

Leadership Village Press Publications

## **THERAPEUTIC FOSTER CARE**

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## OVERVIEW

In this advanced training course, you learn how to provide therapeutic care for foster children. The course is divided into four parts. In Part One, you start by developing your vision statement for children in care (1.1). You then learn about well-adjusted children (1.2). This section covers the most important areas of normal adjustment. You also consider how abuse and neglect affect children's adjustment.

Section 1.3 introduces the six major dimensions of child development. Within each dimension, you consider the effects of abuse and neglect on developing children. In section 1.4, you examine what abuse and neglect teaches children. What do children learn when they are maltreated, removed from their homes, and placed with strangers?

In Part Two, you learn about the changing expectations for foster care. Section 2.1 explains how the changes happened and why they are important. In section 2.1.a, you learn about the emphasis on "permanence" for children. You then consider "concurrent planning" in section 2.1.b. Section 2.2 uses a case example to help you better understand permanence and concurrent planning.

Part Three builds on the foundation you develop in Parts One and Two. In section 3.1, you learn children with extreme behavior and emotional problems require more than therapeutic care. They must have highly qualified, professional help. At the same time, these children can benefit from therapeutic care combined with more specialized services.

Sections 3.2, 3.3, and 3.4 cover the three major areas of maladjustment. These are stress and depression, school and learning problems, and interpersonal (relationship) problems. You learn the best approaches to helping children with adjustment difficulties in these areas.

Part Four applies your new knowledge and skills to real children. You consider actual cases of children who have been removed from their homes and placed into care. Helping them get past the trauma and upheaval in their lives is complex. For them, therapeutic care is more than helpful. It's necessary.

## Therapeutic care:

"Therapeutic care" is much more than effective behavior management. Children in care certainly may have specific behavior and adjustment problems. Their foster parents need to help them work through those difficulties. If the problems are serious, qualified professionals are usually available to help develop behavior management plans. These plans include specific responses to specific behavior. They also include strategies for dealing with particular adjustment difficulties.

When behavior and adjustment problems are less serious, normal parenting approaches usually work well. The children's behavior improves and they adjust better. In sections 3.2, 3.3, and 3.4, you learn the most important, normal parenting approaches.

Since you are taking this course, we assume you are committed to more than behavior management for children in care. Like other foster parents, you know behavior and adjustment are important. You likely already have most of the skills you need to help children in these areas. Unlike most foster parents, though, you demand more from yourself. You have to know:

- What happened to the children before they came into care?
- How have the children been affected by the maltreatment they have experienced?
- How do those past life experiences cause the behavior and adjustment problems experienced by children in care?
- How can you help children in care get past those bad times in their lives?
- How can you help children in care succeed, help them find that better future they absolutely deserve?

Leo Tolstoy said, "All happy families resemble one another; every unhappy family is unhappy in its own way."

Buddha said, "A family is a place where minds come in contact with one another. If these minds love one another the home will be as beautiful as a flower garden. But if these minds get out of harmony with one another it is like a storm that plays havoc with the garden."

Therapeutic care goes beyond traditional foster care. Of course, it includes the flower garden, the happy family children coming into care haven't experienced. Beyond that, though, therapeutic care provides more for children. They are truly understood. This understanding spans where they have been and what they need today to be successful tomorrow. From this understanding flows the emotional and spiritual nurturing they must have to flourish.

Therapeutic care has good, traditional foster care as its foundation. If you are a new foster parent, you may not be ready for this advanced course. It assumes you are comfortable with your foster parent role and are familiar with the needs and special problems of children in care.

If you haven't yet had training about behavior management, you may not be ready to study therapeutic care. This course assumes you are generally familiar with how to deal with children's typical behavior and adjustment problems. The most important techniques are included; but this isn't a course in behavior management.

Therapeutic care takes you into a world of deeper understanding. You learn new concepts and principles. You learn new techniques and strategies. Mostly, though, you are invited to think about abused and neglected children, about what life is like from their perspective, and about how you can do more than keep them safe. The goal of therapeutic care is success for each child in care, today and tomorrow. Behaving themselves and adjusting to life in a foster home aren't nearly enough.

Therapeutic care for abused and neglected children requires a new level of commitment and dedication. In this course, you struggle with the most difficult questions facing foster care providers today. What's more, the answers to those questions aren't in this workbook. Rather, you are invited to join those on the forefront of serving children in care.

This workbook is difficult reading. The activities are only for those who are serious about achieving excellence in foster care. The time you spend will be very challenging. When you have finished the course, you will know more and understand better. Even then, though, you will merely be out there with the rest of us who are continuing to struggle with the questions and trying to find the answers.

If you are up to the challenge, have a productive and thoughtful journey. Enjoy the workbook; but most importantly, enjoy the children. They are very special and so are you.

## 1.1 YOUR VISION FOR CHILDREN IN CARE

Think about children in care and about your hopes and dreams for them and for their futures. At the same time, think about your job, about what your commitment is to these most vulnerable children. Your hopes for and commitment to the children is your "vision" for children.

Here is a sample vision statement you can use as a starting point as you develop your personal vision statement. Please work with the statement until it reflects your vision for children in care and your commitment to them. You may want to add items, delete items, or change items. Your goal is to make the vision statement yours.

After each item in your vision statement, write a sentence or two about why you think it's important for children in care.

### **Children in care:**

- Must have their needs for food, clothing, shelter, health care, education, and spiritual nurturing met.
- Deserve my unconditional love and respect.
- Must develop a strong sense of self-worth and personal esteem.
- Are entitled to live in a safe, nurturing home where they can develop to their fullest potentials.
- Must learn how to be responsible, contributing members of the community.

What else should be in this section of your personal vision statement to make it right for you?

- (a.)

- (b.)

**I will:**

- Accept personal responsibility for the safety and well-being of each child in my home.
- Value and build on each child's individual strengths.
- Convey strong values, a clear sense of responsibility, and realistic expectations to each child.
- Provide a positive role model for children.
- Do all I can to make sure children get the services and special help they need.
- Work to eliminate any barriers preventing children from reaching their full potentials.

What else should be in this section of your personal vision statement to make it right for you?

- (a.)
- (b.)

