Conducting Placement Activities to Reduce Stress and Trauma

Conduct placement activities in steps.

Dividing placement activities into parts or steps, including preplacement visits, allows the child to develop familiarity with and comfort in the new environment before he/she is placed there. The worker should:

- Schedule at least one, and preferably several, preplacement visits in the new home. Allow the child to experience the home at different times of day and under different circumstances.
- The child should be given a tour of the entire house. Those areas that are "his/hers" (bed, closet, dresser drawers, toy box, etc.) should be pointed out, and he/she should be encouraged to begin to use them to store belongings.
- Schedule the first visits when only one or two family members are at home. One family member, usually a parent, should be identified to begin to develop a relationship with the child. Too many people greeting the child at one time can be frightening.
- Foster caregivers should try to maintain the child's schedule as much as possible during visits. When the child has "settled in," the foster caregiver can gradually revise the child's schedule to better conform to that of the foster family.
- During the placement process, periods of respite away from the foster home should be arranged. It is best if the child can return to familiar surroundings in his/her own home or a relative's home. These respite periods allow the child to recoup his/her strength and be given support by known and trusted persons.

Determine the child's own rate of mastery, and gauge the rate of the placement to reduce stress.

- The caseworker must recognize normal signs of stress in children and use this information to assess the child's ability to cope with the placement situation.
- When the child shows signs of excessive stress, the caseworker should provide the child with ample support and should "slow down" the placement process.
• At times, providing too long a preparation and pre-placement period can increase the child's anxiety. Under most circumstances, the child can be informed of the move, attend preplacement visits and move within a week or two.

• If the child does experience clinical crisis, intensive casework and support should be provided to help the child during the crisis period. Mental health counseling or play therapy may be useful.

• The caseworker should allow the child to be involved in decisions as often as possible, even if these decisions are small. It allows the child to retain some control.

Provide the child with opportunities to talk about the placement experience and his/her feelings about it.

• As with any victim of trauma, the child needs to talk about the trauma and his/her feelings, perhaps many times over for a period of weeks or months, with a supportive and caring listener.

• Unexpressed negative feelings reduce the child's ability to concentrate, interfere with school work, prevent him/her from dealing with fears about attachments, and keep the child preoccupied with his/her own needs. These feelings may be expressed in unacceptable behaviors.

• One of the worker's most important roles in the placement process is to develop a supportive, nurturing relationship with the child and to encourage the child to communicate his/her painful feelings in words, through play or through emotional expressions, such as crying, expressing anger and fear and by verbally stating his/her concerns.

• Open expression of painful feelings should be encouraged, but the child should be allowed to express them at his/her own rate and in a manner with which the child is comfortable. The worker should educate the foster caregiver to do the same. The child must understand that he/she is entitled to hurt and that people care about him/her and understand.