships to thrive and recover from trauma,” says Carole Shauffer, Youth Law Center’s senior director of strategic initiatives.² This need for relationships cannot be put on hold while a family recovers from crisis or until an adoption can be finalized. Children need excellent parenting every single day — through committed, developmentally informed relationships with caring adults.

QPI also asserts that child welfare systems will not attract caregivers who can provide this kind of excellent parenting unless those caregivers are treated as key members of the team and supported in having strong relationships with the children in their care. That includes supporting relationships between birth and foster families.

According to the QPI approach, each jurisdiction must determine for itself how to put these core values into practice. Each community that engages in QPI begins by defining “excellent parenting” and then identifies the policy and practice changes necessary to align with that definition.

The QPI approach is a “bottom-up” process that requires support from leadership. Leaders acknowledge the need for change and commit to following through, but the ideas and direction for change come from those who are [most involved in and affected by the system](#): birth parents, youth, kin, foster parents, and caseworkers.

Essential elements

QPI is best described as a systems change process rather than a set of predetermined strategies. The key elements of QPI are:

1. **Defining the expectations of caregivers and the child welfare system around excellent parenting.** QPI jurisdictions first convene a broad group of stakeholders to define what excellent foster and kinship care means for their community. Stakeholders include birth parents, youth, kin, foster parents, and caseworkers, as well as other partners in the system, such as attorneys and court personnel, along with representatives from schools, health departments, faith communities, and other sectors. Together, this group develops expectations for providing and supporting excellent parenting for children in out-of-home placements.

Children need relationships. There is nothing we have more research about than that. We need to rebuild child welfare, almost every single aspect, to develop excellent relationships.

— JENNIFER RODRIGUEZ,
EXECUTIVE DIRECTOR, YOUTH LAW CENTER

What is the Quality Parenting Initiative?

2. **Clearly communicating expectations to staff, caregivers, and other stakeholders.**

Each jurisdiction develops a “brand statement” describing the agency’s expectations for kinship and foster caregivers, as well as what caregivers can expect in return from the child protection agency. This brand statement provides a roadmap for change and forms the basis for new recruitment and training strategies to attract quality caregivers. It lets caregivers know that the agency considers them to be valued and equal members of the team. Caregivers are expected to develop relationships with the child in their care while teaming with caseworkers and birth family members to support timely reunification, whenever possible. “You can’t tolerate people who are providing inadequate parenting simply because you’re recruiting for beds,” Shauffer says. “Recruiting for beds undermines relationships.” A brand statement is not just a recruiting and training tool. It sets the standard for how people treat one another, and it is a reminder of the agency’s new goal toward excellence. “The brand has to be lived internally before an agency can sell it to outsiders,” Shauffer says.³

3. **Aligning system policy and practice with those expectations.** Once the brand is defined, stakeholders work together to identify barriers and solutions to improve their community’s foster care system. Foster parents, youth, kin, birth parents, caseworkers, youth social workers, attorneys, judges, and other community partners all work together to identify the changes

necessary to meet the goals of system improvement. Their innovations are based on their own experience and lessons learned through research on child development. Leadership commits to supporting QPI principles and listening to the voices from the field. While recognizing that change eventually may be needed in almost every aspect of the system, QPI encourages jurisdictions to begin with three relatively simple changes:

- Ensuring relationships are prioritized.
- Making sure that enough high-quality relative and non-relative foster parents are available to care for children.
- Providing caregivers the information, tools, and resources they need to provide excellent care, including an infrastructure to create strong partnerships with birth families.

The Youth Law Center coaches and supports QPI jurisdictions throughout this process, and provides access to a range of implementation and advocacy resources. Center staff may provide strategic consulting, facilitation for early meetings, and organizing support while jurisdictions develop expectations, identify barriers, and create an initial implementation plan. Once in the implementation phase, local stakeholders lead their own process. Center staff may provide ongoing consultation and technical assistance but have a primary focus on building a network of stakeholders within the community who work together to redesign child welfare to a relationship-based system.

Excellent foster parents reduce length of stay because they’re working with the birth parents on reunification, and they reduce re-entry because they provide birth parents with an expanded natural network within their own community.

— CAROLE SHAUFFER,
SENIOR DIRECTOR OF STRATEGIC INITIATIVES, YOUTH LAW CENTER

What is the Quality Parenting Initiative?

Data and evaluation

Although many QPI jurisdictions have experienced positive outcomes, the Youth Law Center is cautious about the data gathered to date. Given that there is not currently a method to collect systemwide data on quality of care — and the fact that jurisdictions implementing QPI often are employing other systems change initiatives at the same time — it is difficult to ascribe changes to a single QPI approach.

However, self-reported assessments in participating sites — as well as a Florida Department of Children and Families survey — found that foster parents felt supported and encouraged both in [normalcy](#)⁴ and in developing birth parent–foster parent relationships. The University of Maryland currently is conducting a systematic evaluation of QPI⁵ and the results will be released in 2020. The study is expected to help the field better understand the impacts of QPI on children and families involved with the foster care system. Preliminary findings show:

- QPI can improve relationships between birth parents, foster parents (or kinship caregivers), and agency staff.
- QPI implementation is most successful when all stakeholders have a solid understanding of QPI principles and play a role in QPI activities.

In practice and policy

The Youth Law Center recognizes that the work of QPI — changing a child welfare system’s primary focus from simply mitigating risk to providing excellent parenting — is never really finished. “Successful sites feel that they are part of a movement and know that they are always going to have to be part of the movement,” Shauffer says.⁶ At its core, QPI is about culture change, which can be hard to describe because it looks a little different in every jurisdiction.

Several jurisdictions, including Louisiana and Milwaukee, have implemented a practice change requiring what they call “comfort calls” to open a line of **communication between the birth and foster family** immediately upon a child’s placement into a new foster home. The caseworker calls the birth parent from the foster home to provide reassurance that the child is safe, and to share some information about the foster caregiver’s household. The caseworker also gives the birth parent an opportunity to tell the foster parent anything that might help ease the child’s first few days in care — anything from sleep routines to fears to food allergies.

In other jurisdictions, birth and foster families meet in person soon after placement to develop **formal co-parenting agreements** about how they will work together, communicate, and share in the care of the children. Providing opportunities for birth parents



What is the Quality Parenting Initiative?

to participate in the care of their children while in placement (including attendance at medical or therapy appointments and school meetings, as well as in less formal settings) may help birth parents stay connected, reduce stress to the child, and support more timely and lasting reunification. Providing an avenue for birth parents to share critical information about the child also serves to improve the foster family's ability to care for the child and meet the child's unique needs. In addition, when children know both sets of parents are working together, any implicit or explicit pressure to pick a side is eliminated and the child can form a positive relationship with both families. In some cases, foster parents host visitation in their homes and provide informal coaching and mentorship to birth parents. **Family Support Network in Northwest Florida** has a specialized team dedicated to working intensively with foster and birth families for two to three weeks immediately after placement in order to support a healthy relationship.

In **California**, QPI resulted in a [change in policy regarding alternate care](#). Previously, if foster parents needed to be away for longer than a day, they often were required to use a formalized respite care program. This could result in, for example, a family's biological children going to stay with a familiar relative while siblings in foster care were sent to a stranger family or shelter, a stressful situation for all involved. Under the new policy, foster parents are trusted to select the best caregiver for all of their children when they have to be apart.

In **Louisiana**, faith community partners in the QPI effort had been providing "open tables for youth" —

inviting members of their communities to come to a dinner party to get to know and mentor a youth who is in (or recently emancipated from) foster care. Once these partners became aware of the vision of supporting birth families, the concept was extended to create **informal networks of encouragement for families that were at risk of being involved with child welfare or recently had reunified**. Louisiana also implemented an employee performance and supervisory [performance review tool](#) that measures how staff puts the QPI brand into practice.

Implementation and adaptation support

QPI sites share their documents, experiences, and lessons learned with the field, which has helped create an extensive [repository of QPI supports](#) that provide detailed guidance on QPI implementation. The repository also includes examples of products and tools for consideration or adaptation, such as: co-parenting; visitation; court participation; information sharing; mentoring; partnership plan and communication; investigations; normalcy; recruitment and support; and transitions. Specific resources include:

- Detailed examples of QPI policies and procedures across the nation, including each site's actual documents, guides, memos, and agreements, such as:
 - » QPI's [email template](#) to ensure that caregivers receive timely notification and invitations to participate in Family Court hearings for the children in their care.

It's been amazing. Anything and everything I ever wanted as a biological parent and now as a parent mentor, everything I ever wanted in a system change, was wrapped up in QPI.

— TIFFANY CAROL,
BIRTH PARENT IN LOUISIANA

What is the Quality Parenting Initiative?

- » California's [partnership plan](#) that lays out expectations for how caregivers and child welfare staff should work together.
- » A sample "[Meet Our Family](#)" form to help foster caregivers inform birth families about their households at icebreaker meetings.
- Real-time, online training modules that allow individuals implementing QPI to instantly connect and share experiences, insights, and

lessons learned, including mentoring and coaching by experienced foster parents and training professionals.

- [Conference videos and documents](#) to ensure everyone has access to pertinent information and best practices.
- Access to each jurisdiction's local QPI page (see, for example, [Florida's QPI webpage](#)).

1 Bruskas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), pp. 70-77.

Zeanah, C. C., Shauffer, H. & Dozier, M. (2011). Foster care for young children: Why it must be developmentally informed. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(12), 1199-1201.

Rafeedie, J., Hudson, S. M., Deavenport-Saman, A., Rao, S., Rogers, K., & Roberts, S. (2019). Decision-making in foster care: A child-centered approach to reducing toxic stress in foster children. *Children and Youth Services Review*, 96, 10-16.

2 Interview with Carole Shauffer and Jennifer Rodriguez, Feb. 20, 2019.

3 Interview, Feb. 20, 2019.

4 Normalcy means providing the opportunity for children and youth in out-of-home care to participate in the same age and developmentally appropriate activities and experiences as their peers who are not in foster care.

5 A multi-stage evaluation of QPI conducted by the University of Maryland is in process, with the support of the Annie E. Casey Foundation.

6 Interview with Carole Shauffer and Jennifer Rodriguez, March 4, 2019.

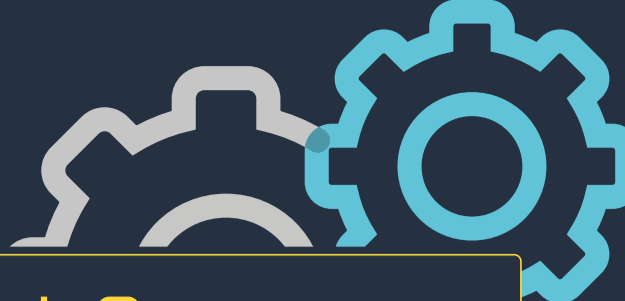
P 800.228.3559

P 206.282.7300

F 206.282.3555

casey.org | KMResources@casey.org





COMFORT CALLS AND WHY THEY MATTER

POSITIVE COPARENTING

Comfort calls are done within 12 hours post removal by the caseworker and foster parent to the birth parent and are the first step in establishing a positive co-parenting relationship between the foster parent and birth parents.