**My promise to each child in my home is:**

- I will honestly share my feelings and ideas with you. From me, you will always get the truth.
- I will always use age-appropriate and respectful communication, problem solving, and interpersonal approaches with you.
- I will openly and honestly let you know how your behavior is affecting me and other people in the family.
- I sincerely care about you and about what you think and feel.

- I will be there for you, when you need me, where you need me, for as long as you are in my care, doing what you need to have done.
- I will consistently provide emotional and interpersonal support and security for you.
- I will help you understand the implications of not dealing right now with your problems.
- I will do all I can to help you get the help you need.
- I expect you to participate in making choices about the help you get and in deciding about what problems and issues we choose to work on.

What else should be in this section of your personal vision statement to make it right for you?

- (a.)
- (b.)

## 1.2 Well-adjusted children

Here are the most common characteristics describing well-adjusted, school age children. You can use the list to see how any child is doing, compared to other children the same age. You also can consider what the effects of maltreatment would be for a child in these areas.

While thinking about the list, understand maltreatment doesn't affect every child the same way. It may cause problems in some areas and not in others. Overall, though, maltreated children don't get along as well as other children. Fortunately, when they are in safe, nurturing homes where their well-being is a priority, maltreated children can get past their adjustment problems. It takes time, love, qualified help, and a lot of patience. Still, they most always can handle the challenge of getting up-and-over the worst of times in their young lives.

After each item, write a sentence or two about what you think the effects of maltreatment might be in that area.

### **A well-adjusted, school age child:**

- Is in good health and not often ill.
- Is energetic and interested in what is going on in his world.
- Is usually relaxed and comfortable with himself.
- Is self-confident in most situations.
- Eats regularly in normal amounts.
- Stays away from alcohol or other drugs.
- Is well-behaved most of the time.
- Manages his anger and temper responsibly.
- Feels successful most of the time.
- Is responsible and dependable most of the time.
- Deals well with most day-to-day stresses and pressures.
- Makes and keeps friends his age.
- Has friends who are reasonably well-behaved and who do well in school.
- Finishes homework and other assignments on time.
- Is involved in school activities and projects.
- Talks with appropriate adults about his activities, friends, and problems.

## **1.3 Well-being**

It isn't hard to see children in care have problems and issues most children never experience. Their troubles are varied but most all are suffering the effects and trauma of maltreatment. What's more, their difficulties are compounded by the effects of separation from their neighborhoods, their schools, their families, and their personal cultural ties.

Were that not enough, the children's lives are further disrupted by having to live in new homes, probably in new neighborhoods, with strangers. Virtually all of the people, places, and things the children have known change at the very time they are most vulnerable. To fully appreciate the effects of all of this change on developing children, you need to see children are multi-dimensional people.

Children's development starts with their physical, doing dimension. It incorporates their physical bodies, their potentials and capacities to do and behave, and most of what is visible in terms of their actions and activities.

Part of each parent's role is to help his children grow to respect and appreciate their physical abilities and skills, to know how to behave in a variety of situations, and to recognize and utilize their physical capacities and potentials. This physical, doing dimension starts at infancy and is central to children' adjustment throughout their journey to adulthood.

The emotional dimension is equally important. Here are found feelings, fears and frustrations, sadness and joy, disappointment and excitement, love and hate, fun and futility. Growing children experience all of these emotions and need to learn how to interpret them, how to express them, and how to manage them.

For example, children must learn to express anger without having tantrums, to deal with despair and disappointment without becoming destructively depressed, to express love and joy without getting into harmful or inappropriate relationships. Within this dimension, children must learn to deal with their emotions and learn how to express their feelings effectively and appropriately.

Around the age of four or five the moral, spiritual dimension begins to emerge. Effectively helping children develop a solid sense of right and wrong, good and bad, requires their parents are clear about their own values and beliefs in these areas. Success in this dimension is critical to success in the social dimension emerging about the same time.

When children are about five or six, the social dimension becomes dominate and begins to interact with the other developing dimensions. The social dimension embraces the child's potential to interact with other children and adults and to become socially effective and self-determined.

By about eleven or twelve, the child's emerging sexual dimension begins dynamically interacting with the other developing dimensions. Sexual behavior and attitudes that are appropriate and inappropriate, healthy and unhealthy, effective and ineffective are best conveyed to maturing adolescents by parents who have carefully thought through and appropriately deal with the issues.

This central parental responsibility similarly applies to the thinking, learning dimension starting at birth and gaining focus at seventeen or eighteen. By then, children need to be self-directed, skilled learners who are formulating independent ideas and perceptions. They should be thinking critically, clearly, and thoroughly. Older adolescents need to be receptive to the ideas of others and at the same time able to combine those ideas with their own, i.e., they should be thinking for themselves.

The point here is children are complex individuals. Further, their healthy and successful growth and development are also very complex processes. Although most children pass through their developing years with only occasional problems and issues, many don't. While most children are safe, have permanent homes, and live with adults who are committed to their well-being, other children are maltreated and their well-being is jeopardized. Their parents are failing them at a time in their lives when the children absolutely need them to succeed.

Yes, many of the causes of parental failure leading to children coming into care can and will be corrected. In the meantime, though, the children are continuing to grow and develop. For these children, everyone working with them must commit themselves to their well-being. Their futures depend on it. The children are counting on it.

As you can see, keeping maltreated children safe isn't enough. Their physical, emotional, moral, spiritual, social, sexual, and intellectual well-being must also be nurtured and supported. If this doesn't happen, these most vulnerable children will be forever the victims of the maltreatment they have experienced.

**From your point of view:**

When children are maltreated, abruptly taken from their families, and placed into care, what do you think the short and long-term effects will be in these developmental areas? After each area, write a sentence or two about what you think the negative effects may be.

- Physical growth and development

- Behavior and adjustment
- Emotional well-being
- Moral and spiritual growth
- Self-image and self-esteem
- Social and interpersonal adjustment
- Sexual development and behavior
- Intellectual growth and school success

## **1.4 What children learn**

The events and circumstances leading to children coming into care jeopardize their present and future well-being. The complex problems and issues certainly there for them aren't minor and aren't something they will quickly grow out of or just get over. They are serious problems requiring your thoughtful attention.

