2023

Fostering a Loving Connection: A Foster Parent's Toolkit for Understanding and Addressing Behaviors for Children Placed in Out-of-Home Care

Emily A. Knust

Fostering a Loving Connection: A Foster Parent's Toolkit for Understanding and Addressing Behaviors for Children Placed in Out-of-Home Care

by

Emily A. Knust, OTDS

Advisor: Anne Haskins, PhD, OTR/L

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

for the degree of

Occupational Therapy Doctorate

Grand Forks, North Dakota

May 2023

APROVAL

This scholarly project, submitted by Emily Knust, OTDS in partial fulfillment of the requirement for the degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

_____ Anne M. Hopkins ___

Faculty Advisor

__4-11-2023_

Date

PERMISSION

Title: Fostering a Loving Connection: A Foster Parent's Guide for Understanding and Addressing Behaviors For Children Placed in Out-of-Home Care

Department: Occupational Therapy

Degree: Occupational Therapy Doctorate

In presenting this scholarly project in partial fulfillment of the requirements for a graduate degree from the University of North Dakota, I agree that the library of this University shall make it freely available for inspection. I further agree that permission for extensive copying for scholarly purposes may be granted by the professor who supervised my project or, in their absence, by the Chairperson of the department or the Dean of the School of Graduate Studies. It is understood that any copying or publication or other use of this scholarly project or part thereof for financial gain shall not be allowed without my written permission. It is also understood that due recognition shall be given to me and the University of North Dakota in any scholarly use which may be made of any material in my scholarly project

_____Emily Knust_____

Signature

_____4/10/2023_____

Date

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

I, the author, would like to express my overwhelming appreciation and gratitude for everyone who has helped me along in my journey of the completion of this Doctoral Capstone Experience and the completion of my Occupational Therapy Doctoral Degree.

To my family who have had unwavering support throughout the past 5 years of undergrad and grad school. A big thank you to my mom, Julie, who has been my rock during every experience. Mom, you have been the sounding board to all my crazy ideas for my scholarly project, my greatest source of information, and my biggest inspiration to be the best I can be at whatever I set out to do.

To my classmates for their support and encouragement during every hardship, exam, and lab OT school had to bring. For their motivation through Spike Ball matches and brain breaks during hours of studying.

To Dr. Haskins, PhD, OTR/L, who has been the most supportive and compassionate person during this process. She has been the biggest motivator and grounding source all at the same, perfect time. I will always appreciate your undoubted faith in my abilities and your reassurance with every step of the process. I will always cherish your advice and passion for having a balanced and happy life.

To faculty in the University of North Dakota Occupational Therapy Department for your wisdom and patience to shape and mold me into the Occupational Therapist I am and will become in the future. Thank you for the education, countless hours of help, and faith in my class and me.

To staff at Building Blocks and *Tonya Bauman* who took me on as their very first Occupational Therapy student for my Doctoral Experience. Tonya, Racheal, and all the staff at Building Blocks who have been so supporting and helpful with the creation of the toolkit. Thank you for your passion for foster care and your dedication to make a difference in countless lives. I would like to dedicate this project to Abigale Worthele who was an amazing soul and foster parent. Abby had such amazing incite for the toolkit and a passion for foster care that was like non other, she will be forever remembered and missed.

ABSTRACT

Title: Fostering a Loving Connection: A Foster Parent's Toolkit for Understanding and Addressing Behaviors For Children Placed in Out-of-Home Care

Background: Children placed in *out-of-home* care have an 80% chance of having a mental health diagnosis or experiencing negative behaviors related to trauma experiences (Armstrong-Hiemsoth et al., 2020). Children in foster care have been exposed to trauma by being removed from their biological parents and the abuse, neglect, or unsafe conditions that occurred leading up to the removal and placement in *out-of-home* care (Bartlett, 2021). From this trauma, a child is more likely to experience difficulty with basic self-care skills, executive functioning, emotional regulation, attachment disorders, or positive interactions and relationships within the foster home and their environment (Pervis et al., 2013). Current trauma-informed programming created for foster parents and foster care professionals are aimed toward providing education to stakeholders about the prevalence of trauma and how trauma impacts a foster child and the child's functioning (Association for Behavioral and Cognitive Therapies, 2022). While these programs are important to give foundational information about trauma-informed parenting, many current programs do not provide easy to implement solutions for addressing children's trauma behaviors (Bartlett & Rushovich, 2018). Barriers to current programing are the cost of the education, the educational level requirements of the programming, and the ease of usability and implementation of the programming (Bartlett & Rushovich, 2018).

Purpose: The purpose of this scholarly project is to provide foster care professionals and foster care parents with accessible and actionable activities, strategies, and environmental modifications for a trauma-informed approach to parenting. The intended audiences for this project are professionals who work with children placed in *out-of-home* care, foster parents, and those who interact with children who have been exposed to trauma.

Methodology: This product was created following needs assessments comprised of a review of literature and collaboration with stakeholders that that revealed the need for trauma-informed parenting activities and strategies that are easy to access, implement, and created for all potential users. The product materials were created through a holistic approach to addressing behaviors that are secondary to the exposure to trauma and that may lead to placement breakdown. The Person-Environment-Occupation model along with the Adult Learning Theory was used as a foundation for structure and usability during product development. This product was also created with a concurrent doctoral experience placement in a private foster care agency with direct interaction among intended stakeholders.

Conclusion: The result of the literature review and interactions with staff and foster parents through the foster care agency placement directly shaped the development of the product, *Trauma-Informed Parenting Toolkit.* This product contains relevant materials to use within the foster home with children who have experienced trauma through environmental modifications, trauma-informed parenting strategies, and attachment/bonding activities. A decision-making tree was created to guide toolkit users to the most effective section for their needs. Every handout within the toolkit was created to be easy to understand and convenient to implement in the foster home setting for the best outcome. This product will be beneficial for all involved in the foster

child's life as this product will increase the understanding on the impacts that trauma has on a child's mental and physical development and provide supports to decrease those impacts to provide a place for the foster child to begin their healing journey.

Chapter I

Introduction

Chapter I Introduction consists of the significance of the identified problem found during the processes of this scholarly project, the theoretical basis used, and the overview of the product produced for the identified problem. Key terms have also been defined within this chapter.

Significance of the Identified Problem

Over 400,000 children in the United States are placed in foster care each year, over 100,000 of whom are awaiting adoption (Administration of Children and Families, 2021). Children placed in foster care have an 80% likelihood of having a mental health diagnosis or developing a diagnosis as compared to 18-22% for the general population of the same age group (Armstrong-Hiemsoth et al., 2020; Berman & Weizman; 2018). A complex traumatic past will lead to the arising of behaviors that may be disruptive the child and those who care for them (Bartlett, 2021; Pervis et al., 2013). The child may have trouble with basic self-care skills, executive functioning, or interactions within the foster home relationship (Bartlett, 2021; Pervis et al., 2013). The presence of trauma and behaviors associated with trauma is one of the main causes of *out-of-home* placement instability and a contributing factor to placement breakdown (Khoo & Skoog, 2014). There are various programs available to address trauma in children as they reach maturity and teenage years, however there is limited programming that is accessible and free of use to address trauma through parenting strategies and home modifications (Building Blocks, 2020; Lynch et al., 2017). These programs, while useful for background and foundational trauma knowledge, have limited impact on the foster child and/or the foster parent's activities of daily living (Crabill & Hanson, 2019). For greatest adherence to trauma-informed parenting practices,

strategies must be easy to implement in the home and a manageable amount of lifestyle change for the foster parents (Patton, 2014).

Occupational therapy is a profession that often uses a holistic approach to addressing trauma behaviors. Occupational therapy's role is to create occupation-based strategies and modifications to the environment, person, and task to address and reduce trauma related behaviors (Lynch et al., 2017). Occupational therapy may be included within the foster care team to contribute to children's and foster parent's success with *out-of-home* placement, decrease placement break down through behavior solutions, and promote positive environmental modifications for children and parents involved in the *out-of-home* placement (Lynch et al., 2017).

Theoretical Base

The guiding structure for this scholarly project is comprised of the Person-Environment-Occupation (PEO) model (Law et al., 1996), the Transactional Model of Development (TMD) (Bosnick, 2021) and the Adult Learning Theory (Bastable et al., 2020). The relationship between these occupation-based and non-occupation-based models fits well to understand the interactions that occur within a foster child's and foster parents' environments and daily tasks. The PEO model encompasses the transactions or interactions between the person, their environment, and their occupations (Law et al., 1996). It has been identified that lack of appropriate programming and trauma informed parenting practices limited the transactions between a foster child and foster parent and their occupations (Lynch et al., 2017). Trauma-informed strategies, through parenting practices and behavior management techniques, can increase the transactions between a foster child and foster parents' performance in occupations across all environments (Frisch et al., 2020).

A non-occupational therapy-based model was also used to guide literature review and product development along with the PEO model, TMD. The TMD requires consideration for a child's development through the interactions between the child and family life experiences, and their economic, social, and community resources (Bosnick, 2021). Understanding these influences gathers information to get a sense of the foster child with the factors considered that mold and shape them whether positive or negative influences (Boskick, 2021).

Finally, the Adult Learning Theory, was used to guide the development of toolkit handouts and education within the product. The Adult Leaning Theory is the study of how adults learn different subjects and materials and how to ensure materials are learner centered (Bastable et al., 2020). With the use of Adult Learning Theory, materials will be presented at a readability level that is appropriate for all intended toolkit users and in a format that is appealing to users.

Purpose

The purpose of the *Trauma-Informed Parenting Toolkit* is to provide foster parents and foster care professionals with education on the impacts of trauma on foster children and to offer easily accessible strategies and activities to address the impacts from behaviors within the home environment. The toolkit was designed through evaluations and stakeholder feedback to be easy to use and understandable at an appropriate readability level for the intended population. The toolkit aim is to be a helpful resource to decrease placement breakdown through evidenced-based activities and trauma-informed parenting strategies.

Product

The product, *Trauma-Informed Parenting Toolkit,* was guided by the PEO model, the TMD, and the Adult Learning Theory. The PEO model was used to guide understanding of transactions that occur with all stakeholders and their occupational and environments (Law et al., 1996). The

PEO model was also used to understand the limitations of transaction between people, occupations, and environments with current trauma-informed programming available to foster homes (Law et al., 1996). The TMD model guided the understanding of influences and the development of children placed in *out-of-home* care (Bosnick, 2021). In addition, the Adult Learning Theory was used to develop educational materials that will be appropriate and useable for the intended population (Bastable et al., 2020).

The product consists of five informational sections containing an introduction and need for the product followed by trauma related parenting strategies and activities for promoting of a wide performance range in the foster home. The information and handouts within the product will increase the transactions between the person and the occupation through person, occupation, and environmental modifications (Law et al., 1996). The information within the product also has considerations for all influences such as social, environmental, and economic influences to have the greatest usability for all stakeholders (Bastable et al., 2020; Bosnick, 2021). The introduction contains background information relevant to stakeholders including the presence of mental health diagnosis within the foster child population and the long-term impacts a child's functioning from trauma. Following the introduction, a section decision making tree is provided to guide toolkit users to the correct section based on their needs. The toolkit consists of 5 different sections containing 37 individual educational handouts based on trauma-informed care and an occupational therapy approach to behavior management. The purpose of all the handouts is to decrease placement breakdown through activities for bonding, strategies for emotional regulation, environmental modifications, and resources for decreasing of foster parent stress. A usability tracker is provided for users to monitor which handouts were requested and used the most and a comment section for changes or additional education that is needed to any section or

handout. The toolkit can be used in any setting or by any person that interacts with children in foster care or children who have experienced trauma.

Key Terms

Occupational Therapy: Occupational therapy is defined as a holistic approach to mental and physical health rehabilitation that focuses on activities that a person engages in every day through environmental, task, or person modifications (American Occupational Therapy Association, 2020).

Person-Environment-Occupation Model (PEO): PEO Model is defined at the evaluation of the interaction between a person, environment, and occupation (task) that an individual participates in. PEO Model also evaluates the fit and satisfaction between the three constructs (Law et al., 1996).

- The **person** construct is defined as a person who participates in many different tasks and activities at one time (Law et al., 1996).
- The **environment** construct is defined as the total of what a person's surroundings including living and non-living things (Law et al., 1996).
- The **occupation** construct is defined as any activity that a person may participate in for fulfillment, social connection, necessity, purpose, or self-expression (Law et al., 1996).

Holistic Approach: Holistic approach is defined as the mind-body connection of a person and has considerations for all aspects of a person and their necessary and desired tasks (American Occupational therapy Association, 2011).

Trauma: Trauma is defined as an individual experiencing mood, anxiety, or other disruptive behaviors due to a severe, negative experience (D'Andrea et al., 2012).

Out-of-Home Care: Out-of-home care is defined as a court-monitored process that includes placements and services of children and families following the removal of the child from their home due to unsafe or unfit conditions (Child Welfare Information Gateway, 2018).

Foster Parent: A foster parent is defined as an individual who raises a child that is not biologically their kin (Benchmark Family Services, 2020). A foster parent may be of relation to the child or may have no connection to the child (Benchmark Family Services, 2020).

- **Kinship foster care** is the placement of a foster child with a home of whom they are related to such as aunt or uncle, grandparent, or cousin, or an individual who is close relation with the parent or child, such as a family friend (Benchmark Family Services, 2020)
- **Licensed foster care** is defined as the placement of a foster child with individuals who have been approved and trained through State programs to provide care to children placed in *out-of-home* care (Benchmark Family Services, 2020).

Foster Child: A foster child is defined as any youth from the ages of 0-19 years old who has been removed from their biological parents due to an unsafe or unfit home situation (Benchmark Family Services, 2020).

Foster Care Professional: Foster care professional is defined as a professional that works either for the State or for an independent foster care agency. A foster care professional may work closely with foster parents, foster children, or biological parents (Building Blocks, 2020).

Placement Breakdown. Placement breakdown is defined as a complex process that occurs when foster parents have difficulty parenting a foster child, difficulty with communication between foster care workers and biological parents, or lack of knowledge around parenting a child with a traumatic past (Khoo & Skoog, 2014)

Programming: Programming is defined as curriculums that aid parents with skills to help reduce challenging and/or negative behaviors within the home or with a foster child to improve their relationship with the child and the child's quality of life (Association for Behavioral and Cognitive Therapies, 2022).

Chapter II

Literature Review

Chapter II Literature Review consists of a review of the needs of the foster care community, including foster parents and foster children, current available programming to address the needs of the community and an overview of the theoretical basis used to guide the literature review and the creation of the final product. The prevalence of foster care, occupational therapy intervention and approaches for common foster care needs and evidenced-based gaps in the trauma informed care of children in foster care are included in this chapter.

Background and Prevalence of *Out-of-Home Care*

Foster care is a government program that provides care and supervision to children who are removed from living with their biological parents due a variety of reasons (Bartlett & Rushovich, 2018). Children are placed in *out-of-home care* for many reasons including abuse, neglect, unsafe living conditions, and other various factors that did not support the child in their development (Administration for Children and Families, 2021). *Out of home* foster care is defined as a court-monitored process of child placements for children who are removed from their home due to complicating factors (Child Welfare Information Gateway, 2018). Bartlett and Rushovich (2018) asserted that the goal of foster care is to provide a safe, stable home in which the child placed in foster care can grow and learn without the fear of their past due to their past complex trauma from abuse, neglect, or unsafe living conditions. Foster care is also seen as a means to give biological parents the chance to reorganize their lives and priorities to effectively care for their children in a safe way (Bartlett & Rushovich, 2018). *Out of home* foster care could occur in various settings such as a placement with a relative, family connection, or a licensed foster care home. Licensed foster parents can provide care for any foster child removed from

their biological home (Benchmark Family Services, 2020). Individuals who facilitate licensed foster homes receive federal money to help with expense with the care of the foster child. In addition, they are required to have state mandated training before licensing and continuing education each year they are a licensed foster home (Benchmark Family Services, 2020). *Kinship* foster care is the placement of a foster child with a kinship foster home with people to whom the child is related, such as aunt or uncle, grandparent, or cousin, or who is close relation with the parent or child, such as a family friend (Benchmark Family Services, 2020). *Kinship* foster parents do not have to participate in required education or follow home standards as a licensed home, however they receive the same amount of reimbursement for foster child expenses (Benchmark Family Services, 2020). Over 400,000 children are placed in foster care each year, over 100,000 of whom are awaiting adoption (Administration of Children and Families, 2021). Of the 400,00 children placed in *out of home care*, over half are male and the median age is 6 years old (Administration of Children and Families, 2021). Half of children placed in *out of home care* stay away from parents or adoptive families for over 13 months and 26% stay in care for longer than two years (Administration of Children and Families, 2021; Berman & Weitzman, 2019). In 2020, 117,00 children were waiting for a permanent home and placement (Administration of Children and Families, 2021). Approximately 63,000 children had their biological parents' rights terminated, making them a ward of the state (Administration for Children and Families, 2021). Foster care is overseen by both state governments and independent foster care agencies (Child Welfare Information Gateway, 2018). Building Blocks (2020) is an independent foster care agency overseen by the Nebraska Department of Health and Human Services that manages and supports foster homes for quality and supervision of foster children. Building Blocks is one of many independent agencies in the State of Nebraska. These

independent agencies are in place solely for the oversite of foster care parents and provision for resources and visitation guidance for children placed out of home (Building Blocks, 2020). While several hundred thousand children are placed in foster care, kinship and foster parents have little professional training to prepare them for caring for the child (Bartlett & Rushovich, 2018). This lack of knowledge has a negative impact on the child's development and long-term, future success (Chondura et al., 2020).

Occupational therapy is a holistic approach to mental and physical health rehabilitation that focuses on activities that a person engages in every day. Occupational therapy may be included within the foster care team to contribute to children's and foster parents' success with placement, decrease placement break down and promote healthy relocation of children in foster care to a different *out of home* placement. There is limited programming and resources available for foster care parents to access for trauma and behavior informed parenting (Building Blocks, 2020). There is a high need for increased programming and resources to reduce placement instability and breakdown (Chondura et al., 2020). Placement breakdown a complex process that occurs when foster parents have difficulty parenting a foster child, difficulty with communication between foster care workers and biological parents, or lack of knowledge around parenting a child with a traumatic past (Khoo & Skoog, 2014). The cause of placement breakdown is attributed to the high demands that are required by foster care parents. Breakdown is also added to by lack of knowledge of the foster child's needs, insufficient understanding of the placement process, difficult relationships with the foster care workers, and the lack of support services during placement (Khoo & Skoog, 2014).

Interprofessional collaboration and teamwork is essential to the facilitation communication about the needs of a foster child and foster home placement (Building Blocks,

2020). Part of this interprofessional team may include an occupational therapy. Occupational therapy's role is to create occupation-based strategies and modifications to the environment, person, or occupation/task to address maladaptive behaviors, behaviors that do not promote healthy interactions between children and their peer and family, and best suit the environment and person for success (Lynch et al., 2017). Other professionals that may collaborate with occupational therapy include care worker/managers, foster parents, biological parents, and lawyers of the case (Lynch et al., 2017).

The population addressed in this literature review includes children placed in foster homes, foster care providers who are providers through both licensed and kinship, and foster care agencies. Stakeholders include foster care parents, children placed in foster care, foster care agencies and employees, and the Department of Health and Human Services and employees.

Identified barriers to programming formation and success include externalizing and internalizing behaviors of children in foster care, financial and relational support, limited access to resources by the foster parent for continued education, and implementation of strategies to manage behaviors and consistency within the care home (Building Blocks, 2020). Following the identification of barriers to parenting children with trauma, the impacts of trauma were evaluated to understand specific areas of dysfunction.

Impacts of Trauma

Trauma has been identified as an individual experiencing anxiety, mood, or other disruptive behaviors due to a single or multiple severe negative experiences (D'Andrea et al., 2012). Trauma occurs and is categorized based on the situation, severity, and occurrence of the trauma situation. Acute trauma is trauma that occurs because of a single event such as a car accident, witnessing of a crime, or seeing a loved one die. It is essential to note that children who

experience acute trauma learn to gauge their responses through observation of parents (Tennessee Department of Children's Services, 2017). Neglect trauma occurs when a child does not have their basic needs met and can include experiencing of hunger, not having proper care, or being left alone for long periods of time (Tennessee Department of Children's Services, 2017). Relational trauma occurs when there is trauma, such as neglect, witnessing of accident, or abuse, within a close relationship such as a parent, relative, or caregiver (Purvis et al., 2013). Child traumatic stress occurs when children have been exposed to one or more traumas over the course of their lives and develop relations that persist and affect their everyday life (Van Der Kolk & Courtois, 2017). These reactions may manifest as attention issues, emotional upset, depression, regression of occurred skills, attention issues, academic issues, and/or sleeping and eating difficulties (National Child Traumatic Stress Network, 2022). Complex or chronic trauma has been defined as a diagnosis that includes the global impact of trauma (Purvis et al., 2013). Van der Kolk and Courtois (2017) added that complex trauma is the experience of multiple, chronic, and prolonged traumatic events that are experienced by a person. Many children who are in the foster care system have complex trauma, which is the impact of trauma that begins in early life from the combination of emotional, physical, or mental trauma (Bartlett, 2021). Complex trauma may lead to a variety of behavior, emotional, and physical issues such as difficulty managing social situations, attachment issues, trouble sleeping and eating, and academic issues (Berman & Wiezman, 2010; May-Benson & Teasdale, 2019). These behavioral, emotional, and physical issues negatively impact the child's occupational performance both in their home and community. Lynch et al. (2017) reported that complex trauma affects the child's social participation and their ability to form healthy attachments and express their emotions.

Activities of daily living are affected for many reasons such as impaired sensory

processing, executive functions, and self-care abilities. Activities of daily living are also impacted through the foster parent's ability to aid on development of necessary skills (Crabill & Hanson, 2018). The child who is in foster care may also experience education differently than children who are not in foster care. This is because education is also affected by trauma from the importance placed on education, triggers surrounding school such as sensory trigger, or distortions to school schedules for parent visits including having to miss school time to attend scheduled visits. Play and leisure are negatively affected due to of lack of and available time. Travel time to attend parent visits, opportunity to have experiences with play and peer interactions, and healthy parent modeling due to a lack of parenting knowledge are negative factors in the development of the child's play skills (Lynch et al., 2017). Lynch et al. (2017) found strong evidence that all areas of the child's performance are impacted from trauma and the child may have negative experiences with all occupations because their experience of trauma.

Children placed in *out of home care* are often in protective custody because of a trauma related incident or past. Children placed in foster care have an 80% likelihood of having a mental health diagnosis or developing a diagnosis as compared to 18-22% for the general population of the same age group (Armstrong-Hiemsoth et al., 2020; Berman & Weizman; 2018). A complex traumatic past will lead to the arising of behaviors that may be disruptive the child and those caring for them (Bartlett, 2021; Pervis et al., 2013). The child may have difficulty with basic self-care skills, executive functioning, or interactions within the foster home relationship (Bartlett, 2021; Pervis et al., 2013). Long lasting exposure to trauma leads to a dysfunction in the child's abilities to cope, progress with developmental tasks, brain formation, form healthy attachment to caregivers and adults, and self-regulation skill development (Bartlett, 2021; Clancy, 2020; May-Benson & Teasdale, 2019). Benefits of strong family engagement, including

non-biological families, include promotion of young children's social-emotional development, protecting and supporting mental and physical well-being, and prevention of negative effects of early childhood trauma (Bartlett, 2021). Problematically, foster care parents do not have appropriate resources, training, or strategies to effectively manage trauma related behaviors that present in a child in protective custody with complex trauma systems (Bartlett, 2021; Chondura et al., 2020). Similarly, foster care parents experience a lack of education and support surrounding their new role of caregiver of a child with traumatic backgrounds. Foster care parents often do not have the proper amount of parenting education or support to ensure a successful foster child placement (Chondura et al., 2020). Common barriers to foster parent education and its positive impacts on parenting of foster children are often structural, such as timing and convenience of the education and perceptions of the education such as the relevance of educational training (Patton, 2014). Additional barriers experienced are inaccessibility of agency caseworkers, lack of recognition, and lack of respect from outside sources (Patton, 2014). Patton (2014) also asserted that the complex needs such as medical appointments, medications, and biological parent visits and trauma of foster care children may negatively attribute to foster care parents' success.

Programming and Its Outcomes

Programming related to foster parents is defined as programs that aid parents with skills to help reduce challenging and/or negative behaviors within the home or with a foster child to improve their relationship with the child and the child's quality of life (Association for Behavioral and Cognitive Therapies, 2022). Programming can be provided through a variety of sources such as private foster care agency, state child services, online education programming, or locally through in person parenting classes (Association for Behavioral and Cognitive Therapies,

2022).

Occupational therapists also serve as a valuable resource for parenting education and programming due to their holistic view of parenting and behavior management. Occupational therapists are also able to provide parenting education and behavior management in the foster home or during one-on-one sessions with the child and the foster parents (Lynch et al., 2017). Having appropriate training, information, education, and resources to manage behavior with children placed out of home may lead to reduced stress and fatigue of foster care providers (Bartlett & Rushovich, 2018). An increase or strong presence of behaviors the arise from trauma in a child placed in protective care not only places a strain on the people who reside in the house they are in, but also on the workers that are supporting all the people in that home. Parenting style of foster care parents have a direct impact on the child for whom they are caring. The trialing and use of multiple different parenting strategies such as positive parenting, authoritative parenting, or balanced parenting will impact the foster care child's success and outcomes (Chondura et al., 2021; Clancy, 2020; Davidson, 1995; Frisch et al., 2020; Rusby, 2022; Tennessee Department of Children's Services, 2017). Implementation of co-regulation skills building when encountering complex emotions will aid in providing foster care children with peer examples of emotional regulation and promote de-escalation of behaviors (Myer, 2017; Rusby, 2022).

With appropriate programming in place, children placed in protective care have significantly higher outcomes for success long term. Without appropriate care, behavior management and parenting supervision and guidance, 20% of children will become homeless after transitioning out of the foster care system (Armstrong-Hiemosoth et al., 2020). Fifty percent will be unemployed by age 24 years, 25% will be diagnosed with post-traumatic stress disorder

(PTSD), and 70% of women who age out of the foster care system will be pregnant before the age of 21 years (Armstrong-Hiemosoth et al., 2020).

Many programs are set in place to provide training, education, and resources for foster care parents and those who are caregivers of children who have experienced trauma. Examples of the many programs are Parental Occupational Executive Training (POET), Trust-Based Relational Intervention (TBRI), The Incredible Years, Trauma Systems Therapy for Foster Care (TST-FC), Trauma Informed Parenting Skills (TIPS) and Cognitive Behavioral Therapy (CBT) programming. Many of the relevant programming appear to have originated from independent agencies that have a mission and vision of increased foster parents and child's success (Bartlett & Rushovich, 2018; Frisch et al., 2020; Purvis et al., 2013; Taylor et al., 2009; Tennessee Department of Children's Services, 2017). These programs are aimed at increasing the parents' knowledge through modification of parenting behaviors (Bartlett & Rushovich, 2018; Frisch et al., 2020; Taylor et al., 2008; Tennessee Department of Children's Services, 2017), environmental adaptations (Frisch et al., 2020; Purvis et al., 2013; Webster-Stratton & McCoy, 2015), and behavior management education (Frish et al., 2020; Taylor et al., 2009).

The Trust-Based Relational Intervention (TBRI) programming is a group-type intervention for children in foster care to teach social skill development along with self-regulation and emotional-regulation skills with peers (Purvis et al., 2013). This programming is a proactive approach to trauma informed care (Purvis et al., 2013). Purvis et al. (2013) discovered that programming that is within the natural environment of the child and focuses on child caregiver relationship is the most effective for resolving relationship-based trauma. The three pillars of treating complex trauma according to Bath (2008) are "development of safety, promotion of healing relationships, and teaching of self-management and coping skills" (p. 18).

Similarly, TBRI has three main evidenced based principles for the program which are empowerment-attention to physical needs such as hunger and sleep, connection-attention to attachment needs such as co-regulation needs and relationship needs, and correction-attention to behavioral needs such as self-regulation skills and self- calming strategies (Purvis et al., 2003). The TBRI protocol and education are available for in person training for medical health professional to lead future TBRI groups. Occupational therapist and occupational therapy assistants are eligible for the training for implementation of these groups following completion of training (Purvis et al., 2003).

Parental Occupational Executive Training (POET) program provides education on parental exchanges with children both during their occupations and environmental adaptations. This programming calls for structured problem solving and skill attainment through modification of the child's routine and structure within the home (Frisch et al., 2020). The POET program focuses on specific and constant parenting actions to promote a child's functioning across all environments (Frisch et al., 2020). This programming also provides connections and supports for foster care parents through emotional support groups with peers (Frisch et al., 2020). This programming is available online for all parents to access through the POET program independent website (Frisch et al., 2020). There is limited peer reviewed evidence available for objective measures of effectiveness of the POET program on the foster care population.

The Incredible Years programming is an online or educational format type resource for caregivers and parents of children with conduct disorders or attention deficit hyperactivity disorder (ADHD) (Lessard et al., 2016; Taylor et al., 2008; Webster-Stratton & McCoy, 2016). This programming is centered around parent coaching and behavior of the parent modification (Lessard et al., 2016). Webster-Stratton and McCoy (2016) used the visual of a parenting

pyramid consisting of the foundational parenting techniques to advanced techniques such as redirection and consequences to aid behavior and self-regulation. By parent behavior modification education, the Incredible Years program is intended to help child functioning using modeling and consistent action through attainable goal setting for child behavior (Taylor et al., 2008; Webster-Stratton & McCoy, 2016). The use of positive parenting was validated as behaviors secondary to conduct disorder or ADHD were lessened (Lessard et al., 2016). The Incredible Years program, ran around the world, is available for educators, teachers, and parents to access specific training for specific age groups and diagnosis (Taylor et al., 2008). Taylor et al. (2008) found that the Incredible Years programming has an advantage of effectiveness by group intervention, at 50% attendance, as compared to 32% attendance for one-on-one interventions session. The Incredible Years program can be used in the home or in a school-based setting (Webster-Stratton & McCoy, 2016).

The Annie E. Casey Foundation program utilizes the Trauma Systems Therapy for Foster Care (TST-FC) model as an evidenced based guide. This educational program consists to strategies to manage behaviors and prepares the child for the presentation of their behaviors through the use of the trauma informed welfare system (Bartlett & Rushovich, 2018; Redd, 2017). Authors explained that by using the family's strengths, such as environmental strengths and parenting approaches have the ability to aid in emotional needs of the foster child's social environment to decrease the effects of environmental triggers (Bartlett & Rushovich, 2018). The programming educates foster parents and those involved with foster care on behavior management in the moment of the behavior and how to properly deescalate the situation (Redd et al., 2017). Self-care and pre-teaching are also important modules of the education to provide foster parents with all the tools to appropriately parent a child with trauma (Bartlett &

Rushovich, 2018; Redd et al., 2017). It was discovered that the use of trauma informed strategies in all aspects of the foster child's care, whether it be biological or foster parent, teacher, or care workers, aided to reduced presence of disruptive behaviors (Redd et al., 2017). Education on trauma informed foster care is available to the public in an online format.