IMPORTANCE

Comfort calls give opportunity to discuss important information needed to meet the child's needs. This call also provides an opportunity for the child and parent to speak to each other after removal, which can help both to feel more comfortable with the placement

BEGINNING

Begin the call by reminding the birth and foster parents that the purpose is to provide important information that may only be known by the birth parent to make sure the foster parent has the information necessary to provide the best care possible to the child.

OUTCOMES

- Minimizes trauma of separation for both child and parents
- Sets stage for ongoing focus on the child
- Reinforces that the birth parent is the expert on their child
- Provides for smoother transition into foster home by allowing foster parent to ask about specific information pertinent to their home environment and routines
- Provides birth parent the opportunity to convey, in their own words, information they feel is critical for care of their child
- Initiates and promotes immediate communication between foster parents and birth parents - humanizes "stranger" foster parents
- Establishes a positive working relationship early in the case by developing trust and open and honest communication

CONCLUSION

In concluding the call, acknowledge with each the difficulty they may have experienced but, by participating, they were able to share important information about child, alleviate some of their fears and anxieties, and their first meeting will be much easier having had this conversation. Thank each for their participation and their commitment focusing on their child

DISCUSSION

- Medical - allergies, medications, upcoming or needed appointments, immunizations, etc.
- Behavioral - past trauma, placement history, therapeutic history
- Educational and Developmental - school attended, teachers, academic performance, special services, etc.
- Family/Fictive Kin/Peer support systems - Who else can the child call for support?
- Routines - extracurricular activities, schedules, bedtimes, etc.
- Set up an Icebreaker and first in person visit
- Let the children speak with their parent - The placing case worker should help to set guidelines with the parents for appropriate conversations, phone should be on speakerphone

ICE BREAKER MEETINGS

WHY ARE ICEBREAKERS IMPORTANT?



WHAT IS AN ICEBREAKER?

An icebreaker is a facilitated child-focused meeting held shortly after a child is placed in out of home care. An icebreaker meeting is also held after a child makes a placement change

OPPORTUNITY

Icebreakers provide opportunity for birth parents and caregivers to meet each other and share information about the child's birth family, foster family, and the needs of the child.

ESTABLISH COMMUNICATION

An icebreaker is the beginning of establishing communication that assists in building a relationship between the child's parents and caregivers

REDUCE ANXIETY

Icebreakers reduce parents anxiety about their child's placement and well-being. Parents reinforce their role as "parent" and establish a team mentality for the goal of reunification.

REASSURANCE

Children are reassured that their parents and caregivers are working together, which allows children to adjust positively while maintaining their relationship with their parents.

Homework Session 1

Watching the film and doing this work should take about 3 hours. This is intended to supplement the information you learn in the live sessions.

- View video on QPI Nevada website, "[Using the Reasonable and Prudent Parenting Standard: Providing Normalcy for Children in Foster Care DCFS Rural Region](#)"
- View the video on the QPI website, "LGBTQ 101" at <http://centervideo.forest.usf.edu/qpi/California/toolkit/lgbtsensitivity/start.html>
- If you have already viewed these films and sent in the certificates showing that you watched them, you do not need to watch them again. However, please still do the homework assignments below.
- Homework assignment: Please write or type your answers. Each parent should answer separately.
 - In relation to the film, "Using Reasonable and Prudent Parenting," please answer these two questions: (1) Briefly describe what is meant by "normalcy" in foster care and (2) What are two ways you can practice normalcy with foster children in your home?
 - In relation to the film, "LGBTQ 101," please answer these two questions: (1) Did viewing this film change your view of bringing an LGBTQ youth into your home? If so, how did your view change? and (2) What concerns do you have about fostering a child that identifies as LGBTQ?
- Submit copies of the certificate from the QPI training and your homework before the next session. You can email certificates and homework to us, or you can print your work and mail to Kevin Quint, DCFS, 2533 N. Carson St., Suite 100, Carson City, NV 89706. Email is kevin.quint@dcfs.nv.gov.

Foster Parent
Pre-Service Training
Session 2
Materials



Alice's Story (Slide 5)

Living alone with her mother and father has impacted 8-year-old Alice greatly. Her mother struggles with an alcohol addiction and has endured domestic abuse at the hands of her (i.e. Alice's) father. Alice's father works but flies into a rage when returning home after work and seeing his wife intoxicated. Alice is watchful, fiercely protective of her mother, and unable to trust. Physically, all of this had caused her to look frail and exhausted.

Due to documented neglect, Alice was removed from the care of her parents and placed with a foster family with three teenagers. Alice could not let go of the need to watch out and care for her mother and was resistant to the type of parenting her foster family was keen to offer. Initially the family felt rejected, having successfully reared three children. They were puzzled as to why their parenting style did not seem to help Alice. They wanted answers and were committed to helping Alice, who they assumed would eventually return to the care of her mother.

Eventually Alice made progress within her foster placement, but her foster parents became anxious around her contact times with her parents. They saw Alice regress and struggle with the need to see that her parents were alright but feeling guilty that she could be happy with her foster family.

Nevertheless, it was decided that Alice should return to live with her mother and father. The foster family was ambivalent about this, knowing that it was Alice's dearest wish, but not feeling confident about her mother and father's ability to parent her. They kept their feelings hidden and helped to reunite Alice and her parents, while maintaining limited contact.



One year later, the foster parents were able to visit Alice and found her to be caring for herself as her mother's addiction had returned and her father had left the home. The foster parents alerted the Division about Alice's situation and Alice was returned to their care.

The foster parents monitored how negatively these events had impacted Alice and the deterioration in her behavior. Alice indicated that she was relieved to be back in a safe, nurturing environment, although she preferred spending time in the home safely curled up in a cardboard box.

One year has passed, and Alice's foster family says that services received from DCFS and from a local therapist have been helpful in adapting their parenting style to address her attachment needs. Alice has now learned how to laugh and understands more of what feeling happy means. She is able to reassure herself that her parents are well during contact visits and accepts that her foster family can keep her safe. She understands that she is not responsible for her mother and father and wants to be assured that she can stay with her foster parents for as long as she needs.

Alice continues to receive mental health counseling from a trauma informed therapist. This is helping her to address her fears and to be the happy child she was meant to be.

Meanwhile, Alice's mother has quit drinking and her parents are living together again. They are working a case plan and DCFS is working toward Alice reunifying with her parents.

Alice's Story: Group Exercise (slide 6)

- How did Alice's mother's drinking affect Alice?
- How did her father's domestic abuse toward her mother affect Alice?
- What kinds of neglect do you suppose caused Alice to be removed from her parent's home?
- What were some of Alice's responses and behaviors connected to being moved to a foster home? Why do you think she responded in that way?
- Describe the foster parent's reactions to Alice's behaviors when first in the home. Do you think the foster parent's reactions are reasonable? Why or why not?
- What are your thoughts about Alice being moved back to her mother's home?
- How did the foster parents feel about that move?
- What are your thoughts about Alice's birth parents and their role in Alice's situation?
- What progress has Alice made in her second time in foster care? What has enabled her progress?
- What are your thoughts about Alice eventually returning to live with her parents?

CASA & Guardian Ad Litem (GAL) Resource List

Updated May 2, 2023

County	CASA Director	Contact Information
Carson City & Storey	Melanie McCormick	melaniemccormickcasa@outlook.com ; 775-291-7069
Churchill	Shana Clark	sclark@churchillcourts.org ; 775-423-6088
Clark	Sheila Parks	casa@clarkcountycourts.us 702-455-2272
Douglas	Leanne Wagoner	lwagoner@douglas.nv.gov ; 775-782-6247
Elko	Alanna McKinney	nencasa@gmail.com ; 775-934-7636
Eureka	None	None
Humboldt	None	None
GAL Lander, Mineral, and Pershing	Lander JPO acts as Guardian Ad Litem but they aren't called CASAs. Dan Baldini is the contact.	Dbaldini@11thjdyfs.net ; 775-635-2117
Lincoln	None	None
Lyon	Mary Smith; She acts as the GAL but is not part of CASA	director@lyoncountycasa.org ; 775-344-1411
GAL Nye and Esmeralda	Kathie McKenna	kathie@acornv.org ; 775-505-2272
Washoe	Kendra Materasso	washoecountyfamilyservices@washoecourts.us . Kendra.materasso@washoecourts.us ; 775-328-3854
White Pine	None	None



GROUP EXERCISE: Children with Diverse Backgrounds **(slide 17)**

Discussion questions:

- What are some challenges that you may face with your youth involving cultural diversity?
- Describe a situation in which you accidentally felt or expressed cultural insensitivity. What did you learn?
- How would you describe the *culture* of foster care and the impact it has on youths' identity development?
- What can you do to nurture youths' connection to their biological family and culture?
- What are some ways that you can help youth discover (or re-discover) their home culture and further support their identity development?

The Home Study

(Slides 29-35, 37)



Getting Started

1. Visit www.ruralnvfostercare.com to complete an online inquiry
2. A licensing recruiter will call you to schedule a brief phone interview
3. Complete the online application process
4. Complete the Pre-Service Training
5. Once the foster care Licensing Worker receives and reviews the application, you will be contacted to set up appointments to start the interviewing process and home inspection

What is a Home Study?

- A home study is a process that will determine the placement viability of applicants
- It provides DCFS and the courts with comprehensive information for determining the most appropriate home for a child
- It is also an opportunity for potential foster families to assess their readiness and ensure their home operates as a support for the child
- It concludes with a written report that the Licensing Worker creates about your family

How Long is the Interview Process?

- It can be 2-5 in-person interviews
- Interviews may last 2-4 hours
- May be followed up with over the phone interviews
- ***The entire licensing process from your first contact with the Division can take 6-12 months***

The Home Study

(Slides 29-35, 37)



Home Study Interviews

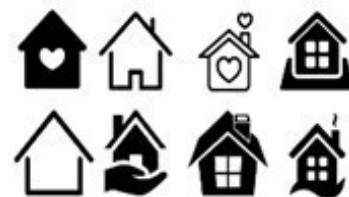
- Compatibility Inventory: This will be used to determine what interests and behaviors you have indicated you are willing to parent and will assist the Division in making a successful placement for each child
 - Sexual Orientation
 - Religion
 - Learning/School Behaviors
 - Sexual Behaviors
 - Other Child Behaviors
 - Medical Conditions
 - Developmental and Mental Health

Children Interviews

- Children living in the home and children living outside the home may be interviewed
- These interviews will not be as in depth but will allow us to better understand the family unit
- Interviewing the children will help us in understanding agreement among the family and may be a self-reflective process where you may learn things about yourself and the dynamics of your family

The Home Study

(Slides 29-35, 37)



What is Discussed in the Home Study Interview?