Children are continuously learning. What they learn and how well they learn it are the important questions. In healthy, stable families, children discover an exciting world where they can experiment with and master the ideas and skills they need to grow and develop in productive and positive ways. Their parents aren't always right, don't always set the best example, and sometimes make mistakes. Still, everyone in the family shares in the give-and-take and healthy learning goes on for everyone.

In homes where children are severely maltreated, children still learn but what they learn and what they do with what they learn are quite different matters.

**From your point of view:**

Write your thoughts after each question.

- What do children learn when they are continuously exposed to family and neighborhood violence, drug abuse, severe poverty, criminal activity, and serious parental and family dysfunction?
- What do children learn when their parents don't keep them safe and don't tend to their needs and well-being?
- What do children learn when they live in filthy, unsafe homes?
- What do children learn when they are physically, emotionally, and sexually violated by people in their homes?
- What do children learn when they are abruptly removed from their homes, from their families, from their neighborhoods, from their schools, and from their personal cultures?
- What do children learn when a family who said they cared about them has them removed because they are inconvenient or disruptive?
- What do children learn when they are moved from place to place and have little to no say about it?
- What do maltreated children do with all of the learning experiences they have had? What ideas, behavior, and life-skills do they master?
- How would you expect all of that learning to come out in terms of the child's behavior, emotional and social adjustment, family relationships, school performance, and general attitude?

## 2.1 CHANGING EXPECTATIONS

In years past, being a foster parent was simpler and much easier. It was enough to be a good person and to provide concerned care for children. What's more, the children in care were far easier to manage. Children with serious behavior problems or who didn't adjust easily to foster families were simply sent to children's homes, group homes, residential facilities, or institutions.

Within those settings, there was much more tolerance for behavior and patterns of adjustment that would have been unacceptable in families. Instead of helping the children deal with and resolve their problems, they were merely seen as children who couldn't adjust to family life and who had to have group or residential care. Typically, the explanation was the children had attachment or behavior problems and couldn't deal with close family relationships.

Even those children placed into care were there conditionally. If the child had trouble adjusting or the foster parent had difficulty managing the child, the child was moved. The child could be "tried" in another foster home or placed in a group or institutional setting. Moving children around was just business as usual.

For far too many children, bouncing from place to place was how they spent their childhoods. Of course, if they didn't have significant problems with attachment and close relationships when this moving around process started, they usually developed them sooner or later.

In recent years, many of the children who previously would have gone into residential and institutional care are now in foster care. Those children who do go into residential treatment facilities are expected to "step down" into foster care, once their behavior and adjustment problems are lessened. The result is any child who comes into care is more likely to have serious behavior and adjustment problems than would have been the case only a few years ago.

This shift from institutional to foster care has been very good news for children. Even though they do have behavior and adjustment problems, these difficulties are viewed differently. Instead of seeing them as "conditions" the children have which are related to attachment or other disorders, they are seen as normal and expected. Children can't just be abruptly taken away from what they have known and put into a strange environment without some problems adjusting.

Compounding the challenge for foster parents, children coming into care today are more likely than in past years to have been affected by unconscionable family and neighborhood violence, drug abuse, severe poverty, criminal activity, and extreme parental and family dysfunction. This means children in care may be very challenging. Simply being a good person and assuring a safe home for them will likely, by themselves, not be enough.

Along with the many challenges children in care bring to you, the expectations for foster families have changed. At the heart of these changes are changing expectations for public and private child protection agencies. At local, state, and national levels, law-makers have become much more critical of what happens to children once they come into care.

Hundreds of thousands of children remained in out-of-home care for years after they were separated from their families. These children drifted in and out of the system. They moved from foster home to foster home. Many were uprooted from their neighborhoods, their schools, their families, and their personal cultures. Yes, some developed and adjusted successfully; but far too many didn't. The urgent need to improve the life prospects for these lost children was the main reason why caring foster parents were no longer enough. It was clear the children deserved and had to have more.

**From your point of view:**

Write your thoughts after each question.

- What are the effects of family and neighborhood violence, drug abuse, poverty, criminal activity, and severe parental and family dysfunction for growing children?
- What happens to children when they are abruptly uprooted from their neighborhoods, their schools, their families, and their personal cultures?
- What happens to children who are moved into and out of the system or are moved from foster home to foster home?

***2.1.a Safety plus permanence***

"Safety" has always been and continues to be the primary objective for all public child protection agencies. The bottom line is to get and keep children out of harm's way. If children can remain safely with their parents while the adults work through their problems and issues, the children stay home. If not, they are placed with other relatives. In about 10% of child protection cases, the children can't stay at home and there are no suitable relatives to keep them safe. These children come into care, with the primary objective being keeping them safe.

In recent years, it has become clear safety, by itself, isn't enough. Children also need permanence. They must have a permanent, stable home where they can develop normally and go about the business of being children. They must not fear for their safety, worry about whether their basic needs will be met, or wonder where they will be living tomorrow.

About 90% of children in care will reunify with their families. In the meantime, they need to know they are safe and they won't have to move, except to go home. For the approximately 10% of foster children who can't ever go home, a safe, permanent home must be there for them, with no delay.

**From your point of view:**

Write your thoughts after each question.

- What do you think happens to children when they don't feel safe and can't be sure their basic needs will be met?
- What do you think the effects are on children when they are abruptly taken from their homes and families and placed into the homes of strangers?
- What do you think it does to children when they aren't sure where they will be living tomorrow?

***2.1.b Concurrent planning***

For many reasons, including the dissatisfaction of law-makers, the rules and expectations for placement agencies and foster parents have changed. At the top of the change list is how long a child can remain in care. Although the exact limit varies some from state to state, a child can't continue on foster care status indefinitely. Planning for the child's future starts on the first day of placement and has to lead to permanence either back with his family or with another permanent family. In every case, though, foster care is a step toward permanence for the child.

Planning for permanence for children while also working with their families so children can return home if possible is called "concurrent planning." Those working with children in care have two goals. First, if the child's parents can work through their problems and issues so their child can come home within a reasonable amount of time, that is the preferred outcome. Second, if the first goal isn't reached, there is an alternative permanence plan.

For most children in care, the primary plan is returning to their families. This is called "reunification." The second or backup plan is permanence for the child with other relatives or in an adoptive home. The special challenge is being sure both the primary and backup plans are receiving everyone's best and most thoughtful efforts. They must work on both plans concurrently.