The Tennessee Department of Child's Services (2017) provided education to parents on the use of Trauma Informed Parenting Skills (TIPS). TIPS is available programming to promote positive attention, active ignoring, reinforcement training, and relationship techniques to foster parents and care givers. This programming centered behavior management understand and uses the prevalence of behaviors as a center to trauma informed care. The core understanding of TIPS is the trauma plays a role in all aspects of the affected trauma through brain chemistry make-up. Another core philosophy of the TIPS program is that understanding that consistent parenting (i.e. follow through) is the key to children thriving in any environment. This program has been shown to reduce caregiver strain from presence of disruptive behaviors that may lead to placement breakdown (Tennessee Department of Children's Services, 2017).

While these specific programming options are available for foster parents and the agencies that support them, these programs have gaps in the information they provide as many are not problem specific to day-to-day occupational challenges foster parents face. Potential impacts from problem-specific trauma informed parenting are the decrease in placement breakdown and an increase in foster child success in *out of home care.* Another potential impact of problem-specific programming is the likelihood that foster parents may share parenting strategies more frequently thereby creating a stronger community with shared and valued information to increase the quality of foster care.

Occupational Therapy's Role

Occupational therapy was defined by the American Occupational Therapy Association (2020) as "the therapeutic use of everyday occupations within persons, groups, or populations for the purpose of enhancing or enabling participation" (p. 1). Occupational therapy services may be required to support or increase someone's ability to complete tasks within their home or community, rehabilitate from physical or mental diagnosis, or for the promotion of general health and wellness (AOTA, 2020). In addition, occupational therapy can help with environmental adaptations, behavior management, and routine modifications to aid in the acquisition of skills across all life stages (AOTA, 2020). Occupational therapy may be present in the home of the foster care child, in-school, or in a medical based setting to address any concerns that arise within the foster care home environment (Armstrong-Hiemosth et al., 2020; Lynch, 2017). Occupational therapy's role with children in foster care and homes is to aid in environmental and routine modification to promote the best functioning possible (Lynch, 2017). Occupational therapy can address emotional regulation, executive functioning, social interaction skills, and all activities of daily living (AOTA, 2020).

Occupational therapists use a holistic view of all client's regardless of age, condition, or life situations (Lynch et al., 2017). Occupational therapists understand that the misalignment of a single aspect of a foster child's life, such as an unsafe living situation, creates difficulties with other unrelated aspects of daily living, such as going to school or management of self-cares tasks (Lynch et al., 2017). Interventions that an occupational therapist may include for children with trauma in the foster care system are thought stopping, stress management, environmental modification, emotional regulation skill development, and facilitating a healthy parent-child interaction (Crabill & Hanson, 2018). In addition, while occupational therapists address specific

skill development, such as emotional regulation, they are also able to provide recommendation for modification to a child's social, physical, temporal, and cultural context to increase their and their caregiver's satisfaction with everyday tasks (Crabill & Hanson, 2018).

Cerney et al. (2017) found that occupational therapy in conjunction with Trust-Based Relational Interventions (TBRI) can aid in facilitating occupational performance change within the family context. Occupational therapists using TBRI programming and principles can make modifications to family occupational performance and empower change within the family context. Through modifications in all daily activities with emphasis on social participation and emotional regulation, occupational therapy intervention and TBRI can aid parents to create a connection and promote empowerment in their child (Cerney et al., 2017).

Occupational therapists can also serve as a great resource for parents who have adopted a foster care child, as it is noted that following adoption the parents do not receive the same amount of support as before adoption (Clancey, 2020). Researchers noted that the use of the Developmental, Individual-differences, Relationship-based (DIR)/Floortime Intervention Parent Education Module in conjunction with occupational therapy increase the self-regulation and empathy skill development in adoptive children who have a history of substance abuse (Clancey, 2020). Occupational therapists can facilitate the Floortime modules in interventions focused on pro-social skill development for toddlers in foster care or after adoption (Clancey, 2020). These intervention strategies may also apply to occupational therapists working with children in early intervention settings as well.

Pat-Horneczyk, & Yochman (2020) found that children who are exposed to continuous or complex trauma are at high risk for sensory modulation deficits and noted the importance of occupational therapy trauma informed intervention program for improved sensory regulation in

affected children. There was a direct correlation noted between the level of trauma to the degree of sensory difficulties (Pat-Horneczyk & Yochman, 2020). Occupational therapy intervention focused on the identification of sensory deficits whether it was hypersensitivity to a sensory response such as noise, or hyposensitivity to a sensory response such as a vestibular response (Pat-Horneczyk & Yochman, 2020). Occupational therapy intervention furthermore was able to help with sensory modulation and educate parents on sensory modulation strategies to use within the home (Pat-Horneczyk & Yochman, 2020).

Practice Models to Guide Care

Occupational therapy practitioners use practice models to guide intervention planning, have a lens to view client dysfunction through, and understand stand how to decrease limitations through activity analysis. Practice models lens may vary depending on the type of model and focus of that specific model. The Person-Environment-Occupation (PEO) model describes people as occupational beings who interact with their environment and their occupations, or required activities and tasks (Law et al., 1996). The PEO model is a lens to understand what component or components are not aiding for best interaction between the person, environment, and their occupations (Law et al., 1996).

Within the Person Environment and Occupation (PEO) model, people are viewed as occupational beings who participate in meaningful tasks, activities, and roles through interactions with others and their environments (Law et al., 1996). The environment through the PEO model consists of surrounding living and natural beings that a person must interact with daily (Law et al., 1996). The occupation variable is defined as tasks or activities a person needs to do or wants to do for a sense of fulfillment, self-expression, or necessity (Law et al., 1996). The model looks at the fit between all three aspects to understand how to create the greatest

functioning (Law et al., 1996). To understand the functioning of children placed in *out of home care*, it is necessary to understand the children's barriers and supports to occupations (Frisch et al., 2020; Lynch et al., 2017).

The lack of education and parenting strategies found for foster parents with children placed in *out of home care* decreases the interaction between people and their occupation as a foster parent or as a foster child (Lynch et al., 2017). To increase this transaction, or the interactions between the constructs, it is important to understand the person and what the specific needs are of that person. Foster parents, as a person, require additional trauma informed parenting strategies that are easy to follow and implement (Frisch et al., 2020). Through this simplicity, they have a greater transaction between their occupation as a foster parent and their personal needs for parenting a child with trauma. Through environmental modification strategies, they will have greater success with their occupation as a foster parent through less stress and needs they must fulfill (Law et al., 1996). With the same environmental modifications, the foster child will also have a better transaction with occupation as a child engaging in play or their necessary daily occupations (Law et al.,1996).

The Transactional Model of Development (TMD) focuses a child's development and is considered a complex interaction between the developing child and their natural personality traits, family experiences, and economic, social, and community resources (Boskick, 2021). The proximal influences, such as people within the foster home, are a direct impact on the child (Boskick, 2021). These proximal influences are most impactful and increase the need for these influences to be knowledgeable about behaviors and how to best help the child they are caring for (Boskick, 2021).

The Transactional Model of Development (TMD) goes hand in hand with the PEO model

as they both focus on the interactions between the person and their goals, needs, and wants in everyday life (Boskick, 2021; Law et al., 1996). The TMD an important lens to view programming and foster care through as foster parents are the primary people who are aiding in the development, social skills building, and quality of life of a child in *out of home care* (Boskick, 2021). Proximal influences must be a positive and constructive interactions to make a change for the better in a foster child's life. Through these positive influence with direct, immediate feedback, foster children can grow and develop in a healthy way despite a traumatic past (Boskick, 2021).

Summary

Children are placed out of necessity in *out of home care* to ensure their safety and promote healing for both the child and their biological parents in a home that can care for them (Bartlett & Rushovich, 2018; Benchmark Family Services, 2020). Because the goal is safety and development of healthy life skills, it is important that the foster care environment is conducive to promoting those experiences. Due to the high complexity of trauma that presents in foster children, it is essential that foster parents have access to knowledge about how to manage, mitigate, and solve trauma presence behaviors (Cerney et al., 2017; Purvis et al.,2013). The literature also revealed that trauma behaviors that present in children in foster care can be lessened using appropriate parenting strategies (Frisch et al., 2020; Lessard et al., 2016).

While there is a growing body of evidence on best practice for foster care families, gaps in the literature are still prevalent. Specifically, there is a dearth of specific strategies that combine trauma informed care and direct parenting strategies to use within the foster home. It is the need of the foster care population to be able to manage and cope with behaviors in an efficient and positive way that promotes healing and growth for all involved in the foster child's

care (May-Benson & Teasdale, 2019; Puvis et al., 2013). There must be resources available for foster care parents to learn and implement new parenting strategies, home modifications, and behavior techniques to improve both their and their foster child's quality of life (Cerney et al., 2017; Purvis et al., 2013; Redd, 2017). This need is best fulfilled through direct and immediate parenting changes and strategies that are easy to implement as trauma informed parenting differs from child to child (Purvis et al., 2013).

The purpose of this scholarly project is to build usable resources that focus on parenting strategies based on trauma informed care, behavioral modifications for children in foster care, and environmental adaptations for decrease of foster care placement breakdown. The scholarly project aims to use an occupational therapy lens to create these modifications in a way that is trauma informed, direct, and simplistic in nature to get the most carry through and implementation for parent of children with trauma. Occupational therapy can facilitate or support parenting strategies, address behavioral disruptions in foster children across all environments, and build educational resources for foster parents with considerations for modifications and strategies to address trauma reactions in children (Clancey, 2020; Lynch et al., 2017).

Chapter II Literature Review consists of a full review of the need of the population, current programming, gaps in literature and programming, and model application to literature review. Chapter III Methods consists of the methodology behind the conception and formation of this scholarly project.

Chapter III

Methods

Chapter III Methods consists of the methodology behind the conception and formation of this scholarly project. The product, *Trauma-Informed Parenting Toolkit,* was created as a guide for foster parents and those who work with foster parents.

Inspiration

The *Trauma-Informed Parenting Toolkit* was inspired by the need that I witnessed through my personal interactions with foster parents and those who worked in foster care. Through these interactions and conversations, it was evident to me that there were many gaps in the support of foster homes and, in turn, many opportunities for foster children to blossom with appropriate parenting strategies in place. I was inspired by the will and self-motivation of those who worked in foster care to help foster parents in times of need.

Through my early semesters of course work, I was very interested in interventions focusing on behavior and environmental adaptations. With learning and application of occupational theoretical models, I decided that the Person-Environment-Occupation (PEO) model would be the best lens through which to view the literature and guide product development. The PEO model focuses on analyzing the person and their interactions with their environment and occupations to made adaptations for the best transaction range between all three (Law et al., 1996). This model in conjunction with the Transactional Model of Development (TMD) gives the best foundation for parenting education and adaptations for the best practice for parenting a child in out of home care. The TMD focuses on the interactions between a developing child and the past experiences and life situations as well as potential supports

(Boskick, 2021). The Adult Learning Theory was also thoroughly applied when creating toolkit products to ensure proper readability and useability for the population that the toolkit was intended for (Bastable et al., 2020).

The process of creating this scholarly project began with brainstorming and literature investigation into the needs of the foster care community, drawing on a personal background for inspiration. I then created a topic proposal with details of the needs and population that I was interested in working with during a doctoral experiential placement, which is a focused "onsite" experience in the field. After the topic was proposed, I constructed and received approval of a Memorandum of Understanding (MOU). This MOU outlined objectives and goals for the project and experience, schedule for the creation of the project, and learning activities that I intended to accomplish during the 14-week placement.

Literature Review

The initial step of the needs assessment was completion of a literature review that consisted of searching databases through the University of North Dakota School of Medicine & Health Sciences (SMHS) Library including, CINAHL, PubMed, OTSearch, American Journal of Occupational Therapy PsycInfo, Clinical Key, and Elsevier. The inclusion criteria included publications within the past 10 years that were in English with the most up to date information about trauma-informed parenting and foster care interactions. Common search words and phrases included *foster care, foster children, out of home care, trauma-informed parenting, parenting strategies, trauma, development, trauma-informed modifications, and occupational therapy trauma-informed intervention.* The search resulted in articles that were relevant to programming and provided a strong foundational knowledge of the needs of the foster care population. Articles that focused on existing programming focused on the reliability and effectiveness of the

programming and gaps in current programming practices.

Onsite Experience

While placed with *Building Blocks for Community Enrichment Foster Care*, I was able to experience the process of placing children in out of home care and the adjustment of children into foster care all while understanding the goal of reunification for foster children and their biological parents. While speaking with foster parents with varying levels of experience, I was able to gain insight into common issues and behaviors they have experienced while parenting children with trauma and some strategies that they trialed and the effectiveness of those behavior specific strategies. Foster parents were also able to educate me on their wants and needs for education on trauma-informed parenting, which aided into completion of the toolkit. I was also able to learn from Building Blocks staff, including foster care specialists and resource developers, to know their experience with foster children and foster parents. Through staff conversations I was also able to learn about educational gaps they have experienced during training sessions. Conversations with case workers and educational workers aided my knowledge of training credentials required of foster parents to give the toolkit a solid foundation to expand knowledge upon. While at onsite experience, I was able to collaborate with many professionals including counselors and lawyers on the toolkit to make the information as usable and applicable as possible.

Through the PEO lens, I was able to create a toolkit to address the specific needs of foster parents, foster children, and staff of the agency. In creation of the toolkit, it was important that each handout was easy to follow and was direct. A common theme that arose from foster parent conversations was that existing information was often to lengthy and not solution based. The general layout of the toolkit was formatted to first give baseline information, followed by

parenting handouts, and completed with problem specific education. All information in the toolkit is trauma informed and focused on the person aspect of the PEO model to increase transaction within occupation and the environment in which foster parents and children interact (Law et al., 1996). The Transactional Model of Development (TMD) focuses a child's development and is considered a complex interaction between the developing child and their natural personality traits, family experiences, and economic, social, and community resources (Boskick, 2021). The proximal influences, such as people within the foster home, are a direct impact on the child (Boskick, 2021).

Through many revisions from stakeholder feedback, including foster parents and foster care specialists, the toolkit was adapted in an ongoing manner to best fit the user's needs and preferences. Feedback given was semi-informal in nature as stakeholders verbally gave feedback on specific changes needed. Formal feedback on the toolkit was given by faculty advisors and site mentor for cohesiveness of the product and usability standards. Feedback and project revisions specifically focused on adding information and adjusting content for readability that is aimed at the intended audience (Bastable et al., 2020). The Flesch Reading Ease score determined to be required was score a 60/100 which is appropriate and adequate for the intended audience (Bastable et al., 2020). The Flesh-Kincaid Grade Level equivalent was determined to be at an 8th grade level which is a lower level than needed as foster care specialists trained on materials were required to have a college level degree but nonetheless simplified for ease of use. Through determining the appropriate Flesh-Kincaid Grade Level and revising the product to meet this level ensured the greatest usability and understanding of product content (Bastable et al., 2020). Bastable et al. (2020) also influenced the ease of reading in terms of formatting

project materials to provide contrast, type of text, and amount of white space to make the presentation of materials and information apply to the intended audience.

Ultimately, the outcome of the processes of this scholarly project was the *Trauma-Informed Parenting Toolkit.* The toolkit and all its contents were created to provided applicable, easy to use, and solution-based information and activities to address behaviors that occur in *out-of-home* care. The method of creating the toolkit through stakeholder interviews, literature review, trauma-informed product development, and readability and usability revisions shaped the toolkit into the most effective product possible.

Chapter III Methodology consisted of the inspiration for the product, literature review and process for selecting product information, and onsite experience that molded the *Trauma-Informed Parenting Toolkit*. Chapter IV Product consists of guiding models and product content and organization.

Chapter IV

Product

Chapter IV Product consists of information of the product, *Trauma-Informed Parenting Toolkit,* that is located in Appendix A. This product was created for foster parent and those who support foster parents to address trauma informed behavior strategies that are common with children placed in out of home care. The use of trauma informed parenting on children with trauma backgrounds has a positive effect on their behavior and emotional regulation skill development (Purvis et al., 2013). Developmental milestones and age-appropriate activities are also included in the product to aid parents and foster care workers in early detection of developmental or physical delays. The product also includes resources for foster parents for gathering of supplies and information as to lessen the stress on foster parents.

Guiding Models

Creation of the tool kit was guided by the principles of the Person-Environment-Occupation (PEO) model. This model looks at the person and analysis the fit between their environments and occupations to determine modifications to any three variables that will increase the performance range between them (Law et al., 1996). The product focuses on the person as a parent to address trauma informed parenting strategies through self-modification. The foster child as the person variable is also addressed in the product as the recipient of the parenting or environmental modifications. Environmental modifications are addressed in the product for better interaction between the person and their occupations by creating a trauma informed home for best occupational interaction for the foster child.

The Transactional Model of Development (TMD) serves as an addition lens in which the project was created through. The TMD focuses on parenting education principles and the

interaction with a developing child as the foster parent is the most proximal influence of the foster child (Boskick, 2021). TMD principles were utilized in creating developmental milestone activities and age-appropriate parenting interaction materials for the product.

The Adult Learning Theory was used to present materials and content in a way to appeal to the intended audience and user. It was identified the andragogical learning was the main learning style of the intended population. The Adult Learning Theory guided readability to create content for the toolkit that was usability for the intended audience at an 8th grade level (Bastable et al., 2020).

Product Organization and Content

The *Trauma-Informed Parenting Toolkit* consists of foundational parenting knowledge, developmental milestones, behavior specific parenting strategies, repour building activities, and support and educational materials for a holistic approach to parenting a child with trauma. The product begins with an outline of the layout of the toolkit and an overview of how to use the toolkit in the home. The product was intentionally formatted in a way that had appropriate readability for all levels of readers and product users (Bastable et al., 2020). The toolkit topics are grouped in sections that relate to specific barriers that were identified through needs assessments. This grouping will enhance the usability of the product so that the materials are easy to access.

The first section of the toolkit, *New Placement,* contains information related to the environment and person variables of the PEO model (Law et al., 1996). This section provides information on activities to participate in within the foster home to make the child feel welcome and begin to create a healthy attachment to a caregiver. The section provides foster parents with

trauma-informed environmental modifications, such as sensory considerations and routine implementation, to nurture a child with trauma in the new foster home.

The second section of the toolkit, *Parenting Tools,* provides home based interventions to address foundational parenting strategies and techniques specific to parenting a child with trauma. This includes co-regulation strategies, emotional regulation activities, and creating functional transition patterns within the home and across all environments.

The third section of the toolkit, *Specific Behaviors,* gives foster parents information about the reasons specific trauma related behaviors occur and activities and strategies that can be trialed to reduce or eliminate the behaviors. The behaviors include both mental and physical behavior responses to trauma, such as nighttime wetness, dishonesty, and food hoarding. These specific behaviors were identified largely in part by foster parent interviews on trauma response behaviors and interviews with foster care specialists on common behaviors that contribute to placement breakdown.

The fourth section of the toolkit, *Child Development,* was created for specialist working for the foster care agency. The intent is for the specialist to engage in training on this content and then use then implement the content into their monthly home-visit documentation. This section contains developmental milestones for people ages 0-19 years old, activities for learning for age groups, and common household chores and tasks related to age groups. This section will serve as a means to identifying the early needs for intervention for children who may be experiencing delays or interruptions in milestone skills, patterns, or behaviors that are associated with age. This can assist the foster care specialists with making appropriate referrals and/or providing foster parents with guidance to enhance child development.

The fifth sections of the toolkit, *Foster Parent Resources*, serves as a location for foster parents and foster care specialists to use to identify local resources such as loan closets, support groups, or summer camps to decrease the burden of finding resources on their own. This section also includes foundational knowledge of the workings of foster care, such as court terminology, medication lists and side effects, and Individual Education Plan meeting processes. The main purpose of this section is to provide foundational information to promote understanding and support and thereby decrease confusion that may be experienced by foster parents and promote sustaining placements (i.e., reducing placement breakdowns).

Activities in the toolkit are designed to be easily implemented in the home for increased follow through by parents. Most strategies and activities do not require the purchase of materials as the activities were designed to use items commonly found in the home. Parenting strategies throughout the toolkit are focused on trauma related parenting and modification within the parent's strategies. The importance of emotional regulation and a loving connection when parenting a child with trauma are emphasized throughout the product. Through the education of foster care professionals, this product will have longevity within the parent agency as foster care professionals will be able to apply the product across all foster homes they support. The product was intentionally created for ease of use and to decrease the barriers that occur within the foster home. Please refer to the appendices to view the product (Appendix A) and associated permissions (Appendix B) in their entirety.

Chapter IV Product consisted of guiding models and product content and organization. Chapter V Summary consists of a conclusion of the scholarly project with an overview of the product that was created, product implementation recommendations, limitations of the product, and a conclusion of the project.

Chapter V

Summary

Chapter V Summary consists of a conclusion of the scholarly project with an overview of the product that was created, product implementation recommendations, limitations of the product, and a conclusion of the project.

Product Overview

A needs assessment that was conducted through a review of literature showed that trauma informed parenting strategies are the most effective behavior management techniques to use with youth in out-of-home care (Frisch et al., 2020; Lynch et al., 2017; Purvis et al., 2013). Areas that were of common sources of placement breakdown were parenting techniques, environmental/home conditions, lack of knowledge of foster care system, and forms of attachment styles between foster parent and foster child (Chondura et al., 2020; Lynch et al., 2017; Purvis et al., 2013) These identified stakeholders were foster children placed in *out-of-home* care, foster parents, and foster care professionals. Few programs are currently available to the public to provide trauma informed parenting education to foster parents. Similarly, for the programs that do exist, there is limited evidence on the long-term success following implementation of these programs. Current programs focus on education of the background of trauma and how it affects children in *out-of-home* care. There is little emphasis on interventions and solutions in current programming. The *Trauma-Informed Parenting Toolkit* was created to provide easy to implement and effective solutions to behaviors and common sources of placement breakdown related to trauma in foster children. The toolkit also provides education in a concise and appropriate readability format as to provide education to a wide range of toolkit readers and users.

Proposal for Product Implementation

This product was created for professionals that work within the foster care system, professionals who work with children placed in *out-of-home care*, parents of foster children, and children placed in *out-of-home care*. The implementation of this produce relies on the education from foster care professionals to foster parents on the importance of trauma-informed parenting and the follow through of the parents for the use of trauma-informed strategies, activities, and home modifications. An assessment of the usefulness of the toolkit and the frequency of education provided can be gathered through informal and formal measures. A formal usability tracker was provided to foster care professionals who were educated on the toolkit to track which handouts where used most and which handouts could be modified for increased usability. Informal measures were collected through agency feedback and feedback from foster parents who participated in initial needs interviews. The development of future trauma informed parenting handouts could be created by agency staff as they recognized needs or through future students from a variety of professions. The agency was educated about tracking needs for future handouts and strategies for creating the handouts.

Limitations

Limitations of product implementation and follow through were identified. One limitation would be the case load and workload for foster care professionals. This large case load may make it difficult for them to refer to either hard copy or electronic copy of the toolkit to guide and educate foster parents. This limitation can be address through continued education of the importance of trauma-informed parenting strategies and home modifications. Another limitation is limited foster parent follow-through of strategy implementation or activity completion. This is a limitation because foster parents are extremely busy and changing routines

or finding time to do an activity may not fit into their day. To address this limitation, foster care professionals were encouraged to give information from the toolkit in small, easy to manage bits. In addition, activities and strategies were designed to be simple and easy to implement to avoid this identified limitation.

Conclusion

The product of this scholarly project, *Trauma-Informed Parenting Toolkit,* is a unique approach to decreasing foster parent burnout and *out-of-home* placement breakdown. The intent of this toolkit is to provide foster parents and foster care professional on techniques, parenting strategies, home modifications, and activities to create healthy attachments and a nurturing environment in which foster children can grow and heal.

References

Administration for Children and Families. (2021). National Data Shows Number of Children in Foster Care Decreases for the Third Consecutive Year. *ACF.* Retrieved on November 4, 2022 from https://www.acf.hhs.gov/media/press/2021/national-data-shows-number-children-foster-care-decreases-third-consecutive-year.

American Occupational Therapy Association. (2011). Complementary and alternative medicine. *American Journal of Occupational Therapy*, *65*, (Suppl.), S26-S31. doi: 10.5014/ajot.2011.65S26.

American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.*). American Journal of Occupational Therapy, 74* (Suppl. 2), 7412410010. https://doi. org/10.5014/ajot.2020.74S2001.

Armstrong-Heimsoth, A., Hahn-Floyd, M., Williamson, H. J., & Lockmiller, C. (2020). Toward a defined role for occupational therapy in foster care transition programming. *The Open Journal of Occupational Therapy*, *8*(4), 13. https://doi.org/10.15453/2168-6408.1726.

Association for Behavioral and Cognitive Therapies. (2022). What are parenting programs? *ABCT.* Retrieved on December 22, 2022 from https://www.abct.org/wp-content/uploads/2021/03/parenting-programs.pdf.

Bartlett, J. (2021). Trauma-informed practices in early childhood education. *Zero to Three*, *41*(3), 24–34. https://ezproxylr.med.und.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=ccm&AN=152967009&site=ehost-live&custid=s9002706.

Bartlett, J. D., & Rushovich, B. (2018). Implantation of trauma systems therapy-foster care in child welfare. *Child and Youth Services Review, 91*(2) 30-38. Doi:10.1016.

Bastable, S.B., Gramet, P., Sopczyk, D.L., Jacobs, K., & Braungart, M.M. (Eds.). (2020). Health professional as educator: Principles of teaching and learning (2nd ed.). *Jones and Bartlett Learning*.

Bath, H. (2008). The three pillars of trauma-informed care. *Reclaiming Children and Youth, 17*(3), 17–12.

Benchmark Family Services. (2020). Foster care, kinship care, and adoption-what's the difference. *Benchmark Family Services: Therapeutic Foster Care.* Retrieved on December 20, 2022, from https://benchmarkfamilyservices.org/foster-care-kinship-care-and-adoption-whats-the-difference.

Berman B.D., & Weitzman C. (2018). Foster care and adoption. Kline M.W.(Ed.), *Rudolph's Pediatrics, 23e*. McGraw Hill. https://accesspediatrics-mhmedical com.ezproxylr.med.und.edu/content.aspx?bookid=2126&sectionid=163905022.

Boskic, N. (2021). The ecological and transactional models of development. *Early Childhood Intervention: Typical Development.* Retrieved on October 29, 2021 from https://blogs.ubc.ca/earlychildhoodintervention1/2010/12/03/nature-nurture-debate.

Building Blocks. (2020). Foster Care Information. *Building Blocks for Community Enrichment.* Retrieved on October 15, 2021 from https://www.buildingblocksforkids.org.

Cerney, S., Aesoph, M., Green, N., Johnson, B. (2017). Trauma-informed analysis of family occupational performance. *American Journal of Occupational Therapy, 71*(4). Doi:10.501.

Child Welfare Information Gateway. (2018). Overview: Out-of-home care. *U.S. Department of Health & Human Services.* Retrieved on December 20, 2022 from https://www.childwelfare.gov/topics/outofhome/overview/#:~:text=Out%2Dof%2Dhome%20care%20is,to%20abuse%20and%2For%20neglect.

Chondura, S., Lohaus, A., Symanzik, T., Heinrichs, N., & Konrad, K. (2021). Foster parents' parenting and the social-emotional development and adaptive functioning of children in foster care: A PRISMA-guided literature review and meta-analysis. *Clinical Child and Family Psychology Review*, *24*(2), 326–347. https://doi.org/10.1007/s10567-020-00336-y.

Clancey, S. (2020). Creating capacity for coregulation and empathy: A quantitative study of toddlers with a history of substance exposure and their adoptive parents. *The American Journal of Occupational Therapy*, *74*(4_Supplement_1), 7411515343p1-7411515343p1. https://doi.org/10.5014/ajot.2020.74S1-PO1117.

Crabill, Courtney and Hanson, Katie. (2018). A guide for occupational therapists: utilizing trauma-informed care to guide intervention for children in foster care. *Occupational Therapy Capstones.* 378. https://commons.und.edu/ot-grad/378.

D'Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., van der Kolk, B. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry, 82*(2), 187- 200. doi: 10.1111/j.1939-0025.2012.01154.

Davidson, D. A. (1995). Physical abuse of preschoolers: Identification and intervention through occupational therapy. *The American Journal of Occupational Therapy*, *49*(3), 235–243. https://doi.org/10.5014/ajot.49.3.235.

Frisch, C., Rosenblum, S., & Tirosh, E. (2020). Parental occupational executive training: Feasibility and parental perceptions. *OTJR: Occupation, Participation and Health*, *40*(3), 203–210. https://doi.org/10.1177/153944922091219.

Khoo, E. & Skoog, V. (2014) The road to placement breakdown: Foster parents' experience of the events surrounding the unexpected ending of a child's placement in their care. *Qualitative Social Work, 13*(2):255-269. Doi: 10.1177.

Law, M., Cooper, B., Strong, S., Stewart, D., Rigby, P. & Letts, L. (1996). The Person Environment-Occupation Model: A transactive approach to occupational performance. *Canadian Journal of Occupational Therapy, 63*(1), 9-23.

Lessard, J., Normandeau, S., Pobaey, P. (2016) Effects of the incredible years program in families of children with ADHD. *Journal of Children and Family Studies 25*(12). DOI: 10.1007.

Lynch, A., Ashcraft, R., Paul-Ward, A., Telkell, L., Salmatt, A., & Schefking, S. (2017). Occupational therapy's role in mental health promotion, prevention, and intervention with children and youth. *AOTA Living Life to Its Fullest.* https://www.aota.org/~/media/Corporate/Files/Practice/Children/SchoolMHToolkit/Foster-Care-Info-Sheet-20170320.pdf.

May-Benson, T., & Teasdale, A. (2019). Validation of a sensory-based trauma informed intervention program using qualitative video analysis. *The American Journal of Occupational Therapy*, (*73*)4. https://doi.org/10.5014/ajot.2019.73S1-PO2034.

Meyer, A. (2017). Co-regulation from birth through young adulthood: A practice brief. *Office of Planning, Research, and Evaluation; Administration for Children and Families; US. Department of Health and Human Services.* https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/Co-RegulationFromBirthThroughYoungAdulthood.pdf.

