

# Advisor

NEWSLETTER



Spring 2014

*Featuring*

Why yoga & kids  
go together

Attachment  
disorders

*Plus*

Cost of living  
allowance increase  
to foster care rates



SASKATCHEWAN  
FOSTER FAMILIES

# Why yoga & kids go together



“Yoga is the “union” or coming together of mind and physical body.

## What Exactly is Yoga?

Yoga has been around for thousands of years. Yoga is a practice that started in India, and is now very popular in North America and around the world. It has gained a lot of attention lately—maybe because it is a fun and easy way for both adults and kids to feel healthy and happy.

The word “yoga” means “union” in Sanskrit, the ancient language of India. Quite simply, yoga is the “union” or coming together of mind (thoughts and feelings) and physical body. Many people feel an overall sense of well-being when they practice yoga.

There are many aspects to yoga. In short, yoga is a system of physical exercises or postures (called asanas). These asanas build strength, flexibility and confidence. Yoga is also about breathing (called pranayama), which helps calm and refresh the body and mind. We are going to focus on these basic two aspects of yoga, but there are many other parts to practicing yoga. For more information about yoga and young children, visit Next Generation Yoga.

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# Letter from Chairman, Kevin Harris

I hope that by the time The Advisor gets to you, we will be well into spring temperatures. The Annual General Meeting and celebration is fast approaching. This is the 40th Anniversary of the SFFA. We have much to celebrate! I would encourage many of you to consider participating as delegates or non-delegates.

As many of you are aware, MLA Greg Lawrence has been around the province talking with foster families. We do not have the results of his consultations at this time. I have, however, been able to sit in on a couple of sessions so I was able to hear the issues (both positive and negative) that foster parents raised.

The Board will be waiting to hear the outcomes and recommendations of MLA Lawrence, and in turn, we will provide the information to our members. From the sessions I attended, I am confident that the concerns expressed are not insurmountable.

The board was asked to prioritize the member proposals brought forward to the SFFA and MSS early this year. The top three proposals were:

**1** *Whereas:* Proposals made at the SFFA PAGM are the voice of its membership.  
*And Whereas:* Carried proposals are the will of the membership.  
*Be It Resolved:* In an effort to communicate and validate said membership, follow-ups be made available to the membership.  
*Therefore Be It Resolved:* Transparent and accountable communication be made mandatory in respect to all action done on behalf of a carried members proposal at the PAGM within 6 months by the SFFA.

**2** *Whereas:* Babysitting rates are low (\$4/hour plus \$2 additional child up to \$10/hr)  
*And Whereas:* Finding appropriate babysitters for our foster children's specific or higher needs is often difficult.  
*Be It Resolved:* We pay our qualified and trusted caregivers appropriately for their care and attention to our kids.  
*Therefore Be It Resolved:* We increase the rate of pay for babysitting to \$6/hr and \$3 for additional child to a maximum of \$20/hr.

**3** *Whereas:* Birthdays and holidays such as Christmas, Easter and Halloween incur costs for gifts and/or costumes and/or parties.  
*And Whereas:* These events are important for our kids to feel included and celebrated.  
*Be It Resolved:* An extra allowance be made available for foster families to meet these needs.  
*Therefore Be It Resolved:* Monies to be forwarded on each child's file for Easter, Birthday, Halloween and an increase occur on the inadequate allowance currently given for Christmas.

I would like to close with an invite to attend the PAGM. Watch for more information coming soon.

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## Yoga for Kids

Yoga is about exploring and learning in a fun, safe and playful way. Yoga and kids are a perfect match. Here is what children (and adults!) can learn from yoga:

- Yoga teaches us about our bodies.
- When we practice the physical postures or exercises (called asanas), we learn how to move more freely and with greater ease and awareness. These postures help our bodies become strong and flexible.
- Yoga teaches us how to breathe better.
- When we breathe deeply and fully (called pranayama) and become more aware, we can bring peacefulness or energy to our bodies.
- Yoga teaches us how to use our energy more effectively.
- When we practice yoga, we learn how to use the life force energy in our bodies (called prana) to feel more relaxed, focused, or motivated.
- Yoga teaches us how to quiet the mind.
- When we practice yoga, we learn how to be still. This helps us to listen with attention and make good decisions.
- Yoga teaches us about balance.
- When we practice yoga, we learn to be more aware about the need for balance in our lives. This could mean equal stretching on the left and right sides of our bodies or making sure we balance our very busy time with equal quiet time and relaxation.
- Yoga teaches us to be the “boss” of our bodies.
- Yoga teaches us to listen to our bodies by modifying or changing poses that are too hard or cause pain. (We will talk about how to modify poses in a later section.)
- Yoga teaches us about taking care of ourselves.