### **From your point of view:**

Write your thoughts after each question.

- What does it mean for children that a limit is put on how long they are left in care?
- What special challenges are there for foster parents, knowing planning for children in care either returning home or being in an alternative, permanent home starts on the first day of placement?
- How important is it for the placement of a child to work well and to avoid his being moved to a second or third foster home?

## **2.2 Foster care to adoption**

Since everyone working with children in care wants permanence for them, let's revisit concurrent planning from a somewhat different perspective.

Starting February 2, family preservation staff worked with the Renolds family due to concerns about educational and environmental neglect, inadequate supervision, lack of parenting skills, and the immature judgement of Mrs. Renolds.

The home has been, at times, very dirty, in disarray, and in disrepair with broken windows, torn furniture, holes in the walls, and backed-up plumbing. Agency funds were used to correct these conditions the week of February 4 and again the week of March 29. Similar conditions were once more present on April 24.

According to neighbors, Mrs. Renolds allows teenagers in her home at all hours of the day or night. Poor judgement about friends has resulted in domestic violence and alleged drug use in the home, placing the children at further risk. Money has been stolen and the home vandalized by people who frequent the home.

The children are poorly supervised. Mrs. Renolds has allowed Kelly, age 7, and Linda, age 9, to miss over forty days of school during the current school year. Additionally, she permitted the girls to wander around the neighborhood after 10:30 p.m. without adult supervision. This resulted in Mrs. Renolds being unable to find the children on the night of April 23. Her explanation was, "They said they were just going outside to play." Mrs. Renolds did contact the police, at 3:15 a.m. on April 24. They assisted her in locating the children.

Mrs. Renolds failed, on three occasions, to follow through with counseling referrals, in spite of acknowledging depression and parenting problems with her children.

The children are frequently dirty, improperly fed, and their immediate needs for supervision and nurturing aren't being met. Despite extensive efforts by the agency and assistance by relatives, care and supervision of the children remains a concern.

The children's father is currently incarcerated for a domestic violence conviction. Neither he nor other relatives are able to care for the children.

Based on its investigation and on the recommendation of the family preservation staff, Social Services requested the court grant temporary custody of the children to the agency. Custody was granted on April 24 and the children were placed into care.

There are many things you will want to think about here. For now, though, focus specifically on permanence for the girls. Workers are continuing services to Mrs. Renolds so she can learn to provide a more appropriate environment for her children. This could take many months and may not succeed. In the meantime, the girls are having to adjust to a new school, are making new friends, are learning about a new home with new people and new expectations, and are re-inventing their lives. They continue to visit with their mother. She is making little to no progress and is unlikely to ever be a responsible parent, although she cares about the girls and they still love her.

As you know, this situation can't go on much longer. They can't remain in care indefinitely. They need and must have a permanent home.

Planning for permanence started the first day the girls came into care. The primary plan was for the children to reunify with their mother. Since there were no other relatives who could take the girls, "adoption" was the backup plan.

**From your point of view:**

Write your thoughts after each question.

- How do you think you and the girls would get along, if they came to live at your home?
- What special behavior and adjustment problems would you anticipate needing to deal with?

- How would you help the children stay connected with their personal culture, e.g. race, ethnic heritage, religion?
- How would you feel about working with the children's mother and helping with reunification efforts?
- If the children can't ever go home, would you be open to adopting them?
- If you adopted the children, how important do you think it would be for them to keep an ongoing relationship with their mother, with other birth-relatives, with their friends from their old neighborhood?
- If the girls were with you for a few months and you and your family decided keeping them was inconvenient or too disruptive, what would be the effect on the children if you chose to have them moved? Would the effect be different if they were boys, if they were older, if they were younger?
- If you don't adopt the girls, what do you think the effect on them would be when they have to move to a different adoptive home? Remember they have been with you for a few months.
- How would you help the children (and the new adoptive family) with the girls' transition to their new home, if they have to move?
- What do you think the "best" permanence plan would have been for the children, on the first day they were placed?
- How important will it be for the children to stay together? It isn't uncommon for brothers and sisters to be separated and placed into different homes.

## 3.1 MALADJUSTED CHILDREN

Children who are having trouble adjusting to their worlds have specific problems and issues. These aren't the same from child to child. Even so, children do let adults know things aren't going well. Their troubles show in their behavior and in how they deal with various people and situations. Observing the signs and understanding their causes are the keys to providing the children the support and help they need to move past their problems and get on with their lives.

The signs of maladjustment included in the next few sections are "culturally neutral." This means they are important regardless of the child's racial, ethnic, religious, economic, or geographic background or heritage. Having made that point, though, the appropriateness of specific behavior and acceptable emotional expression do vary from place to place and from culture to culture. For this reason, you need to be particularly sensitive when interpreting the behavior and emotional expressions of any child.

Although seeing any of the signs is reason for concern, you need to combine your concern with your judgement about its significance, given the child's life experiences and cultural heritage. Just be sure you aren't making too much, or too little, of what you are observing. It will help here to talk with others who know the child personally or professionally so you can incorporate their thinking into your perspective.

Both maltreated children and children who haven't been maltreated have problems and personal issues that "come out" through signs of maladjustment. Seeing a sign of maladjustment in a child doesn't tell you what specifically caused the problem or what is bothering the child right now. What's more, the signs of maladjustment in maltreated children aren't significantly different than those seen in children who haven't been maltreated, although the signs seen may be more frequent and more severe.

Your challenge is to understand what is causing or contributing to the difficulties of a child today. Just keep in mind children in care can have problems and issues that aren't related to the maltreatment they have experienced. They certainly may have those types of difficulties but also can have the same troubles other children have.

Signs of extreme behavior disorders such as intense defiance, intentionally injuring other people, drug or alcohol abuse, criminal activities, or willful destruction of property haven't been included. These obviously require professional intervention. Also, they require individually designed behavior management plans. If a child in care exhibits these types of extreme behavior problems, a qualified expert needs to work with the child and with his caretakers to develop the behavior management plan. Also, the child should be assessed by a child psychologist. The child very likely has learning and developmental disorders causing the behavior problems or making them worse.