National Child Traumatic Stress Network. (2022). About child trauma. *NCTSN.* Retrieved on December 20, 2022 from https://www.nctsn.org/what-is-child-trauma/about-child-trauma.

Pat-Horneczyk, R., & Yochman, A. (2020). Sensory modulation in children exposed to continuous traumatic stress. *American Journal of Occupational Therapy, 75*(4,1). Doi:10.5014/ajot.2020.74S1-RP204C.

Patton, R. (2014). Foster parents' key barriers to agency training and support groups. *St. Catherine*

University. Retrieved on December 20, 2022 from https://sophia.stkate.edu/msw_papers/373.

Purvis, K. B., Cross, D. R., Dansereau, D. F., & Parris, S. R. (2013). Trust-based relational intervention (TBRI): A systematic approach to developmental trauma. *Child and Youth Services, 34*, 360-386. Doi:10.0145935X.

Redd, K., Malm, K., Moore, K. Murphy, K., Beltz, M. (2017). KVS's Bridging the way home: An innovative approach to the application of trauma systems therapy in child welfare. *Children and Youth Services Review 76,* 170-180. Doi: 10.1016.

Rusby, J. C., Prinz, R. J., Metzler, C. W., Crowley, R., & Sanders, M. R. (2022). Attending to task demands: Systematic observation of parent directives and guidance in varying situational contexts. *Child & Youth Care Forum, 51*(2), 421–437. https://doi.org/10.1007/s10566-021-09637-x

Taylor, T. K., Webster-Stratton, C., Feil, E. G., Broadbent, B., Widdop, C. S., & Severson, H. H. (2008). Computer-based intervention with coaching: an example using the Incredible Years program. *Cognitive behaviour therapy*, *37*(4), 233–246. https://doi-org.ezproxylr.med.und.edu/10.1080/1650607080236451.

Tennessee Department of Children's Services. (2017). TIPS: Trauma informed parenting strategies. *Tennessee Department of Child's Services.* Retrieved on December 22, 2022 from https://files.dcs.tn.gov/training/FP/2069.

Van der Kolk, B. A., & Courtois, C. A. (2017). Trauma-focus dynamic therapy model in treating complex phycological trauma. *Phycology, 8* (12).

Webster-Stratton, C., & McCoy, K. P. (2015). Bringing The Incredible Years® programs to scale. In K. P. McCoy & A. Diana (Eds.), *The science, and art, of program dissemination: Strategies, successes, and challenges. New Directions for Child and Adolescent Development*, 149, 81– 95

Appendix A

Product

Building Blocks Foster Care

Trauma-Informed

Parenting Toolkit

Emily Knust, OTDS

Advisors: Tonya Bauman, Training Specialist &
Anne Haskins, PhD, OTR/L

Table of Contents

Introduction

The goal of foster care is to provide a safe and stable home. The home should be a place where the foster child can grow, learn, and feel safe. The home should also be healing for the child (Bartlett & Rushovich, 2018). Foster care is an opportunity to provide support to biological parents. Having children placed with foster parents gives biological parents a chance to reorganize and prioritize their lives (Bartlett & Rushovich). Eighty percent of children in foster care have a significant mental illness (Armstrong-Hiemsoth et al., 2020). Of that 80%, 21% of foster children experience post-traumatic stress disorder (PTSD) (Armstrong-Hiemsoth et al., 2020). Along with mental illness, children in foster care all experience some form of trauma. Acute trauma is defined as the experience of a single traumatic event (Tennessee Department of Children's Services, 2017). This means that being removed from biological parents and moving to a "stranger's" home is classified as acute trauma. Neglect trauma occurs when a child does not have their basic needs met and can include experiencing of hunger, not having proper care, or being left alone for long periods of time. Relational trauma occurs when there is trauma, such as neglect, witnessing of accident, or abuse, within a close relationship such as a parent, relative, or caregiver (Tennessee Department of Children's Services, 2017). Regardless of the classification of trauma, addressing and managing trauma responses is an important step into healing.

There are multiple programs available for foster parents and foster care agencies to address mental illness and behavioral issues. However, many of these programs are costly and require many education hours. The goal of the *Trauma Informed Parenting Toolkit* is to provide quick access parenting and behavior strategies and activities. This toolkit will serve as education for new foster parents and what they can expect when they support a foster child. The toolkit will also inform parents about trauma informed parenting strategies for a variety of behaviors and age ranges. Another intention of the toolkit is to prevent behaviors before they occur through the use of certain parenting strategies. Many of the handouts in the toolkit focus on expanding the child's and parent's performance range, or their ability to carry out necessary

tasks throughout their day. Additional handouts focus on making changes to the home environment for increased functioning in the home.

Why occupational therapy?: Looking at foster care and trauma in foster children through an occupational therapy lens can help to see the foster home as a whole. Occupational therapy is a holistic approach to mental and physical health rehabilitation. An occupational therapy approach aims to increase the ease and the satisfaction of a person's daily tasks. Occupational therapy can help foster parents and foster children with environmental adaptations, behavior modifications, and changes to performance of daily tasks.

How to use: The toolkit is intended to be distributed to professionals in the foster care agency including foster care specialists and resource development workers. These professions will be trained on each section of the toolkit. After training, the professionals will identify needs within the foster homes they support and provide appropriate handouts and education from the toolkit. Sections of the toolkit include:

- *New Placements*
  - Can be given to foster home upon initial placement of foster children. This section includes information that contains trauma informed parenting strategies and home modifications.
- *Parenting Tools*
  - This section contains information about strategies and activities foster parents can use to address and manage trauma behaviors before they arise.
- *Specific Behaviors*
  - This section addresses specific and frequently occurring trauma behaviors that happen in the home and activities and strategies to manage those behaviors.
- *Child Development* section
  - This section is to be utilized by foster care professionals and foster parents to monitor and improve a foster child's growth and development.
- *Foster Parent Resources*
  - This section contains information to lessen confusion for the foster parent and aid them with resources to help the foster child and reduce stress in the home.

What foster homes can use the toolkit: People in all foster homes can use the toolkit. The toolkit was designed to address all ages of foster children, from birth to 19 years old. Much of the toolkit focuses on ages 0-13 years old, as it was identified that many children that Building Blocks supports fall under this age range.

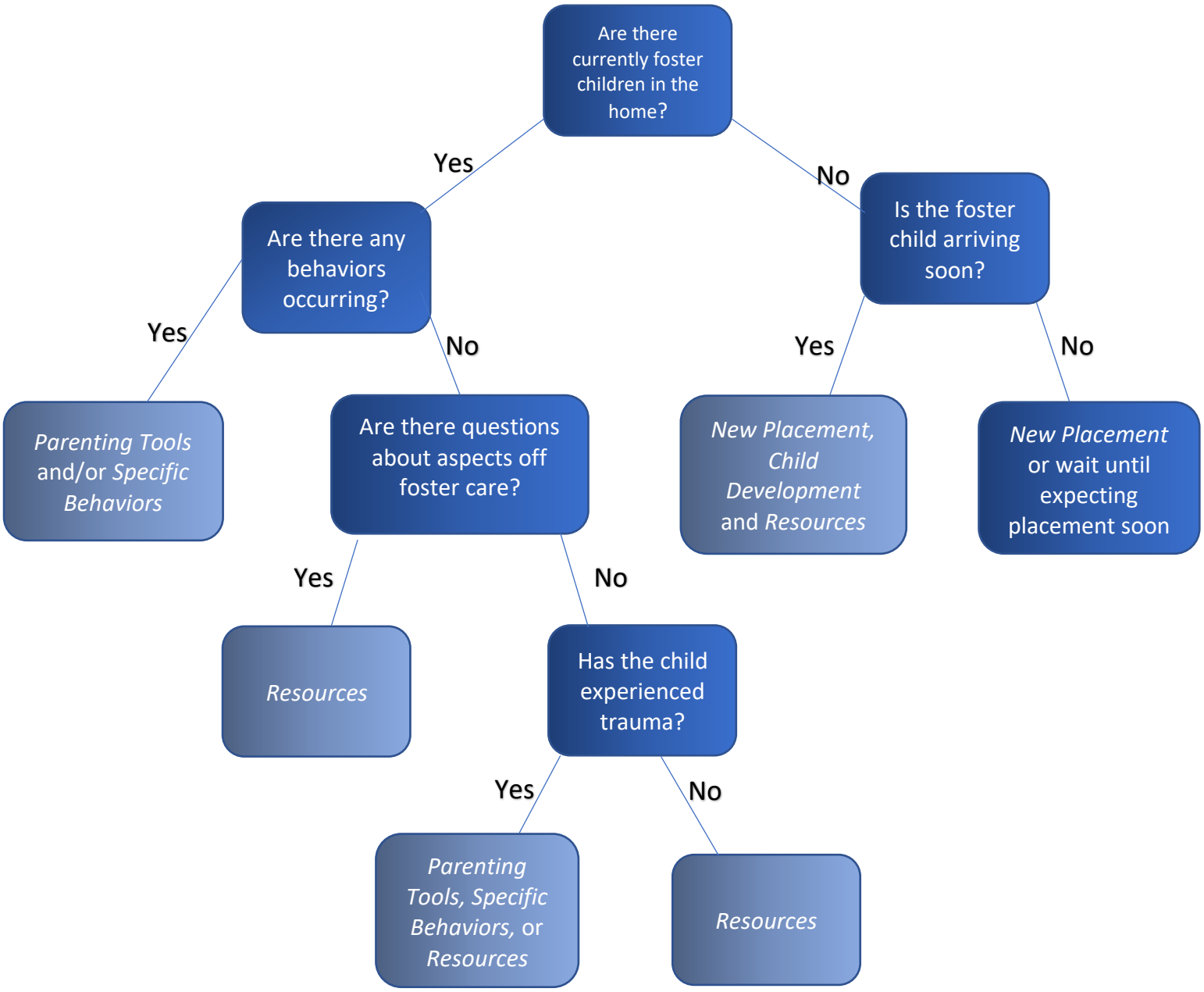
Goal: The goal of the Trauma Informed Parenting Toolkit is to provide quick access and easy to implement solutions to common behaviors and problems experienced in the foster home. The goal of the toolkit is to prevent specific behaviors from occurring through trauma informed parenting strategies and environmental modifications. The toolkit is intended to increase the performance range of foster parents and foster children, enabling them to have more satisfaction with all their required and enjoyed tasks.

Armstrong-Heimsoth, A., Hahn-Floyd, M., Williamson, H. J., & Lockmiller, C. (2020). Toward a defined role for occupational therapy in foster care transition programming. *The Open Journal of Occupational Therapy*, *8*(4), 13. https://doi.org/10.15453/2168-6408.1726\

Bartlett, J. D., & Rushovich, B. (2018). Implantation of trauma systems therapy-foster care in child welfare. *Child and Youth Services Review, 91*(2) 30-38. Doi:10.1016.

Tennessee Department of Children's Services. (2017). TIPS: Trauma informed parenting strategies. *Tennessee Department of Child's Services.* Retrieved on December 22, 2022, from https://files.dcs.tn.gov/training/FP/2069.

Which Section to Choose Decision Tree



Building Blocks Foster Care

New Placement

This section includes information about trauma-informed strategies that could be used when a foster child first comes into the foster home. These handouts include information about setting rules, schedules, and family bonding activities to get to know the foster child better.

Welcoming New Foster Children

Welcoming a new foster child into your home may be a time filled with excitement, worry, and learning about the child. When the foster child comes into the home, they may come at all hours of the day and night. They many also come with little belongings. As a foster parent, there are a few things you can do to help the foster child transition into their new space.
GOAL: Create a welcoming space for the foster child to come into.

Set up the child's room

- Give the child a blanket and/or stuffed animal to help with transitioning
- If child comes with their own blanket allow them to use that blanket, regardless of the blanket's state
- Leave pre-packaged snacks in the room
- Set out basic toiletries for the child (toothbrush, hairbrush, towel, soap)
- Ask case worker if they know of any of the child's interests to include in their room (games, colors, animals)

Send the child a video

- If you know the child is coming before hand, send a video of yourself and anyone else in the home explaining that you are excited for them to arrive.
    - Send the video to the transport worker
- Show them around the house in the video so they can prepare for their arrival.

Give the child choices

- If child comes into the home with clothes, allow them to choose if they want to wash the clothes or not. Clothes and blankets may come with a familiar smell to the child.
- Ask the child what they would like to do when they first arrive. Give options like, play a game, watch a movie, or rest.
- Let the child pick the first meal they have in the home
- Have kid friendly meal choices ready (hot dogs, pizza, popcorn, fruit)

Play games or bonding activities

- Play games with that the child enjoys to get to know them
- Allow the child to tell you about their interests and hobbies
- Have family activities or complete "get to know me activities"
    - See pages 11-15

Have contact with Foster Care Specialist (FCS)

- Your assigned FCS can help you with the transition of a new foster child
- Ask your FCS about local clothing resources, support resources, and additional steps you may need to take during the first few days.

Getting to Know the Foster Child

When a new foster child comes to the home, it is important to take one on one time with that child to get to know them. You will learn their personality, their likes, and dislikes. Learning this, will help the transition into the foster home. It may take a while to form a connection. This connection will change over time.

GOAL: Complete one activity in the first week that the child enters the home.

Activities to get to know the foster child:

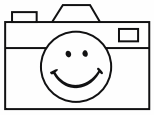
- Make a book with the child
  - You and the child both make a book about you who are
    - Book can include favorite color, snack, tv show, etc.
    - Include glitter, stickers, and fun crafts for opportunity to talk with child while making the book
- Play get to know me beach ball
  - Get a small beach ball. Write on each of the strips of the ball a different question the child and you can answer.
  - Roll the beach ball and take turns answering the question that lands on top.
- Bake the child's favorite dessert together
  - Time spent in the kitchen is a great opportunity to have conversation while bonding with the new child.
  - Let the child share what they made with other children in the home as an opportunity for them to bond as well.
- Allow the child to help with decorating/rearranging furniture in their new room to help the space feel their own.
  - Create art/crafts with the child they can display in their room for a sense of personal space.
- Complete "Get to Know Me" pages with the child
  - Pages can be completed with the child for them to get to know you as the foster parent as well.
  - Pages can be found below, pgs. 11-14
- Play Get to Know Me Dice
  - Roll a dice and move the number of spaces around the board. Answer the question landed on.
  - Mark the question asked and play until all questions have been answered
  - If new questions arise from the game, make a separate board to play additional games.
  - Board can be found below, pg. 15

all about ME!

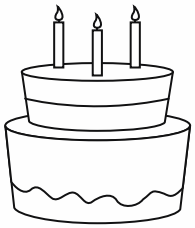
MY NAME IS:

I WANT TO BE CALLED:

THIS IS A PICTURE OF ME!



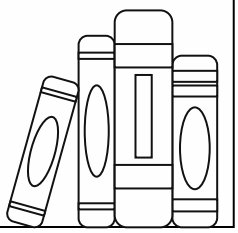
THIS IS A PICTURE OF MY FAVORITE SNACK.



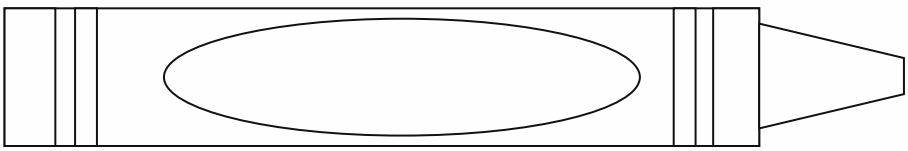
MY BIRTHDAY IS:

THIS IS A PICTURE OF MY FAVORITE PLACE:

MY FAVORITE BOOK IS:



MY FAVORITE COLOR IS:



printabulls

ALL ABOUT ME

NAME

THIS IS A PICTURE OF MY FAVORITE FOOD.

THIS IS A PICTURE OF WHAT I'M GOOD AT.

THIS IS A PICTURE OF MY FAVORITE SUBJECT.

THIS IS A PICTURE OF WHAT I WANT TO BE WHEN I GROW UP.

THESE ARE PICTURES OF MY HOBBIES.

printabulls

Getting to Know You!

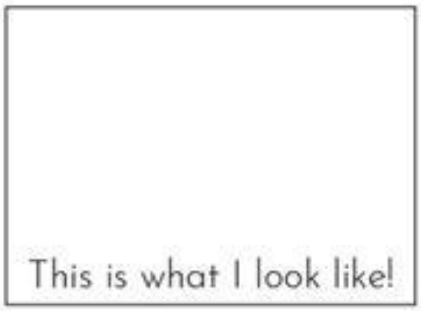
My name _____

My partner's name _____

START End	How old are you?	Your favorite sport?	What you are good at?	How many in your family?	Your favorite color?	A book you have read?	A subject you like?
A person you love?							A food you like?
The name of a friend?							How you get to school?
Your favorite movie?							What you do after school?
Some-thing you want?							What you do on the weekend?
Some-thing you need?							Your favorite lunch?
A gift you would like?							A favorite recess activity ?
A person you wish to meet?	A place you wish to visit?	Your favorite sport?	Your favorite season?	Your favorite holiday?	Your favorite book?	A vacation you have taken?	A pet you have or wish you had?

Roll the die.
Move that number of spaces.
Answer the question.

All About Me!



Name: _____

Age: _____

Birthday: _____

Favorite color: _____

Favorite food: _____

Favorite subject: _____

Favorite toy: _____

Favorite animal: _____

Favorite candy: _____

Favorite activity: _____

Favorite place: _____

Favorite book: _____

Favorite TV show: _____

Favorite movie: _____

I am good at: _____

I want to learn: _____

Least favorite subject: _____

Place I want to go: _____

If I could make one wish, it would be:

_____

_____

If I could have one superpower, it would be: _____

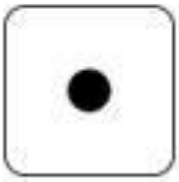
_____

This is what I want my teacher to know about me: _____

_____

_____

D-ICEBREAKERS



If you could go anywhere in the world, where would you go?

If you were stranded on a desert island, what three things would you want to take with you?

If you could eat only one food for the rest of your life, what would it be?

If you won a million dollars, what is the first thing you would buy?

If you could spend the day with one fictional character, who would it be?

If you found a magic lantern and a genie gave you three wishes, what would you wish?

Family Activities

It is important to share bonding activities with the whole family to have chances for new experiences. Activities can be all different in terms of difficulties. They can also take place in many locations. The table below has different activities to do with the family.

GOAL: Choose one activity a month to do with the whole family.

Activity	How To	Supplies Needed
Bingo Night	- Print bingo cards from the website in the next column - Use markers to mark off squares - Switch Bingo Callers between games - Have different games like, black out, postage stamp, or double bingo - Give small prizes such as candy, extra tv time, or day off chores	-Markers -Paper -Printable Bingo cards https://myfreebingocards.com
Family Art Night	- Draw or paint family picture following YouTube tutorial (see next column) - Have all family member sit at same table and follow step by step instructions to create similar pictures - Have fun snacks and juice while creating picture	- Paint, crayons, markers, and brushes - Canvases or cardstock paper - Supplies for cleanup - Phone or tablet to play picture video https://www.youtube.com/watch?v=zzvioD4yzws
Dance Party	- Play music the child likes for the whole house - Make up dances to perform with other family members - Let child make their own dance	- Device to play music
Game Night	- Have each family member pick their favorite board or card game - Draw names to see whose game goes first - Spend the night playing different games	- Board games - Deck of cards -Games could be Monopoly, Cribbage, Life, Chutes and Ladders, Go Fish, or Pictionary -Local libraries may have games to borrow

Activity	How To	Supplies Needed
Formal Dinner	- Host a formal dinner for all family members - Have all family members dress in nice clothes - Put together a meal with all of family's favorite dishes -Sit at a table and have everyone enjoy a meal together	- Cooking supplies - Favorite food ingredients
Family Puzzle	- Put a medium to large puzzle on a chosen table in the home - Work on the puzzle as a group or alone until puzzle is done	- Puzzle of choice - Unused table
Backyard Camping	- Set up tent or sheets in the back yard with the child's help - Roast marshmallows or have picnic outside in the tent - Play a movie to watch outside	- Camping tent/ sheets - Picnic supplies/snacks - Device to play movie on
Go Fishing	- Children under 16 years old may fish for free at any Nebraska pond or lake - Research local ponds that are free fishing and that do not require a park permit - Pack a snack or lunch and have a day by the water	- Fishing supplies - Life jacket - Snacks/lunch supplies https://outdoornebraska.gov/whereto fish/
Go to the Zoo	- Children under 12 years old have free admission to the Henry Doorly Zoo in Omaha during Christmas time - Children 2 and under are always free admission - Children under 11 years old are less the $20 - Take a day trip to see the child's favorite animal	- Walking shoes - Ticket to the zoo - https://www.omahazoo.com/

Introducing Family

When introducing a child in foster care to family and friends, it is important that everyone in the introduction is on the same page. Some foster children may not have been to family gatherings like family holidays or birthdays before. It is important to tell the foster child what to expect and give them options before and during the event to make them feel safe and welcomed.

GOAL: Educate the child on attending family events so that they feel comfortable at the event.

Things You Could Tell the Child:

- Explain what relative's or friend's house you will be going to.
    - Tell them the general lay out of the home.
- Write out or talk about the schedule for the day.
    - When you will leave the current home.
    - When you will plan to leave the host's home.
- Explain events of the day, such as having the meal, opening presents, and having cake
- Tell the child any rules of the home before arriving (such as, no shoes in the house, no petting of the dog, etc.).
    - Explain and show the child where they can go in the home if they need to be alone.
- Ask the child if they have any questions or worries about meeting the family.
    - If the child has doubts, explain to them that they are welcome in the home and wanted at the event.
    - Inform the child of same aged children that will be there to play with or talk to
    - Inform the child of any pets in the home.
    - If the child had continued doubts or worries, consider respite care for the day.

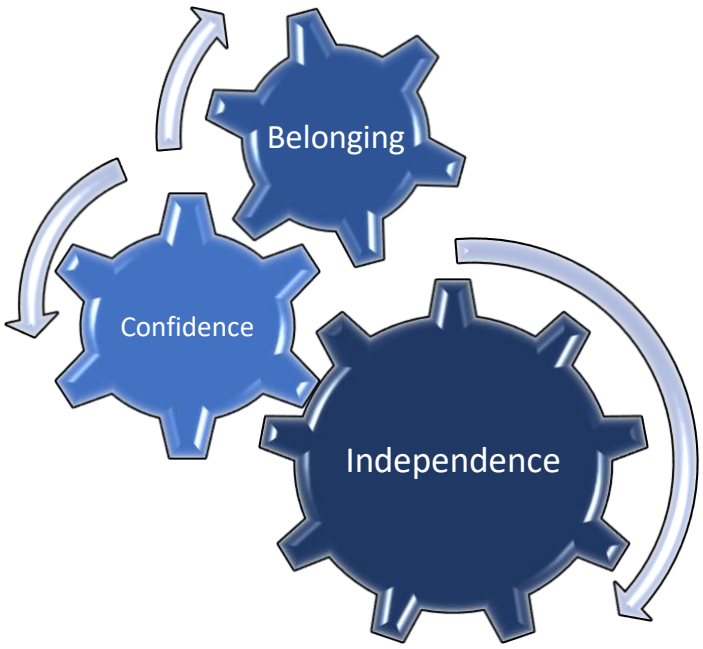
Things You Could Tell the Family:

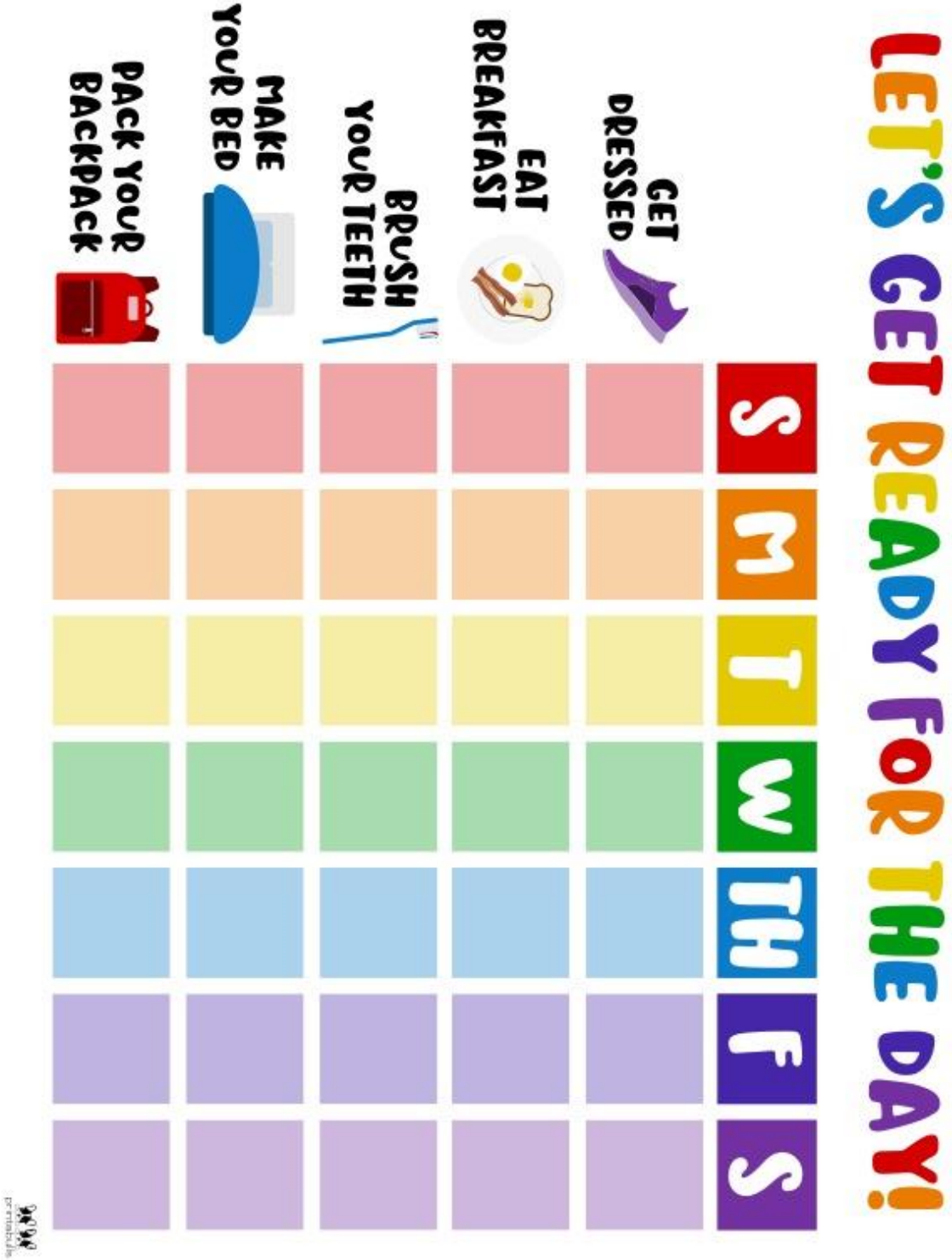
- Let the family know that child's name and age
    - Explain to the family a bit of the child's background without any identifying information of the biological parents.
    - Inform the family of any possible triggers the child may have. These could be things like anxiety around mealtimes, anger with games with children the same age, or fear of loud noises. Family could help to avoid any triggering events that day.
    - Allow the family to ask questions about the child to you as the foster parent rather than quiz the child at the event.
- Consider asking same age family member that will be attending to play a game or go outside with the foster child before the day to make the foster child feel welcomed by children in the family.
- If gifts will be given to all at the event, like Christmas gatherings, make sure that child has gift to open.
- If child has issues with picky or not eating, allow child to eat preferred foods or pack things you know they will eat.
    - Family gatherings are a difficult place to enforce eating of new foods. Since this is a time to have the child feel comfortable, try to include familiar foods.
- Identify a safe space with host and child when arriving to the house that they can go if they feel like the need alone time.

Setting Routines

Having a set daily routine is extremely beneficial for foster children of all ages. Having a routine posted for all to see can help reduce confusion in the home. A routine can help the child feel safe by knowing what to expect in their day. Routines also increase independence for the children. It is helpful to make specific routines such as school day routines, weekend routines, and summertime routines as well as morning and night routines. Below are different types of visual schedules for a variety of ages and interests.

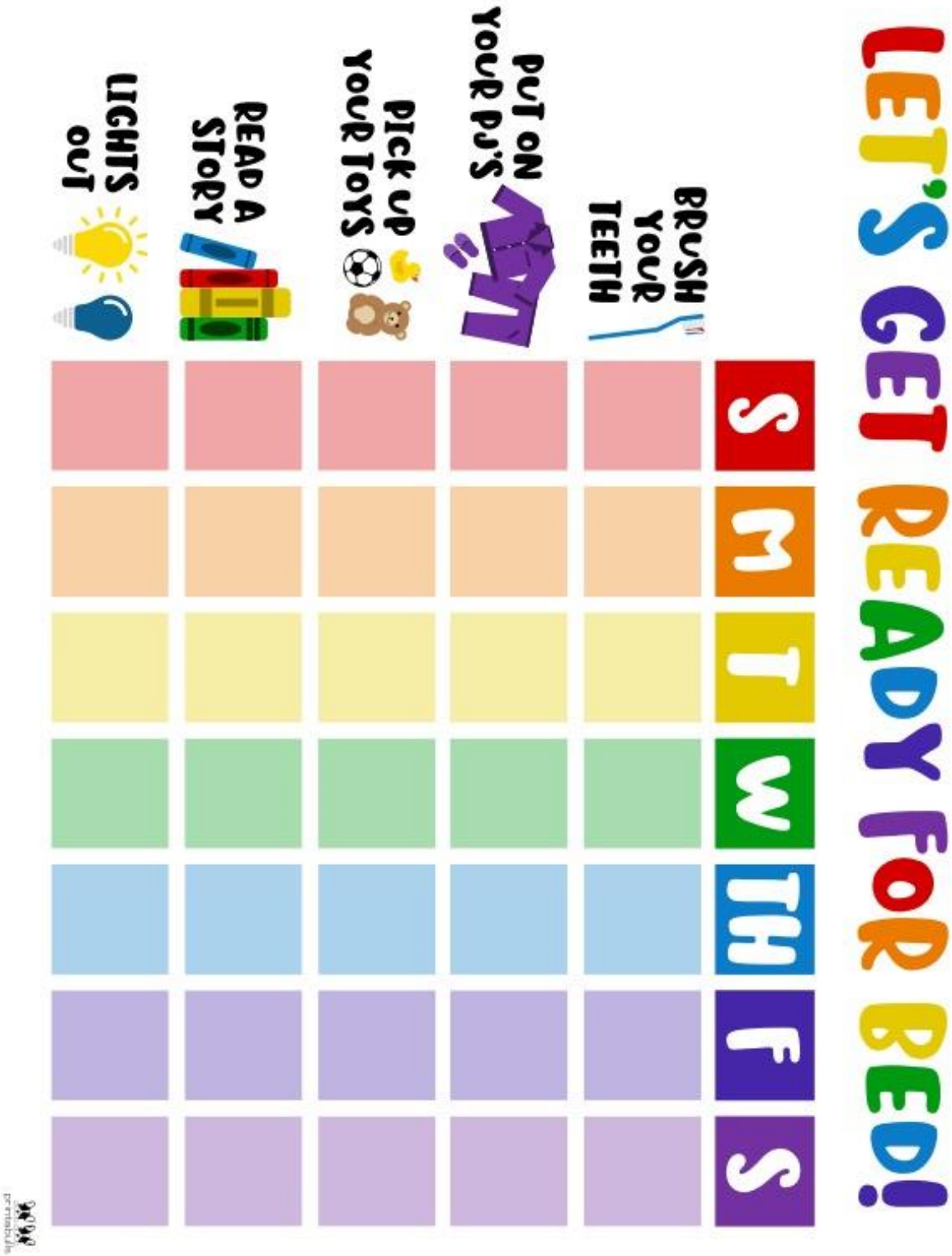
GOAL: Post a morning or night routine and educate the child on following the routine.






