

IMPACT OF TRAUMA ON THE CHILD IN YOUR HOME

Name:

Physical Age:

Emotional Age:

What I Know about My Child's Life Coming into My Home?

My Child's Traumas and Losses (maltreatment, losses, lost relationships, moves, etc.)

My Child's Reaction to Trauma

Think about these questions: What Stress Reactions is this child having? Have I noticed Triggers or strong reactions? Am I seeing signs in his play or is he talking about the Trauma? Is it impacting his relationships with me or others? Am I seeing attachment issues? Am I seeing underlying fear? Am I seeing any Developmental Delays or lags?)

My Child's Strengths/Resilience I Can Build Upon

Think about these questions: Where does my child do well or enjoy himself? What skills or interest does my child have? What makes the child happy? What traits do I see in my child that are strengths (kindness, creativity, sensitivity, social, etc.) What connections and relationships are important to my child?



Providing a Positive Environment for Your Foster Or Adopted Child

Take care of a child's basic physical needs. Make sure a child is fed properly and gets enough sleep. Remember, a parent's first job is to provide a safe place for children to be.

Do we provide regular meals and healthy snacks?

What is our bedtime routine?

Have we taken care of immunizations and medical checkups?

Provide a Calm Predictable Environment

- Avoid chaos, loud radios, and yelling.
- Minimize television/computer/video game time. Does not help with brain development and isolates a child. Carefully choose videos and television programs.
- Have a place for the child (own drawer and place for things). Give responsibility and privacy. Have a clearly defined place for play and for homework.

Is my home generally calm and predictable?

Will each child have some space of his or her own?

Do we control the television set and videos?

Provide structure and routines. Routines bring predictability and predictability brings security. Establish rhythms for mornings, evenings, bedtime homework, visits, saying goodbye and hello, have a place for things in your home such as coats, toys, clothes. Give simple chores to everyone (use a job chart or a posted list) and remember to mix work and play.

What are the ages of children in home and what routines do they need?

What would be appropriate chores for the children in our home?

What is our goodbye and hello routine? How do we celebrate?

Do we have good supervision of children? How about babysitters and emergency caregivers?

Do fun things as a family! Fun, humor and enjoyment help attachment. (Games to play together, going out to dinner/parks/play/sports.) Use rituals holidays and traditions to help a child feel part of the family. Show affection through touch, nicknames, and laughter. Take pictures and keep scrapbooks to send with the child.

How do we have fun as a family?

Do I have a scrapbook or box for a child's mementos?

How comfortable am I with touch? What is appropriate for this child?

Use your language positively. Notice when a child does something good. Point out his strengths. Use “prompts” or set a child up to succeed. Let a child overhear you talking to another person about how well he is doing. Give choices to children so they feel some control.

*Do I sprinkle lots of positive comments in my words?
Where can I give a child choices? Clothes? Food? Activities?*

Think about socializing a child and helping him with his emotions. Take time to teach him how to put his feelings into words, or to talk to him about his feelings. Use journals for older children, picture or storybooks with younger children, talk about your own feelings, talk about how other children feel, teach empathy. Teach social skills and how to get along with others.

*Do we talk about feelings in our family?
What is an acceptable way for children to show anger in our family?*

Establish house rules. Communicate these rules and think about how you can help children succeed.

*What are our basic house rules?
How do we communicate these to our children?
Are they fair? Do they keep everyone safe?*

Learn about a child’s special needs and adapt your parenting to them.

*Do I need to learn more about my child’s special needs?
Do I know how to work with the mental health counselor?
Am I keeping in contact with the caseworker?*

Use consequences when rules are broken. The best consequences are somehow connected to what the child did. If he misses a curfew or misuses a privilege, he is docked time on his curfew the next weekend or loses the privilege for a specific time. If a child hits, he needs to be separated from others to calm down and join back in when he can play more gently. Teach children to problem solve.

What do we use as consequences in our family?

When things get stressful - call a time-out. De-escalate potentially out of control situations. De-escalation means simply knowing how to cool off a situation that could get out of control. As a foster or adoptive parent, you need to keep a handle on what is happening, and keep things from blowing up.

