

LifeLines

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safer, healthier relationships
for children and families

Kinship Foster Care and Adoption

November is when we nationally recognize adoption's significance in our country through Adoption Awareness Month. Adoption has been around for centuries, but recently, we have seen a shift toward relatives taking a more prominent role in providing children with permanency. Traditional adoption and kinship adoption have many things in common; however, there are differences that are significant.



Traditional adoption requires advanced planning, with in-depth training for the prospective parents, assessment of the family's strengths as well as challenges, and post-adoption support. In kinship placement, a child coming into a relative's home is not planned for and requires quick decision-making. The family assessment generally occurs after the child is placed, and too often, the family does not have the support needed for a successful placement. Many would say that parenting a child who is a relative provides the advantage that the child is already known to the family; this should make it easier. The reality is that many relative placements need more support than traditional adoption. It is essential that the relative taking on the child acknowledge that their relative-child most likely experienced trauma. Parenting this time around will feel and look quite different from their initial parenting experience. Kinship providers who are offered psychoeducation or therapy will sometimes reject the offer, viewing these resources as more of a burden rather than a support.

Kinship care can come about in a variety of ways, but it is almost always in a crisis situation. For some, kinship care is an informal arrangement that can occur between a parent

and their adult child or an aunt and their niece or nephew. Parents may see that their child is struggling to parent and will step in to care for the grandchild until the birth parent can resume their duties. This informal route may lead to multiple transitions for the child. The birth parent becomes stable, and the child returns home, only to move back to grandma's because the parent has relapsed. In some situations, the child comes to the attention of child services and is diverted to a kinship placement to keep them out of the system. The third scenario is that the state will take protective custody of the child, and the relative is the first to be asked to become licensed and be case managed by the welfare agency.

In all three scenarios, there is a level of trauma surrounding the placement of the child. A relative will experience grief and loss that their adult child is incapable of caring for their offspring. There could be a death or incarceration of a parent. The relative being asked to shoulder the new responsibility could have any number of emotions, ranging from guilt and shame to anger and resentment, that they have been put into this position. Families seeking traditional adoption have fully researched and understand the implications of taking on a child. The relative does not have the opportunity to research, much less process the full impact on their life plans.

Very often, the adult who has been asked to foster or adopt a relative will feel pressured to say yes, out of love, loyalty, and a sense of obligation to family. They may feel like they had no choice and that there was a perceived state of urgency that required an immediate commitment. If permanency is expected within the relative placement, then it is crucial to allow the family to have a trial period. The relative needs some breathing room to think about what this will look like in 5, 10, or possibly even 20 years. Dr. Joseph Crumbley, LCSW says, "Obligation may not be enough of a reason for being a kinship caregiver." He encourages relatives to ask themselves the following two questions. "Should I and can I be a caregiver? Should I, and can I continue being a caregiver?" Dr. Crumbley concludes, "You may, in fact, be obligated to ask these questions out of your responsibility to the children." The relative's sense of loss and ambivalence about the responsibility put before them will impact their ability to care for the child in question. You've got to be okay for the children to be okay.

As people age, their life circumstances will change. Finances, retirement plans, declining health, housing requirements, and support systems will all evolve over the adult's lifespan. It is also important to recognize that family dynamics, authority, roles, responsibilities, and loyalties will change among the kinship caregiver, the birth parent, the child, as well as other extended family members. This evolution takes time and is challenging for everyone. The relative needs to recognize that placing a five-year-old with a 75-year-old grandparent will likely result in the child enduring another

transition as the grandparent begins to lose the ability to provide the necessary care. It is not selfish to say no when considering what is in the child's best, long-term interest. Check out our new offering specifically for kinship providers in the fall training schedule.

As we celebrate Adoption Awareness Month, we would like to acknowledge the courage, perseverance, and dedication of all who have committed themselves to forming families through adoption.

The Possibilities of FamilyForward's New Occupational Therapy Program

What's the most common question you get when you tell someone about your profession or career? As an occupational therapist who works exclusively with children and adolescents, the most common question I get is, "Why would children need 'occupational' therapy? They don't have jobs."

This question makes total sense. Occupational therapy (OT) might be one of the most confusingly named professions out there. Because, no, I'm not here to find employment for the children I see. My role as an occupational therapist is to help my clients, no matter their age, overcome any barriers that keep them from participating in the activities and environments that are meaningful and important to them.

With adult clients, this would look like teaching them strategies to get dressed after surgery or problem solving how to unload groceries without fatigue if they have a chronic illness. And, yes, it could even look like adapting their work environment to accommodate a disability so that they can perform their job.