MORNING ROUTINE
Checklist
Go to bathroom
Brush teeth and hair
Get dressed
Make bed
Eat breakfast
Leave for school
Created by Emily Knust, OTDS

MY BEDTIME ROUTINE



NIGHT ROUTINE

Checklist

- [ ] Eat supper
- [ ] Bathe and brush hair and teeth
- [ ] Put on pajamas
- [ ] Free play time
- [ ] Read a book
- [ ] Get into bed and turn lights off

Created by Emily Knust, OTDS

daily planner

M / T / W / T / F / S / S

6 am _____	6 pm _____
7 am _____	7 pm _____
8 am _____	8 pm _____
9 am _____	9 pm _____
10 am _____	10 pm _____
11 am _____	11 pm _____
12 pm _____	12 am _____
1 pm _____	1 am _____
2 pm _____	2 am _____
3 pm _____	3 am _____
4 pm _____	4 am _____
5 pm _____	5 am _____

printabulls

weekly planner

WEEK OF: _____

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

SATURDAY

SUNDAY

month:

SUN	MON	TUE	WED	THU	FRI	SAT

Setting Household Rules

When parenting a foster child, it is important that they know and understand household rules. Having set rules will ensure that parenting and expectations are the same with biological and foster children. With rules in place, foster children will understand what is expected of them.[1] It is okay that children push and break rules to help them understand boundaries. When a child breaks a rule, it is important to educate them on why the rule was broken and what they could do differently next time. Having set consequences can help the child self-monitor and think about their choices before acting.

GOAL: Post rules in the house for family to see. Talk about rules with family members

Recommended household rules and explanations:	
Rule	**Reasoning**
Safety	
No hurting, keep hands and feet to yourself	We don't hit or hurt others because that is not safe or kind.
Keep bedroom doors open during the daytime	The door needs to be open so that we know what you are doing and if you are safe.
No leaving the house without permission or supervision from caregiver	Leaving the house is dangerous because we don't know where you are and if you are safe.
Stick together, do not leave without caregiver when going to the car	We must stick together so that you do not go in the street because that is dangerous.
Respect for Others	
No yelling in the house	Yelling is not respectful of what others are doing or saying.
Wait your turn to talk	We do not talk over anyone so that everyone has a chance to speak and be heard.
Talk to everyone in the house with kindness and respect	Everyone must talk and treat everyone with kindness and respect so that no one gets hurts or has hurt feelings.
Rules for the House	
Eat meals at table	We eat at the table so we can talk at meals and not have a mess anywhere else in the house.
Do your chores before free play time	We must do chores first so that the rest of the day is open for free play or whatever activity you wish, that is safe and allowed.
Put dishes in sink when done	Dishes go in the sink so that the kitchen table is not dirty.

Rules=Respect

1. Understanding child trauma. (2022) *SAMHSA.* Retrieved on February 22, 2023 from https://www.samhsa.gov/child-trauma/understanding-child-trauma
2. Purvis, K., Cross, D. (2013). Trust-based relational intervention (TBRI): A systematic approach to complex developmental trauma. *Child & Youth Services, 34,* 360-386. Doi: 10.1080

House Rules	
Rule	**Why This Rule Is Needed**
Example: No leaving the house without permission or supervision from caregiver	Example: Leaving the house is dangerous because we don't know where you are and if you are safe

Setting Boundaries

Setting boundaries may mean a variety of different things from setting physical boundaries to setting emotional and personal boundaries. It is important to help foster children with setting boundaries. Children may not have had the foundation prior to coming into care to know how to set boundaries.

GOAL: Talk to the foster child about healthy boundaries in one area of their life (i.e., school, home, public spaces).

Signs of Unhealthy Boundaries	Signs of Healthy Boundaries
• Unable to say no to others' requests	• Takes ownership of personal items and takes care of those possessions
• Difficulty engaging in leadership during play or group activities	• Ability to take care of themselves. Can manage time for self-care tasks (shower, brushing teeth, etc.)
• Allows others to get into personal space or have physical touch from strangers	• Engages in equal play/activities occasionally taking leadership roles
• Is in other people's business. May not understand social cues for personal boundaries (stepping away, crossing arms, etc.)	• Steps back when talking with strangers or in public for appropriate physical distance
• Has difficulty making decisions for themselves	• Can make decision for themselves based on what they want
• Difficulty advocating for basic self needs (hunger, thirst, bathroom, etc.)	• Advocates for their basic emotional needs. Has alone time or free play
• Often lends or borrows personal objects easily to others	• Communicates changing decision or need

Microsoft Clipart

Activities for setting boundaries

- **Emotional**
  - Model with the child your own boundaries
    - Set the boundary of no kids in your room or having 10 minutes after work to have personal time.
  - Give the child a chance to express their own boundaries, within reason.
    - Have the child write the boundaries down so that they can go back to list of boundaries and honor that limit.
    - Help the child with setting boundaries such as
      - No adults on their bed
      - Child gets to pick out appropriate clothes for school
    - Helping and honoring these boundaries will help with bond formation and building trust with the child.
    - Allow child to have rigid and flexible boundaries. A rigid boundary may be a boundary that is very important to them such as no adults on their bed. A flexible boundary might be situational such as hugs as they may want from family but not friends.
  - Remind child that boundaries are not being rude if used appropriately. Boundaries can help with increase the child's sense of respect and values.
  - Encourage child to journal or draw pictures about how boundaries make them feel when they are followed and how they feel when they are not followed.
- **Physical**
  - Hulu hoop activity
    - Have the child hold a hula-hoop around themselves.
    - Tell the child if a person they do not know or do not like enters their "hulu hoop space" they should tell an adult or teacher. They should also tell that person to leave their space.
    - Educate the child that they should respect other's hulu-hoop space.
    - Play a game with family members practicing hulu-hoop space.
  - Use colored tape to identify hard boundaries in the child's room within reason and safety.
  - Identify areas of the house that are "safe zones" and can be used for alone time
  - Allow child to participate and initiate their self-care routine.
    - Allow child to pick out own clothes and preferred toys giving sense of independence and choices.

Parenting a child who has experienced trauma. (2014). *Childwelfare.* Retrieved on February 22, 2023, from https://www.childwelfare.gov/pubpdfs/child-trauma.pdf
Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378

Time In vs Time Out

As children grow and develop, they will the push the rules and find the boundaries of the new home.[1] This need may be viewed as bad behavior.[1] It is important to remember that sometimes children in foster care do not have secure attachments or relationships. The children may perceive a time-out as a form of personal punishment or rejection. The purpose of discipline should focus on the child's actions and learning.[3] A time-in is an option for correction of behaviors that supports the child rather than punishes them.[2] Time-ins can help the child to learn emotional regulation skills.[2]

GOAL: Create time-in area in the home. Teach the child basics of a time-in.

Basics of a time-in:

- Remove the child from situation where behavior occurred.
    - Have the child sit for with caregiver until they have gained control of emotions or are able to explain why their behavior was not acceptable.
- Have a specific time-in location where the child can sit with the caregiver until the misbehavior, anger, or crying has stopped.
    - Have a familiar blanket or chair in time-in location for comfort.
- Make sure the caregiver is close enough to have good eye contact with the child.
- Use the time-in period to explain to the child what behavior or action made them go to time-in. Also teach them what they could do next time to avoid a time-in.
    - *Benefits*
        - Caregiver can help with emotional regulation
            - Increase of emotion regulation leads to less behaviors
        - Child does not feel abandoned due to a mistake
        - Healthy bond can form
        - Opportunity to model safe behavior
    - *Drawbacks*
        - Can be saw as an opportunity for the child to sit with caregiver alone
        - May not be seen as punishment but reward if not used appropriately
        - Can take child way from peers for extended time

Basics of a time-out:

- Not used very often
  - A time-out for the same behavior twice a day is too often.
    - Instead, try a time-in or modeling the correct behavior.
- Time spent in time-out should be short
  - Maximum time should be two minutes.
  - Time should be visual to child with a timer or stopwatch.
- Should happen right way as soon as misbehavior happens
  - Time-outs should be given in a calm manner.
  - Explain to the child before and the after time-out what the misbehavior was.
  - Tell the child what the correct behavior should be.
- Time-out should not be a threat
  - Warn child once that action is not allowed ("Hitting is not allowed" "Hitting is not allowed, this is the second time I saw you hit, you have to go to time-out for hitting. You will be in time-out for two minutes.")
    - If action continues, follow with time-out immediately.
- Praise child for acting appropriately during time-out and encourage them to continue with appropriate play.
  - *Benefits*
    - Direct feedback to child on behavior
    - Chance to stop unsafe behavior
    - Opportunity to model safe behavior
  - *Drawbacks*
    - Punish child for behavior
    - Must be clear on reason why behavior was wrong
    - Can be used as threat for proper behavior
    - Can be overused

Microsoft Clipart

1. Kazdin, A. E., & Fazig Cazwell, L. G. (2014). What every parent should know about timeouts. *Psychology Benefits Society.* Retrieved on January 25, 2023, from https://psychologybenefits.org/2014/12/10/what-every-parent-should-know-about-timeouts/
2. Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378
3. Quetsch, L, B., Kieneman, C., & McNeil, C. B. (2015). The role of time-out in trauma0informed treatment for young children. *Society for the Advancement of Psychotherapy.* Retrieved on January 25, 2023, from https://societyforpsychotherapy.org/role-time-trauma-informed-treatment-young-children.

Transitioning To and From Visits

Attending visits with biological parents is a very important step in the reunification of foster children and their biological parents. Visits may be happy and stressful all at one time for the child. Sometimes attending visits may bring up emotions or memories that are difficult for the child to process or understand. It is important as a foster parent that you are a safe, stable place for them to return to following visits.

GOAL: Prepare the child for attending visits. Have the child make something to take to their visit.

Strategies for before attending visits:	Strategies for after visit:
Emotionally prepare the child for visits • Talk to the child about their feelings regarding visits good or bad to let them know that anything they are feeling is okay. • If visits are sporadic or are often cancelled only inform child of when they will be going to visit little in advance as to not disappoint them. **Get ready in advance** • If you know the child goes to visit after school or early in the morning, have items the child will need ready the night before. • Make sure child has all comfort items and entertainment for the car ride (blanket, book, colors). • If child struggles with eating, send food you know they enjoy. • Have the child help you pick out their outfit for visit.	**Prepare for after the visit** • Visits can be very confusing for the child, and they are left with many different and difficult emotions. • Some children may need time to decompress when they get home, and it is okay to give them space and silence to process without asking them questions. • Some children may need to talk about visits right away and need you there to offer support on why they cannot stay with their biological parent. • Let the child led on what their needs are after visit. Allow their needs to change from one visit to another. **Let the child to have a choice with what they do after visit when the get home** • Such as letting them pick their supper or having them choose the show to watch when they get home.
Talk about the biological family in a positive light • Make sure to never use condescending or harsh words about the biological parents. The child still has a strong attachment to them regardless of the past.	**Reassure them you are in support of visit** • It may be very hard for children to talk to you about their biological parent because they do not want to betray or hurt you.

Strategies for before attending visits:	Strategies for after visit:
• If parent(s) often cancel visits, make sure child is aware if visit may not happen by checking with visitation worker. **Make a picture or craft the day before for the child to take to visit and give/show their parent** • This will help the child feel okay with sharing information about you the foster parent to their biological parent and vice versa. **Keep biological parent in the loop about school** • Send info about upcoming school parties and functions. Make notes in child's planner about homework they can do during visits or send completed homework to visits for parents to look at.	• Open the door for the children to express their feelings both positive and negative about their foster parents. • Never dwell on the negative about their parents but validate what they are saying to you. • For example, if child states, "Mom doesn't want to see me because she is on her phone at visit." You can reply with "I'm hearing that you feel mom doesn't want you at visit because she is on her phone. Maybe next time you could ask mom to play a game with you and you can chat with her during the game." • Ask questions about the child's biological parent such as what their favorite food is or what do they like to watch on T.V.
Make the child a part of setting the visitation schedule • Give the child similar choices in setting up visits. • If the child meets after school give them the option of attending visit from either 4-6 or 4:30-6:30 to allow them control. • Make sure times are reasonable choices that work with all those involved. • Allow child to put visit times on their visual schedule and help make them excited to attend visits. • Educate the child on what will happen when they get home from visit such as eating dinner, getting ready for bed, or watching a movie.	**Be prepared for big emotions** • Emotions and triggers following visit may not happen immediately after visit and may occur the following day. • Reassure the child that they are safe at visit and that you fully support them attending. **Document after visit** • Make sure you keep a log of any noteworthy information the child has after visit.

Before and after visitation: 5 tips to help children in foster care. (2021). *SOS Children's Villages Illinois.* Retrieved on February 7, 2023, from https://www.sosillinois.org/before-and-after-visitation-5-tips-to-help-children-in-foster-care/
Helping your child in foster care handle transitions. (2010). *Indiana State University.* Retrieved on February 7, 2023, from https://cdn.ymaws.com/www.ncpeds.org/resource/collection/5F8FDA69-9A91-47CC-8256-E8D585F7F1A7/Helping_Your_Child_in_Foster_Care_Handle_Transitions.pdf

Parenting Tools

This section includes tools that the foster parent can use to parent a child with trauma. These tools focus on addressing behaviors before they begin through parenting strategies and activities. Activities focus on emotional regulation, co-regulation, daily transitions, and sleep and rest.

Executive Functioning

What it is: Impulse control, emotional regulation, task-initiation, flexible thinking, planning, problem-solving, self-awareness/monitoring, self-control, working memory, time management, and organization

Why it is important: To socialize with same age children, remember assignments, rank which work to do first, and to keep emotions under control during frustration

How it may look: May have a hard time starting task (task initiation), only remember a few things at a time, trouble with problem solving, lack of impulse control, large or uncontrolled emotions, emotional outbursts

GOAL: Practice one executive functioning skill for appropriate age-group.

Age	Age-Appropriate Skills	Activities to Increase Skills
0-12 months	• Initiate playing with toys (task initiation) • Getting caregivers attention when sad (emotional regulation) • Remembering placement of toys or objects (object permanence/working memory around 8 months) • Looking to find hidden toy (problem solving)	• Play Peek-a-Boo • Hold baby when crying for co-regulation • Talk and smile to baby • Look at books together
1-3 years	• Climbing stairs to go down a slide (problem solving) • Building tower with block (time management, flexible thinking, task initiation) • Following directions to get themselves dressed (planning, flexible thinking, task initiation, self-awareness)	• Encourage imaginative play • Engage in activities at a playground • Start to help put on clothing • Look through books or retell stories • Sing songs • Repeat nursery rhymes

Age	Age-Appropriate Skills	Activities to Increase Skills
4-5 years	• Using imagination for games (flexible thinking, task initiation) • Picking out own clothes to get themselves dressed • Playing games with others • Building more complex structures (simple Lego sets)	• Search and find games • Simple memory games • Build train tracks • Follow directions to make crafts
6-12 years	• Completing school assignments (task initiation) • Playing on a sports team (emotional regulation, time management) • Playing a board game (problem solving) • Packing own lunch	• Board games • Play Simon Says • Follow baking recipe • Complete Lego set • Use a vending machine • Help with grocery shopping

How to increase executive functioning skill development:

- Encourage skills through typical daily activities
  - Help in the kitchen
  - Follow routine
  - Play memory games/guessing games while waiting in lines
  - Play catch
  - Play I-Spy in the car
  - Play pretend games
  - Play matching card games (UNO, Go Fish)
  - Sing and dance to a beat
  - Tell made up stories
  - Complete puzzles
  - Have family game nights

Center on the Developing Child. (2020). Have is executive function? And how does it relate to child development? *Harvard University.* Retrieved on February 22, 2023, from https://developingchild.harvard.edu/resources/what-is-executive-function-and-how-does-it-relate-to-child-development/

Center on the Developing Child at Harvard University (2014). Enhancing and Practicing Executive Function Skills with Children from Infancy to Adolescence. *Harvard University.* Retrieved on February 22, 2023, from www.developingchild.harvard.edu.

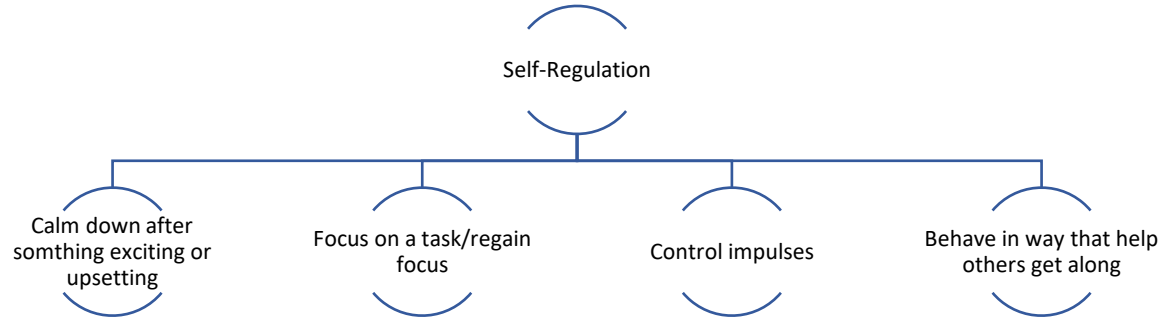
Emotional Regulation

Emotions, big and small, are normal for all ages of children. Helping children manage and regulate emotions is very important. Practice managing emotions will help the child to learn to manage emotions on their own. Helping children work through emotions together is called co-regulation. It is important to remember that big emotions are okay, and they must happen to learn self-expression. As a parent you must help the child through the emotion. When a child is "regulated" they are in a calm, reasonable place where they can listen and learn. When a child is "dysregulated" they are often crying, yelling, withdrawn, or upset. They are not able to learn or listen in a dysregulated state.

GOAL: Practice one emotional regulation activity once a week.

What to Expect	
0-2 Years Old	• Crying for basic needs • Requires co-regulation for all emotions • Simple cause and effect for teaching of emotional regulation (i.e., if you ask for the toy, you may have the toy)
3-5 Years Old	• Requires co-regulation help about 60-80% during times of dysregulation • Have little control over emotions • Have limited impulse control (control over urges) • May push emotional and rule boundaries • May be physical to solve emotional conflict (ex. may hit person if sad) • Begin to learn the basic emotions (happy, sad, mad) • Begin learning the basics of empathy (when others are happy, sad, or mad) • Can wait a few minutes for wanted items or activities • Begins to understand social norms
6-8 Years Old	• Requires co-regulation help during 30-50% times of dysregulation • Begin to verbalize more complex emotions (worried, scared, frustrated, etc.) • Able to identify emotion and verbalize how to regulate self (I'm mad, I breath with my magic mustache) • Understands others complex emotions and has basic empathy • Pays attention to friendships and teamwork • Plans for future and emotions that may occur in situations (I am going to the park; this will make me happy)

What to Expect	
9-12 Years Old	• Emotional regulation should be close to fully mastered • Should be able to regulate (calm) self when mad or sad • Should be able to identify 85% of basic emotions felt • Continues to require co-regulation with complect emotions (overwhelmed, anxious) • May be physical when frustrated or angry • Requires some assistance remembering self-regulation strategies • Able to disagree with others and see conversations from a different point of view (I think that we should go home but you want to go to the store)
12-14 Years Old	• Able to self-regulate all complex emotions • Follows all social norms across environments (social distance, voice level inside, when to speak, etc.) • Begins to have conversations about complex emotions to adults • Requires assistance with initiating conversations about emotions • Requires assistance with processing and understanding multiple complex emotions (I feel overwhelmed by my homework, so I am nervous to go to school)
15-19 Years Old	• Able to see from other's perspective when negotiating • May require some assistance to understand prospective • Begins to initiate conversation about complex emotions • May engage in risky behavior from lack of emotional regulation



Sanchis et al. (2020). Effects of age and gender in emotional regulation of children and adolescents. *Sec. Developmental Psychology, 11.* Doi: 10.3389.
Purvis, K. & Cross, D. (2013). Trust-based relational intervention (TBRI): A systematic approach to complex trauma. *Child & Youth Services, 34,* 360-386. Doi: 10.1080.

Activities to help with emotional regulation:

Toddlers

- Practice co-regulation strategies (see pages 48-50)
- Use deep pressure through full body hugs during dysregulation
- Give child option between two similar choices to transition to new activity to help refocus themselves
- Help child to name the emotion they are having (Your face is scrunched, are you mad or confused?)
- Validate child that emotion is okay and help them to fix the problem causing emotion
- Practice situations that may cause dysregulation (ex. play a turn taking game with you and the child before they play the game at daycare)
- Read emotional regulation books to learn about types of emotions

Elementary Age

- Practice co-regulation strategies (see pages 48-50)
- Model and encourage child to practice self-regulations strategies that work best for them
- Give child choice between two similar activities for sense of control during dysregulation (Do you want to do your homework in the kitchen or in the living room?)
- Have child draw pictures of themselves when they feel different emotions
- Help the child self-reflect on the emotion and how it made them feel on the inside
- Read emotional regulation books with child to learn about complex emotions

Middle School Age

- Help child to name complex emotions and problem solve why they are feeling that emotion
    - Give them useable strategies to fix the problem causing the emotion
- Give child the space to have strong emotion and allow them alone time
- Encourage the child to journal feelings and put them on paper
- Model and practice deep breathing with child
- Have daily body check in (page 52)
    - State how each body part is feeling (“my head feels awake, my fingers feel jittery)
- Ask questions about emotions when watching a preferred show. Have the child reflect on how they think the character is feeling

High School Age

- Encourage the teen to journal emotions throughout the day
- Have open conversations about your emotions and how you helped yourself regulate through the day
    - Encourage the teen to do the same but do not force them too
- Allow teen private safe space in times of dysregulation
- Practice check ins with the teen on thoughts and feelings surrounding their life
- Help the teen to eat whole foods, get required amount of sleep, and have time for self-care
- Help the teen to schedule their week and month as scheduling can bring stress that leads to dysregulation
- Remind the teen to practice mindfulness and deep breathing strategies

Emotional Regulation Books		
Book	**Description**	**Age Group**
I'm Just a Kid: A Social-Emotional Book about Self-Regulation Chandele Morris	The book follows Ben who learns how he can calm himself down when he has big emotions. Ben learns to cope with is anger and self-regulate.	4-8
A Little SPOT of Feelings Diane Alber	An 8-book series that covers how each feeling looks and how to deal with each feeling. Feelings include empathy, frustration, calm, belonging, worry, boredom, flexible thinking, and feelings detective.	5-8
Superflex Takes on Rock Brain and the Team of Unthinkables Stephanie Madrigal	A Superhero needs help to defeat "Unthinkables" who are "bad guys" like Rock Brain, Worry Wall, and Space Invader. This book teaches self-regulation through "bad guys" and ways to defeat them with self-regulation strategies.	5-12
Breathe Like a Bear: 30 Mindful Moments for Kids to Feel Calm and Focused Anytime, Anywhere Kira Willey	This book teaches self-calming strategies to help children learn to manage their bodies, breathing, and emotions.	5-10
Emotionally Intelligent Ninja: A Children's Book About Developing Emotional Intelligence Mary Nhin	This ninja book help kids to learn life skills through characters that teach different emotions and how to manage those emotions. Ninja book series also include anger, bravery, anxiety, and many more emotions.	5-12

Have You Filled a Bucket Today? A Guide To Daily Happiness Carol McCloud	This story teaches to fill up your bucket and other's bucket with happiness and to not "dump" other's happiness. This book help to teach empathy, happiness, and kindness.	3-7
Emotional Regulation for Teens: Over 25 Exercises and Self-Regulation Skills to Manage Strong Emotions, Anxiety and Stress Y. Lambert	This workbook is great for teens to go through at their own pace to learn about their emotions and how to manage complex emotions.	13-19
Teen Girl's Survival Guide Jenn Higgins	This resource is great for any teen girl to help learn self-confidence, how to make friends, avoid peer pressure, overcome challenges, prepare for the future, and advocate for their needs.	13-19
No Fixed Address Susan Nielsen	This narrative story follows a boy who gets removed from his home and must learn a new life. This story is empowering and relatable for teens in foster care while being a humorous and joyful read.	10-13
Fish In a Tree Lynda Mullaly Hunt	This story is about a girl and her struggle to fit in. This story is extremely relatable and helps to learn that everyone struggles to find their place in the world.	12-18

Body Check In

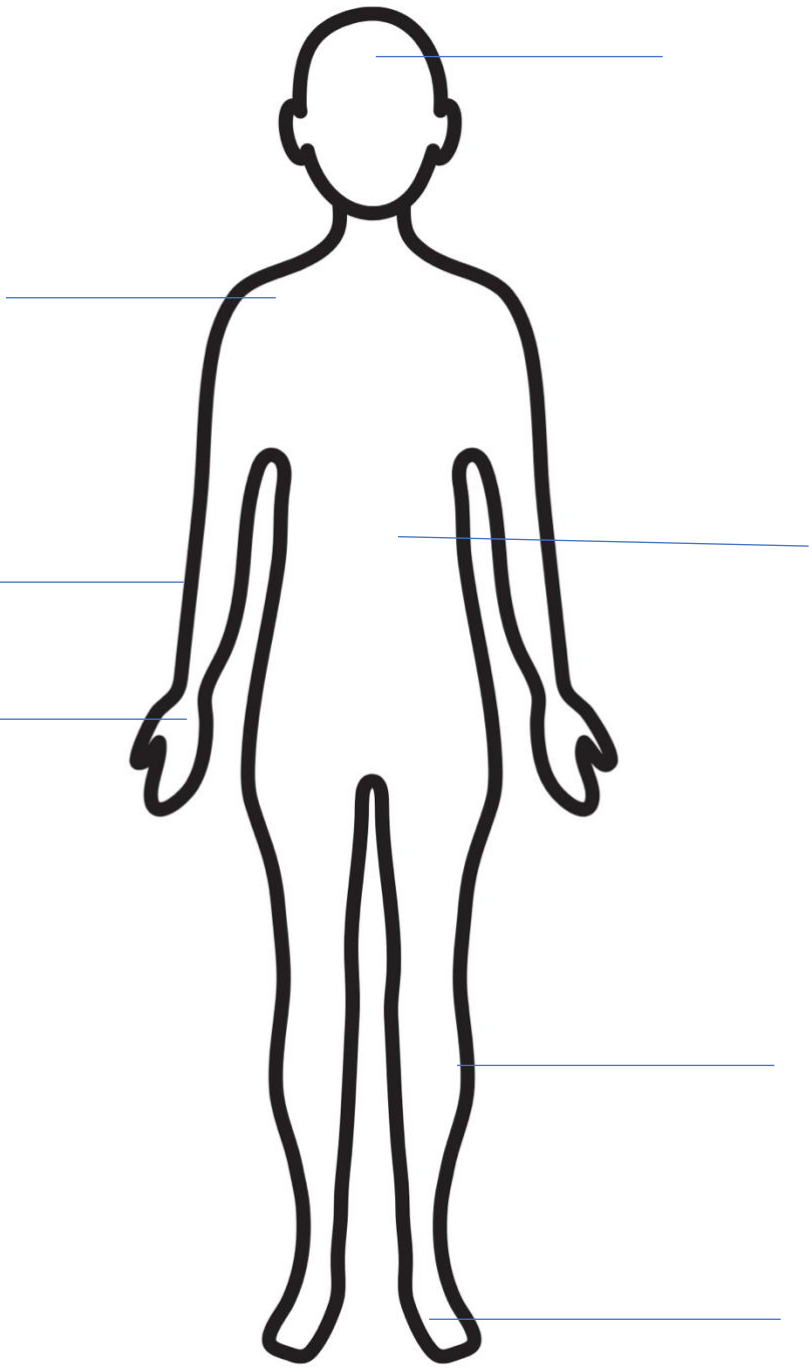
Have the child fill out each body area (head, shoulders, arms, hand, stomach, legs, feet). Have them describe how each part is feeling. Below are some descriptive words but encourage them to make up their own descriptions.

Brain:
Tired
Happy
Excited
Exhausted
Worried
Racing thoughts

Shoulders:
Tight
Sore
Relaxed

Arms:
Wiggly
Itchy
Tired
Ready to work

Hands:
Sore
Itchy
Hot/Cold



Stomach:
Upset
Full
Empty
Happy
Butterflies

Legs:
Jittery
Excited
Wiggly
Calm

Feet:
Hurt
Achy
Content

Created by Emily Knust, OTDS

Co-Regulation

Children in foster care may never have developed a sense of attachment or bonding to a caregiver.[2] It is a caregiver's job to help lessen the lack of bond or ability to create a connection with another human.[1] To create that bond or attachment, it is important to help regulate or calm the child in times of emotional upset. [2] This is called co-regulation. By using co-regulation strategies, a child will be able to better regulation themselves with more independence over time. [1]

Co-regulation needs are different for all ages. It is also important to remember that co-regulation activities are important to use even when the child is not having strong emotions. Co-regulation can be used as a chance to bond and create a healthy attachment with the child. [1]

GOAL: Incorporate one co-regulation strategy during night routine, one time a week.

Principles of Co-Regulation

- Provide a welcoming and open relationship
  - Showing interest in the child's activities, communicating to them in a positive way, and showing commitment to the child.
- Provide a structured environment
  - Having structured routines, predictable expectations, and well-defined consequences provide logic to the child's environment.
- Model and encourage self-regulation skills
  - Show the child self-regulation skills. Provide child feedback on their regulation skills and how to better help calm themselves.