*How do I get angry as a parent?
How do I take care of myself?*

If you are a licensed resource family, know what the regulations say about discipline and guidance and follow them.

Do I know what is expected of me?



WHAT DO THE STATE OF ALASKA FOSTER CARE REGULATIONS SAY IS **NOT ALLOWED IN A LICENSED FOSTER HOME?**

No discipline or behavior management technique may be used that is cruel, humiliating or otherwise damaging to the child.

A child in care may not be:

- (A) spanked with a hand or object, or be subjected to any form of corporal or physical punishment, including biting, jerking, kicking, hitting, pulling the child's hair, or shaking or throwing the child;
- (B) assigned strenuous exercise or work as a form of punishment; this excluded age and developmentally appropriate chores or exercise;
- (C) threatened with physical harm;
- (D) threatened to be expelled from the foster home or intimidated;
- (E) submitted to verbal abuse and derogatory remarks about the child or the child's family characteristics, physical traits, culture, ethnicity, language, sexual orientation, or traditions;
- (F) placed in a locked room;
- (G) placed under a cold water shower;
- (H) forced to eat or have hot sauce, soap, or other burning or foul tasting substances placed in a child's mouth;
- (I) subject to the use of a physical restraint, except when necessary to protect a child from injury, or to protect property from serious damage; a physical restraint permitted under this subparagraph may be passive physical restraint only; the foster parent shall report the use of any physical restraint to the department;
- (J) subject to the use of a mechanical restraint, except for a protective device such as a seatbelt;
- (K) subject to the use of a chemical restraint; or
- (L) disciplined in a manner that is cruel, humiliating or otherwise damaging to the child.

A foster parent may not use methods of behavior modification that interfere with a child's basic needs, including

- (1) depriving the child of sleep;
- (2) providing inadequate food, clothing, living space, or shelter;
- (3) withholding food or other items essential to the protection, safety or well being of a child in care;

- (4) restricting a child's breathing;
- (5) forcing a child to shower or bathe as a form of punishment;
- (6) interfering with the child's ability to take care of their own hygiene and toilet needs; or
- (7) providing inadequate medical or dental care.

A foster parent may not deprive or deny a child of necessary services or contacts, including

- (1) the child's caseworker or assigned legal representative;
- (2) the child's parents or other family members who are identified the family contact plan; or
- (3) Individuals providing the child with therapeutic activities as part of the child's case plan.

No form of corporal punishment may be used on children in care. This includes no slapping, hitting, spanking, grabbing by the arm or hair, hitting the head, shaking, or any form of punishment that brings physical pain to a child.

Managing Emotional “Hot Spots”: Tips for Resource Parents

Emotional “Hot Spots”

Safety is important for all children, but it is particularly crucial for children who have experienced trauma. For these children, the world has often been a harsh and unpredictable place. Before such children can heal, they need to feel safe and believe that there are adults in their lives who can offer safety and security.

Feeling oriented is an important part of feeling safe. To a child, coming into a new home—even the home of relatives—may feel like being sent to another planet. Some times or situations may be particularly emotionally charged for children who have experienced trauma, and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional hot spots include:

- Mealtimes or other situations that involve food
- Bedtime, including getting to sleep, staying asleep, and being awakened in the morning
- Anything that involves physical boundaries, including baths, personal grooming, nudity, and privacy issues

Food and Mealtimes

Being fed by a caregiver is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met.

For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or unpredictable. In some families, mealtimes may have been scenes of verbal or physical abuse. In other families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters or begging from strangers.

The foods we eat, how we prepare them, and how we behave during mealtimes are also partly determined by culture. Foods that a

I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn't buy exactly what we wanted.

She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.

All of these little things made me furious. I believed she thought it didn't matter what I told her, and that she could treat us how she wants.

A. M., former foster child

Am I too angry to love? Represent. Nov./Dec. 2004.

Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.html>

child may equate with safety and comfort may seem foreign or even unhealthful to you. How we handle mealtimes can send traumatized children powerful messages about:

- Your interest in nurturing them
- How your family works
- Whether they really belong

You can help make mealtimes “safer” for the children in your care by:

- Accommodating their dietary preferences as much as possible
- Giving children a chance to help plan and prepare meals
- Ensuring that at least some of their favorite foods are available
- Setting consistent mealtimes
- Having meals together as a family
- Keeping mealtimes calm and supportive

Sleep and Bedtime

Bedtime and sleeping may be especially difficult for traumatized children. A child suffering from traumatic stress reactions may have trouble sleeping. When children who have been through trauma close their eyes at night, images of past traumatic events may appear. When they do fall asleep, nightmares may awaken them. Being in bed can also make children feel especially vulnerable or alone. They may have been sexually abused while in bed, or thrown into bed at the end of a parent’s raging and physical abuse.

For this reason, traumatized children may avoid bedtime. They may also find waking up in the morning difficult. Children who have grown up in unstable, unpredictable environments may feel that no sooner did they feel safe enough to go to sleep than they were being asked to wake up and face the day again.

Helping a traumatized child to feel safe and protected when going to bed, sleeping, or waking can be challenging. But there are steps you can take to make these potentially frightening times safer for your children:

- Reassure children that their rooms are their personal space and will be respected by all members of the family.
- Always ask permission before sitting on a child’s bed.
- Set a consistent bedtime to give children a sense of structure and routine.
- Set up predictable, calming bedtime rituals and routines.

- Encourage a sense of control and ownership by letting children make choices about the look and feel of the bedroom.
- Acknowledge and respect children's fears—be willing to repeatedly check under the bed and in the closet, show them that the window is locked, provide a nightlight, and provide assurances that you'll defend them against any threat.
- Let children decide how they want to be awakened. An alarm clock might be too jarring for children who are always on alert for danger. How about a clock radio tuned to their favorite station? A touch on the shoulder?
- Make sure children know exactly what to expect each morning by creating dependable routines so they can start the day reassured of their safety.

Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.

Grooming and Personal Boundaries

Many children who have experienced physical and sexual abuse have learned to see their bodies as the enemy, or as something that needs to be hidden and made as unattractive as possible. Seemingly positive things like a hug, having their hair brushed, or a hot shower may have very different meanings for children whose bodies have been violated. So we need to be very sensitive to our children's trauma history when it comes to situations that involve physical boundaries, including personal grooming, privacy, and touch.

Children who have been abused and neglected may never have learned that their bodies should be cared for and protected. Sexual and physical abuse can leave children feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies. Instead, their bodies may feel like “constant reminders not only of what has happened to them but of how little they are worth.”¹

I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.

Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.

C. M., former foster child

My body betrayed me. *Represent.* Sept./Oct. 2003.

Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

All too often, children come into care with teeth that are desperately in need of cleaning, hair so tangled it's hard to get a brush through it, or clothes that are soiled or ill-fitting. They may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.

Helping such children to feel safe enough to respect and care for their bodies will take time and patience. Steps you can take include:

- Respect children's physical boundaries—don't assume a child wants to be hugged; take cues from the child before initiating physical contact.
- Introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private and that no one will be walking in on them during bath time.
- When helping to bathe younger children, be careful to ask permission before touching and to be clear about exactly why, how, and where you will be touching them.
- Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

References

1. Pughe B. & Philpot T. (2007). *Living alongside a child's recovery*. London, UK: Kingsley Publishers.

The Importance of Touch:

Caring for Young Children Who Have Experienced Trauma

Touch is essential to healthy development, yet for children who have been abused, it can prompt more anxiety than comfort. Children—particularly very young children—who have survived physical abuse may come to associate all human touch with pain, and may find it difficult to accept physical affection and comfort from their caregivers. Those who have experienced sexual abuse may not understand that touch doesn't have to be sexual.

It can take time for traumatized young children to accept—and give—touch in a way that is comforting, appropriate, and that reinforces their self-worth and self-esteem. It may take many, many small experiences of pleasure and safety to counteract the big experiences of trauma and pain they have endured. Below are some simple steps to take when caring for children who have difficulty with physical contact.

“Touch seems to be as essential as sunlight.”