- Family lifestyle
- Motivation for fostering
- History from childhood through present
- Personal characteristics (anger management, flexibility, impulse control)
- Health (both physical and mental health)
- Support System
- Education and employment
- Married applicants - discuss all aspects of your marital relationship
- Discuss children and extended family
- Ask questions relating to your budget and expenses
- Talk about how you parent in general
- Talk about how you expect to parent children who have been abused or neglected
- Details about your home and neighborhood
- The home study interview seems invasive and lengthy, however, normally, we are looking for ways to rule families in rather than rule them out

Home Inspection

(Slides 38-40)



What is a home inspection and why is it important?

- The home inspection is conducted by the Licensing Worker during the home study interview visits
- Home inspection is an ongoing inspection during initial licensing
- Ensures the home is safe for our children and that all state laws and regulations are being upheld. (NAC 424/NRS 424)

What do we inspect?

- Ensure the grounds of the home are free of safety hazards to children
- Verify smoke detectors are installed in the children's bedrooms and in the hallway of the children's bedrooms
- Check the water heater to ensure the temperature is no higher than 120 degrees Fahrenheit
- For children under the age of 5, verify protective covers have been put on all accessible outlets
- Verify that fire extinguisher 2A 10BC is purchased within the year or serviced within the year
- Check that emergency numbers are posted including health, fire, police, and ambulance
- Verify you have adequate first aid supplies
- Verify ALL medications are locked in a lock box including refrigerated medication
- Verify pets are in good health and temperament and have up to date vaccinations

Home Inspection

(Slides 38-40)



What do we inspect?

- Check that hazardous chemicals and materials are stored away and made inaccessible based on age and stage of development of the child
- Check that items intended for adult use (alcohol, tobacco, alternative nicotine/vapor products, lighters) are stored away and inaccessible to all children
- Verify nutritional requirements are met and ask that you take into consideration a child's cultural, religious, and dietary preferences
- Verify that guns and weapons are disabled or locked and ammunition is stored in a separate lock box from weapons. If you have a concealed weapon permit, we need a copy
- Sleeping arrangements for the children:
 - Children up to the age of 12 months can share a room with the foster parent
 - Males and females under the age of 5 can share a room
 - Children over the age of 5 in the same room must be the same gender (even if they are siblings)

What is inspected?

- Bodies of water must follow NAC 424 guidelines
- CPR certification is required for every licensed foster care provider
- Other occupants in the home:
 - Any person living in the home over the age of 18 must have TB results completed, background checks, and complete a Non-Primary Application
 - Any person who frequently visits overnight and provides childcare to foster children must also complete the Non-Primary Application



Home Inspection Highlights

REGULATION:	NAC REQUIREMENT:
NAC 424.370	<p><u>Doors & Windows:</u></p> <ul style="list-style-type: none"> • Are windows in the foster child’s room accessible to exit in case of emergency? • All bathroom door locks must be able to open from the outside • All closet doors should be able to open from the inside
NAC 424.375	<p><u>Sleeping Accommodations:</u></p> <ul style="list-style-type: none"> • Each foster child’s room must be a designated bedroom with adequate space between the beds • Foster child’s room must be on the same floor as foster parent(s) if child is under five years of age • To sleep on the top bunk bed, a foster child must be six years of age and up • Foster child must have designated space to store their belongings and items (i.e., closet, dresser space, etc.) • Exit by door and window must be unobstructed in each foster child’s room • An infant must <u>not</u> sleep with another person on the same sleeping surface (i.e., bed, sofa, etc.) • Foster children must sleep in a room that ensures privacy (i.e., closets, partitioned rooms, etc. are unacceptable)
NAC 424.395	<p><u>Electrical Equipment:</u></p> <ul style="list-style-type: none"> • Are all electrical cords in the home in good condition? Do any of these cords present a hazard? • Extension cords/surge protectors must not be used in general wiring, joined together, or extended from room to room, be under rugs, or stapled/nailed down • Protective covers must be placed on unused electrical outlets accessible to children less than 5 years of age
NAC 424.400	<p><u>Fire Safety Standards Met:</u></p> <ul style="list-style-type: none"> • Home must have a fire extinguisher readily available <i>on each level</i> of the home and it must be the following rating: 2-A 10BC *Please save receipt for purchase of fire extinguisher to verify its purchase date • Smoke detectors must be functional and mounted in each foster child’s bedroom and hallway immediately outside of their bedroom • The home must have a carbon monoxide detector (CMD) located near the children’s sleeping area and one CMD on each floor of the home, whether a child sleeps on that level or not
NAC 424.410	<p><u>Telephone in Operation:</u></p> <ul style="list-style-type: none"> • Each foster parent must have access to a telephone or cell phone in which to call in an emergency • Local emergency numbers must be <i>posted in a prominent place</i>, including numbers for substitute caregivers, police, and health care providers
NAC 424.615	<p><u>Disaster/Emergency Plan:</u></p> <ul style="list-style-type: none"> • Foster home must have a written plan for responding to a disaster or other emergency <i>posted in a prominent place</i> in the foster home
NAC 424.420	<p><u>Pools/Bodies of Water on Property:</u></p> <ul style="list-style-type: none"> • Any standing body of water, saunas and tanning beds must be secure; hot tubs & other water attractions must have a cover and be able to lock • Any standing body of water on the premises must be in a condition that is healthy and safe for children. • A fence with a locking gate must surround an in-ground/above-ground pool <ul style="list-style-type: none"> ◦ Reaching pole & ring buoy required • Above-ground pool <i>steps/ladder must be removed</i> when not in use • Small plastic pools must be emptied immediately after each use
NAC 424.270	<p><u>Training:</u></p> <ul style="list-style-type: none"> • Foster parents shall attend at least 4 hours annually of training in foster parenting which is provided or approved by the licensing unit
NRS 424.0365	<ul style="list-style-type: none"> • All primary caregivers <i>must</i> have basic first aid and cardiopulmonary resuscitation (CPR) training: Child and Baby First Aid/CPR/AED Online (redcross.org)

	<ul style="list-style-type: none"> Parents/caregivers in homes with water features <i>must</i> obtain information on water safety: Water Safety for Parents and Caregivers (redcross.org)
NAC 424.360	<p><u>Grounds of home</u></p> <ul style="list-style-type: none"> Outdoor play space must be fenced when surrounding hazards suggest the necessity for such protection. Home and outdoor play area must be well-maintained in a clean and safe condition and free from hazards. The premises must be free of accumulated refuse (i.e., garbage, trash, feces, etc.), dilapidated structures, vermin, dangerous conditions capable of harming children and any other health or safety hazard.
NAC 424.560	<p><u>Medications:</u></p> <ul style="list-style-type: none"> There must be a record kept of each medication given to a foster child Both medications & poisons of any kind must be stored in a locked place (lockbox, safe, cabinet, etc.)
NAC 424.555	<p><u>Health care</u></p> <ul style="list-style-type: none"> Each child residing in the foster home must be currently immunized against diseases <ul style="list-style-type: none"> Unless written exemptions from a child's licensed physician stating that such immunizations are not recommended for the child because of a medical condition will be accepted
NAC 424.120	<ul style="list-style-type: none"> Any member a household or staff who will provide care to an <i>infant in foster care</i>, <i>must</i> provide proof of immunizations for <i>pertussis and influenza</i> <ul style="list-style-type: none"> unless a written statement from a licensed physician that such immunizations are not recommended for the member because of a medical condition.
NAC 424.590	<p><u>Pets must be in good health & temperament:</u></p> <ul style="list-style-type: none"> All household/outdoor pets must be up to date on their vaccinations and proof of this must be on file All new pets must be reported to licensing worker including their proof of vaccinations
NAC 424.600	<p><u>Weapons & Ammunition:</u></p> <ul style="list-style-type: none"> All weapons/firearms must be locked in a safe separate from ammunition that must also be locked up Consider any other decorative/historical items in/around your home that could be considered unsafe or inappropriate to have around a foster child
Prohibitive Items	
NAC 424.375	<p><u>Sleeping accommodations:</u></p> <ul style="list-style-type: none"> Bunkbeds with more than two bunks are prohibited.
NAC 424.390	<p><u>Equipment for heating, ventilation and air-conditioning:</u></p> <ul style="list-style-type: none"> Portable heaters are prohibited. Unvented heaters which use liquid, solid or gas fuels are prohibited
NAC 424.500	<p><u>Smoking:</u></p> <ul style="list-style-type: none"> Smoking is prohibited in a foster home, in a vehicle used to transport foster children and in the direct presence of foster children.
NAC 424.590	<p><u>Pets and animals</u></p> <ul style="list-style-type: none"> The presence of any pet deemed potentially hazardous to a child is cause for the denial of a license to operate a foster home Exotic or potentially dangerous pets or other animals are prohibited, the licensing authority can explain

For more information on the Nevada Revised Statutes (NRS), please go to: <https://www.leg.state.nv.us/nrs/NRS-424.html> and for more information on the Nevada Administrative Code (NAC), go to: <http://www.leg.state.nv.us/NAC/NAC-424.html>.

Home Inspection “Scavenger Hunt”

(slides 41)

- In the children’s bedroom(s), are the windows easy to open? Is there anything blocking the window (i.e., a bunk bed, boxes, etc.)?
- **Can bedroom, closet, or bathroom doors be locked from the outside?**
- Are there any extension cords that are connected to each other?
- **What potential hazards are found in the front/back yards? (i.e., sharp tools, deep holes, bodies of water, etc.)**
- Where/how do you store your OTC/prescription medications?
- **If you have pets, on what date do their rabies vaccinations expire?**
- Where do you store firearms? Are they locked up separate from ammunition?
- **How warm is the water in the hot water heater? How do you know?**
- Where and how do you store cleaning products?
- **If you use tobacco or nicotine products, where do you use them, how are they stored, and where are the kids when you use them?**
- How many portable heaters do you have?



Five Tips to Prepare for a Foster Care Home Study

(slides 42-43)

Tip 1: Take a deep breath, relax, and welcome the licensing worker into your home.

The Division of Child and Family Services wants to help qualify you as a foster family. Our Licensing Workers are real people, just like you. They are friendly and polite and will conduct themselves in a professional manner.