Signs of severe emotional disturbance haven't been included either. These include signs such as hearing voices, extreme mood swings, suicide attempts, obsession with fire, extreme fears, intentional starvation or very excessive eating, serious withdrawal from people and activities, and very strange thoughts and ideas outside of what is real or probable. If a child in care is having these types of problems, he should be seen by a psychiatrist and a highly qualified therapist. Also, the psychiatrist and therapist should work with caretakers to help them help the child.

A child who has none of the signs in the next three sections likely doesn't have any serious adjustment problems. This is especially true if you combine the signs with the areas of normal adjustment considered earlier. Children who have very serious adjustment difficulties also have the more typical problems that are included. In fact, they likely exhibited some of these signs prior to developing more serious problems.

The progressive nature of behavior and adjustment problems is, in part, why these signs must be taken very seriously. If they aren't taken seriously today, they will get worse. More serious signs will develop as the child gets older. For this reason, The best help a child can get is the help he is getting today.

**From your point of view:**

Write your thoughts after each question.

- What provisions should the agency make for mental health and other services for children in care?
- What provisions should the agency make for mental health and other experts to be available to caretakers to discuss children in care and to make behavior, emotional, and interpersonal management plans for the children?
- What provisions should the agency make to respond to mental health and behavior related emergencies that may happen in your home?

With any areas of adjustment for children, if you observe anything that concerns you or causes you to wonder, take your reaction seriously. If you are concerned, it's important, whether the particular sign is included here or not. Just remember there aren't any silly questions or unwarranted concerns. The only bad outcome here would be your not discussing your concerns with the child and with the professionals who are available to work with you.

### **From your point of view:**

In each of the next three sections, fourteen signs of maladjustment are listed (forty-two signs in all). Think about a child currently in care at your home. Look at the forty-two signs and simply put a check mark beside any sign you have recently seen.

With the specific child and the signs you have seen in mind, write your responses after each question.

- What are the most important steps you can take at home to help the child with the problems that have been identified?
- What outside resources might be useful to help the child with the problems that have been identified?
- How can the staff at your agency specifically help with these types of problems?

## **3.2 Signs of stress and depression**

Stress and depression in children are caused by a combination of external and internal factors. Outside the child, there is perceived turmoil and tension either at home, at school, or with peers. Inside the child, there is intensely felt frustration, fear, and uncertainty. For maltreated children, there are the added elements of horrible past experiences and possibly the lack of permanence in their lives today.

As the child's fear and frustration increase, the perceived turmoil and tension increase. This in turn increases the child's fear and frustration. The vicious circle builds and the child becomes less able to cope. The result is mounting stress and deepening depression. To help, you need to first slow and then stop the vicious circle.

To help a child, the first order of business is to never add fear or frustration to the equation. To some extent, the child feels out of control. You must provide the personal and emotional control the child is seeking, keeping in mind it will take time and patience. You certainly can't do that in an hour or a day and it may take weeks and months.

For a specific child in care, you may need to work with the available professionals to develop an intervention and support plan. For all children, though, the plan will include the following techniques. After each technique, write a sentence or two about why it is appropriate for children.

- Patience, patience, patience.
- Staying calm and open to the child.
- Being available to sit with and listen to the child. (Note this doesn't call for your talking much or offering advice and suggestions.)
- Being gentle but firm with the child in terms of your rules and expectations. ("I know you are having a rough time of it; but you still need to. . . .")
- Trying to understand the external problems and issues from the child's point of view. (When you can quietly explain things in a way that fits how the child perceives them and see why the child is so upset, you have reached empathy: you and the child are on the same page.)
- Offering other ways of thinking about or looking at the situation, without judging or contradicting. (If the child tells you that you don't understand or your ideas are stupid, you can say, "I guess I don't get it yet. Help me understand why what I said was stupid. It isn't much fun being stupid. Will you help me get smart about this?")

If any of the following signs has been noticed within the past couple of weeks, stress and depression are likely a problem. Be sure to talk with the child about your observations and share your concerns. Listen carefully and start developing your plan to help. After each of the following signs, write a sentence or two about what you think may help the child with the problem.

**Signs:**

- Frequent restlessness and trouble calming down.
- Frequent sleeping problems or bad dreams. (Also might have nightmares.)
- Frequent crying or getting upset very easily. (Also might have crying spells.)
- Frequently losing his temper very easily and quickly, with little to no provocation. (This can be easily misinterpreted as a behavior problem.)

- Frequently worrying and fretting about not doing things well enough and about failing.
- Frequently not starting things because he assumes they will turn out badly anyway. (Also, past life experiences may cause the child to be afraid of adult reactions if the child displeases them.)
- Frequently giving up on tasks and activities too quickly.
- Frequently not liking himself. (Also might put himself down.)
- Frequently not feeling like he fits in or belongs anywhere.
- Frequently not feeling loved by anyone.
- Becoming extremely embarrassed over something and not being able to deal with it or get over it.
- Not getting over a serious loss or disappointment.
- Feeling unable to do anything about what happens to him.
- Talking about or threatening suicide. (This isn't normal behavior and must never be disregarded as something the child is just doing for attention.)

**Discussion point:**

- How might differences such as racial, economic, religious, language, developmental, or disabilities contribute to stress and depression for children in care?

### **3.3 Signs of school and learning problems**

For children in care, school attendance may have been a problem. The children also may have missed some school between coming to live with you and when they were able to get into their new school. Since missing only a couple of weeks of school can lead to behavior and performance problems for children, the difficulties of a child in care may be a result of missing school. If so, extra help, patience, and a few weeks to get into the rhythm of school will usually get the child back on track.

When a child in care is having performance or behavior difficulties at school, it's appropriate to start by assuming the child can improve, with a little firmness and assistance from you. Focus first on the behavior problems.

Talk with teachers to work out a way to get some feedback about the child's behavior, daily if possible. Calmly but firmly tell the child the behavior isn't acceptable and there will be consequences at home whenever there are behavior problems at school.

After each technique, write a sentence or two about why you think it is appropriate.

- Take away a privilege or two for one day or perhaps two whenever you receive negative feedback from school. This might be something like watching TV or being allowed to spend time with friends.
- Don't punish the child or become frustrated or angry. There just needs to be a relatively mild, predictable consequence consistently repeated whenever the child misbehaves.
- Don't increase the consequences over time. This never helps and will tend to make things worse.