—Diane Ackerman

A Natural History of the Senses (1990).
New York: Vintage Books

- **Be consistent and reliable in meeting the child's physical needs.** Every time these needs are met—whether for food, a clean diaper, or getting back to sleep after waking—the child will begin to make new associations. The more you can anticipate the child's needs before he or she cries, the more the child will be able to “take in” the wonderful new experience of being cared for.
- **Create a soothing environment.** Because loud noises can be strong trauma reminders for babies and young children who have been physically abused, it's important to keep the environment as soothing as possible: soft music, soft light, and soft, calm voices. Potential trauma reminders such as an alarm clock going off or even a phone ringing should be avoided as much as possible.
- **Avoid surprising the child.** Sudden or unexpected contact is all the more scary for traumatized babies, so it's important to describe what you are doing before you do it: “I am going to change your diaper now” or “Here is your nice bottle.” Though babies may not understand what you are saying, they will be calmed by the sound of a voice that is soft and soothing. Babies have also been shown to respond well to soft “shushing” noises.
- **Use texture and movement to soothe and calm.** Babies who are very distressed by human touch may still be comforted by the sensation of soft fabrics or plush toys. Giving children plush blankets or stuffed animals to cuddle can help them to get used to pleasant sensations against their skin, which you can then build on. Babies are also comforted by gentle swinging motions. Babies who cannot tolerate touch may benefit from being in a baby swing or simply rocked gently in a cradle or carriage.

- **Take it slow.** When it comes to touch, the first step may be to just be present in the child's room, sitting by the crib, and singing or talking to the child in a soft, calm voice. It may take many days or weeks of such "being present" before the child can tolerate even a simple touch, such as a gentle stroke of the arm. If the child avoids eye contact, don't force it. Wait for the child to initiate eye contact, and reinforce the action with a smile and comforting words or sounds.

The more "tuned in" we become to children's nonverbal signals, the more we will be able to build on their positive responses. For example, if you notice that a baby seems to calm down when sucking on her hand, you may be able to offer comfort simply by helping her get her hand to her mouth.

Foster Parents Caring for LGBTQ Youth

Whether you are aware of it or not, youth in your care may be lesbian, gay, bisexual, transgender or questioning their sexual orientation or gender identity ("LGBTQ"). These young people are dealing not only with the challenges of life in foster care but also with the risk of harassment and mistreatment because they are LGBTQ.

ACKNOWLEDGE THAT FOSTER YOUTH IN YOUR CARE MAY BE LGBTQ.

Don't assume that every young person in your care is heterosexual or comfortable in their assigned gender. Many LGBTQ young people fear the negative reactions that may come from revealing this aspect of their identity and carefully hide that they are LGBTQ. Indeed, some may have been abused by their families of origin or thrown out after coming out and are reluctant to risk harassment and rejection from the child welfare system charged with protecting them.

EXAMINE YOUR BELIEFS AND ATTITUDES THAT MIGHT IMPACT YOUR ABILITY TO SUPPORT LGBTQ YOUTH IN YOUR CARE.

Be aware of your own beliefs, prejudices and gaps in knowledge surrounding issues of sexual orientation and gender identity. Regardless of your personal beliefs, remember that above all it's your responsibility to provide a safe, nurturing and nonjudgmental environment for the LGBTQ young people in your care.

EDUCATE YOURSELF ON LGBTQ ISSUES.

You don't have to be an expert or LGBTQ yourself in order to support an LGBTQ youth. There are plenty of resources available to help you better understand these issues. Seek out the support and information

you need to feel comfortable engaging young people in frank and age-appropriate discussions about sexual orientation and gender identity.

UNDERSTAND THAT BEING LGBTQ ISN'T A "CHOICE" OR SOMETHING A YOUNG PERSON CAN CHANGE.

The leading mental health and child welfare associations have long recognized that a lesbian or gay sexual orientation is a normal variation on human sexuality and no more susceptible to change than is a heterosexual sexual orientation. A young person should never be subjected to "conversion" or "reparative" therapies for the purpose of changing his or her sexual orientation or gender identity. Such "therapies" have been shunned by national professional counseling organizations as unethical and potentially dangerous.