Caregiver Self-Regulation

Before a child can learn to regulate themselves and create a bond, the caregiver must be in a calm and open state. Being regulated as a caregiver is the first step in modeling self-regulation and providing feedback to the child.

- Pay attention to your own feelings before responding to the child's emotional situation.
- Pay attention to your thoughts and beliefs about the behaviors of others
- Use self-calming strategies before responding to the child. It is important to provide calm and rational discipline or feedback rather than providing immediate discipline or feedback.

Caregiver Self-Regulation Strategies

- Deep breathing
  - In through nose the 4 seconds, hold 6 seconds, exhale 8 seconds and repeat 4 times
- Butterfly Calming
  - Cross arms on chest, rest middle finger on collar bone, slowly tap hands on chest while slowly breathing in and out for 1-2 minutes.
- Repeat mantra in head
  - Such as "I need to be calm" "I will be a calm parent" or a mantra that works well for you
- Get on child's physical level
  - Explain to the child why their emotion is happening and work with them to solve problem or disruption.

Co-Regulation for Age Groups

Infants

- Provide warmth and nurturing
  - Swaddle baby often. Provide physical touch when infant is in distress, when playing, and talking with infant. Talk often and in a soft tone to infant for soothing.
- Anticipate needs and respond to cues
  - Anticipate the infant will need changed after nap or that a yawn is cueing that they are ready to be comforted and rest. Providing needs before they cry promotes bonding with the infant.
- Provide structure and consistent routine
  - Bath and put baby to bed at same time every night to promote sleeping routine.
- Modify the environment for less stress
  - Have dark curtains for nighttime sleeping, use a sound machine during sleeping times, have clutter free floor space for infant to play with toys, use soft lamp lighting during night routine.

Toddlers

- Teach age-appropriate rules and expectations
  - Such as no throwing of toys, no hitting, no yelling in the house, etc.
  - Have rules posted and visible for children to see (see pg. 30)
- Label emotions and model labeling your own emotions
  - Ask the child what emotion they are feeling, such as happy, mad, sad, bored, tired, excited, etc. Model expressing your own emotions in situations.
- Model waiting your turn and self-calming strategies
  - Show and express to child what self-calming strategies you are using and why it is helping you feel better ("I am breathing deep, now I don't feel scared.").
- Redirect child's attention
  - Have child look you in the eyes on their level and practice self-calming strategies with them. (See child self-calming strategies below)

Preschool-Age

- Model and teach solutions to simple problems
  - Help child with solution to problems rather than allowing them to get upset and struggle with a new task.
- Coach and model rule following and finishing a task
  - Have chores for the parent visual as well their chores. Express when you are starting your chores and when they are done so the child can begin to learn motivation and teamwork skills.
- Model and encourage self-calming techniques (see techniques below)
- Provide private space where the child can calm themselves.
- Provide clear and consistent consequences
  - Be timely in giving consequences with clear explanation to the child that they can understand. Be in a calm and regulated state when you give consequences.

Elementary-Age

- Help and model problem-solving social and behavioral situations
  - Help child think how their friends are feeling and how they can help their friends feel better ("I think Jimmy feels sad, maybe we can ask him to play a game.")
- Model conflict resolution
  - Explain why the conflict happened and how the conflict made those involved feel.
- Communicate more complex feelings on regular basis and encourage child to share their feelings (nervous, anxious, excited, bored)
- Teach and model organization and planning skill for development of executive functioning.
  - Have child plan their day or plan a dinner (see pg. 72)
- Continue to provide clear and consistent rules and structure in a calm manner.

Teenage

- Prove support and empathy when teens experience intense emotions.
  - Validate emotions that they are feeling and provide explanation to why they may be feeling that way ("I see you are feeling frustrated from your homework. You might be feeling that way because it is a new subject.")
- Model self-regulation skills in all contexts.
  - Provide more freedom in expressing emotions.
- Give teen opportunities to make decisions.
  - Help teen understand why the decision may be good or bad for them.
  - Allow teen to make wrong decision if that is their will and they will be safe.
- Monitor their use of organizational skills and help with organizing their schedule when teen reaches out.
- Monitor and education compassion for themselves and compassion for others.

Young Adult

- Provide an ongoing welcoming environment and relationship.
- Provide empathy and comfort in times of strong emotions.
  - Model and help with coping strategies.
- Encourage and support long term achievement.
  - Highlight the hard work and dedication you observed for the achievement.
- Allow space and time for the young adult to make their own decisions.
  - Only offer solutions when asked or when in danger.
  - Give young adult the choice for assistance for decision making.
- Assist and be open for questions when planning for the future.
  - Allow the young adult to pick their own path and support their decisions made.

1. Rosanbalm, K.D., & Murray, D. W. (2017). Caregiver co-regulation across development: A practice brief. *OPRE Brief #2017-80*
2. Purvis, K. & Cross, D. (2013). Trust-based relational intervention (TBRI): A systematic approach to complex trauma. *Child & Youth Services, 34,* 360-386. Doi: 10.1080.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Self-Calming Strategies

Children

- Five finger breathing
  - Have child trace fingers
  - Inhale going up one side of finger and exhale going down finger, repeat 5 times
- Magic Mustache Breathing
  - Have child place finger across top lip and apply light to medium pressure (this is a relaxation pressure point)
  - Have child slowly breath in (smell mustache) and breath out (blow away mustache), repeat 5-10 times
- Provide child with big hug
  - Ask child if they want “bear hug” or “squishes”. Provide deep pressure through a hug while sitting on the ground.
  - Slowly rock with child in deep hug and continue hug until child is calm and regulated
- Give child opportunity to do “heavy work” such as pushing heavy box down the hall, moving things from one room to another, or doing hard stomps with feet.
  - Giving the child opportunities to get in heavy work throughout the day may reduce dysregulation and how often it occurs.

Teens/Young Adults

- Deep breathing
  - In through nose 4 seconds, hold 6 seconds, exhale 8 seconds and repeat 4 times
- Butterfly Calming
  - Cross arms on chest, rest middling finger on collar bone, slowly tap hands on chest while slow breathing for 1-2 minutes
- Repeat mantra in head
  - Such as “I need to be calm” “I can do this” or a mantra that works well the individual
- Write in journal
  - Make a habit of journaling daily or weekly to write down thoughts, emotions, and concerns.
- Create schedule for self
  - Having a schedule or to do list may help to reduce anxiety and lighten mental load.
- Exercise
  - Going for a walk or exercising in the gym may be a good way to relieve stress and relax the mind.

Trauma and Behaviors

It is difficult to decide whether the behaviors that a foster child is displaying is related to their history of trauma or is the child misbehaving. Being removed from biological parents is a type of trauma event. Trauma and trauma triggers may cause disruptive behaviors. Using behavior strategies can help to reduce the trauma behaviors.

GOAL: If child is misbehaving, try to decide if it is true misbehavior or a survival/trauma response. Refer to reactions below.

Reactions to Trauma

Emotional

Trauma and Brain Development

Trauma also impacts the functioning of the brain and proper brain development. To understand when trauma occurred in the childhood, can help understand what brain functions and experiences a child may be missing. If you able to know the child's background, such as what age they were removed from the home, you can have an idea of what was developing in their brain at that age.

Age Period of Development	What is Developing	Activities to Help with Development
In Utero – 9 months	• State regulation *(regulation of organs)* • Sensory processing (*interpreting sensory input such as light, sound, touch*)	• Co-regulation activities (see pages 53-56) • Rhythmic patterned input *(singing simple songs, playing light instrumental music)*
6 months – 1 year	• Sensory processing (*interpreting sensory input such as light, sound, touch*) • Sensory motor skills *(having physical reaction to sensory input such as closing eyes from bright light*)	• Conversations with child about play or actions you are doing (I am kicking the ball; I am turning the light off) • Show child physical affection (hugs, cuddle, pat back) • Co-regulation activities (see pages 53-56)
1 - 4 Years	• Attachments to others • Emotions • Memory • Sensory integration *(interpreting and organizing input to sensory system, i.e., the sun is bright, I should close my eyes)*	• Complex movement *(obstacle course, hopscotch, Simon Says)* • Social experiences *(trips to the store, playground, play dates)* • Conversations with child about interactions and thoughts
3 – 6 Years	• Thinking • Reasoning • Creativity • Planning • Sensory integration *(interpreting and organizing input to sensory system)*	• Complex conversations *(such as cause and effect conversations; I am hungry so I will have a snack)* • Social interaction experiences (playing with same age children) • Explore environment • Must feel safe, secure, fed, and loved before the skills can develop fully

Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378
Child Welfare Information Gateway. (2017). Supporting brain development in traumatized children and youth. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Home Sensory Modifications

Children with trauma may have a difficult time adjusting to their new home. Their last home was a source of comfort. However, it might have also been a source of triggers. As a foster parent, you can make modifications to the home environment to help to lessen triggers and calm the child. Home modifications can be changes in lighting, noise levels, or visual changes. You may have to trial some modifications. You can change one thing in the home at a time to see if the change had a positive or negative impact on the child's functioning.
GOAL: Trial one home modification for a week. Track the changes in the child's behavior.

Home Modification	Reasoning
Limit T.V. and screen time	T.V. and screen hinder children's brain development. Children may watch things on T.V. that are triggering to them. Time away from screens gives them an opportunity to play and bond with you and other children in the home.
Play soft, classical, or instrumental music in the background	The calm and predictable music helps with calm an overactive or worried brain. Soft music can also help with brain development and repair.
Have dim lighting close to bedtime	Use lamp lights or soft night lights when it is close to bedtime. Using soft lights will help que the child that it is almost time to sleep. It also helps with calming the mind.
Use rugs and hang décor on the walls to absorb sound	Having decreased volume of sounds can help with anxiety and increase concentration.
Limit smells in the home	Increased smells may cause stress to the child. Limit using items with lots of fragrance in the home or ask child if the fragrance is pleasant to them.
Limit items on the floor	Having open floor room to play and roam will help the child to feel open to explore. Limiting clutter helps to decrease anxiety and stress.

Marcil, L. (2010). CAPPD: Practical interventions to help children affected by trauma. *Multiplying Connections.* Retrieved on February 27, 2023, from https://www.multiplyingconnections.org/sites/default/files/field_attachments/CAPPD%20%20A%20Practical%20Guide%20to%20Interventions%20for%20Children%20Affected%20by%20Trauma%20%28rev%202-12%29_0.pdf
Parham, L. D. & Mailloux, Z. (2020). Sensory Integration. In J. C. O'Brien & H. Kuhaneck (Eds.), Case-Smith's Occupational Therapy for Children and Adolescents (8th ed., pp.539). Elsevier.

Transitions

A transition happens any time a child moves from one activity to another, or from one place to another. A child experiences many transition a day. Some children who have experienced trauma may have issues and triggers surrounding transitions. This might be because they have not had proper parenting and/or experience with transitions. It is important to help your child move through transitions smoothly and set them up for success.

GOAL: Implement one transition strategy into the morning routine.

Strategies to help children with transitions:

• Prepare the child for the transition
  ○ Tell the child when have 5 minutes left of activity. Set a timer they can see.
  ○ Tell the child what activity will happen after the timer goes off. Stick to the timer.

• Plan time into schedule to allow for transitions
  ○ Prepare an extra 5-10 minutes before leaving the house after getting dressed for free play time.
  ○ Giving the child a small amount of free time after non-preferred activity like getting dressed or brushing teeth. This may reduce behaviors or anxiety surrounding morning routines.

• Allow enough time to finish tasks
  ○ If child is completing a puzzle or game, allow time to finish activity before setting a timer for the next activity or location.
  ○ Assist the child in finishing activity for sense of completion before moving to a new location.

• Provide lots of positive praise when child successfully transitioned
  ○ Provide praise on what specifically the child did well.
  ○ “Jimmy, you did such a good job putting all your toys away when the timer went off and coming to the kitchen for snack time”.

• Model good transitioning and verbalize transitioning in your life
  ○ Tell children that you are going to finish your breakfast then you are going to start the car so you can go to school.
  ○ Allow child to ask questions about your own transitioning and planning.

• Give child choices between transitioning
  ○ Through giving the child choices they will be more motivated to complete the transitioning.
  ○ Use two options that are both acceptable to you
  ▪ Such as giving the choice between playing for 5 more minutes or 6 more minutes
  ▪ Wanting to brush their teeth with their dinosaur or their car in the bathroom
  ▪ Skipping to get in the car or frog hopping to get into the car

Ostrosky, M.M., Jung, E.Y., Hemmeter, M.L. (2019). Heling children make transitions between activities. *Center on the Social and Emotional Foundations for Early Learning.* Retrieved on January 26, 2032, from https://challengingbehavior.org/docs/whatworks/WhatWorksBrief_4.pdf

Rest and Sleep

Sleep is important for children so that they can regain energy. Sleep is also a time for child's minds and bodies to heal.[1] Rest and sleep may be hard for a foster child. Sleep might remind them of trauma.[3] The child might have nightmares because of trauma.[3] They might also have nighttime wetness. Trauma can make it difficult for a child to calm themselves.[1] All these symptoms are very common for children in foster care.

GOAL: Set up a bedtime routine for the child to follow. Post the routine in an area the child can see it.

Strategies for improved sleep and nighttime routines:

- Help the child feel safe
    - Establish bedtime routine or schedule
        - Having a routine can help with behaviors surrounding bedtime and help create a familiar feeling with a scheduled routine.
    - Reassure child that all doors are locked or have them help you lock the doors so that they feel safe in their bed.
    - Establish what to do in a variety of scenarios at night to provide a sense of security.
        - Fire, Storm, Nightmare, Difficulty Sleeping
- Give the child choices
    - Choices give the child a sense of control.
    - Just give two options so as not to overwhelm the child.
    - Allow the child to pick out their own pajamas to wear to bed. This gives the child a sense of control.
    - Allow the child to bring their comfort item of choosing to bed with them.
    - Have the child choose between 2 similar bedtimes for a sense of control.
- Set up a sleep friendly environment
    - Avoid sugary drinks one hour before bedtime to aid with calming.

- Turn off all media including phones and T.V. 30 min to 1 hour before bed.
- Use sound machine or soft fan for noise cancellation and REM sleep promotion.
- Be sure the room is dark when it is time to sleep.
  - It should be so dark that you cannot see your hand
  - Close all curtains so outside light is kept out
  - Use a dim nightlight if the child does not like the dark

- Have child go to bed so that they can get the amount of sleep they need for their age. (see chart below)
  - Have young children (6 and below) lay down for naps
  - Do not force a child to sleep during nap time. Taking a break from play and laying down is still rest.
- Set bedtime rules for:
  - Getting up to get a drink
  - When lights should be out
  - No phones in at bedtime
    - Phone use in the bed can harm the child's amount of sleep and sleep cycle. [2]

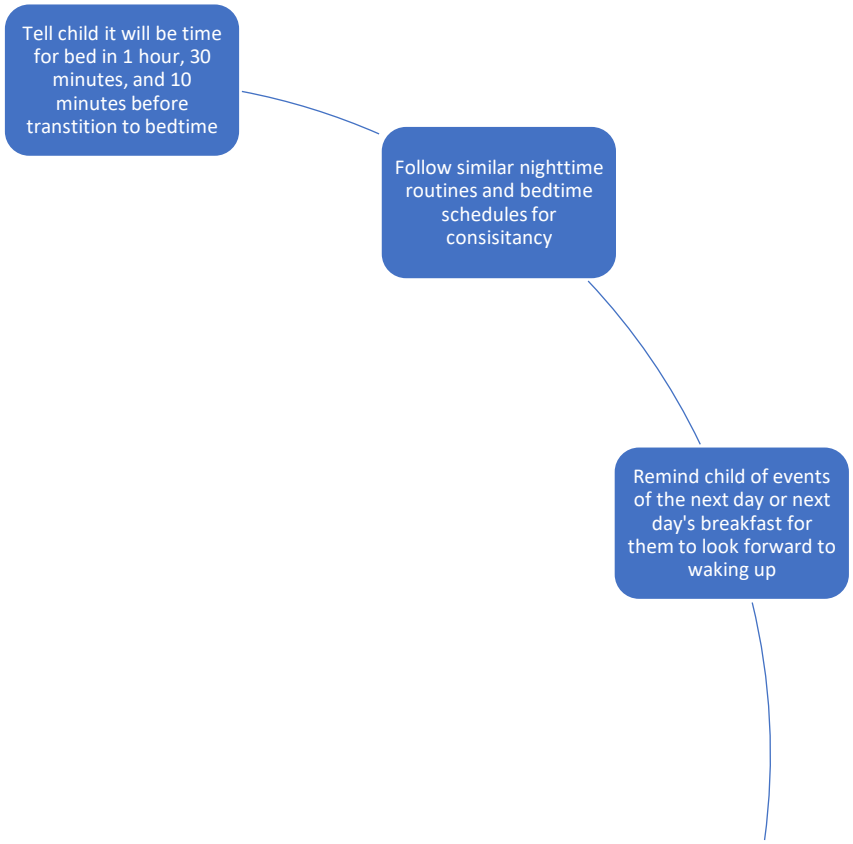
1. Armin, S. Why is sleep so important. *Texas Children's Hospital.* Retrieved on February 21, 2023 from https://www.texaschildrens.org/blog/why-sleep-so-important#:~:text=Sleep%20is%20the%20time%20for,brain%20development%20hormones%20are%20released.
2. Gellner. (2017). Smart phones' effect on your child's sleep. *Health University of Utah.* Retrieved on February 21, 2023 from https://healthcare.utah.edu/the-scope/shows.php?shows=0_hsegy53m#:~:text=Your%20child%20may%20want%20to,disrupt%20sleep%20quality%20and%20quantity.
3. Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

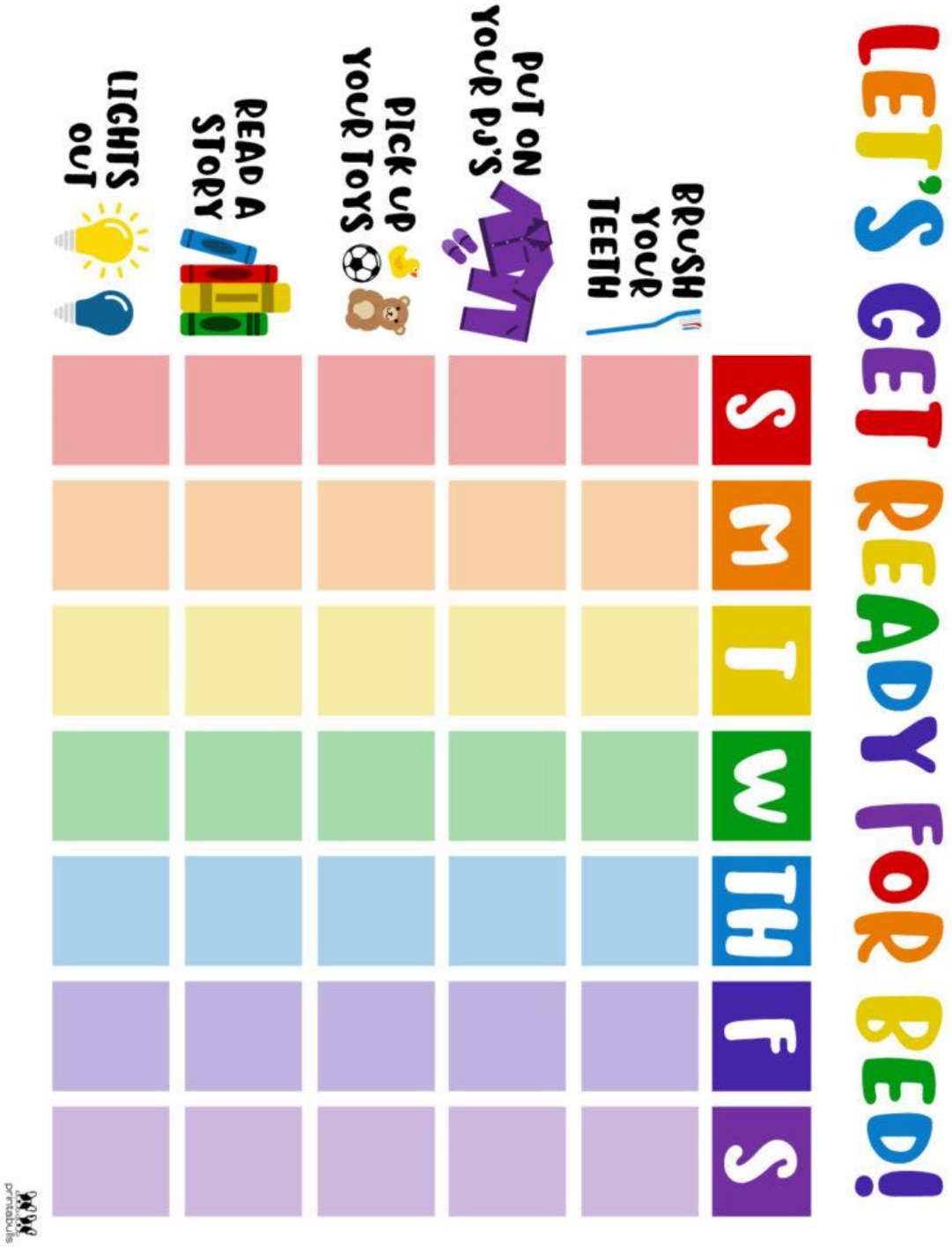
Transitioning To Bed

Nighttime may be a hard transition for the foster child. Children with trauma may struggle with nighttime routines because past night times were a source of trauma for them.[3] Children may also struggle with being alone during night and have difficulty falling asleep. It is important to remember that nighttime is a hard transition for children with trauma and with patience and progressive steps nighttime will become easier.



Paruthi, S., D'Ambrosio, C., Hall, W., Kotagal, S., & Lloyd, R. (2016). Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. *Journal of Clinical Sleep Medicine*, *12*(6):785–786

Bedtime Routine



For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

NIGHT ROUTINE

Checklist

- [ ] Eat supper
- [ ] Bathe and brush hair and teeth
- [ ] Put on pajamas
- [ ] Free play time
- [ ] Read a book
- [ ] Get into bed and turn lights off

Created by Emily Knust, OTDS

Talking About Body Changes

Puberty may be a difficult time in a foster child's life. When children are exposed to trauma while they are developing, it has a biological effect on their growth and body functions.[1] Trauma may cause a child to begin puberty at a young age. As a foster parent, it is important that you have a conversation with them about body changes. It is also important to have open communication about personal topics near the age of puberty around age 10-12 years old through age 14-16 years old.

GOAL: Have a conversation with the pre-teen foster child about body changes.

Strategies for Addressing Puberty Changes	
Females	**Males**
• Have open conversations about changes in their body that may occur. Allow them to ask questions about their body. Model for them body positivity (not shaming your own body).	• Have open conversations about changes in their body that may occur. Allow them to ask questions about their body. Model for them body positivity (not shaming your own body).
• Allow them to explore their new body with different clothing and styles.	• Allow them to explore their new body with different clothing and styles.
• Educate them about having a period cycle and feelings they may have during this time. • Provide them with a private bag containing feminine hygiene products so they do not have to ask for it personally.	• This age may bring more risky behaviors. Educate them about being safe when out with friends. • Always allow them to call you in time of need without punishment occur after.
• Educate them about the purpose of birth control. Allow them to explore birth control options. • Educate them on safe sex practices and the prevention of sexually transmitted diseases (STDs).	• Teach them how to care for their changing bodies. • Teach them the importance of hygiene and grooming.
• Teach them how to properly groom their new body, including shaving legs and underarms. • Provide them with proper tools and products for grooming and hygiene.	• Educate them about safe sex practices and allow them to ask questions. • Educate them about the risk of sexually transmitted diseases (STDs) without safe sex practices.
• Have conversations about relationships and have open communication with those that are close to them. • Friendships at this time may be difficult, model and have conversation about accepting others flaws while standing up for themselves.	• Keep communication open about personal issues. Even if the child does not engage in the conversation, they are still able to process your thoughts and education.

1.Aggarwal-Schifellite, M. (2020). Psychologists find violence and trauma in childhood accelerate puberty. *The Harvard Gazette.* Retrieved on February 9, 2023, from https://news.harvard.edu/gazette/story/2020/08/violence-and-trauma-in-childhood-accelerate-puberty/

Specific Behaviors

This section contains strategies and activities to address and manage specific behaviors that may occur secondary to trauma in a foster child. These specific behaviors include impulse control, food hoarding, picky eating, dishonesty, and bedwetting.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Impulse Control

Childhood trauma causes damage to the functioning of the brain. This may cause damage to a child's impulse control. Impulse control is the ability to stop oneself from acting on certain behaviors. You may notice that a foster child does not have the ability to stop themselves from doing an action, or they may run away from you in public. This may happen because they have low impulse control. Their brain is not able to tell them to stop before they act. A child does not wish to be impulsive; they are most likely not able to control it.

GOAL: Identify time the child is impulsive. Implement one strategy to manage impulsive behaviors.

Signs of impulsivity:

- Often interrupts conversations
- Take what they want without asking
- Screams or yells when frustrated
- Run away from group in public
- Have difficulty keeping hands off objects in stores or public
- Engages in dangerous activities
- Have large emotional outbursts
- Get into fights or arguments with other children
- Often impatient

Microsoft Clipart

Strategies to manage impulse control:

• Make child aware of when they are impulsive
  ○ Stop the child the moment they lose control. Explain to them that they lost control of their bodies.
  ○ If children are young, give a name to the "silly character" that makes their body leave. "Oh, I think the 'body snatching butterfly' got you, please come stand next to me"
  ○ Educate the child how they should behavior differently next time.
  ▪ Model how the act should look
  ▪ If a child takes a toy without asking, ask the child to request the toy from you. Give the child the toy after the request.

• Explain what patience means in each situation
  ○ For example, if you are going to a doctor office, explain to the child before you go that they will have to wait to see the doctor and that it may take a long time. Prepare to entertain the child in situations where they may have to wait.
  ○ Have the child repeat to you what patience will look like in the situation.

• Practice repetition during impulsive situations, this may last weeks or even months.
  ○ For example, if child is impulsive when leaving the house and runs to the car without supervision, plan extra time into routine to model and help child to car.
  ○ Maintain a calm state if child does not follow instruction and continue to model the correct behavior.
  ○ Be prepared to practice behavior multiple times. Correcting the behavior once may not be enough.

• Be prepared to arrive late, leave early. Always educate the child on impulse controls and the correct behavior in the moment.   ○ No child wishes to be impulsive, however they have not had anyone to teach them the correct way.
• Implement self-calming strategies when child is upset or frustrated to avoid them resorting to anger. • Remind the child of strategies (finger breathing, counting to ten, etc.) when they being to be frustrated from not acting on their impulses.
• Provide them with structured household rules so they have clear behavioral expectations. • Stick to set list of rules across all environments (i.e., if you can't jump at the bed at your house, you cannot jump on the bed at grandma's house).

Gavin, K. (2016). After child abuse, impulses are harder to control. *University of Michigan.* DOI: 10.1016/j.psychres.2015.12.013

Food Hoarding

Children in foster care may have experienced trauma surrounding food or mealtimes in their past, whether it was a restriction of food, forced eating of food, or limited access to foods. When children are removed from the trauma, they will often resort to collecting or sneaking food items, which was a means of survival. It is important as the foster parent to educate the child that food will always be available and to never use food or mealtimes as a means of punishment.

GOAL: Talk to child about safe foods in the home. Have the child help prepare one meal.

Strategies to address food hoarding:

- Have a designated shelf in fridge and pantry with food that can be accessed throughout the day and does not require permission to eat.
    - These shelves could be filled with any types of foods that are allowed in your home (fruits, granola bars, chips, fruit snacks, etc.)
- Leave fruits out on table or counter and allow access to fruits without permission.
- Go shopping with the child to encourage them to pick out their favorite foods to put on the "free access" location in the home.
- Give the child a basket of prepackaged food to have in their room that is just theirs.
    - Allow the child to eat the food in their room and provide them with a wastebasket as well.
    - Refill the basket when the child is not there. Sometimes seeing less food in the basket can trigger a child with severe food neglect.
    - Allow the child to share their basket with other children in the home if they choose to do so. Sharing food is a way to lessen their need to hoard food.
- Cook meals with the child to help create a healthy relationship with foods and mealtimes.
- Educate the child on the rules of a healthy meal and how to properly put together parts of a meal (having a meat, veggies, and fruit with all meals).
- Have set mealtime rules such as, taking minimum two bites of veggies, everyone eats meals at the table, no getting up from table until everyone is finished.
    - Be mindful of child's background as some rules may be a trigger.
    - Implement noneating rules at mealtime. Structured meals can reduce mealtime anxiety.
        - i.e., Supper is at 6, everyone has two napkins, we talk about our day at the table

(2022). Hoarding, stealing & binging: food insecurity in foster children. *Fostering People.* Retrieved on January 24, 2023, from https://www.fosteringpeople.co.uk/resources.

Mealtime Activities

Involving children in the planning of meals gives them a sense of ownership over mealtimes. They can also begin to learn what a well-balanced meal looks like. Encourage the child to plan a variety of meals and give them a list of options of possible meals.

Main Course Choices

- Spaghetti
- Hamburgers
- Sloppy Joes
- Ham and Cheese Sandwiches
- Roast Beef
- Tacos
- Grilled Cheese Sandwiches and Soup
- Chili
- Pizza
- Chinese Supper
- Chicken Alfredo
- Lasagna
- Meatballs
- Corndogs
- Chicken Noodle Soup
- Deli Meat Sandwiches

Side Choices

- Fruit Cocktail
- Strawberries
- Bananas
- Green Beans
- Peas
- Carrots
- Mac and Cheese
- Mashed Potatoes
- Fries
- Mandarin Oranges
- Salad
- Jell-O
- Apple Sauce
- Yogurt
- Corn
- Grapes

Picky or Resistive Eating

Foster children may have picky or resistive eating habits due to a variety of reasons such as lack of exposure to food groups, trauma involving feeding in the past, or sensory issues involving eating. Picky eating is when a child has a strong dislike for new foods and eats only similar foods. Resistive eating is when a child has a very limited number of foods they will eat (5-10) and refuses to try new foods. It is important to remember that no child chooses to be a picky eater and they need support to expand the list of foods they eat. It takes 7-10 exposures to a new or not preferred food for a child to accept the food or to dislike the food.

GOAL: Identify which food group(s) or types of food that the child avoids. Try one activity with identified food group.

Activities to help with picky eating:
• Take the child grocery shopping and have them pick out new foods they would like to try. • Do not push "healthy" foods. Let the child pick any type of food they may like to try.