In childhood, meaningful occupations often include eating, sleeping, playing, and going to school. For many children who come to FamilyForward, these childhood occupations

are disrupted by environments and systems that are not built to meet their unique sensory and relational needs. Trauma in childhood may change how their brains process sensory information, attend to tasks, or perceive relationships. Sitting still for circle time in preschool may be a struggle because their brains are telling their bodies to keep moving. Engaging in play or socialization with friends might pose a challenge because the child focuses more on the toy or activity than on the interaction with the friend. Dinner or bedtime may become battlegrounds with caregivers due to the child's specific sensory, developmental, and relational needs differing from how the family usually engages in these occupations of eating and sleep.

Occupational therapy professionals hold the neurological, sensory processing, and developmental expertise to analyze why a child or family is experiencing dissatisfaction with an occupation or activity. OT practitioners often work with children and care teams to problem-solve adaptations, strategies, and skill building that can help the child or adolescent to overcome those barriers. However, few OT providers have the expertise of trauma-informed care necessary to understand the role complex trauma might play in these scenarios. Therefore, FamilyForward, in recognizing the important role that the OT profession can hold in healing and participation for families, has started laying the groundwork for an Occupational Therapy Program within its Developmental Trauma Center (DTC).

Over the next year, FamilyForward will begin rolling out OT services alongside the assessment, therapy, and preschool programs within the DTC. As the newly hired Director of Occupational Therapy for FamilyForward, I plan to spend the next few months meeting with DTC staff and stakeholders to identify how best OT can be integrated into the work of the organization. Many families are already excited by the prospect of having access to trauma-informed OT services, and I eagerly await the day we can open our program to families. The OT services we're building right now will enrich and expand the current work of the DTC. The possibilities offered by this innovative, new Program of Occupational Therapy are one exciting way FamilyForward is continuing to provide even more comprehensive and personalized care for the children and families we serve.



Heavenly Hibernation! How to Get a Better Night's Sleep

Roughly a third of our lives are spent sleeping, yet we tend to regard this part of the day as insignificant. Once thought to be the result of a dip in metabolism or mental activity, scientific study has revealed that sleep includes times of tremendous brain activity vital to restoration. A good night's sleep boosts our immune system, decreases stress, improves memory function, clears out neurotoxins, and speeds cellular growth. Sleep deprivation leads to brain fog, impaired judgment, slowed reflexes, and increased injuries. Over the long haul, poor sleep raises the risk for major health challenges, including depression, diabetes, and poor heart health.



So how much sleep do we need? This changes throughout our life cycle. Infants typically need as much as 17 hours of sleep per day, and as children age, they need less sleep. Guidelines from the National Sleep Foundation indicate that toddlers require 11-14 hours, preschoolers and kindergartners 10-13 hours, kids in elementary and middle school 9-11 hours, and teens 8-10 hours. Adults need 7-9 hours. During a growth spurt or while overcoming illness, people need more sleep to recover. Though individual sleep needs vary, few people fall outside of these ranges.

With the start of school, kids are getting used to going to bed on time and waking up early. For adults, this often means waking earlier as well. Ensuring that everyone is getting enough good quality sleep is essential. Adults generally appear fatigued when they lack sleep; however, signs of sleep deficiency aren't always as obvious in kids. Rather than looking sleepy, children may appear hyperactive or have difficulty focusing. Sleep loss can cause emotional dysregulation resulting in aggression and behavioral challenges.

Sadly, many kids aren't getting the sleep they need. Long days in school paired with extracurricular activities may not allow enough time to wind down. Late-night athletic practices may prevent kids from falling asleep at an early hour. Adolescents' sleep cycles shift to later in the evening, while most high schools have the earliest start times of any age group.

So how do we help ourselves and our kids get the best sleep possible? Good sleep hygiene can help make the most of the hours available. Here are some tips from sleep experts:

1. Have a routine. Try to go to bed and wake up at the same time every day. To set a bedtime, work back from the time you need to wake up. For example, if your middle schooler needs to get up at 6:00 a.m., he or she should be in bed by around 8:00 p.m.-9:00 p.m. Try not to deviate by more than an hour earlier or later on weekends and holidays.
2. Avoid or limit naps for adults and children who are beyond the napping stage. Napping too close to bedtime can make it difficult to fall asleep. If a nap is needed, make it no more than 20-30 minutes and at least 3-4 hours before bedtime.
3. Exercise regularly and early if possible. Regular exercise helps provide the physical stimulation needed to feel tired. It's best to exercise earlier in the day and avoid rigorous activity at night. If this isn't possible, try to allow at least an hour before bed to do something relaxing.
4. Eat dinner 3-4 hours before bedtime and keep later snacks light. Digestion can interfere with restful sleep. Eating calorie-dense, high-fat food just before bed can result in heartburn, gas, and stomach upset.
5. Limit electronics, especially at night. One to two hours of electronics per day for kids for entertainment purposes, with the devices turned off at least an hour before bed. No televisions in the child's bedroom and other electronics should be checked in for the night.
6. Teach kids that their bed is for sleeping. Many kids will read, study, or use their phones in bed. Even when these devices are turned off and put away, this can make it more difficult to fall asleep. Forming a cognitive association between the bed and the activity of sleep will help with relaxation.
7. Create a healthy bedtime ritual. Dim the lights. Read or sit and watch the sunset. Talk about the day and share concerns. Meditate. Write down anything that is nagging or needs attention tomorrow. Take a warm bath or shower. Make sure the heat is not turned up too high, as too much heat can make it hard to fall asleep. Turn down the thermostat, ideally to the upper 60's but at least below 75 degrees. Cooling sheets can be helpful, especially for people prone to night sweats.