If the behavior of a child at school doesn't gradually improve over three or four weeks, you need to discuss the problems with teachers and with mental health professionals. Don't put this off. The sooner you get a handle on the problem, the sooner things will improve. The longer you delay, the harder it will be to ever correct the problem.

With performance problems, talk with teachers to be sure you understand exactly what the child isn't doing and then consider these techniques. After each technique, write a sentence or two about why it is appropriate.

- Be sure the child works on homework every evening but not for more than forty-five minutes each evening. Any more won't help and will likely cause more frustration and performance problems. (For first and second grade children, thirty minutes is enough.) For high school students, a little more time may be necessary. Help the child learn where to study and how to pace himself.
- Before the child starts homework, have him explain to you exactly what the assignment is and how he will go about getting it done.

- Check the child's work two or three times during the study time, offering help and suggestions.
- If it's clear the child doesn't know how to do part of the assignment, calmly explain how but don't push or get frustrated. The child is already frustrated enough for both of you.

If the child's performance doesn't improve noticeably within a month or so, talk with the school's psychologist or mental health professionals about the problem. The child's trying harder or your trying harder won't help until you understand why the child isn't doing better. This likely isn't related to real ability. It's more likely related to a minor learning problem or to other issues neither you nor the child can directly control. Just be clear about the fact it isn't the child's fault and pushing, punishing, or blaming the child will make things much worse, very quickly.

If you have followed the suggestions and you still are seeing these signs, professional help is required, including immediate evaluation by a qualified school or child psychologist. The psychologist should then explain to you and the child exactly what the child's problem is and specifically how you and others can help work through the difficulties.

After each sign, write a sentence or two about what you think may help the child with the problem.

**Signs:**

- Often can't express his thoughts and ideas.
- Often doesn't understand assignments and what people expect.
- Often doesn't understand what he reads.
- Trying harder usually doesn't lead to his work and skills getting better.

- Does some assignments very well and others very badly.
- Often forgets what to do or what people expected.
- Often doesn't follow instructions and directions.
- Gets bad grades.
- Doesn't ask for help or let others help.
- Regularly has excuses for not doing well.
- Thinks his not doing well is someone else's fault.
- Has to have an adult standing over him to be sure his work gets done.
- Disrupts the class or the activities of others.
- Doesn't make much effort to cooperate and get along.

**Discussion point:**

- How might differences such as racial, economic, religious, language, developmental, or disabilities contribute to school and learning problems for children in care?

### **3.4 Signs of interpersonal (relationship) problems**

Before dealing directly with the signs in this section, consider the possibility of school and learning problems. Interpersonal difficulties in children are very often accompanied by learning and performance problems at school. Helping the child with those problems usually leads to improvement in interpersonal areas, without specific attention to the interpersonal issues.

You will recall the social dimension of development normally comes into focus after the emotional and moral dimensions are more fully developed. The child has learned to manage his feelings fairly appropriately, without tantrums or pouting, uncontrolled excitement or unwarranted fear. Children do certainly get excited, unhappy, frustrated, upset, bored, and are clearly emotional people. Still, they manage all of these feelings and intense emotions reasonably well.

From a moral perspective, young children have learned a lot about right and wrong, good and bad, appropriate and inappropriate. They also have learned to "read" the emotions and feelings of other people and can decide about things based on how others feel about them. "I

won't do that because Mom will be upset." "I will do this since it will make Dad happy." Getting Mom upset is "bad" and making Dad happy is "good."

Children also learn to apply these simple notions of good and bad to their interactions with other people. The process is complex; but they take the other person's perspective. "If this would make me unhappy, it will likely make others unhappy too." "If this would hurt me, it would hurt other people too." "If I would like being treated this way, it would be a good way to treat my friends."

When emotional management and moral judgement are combined, the result is a child who has the developmental skills and attitudes needed to be interpersonally successful. This success plays out in the context of the child's personality which varies a lot from child to child. Some children are more outgoing while others are more reserved. Some are more bold while others are more timid. Some are talkative while others are more quiet. The point is these characteristics have a wide normal range and only the extremes are anything to be concerned about.

As you look at the signs of interpersonal difficulties, then, you can see they reflect problems getting along with other people. More importantly, though, they reflect deficits in the children's emotional and moral development.

For the first eight signs of the fourteen in this section, the primary emotional management issue is how the child deals with anger and frustration. Things happen that can frustrate the child and he may not handle it appropriately. This emotional mismanagement can range from pouting and being hateful to more open aggression and uncontrolled anger.

Assuredly, children in care may have a lot of reasons to be angry and frustrated. Further, it's likely they haven't had constructive, positive emotional and moral examples set for them. Even so, they must learn better interpersonal approaches to people and frustrating situations.

After each technique, write a sentence or two about why the technique is appropriate.

- Never add anger to the equation. You certainly need to be firm and clear about what you expect; but getting angry models the very behavior you want to change.
- To the extent you can, don't try to stop the inappropriate behavior while it's happening. Do what is needed to be sure other people or the child don't get hurt; but try to let the episode run its course. Attempting to stop the behavior while it's happening usually only intensifies the child's reaction.

- Once the episode has passed, calmly tell the child the behavior was unacceptable and why it was inappropriate. Ask, "Did you have better choices? How else could you deal with those situations?"
- Be clear about what the consequences of such behavior will be in the future. Those consequences need to be fairly mild, not lasting for more than a day or two, consistently applied, and something you can control. Again, taking away a privilege for a specific amount of time is best.

Remember these problems are developmental and changing the behavior will take time. The goal is to gradually see fewer, less intense reactions from the child. It will help to keep in mind not dealing successfully with these developmental issues is the single most common reason why placements disrupt and children are moved.

If the child's behavior and relationships don't gradually improve, talk with the mental health professionals to develop a specific behavior management plan for the child. That plan shouldn't include any "threats" to quickly increase consequences or to move the child. Additionally, the plan must include rewards or positive consequences for "improved" behavior and for "fewer" negative episodes.

Although the first eight signs do reflect a lack of social skills, emphasis needs to start with work on the emotional and moral developmental deficits children in care are likely experiencing. For the last six signs, emphasis needs to be on social skill development. When these signs are seen, children need help with relating to people in more assertive, self-determined ways. This starts with the child's relationships with you and other people at your home.