Tip 2 – Use the information we provide to you.

We will provide you all the information and paperwork you need to complete the licensing process. Always reach out to your assigned Licensing Worker if you need additional information. We want to help!

Tip 3- Prepare your bedrooms

- Bedroom space is key. Take time to set up the bedrooms you plan to use so that they are not just empty rooms.
- Put an appropriately sized bed and a plan for storing clothing in the bedrooms.
- If you plan to have a wide range of ages on your license, demonstrate that you can set up an appropriately sized bed. This might look like having a twin bed in the room but having a pack-n-play or crib ready to assemble should a younger child be placed in your home.

Five Tips to Prepare for a Foster Care Home Study

(slides 42-43)

Tip 4 – Clean up a little bit, but don't go crazy.

- The tip here is really, “Be you.” We want to see your home in the condition you prefer when company comes for a visit.
- We get a little nervous when things are seemingly too perfect, but our goal is for each foster home to be safe and welcoming.
- Clean to the point that you feel comfortable, so you won't be obsessing about it during the visit. You will want to focus on having a great conversation with your home Licensing Worker.

Tip 5 – Don't over think it!

- We are looking for real people who are willing and able to make a real commitment to care for real children with real needs.
- We can be flexible, and you'll find that we can help you work through most items seamlessly.



Life after Licensing: What to Expect (slide 48)



- The day you sign your home study, you are licensed
- The Division can make any unannounced visits during the life of your license
- Every year, the Licensing Worker will conduct an annual renewal visit
- Every two years, the Licensing Worker will conduct a relicensing study
- TB results need to be completed every two years
- Law enforcement checks need to be completed every two years
- Fingerprints will need to be submitted every 5 years
- Four hours of additional training will need to be completed every year, more may be required for special needs children or situations
- Pet vaccinations will need to be current every year
- Fire extinguishers will need to be serviced or replaced every year
- A home inspection will be completed every year
- If you move or renovate your home, licensing will need to complete a new home inspection
- Contact your licensing worker for adjustments to your license



Homework Session 2

Watching the film and doing this work should take up to 2 hours. This is intended to supplement the information you learn in the live sessions.

- View the video on QPI Nevada website, “Foster Child is Not a Defining Title: My Attitude Overcomes”
<http://centervideo.forest.usf.edu/video/qpi/florida/fcdefndtitle/start.html>
(60 minutes)
- Homework assignment: Please write or type your answers. Each parent should answer separately. (30 minutes)
 - In relation to the film, “Foster Child is Not a Defining Title,” what are your thoughts about using the term “foster child?” Why do you think the Division does not want children identified in public as being a “foster child?”
- Submit copies of the certificate from the QPI training and your homework before the next session. You can email certificates and homework to us or you can print your work and mail to Kevin Quint, DCFS, 2533 N. Carson St., Suite 100, Carson City, NV 89706. Email is kevin.quint@dcfs.nv.gov.

Foster Parent Pre-Service Training: Session 3 Materials

My Child Worksheet #1

Imagine a child in need—a child that you know, one you have encountered, one that you have made up, or you can use “Alice’s Story” from Session 2. Fill in the information that you know about your child below.

Name:

Age:

Gender:

What I know about My Child’s life before my involvement with him/her. (For example: living situation, physical health, mental health and/or behavioral issues, interests, likes and dislikes with food, temperament, etc.)

What I’d like to know or to understand better about My Child

Trauma Defined

(slide 10)

A traumatic event or events can be many things-

Such as witnessing or being in a car wreck, working in a hostile workplace, sexual assault, loss of a loved one, divorce, being a victim of violence, and much more.

A common theme of trauma and what separates it from simple stress is that it:

- threatens the life or physical wholeness of a person or of someone important to that person,
- causes a sense of terror, helplessness, and/or horror, and
- produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control.

Types of Trauma

“ Acute = Intense;
Chronic = Recurring. ”

- Acute Trauma: A single event that lasts for a limited time
- Chronic Trauma: The experience of multiple traumatic events, often over a long period of time

And this child has had to cope with these overwhelming and unmanageable stresses almost entirely on his or her own.

Complex Trauma



The term complex trauma is used to describe a specific kind of chronic trauma and its effects on children:

- Multiple traumatic events that begin at a very young age
- Caused by adults who should have been caring for and protecting the child

What About Neglect?

- Failure to provide for a child's basic needs, including physical, medical, educational, and emotional
- Perceived as trauma by an infant or young child completely dependent on adults for care
- May reduce a child's ability to recover from trauma
- May open the door to other traumatic events (often a result of a lack of supervision)

“Abandonment feels like an acute threat to survival.”

How Children Respond to Trauma

(slide 12)

Long-term trauma can interfere with healthy development and affect a child's:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress



A child's reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Availability of adults who can offer help, reassurance, and protection



Ways a child may respond to trauma:

- Hyperarousal (nervousness, jumpiness, quickness to startle, hypervigilance)
- Re-experiencing (intrusive images, sensations, dreams; intrusive memories of the traumatic event or events)
- Avoidance and withdrawal (feeling numb, shut down, or separated from normal life; pulling away from activities and relationships; avoiding things that prompt memories of the trauma)
- Trauma reminders (things, events, situations, places, sensations, and even people that a child connects with a traumatic event)



Discussion on Remembering Trauma

- What are your thoughts about why Manny's temper can be so out of control?
- What effect do you think his upbringing had on some of his actions as an adult?
- What effect do you think the incident with his sister and the two other boys had on Manny and how he views himself?
- What could have been done to help Manny when he was a little boy to help him avoid some of the behaviors he developed as an adult?
- Why doesn't Manny just change his attitude and quit being so angry and making poor decisions?
- Describe your thoughts about how Manny's school counselor handled his situation as a little boy. How does that differ from the approach the therapist took at the end of the film?

Children's Reactions May Vary By Age

(slide 16)

Pre-School Children

- Feel vulnerable and helpless
- React literally and reactively (i.e., flinch, cry, try to hide)
- Exhibit strong emotional outbursts and tantrums
- Have difficulty putting traumatic events into words
- Act out traumatic events in play



School-Aged Children

- Exhibit physical symptoms such as stomachaches or headaches
- Vacillate between being withdrawn and quiet or aggressive and noisy



Teens May

- Respond recklessly, taking more risks and/or using substances
- Limit or withdraw from activities to avoid reminders
- Fear that their strong reactions mean that they are “going crazy”
- Feeling stigmatized by previous trauma and unable to speak and talk about it



Discussion on ReMoved

- What is your overall reaction to the film ReMoved?
- What effect did Zoe's home life have on her thinking about herself? (Think of the Invisible Suitcase)
- Why did Zoe damage property at the first foster home? What part did the foster parent have in that incident?
- How did Zoe's past trauma affect her behavior in the present?
- What do you think was going through Zoe's mind when she rejected the dress from the second foster parent?
- What effect did Zoe's separation from her brother have on her? What effect do you think it had on her brother?
- Describe your thoughts and feelings about Zoe's mother and her role in the story.

My Child Worksheet #2

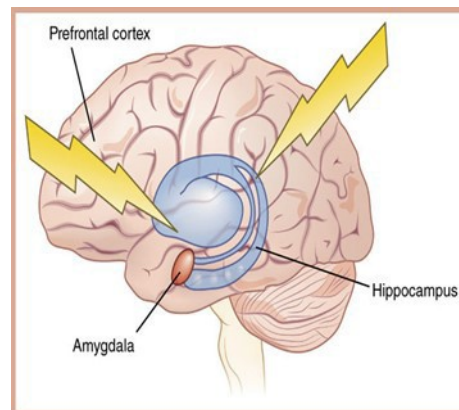
What kind of trauma has your Child experienced? Acute, chronic, complex, neglect? (Think of the definitions we just reviewed.)

What don't I know? (For example, how long did the trauma last? What has been reported? Why is the child in DCFS custody?)

My Child's reaction to trauma. (For example, hyperarousal, "fight, flight, or freeze," trauma triggers, etc.); My Child's strengths to build on. (For example, strong willed, kind, forgiving, etc.)

Reactions:

Strengths to build on:



Trauma and the Brain: Here's How it Works

(slide 25)

Source: Teicher., M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286 (3),68-75.

Trauma derails brain development!

*Exposure to trauma causes the brain to develop in a way that will **help the child survive in a dangerous world:***

- The child is on constant alert for danger
- The child is quick to react to threats (fight, flight, freeze)
- EVERYTHING feels like a threat! (even a pat on the back, a sigh, or physical proximity)

The stress hormones produced during trauma also interfere with the higher brain functions (i.e., judgement, decision making, critical thinking, and more).

Here's how it works...

(slide 25)

- The part of the brain called the **Amygdala** activates adrenaline and cortisol in an emergency. This turns on the **“flight, fight, or freeze”** response. The Amygdala acts as the "gas pedal for emotions".
- The part of the brain called the **Frontal Cortex** is where decision making, judgement, the ability to think about and plan for the future, to hold and interact with complex information, anticipate consequences, and more resides. Part of the function of the Frontal Cortex is to function as the **“brake pedal for emotions.”**
- The part of the brain called the **Hippocampus** oversees learning and memory. This is the information “in box” of the brain that requires and processes new information.
- When a person, especially a child aged 0-12 experiences ongoing, stress events (i.e., chronic trauma and/or neglect), the **Amygdala** grows and the **Hippocampus** shrinks, creating a lower stress reaction threshold in that person. Because of the constant alert in the child's life, the **Amygdala** also can begin to override the **Frontal Cortex's** regulating function and power. In other words, “The pedal is to the metal and the brakes are out”.

In a nutshell, chronic trauma causes profound changes in the brain that affect the child's ability to respond effectively to stress and to function in everyday life.



Trauma Derails Development: Age 0-5 (slide 28)

Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> Development of visual and auditory perception 	<ul style="list-style-type: none"> Sensitivity to noise
<ul style="list-style-type: none"> Recognition of a response to emotional cues 	<ul style="list-style-type: none"> Avoidance of contact Heightened startle
<ul style="list-style-type: none"> Attachment to primary caregiver 	<ul style="list-style-type: none"> Fear of being separated from familiar people/places Confusion about what's dangerous and who to go to for protection

Trauma Derails Development: Age 6-12

Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> Manage fears, anxieties, and aggression 	<ul style="list-style-type: none"> Emotional swings
<ul style="list-style-type: none"> Sustain attention for learning and problem solving 	<ul style="list-style-type: none"> Specific anxieties and fears Attention seeking
<ul style="list-style-type: none"> Control impulses and manage physical responses to danger 	<ul style="list-style-type: none"> Reversion to younger behaviors

Trauma Derails Development: Age 13-21

Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> Think abstractly 	<ul style="list-style-type: none"> Black & white thinking rigidity
<ul style="list-style-type: none"> Imagining or planning the future 	<ul style="list-style-type: none"> Difficulty imagining or planning the future
<ul style="list-style-type: none"> Accurately judge danger and safety 	<ul style="list-style-type: none"> Over or underestimating danger
<ul style="list-style-type: none"> Modify and control behavior to meet long-term goals 	<ul style="list-style-type: none"> Reckless and/or self-destructive behaviors Inappropriate aggression

My Child Worksheet #3

Read over the handout in your training book entitled, "Trauma Derails Development" and consider Your Child when you answer the questions below.