KNOW THAT YOUR ACCEPTANCE OR REJECTION AFFECTS THE HEALTH AND WELL-BEING OF THE LGBTQ YOUTH IN YOUR CARE.

Research shows that family acceptance is an important predictor of how well an LGBTQ youth will fare as an adult. As a foster parent, don't compound the rejection an LGBTQ youth may have suffered from his or her

FOSTERING TRANSITIONS

A CWLA/Lambda Legal
Joint Initiative



family of origin by exhibiting the same rejecting behaviors. The National Foster Parent Association has adopted a formal policy urging sensitivity and support for LGBTQ youth in foster care (see www.nfpainc.org/aboutNFPA/positionStmnt.cfm) and the Family Acceptance Project offers resources for families of LGBTQ young people (see <http://familyproject.sfsu.edu>).

RESPECT THE PRIVACY AND CONFIDENTIALITY OF LGBTQ YOUTH.

Most LGBTQ youth are aware of this aspect of their identity long before they disclose it to others. Some LGBTQ people report having been aware of their identity as young as at five-years-old, long before they were sexually active, while others were much older before they realized it. Understand that coming out is often a lifelong process and that LGBTQ youth may not be out in every context of their lives. Keep in mind there are many factors LGBTQ people consider before disclosing their sexual orientation and gender identity, including that they may be exposing themselves to discrimination and harassment by revealing this information to others. Respect the confidentiality of the foster youth in your care, while helping them to decide whether or not to come out and to whom.

APPLY THE SAME STANDARDS TO LGBTQ YOUTH THAT YOU APPLY TO OTHERS FOR AGE-APPROPRIATE ADOLESCENT ROMANTIC BEHAVIOR.

It's important for LGBTQ youth to be able to engage in developmentally-appropriate romantic behavior and to feel as validated and respected in this area as other young people. LGBTQ youth in your care should be held to the same standards you apply to non-LGBTQ youth regarding age-appropriate dating, displays of affection and romantic relationships. LGBTQ youth in care, like all young people, need developmentally appropriate information and resources about sexuality and sexual health, including about the prevention of HIV and other sexually transmitted diseases.

KNOW THE DANGERS AND RISKS FOR LGBTQ YOUTH.

Research reveals that LGBTQ youth may be at a higher risk for substance abuse, unsafe sexual practices, running away and suicidal ideation and behavior because of the social stigma and harassment they face from their peers and adults. As a caregiver, it's critical that you be aware of the warning signs and behaviors that may mean someone is struggling. If you provide a safe, supportive and bias-free home environment where young people can be themselves, they will be less likely to engage in these risky behaviors.

BE AN ADVOCATE FOR LGBTQ YOUTH.

LGBTQ youth often face verbal and physical abuse from their peers, families and the adults in their lives. Make sure the young people in your care know that you're there for them and will be their ally. Ensure that your foster child is safe at school and in the community. Advocate for your child and demand that they receive respectful treatment.

ACKNOWLEDGE THAT THERE'S MORE TO AN INDIVIDUAL THAN SEXUAL ORIENTATION AND GENDER IDENTITY.

Sexual orientation and gender identity are only part of what makes an individual a whole person. Avoid making assumptions about a young person based entirely upon these particular characteristics. In fact, you may find that some LGBTQ

My foster family took away my clothes, called me a 'dyke,' and tried to remake me.

— Youth in Care

youth are very outspoken about their identities and feel that this is a defining part of who they are, while others may not give it much thought at all. Don't assume that every struggle faced by an LGBTQ young person is the result of this aspect of their identity. Understand that many of their struggles are in fact a result of the *lack of support* they have received from their caretakers and peers.

TAKE ADVANTAGE OF COMMUNITY RESOURCES FOR YOU AND YOUR LGBTQ FOSTER CHILD.

Know where to look for LGBTQ resources in your community. A good place to start is PFLAG (Parents, Families and Friends of Lesbians and Gays) at www.pflag.org. PFLAG offers a variety of resources to help you be an effective and supportive parent or caregiver. It also lists local chapters and support group meetings where you can meet other parents of LGBTQ youth. Help your LGBTQ foster child find peer support groups in your community as well.