After each technique, write a sentence or two about why it is appropriate.

- Don't tell the child what other children think and feel don't matter. They do matter, a lot, especially to the child.
- Talk with the child about social behavior and approaches that may be "putting off" other children. "When you do or say this or that, children probably think. . . ."

- Encourage the child to be more assertive. "When you don't stick up for yourself or don't say anything when children treat you that way, they will keep trying to get a reaction from you. It's your job to let other people know what you will and won't put up with."
- Help the child set better personal boundaries. "When you cry or get upset, other children will keep tormenting you. You might try either calmly telling them they are being stupid or maybe you can just ignore them. If they can't get you upset, they will work on better ways of getting your attention."
- Help the child understand relationships better. "Your friends don't want to just have you as their friend. They also want to spend time with other children. When you try to keep them to yourself, they don't like that and won't want to spend time with you."

With all of the signs, "teach" children the things they need to know about the give and take of relationships and about the skills they need to be interpersonally successful. Also, play with them, do things with them, and help them develop related skills such as playing ball, just sitting and talking, and whatever else they need to be able to do to participate effectively in their social worlds. Just keep in mind a very normal part of this learning process for children is trying most of the interpersonal strategies that don't work, discarding those approaches, and coming up with ones that do work. Doing it wrong and then finding a better way is one of the most effective learning strategies for children, and for adults too, for that matter.

After each sign, write a sentence or two about what you think may help the child with the problem.

### **Signs:**

- Frequently pouts and is hard to live with.
- Is often hateful and in a bad mood.
- Gets very angry when things don't go his way.
- Frequently screams and yells at people. (This is a problem unless the adults are screaming and yelling as much as or more than the child.)
- Frequently breaks or damages things.
- Hits or hurts people.
- Starts or gets into fights.

- Bullies and picks on others.
- Has a lot of trouble making and keeping friends.
- Wants to keep his friends all to himself.
- Frequently gets his feelings hurt.
- Frequently is the brunt of teasing and put-downs.
- Regularly tries to please everyone and keep everyone happy.
- Most children his age don't like him.

**Discussion point:**

- How might differences such as racial, economic, religious, language, developmental, or disabilities contribute to interpersonal problems for children in care?

## 4.1 CHILDREN IN FOSTER CARE

The following cases are representative of the life-circumstances experienced by maltreated children before they come into care. In the cases, you will read about the events and conditions resulting in the Court's awarding custody of the children to Social Services (SS) and to the children being placed into care. Of course, any information that might unintentionally identify the specific children and their families has been changed or removed.

After each case, write your responses to the questions about that case in the space provided.

{ Questions }

- A. What would it be like being a child living in this family?
- B. What would be the effect on the child when he is removed from the family and placed into the home of strangers?
- C. What behavior and adjustment problems do you think the child might have while in care?
- D. How would you specifically help the child with the problems (signs) you have identified as potential issues?
- E. What outside resources and assistance do you think you may need to help the child?

### **Case 1:**

SS has, in the past, received referrals regarding neglect of these two children, ages 5 and 8. The Agency has substantiated past referrals and determined the parents weren't providing for the needs of the children. As a result of earlier actions, the parents are currently on probation for child endangering.

The Agency has found the following current circumstances putting the children at risk: Parents have a history of chronic housing instability including numerous evictions and substandard, unsanitary living conditions. Children and parents are currently residing in a single motel room. The motel manager reports the room is "filthy" and the plumbing is backed up. The children have missed numerous days of school and aren't receiving appropriate care or adequate nutrition. SS worker observed the children's behavior was seemingly uncontrolled and they were

difficult to manage. Both children show mild developmental delays and routine medical care hasn't been provided.

## **Case 2:**

SS became involved with this 12-year-old child when she disclosed sexual abuse by mother and mother's boy friend. Father petitioned the Court and received custody of this child and her 11-year-old brother. Visitation privileges of mother are suspended.

Father agreed to arrange for therapy for his daughter and allow no contact between the children and mother. Therefore, the case was closed.

The case was once again opened when both children disclosed sexual abuse by an older child in father's home. This case was also closed since the alleged perpetrator left the home and father agreed to continue work with the therapist.

The case was opened again when the boy was hospitalized. The hospital wouldn't release the child home because father didn't come in to see either the boy or hospital staff, except to authorize treatment when the child was admitted. The hospital wanted mental health case management in father's home before discharging the child.

SS was concerned about alcohol use in the home and ensuring services were in place for both children. A case plan was developed addressing services for the children, the alcohol/drug use in the home, and the children's sexual abuse allegations. A safety plan was also in place, stating no contact between the children and mother should take place.

Father hasn't complied with the case plan or safety plan. SS learned father allowed the children contact with mother. Father admitted to allowing them to spend the night with mother. Mother still resides with her boy friend, the alleged perpetrator of the oldest child. The child has regressed indicating possible re-abuse.

SS received a report of alleged abuse of the youngest child. The child had a swollen and severely bruised right eye. This is the second documented injury to this child. SS is also aware of a history of domestic violence, drug/alcohol abuse, and neglect. When all concerns were brought to father's attention, he didn't deny any of them and stated he was too stressed to provide care or protect the children.

### **Case 3:**

SS has been involved with this family for fourteen months. A 3-year-old brother of this child is currently in the custody of SS and is in care. Mother had threatened to harm that child, was involved in an abusive relationship, and needed assistance learning to safely care for her children.

Mother's second child, a 7-year-old boy, is at home. Mother and son have been receiving in-home protective services and mother has been having visits with her youngest child. To support this family, the agency was making routine stops to the home to ensure mother was properly caring for the 7-year-old and to provide assistance with the care. Despite these efforts, a neighbor called the police, reporting the 7-year-old was home alone and mother hadn't been seen since the preceding evening. The police arrived, found the child alone, and contacted SS for assistance. The agency was given emergency custody of the child. The police later arrested mother.

### **Case 4:**

These three children, ages 2 months, 3 years, and 6 years, were placed into care after their mother, an admitted cocaine addict, continued to put her children's safety at risk by using drugs and by not participating in any treatment program for her addiction. The youngest child was born cocaine positive and the middle child was born prematurely. Mother admitted to having used drugs prior to giving birth to the two youngest children.