Think about how your child's development has been affected by trauma. (For example, sensitivity to noise, avoidance of contact, mood swings, attention seeking, inability to control impulses, angry outbursts, etc. See the list in the "Trauma Derails Development" for more ideas.)

Trauma Reminders (Slide 31)



People, situations, places, things, or feelings that remind children of traumatic events:

- May evoke intense and disturbing feelings tied to the original trauma
- Can lead to behaviors that seem out of place, but may have been appropriate at the time of the original traumatic event

Coping with trauma reminders: What you can do

- Ensure safety
- Re-orient
- Reassure and show compassion
- Define what's happened
- Respect and normalize the child's experience
- Differentiate past from present

What Not to Do: Don't...

- Assume the child is being rebellious
- Tell the child he or she is being dramatic or "overreacting"
- Force the child to face reminders
- Express anger or impatience



Group Exercise: Handling Difficult Behaviors—What Will You Do?

Read these over and we'll discuss, "What will you do?" Become aware of your initial reaction to the scenario but then work with each other to develop realistic strategies to address what's happening in the scenario.

- On the first day of a 7-year-old's placement with you, the child says to your 8-year-old, "I'm going to cut your face off!"
- The foster child in your home asks your kids if they have sex with each other.
- Your 17-year-old is afraid to be in the house alone with the 9-year-old foster daughter.
- The 5-year-old in your home has verbally profane tantrums at least once a day that last up to 30 minutes
- You ask your 12-year-old foster daughter to make her bed and pick up the clothes in her room. She responds with, "You mother-f*er!!! I hate your guts. You are stupid and a terrible parent. I want to move right now. Get me outta here, NOW!"
- The very cute and charming 10-year-old boy in your home consistently steals from your bedroom and breaks items in the home on purpose.
- Your 4-year-old foster daughter disappears under the kitchen table. You think that she's quietly playing down there, then you realize she is spreading her feces on the floor and under the table.

NOTE: These are behaviors that some children display but not all children. These examples are real and are used to help understand what may be expected and to develop some skills to deal with difficult behaviors.

Let's Do a Little Skill Building

(Slide 37)

In order to help a dysregulated child to move out of crisis and gain the ability to regulate and make behavioral change, these three steps are critically necessary. Each step deals with a higher function of the brain.

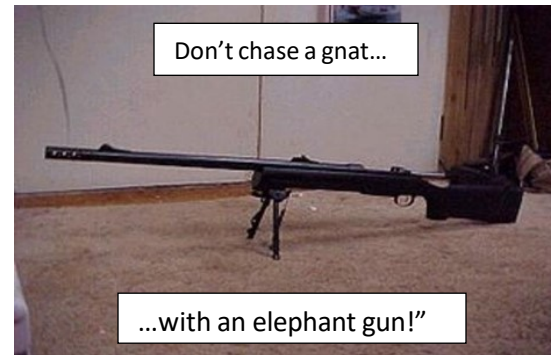
- **Regulate** (brainstem)
- **Relate and connect** (limbic)
- **Reason** (cortex)

“Why can't I just start at the end?”



Preventing Power Struggles (slide 40)

- Be proactive!
- Remember that no matter how proactive you are, power struggles will still occur because your “buttons will get pushed”
- Use proactive strategies: ABCs, Praise, Effective instructions, Parenting Consistency, Teachable Moments, “I” Messages, Pre-Teaching
- Use proactive strategies: Behavior Contracts, Effective Consequences, Manage Parenting Stress
- **H.A.L.T.**



Strategies for Re-energizing Yourself/Child (after a conflict or stressful interaction)



- Re-charge yourself – do whatever calms or refreshes you
- Allow your child to re-charge herself/himself – do whatever calms or refreshes her/him
- Emotionally “let it go” – the situation is over/resolved
- Fully forgive yourself and the child—Apologize if that is called for
- Do not bring up the power struggle in future situations

Preventing Power Struggles, continued

(slide 40)

Trauma, the conflict cycle, power struggles, and implementing effective consequences

Handling the bad moments:

- Realize that the behavior has very little to do with you
- Handle poor behavior with as little emotion as possible
- Prioritize the behaviors you will address
- There may be some bad moments that you ignore
- Protect the child from hurting self or others
- Avoid long lectures

Remember:

CONFLICT AND POWER STRUGGLES ARE OFTEN STARTED BY A CHILD BUT THEY CONTINUE IF THE ADULT/PARENT DOESN'T DISENGAGE FROM THAT STRUGGLE



Building a Safe Place for Children Who Have Experienced Trauma

(slide 44)



These are some ways to help the child feel safe...Which ones can you do?

- Help your child get familiar with the house and neighborhood
- Give your child control over some aspects of their life
- Set limits
- Let the child know what will happen next
- See and appreciate your child for who they are
- Help your child to maintain a sense of connection and continuity with the past.
- Let your child know what they are doing that is right. “Catch them being good.” Use “labeled praise.” “I like it when you...”

Building positive attachments: What can you do?

- Search for the sometimes rare moment when the child can interact positively
- Try to find out what the child likes to do and make a special effort to spend time doing that with the child
- Help the child develop a Lifebook
- Encourage the child to attach to a special item such as a blanket or stuffed animal
- Build nurturing and supportive routines into the child’s day-to-day life
- Create supportive family rituals
- Find creative ways to communicate (drawing, walking, crafts, etc.)
- Encourage the child to be part of the family
- Become a part of the child’s family when that is safe and appropriate



Building a Safe Place for Children Who Have Experienced Trauma Continued



What to do in the long run

- Involve the child's team to ensure that the child receives all needed services
- Develop clear rules and expectations that are simple to remember
- Expect the child to exhibit behaviors that are younger than his or her chronological age
- Patience, patience, patience — ***This is a long-term process!***
- 80% of behaviors can be corrected through correction and play
- *Progress, not perfection* (that's for you AND for the child!)

Give a safety message.

- Partner with the social worker or caseworker
- Get down to the child's eye level
- Promise to keep the child physically safe
- Ask directly what the child needs to feel safe
- Follow the child's lead
- Let the child know that you are ready to hear what he or she needs



My Child Worksheet #4

In the role that you play, how can you help this child to feel safe when talking about trauma? (Ideas are found on the “Building a Safe Place...” handout)

How can you help the child build positive attachments? (Ideas are found on the “Building a Safe Place...” handout)

How can you help the child look positively toward the future?

Can the Brain Heal?

(slide 50)

Adapted from the research & writings of Bruce D. Perry, M.D., PhD

According to Dr. Perry

- When treatment is called for, traditional therapy by itself is not always sufficient. “Trauma informed care” is needed.
- A clinical approach that is informed by principles of neurobiology can provide insights regarding assessment, training, and intervention.
- Positive, secure relationships provide protection and healing for a child after trauma has happened. **CONNECTION!**
- Children 0-5 have the most potential to recover from trauma and their brains are easiest to modify.



Making it safe to talk

- Makes the “unmentionable” mentionable
- Reinforces the message that the child is not responsible for the trauma
- Provides an opportunity to correct mistaken beliefs
- Teaches children that trauma does not have to define their lives



Can the Brain Heal?

(slide 50)

Adapted from the research & writings of Bruce D. Perry, M.D., PhD

The Good News!

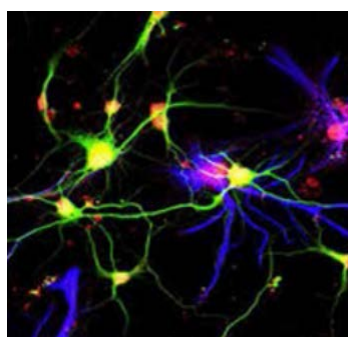
- Traumatized children and adolescents can learn new ways of thinking, relating, and responding
- Rational thought and self-awareness can help children override primitive brain responses

Unlearning—and rebuilding—takes time. Sometimes months, even years



Building new connections

- Build connections across disruptions in the child’s life by encouraging...
 - the child to document positive events and experiences (photos, scrapbooks, journals, etc.),
 - others to help “reconstruct” past experiences, and
 - the child to look forward to future goals and dreams



The Child Advocate (slide 55)



Works as part of the team

- **Who are the members of a child's team?**
- **The team members involved in the child's life:**
 - ✓ Share a commitment to the child's safety, permanency, and well-being
 - ✓ Have distinct roles and responsibilities
 - ✓ Relate to your child in different ways
 - ✓ Are NOT equally trauma-informed



Uses trauma informed advocacy

- Help others to understand the impact trauma has had on the child.
- Promote the importance of psychological safety.
- Share strategies for helping the child manage overwhelming emotions and problem behaviors.
- Support the positive, stable, and enduring relationships in the life of the child
- Help others to appreciate the child's strengths and resilience
- Advocate for the trauma-specific services the child needs
- Know when you need support (i.e., self-care)



Utilizes foster parents as a crucial part of the process by helping other team members understand

- What child traumatic stress is
- How trauma has affected their child
- The child's strengths and resiliency
- Knowing what the child needs

The Child Advocate (slide 55)

You are the one that knows this child the best!



Advocate for treatment (and don't forget to "read the label!")

Common elements of effective treatments:

- Are scientifically based
- Include comprehensive trauma assessment
- Are based on a clear plan that involves caregivers
- Are trauma-focused

NOTE: The effects of trauma in a child is sometimes missed or underappreciated. In addition, many providers, especially in rural Nevada are not extensively trained in trauma, its effects, and how to treat it, especially in younger children

My Child Worksheet #5

Who are the key players or people in your Child's life?

How can you work together more effectively to help your child? (For example, with the caseworker, the doctor, the birth family, etc.)

How might using your "trauma lens" change the way you work with other team members or even with the child's birth parents? (For example, not overreacting to certain behaviors, a better understanding of a child's behavior, etc.)