The many other components of Getting Down to Basics offer additional support.

To order free copies of the *Getting Down to Basics* tool kit, contact Lambda Legal at 1-866-LGBTTeen (toll free) or 212-809-8585, or download it for free at www.lambdalegal.org or www.cwla.org.

Lambda Legal
120 Wall Street
Suite 1500
New York, NY 10005

866-LGBTTeen
212-809-8585
www.lambdalegal.org

Child Welfare League of America
2345 Crystal Drive
Suite 250
Arlington, VA 22202

703-412-2400
www.cwla.org

Resource Family

CIRCLE OF SUPPORT

Cultural Connections

Who can I contact to learn about my child's culture and help incorporate it in our home?

Names

Childcare

Who can I contact if I need respite care? Who can assist me with backup transportation and babysitting?

Names

Self Care

Who can I call when I need someone to talk to about my feelings and are feeling stressed?

Names

Names

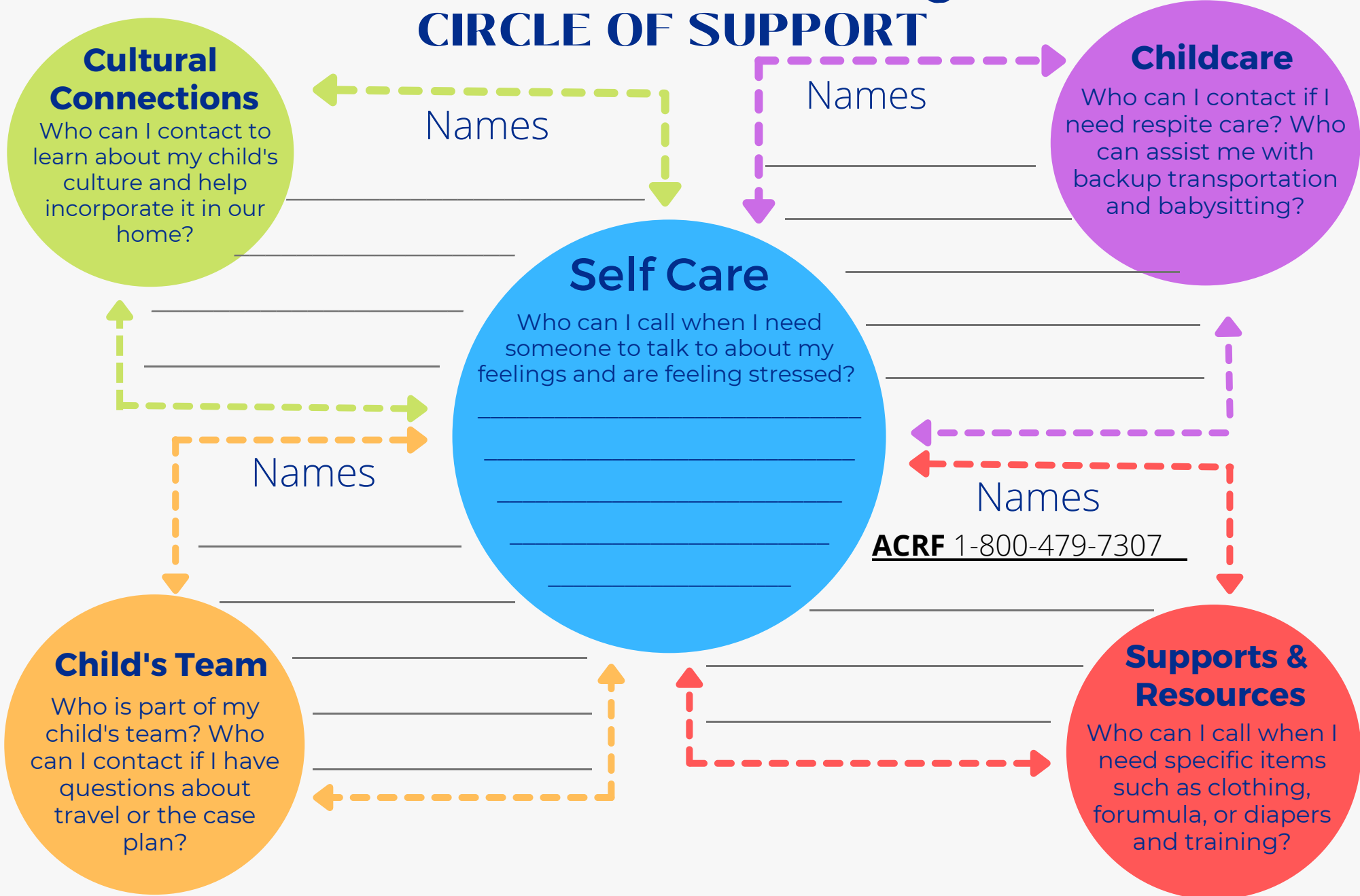
ACRF 1-800-479-7307

Child's Team

Who is part of my child's team? Who can I contact if I have questions about travel or the case plan?

Supports & Resources

Who can I call when I need specific items such as clothing, formula, or diapers and training?



WHERE TO START?

- Check with Your or Child's Tribe or ICWA Worker
- Local Tribal or Cultural Organization
- Child's Extended Family
- Community

—
**Cultural
Connections**

—
Childcare

- Use Other Resource Families for Respite
- Family & Friends
- thread.org for licensed child care in your community

—
Child's Team

—
Self Care

—
**Supports and
Resources**

- Guardian ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) : Office of Public Advocacy
- ICWA Specialist:
<https://dfcs.alaska.gov/ocs/Pages/icwa/contact.aspx>
- OCS Caseworker/Licensing worker

- Facebook Groups
- Local/State Support groups
- Family & Friends
- Counselors/Therapists

- Women, Infants, and Children (WIC)
- Alaska Center for Resource Families (ACRF)
- OCS Special Needs Unit
hss.ocsservicearray@alaska.gov or 1-855-60-FUNDS
- Facing Foster Care in Alaska (FFCA)
- Beacon Hill
- Volunteers of America (VOA) Kinship Program

Recognize the Impact Trauma Has on your Child

Case Study Eddy