Mother continues to use drugs as confirmed by drug tests. She has recently been sanctioned for not attending treatment as ordered by SS JOBS Program.

### **Case 5:**

SS received a referral expressing concern regarding mother's and maternal grandmother's ability to care for this 8-year-old. They both have histories of mental illness. Mother is mentally retarded (IQ established at 47) and has schizophrenia. She stopped taking prescribed medication five months ago. She recently had a psychiatric evaluation done and began taking a new medication, but she isn't at a therapeutic level at this time.

Grandmother has been diagnosed with major depression and is on medication for the condition. There were also reports grandmother doesn't protect her retarded daughter (the child's mother) from being sexually taken advantage of by grandmother's boyfriends. Due to the severity of family problems and potential risk to this child, SS was granted custody and the child was placed into care.

## **Case 6:**

SS received this referral from the hospital emergency room. A 9-year-old girl was in the ER due to what parents said was an accident. The child had a broken arm and severe bruises on her left leg, the left side of her face, and on her lower back. Medical personnel said, although it was unlikely, the bruises could have been caused by the type of accident the parents reported. The child would only tell the hospital staff she fell and hurt herself, the way her parents said.

On further examination, medical personnel determined the child's arm had been "twisted" and the injury couldn't have happened the way her parents and the child reported. According to the medical personnel, the injury was "inconsistent" with an accident and "consistent" with an intentionally caused injury. They suspected child abuse, probably inflicted by the father, according to hospital personnel.

On investigation, SS learned this child had been taken, by her parents, to five different emergency rooms within the past thirty months, with each event attributed to accidental injury. On one of those occasions, the child's leg was broken and on another she was diagnosed as having a concussion caused by a blow to her head. Parents reported the head injury happened when she had been playing baseball and was accidentally hit by a bat.

When interviewed alone and confronted with the series of injuries, mother admitted she gets frustrated and angry with the child when she won't behave and loses her temper. When father was confronted with the events and with what mother had said, he admitted he had been covering for mother and trying to protect her.

Mother is hospitalized for psychiatric observation and father has been charged for his role in the abuse. The child was placed into care.

## **Case 7:**

SS received a phone call from the police department stating children had been left home alone. After seeing deplorable conditions in the home and no food, the Police Department removed the children from the home. The youngest child was left with an inadequate babysitter a few doors down from mother's home. SS learned mother had left early in the morning for an outing with the father of the youngest two children and their grandfather.

Before mother left on her outing, she had placed her oldest child, age 9, in charge of his younger brother, age 8. The older child was instructed he and his brother were to go to the neighbor's house where the youngest child was staying when they woke up that morning. When the Police Department was on patrol over two miles from the neighborhood, they found the 8-

year-old wondering along a busy highway. They took that child home and discovered the 9-year-old hadn't seen their mother since the night before. Mother has a history of being involved with SS because of poor parenting skills, inadequate choices regarding the supervision of her children, and dealing with the stress of being overwhelmed with her children. All three children were placed in the home of the paternal grandmother of the oldest child, after police conducted a background check.

Grandmother can't continue caring for the children and mother has been charged with child endangering.

### **Case 8:**

SS has been involved with this family for four years. During this time, there have been ongoing concerns regarding mother's inability to maintain a safe and stable home, provide for her children's daily needs, and use appropriate parenting approaches. These problems stem from mother's ongoing drug use.

Mother previously had two of her children removed from her care with permanent custody awarded to SS because of these problems. She has been unwilling to seek substance abuse treatment and has failed to make any progress on her case plan. The safety and well-being of her youngest child, age 4 days, would be seriously jeopardized if allowed to leave the hospital in mother's care.

### **Case 9:**

A child, age 15 months, and her mother, age 16 years, were living with mother's aunt. Following a domestic dispute, mother was admitted to a youth shelter. The situation in the aunt's home is very volatile and poses a risk to mother, who sustained injuries in the domestic dispute. Mother is unable to return to that home and her child shouldn't remain in that home without mother. Mother and child were, thus, placed together into care.

### **Case 10:**

At 2:00 a.m., SS became aware of a domestic dispute between this teenager and adult members of the family with whom he was living. The child was taken to a youth shelter after the police were called to the home. Both the child and the family refused to consider his return to the home.

The child has a bruise on his forehead and bruises on his scalp as a result of the altercation in the home. The shelter nurse reported the injuries weren't serious. Other professionals involved indicate the situation is volatile and the child shouldn't return to the home. The child's biological parents both reside out of state and refuse to provide care for their son.

### **Case 11:**

The custody of this child, age 6, was given to SS by the court because of severe conflicts between the parents regarding custody of the child. The child had been subjected to several physical exams connected to numerous accusations of physical and sexual abuse or neglect by one of the parents against the other. A case plan was developed and both parents were interviewed along with the child. Due to continued allegations of sexual abuse, the child was referred for a medical exam. Genital warts were discovered. There remains a possibility of sexual abuse but the perpetrator is unknown. To date, there are no clear statements from the child.

Parents have a history of hostility toward each other, distorting factual events to various service providers, and making charges with the police against each other or family members. The child is being used as a pawn between the parents. She appears to be painfully aware of her parents' animosity, emotionally shutting down to the point where she won't discuss her parents or her personal experiences in even non-threatening conversations. Parents are unable to protect the child from their mutual, extreme hostility and are unable to understand the emotional harm the child is experiencing from repeated investigations and ongoing suspicions and arguments in the child's presence.

### **Case 12:**

This family was referred to SS by the police who indicated a 3-week-old child was in a dangerous environment. Police had received reports of abuse by his father. The agency worker visited the home and spoke with mother. She admitted father had "spanked" the baby leaving black and blue marks on the child the week before. Father was upset with the child for crying.

Mother also admitted to the worker she had been beaten by father the night before and had severe bruising. Mother refused all services.

Police were contacted and they confronted mother and father about the abuse and domestic violence issues. Mother admitted to them father had beaten her and spanked the baby leaving black and blue marks. She refused to leave the home with the baby or to leave father. She is very dependent on father and won't voluntarily disassociate herself or the child from him, even temporarily so he can obtain help for his problems. Father was arrested for domestic violence and

was released on bond. Since mother wouldn't keep the child away from father, the child was placed into care.