Compassion Fatigue, Secondary Trauma, and Self-Care

(slide 60)

Compassion fatigue and secondary trauma: Children's trauma affects us, too

- Compassion fatigue: Our compassion causes us to feel stressed or burdened by the child's situation. Mental and physical exhaustion, disturbed sleep, feeling numb and distanced from life, medical problems, and more.
- Painful memories: Reminders of your own troubled childhood or traumatic experiences can be brought on by a child's suffering.
- Secondary traumatization: The individual may not have physically experienced or witnessed the traumatic event, but it still had a direct impact on him/her. The child's trauma feels like you went through it.



Myths about self-care

1. Sleep is for the weak
2. I'll just skip breakfast...I need to lose weight anyway
3. I can hold it just a little longer
4. I have broad shoulders
5. If I don't do it, no one will
6. I can do it better than anyone else
7. That child REALLY needs me
8. I can begin to take care of myself tomorrow (*When does tomorrow come?*)



Self-Care Checkup

*It's easy to lose track of your own needs when caring for children who have experienced trauma. But not taking care of yourself not only sets a bad example for your children, but it also sets you up for **compassion fatigue**. To get a sense of where you fall on the self-care spectrum, try this little self-care checkup. This is not diagnostic, but it can give you an idea of where you are at with the stress in your life and how you are handling it.*

1. How often do you eat breakfast?
 - a. Most days
 - b. Once or twice a week
 - c. Every month or so
 - d. Never

2. When was the last time you had a really good laugh?
 - a. Sometime in the last couple of days
 - b. Last week
 - c. Last month
 - d. Can't remember

3. How often do you spend social time with friends?
 - a. Most days
 - b. Once or twice week
 - c. Every month or so
 - d. Hardly ever (or never)

4. How frequently do you connect with other foster parents?
 - a. Most days
 - b. Once or twice a week
 - c. Every month or so
 - d. Rarely

5. How often do you watch a movie or a TV show that YOU want to watch?
 - a. Most days
 - b. Once or twice a week
 - c. Every month or so
 - d. Can't remember

6. When was the last time you said, "No" to something that you didn't want to do?
 - a. This morning
 - b. Last week
 - c. Last month
 - d. Barely or never

7. When did you last let someone take care of you?
 - a. Yesterday
 - b. Last week
 - c. Every month or so
 - d. I'd rather take care of it myself

8. How often do you sleep enough to feel rested during the day?
 - a. Most nights
 - b. Once or twice a week
 - c. Every month or so
 - d. Too tired to remember

9. When was the last time you read something just for fun?
 - a. In the last 24 hours
 - b. Last week
 - c. Last month
 - d. Third grade

10. How often do you meditate/pray?
- Most days
 - Once or twice week
 - Every month or so
 - Why pray when you can worry?
11. How often do you take time to be sexual?
- Most days
 - Once or twice a week
 - Every month or so
 - Almost never or I don't
12. How frequently do you exercise or engage in a physical activity you enjoy?
- Most days
 - Once or twice a week
 - Every month or so
 - Does cleaning house count?

Scoring: Give yourself 3 points for every "A" answer, 2 points for every "B," 1 point for every "C," and zero points for every "D."

36-24 points: Congratulations, you seem to be maintaining a pretty good balance between taking care of others and taking care of yourself. Keep it up!

23-12 points: You're definitely doing some things to take care of your own needs, but you could probably do more. It may be time to make a stronger commitment to your self-care!

Less than 12 points: Looks like you're doing a lot for other people and not much for yourself. All that time caring for others may be setting you up for compassion fatigue. It's time to make a self-care action plan.

My Self-Care Plan

I'll make time to take care of myself by doing the following...

<p><u>ONCE A DAY:</u></p>
<p><u>ONCE A WEEK:</u></p>
<p><u>ONCE A MONTH:</u></p>

Homework Session 3

**Watching the films and doing this work should take about 2-3 hours.
This is intended to supplement the information you will learn in the live sessions.**

- View the following videos:
 - “First Impressions: Exposure to Violence and a Child’s Developing Brain”
<https://www.youtube.com/watch?v=O4zP50tEad0> (15 min.)
 - “Remember My Story – ReMoved Part 2”
<https://www.youtube.com/watch?v=l1fGmEa6WnY> (23 minutes)
 - The QPI Nevada film, “Communicating Through the Trauma”
<http://centervideo.forest.usf.edu/familiesfirst2017conf/commthrtrauma/start.html> (60 minutes)
 - “You Make the Difference” <https://youtu.be/RYj7YYHmbQs> (5 min.)
NOTE: This link is a little fussy and my may have to highlight it before you click on it or you can cut and paste it into your search bar.

Continued on the next page

Homework

Session 3

(Continued)

- Homework assignment: Please write or type your answers. Each parent should answer separately. (60 minutes)
 - Based on the “First Impressions” film, describe two ways that violence in the home can impact a young child.
 - How did the ReMoved video help you deepen your understanding of the trauma that children experience before, during, and after their involvement in the child welfare system?
 - Based on the “You Make the Difference” film and what was talked about in the session, how can you make a difference in helping a child in your care to recover from trauma?
 - After viewing “Communicating Through the Trauma,” write down three things you learned, two questions you have, and one way you will change your parenting with children who have experienced trauma.
 - Fill out your self-care questionnaire that is in this week’s PowerPoint presentation. You don’t need to hand it in but we’d like you to become more aware of self-care in your own life.
- Submit copies of the certificates from the QPI training and your homework before the next session. You can scan and email certificates and homework to us or you can print your work and mail to Kevin Quint, DCFS, 2533 N. Carson St., Suite 100, Carson City, NV 89706. Email is kevin.quint@dcfs.nv.gov.

Foster Parent
Pre-Service Training
Session 4
Materials

Ways to Help a Child to Connect with His or Her Past (slide 5)

What keeps you connected? *Discussion*

- What can you do to help a child become and stay connected?
 - ✓ Lifebook or a scrap or memory book
 - ✓ Items that are important to a child (blanket, toy, photos, other memorabilia)
 - ✓ Genealogy
 - ✓ Awareness of nationality, ethnicity, and culture
 - ✓ Help “reconstruct” past experiences (find the good!)
 - ✓ Listen and be interested
 - ✓ Encourage your child to look forward to future goals and dreams



LIFEBOOK (slide 6)

Working together on a Lifebook creates a natural opportunity to talk about the circumstances of the foster care and/or adoptive placement.

- A Lifebook is an easy tool to use to get to know a new child in your home
- A Lifebook can help a child prepare to return to their birth family or to prepare for adoption
- A Lifebook can help a child build self-awareness and self-esteem
- A Lifebook should include important milestones to remind a child how much they have accomplished and how many people they have cheering for them
- A Lifebook allows a child to express themselves creatively and dream about the future
- A Lifebook can be started at any age. If a child comes to your home without one, it is the perfect time to start working on it

The Importance of Connection: A Birth Mother's Perspective

By L. M.

The first time I set eyes on my son's foster mother, I did not see her through those rose-colored glasses-more like fire red! I was angry and resentful that my son had been removed from me, so I was in no mood to be friendly or forgiving.

I met her at my first visit with my son-eight weeks after he went into care! I noticed a tall blond woman with a kind but crooked face walks in and speak to my caseworker.

He Called Her "Mom"

I had been sitting on a couch waiting for about 15 minutes to see my son. (I always made it a practice to be early for my visits). A little short-haired blond boy ran past me, and I just sat there staring at my caseworker. She turned to me and said, "Aren't you going to say hello to your son?"

I said, "Where is he?"

She pointed to the kid and said, "RIGHT THERE!"

Now, when they took my son from me, he had long hair and a longer tail down his back, and the little boy she pointed out had one of those ugly mushroom cuts. I called my son's name and the boy turned around and I almost fainted-that was my son! I was furious.

Then I heard him call the blond woman "Mom." I nearly lost my mind. After I calmed down somewhat, the caseworker explained to me that she had other foster kids and since they all called her Mom, it made him feel comfortable to call her that, too. Guess how much I liked that!

I Asked Questions

I also found out that the ACS supervisor had given the foster mom permission to cut my son's hair and take him out of the state on vacation. (The supervisor seemed to have a personal dislike for me and had told me I'd never get my son back.)

That first visit, after my son said a tearful goodbye, I stayed behind to ask the caseworker about the foster parent. I found out that she and her husband had been doing this for many years and they were in the process of adopting four sisters that they had in their home. The father was a clerk in the family court and the mom had been a registered nurse but was now a stay-at-home mom.

While I wasn't happy about my son being in the system, my impression was that he had people who fostered out of love, not for money, and would be consistent in his life.

I knew my son would not be coming home too soon. I had been using drugs, and to get my son back I had to do an 18-month outpatient drug rehab program, take a parenting skills class, and show I could provide housing and have a steady income. I am happy to say that, although it took a lot of hard work and determination on my part, I did it.

Getting to Know Each Other

To show my commitment to my son, I always made it a point to get to the visits early. When my son arrived, I greeted his foster mom, and we would speak briefly about my son. She would give me a progress report of sorts every week.

His foster mom was usually bringing the other kids in her home for visits, too, so I got to meet them, and we became friendly. Sometimes she had to wait for the other birth mother to show up, so my son and I would stay in the larger room with his foster family and talk.

Other birth moms used to ask me how I could stand talking to the foster mom. I was kind of confused at first, because she was so friendly and thoughtful. Then I realized that they were taking their anger and shame out on the foster parent, just as I had on our first visit.

I told the other birth moms that. Believe me, that did not make me real popular with them for a bit. But I think I got through to a few of them as I saw some starting to speak to their children's foster parents.

The agency didn't actively encourage birth parents and foster parents to communicate at that time. Now they do, because they've seen that children do better when both families that are raising them can communicate and start to trust each other.

A Caring, Loving Family

As time went on and I got to know my son's foster mom and we gradually became friendlier, I found her and her whole family to be warm, caring, loving, and patient.

My son loved his foster family and the only immediate problem he had was adjusting to the foster mother's cooking. At the beginning of one visit, the foster mom asked me, "Is your son a fussy eater?"

I looked at her kind of puzzled and told her, "He always ate everything on his plate and nearly always asked for seconds."

"He hasn't been eating very much except at breakfast," she said.

"I'll speak to him," I told her, and when I did, he told me he didn't like her cooking but didn't want to tell her. After all, I had brought him up to be polite and not hurt people's feelings.

After the visit I told the foster mother, as politely as I could, that he was just used to my cooking and that I used a lot of garlic and oregano. I didn't want to tell her my son thought she couldn't cook.

Little Adjustments

The only problem I had was I felt he was being spoiled. At every visit he had a new toy or a new outfit to show me. I didn't know how I was going to keep up once I got him back. Soon I was bringing him presents, too.

Finally, I stopped bringing anything except food to the visits (except on special occasions and holidays) because I wanted to be sure he was happy to see me. I wanted our visits to be good quality ones, not about me sitting and watching him play with his new toy.