Eddy is eight and an only child. He attends the local elementary where he is in second grade; he is behind due to poor attendance and classroom behavior challenges. Eddy and his mother lived with his grandmother before coming into care. Both Eddy's mother and grandmother struggle with substance abuse, using alcohol and occasionally methamphetamine. Eddy's mother tends to disappear for several days at a time when she is using, leaving Eddy with his grandmother. Eddy's grandmother is permanently disabled and often needs help around the house; her boyfriend Richard stays over on occasion. Parenting Eddy has been inconsistent from being ignored and having to feed himself, to his grandmother often using harsh, physical punishment for his misbehavior. Richard quickly tires of Eddy's presence when he is staying over, and he will find a reason to send Eddy to his room for the night. Eddy will let the neighborhood stray cat in through his window at night when he is lonely or bored.

Eddy came into foster care because after being caught cornering and rubbing up against another child in the bathroom at school, he disclosed to the school counselor that his "Grandpa Rick likes to do nighttime cuddles and said he would hurt the cat if he told anyone." The counselor contacted Intake at the Office of Children's Services; and during Initial Assessment the mother was not able to be located and the grandmother refused to answer any questions, only suggesting that Eddy might not know what he is talking about. Eddy was taken to the Child Advocacy Center where he was interviewed and then placed into emergency foster care. It has been determined that Eddy had experienced sexual abuse.

Eddy seems to be responding positively to having a routine, consistent guidance and very basic structure in his foster home, but he is always asking about his mom, grandmother and the cat. His foster mom is seeing him stabilize in his new home environment, even enjoying the family pets, but some behavior challenges are beginning to show. Eddy is reluctant to go to school. Every day is a struggle to get him ready on time and dropped off in a learning mood. Eddy has a pair of Seahawks pajamas his mother gave him before he came into care and it is hard to get him to hand them over when they need laundered. Eddy needs constant reminders that all play in the house is hands-free and to ask for hugs or high-fives.