• Have the child help with meal preparation and the choosing of meal.
  ○ Make sure the meal has at least one of their preferred foods as to not discourage them from helping with cooking.
  ○ Encourage the child to touch all foods that will be in the meal while cooking.

• Allow child to bring comfort item such as toy or blanket to meals for sense of security with mealtimes.
• Encourage the child to take "frog licks", "dog sniffs", or "alligator chomps" from new foods rather than asking the child to take a bite or try food.
• Allow the child to spit out bites of new foods that they try into wastebasket. Praise the child for trying new food and being brave.
• Engage in messy play with new foods such as yogurt, apple sauce, or soft veggies to encourage sensory input during mealtime. • Having food on hands and around mouth is an important step to bringing food to their mouth.
• Put "not preferred foods" on dinner table but not on child's plate. A child must allow food to be in same room, then smell, touch, and lick food before they can try to take a bite of food • Trying a new food is a progression and it takes a lot of patience for the child to work through the progression.
• Never force a picky eater to finish foods or try new foods against their will. Doing so will slow progress. Instead, praise the child for each step they take of the progression and stay positive.
• Consult with primary care doctor if you are concerned that child is not gaining weight or losing weight due to eating habits.   ○ Ask primary care doctor about referral to occupational or speech therapy for feeding and eating therapy. These therapies can work one-on-one with the child to increase their eating and reduce their resistance to new foods.

Trofholz, A., Schilte, A., Berge, J. (2016). How parents describe picking eating and its impact on family meals: A qualitative analysis. *Appetite, 11,* 36-43. Doi: 10.1016.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for Picky Eating

Nighttime Wetness

Wetness during sleep may happen for a variety of reasons. Failure to wake up during sleep, small bladder due to development, trauma past, stress, change in routine, or eating and drinking habits may all be a cause.[2] No matter the reason, there are some different approaches to managing and reducing the occurrences of bed wetting.

GOAL: Trial one strategy for 5-7 days in a row to manage wetness.

Strategies for managing and reducing bed wetting:
• Make sure that child empties their bladder before bed.
• Limit fluids before bedtime.   ○ No drinks one or two hours before bed

• Increased bladder strength
  ○ Gradually increase the time that a child empties bladder during the day to create more room for fluids.
  ○ Begin with emptying bladder every hour of the day. Gradually increase by 30-minute increments overs days and weeks.

• Set up reward system for staying dry in the night.
  ○ Sticker chart for each night dry
  ○ Tickets for wanted toy/activity

• Have child help you put wet sheets in the washer for responsibility of wetness.   ○ Do not punish child for nighttime wetness, however, help them to be accountable.

• Purchase bedwetting underwear.
  ○ Moisture sensing underwear that gently wake the child when moisture occurs.
  ○ Can be purchased online. Look up “Moisture sensing underwear for children”.

• Play “Angels in the Snow”
  ○ Trauma can affect the spinal Galant reflex. This can also cause bed wetting.
  ○ Play “angels” game 1-2x per day. Repeat the “angel” motion 5-8 times
  ▪ Have the child lay on their back and move arms and legs slowly out and up, keeping contact with the floor.
  ▪ Move hands until they touch, and legs are fully outward.
  ▪ *Breathe in* when moving hands *up* and *breath out* when moving hands *down.* [1]

• Set timers during the night to have child wake up

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Strategies for managing and reducing bed wetting:

• Set the timers for short times (2-3 hours). When child is not wet in those increments, increase timer (3-4 hours). Repeat until child sleeps through the night without wetness.
  ○ Link for Bedtime Alarm
  ▪ https://www.amazon.com/TEQIN-Bedwetting-Strong-Vibration-Rechargeable

• Have a checkup with primary care doctor to rule out any infections or bladder issues.   ○ Talk to primary care doctor about medication options to help with bladder control.
• Counseling to help resolve and manage trauma and anxiety that is contributing to nighttime wetness.

Microsoft Clipart

1.Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378
2.Cleveland Clinic Medical Professional (2023). Wetness. *Cleveland Clinic.* Retrieved on February 22, 2023, from https://my.clevelandclinic.org/health/diseases/15075-bedwetting

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Coping with Nightmares

Microsoft Clipart

Trauma has a strong relationship to a child's behaviors, thoughts, and feelings. These behaviors, thoughts, and feelings may transform into nightmares or night terrors. The difference between nightmares and night terrors is that a child remains asleep during a night terror. They may not remember a night terror. However, they may remember a nightmare. Night terrors may also be more physical. A child may thrash in their sleep during a night terror. A nightmare may look like normal sleep. Nightmares/terrors may occur because of a trigger that occurred earlier in the day or anxiety for the following day. Regardless of the root of the nightmare/terror, it is important to recognize and stop the cycle. Children may experience anxiety surrounding sleep, causing increased nightmares.

GOAL: Identify triggers of the child's nightmares. Try one strategy following a nightmare.

Strategies for decreasing and managing nightmares:
Ground
• Do not dismiss the nightmare. Validate to the child that a nightmare occurred.
• Remind and explain that the nightmare was not real. Remind them they are safe.
• Encourage children to stay in bed following nightmares. Leaving the bed will make returning to sleep there more difficult.
• Encourage the child to do deep breathing or self-calming strategies.
Calm

• Have the child tell a happy story with characters in the nightmare.
  ○ Have the child make up a different ending to the nightmare.
  ○ Have the child write a story where they are the hero of the story.

• Provide an old remote by their bed so they can change their "dream channel".
Reassure and Comfort
• Remind the child that they are safe in the bed. Remind them that the caregiver is close by.
• Provide a night light in the room
• Incorporate a sound machine for sleeping routines
• Provide the child with comfort items when sleeping (stuffed animals, preferred blankets, and pillows).

Giannakopoulos, G., Kolaitis, G. (2021). Sleep problems in children and adolescents following traumatic life events. *World Journal of Psychiatry, 11*(2), 27-35. Doi: 10.5498.
Crabill, Courtney and Hanson, Katie, "A Guide for Occupational Therapists: Utilizing Trauma-Informed Care to Guide Intervention for Children in Foster Care" (2018). Occupational Therapy Capstones. 378. https://commons.und.edu/ot-grad/378

Addressing Dishonesty

As a foster parent, you may experience dishonesty or lying with a child in foster care. Dishonesty is a natural defense for child who has experienced trauma. It is important for foster parents to encourage the truth and the child's expression.[1] One way is to praise the children for sharing their thoughts and feelings with you. If dishonesty continues, consequences must be immediate and well explained to the child.

GOAL: Establish with the child that they can have open conversation with you without punishment about being dishonest or hoarding items.

Reasons why dishonesty may occur:

- As a defense mechanism (self-preservation) that they had to use in the past to stay safe.
- To feel out new boundaries and rules
- Telling the truth does not feel safe or the truth might get others in trouble.
- Lying may help to save the new foster parent/child relationship
    - Lying may be a way to please the parent and not disappoint the new relationship.
- May feel shame or regret if the truth is told
- May not feel secure enough to tell the truth
- Lack of experience seeing modeling of adults expressing honesty and mistakes.

Microsoft Clipart

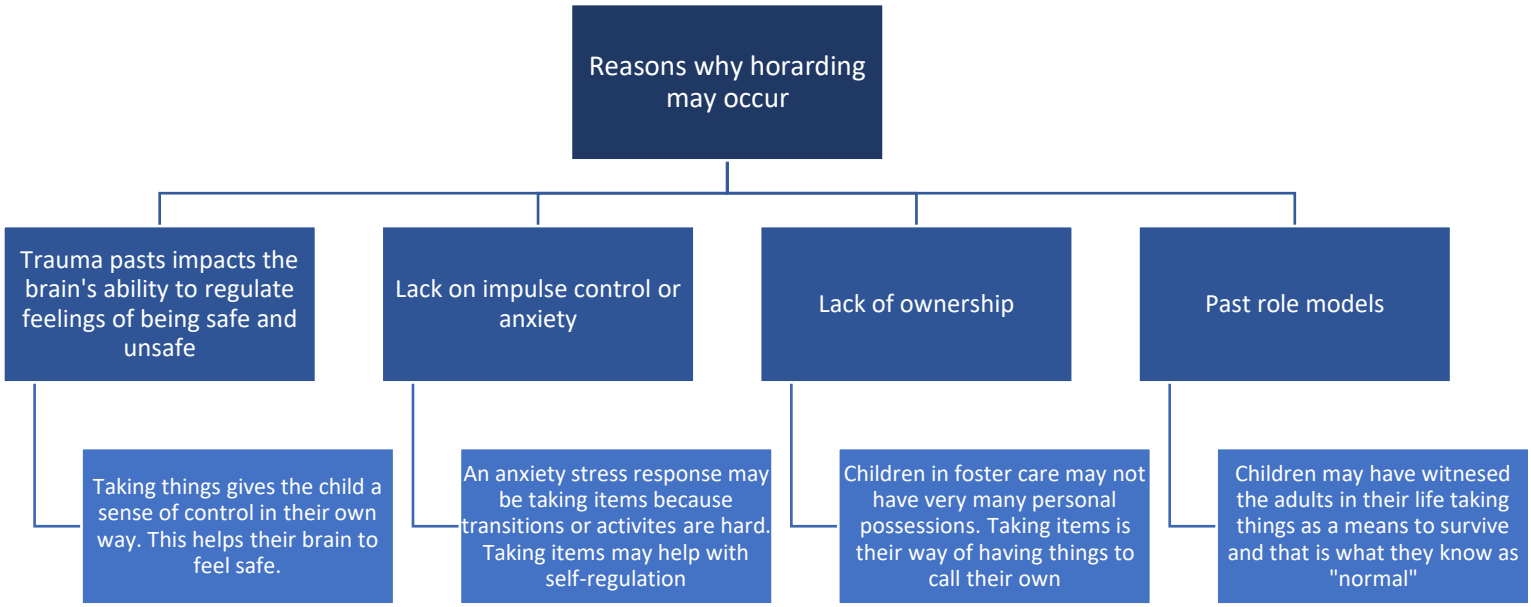
Strategies to address dishonesty:

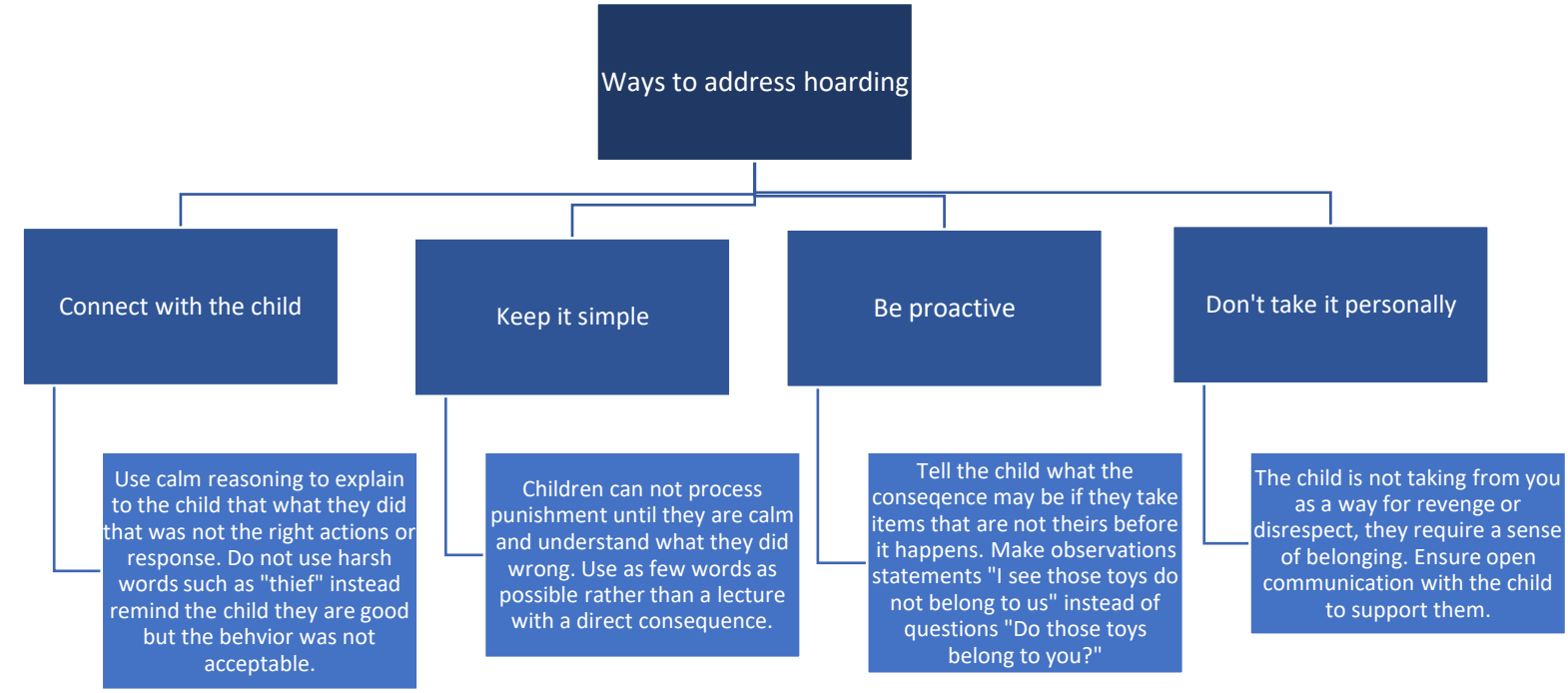
- Express to the child that they will not be punished for telling you the truth.
    - Praise the child for being honest and communicating to you.
- Give the child space and time to tell the truth
    - Be prepared as the child may lie right away
- Do not set the child up to lie
    - Do not lead with questions that they can lie to such as "Were you driving in the car with Jimmy?"
    - Instead provide a statement to open a conversation such as, "I saw you were driving in the car with Jimmy. Can you tell my where you two were driving to?"
- For older and younger children, model telling the truth to the family when you make a mistake.
- Explain back to the child why the lie or dishonesty was hurtful to you as a parent.
    - Express how telling the truth would have made you feel not hurt.
- Set up a "comment" box in the home where children can anonymously write down anything they need to share. Sometimes children may not feel comfortable enough to tell you in person about the ideas and feelings.
- Have immediate consequence for repeat dishonesty

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Addressing Hoarding

Children with trauma may experience the need to hoard item such as food, clothing, or things around the house. This can often be misconstrued as the child “stealing” from the foster home. It is important to remember that accusing any age child of “stealing” can be very triggering or may cause a strain on the foster parent/child relationship.[2]





1.Forbes, H.T. (2009) Beyond consequences, logic, and control: A love based approach to helping children with severe behaviors. *Beyond Consequences Institute, Boulder, CO.*
2.Stealing in Children and Adolescents. (2017). *American Academy of Child & Adolescent Psychiatry.* Retrieved on February 7, 2023, from https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-Who-Steal-012.aspx#:~:text=tell%20the%20child%20that%20stealing,thief%20or%20a%20bad%20person

Child Development

This section includes information about developmental milestones that a foster child should meet. Development milestones are important to track to ensure that children are not falling behind. This section also includes activities and toys that are appropriate for every age group.

Developmental Milestones

Age	Milestones
2-4 months	Physical: - Lifts head to 45* while on tummy - Opens and closes hands - Attempts to reach for toy - Voluntary grasp on small toy placed in hand - Brings hands together to midline (middle) of body - Cries in need of attention (wet, hungry, tired) - Enjoys repetition of play tasks Fine Motor/Visual Motor: - Looks at hands - Follows toys with eyes side to side and up and down while on back - Blinks at sudden visual or auditory stimuli - Mouths objects, mouths hands Feeding and Eating: - Breastfeeds or drinks from bottle without choking, coughing, excessive spillage, or gagging
4-6 months	Physical: - Lifts head to 90* while on tummy - Raises entire chest when on tummy and holds weight on both hands - Rolls belly to back -right and left sides - Rolls back to belly -right and left sides - Physical response to name - Studies objects in hands - Makes eye contact with care giver - Shows comfort in being held Fine Motor/Visual Motor: - Grasps cubes against palm - Reaches for dangling toys - Looks at objects a few feet away Feeding and Eating: - Begins to eat pureed foods

Age	Milestones
6 months	Physical: - Begins to sit with hands as support - Transfers toy from one hand to another - Reaches with increased control for toy - Shakes and bangs toys Fine Motor/Visual Motor: - Rotates wrist while holding toy - Uses arms for “peak a boo” - Attends to pictures and books Feeding and Eating: - Eats some lumpy mashed foods - Bites and dissolves foods Speech: - Babbles and makes variety of sounds - Pays attention of music - Responds to changes in tone of voice - Notices toys that make sounds
7-9 months	Physical: - Sustains sitting without arms - Moves to sitting position independently - Crawls on hand and knees (9 months) - Imitates simple play - Pulls self to stand (9 months) - Able to find hidden objects - Plays with nesting toys Fine Motor/Visual Motor: - Helps with dressing - Releases objects independently - Removes rings from a stacking pole - Uses arms to creep/ ”army crawl” (hands and knees) - Puts objects in a container Feeding and Eating: - Eats smashed/chopped table foods - Self feeds finger foods (8 months) - Rakes cheerios with fingers - Self feeds crackers - Closes lips around spoon - Drinks from a closed cup - Drinks from a straw - Begins to eat harder consistency foods

Age	Milestones
12-18 months 1-1:6 years	Physical: - Pulls off socks and shoes - Helps with dressing - Scribbles on paper - Stands alone - Takes 1-2 steps - Uses thumb and finger to pick up objects - Walks well with infrequent falls (18 months) - Squats to pick up object and stands without falling - Able to identify family members in photos - Begins to problem solve Fine Motor/Visual Motor: - Points with index finger - Removes hat - Turns 2-3 pages of cardboard book - Dumps contents of jar - Holds cup by handle - Stacks 2-3 blocks - Waves bye - Places circle in shape sorter - Begins to form words Feeding and Eating: - Eats a variety of table foods - Drinks from sippy cup independently - Begins drinking from open cup - Begins to feed self with spoon - Points to food of preference Speech: - Imitates speech sounds - Says few words (dada, mama, uh-oh) - Recognizes common words - Has 4-10 words - Can respond to simple directions - Increase in memory - Enjoys cause and effect tasks

Age	Milestones
18-24 months 1:6-2 years	Physical: - Removes shoes - Starts to run - Walks 4-6 steps with little help - Throws/kicks ball - Removes elastic waist pants - Pushes or carries toys while walking (18 months) - Sorts colors - Learns through helping - Kicks backwards and forward - Can stand on balance beam - Walks up stairs with assistance - Begins to test limits - May be possessive with toys Fine Motor/Visual Motor: - Unzips large zippers - Uses fingertips on blocks - Independently releases objects - Helps with hand washing Feeding and Eating: - Scoops food with spoon, some spillage Speech: - Recognizes familiar names of people, objects, and body parts - Follows simple directions with hand gestures - Says up to 10 words - Refers to themselves as name - Starts using please, thank you - Points to and names objects - Shows basic emotions (happy, sad, mad)
24-30 months 2-2:6 years	Physical: - Puts together pop beads - Places 2/5 rings on stacking pole - Puts shoes on with assistance - Helps with pulling up pants - Begins to imitate other facial expressions - Begins to learn the potty - Has strong sense of ownership

Age	Milestones
24-30 months 2-2:6 years	<u>Fine motor/Visual Motor:</u> - Snips with scissors - Imitates horizontal, vertical, and circular marks - Builds at least 6-block towers - Folds paper in half - Strings 2-4 large beads - Zips and snaps large fasteners <u>Feeding and eating:</u> - Eats a variety of solid foods - Holds cup with one hand - Uses spoon with minimal spillage - Unwraps some packaged foods - Smears food with fork, some spillage - Begins to eat with foods offered at family meals - Begins understanding sequencing of mealtimes <u>Speech:</u> - Says simple phrase - One-to-two-word questions - Says about 50 words - Follows simple verbal commands - Understands and uses some pronoun use (she, he, it, them)
30-36 months 2:6-3 years	<u>Physical:</u> - Pedals a tricycle - Catches a large ball from close distance - Runs without frequent falls - Unties and removes shoes - Removes pull over shirt - Brushes hair with supervision - Uses napkin - Pours liquid from one container to another - Puts on jacket - Balances on one leg - Begin to play in same age integration games - Is 60-80% trained with potty training <u>Fine motor/Visual Motor:</u> - Builds a 9 block towers - Copies a circle - Dries hands <u>Feeding and Eating:</u> - Drinks from open cup

Age	Milestones
30-36 months 2:6-3 years	Speech and Cognition: - Begins to think about consequences - Matches colors and shapes - Begins to comprehend size - Becoming more independent - Able to concentrate up to 3 minutes
36-42 months 3-3:6 years	Physical: - Throws tennis ball 5-7 feet overhand with one hand - Catches large ball thrown from 5 feet away - Displays beginning of hand dominance (right or left) - Imitates 2/3 postures - Walks backwards Fine Motor/Visual Motor: - Cuts straight lines (6 inches) - Copies vertical lines, horizontal lines, and circles - Buttons large buttons - Static tripod grasp developing (utensil held with thumb, index, and middle finger without limited wrist movement) - Completes 5–8-piece interlocking puzzle
42-48 months 3:6-4 years	Physical: - Balances on one foot for 10 seconds or longer - Puts on shoes (may be incorrect feet) - Throws tennis ball from 5ft with 2 ft accuracy Fine Motor: - Cuts out a circle - Zips jacket - Copies intersecting lines, diagonal lines, simple shapes, some letters, and numbers - Traces on 5-inch line with ½ in accuracy - Snaps - Unbuttons medium sized buttons Feeding and Eating: - Eats a wide variety of foods - Engages in meal preparation Speech and Cognition: - Can answer “Wh” questions (who, where, what, when) - Uses third person - Begins to express large emotions (sad, happy, mad, etc.) - Begins to learn simple math - Tells simple jokes

Age	Milestones
48-54 months 4-4:6 years	Physical: - Puts on socks - Catches tennis ball from 5ft 2/3 tries - Throws tennis ball 12 ft with 2ft accuracy - Orientates and puts pants on correctly - Can catch a bean bag Fine Motor: - Draws a person with 4 or more different parts - Copies a square and diagonal - Traces medium shapes Feeding and Eating: - Holds spoon with fingers Speech and Cognition: - Follows up to 3 step directions - Joins simple sentences - Speaks with possessives (mine, yours, ours) - Has increased need for independence - Aware of social approval or disapproval - Preforms for others - Begins taking turns and negotiating
54-60 months 4:6-5 years	Physical: - Throws at a target 5 feet ways with fair consistency - Puts shoes on correct feet - Begins to ride bike independently - Can hop on one foot, skip, and jump Fine Motor: - Dynamic tripod grasp developing (utensil held with thumb, index, and middle finger with movement of the wrist and fingertips) - Touches each finger to each thumb within 8 seconds - Connects straight line of dots 6 inches apart - Copies an X - Colors within the line 75% of occasions - Places a paper clip following demonstration - Begins exploration in preferred learning activities Feeding and Eating: - Independently feeds self with appropriate utensils - Helps with meal preparation with direct supervision

Age	Milestones
6 years old	Physical: - Baby teeth begin to fall out - Grows 2.5 inches a year and 4-7 pounds - Throws all size of balls to target - Dribbles ball x5 times without loss - Able to hold bladder throughout night Education: - Begins to read age-appropriate books - Focuses on school related task for 10-15 minutes - Speaks in complex sentence for 5-7 words - Follows series for 4 commands in a row - Understands left from right and day from night - Able to tell time Social-Emotional: - Begins to develop sense of humor - Begins to develop a sense of body image - Able to identify 2-3 friends - Able to play peer-interaction game - Begins to explore and understand teamwork - Lying, cheating, and stealing may occur as they develop a sense of boundaries - Has 2-3 chores
7 years old	Physical: - Able to ride two-wheel bike - Able to tie laces independently - Sleeping at least 12 hours a night without wetness - Able to use scissors with ease - Should dress selves independently - Increased independence with coordination tasks such as swimming or climbing Education: - Increase in description of events - Develop “th” and “f” sounds clearly - Master of basic reading and writing - Increased understanding of sarcasm, similes, and metaphor Social-Emotional: - Shows independence from parents and family - Begins to understand place in family - Increased need of acceptance - Begins to show planning of future activities

Age	Milestones
8 years old	Physical: - Increases in coordination with sport tasks - Able to roller skate - Shows interest in music and dancing - Able to ride bike independently - Can hold bladder throughout the night - Able to plan dressing for appropriate weather Education: - Has large and growing vocabulary - Has identified a preferred hand - Reads chapter books - Begins to develop abstract thinking (such as doing mental math) - Begins to develop a sense of time (how long a task should take) - Able to write short story with appropriate letter sizing without hand fatigue Social-Emotional: - Begins to develop decentralization (understand of other people's feelings) - Takes pride in participating in activities - Has a sense of self-confidence - Able to identify 2-5 friends - Has 3-5 household chores - Able to be responsible of personal care routine - Requests to have sleepovers, may not be able to attend full night of sleep over - Able to regulate self from high emotional with assistance from caregiver
9 years old	Physical: - Able to jump, skip, and jump rope - Shows interest in physical activities such as gymnastics, basketball, or swimming Education: - Has growing vocabulary with appropriate speech pronunciations including "s", "th", "r" - Able to articulate thoughts and feelings on paper - Tells or writes made up stories - Able to research and gather information - Increased attention span to over 20 minutes

Age	Milestones
9 years old	Social-Emotional: - May show moodiness or changes in emotions, however, should be able to articulate general feelings - Show interest in mastering a skill (learning about a book series, learning how to braid, etc.) - Understands objects and special relationships (how much space objects take up) - Able to regulate self from high emotional with assistance from caregiver - May develop anxiety around unknow events (monster under bed, storms, etc.) - Developed sense of justice (knowing if an action was wrong) - Able to express emotional needs and physical needs at a higher level (I need a hug because I am sad)
10 years old	Physical: - May show signs of puberty - Increased agility, speed, and coordination - Increase in small, fine motor tasks and accuracy Education: - Has increased and long attention span - Learning to use judgement for decisions - May show challenges in school with increase in level - Increase in abstract and logical thinking to solve math problems - Eager to research information and have people appreciate work Social-Emotional: - May experience increased need of peer approval - Able to handle small conflict and resolution with peers - May experience change in friend groups - Able to read facial and body expressions in general setting - Shows adoration of older youth - Enjoys creating games or secrets with friends - Prefers to work in groups - Desires to have privacy
11 years old	Physical: - Shows signs of puberty - Makes clothing and self-hygiene for changes in body - Increase in sleeping (12 hours) - Increase in appetite

Age	Milestones
11 years old	Education: - Shows interests in friend groups at school - Shows interest in school subjects that relates to interests Social-Emotional: - Able to anticipate and plan for future - Understands abstract "gray" areas in life - Understands actions can have long term effects - Able to self-regulate with minimum assistance from caregiver - Understands that things are private - Has 2-6 household responsibilities - Starts to resist physical affection from caregivers - Explores identity through clothing, hobbies, and friends
12 years old	Physical: - Shows signs of puberty - Manages changes of body through self-hygiene - Goes through growth spurt - Increase in appetite and sleeping Education: - Shifts from concrete instructions to abstract learning (i.e., reading between the lines, solving story problems) - Understanding of simple cause and effect - Learning of justice and equality within school subjects and relationships Social-Emotional: - Able to consider others point of views - May show poor impulse control and organizational behaviors - Emotions may be one high to one low-able to identify and regulate with assistance - May experience fluctuations in self-esteem - Shows concerns about being liked - May questions family values - Begins to develop morals
13 years old	Physical: - Anxiety surrounding body changes may occur - May exhibit wide range of growth patterns - Able to manage changes in body through self-hygiene Education: - Critical thinking is progressing - Begins to find justice and fairness more important

Age	Milestones
13 years old	Social-Emotional: - May struggle with cause of actions long term - May reject solutions offered by caregivers - May question authority figures - Increase in concern about appearance and physical features - Concerns of seeing themselves as center of attention - Strive for independence; however, continue to require adult approval - Starts to explore social media
14 years old	Physical: - Growth period may stall for girls or increase for boys - Independent in all aspects of personal hygiene - Begins to take care of own laundry Education: - Begins to volunteer and advocate about preferred activities - Begins planning for future education - May challenge solutions presented by adults Social-Emotional: - May begin to explore romantic relationships - Makes preferences known - Expresses options and thoughts - May have friend group conflicts - Able to regulate self-following conflicts - Sets personal goals - May be embarrassed by caregivers - Begins to recognize strengths and weaknesses - Has large social group with variety of people - May have mood variations with changes in physical development
15 years old	Physical: - Begin learning to drive Education: - Explores job opportunities - Explores additional education outside of school Social-Emotional: - May experience over confidence in new independence - May enjoy alternative forms of communication (text, social media) - Begins to think about future; may struggle with peer pressure - Develops work habits and motivation - Explains reasoning for decisions and regulates most emotions

Age	Milestones
16 years old	Physical: - Learns to drive - Females have reached full development - Males continue to grow and develop - Weight gain may occur and needs to be monitored Education: - Explore college and after high school opportunities - Participate in after school activities Social-Emotional: - May have issues with being over scheduled - May need assistance managing stress and workload - Exhibits difference in behaviors and language from school to home - Increase in work habits - May begin to form deep relationships with more connections
17 years old	Physical: - May have reached full puberty and height - Participates in work activities Education: - Begins to identify college and post high school options - Begins to job shadow future careers Social-Emotional: - Communicating on adult level; however, may use slang - Increased coping skill development - Begins to resist peer pressure - May need increased space for personal identification - Increase in relationship meaning - Begins to search for deeper intimacy - Be able to make and keep commitments
18 years old	Physical: - Able to get from one place to another in the community (driving, walking, bus) - Able to shop, prepare, and cook for oneself Education: - Increased independence and less check in on academics for preparation of college - Decides on post high school plans - Explores potential career through job shadowing

Age	Milestones
18 years old	Social-Emotional: - Able to make and maintain functional schedule - Work toward long term coals - Set relationship limits and compromises - Have sense of insight and empathy - Make plans for future - Full responsibility and regulation of emotions - Increase in ability to seek adult advice - Acceptance of adult responsibilities
19 years old	Physical: - Full maturity Education: - Participates in college education or post high school employment Social-Emotional: - Able to manage all social relationships - Displays professional behavior at job tasks - Shows interests in forming connections - Able to manage all emotions and regulate with minimal assistance

Department of Human Resources. (n.d.) A child's developmental milestones. *ACT.* Retrieved on January 8, 2023 from https://www.education.ne.gov/oec/oec-publications-and-documents/
Myottm F, & Rackley, M. (2016). Developmental milestones guide. *Costal OT Connections (*3rd ed.)