When I spoke to the foster mom about this, she said that she understood and scaled back on what she got him (or at least what I saw of it).

At first, I resisted asking my son too much about where he was living. I didn't really want to hear that they were taking better care of him than I had when I was using drugs. But after a while I did ask. My son told me he liked having a lot of kids to play with and that the house was really nice, and he had pets to take care of. I have to admit that I was very jealous, but in time I came to realize I would someday be able to provide for my son again.

She Encouraged Me

At one very low point in my recovery, when I felt there was no hope, I spoke to the foster mother and the caseworker about surrendering my rights voluntarily. The foster mom looked startled and asked me why.

"You seem to be able to do soooo much more for my son than I can do. You take him to great vacation places, buy him anything he asks for, and give him a wonderful place to live. . ."

She said to me, "No matter what I do for him, no one can give him the love you can, so don't give up."

She started me thinking that my recovery was possible. I had someone who actually believed I could get him back! It meant a lot to me that, while she might have loved to adopt my son, she nevertheless encouraged me to do my best to reunite with him.

An Astounding Gift

About a week before Christmas, the time finally came for me to get my son back. (What a wonderful gift Santa gave both of us that year!) The day he came home, my son's foster mother did an unbelievably compassionate and astounding thing-she handed me a check.

"What is this for?" I asked her.

"This is the rest of the foster care money for this month. I thought you would need it to help get him some Christmas gifts, since you're not working yet," she said.

Well, I gave that woman the biggest hug I could muster and thanked her. She was right. I had hardly any money saved.

She and I talked also about keeping him in the Catholic school she'd had him attending, which was some distance from my house. She offered to pick my son up and drop him off every day so he could finish the term with his friends.

Once he finished, I put him in the public school near our house, but even then she was there for us. If I had to work late or he got sick at school, she would pick him up and bring him to me when I got home. She and her family have been a fixture in our lives ever since.

His "Other Family"

It's been almost 11years now since my son has come home and one consistent thing for my son and me has been our relationship with his foster parents. My son has spent many nights and weekends at their house and gone on many vacations with them... I've also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours... I'm no longer that angry, jealous, and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.

Sometimes my son throws it at me in anger that he was in foster care. But once he also told me that he was really glad we were able to be friends with his ex-foster parents, because he had come to love them almost as much as he loved me and his brothers and sister.

Encouraging Others

Now I work as a parent advocate at the agency that supervised my case when my son was in care. It's part of our philosophy to encourage trust and communication between birth parents and foster parents.

I get involved with my clients' relationships with their children's foster parents and try to assist in smoothing over the rough spots. I try to show birth parents that the resentment, anger, self-doubt, and guilt that they feel does not have to spill over onto the foster parents. (I also advocate for the birth parents if a foster parent is mistreating them or their child.) I use my own experiences as an example of how co-parenting can benefit everyone.

Many birth mothers seem unable to accept that anyone can take care of their child as well or better than they can, even if they were not caring for their child well because of depression, drug use, or some other problem. Foster parents sometimes have a negative opinion of the birth parents as well, and don't believe that the child will be OK when he or she returns home.

Talking it Through

Communication helps. I encourage both birth parents and foster parents to ask questions about the children: What are their likes and dislikes? What are their favorite foods and toys? What routines did the birth parent have when the child was home (like prayers at night), and what things do they like to do together? What routines is the child following in the foster parent's home and what new activities is the child enjoying?

That helps the birth parents see that their children are being well cared for, and helps the foster parent make the child more comfortable in their new home. Not every foster parent or birth parent can put the children's best interests first, but I do my best to encourage and guide.

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Group Exercise **The Importance of Connection: A Birth Mother's Perspective**

Please discuss these questions.

1. What is your overall reaction to the birth mother?
2. What is your reaction to the birth mother's jealousy around her son calling the foster mother, "Mom?"
3. How would you feel about talking with a birth parent whose child you are caring for?
4. If you were a birth parent whose child is in foster care, how would you feel about your child saying to the foster parent, "I love you?"
5. Any other reactions to this story?

Group Exercise: *The Birth Family & What is Reasonable* (slide 7)

Based on what you read in “The Importance of Connection: A Birth Mother’s Perspective,” please discuss these questions.

- What does the Division expect? (QPI, “Ice Breakers,” and “Comfort Calls”)
- What does the child need?
- What does the birth parent want and expect?
- What does the foster parent think is reasonable?
- What are the barriers?
- What communication needs to be in place?
- What is reasonable?



Benefits of the Icebreaker Meeting

- ◆ Fosters open communication between birth parents and foster parents.
- ◆ Results in more stable placements by minimizing placement disruptions.
- ◆ Improves reunification or permanency outcomes.
- ◆ Helps birth parents preserve and strengthen their bonds with their children.
- ◆ Encourages birth parents in engaging in needed services more quickly.
- ◆ Fosters smoother transitions for children to new schools and placements.



How to Have an Effective Icebreaker Meeting

- ◆ Arrive on Time
- ◆ Focus on the child's needs
- ◆ Respect the feelings, opinions, cultural differences, and ideas of others
- ◆ Recognize the importance each person has in the life of the child
- ◆ Keep what is said in the meeting confidential



Icebreaker Meetings

Icebreaker Meetings

What is an Icebreaker Meeting?

An icebreaker meeting is a facilitated, child-focused meeting, held shortly after a child is placed (or re-placed) in out-of-home care, to provide an opportunity for birth parents and foster parents (or other caregivers) to meet each other and to share information about the birth family, foster family and, most importantly, the needs of the child. This meeting is the beginning of establishing communication and building a relationship between the child's parents and caregivers.

When and where do the meetings occur?

Meetings are most effective when they occur early in the child's placement, ideally within seven days of placement. They last about 30 minutes and normally occur at the DCFS office or a neutral location.

Who will be there?

The meeting will be attended by the birth parent, foster parent(s), DCFS worker, and the child, if appropriate.

What is the role of DCFS?

- ◆ Schedule and host the meeting
- ◆ Educate participants on why the meeting is being held and what will be discussed
- ◆ Keep discussions focused on the child's needs
- ◆ Ensure participants feel safe and comfortable

What is the role of the birth Parent

- ◆ Share information about your child including bed time, daily routines, cultural traditions, favorite toys and foods, hobbies, important relationships, likes and dislikes, etc.
- ◆ Share information about any special needs including medical, dental, behavioral, and educational (does your child have an IEP, academic strengths or deficits?)
- ◆ Bring important personal items for your child such as pictures, favorite toys or clothes, or other special things

What is the role of the foster parent?

- ◆ Share background information such as how long you have been a foster parent, why you are a foster parent, basic rules in your home, family values and habits, disciplinary style, likes and dislikes, languages, food, religion, etc.
- ◆ Ask for specific information from the parents, such as routines, medical, educational needs, traditions, etc.
- ◆ Ask questions that will help you understand the child's needs and help make them more comfortable in your home.
- ◆ How is the child doing in your home?

Comfort Call Guide

Quality Parenting Initiative – Nevada

Significant stress and confusion occur for children and youth when they experience separation from their primary caregiver(s) due to out-of-home placement. At the earliest stage of out-of-home placement, there is often a lack of connection/relationship established between the birth and the foster family. This comfort call guide is meant to address these early-stage difficulties for children/youth and their families.

Goals of the comfort call:

- Set the stage for partnership and co-parenting between the birth family and foster family.
- Open the door for birth and foster families to ask questions to one another that support the child/youth during the difficult time of initial separation.
- Encourage and invite everyone to attend the Icebreaker Meeting

Best Practice:

- Occurs within the first 12 hours after the child/youth has been placed outside of their family's care.
- The call's primary purpose is initiating partnership between the birth family and foster parents, as well as allow the child the opportunity to talk with their parent(s) once in the foster home.
- If the birth family is not ready to participate in the conversation, that is okay. Offer understanding by sharing with them that you would want to know this information if the roles were reversed and can answer their questions later if they prefer. The removal of children is stressful and overwhelming for parents; there may be another family member the birth family would like to have called and relayed information (such as grandmother or other relative or family friend).

Options to initiate the comfort call:

- The foster family initiates the call.
- After the child is settled at the foster home (or emergency shelter home/placement), the placing social worker/caseworker and foster parent call the birth family together.
- The placing social worker/caseworker calls the birth family and if they are willing to talk with the foster family, a 3-way call occurs, or the foster family is given the okay to call the family.

Foster Parent Tips:

In the beginning of the call explain why you are calling and who you are by telling the birth parents a bit about yourself. Here are examples of some of things you could share about yourself:

- How long you have been a foster parent
- Who lives in your home, including pets
- What activities or hobbies do you have
- What is your daily routine

Also ask about any information that would be good for you to know about their child(ren)/youth, while you are caring for them. Here are some examples:

- What is the child(ren)/youth's favorite food?
- Do they have a favorite toy or game they like to play?
- What do you do to provide comfort to the child(ren)/youth?
- What is a nickname that they might go by?
- If an infant or baby: Is there a type of formula or baby food, they prefer?
- Do they have a primary doctor?
- Any food allergies or medical prescriptions I should know about?

Tell how the foster child is doing:

- How they are adjusting in the home
- When their child will go back to school/daycare

For Foster Parents: What to do if the phone call becomes unhelpful:

These phone calls are meant to be helpful to all persons and demonstrate care and concern for the child/youth. If the phone call is not going well and the birth parent is not ready and able for the conversation, end the call in a calm manner by simply restating why you made the phone call and indicate that you hope to communicate in the future. If you do have to end the conversation, talk with the caseworker about next steps for attempting to build a connection/ relationship with the birth parent.

Next Steps:

This comfort call is the building blocks to a relationship between the birth and foster families with hope that an Icebreaker Meeting occurs next. We know that children and youth do their best when there is strengthened communication and relationship between their caregivers.

Planning for Change: How will a new child in your home change things? (slide 13)

- It will affect family member roles
- It will affect the family routine, at least until each family member (especially the foster child) becomes accustomed to the changes
- It will affect family relationships—sometimes positively, sometimes negatively
- It can create closer bonds among family members as there is a shared purpose to show love, nurturing and support to a child that may never have felt that within their own family

Children who grow up in homes that foster are more apt to develop strong caring and empathy skills!

Planning for Change: How will a child *leaving* your home change things?