All this information may seem overwhelming at first, so choose one or two things to focus on. Before you know it, everyone will be sleeping better, and that's a win-win!



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Our Vision

FamilyForward leads the community in providing innovative solutions for advancing safer, healthier relationships for children and families.

Our Mission

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

Visit familyforwardmo.org/publications to read LifeLines online.

Educational Opportunities for Adoptive and Foster Parents

We have officially moved and all classes will be held at the new campus located at 11358 Van Cleve Avenue in St. Louis County.

Sensory Processing and Integration

Wednesdays, October 12 and 19, 2022 | 6:00 – 9:00 pm

Difficulties with sensory processing are often confused with behavioral problems. Children who have been in foster care or adopted are at a heightened risk of experiencing these challenges. Learn about Sensory Processing Disorder; what it is, signs and symptoms, suggested ways that parents and teachers can help, and resources in the area. This two-part training provides parents with a hands-on experience.

The Amazing Brain

Monday, October 17, 2022 | 6:00 – 9:00 pm

This training will provide parents with a deeper understanding of brain development from the moment of conception to maturation. The impact of early childhood trauma on the brain's organization will be explored through a small group activity utilizing The Brain Architecture Game. Will your team be able to build a brain that stands up to toxic stress?

Connecting with Kinship

Wednesdays, October 26 and November 2, 9, and 16, 2022 | 6:00 – 8:00 pm

Kinship placements are often made during a crisis with little time for the new caregiver(s) to sort through all the changes happening in their family. These alterations in family structure and dynamics can be distressing and create unique challenges for the family. Addressing these issues proactively can help prevent a crisis down the line. This four week training will explore issues unique to kinship providers and give tools to address areas of change. Basic information on the impact of trauma on children will also be presented. This group is meant for kinship providers and is a place to connect with others going through similar circumstances.

The Philosophy and Practices of Nurturing Parenting

Friday, November 4, 2022 | 12:00 – 1:00 pm

Based on decades of research on children and families, the Nurturing Parenting curriculum helps parents build warmth, caring, and fun within their home. Come learn about the foundations of this approach and how to begin implementing this lifestyle with your family. Class is a virtual lunch and learn.

Understanding Feelings

Friday, November 11, 2022 | 12:00 – 1:00 pm

Most people have learned that there are two types of feelings: good and bad. This discussion expands the dialogue and looks at ways to invite healthy emotional expression at home. Class is a virtual lunch and learn.

Building Self Worth in Children

Friday, November 18, 2022 | 12:00 – 1:00 pm

Children need to feel safe, capable, and loveable. What influences self-worth for children? How can we assist them in having a healthier view of themselves? We will explore these questions and ways parents can bolster their children's growth in this area. Class is a virtual lunch and learn.

Praising Children and Their Behavior

Friday, December 2, 2022 | 12:00 – 1:00 pm

Some parents shy away from giving praise to their children for a variety of reasons. Praise used in the right way is an incredibly effective parenting tool. Used poorly, it can also hurt the child and the relationship. Come learn why praise is important and the guidelines to using it well. Class is a virtual lunch and learn.

Parenting Children with Drug and Alcohol Exposure

Monday, December 5, 2022 | 6:00 – 9:00 pm

Children who were exposed to alcohol or drugs in-utero can experience a wide range of medical, developmental, and mental health challenges. This training discusses the effects of a range of substances as well as parenting techniques that are helpful in the daily challenges. Parents are empowered with the knowledge that having at least one caring adult in the child's life can make a positive impact on the long-term outcome.

Sibling Practice

Tuesdays, December 13 and 20, 2022 | 6:00 – 9:30 pm (note longer class time)

This seven-hour course is based on the curriculum entitled Sibling Practice Curriculum from the National Resource Center for Foster Care and Permanency Planning Hunter College School of Social Work. It has been modified to relate to the target audience of foster parents. A decision-making matrix is used in a mock staffing the second week. This training is required by Children's Division for their licensed resource parents.

**Level A Training dates and times to be announced for the fall.
Contact your case-worker to register.**

LifeLines is going digital!

Want to receive a LifeLines newsletter in your email inbox? Sign up today to receive a digital version of LifeLines by using the form on familyforwardmo.org/calendar



Register for Training

Contact 314.534.9350 ext. 7234 or
email intake.dept@familyforwardmo.org

Visit familyforwardmo.org/calendar to view training information online.