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Activities for 0-3 Months

Activities for Learning

- Talking to baby face to face helps them to learn language and your voice
- Play with colorful toys and varying textures
- Encourage baby to swing at toys with arms and legs
- Provide skin to skin time for development of co-regulation skills
- Provide total 1 hour tummy time. Encourage baby to lift head from ground with toy or mirror
    - Early tummy time can happen during skin-to-skin time
- Roll baby to side occasionally before picking up for vestibular (inner ear) input
- Provide mirror time for baby to learn themselves and eye tracking skills
- Go on walks for fresh air, regulation of nervous system, and day and night changes
- Eats 6-8 times per day

Activities for Play

- Play music for baby for brain development and stimulation
- Dance with baby in arms for bond development and eye contact skill development
- Move baby's arms and legs in circles and across body to encourage cross body motions for brain development
- Move baby's hands to clap, overhead, or out wide during songs for arm range of motion
- Provide baby with opportunities to feel different textures or toys and natural objects such as grass and sand.
- Have baby track rattle or preferred toy, side to side and up and down for eye tracking development

Things to Look For

- If baby only looks in one direction, could be indication of Torticollis (tightness of the neck)
- If baby is losing weight or not drinking recommended amount of milk or formula
- If baby has persistent diarrhea, could be indication for infection and cause of dehydration (loss of water in body)
- If baby shows signs of an ear infection which could be irritability, redness of the inner ear, grabbing of ear, or trouble sleeping at night
- If babies have trouble breathing, raspy breath, refuses to eat, or has temp above 100.4 degrees Fahrenheit could indicate respiratory infections
- If baby has rash, could indicate eczema if other lotion and soap options did not heal rash

Recommended Toys

Rattle
Tummy Time Mirror
Over Head Toys
Singing Toy
Tummy Time Mat

Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for 3-6 Months

Activities for Learning

- Talk to baby for identification of voices and building of vocabulary
- Play with toys that make noise and have different texture for sensory development
- Put baby in supported sitting position with pillows to encourage core strengthening
- Give baby teething toys for development of sensory input to their mouth
- Allow baby to play with outside textures, grass, sand, pebbles with direct supervision
- Baby takes 3 naps a day for brain development
- Encourage baby to use arms during tummy time to play with toys

Things to Look For

- If baby has persistent diarrhea, could be indication for infection and cause dehydration (loss of water in body)
- If baby shows signs of ear infection which could be irritability, redness of the inner ear, grabbing of the ear, or trouble sleeping at night
- If babies have trouble breathing, raspy breath, refuses to eat, or has temp above 100.4 degrees Fahrenheit could indicate respiratory infections
- If baby has rash, could indicate eczema if other lotion and soap options did not heal rash
- Monitor back of head for flattening of head, could require doctor visit to check for flat head syndrome
- If baby can prop themselves on their arms, bring arms together, or interact with toys. If baby is unable to, could indicate referral to occupational or physical therapy.

Activities for Play

- Give baby opportunity to play with objects above head for reaching opportunities
- Place toys nearby to allow them to grasp wanted toys
- Have baby track rattle or preferred toy, side to side and up and down for eye tracking development
- Place balloon or rattle on hands and feet to being to learn cause and effect during play
- Have baby hold objects with both hands to encourage bringing hands together
- Put water, paint, or glitter in zip lock bag for entertainment during tummy time
- Have baby play in variety of positions, on back, on tummy, or on side to encourage strengthening of different muscle groups
- Play music, sing, and dance with baby for stimulation and brain development

Amazon.com Image

Recommended Toys

Crinkle Book
Activity Mat
Teething and Sensory Rattles
Foot Finder Socks

Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Activities for 6-9 Months

Activities for Learning

- Explore baby foods and soft foods for development of eating skills
- Allow baby to roll from tummy to back and back to tummy
- Assist baby with rocking while in sitting position for vestibular (inner ear) stimulation
- Explain to baby task occurring for development of speech (I am picking up the orange ball, it's soft)
- Encourage baby to sit up from laying down to reach for low hanging toys
- Encourage baby to reach for toy on edge of surface to pull to stand from sitting in safe set up
- Allow baby to experience different sensations, rough, bumpy, smooth, sticky during feeding and play times
- Introduce new textures of foods and tastes such as yogurt with fruit chunks or mashed, soft table foods
- Offer baby 4-8 oz water per day in sippy cup or honey bear cup, allow baby to hold drinking cup
- Begin baby proofing home as they become more mobile

Activities for Play

- Bounce with baby while sitting on trampoline
- Make silly faces and noises at baby and encourage them to play with you
- Play with foam blocks for stacking and clapping together of blocks
- Give baby stacking cups for opposite hand movement development
- Do hand gestures, clapping and waving, often with baby to learn hand patterns
- Play peak-a-boo or encourage play with "flap book" to learn cause and effect
- Have baby assist with turning of pages of cardboard book
- Play "tug" with blanket while in sitting for core strengthening

Things to Watch For

- If baby is unable to bring both hands to middle of body
- If baby is unable to grasp small objects
- If baby is not tolerating different textures in food or variety of tastes
- If baby is not reaching for preferred toys
    - All may indicate referral to occupational or physical therapy
- If baby has persistent diarrhea could be indication of infection and cause dehydration
- If baby shows signs of ear infection which could be irritability, redness of the inner ear, or trouble sleeping at night
- If babies have trouble breathing, raspy breath, refuses to eat, or has temp above 100.4 degrees Fahrenheit could indicate respiratory infections
- If baby has rash could indicate eczema if other lotion and soap options did not heal rash

Recommended Toys

Crawling Toy
Stacking Rings and Blocks
Cause and Effect Game
Crawling and Singing Turtle

Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Activities for 9-12 Months

Activities for Learning

- Encourage baby to be quad position (on hands and knees) to promote crawling
- Give baby opportunities to play with toys in supported standing for promotion for core and leg stability
- Play games like peak-a-boo and "this little piggy" to promote language and cause and effect learning
- Read to your baby face to face for facial expression and vocabulary development
- Give baby textured toys during bath time to explore different sensations and textures
- Give water or milk in open cup or strawed cup with direct supervision
- Introduce baby to new, soft table food. This may take time as a baby might be offered a new food 10 times before acceptance of the food
- Introduce harder textured foods in small pieces with direct supervision
- Give baby opportunity to feed self with utensils
- Let baby play in grass, sand, and variety of our door textures for sensory development

Activities for Play

- Use modeling during play and learning activities as you are the baby's best toy
- Sing and dance with baby for bonding and sensory development
- Allow baby to play in new foods and engage in messy activity for sensory integration
- Encourage baby to transfer (move) toys hand to hand
- Allow baby to explore household objects, cupboards, and surfaces with supervision
- Use kitchen whisk filled with pom poms for fine motor development (have baby take poms from whisk one by one)
- Encourage baby to put small objects into container
- Allow baby to help open and shut doors, cupboards, and books

Things to Watch For

- If concerns about baby's development (see developmental milestones ref sheet) or unable to begin crawling, referral to occupational or physical therapy may be required
- Monitor stool with feeding changes, may indicate bowel problems
- Babies may require updated shots at this time
- Begin brushing babies' teeth as they break through gums

Amazon.com Image

Recommended Toys

[Singing Bear]
[Signing and Crawling Duck]
[Stacking Rings and Blocks]
[Sensory Toy]

Amazon.com Image


Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for 12-18 Months

Activities for Learning

- Allow children to climb and explore the home as they learn to walk and explore different surfaces
- Give children toys/objects to push for increased stability when learning to walk
- Visit local playgrounds to encourage play in different textures and surfaces with supervision
- Encourage and model kicking and throwing large, soft balls for motor skill development
- Build an obstacle course at home with pillows and chairs for climbing, crawling, and walking skill development

Activities for Play

- Model scribbling with different coloring tools for encouragement of pre-writing skills and grasp
- Play with blocks and encourage stacking of 3-4 blocks before "crashing" blocks
- Play with simple peg puzzles for grasp and puzzle skill development
- Encourage play with 4-piece shape sorter and use modeling for use of toy
- Encourage sharing and turn taking through modeling during simple play, such as dolls, car, etc.
- Give baby toys to push and walk to promote walking skill development
- Play with playdoh for bilateral (both) hand coordination and exposure to textures
- Encourage trying new table foods and use of utensils during feeding
- Allow time for messy eating and exploring of new foods
- Use open cup or cup with straw for water or milk

Things to Watch For

- At 15 months baby should take a few steps alone, at 18 months should walk without holding on to anything and climb on and off couch or chair.
  - If unable to, a referral to occupational or physical therapy may be required.
- Monitor number of foods or type of foods child is eating and how well child can keep and chew foods
  - If refusal to type of foods (i.e., fruits) or limited amount (less than 10) referral to occupational therapy may be required

Recommended Toys

Walking Toy
Music Toy
Fine Motor Toy
Standing Toy

Amazon.com Image


Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for 18-24 Months

Activities for Learning

- Encourage child to identify noises (knock at door, car horn) for vocabulary and hearing development
- Give child opportunity to select choice between two choices (i.e., orange juice or apple juice) for executive functioning development
- Sing the alphabet and count often to encourage learning and interaction
- Encourage interaction with all ages of children for social skills development
- Give child time for free play for promotion of independence and imagination during play

Activities for Play

- Play with peg puzzles for spatial understanding
- Play with blocks, stringing beads, and stacking cups for fine motor development
- Play with 4–6-piece shape sorter toy
- Model and play with ring stacker and encourage use of both hands
- Play outside with natural items (leaves, grass, bugs) for sensory development
- Sings songs and dance with child for bonding and motor skill development
- Read books with child and encourage them to turn the pages

Things to Look For

- If child is not eating a variety of foods and food textures
  - A referral to occupational therapy may be required
- If child is not independently walking and maneuvering environment (stairs, different levels) independently or with frequent falls
  - A referral to occupational or physical therapy may be required
- If child is squinting or turning head at tv, books, or objects may require a referral to eye doctor

Recommended Toys

Peg Dino
Age-Appropriate Peg Puzzle
Shape Sorter
Sensory Book


Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for 2-2 ½ Year Old

Activities for Learning

- Visit local playgrounds for new sensory experience and peer interaction skill development
- Play catch with varying size of balls for gross motor skill development
- Play "Airplane" around an area for imitation skills and gross motor development
- Blow bubbles and chase and pop bubbles for gross motor and hand-eye development
- Allow child to have strong feelings, however, help child with feelings and validate and learn to cope
- Give child opportunities for peer interaction games and turn taking
- Model speech and explain different aspects of day for language development
- Allow child to help with meal prep for increased engagement with foods
- Allow child to help with aspects of dressing and fastening clothes

Things to Watch For

- If the child has a limited diet, only eats similar foods (chips, crackers, nuggets, etc.)
- If the child is spilling food from mouth or not utilizing food utensils
- If the child does not allow food/messy textures on face or hands
    - A referral to occupational therapy may be required
- If the child is not developing a vocabulary (less than 30 word) or if the child is not able to form basic words
    - A referral to speech therapy may be required

Activities for Play

- Help child learn puzzle skills with large interlocking puzzles
- Give child opportunities to scribble with different coloring utensils and paint
- Model speech and verbally explain different aspects of day for language development
- Help child with turn taking skills with same age children through modeling
- Play with playdoh for fine motor development and imagination skill building
- Begin riding on tricycle for gross motor skill development
- Play "I Spy" for object naming and visual tracking skills
- Read books with child and allow them to make up their own stories

Recommended Toys

Play-Doh Set
Interlocking Puzzle
Scribbling Pad
Fine Motor Toy

Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Activities for 2 ½ - 3-Year-Old

Activities for Learning

- Allow child to take off clothing to learn self-help skills
- Allow children to help with dressing and fasteners for increased independence
- Introduce child to toilet training and implement toilet training schedule
- Let child help with meal prep and serving for increased participation at mealtimes
- Give your child 2-3 step directions for development of sequencing and executive functioning skill development
- Model and quiz the child on colors in natural environment
- Talk often with child about events and going on around them for language development
- Introduce visual schedule for daily tasks

Activities for Play

- Bake cookies together to gross motor and problem-solving skills
- Play Simon Says for multi-step direction skills
- Sing “Head, Shoulder, Knee, and Toes” for body identification skills
- Model pretend playing with dolls, cars, etc. for imagination
- Play simple board games for turn taking and peer interaction skills
- Color and paint with child for writing and grasp development
- Create obstacle course for motor development and heavy work play
- Create bracelets and necklaces with beads for fine motor development

Things to Watch For

- If the child has trouble hearing or seeing things
- Isn’t using 3-word sentences
- Does not understand two step directions
- Is hard to understand
- Isn’t interested in play with other children or has a hard time separating from caregiver
- Doesn’t engage in pretend play
- Is unable to run or negotiate uneven surfaces without falling
    - A referral to occupational or physical therapy may be required.

Recommended Toys

Turn Taking Game
Problem Solving Game
Fine Motor Craft
Alphabet Poster

Amazon.com Image

Amazon.com Image

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Activities for 3–4-Year-Old

Activities for Learning

- Cooking with the child and helping them with measuring, mixing, and pouring
- Label and put signs on household objects to help them with word association and reading development
- Make a simple map of the neighborhood for spatial relationship skill development
- Help them build an obstacle course for gross motor development
- Allow child to help with planning family events on calendar
- Sing songs and dance with child for bonding and gross motor development
- Allow child to have free play and build imagination and independence skills
- Color and paint with child, trace lines, and create crafts
- Have child help with household tasks can help promote independence and develop executive functioning skills

Activities for Play

- Play with chalk for pre-writing stroke development
- Play with rice and random objects in a bin (buttons, pencils, cars, etc.) for sensory integration
- Draw and paint with the child for grasp development
- Play a simple board game (Let's Go Fishing, Don't Break The Ice) for turn taking and peer interaction skills
- Sing and dance with child for bonding and co-regulation
- Search for colors on an outdoor walk
- Play pretend (school, doctor, house) for peer interaction skills and language development
- Complete simple interlocking puzzles for spatial development

Things to Watch For

- If the child is unable to express basic emotions (sad, mad, hungry)
- If the child has limited vocabulary (less 50 words)
- If the child has limited food selection or has difficulty at mealtimes
- If the child has frequent falls and has trouble with mobility
    - A referral to occupational, physical or speech therapy may be required

Recommended Toys

Throwing Activity
Balance Toy
Letter Formation Activity
Peer Interaction Game

Amazon.com Image

Amazon.com Image

Activities for 4–5-Year-Old

Activities for Learning

- Singing, counting, and alphabet songs for academic learning
- Cook simple meals together for independence
- Provide support and limited assistance during dressing and self-care routine for executive functioning and self-help skill development
- Read books together for language development
- Count things in the home and outside for spatial awareness and counting skills
- Take pictures of things outside for enrichment
- Write letters, shapes, or numbers in shaving cream for sensory integration
- Jump on trampoline or swing on swings for vestibular (inner ear) input
- Talk about emotions and model emotional regulation for emotional regulation skill development

Activities for Play

- Play Simon Says for body part identification and executive functioning skill development
- Make cut and glue crafts for fine motor skills
- Play dress-up for independence and self-expression
- Build an obstacle course for gross motor skills
- Sort objects (toys, clothes, beads) by color for executive functioning skills
- Make bracelets or necklaces with beads for fine motor skills

Things to Watch For

- If child has limited diet and refuses to try new food or textures
- If child does not tolerate messy play or things on hands and faces
- If child does not engage with other peers
- If child has limited vocabulary
- If child has frequent falls or instability with walking/running
    - A referral to occupational, physical, or speech therapy may be required

Recommended Toys

Dance Mat
Pop Up Tunnel
Gross Motor Activity
Leaning/STEM Kit

Amazon.com Image

Amazon.com Image

Age-Appropriate Household Tasks

Helping with household tasks can help promote independence and develop executive functioning skills like organization and time management. It is important that the foster child have household tasks as a part of their routine, so they can transition into the foster home and find pride and importance in their new home.

GOAL: Set 1-3 chore tasks for all children in the home.

Age	Tasks
1-2	Put away their toys Help carry their drink to table Help throw away diaper/ put dirty clothes in hamper
3-4	Put away their toys Make their own bed Help put laundry into washing machine Help water the plants Pass out snacks at home Help put food in pet bowls
5-6	Pick up room/make bed Unload silverware from dish washer Pickup toys Sort clothes into color bins Help set the table Hang up coats and line up shoes Help with simple meal prep/pass out snacks Help wash windows/wipe table Feed/water pets Help water house plants
7-9	Tidy up living room Bring in mail (if in safe location) Wipe down surfaces Help with meal preparation Bring laundry to washer Help with dishes/unloading dishes Take out trash bag Sweep floors Help pack lunch Help put clothes away Pick up room/make bed Feed/water pet Water plants

Age	Tasks
10-12	Clean the bathroom Feed/water pet Pick out school clothes Dust the furniture Vacuum carpets Pick up living room Pack lunch for school Help with pulling weeds/gardening Help scoop the sidewalk Help sort and load the laundry Put away/fold the laundry Feed/water pets Help younger siblings with homework Help with meal prep and clean up Wash the family car
13-15	Clean areas of the house (vacuum, sweep, dusting, pickup) Prepare simple family meal/clean-up of meals Fold/put away laundry Walk/feed/water pets Cooking simple family meals Preparing lunch for school Helping younger siblings with homework Help keep up with family calendar Move furniture and clean underneath Help with yard work
16-19	Help with errands/grocery shopping Help with meal planning Prepare family meals Help making appointments (haircut, dentist, etc.) Wash outside windows Clean areas of the house (vacuum, sweep, dust, pickup) Pressure wash sidewalk/driveway/house Help with management of personal finances Obtain and hold parttime job outside of home

Caring for Your Teenager. (2015). Household chores for adolescents. *American Academy of Pediatrics.* Retrieved on January 11, 2023, from https://www.healthychildren.org/English/family-life/family-dynamics/Pages/Household-Chores-for-Adolescents.aspx

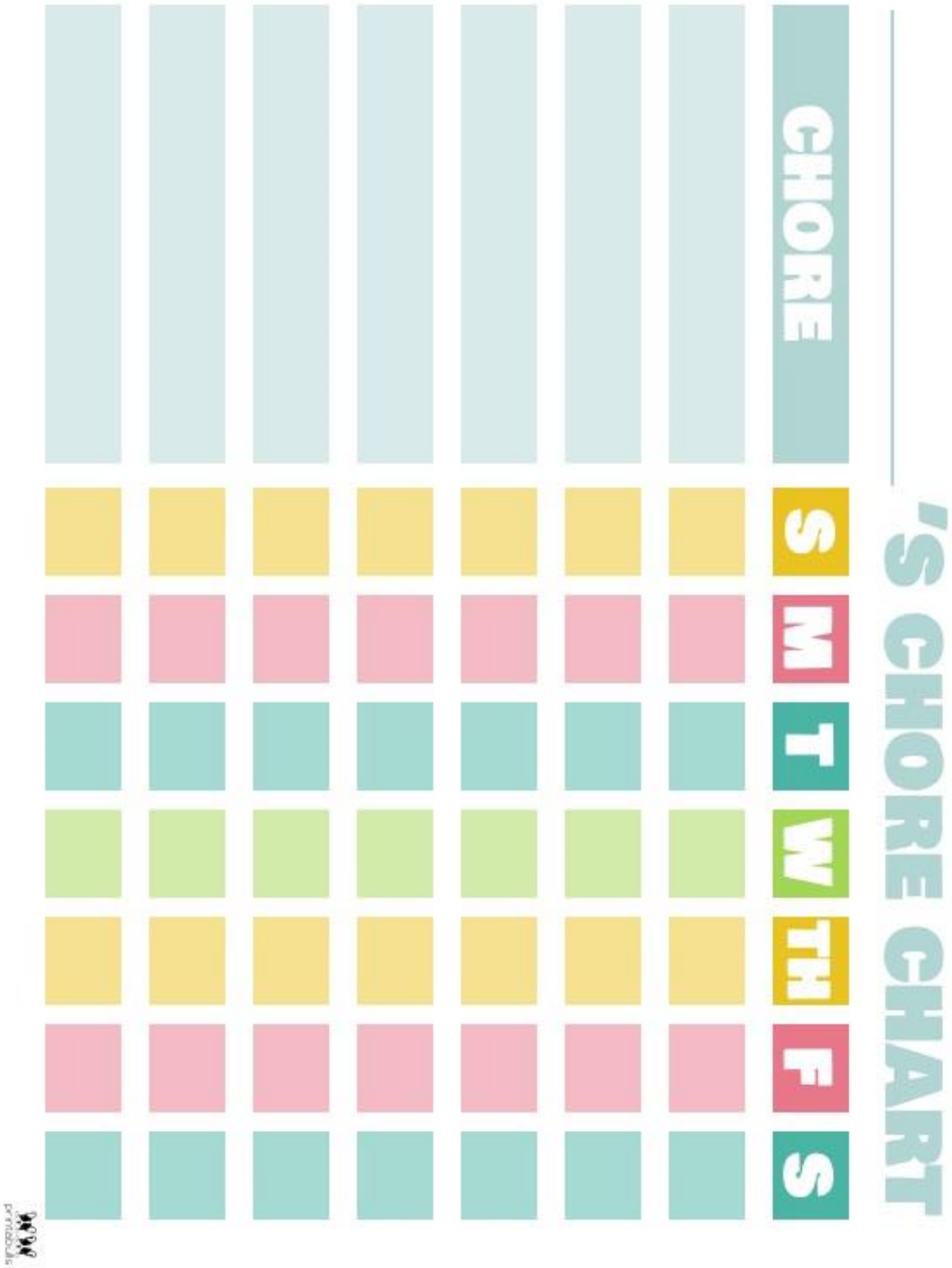
What chores are right for my child? (2023). *Pathways.* Retrieved on January 11, 2023, from https://pathways.org/chores-right-child/

Myottm F, & Rackley, M. (2016). Developmental milestones guide. *Costal OT Connections (*3rd ed.)

Gavin, M. L. (2022) Growth and development. *Nemours Children's Health.* Retrieved on January 11, 2023, from https://kidshealth.org/en/parents/growth/.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care



Used with permission from Printabulls.
https://www.printabulls.com/parenting/chore-charts-for-multiple-kids/

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

family chores

WEEK OF: ____________________

	S	M	T	W	TH	F	S
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐

	S	M	T	W	TH	F	S
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐

	S	M	T	W	TH	F	S
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐

	S	M	T	W	TH	F	S
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐
______	☐	☐	☐	☐	☐	☐	☐

Foster Care Resources

This section contains information useful for foster parents to gather additional information or resources. This section includes support groups, self-care activities, and education on types of medications, doctors, and court terminology.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Foster Parent Support Groups

Being a foster parent will bring great joy and pride. However, it also may bring along many uncertainties and hardships. Support groups are a great resource to reach out and connect with other foster parents. Support groups are also a great opportunity to ask questions and share resources with other foster parents.

Support Group	Location	Purpose	Contact
Building Blocks Foster Parent Support Group	Facebook	To connect Building Blocks, foster parents, place to ask questions and share resources	Ask Building Blocks foster care specialist or resource developer for invite to closed group
Nebraska Foster Parents	Facebook	Group to ask foster care related questions and share resources	Search group on Facebook to join
Nebraska Foster & Adoptive Parents Association (NFAPA)	Virtual	Support and give education to foster parents. Connect Nebraska foster and adoptive parents	- Live Virtual Support Group - First Tuesday of the Month at 7:30 CT https://nfapa.org/what_we_do/support-groups.html
Nebraska Foster & Adoptive Parents Association (NFAPA)	Virtual	Support group for families and children engaged in services (FACES)	- Virtual format support group for FACES - Every Tuesday 9-10am CT https://nfapa.org/what_we_do/support-groups.html
Local Support Group	Local	Connect with area foster and adoptive parents	Ask local church leaders about faith based foster parent support groups in the area

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Facebook Group

A Facebook group, *Building Blocks Foster Parent Support Group*, was created for the connection of supported foster home and staff of Building Blocks. The purpose of this groups is to support foster parents, connect parents, and provide education. The group is a safe space for all parents to ask questions. This group will form a community of support on an online format. To access the support group, you can either contact your foster care specialist or resource developer for an invite to the support group. You can search "Building Blocks Foster Parent Support Group" in Facebook groups.

Self-Care for Foster Parents

Being a foster parent is not an easy job. It is important that you keep yourself happy and in a good emotional place so that you can provide the best care that you can for the children in your home.

GOAL: Practice one self-care activity at least once a month.

Self-Care Activities:

- *Journal*
  - Journal about your day, positives you have experienced, or struggles you are having.
  - Writing in a journal can greatly help reduce mental load by getting thoughts out of the brain and onto paper.
- *Exaggerate the positive*
  - Find positive times in the day, such as when a child was being silly and made you laugh.
  - Remind the child, family, and yourself of the times to exaggerate the good things that have happened in the day.
  - When times are hard, remember the positives and progress made. Keep a journal of the positives to reflect on.
- *Set aside bits of time in the day to be alone*
  - Take a 10-minute walk in the morning before the house wakes up
  - Journal before the kids get home from school.
  - Have your favorite snack in you room while the kids safely play.
- *Join a support group*
  - Having connections and sharing with others is a great stress reliever.
    - See page 111 for support group resources.
- *Utilize respite options*
  - Have time for you and your spouse or friends to spend quality time with to refresh yourself.
- *Find a hobby that you enjoy*
  - Diamond pictures, puzzles, knitting, or painting are all great and relaxing options.
- *Keep up on self-care activities you participated in before*
  - If you enjoyed taking bubble bath, getting you hair done, or walking the dog outside before there were kids in the house, take time to do those activities at least once a month to feel like yourself.
- *Allow yourself to feel emotions*
  - Being a foster parent is difficult, allow yourself to have mistakes and learn from those mistakes.
  - Reach out to family or friend support and have conversations about difficult things you are experiencing.
  - Reach out to your foster care specialist for advice and tips.

Summer Camps for Foster Children

Summer camps can be a great opportunity for foster children to meet other kids, have new experiences, and connect to adult figures. Summer camps for foster children may be state funded or "scholarships" to send children to camps that may be of little to no cost.

Camp and Location	Purpose of Camp	Contact Information
Camp Catch-Up -Camp Moses, Merrill, NE -Camp Comeca, Cozad, NE -Camp Solaris, Firth, NE	A no-cost camp to give foster children ages 8-19 years old. This camp is an opportunity for foster children to spend quality time with their brothers or sisters that they do not live with. The outdoor camp lasts 4 days. Activities include hiking, water sports, activities, crafts, and much more.	Phone- (402)-612-6337 Website- https://campcatchup.org/
Royal Family KIDS Camp Kearney, NE Columbus, NE Hastings, NE North Platte, NE Fremont, NE Grand Island/York, NE Ogallala, NE Lancaster County, NE Omaha, NE	A weeklong camp for children in foster care who have experienced abuse, trauma, or neglect. The trauma informed based camp has bonding activities along will all the typical camp fun and games. The Royal Family KIDS network has multiple camps throughout the state along with yearlong mentorship programs.	Email: hello@forthechildren.org Phone: (714)-438-2494 Website: https://www.forthechildren.org/ OR Find local camp contact information at https://www.forthechildren.org/Locations

Microsoft Clipart

Nebraska Loan Closets

Often, foster children do not come into the home with many personal belongings, including clothes. Loan closets are available to foster parents and families to get gently used clothing at little to no cost. Foster care specialists are also available to aid you in finding local loan closet or getting needed supplies.