- Foster parents and their children can quickly form strong bonds to foster children so it's important to be very honest and open with your child right from the start, that this is a *temporary* situation
- There may be a grieving period within the family unit
- Depending on the age of your own children, they may show signs of grief in very different ways through sadness, anger, anxiety or even relief and happiness
- You may feel relief, too, and that's *OKAY!*



Foster Parenting 101: When a Foster Child Leaves
By Dr. John DeGarmo

[For more information on foster parent resources:](http://www.drjohndegarmofostercare.com/)
www.drjohndegarmofostercare.com/

Transition Planning for Child & Caregivers Wellbeing

Goals for transition planning:

- Minimize potential trauma and/or emotional harm to the child,
- Give consideration and support for emotional needs of current foster caregiver and the new caregiver (foster, adoptive, relative, or birth parent).

~ Transition planning must be completed for each and every placement change a child experiences ~

“When transitions are done suddenly, there is a significant risk of harm to the child”
(Charles Zeanah, MD)

NEEDS OF CHILD – Supportive transition planning helps to build trust and promote healthy attachment.

The potential for trauma/emotional harm to a foster child without appropriate transition planning can be significant. A few concerns include, but are in no way limited to, the following:

- The manner in which a child leaves their foster home/caregiver affects the way a child enters and adjusts to the next caregiver and placement.
- Unfinished business often hinders the child’s long-term ability to transition into new situations, beyond just a new placement.
- Commonly, foster children suffer a loss of one developmental and one academic year for every placement move they experience (including during their initial removal), which may explain why foster children often display behaviors of a much younger child and frequently struggle in school, both academically and behaviorally.

Benefits of Proper Transitions

- Supports healthy attachment to caregiver; ability to form healthy attachments to others.
- When a child experiences proper closure within a gradual transition, they are able to feel more secure in their new surroundings.
- Supportive transitions help a child build trust in the world to learn that not all people disappear from their life.

Elements to Improve Transition Planning / Gradual Transitions

Provide the child an appropriate length of time for closure and healthy transition (several weeks if possible)

- Preparation: Provide timely notification to the current foster caregiver and child to assist in emotional preparation
- Involve current foster caregiver in planning transition:
 - Set a timeline for completion of a child-centered gradual, transition

Give child time to say goodbyes as well as participate in current, planned events/activities in foster home (e.g., birthday party, foster family activities or events the child may be looking forward to attending)

- Begin Progressive Visits: Starting with face-to-face visits including both current and new caregivers with the child...

Possible Visit Progression Schedule...

1st Visit: Have new caregivers visit/meet child and foster parents in the current foster home, if possible (if long distance, use Skype or other video forum)

2nd Visit: Have all caregivers and child meet again out in the community (i.e., restaurant, park, etc.)

3rd Visit: Have all caregivers and child meet at the new caregiver's home

4th & 5th Visits: Short then longer visit with just the child and new caregivers (& family) in the new caregiver's home

- Have 4 to 6 overnights over a two-week period
- Whenever possible after completion of the transition process, have at least one visit between child and prior foster caregivers (and family) at the new caregiver's home, supporting healthy closure for child and former caregivers

SUPPORTING CAREGIVERS' WELLBEING DURING TRANSITION PROCESS

Common Needs/Emotions of Current Foster Parents & Foster Family

<ul style="list-style-type: none"> • Foster parents become attached to the child, which enables a child to feel a sense of belonging and attachment. 	<ul style="list-style-type: none"> • Transition is an emotional time for our foster parents and their family. They will need our support and understanding for their feelings of grief and loss. 	<ul style="list-style-type: none"> • Involving the foster parent with the transition planning helps the foster parents adjust and allows the foster siblings the opportunity to say goodbye and deal with their grief.
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Supporting New Caregivers with a Child-Centered Transition

<ul style="list-style-type: none"> • Encourage caregiver to learn everything they can about the child from the former foster family. • Assist new caregivers in understanding the benefits to the child of a gradual transition. 	<ul style="list-style-type: none"> • Prepare caregiver for the potential for higher reactivity from the child; behaviors, feelings, and emotions from the child.
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Homework Session 4

Watching the films and doing this work should take up to 2 hours. This is intended to supplement the information you learn in the live sessions.

- View video on QPI Nevada website, “Coparenting in Foster Care” [Coparenting in Foster Care \(Training Video\) \(usf.edu\) \(43 minutes\)](#)
- Homework assignment: Write a few sentences answering the question, “What is coparenting?” Also, write two things that you learned and how what you learned will impact your parenting, especially in collaboration with the birth parent. Please write or type your answers. Each parent should answer separately. (30 minutes)
- Submit copies of the certificates from the QPI training and your homework within one week after the fourth session. You can scan and email certificates and homework to us or you can print your work and mail to Kevin Quint, DCFS, 2533 N. Carson St., Suite 100, Carson City, NV 89706. Email is kevin.quint@dcfs.nv.gov.

Even though the training is technically over, we will arrange one more contact with each applicant to provide feedback on the training. This will also provide an opportunity to get to know you a little better and to answer any questions you may have, as well. Once this is complete, certificates of attendance and completion will be issued.



OVERVIEW
OF
HOMEWORK
FOR ALL
4 SESSIONS

Homework

This is a summary of the homework for the four Pre-Service Training sessions. This version has been emailed to you so you should be able to access the links by clicking on them while the document is open in your computer. Please contact us with any questions or difficulties in accessing any of the films.

Session 1

Watching the film and doing this work should take 3 hours. This is intended to supplement the information you learn in the live sessions.

- View video on QPI Nevada website, “[Using the Reasonable and Prudent Parenting Standard: Providing Normalcy for Children in Foster Care DCFS Rural Region](#)”
- View the video on the QPI website, “LGBTQ 101” at <http://centervideo.forest.usf.edu/qpi/California/toolkit/lgbtsensitivity/start.html>
- If you have already viewed these films and sent in the certificates showing that you watched them, you do not need to watch them again. However, please still do the homework assignments below.
- Homework assignment: Please write or type your answers. Each parent should answer separately.
 - In relation to the film, “Using Reasonable and Prudent Parenting,” please answer these two questions: (1) Briefly describe what is meant by “normalcy” in foster care and (2) What are two ways you can practice normalcy with foster children in your home?
 - In relation to the film, “LGBTQ 101,” please answer these two questions: (1) Did viewing this film change your view of bringing an LGBTQ youth into your home? If so, how did your view change? and (2) What concerns do you have about fostering a child that identifies as LGBTQ?

Session 2

Watching the film and doing this work should take up to 2 hours.

- View the video on QPI Nevada website, “Foster Child is Not a Defining Title: My Attitude Overcomes”
<http://centervideo.forest.usf.edu/video/qpi/florida/fcdefndtitle/start.html>
(60 minutes)
- Homework assignment: Please write or type your answers. Each parent should answer separately. (30 minutes)
 - In relation to the film, “Foster Child is Not a Defining Title,” what are your thoughts about using the term “foster child?” Why do you think the Division does not want children identified in public as being a “foster child?”



Session 3

Watching the films and doing this work should take about 2-3 hours.

- View the following videos:
 - “First Impressions: Exposure to Violence and a Child’s Developing Brain”
<https://www.youtube.com/watch?v=O4zP50tEad0> (15 min.)
 - “Remember My Story – ReMoved Part 2”
<https://www.youtube.com/watch?v=l1fGmEa6WnY> (23 minutes)
 - The QPI Nevada film, “Communicating Through the Trauma”
<http://centervideo.forest.usf.edu/familiesfirst2017conf/commthrtrauma/start.html>
(60 minutes)
 - “You Make the Difference” (5 min)
<https://www.youtube.com/watch?v=RYj7YYHmbQs>
- NOTE: This link is a little fussy and my may have to highlight it before you click on it, or you can cut and paste it into your search bar.
- Homework assignment: Please write or type your answers. Each parent should answer separately. (60 minutes)
 - Based on the “First Impressions” film, describe two ways that violence in the home can impact a young child.
 - How did the ReMoved video help you deepen your understanding of the trauma that children experience before, during, and after their involvement in the child welfare system?
 - Based on the “You Make the Difference” film and what was talked about in the session, how can you make a difference in helping a child in your care to recover from trauma?
 - After viewing “Communicating Through the Trauma,” write down three things you learned, two questions you have, and one way you will change your parenting with children who have experienced trauma.
 - Fill out your self-care questionnaire that is in this week’s handouts. You don’t need to hand it in, but we’d like you to become more aware of self-care in your own life.

Session 4

Watching the films and doing this work should take up to 2 hours.

- View video on QPI Nevada website, “Coparenting in Foster Care”
<http://centervideo.forest.usf.edu/video/qpi/florida/coparfoscar/start.html>
- Homework assignment: Write a few sentences answering the question, “What is coparenting?” Also, write two things that you learned and how what you learned will impact your parenting, especially in collaboration with the birth parent. Please write or type your answers. Each parent should answer separately. (30 minutes)

Submit copies of the certificates from the QPI training and your homework within one week after the fourth session. You can scan and email certificates and homework to us or you can print your work and mail to Kevin Quint, DCFS, 2533 N. Carson St., Suite 100, Carson City, NV 89706. Email is kevin.quint@dcfs.nv.gov.

Even though the training is technically over after Session 4, we will arrange one more contact with each applicant to provide feedback on the training. This will also provide an opportunity to get to know you a little better and to answer any questions you may have, as well. Once this is complete, certificates of attendance and completion will be issued.



Nevada Division of Child and Family Services: Pre-Service Foster Parent Training—Course Evaluation

	None		Moderate		High
1. What was your level of understanding of these topics prior to the training ?	1	2	3	4	5
2. What is your level of understanding now ?	1	2	3	4	5

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
3. As a result of the training, I substantially increased my knowledge on this topic.	1	2	3	4	5
4. As a result of the training, I have developed new skills.	1	2	3	4	5
5. The training has affected some of my attitudes concerning this topic area.	1	2	3	4	5
6. The trainers fulfilled my learning expectations of this course.	1	2	3	4	5
7. The information I received from this training can definitely be used with children I'll work with.	1	2	3	4	5
8. The trainers provided some practical ideas that can be used in my work with children.	1	2	3	4	5
9. The trainers provided a climate conducive to adult learning and skill development.	1	2	3	4	5
10. The trainer gave examples of when to use ideas/skills/strategies on this topic.	1	2	3	4	5

	Very Unlikely	Unlikely	Uncertain	Likely	Very Likely
11. How likely are you to recommend this training to a family or friend	1	2	3	4	5
12. Based on the information you received in training; will you be submitting your Application Packet to move forward in the foster care licensing process	1	2	3	4	5
13. Please circle your Overall Evaluation of this Workshop	Poor	Fair	Good	Great	Excellent

Was the homework valuable? accessible? Would you change any aspects it? _____

What did you learn that you appreciated the most? _____

What did you like best about the training? _____

Was there anything you would change about the training or about how the information was delivered? _____

Please share any comments (positive or negative or training suggestions you have) here: _____