Store	Location
Release Care Closet	Omaha, NE (402)455-0808
Foster Care Closet of Nebraska	Lincoln, North Platte, Kearney, Beatrice (402)853-9990
Kearney Mission Ave Thrift Store	Kearney, NE (308)708-7448
The Clothing Closet	Burwell, NE (First Christian Church) (308)214-0798
Hastings Mission Avenue Thrift Store	Hastings, NE (402)462-6460
Community Connection	Broken Bow, NE (308)872-2250
Community Wardrobe & Thrift Shop	O'Neill, NE (402)336-1285
Second Change Thrift Shop	Basset, NE (402)684-2542
Blessed Sacrament Thrift Store	Grand Island, NE (308)398-3443
Grand Island Mission Avenue Thrift Store	Grand Island, NE (308)675-1701

Medications and Side Effects

Foster children are often prescribed medications by a physiatrist or physician to treat a mental or physical health diagnosis. It is important to give medications following doctor's direction. It is also important to monitor the child for any negative reactions following a medication dosage change or adding a new medication. As a foster parent, you can report any side effect to the prescribing doctor. The doctor can adjust dosage, time of day of medication, or type of medication depending on the side effects experienced. Note what is found in the table below

Medication Name	Drug Name	Uses	Side Effects
ADHD Medications			
Adderall	Dextroamphetamine/amphetamine	Treatment of ADHD, narcolepsy	nervousness, restlessness, excitability, dizziness, headache, fear, anxiety, tremors
Clonidine	Catapres	Treatment of ADHD, high blood pressure, Tourette's	dry mouth, dizziness, drowsiness, conception
Focalin	Dexmethylphenidate	Treatment of ADHD	restlessness, stomach upset, loss of appetite, dry mouth, headache, sleep disturbances
Intuniv	Guanfacine	Treatment of ADHD	drowsiness, dizziness, dry mouth, constipation, tiredness, nausea, headache, stomach pain
Concerta, Ritalin	Methylphenidate	Treatment of ADHD	abdominal pain, decreased appetite, headache, dry mouth, nausea, insomnia, anxiety, dizziness, weight loss, irritability, excessive sweating
Vyvanse	Lisdexamfetamin, dimesylate	Treatment of ADHD	nausea, vomiting, stomach/abdominal pain, loss of appetite, dry mouth, headache, nervousness, dizziness, trouble sleeping, sweating, weight loss, irritability, restlessness

Asthma Medications			
Albuterol	Proventil, Ventolin	Treatment of asthma, allergies, pneumonia/ bronchitis	headache, dizziness, sleep problems, cough, hoarseness, sore throat, runny or stuffy nose, mild nausea, vomiting, muscle pain, diarrhea
Fluticasone	Flovent	Prevention of asthma attacks	headache, dryness in your mouth, nose, or throat, white patches, or sores inside your mouth or on your lips, stuffy nose, sinus pain, cough, hoarseness, or deepened voice
Singular	Montelukast sodium	Treatment of asthma, allergies	stomach pain, heartburn, upset stomach, nausea, diarrhea, tooth pain, tired feeling, fever, stuffy nose, sore throat, cough, hoarseness, mild rash
Behavior Diagnosis Related Medications			
Abilify	Aripiprazole	Treatment of schizophrenia, mania, depression, bipolar disorder, and some behavior disorders	dizziness, lightheadedness, nausea, vomiting, tiredness, excess saliva or drooling, blurred vision, weight gain, drowsiness, constipation
Depakote	Divalproex	Treatment of bipolar disorder, seizure disorder, migraines	dizziness, drowsiness, diarrhea, hair loss, blurred/double vision, menstrual changes, ringing in the ears, tremors, unsteadiness, weight changes
Prozac	Fluoxetine	Treatment of depression, OCD, eating disorder, panic episodes	Nausea, insomnia, nervousness

Lamotrigine	Lamictal	Treatment of bipolar disorder, seizure disorders	tremors, dizziness, tired feeling, blurred vision, double vision, loss of coordination, dry mouth, mild nausea, stomach pain, upset stomach, changes in menstrual periods, back pain, sleep problems, runny nose, sore throat
Lithium	Eskalith CR, Eskalith, Lithoid	Treatment of bipolar disorders, depression, schizophrenia, impulse control disorders	Restlessness, fine hand movements that are difficult to control, loss of appetite, stomach pain or bloating, gas, indigestion, weight gain or loss, dry mouth, excessive saliva in the mouth, tongue pain, change in the ability to taste food, swollen lips, acne, hair loss, unusual discomfort in cold temperatures, constipation, depression, joint or muscle pain, thin, brittle fingernails, or hair
Melatonin	MEL, Melatonin, MLT	Treatment of sleeping problems, insomnia	headache, short-term feelings of depression, daytime sleepiness, dizziness, stomach cramps, irritability
Risperdal	Risperidone	Treatment of bipolar disorder, schizophrenia, irritability	sudden, often jerky, involuntary motions of the head, neck, arms, body, or eyes, dizziness, tiredness, fatigue, fever, nausea

Seroquel	Quetiapine	Treatment of schizophrenia, acute manic episode of bipolar	Trouble sleeping, nausea, headache, diarrhea, irritability
Topamax	Topiramate	Treatment of mood disorders, PTSD, eating disorders, migraines, seizures	sedation, psychomotor slowing, agitation, anxiety, concentration problems, forgetfulness, confusion, depression, depersonalization
Trazodone	Desyrel, Oleptro	Treatment of depression, anxiety, chronic pain	Drowsiness, mild headache, constipation
Trileptal	Oxcarbazepine	Treatment of epilepsy, bipolar disorder, mood disorders	low blood sodium indicated by headache, problems with thinking or memory, weakness, loss of appetite, feeling unsteady, confusion, hallucinations, fainting, shallow breathing, increased or more severe seizures
Zoloft	Sertraline	Treatment of depression, OCD, PTSD, PMDD, panic disorder, social anxiety disorder	sleepiness, nervousness, insomnia, dizziness, nausea, skin rash, headache, diarrhea, stomach upset, loss of appetite, dry mouth, weight loss
Zyprexa	Olanzapine	Treatment of acute manic episodes of bipolar disorder, anxiety, eating disorders	increased appetite, excessive sleep, dizziness, tremors

Common Illness Medications			
Amoxicillin	Amoxil	Treatment of common bacterial infections	nausea, vomiting, diarrhea
Desmopressin	DDAVP	Treatment of bed wetting issues, diabetes	diarrhea, abnormal thinking
Docusate	Colace, doculase, dulcolax	Treatment of constipation	mild diarrhea, mild nausea
Ferrous Sulfate	Feosol, Feratab	Treatment of anemia	constipation, upset stomach, black or dark-colored stools, temporary staining of the teeth
Fluconazole	Diflucan	Treatment of fungal infections	headache, constipation, mild stomach pain, diarrhea, upset stomach, headache, dizziness, unusual or unpleasant taste in your mouth
Claritin, Alverta	Loratadine	Treatment of seasonal allergies	drowsiness, headache, psychomotor impairment, urinary retention, dry mouth, blurred vision, gastrointestinal disturbances
Zyrtec	Cetirizine	Treatment of allergies	dry mouth, drowsiness, excessive tiredness, stomach pain, diarrhea, vomiting

Common ADHA medications & treatments for children. (2022). *American Academy of Pediatrics.* Retrieved on January 20, 2023, from https://www.healthychildren.org/English/health-issues/conditions/adhd/Pages/Determining-ADHD-Medication-Treatments.aspx

Mayo Clinic Staff. (2022). Treating asthma in children ages 5 to 11. *Mayo Clinic.* Retrieved on January 20, 2023, from https://www.mayoclinic.org/diseases-conditions/childhood-asthma/in-depth/asthma-in-children/art-20044383#:~:text=Inhaled%20corticosteroids.,and%20mometasone%20(Asmanex%20HFA).

Treating disruptive behavior disorders in children and teens. (2016). *Agency for Healthcare Research and Quality.* Retrieved on January 20, 2023, from *https://effectivehealthcare.ahrq.gov/products/disruptive-behavior-disorder/consumer#:~:text=Atomoxetine%20and%20guanfacine%20ER%20improve%20disruptive%20behavior.&text=The%20anticonvulsant%20medicine%20divalproex%20(Depakene,use%20it%20to%20treat%20DBDs*.

Types of Doctors and Therapists

Foster children often receive many recommendations to specialist doctors, practitioners, and therapists. These professionals can help them in their development and assist them with any problems they may have. Specialized doctors and therapist are a support to the foster child. Communication with these practitioners should be open and supportive. It is important to communicate with therapists to know what the foster child is learning in sessions and to carry over strategies in the home. Talk with your foster care specialist for more clarification on specifics of medical professionals.

GOAL: Talk to one of the child's doctors or therapists about strategies you can carry over into the home.

Specialty Name	Purpose
Primary Care Physician, Pediatrician, Family Medicine Physician	• Provide basic health screenings (weight, skin, ear monitoring, etc.) • Provide referrals (recommendations) to specialty doctors • Provide shots that the child may need • Treatment of common sicknesses
Advanced Practice Registered Nurse (APRN)	• Provides medical treatments • Screening for diagnosis of illness • Often works in rural settings • Able to provide check-ups, referrals, and shots for children
Pediatric Dentist	• Provide dental exams • Provide treatment 6 months after first tooth breaks through • Provide education on dental care
Optometrist	• Provide yearly eye screens • Provide prescriptions for glasses or contacts • Provide referral for vision therapy or ophthalmologist
Ophthalmologist	• Treatment and diagnosis of eye conditions such as dry eye • Preforms eye surgeries • Provide specialty medical treatment for eye diseases

Specialty Name	Purpose
Vision Therapist	• Provide education and treatment for lazy eyes, double vision, or near or far sightedness • Provides training on prism, bifocal, or general lenses
Occupational Therapist	• Provide education, recommendations, and intervention (treatment) for all activities that a foster child may participate in • Provide feeding therapy for picky or resistive eaters • Provide interventions for emotional regulation and behavior management • Provide interventions for fine motor or gross motor delays • Provide education to caregivers on strategies and home modifications for increased independence for foster child
Speech Language Pathologist	• Provide education and intervention for speech impediment or delay • Provide intervention for cognitive delays related to speech • Provide feeding therapy for picky or resistive eating • Provide education and strategies for caregivers for increased speech development in foster child
Physical Therapist	• Provide education and intervention for gross motor delays • Provide education and training for gait training • Provide intervention for delays in walking, crawling, or mobility environment • Provide education on home modification and caregiver education for increased mobility independence in foster child

Specialty Name	Purpose
Play Therapist	• Provide therapy through play intervention for young children • Use of play for self-expression and verbalization/expression of emotions and trauma • Address behavior or anger issues from trauma through play
Child-Parent Psychotherapist (CPP)	• Therapy involving child and biological or foster parent • Intervention for relationship building and parent education • Treatment of child's cognitive, behavioral, and social functioning
EMDR Therapist	• EMDR (Eye-Movement Desensitization and Reprocessing) • Specialist therapist that provides EMDR intervention to heal and desensitize from trauma • Provides treatment to make new brain connections that aren't related to traumatic pasts
Psychiatrist	• Mental health doctor able to prescribe medications • Provide intervention and diagnosis for mental health disorders such as ADHD, ODD, Autism, Anxiety, PTSD, etc.
Psychologist	• Provide education and interventions through talk therapy with foster child • Provide intervention for trauma related past and behaviors related to trauma • Provide grief counseling in case of loss • Provide education and strategies to caregivers on home modification and interventions in the home for trauma behavior management

Elterman, K. (2022). What do different medical specialist do? *GoodRx Health.* Retrieved on January 23, 2023 from https://www.goodrx.com/healthcare-access/patient-advocacy/medical-specialists.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Court Terminology

Terms used in court may be difficult to follow or understand. It is completely normal to be confused at times during court. Make sure to take notes during sessions to ask your case worker or foster care specialist about afterwards. It may also be helpful to take this handout with you to court to help follow along. Below is a sheet to keep tract of important names and numbers that are associated with the foster child's case.
GOAL: Review common court terms to familiarize yourself with words used.

Workers Involved	
Case worker (CSF)	Worker for the state that ensures that a child has appropriate care. Ensures that court orders are carried out and ensures that goals are worked towards. Assists biological parents with physical, emotional, and financial needs
CASA	Court Appointed Special Advocate. Volunteers who advocate for the child's best interest and safety
GAL	Guardian ad Litem. An attorney who is legal counsel for the child and is an advocate for the child's best interest. GAL and child will meet regularly
PALS	Works one on one with youth to assess strengths and abilities and identify actions and goals for transition to adulthood
Foster care specialist (FCS)	Works for independent or state agency for support of foster parents and children placed in the home. Able to gather necessary supplies, give guidance on issues, and provide emotional support to all involved in foster home
Resource development (RD)	Licensed foster home and conduct regulation and rules within foster home. Ensures that licensed homes are compliant with all foster care laws

Types of Placements	
Adoption	Legal guardianship of youth after determination that biological parents are unwilling or unable to care for youth. Parental rights are no longer intact and new birth certificate is created
Guardianship	Legal guardianship of youth after determination that biological parents are unwilling or unable to care for youth. Parental right may or may not be still intact
Independent living	Living after 19 years old when child has aged out of foster care system
Kinship	Foster care placement with family, extended family, relatives, or family friends
Reunification	Children returning to live with biological parents after case plan goals are met
Common Terms	
Abused, neglected or dependent minor	A child who has been harmed or at risk to be harmed by physical or emotional abuse by a caregiver or older acquaintance. Or a child whose caregiver does not provide necessary care.
Allegations	Statement of what is believed to have happened and why the child must be in State custody
Appeal	Legal request by a party in the case for a higher court to review the judges' decision
Case Plan	A plan written by DHHS and the parents to describe the goals the parents must accomplish for the child to be able to return home. If the goal is not reunification, describes steps to reach permanency objective
Dependency case	Any child who is homeless, destitute, or without proper support through no fault of their parent or guardian
Due process	The fairness in the court process following all laws
Evidence	Proof or testimony submitted to the court to determine to true of alleged facts

Finding	A decision made by a judge
Hearing	Formal proceeding where issues will be argued in a court before a judge. This process is similar to a trial
Minor	A people who is under the legal age, Nebraska is 19 and under is considered a minor
Permancey goal	Goal set by the judge for the permanent placement of a child. Could be reunification with biological parent, adoption, guardianship, or independent living
Reasonable efforts	Efforts that DHHS must make to prevent the removal or the child from them home or to correct the conditions that led to the out-of-home placement and finalize the permeant placement
State ward	A child who is in legal custody of the Nebraska Department of Health and Human Services
Status offender	Juvenile who has been charge with for conduct that would not be a crime if not committed by an adult such as truancy, running away, or being disobedient
3A	May refer to an abuse and neglect or dependency (child) case [NRS 247.3 (A)]
3B	May use to refer to youth with a status (current or repeat) offender case [NRS 247.3 (B)]
3C	May refer to youth with high mental, physical, medical needs, or medical neglect [NRS 247.3 (C)]
Court Processes	
1st Appearance	Happens within 48 hours of the child's removal from biological parents. Judge determines if there was legal cause for removal of the child and if the child should remain in custody of the State.
Adjudication hearing	Occurs within 90 days of removal from biological parents. Court determines if the allegations (what was said to had happened) are proven by evidence.

Disposition hearing	Occurs within 30 days after adjudication where judge decides what is best for the child and puts in a court order/case plan
Review hearing	Occurs every 6 months after initial disposition hearing where the court will review the status of the case. The court will examine the progress made by parents, determine is court-ordered services were provided, allow for changes in case plan, make sure that the case is moving forward
Pre-hearing conference (PHC)	Facilitated meeting before a court appearance. Intended to help parents take an active role early in care, offer services and treatment to child and parents, and develop a problem-solving plan for reunification
Family group conferencing (FGC) Family findings	Facilitated process with the extended family to develop safety plan for children involved
Mediation	Facilitated process with the parents and the foster care agency to resolve a specific issue
Permanency pre-hearing conference (PPHC)	Facilitated meeting before the permanency hearing to bring together all parties and discuss information such as goals for further placement options
Permanency hearing	A court hearing that occurs at or around 12 months of placement to determine if child will transition to guardianship, reunification, adoption, or independent living
Pre-hearing termination of parental rights (PHTRP)	Facilitated discussion after a petition to terminate parental rights to bring all parties together to determine if they case if ready for trail and discuss other options
Termination of parental rights (TPR)	A parent no longer has any legal right to their child and not long responsible for the child

Conner, J. (2015). Guide for foster parent and relative caregivers: Understanding the Nebraska juvenile court child protection process. *Nebraska Court Improvement Project.* Retrieved on January 12, 2023, from https://supremecourt.nebraska.gov/sites/default/files/files/2921/publications_fosterparentsandrelativecaregiversguide_1.pdf
Common types of foster care. (2021). *KVC Nebraska.* Retrieved on January 12, 2023, from https://nebraska.kvc.org/2021/08/27/common-types-of-foster-care/

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Important Names and Numbers

Child's Case Worker Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____
Child's Lawyer Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____
Child's GAL Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____
Child's CASA Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____
Child's Judge Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____
Foster Care Specialist (FCS) Name: _____ Number: ( )_____-_____ Email: _____ Location: __ _____ Notes: _____
Resource Development Worker (RD) Name: _____ Number: ( )_____-_____ Email: _____ Location: _____ Notes: _____

Individual Education Plan (IEP) Meetings

General Overview of IEP Meetings	
What is an IEP?	• Individualized Education Plan (IEP) • Meeting and document that has information about the child's strengths and areas for improvement in and out of the classroom in the school setting. An IEP set goals for the child in school and outlines tools and accommodations or changes to the child's learning to give the child the most success possible. Topics may cover academic goals, testing accommodations, therapy hours, transportation services, etc.

Why does a child need and IEP?	• An IEP ensures that a child does not fall behind in education and is provided services and accommodations for success
	• A child may qualify for a 504 plan
	  ○ This plan is for students who have behavior related goals but do not receive special education services
	  ○ 504 plan and IEP meetings are similar in layout, content, and measurement of goals
	• A child will have and IEP if they:
	  ○ Have services through the school including special education, therapies, or accommodations
	  ○ Have a documented diagnosis such as ADHA, Autism, PTSD, or any diagnosis that may affect their functioning in school
	  ○ Have a need for physical or emotional accommodations in school such as accommodations for wheelchairs, vision accommodations, or emotional accommodations

Who is involved in an IEP?	• Biological parent with educational rights
	• School Team
	  ○ Principle
	  ○ School Counselor
	  ○ Teachers and Paraprofessionals
	• Foster Care Team
	  ○ Case Workers
	  ○ Foster parents
	• Therapy Team
	  ○ Speech, Occupational, and/or Physical therapists
	  ○ Counselors, therapy experts, and/or trauma therapists

What to expect	• Each member of the IEP team including parents and foster parents will share why they are involved in the case, strengths of the child, improvements to be made, and recommended accommodations to meet the goals they set • The IEP team will ask biological and foster parents if the goals outlined, and accommodations are approved • As the foster parent you can provide insight to the goals and if accommodations are appropriate ○ Expect collaboration between all team members and compromising on goals and accommodations • Meeting can last from 30 minutes to two hours depending on the needs of the child • IEP meetings occur once a school year

What to Prepare	• Bring with you a pen and paper, or preferred note taking strategy as there will be lots of conversation to remember and reflect on later
	• Before the IEP make a list of concerns you see at home with the child
	  ○ Include positive changes and positive characteristics of the child since placement began
	• Goals that you think would fit the child well
	• Bring any communication with professionals outside of the school
	  ○ Include screenshots of communication about visits or therapy sessions
	  ○ Bring report cards, homework sent home with good remarks and improvement, and written communication that is important information about the child

Lightner, L. (2020). How to prepare for an IEP meeting. *A Day in Our Shoes.* Retrieved on February 6, 2023, from https://adayinourshoes.com/iep-meeting.
Cahill, S.M., & Bazyk, S. (2020). School-Based Occupational Therapy. In J.C. O'Brien, & H., Kuhaneck (Ed.), *Case-Smith's Occupational Therapy for Children and Adolescents (*8th ed., pp. 627-658). Elsevier.

WHAT IS OCCUPATIONAL THERAPY?

A therapy that is for people of all ages. Occupational therapy (OT) focuses on activities or tasks a child or person has to do, needs to do, or wants to do in their everyday life. Occupational therapy focuses on physical conditions, mental health conditions, and the overall improvement of a person's quality of life

OT AND FOSTER CARE

OT services can help foster children with emotional regulation, behavior management, physical conditions, mental health conditions, peer interaction skills, and social skills in all of their environments. If the child has any difficulty with an aspect of their day or functioning in the new foster home, OT Is able to help the child.

WHY WOULD A FOSTER CHILD REQUIRE OT?

A foster child might require OT services if their doctor has recommenced the child see an OT. A child might also need therapy if they have difficulty managing their emotions, self-control issues, problems with peer interactions, or are behind on any developmental milestones.

WHAT HAPPENS DURING SESSIONS?

OT sessions typically last 30 minutes to 1 hour and occur 1-3 times per week. The therapist working with the child will begin with assessing the child to find their strengths and areas for growth. After the first evaluation, the therapist will create specific goals for the child. Each session will look different. Sessions include purposeful play, development skills through play, handwriting, feeding and eating therapy, peer interaction skills, and emotional regulation.

HOW CAN A FOSTER CHILD RECEIVE OT SERVICES?

OT services can be requested by the foster parent or foster care team. A referral or recommendation for therapy can be made by a doctor, teacher, therapist, or parent.

CREATED BY EMILY KNUST, OTDS

Usability Tracker

Keep a tally or running total of each handout given to foster parents. Keeping track of how many handouts are used will help to see which handouts are useful and which can be revised to be used more often. Also, be sure to write down any ideas for additional handouts or sections you may have.

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Handout Usability Tracker

Handout	Number Given	Comments or Changes
New Placement		
Welcoming New Placement		
Family Activities		
Get to Know Me Activities		
Introduction Family		
Setting Routines		
Setting Boundaries		
Setting Rules		
Time In vs. Time Out		
Transitions from Visit		
Parenting Tools		
Co-Regulation		
Emotional Regulation		
Executive Functioning		
Talking About Body Changes		
Rest & Sleep		
Transitions		
Trauma & Behaviors		
Trauma and Brain Development		

Home Sensory Modifications		
Specific Behaviors		
Impulse Control		
Food Hoarding		
Picky Eating		
Managing Nightmares		
Nighttime Wetness		
Addressing Dishonesty		
Child Development		
Developmental Milestones		
Age-Appropriate Activities		
Age-Appropriate Chores		
	Resources	
Support Groups		
Facebook Page		
Self-Care for Foster Parents		
Recommended Book List		
Summer Camp List		
Loan Closets		
Types of Medication		
Types of Doctors and Therapists		
Court Terminology		

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

IEP Meetings		
What is Occupational Therapy		
Ideas for Additional Handouts		

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841

Building Blocks Foster Care

Foster Parent Satisfaction Survey

Please rate you satisfaction with the toolkit and its information below.

1. The information provided in the handouts is useful and easy to implement in the home.

   (Not at all) 1 2 3 4 5 (Very useful)

2. The handouts are relevant to problems occurring in the home.

   (Not at all) 1 2 3 4 5 (Very relevant)

3. The strategies and activities in the toolkit work well on the behaviors experienced.

   (Not at all) 1 2 3 4 5 (Worked Well)

4. Information provided is easily incorporated in daily routines.

   (Not at all) 1 2 3 4 5 (Very easily incorporated)

5. There is less stress as a foster parent after using the information provided.

   (Not at all) 1 2 3 4 5 (Much less stress)

Please let us know what we can change to any specific handout or section you have received.

Please include suggestions or tips that would be helpful for foster parents.

_____

_____

_____

_____

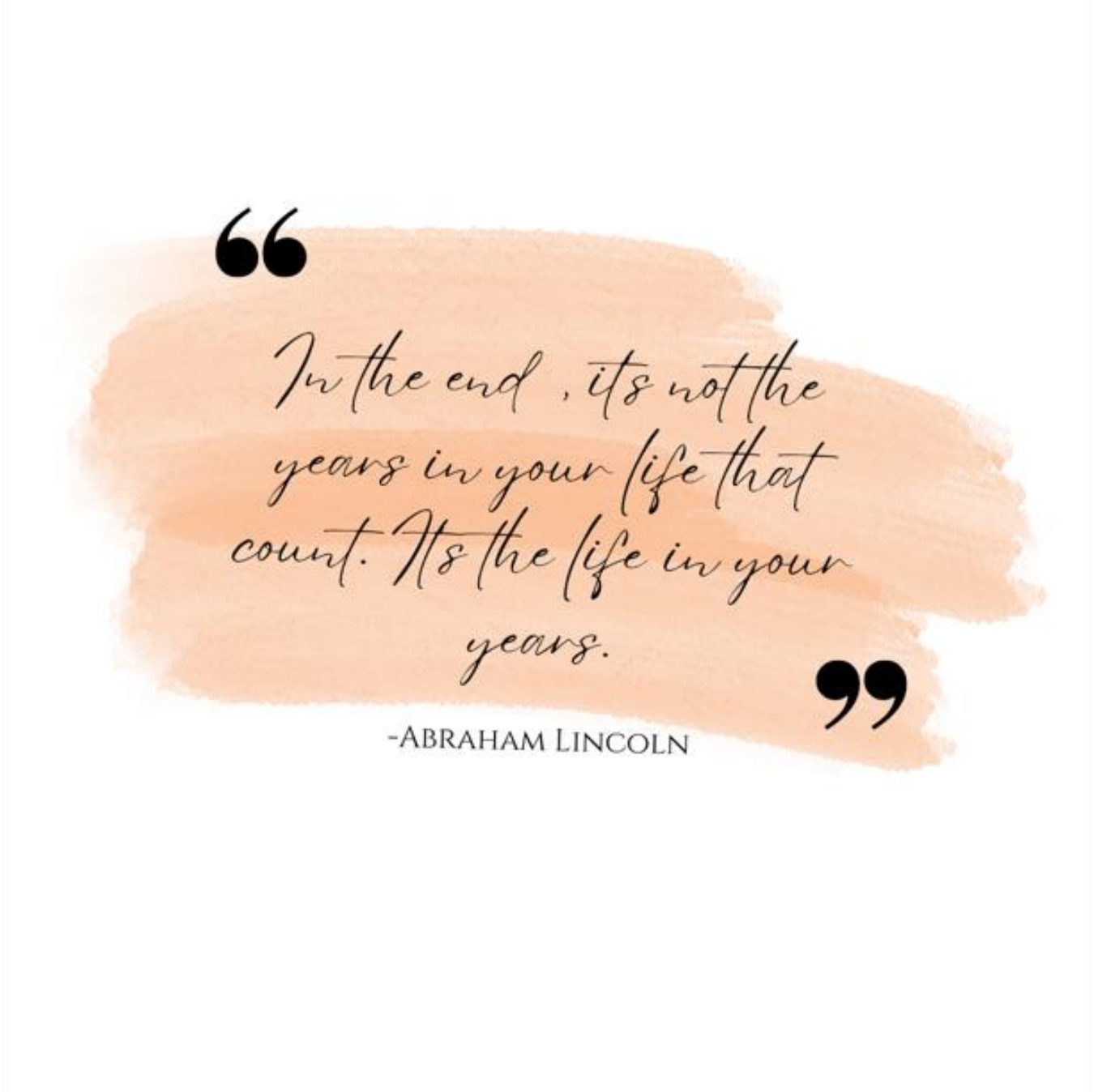
_____

_____

_____

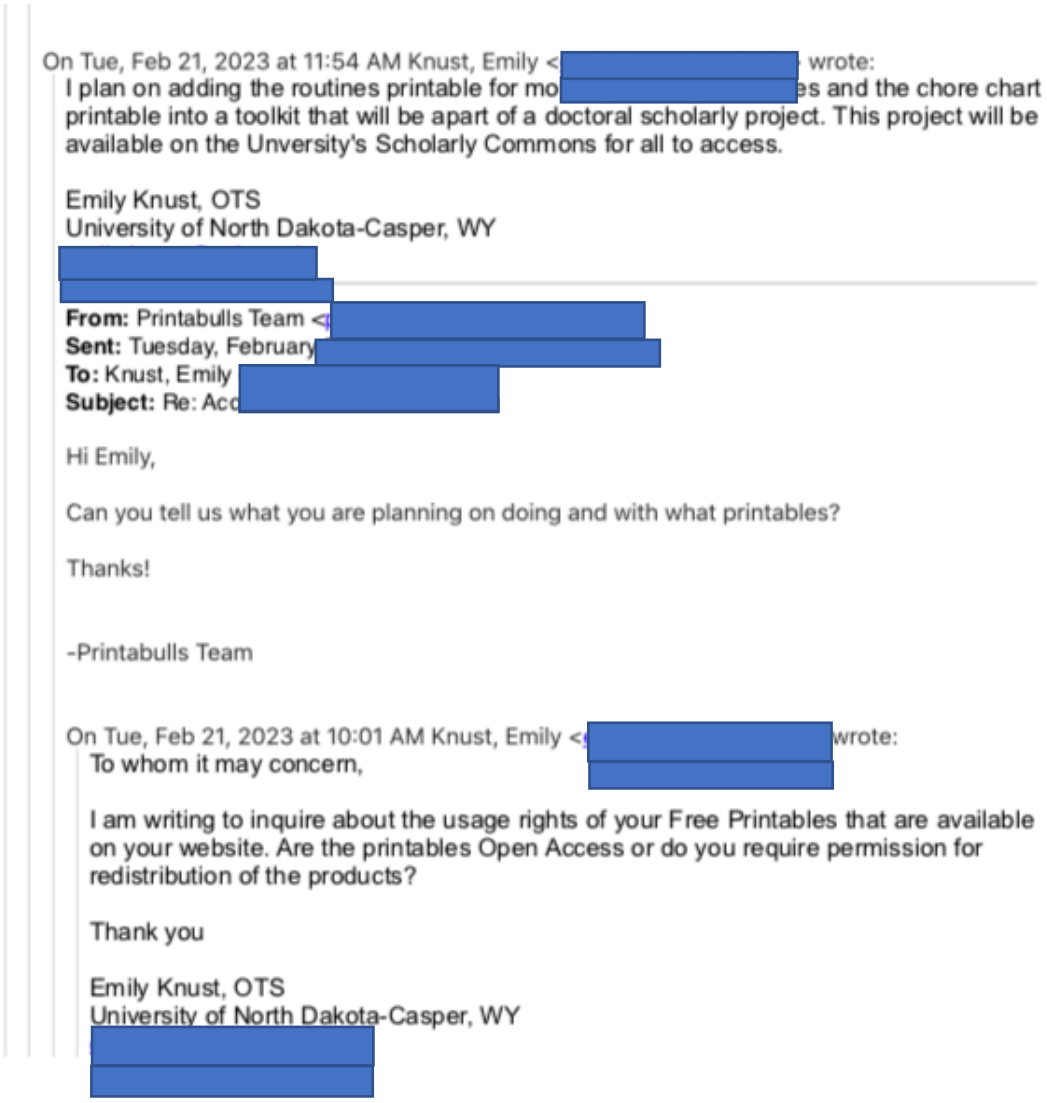
_____

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841



Appendix B

Permission



On Tue, Feb 21, 2023 at 11:54 AM Knust, Emily <[redacted]> wrote:

I plan on adding the routines printable for mo[redacted]es and the chore chart printable into a toolkit that will be apart of a doctoral scholarly project. This project will be available on the Unversity's Scholarly Commons for all to access.

Emily Knust, OTS
University of North Dakota-Casper, WY
[redacted]

From: Printabulls Team <[redacted]
Sent: Tuesday, February[redacted]
To: Knust, Emily [redacted]
Subject: Re: Acc[redacted]

Hi Emily,

Can you tell us what you are planning on doing and with what printables?

Thanks!

-Printabulls Team

On Tue, Feb 21, 2023 at 10:01 AM Knust, Emily <[redacted]> wrote:

To whom it may concern,

I am writing to inquire about the usage rights of your Free Printables that are available on your website. Are the printables Open Access or do you require permission for redistribution of the products?

Thank you

Emily Knust, OTS
University of North Dakota-Casper, WY
[redacted]

Re: Access To Printables

Printabulls Team [redacted]
Wed 2/22/2023 12:49 PM
To: Knust, Emily <emily.knust@und.edu>
Awesome, thank you so much!

-Printabulls Team

On Wed, Feb 22, 2023 at 8:06 AM Knust, Emily <[redacted]> wrote:
> Yes, I will do that! It should be published mid-to-late May! Thank you for your interest!
>
> Emily Knust, OTS
> University of North Dakota-Casper, WY
> [redacted]

From: Printabulls Team <[redacted]
Sent: Wednesday, February 22, 2023 8:56 AM
To: Knust, Emily <[redacted]
Subject: Re: Access To Printables

No problem at all!

Can you share a link with us when it's all done and published online? We'd love to take a look!

-Printabulls Team

On Tue, Feb 21, 2023 at 2:13 PM Knust, Emily <[redacted]> wrote:
> Okay, I will provide those links. Thank you very much for the permission.
>
> Emily Knust, OTS
> University of North Dakota-Casper, WY
> [redacted]

From: Printabulls Team <[redacted]
Sent: Tuesday, February 21, 2023 3:06 PM
To: Knust, Emily <[redacted]>
Subject: Re: Access To Printables

Sounds great.

If you can include some kind of source via links to those pages of shared printables that'd be all we ask. So long as people can clearly find/navigate to where they came from via correct sourcing/linking that'd be great.

Thanks for asking and good luck with your project!

-Printabulls Team

For Questions or
Additional Information
Contact Your Foster Care Specialist or
(402) 336-4841