Yoga is a great way to move our bodies and feel healthy. And teaching children how to take care of themselves is one way to show love. As with all forms of exercise, a good yoga practice can mean a good night's sleep!

The beauty of yoga is that children can practice alone, with a friend or with a group. Many schools are now teaching yoga to young children, and there are many choices of after-school or weekend classes for kids and their families. Everyone can enjoy yoga—from tots to great-grandparents!

*Reprinted with permission from: <http://www.pbs.org/parents/child-development/>*

“ The beauty of yoga is that children can practice alone, with a friend or with a group.



# Cost of living allowance increase

The Saskatchewan Foster Families Association is pleased to announce that effective April 1, 2014, the Government of Saskatchewan provided a 2% Cost of Living Allowance increase to all Foster Care, Alt Care, PSI and Specialized Out of Home Care rates.

Furthermore, the Ministry of Social Services announced that all Receiving Homes, Practitioner, and Intern foster homes will be compensated at a higher rate of payment than basic maintenance rates for the first 15 days of a child's placement.

## BASIC MAINTENANCE RATES

### SOUTHERN FOSTER CARE RATES — (effective April 1, 2014)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	TOTAL
0 - 5	208.00	131.00	8.00	12.00	88.00	167.00	46.00	660.00
6 - 11	232.00	99.00	16.00	15.00	88.00	167.00	75.00	692.00
12 - 15	270.00	109.00	16.00	39.00	88.00	167.00	93.00	782.00
16+	300.00	151.00	16.00	50.00	88.00	167.00	110.00	882.00

### NORTHERN FOSTER CARE RATES — (effective April 1, 2014)

Age	Food	Clothing	Education	Personal Care	Transportation	Household Operations	Recreation	TOTAL
0 - 5	226.00	133.00	10.00	17.00	95.00	171.00	45.00	698.00
6 - 11	292.00	105.00	19.00	23.00	95.00	171.00	75.00	780.00
12 - 15	343.00	112.00	19.00	48.00	95.00	171.00	93.00	881.00
16+	395.00	158.00	19.00	62.00	95.00	171.00	110.00	1010.00

## INITIAL PLACEMENTS

Receiving Homes, Practitioner and Intern foster homes will be compensated at a higher rate of payment than basic maintenance rates for the first 15 days of a child's placement.

### Effective April 1, 2014

Initial Placement Rate (Maximum of 15 days)

Ages 0-11 \$37.32

Ages 12+ \$53.26



Our fortieth anniversary features an unforgettable weekend of events beginning 1:00 pm Friday, June 13.

There's plenty of excitement featuring the always entertaining and inspiring Michael Kerr.

**June 13-15, 2014**

The fun all starts after the Provincial Annual General Meeting and continues for two full days of support and celebration. Rooms and events are being held at the Radisson Hotel in Saskatoon.

Visit us online at [www.sffa.sk.ca/gala](http://www.sffa.sk.ca/gala) for complete details.

# Ohio foster mom retires after taking in 150 kids

by Nadine Kalinauskas | Good News

In her 72 years on earth, Marlene Tromczynski has been called "Mom" by 153 children. Tromczynski, or "Mom Trom," gave birth to her first of three biological children in 1961. In 1974, Tromczynski and her husband decided to welcome a foster teen into their Kent, Ohio, home.

"We decided we'd like to help someone and they, in turn, would help our family be rounded out. We felt like having another girl in our house of two boys and one girl would help even out the score for our daughter," Tromczynski told TODAY of her family's decision to welcome their first foster child, Lori Busch, then 14, into their home.

"I was nervous coming into this family with someone that I didn't know, but I felt very loved and cared for right away," recalled Busch, now 54. "I welcomed the different things in the house, like sitting down for dinner and using silverware. My first night, Marlene tucked me into bed and gave me a quilt to sleep with. She said 'I love you' and meant it. I wasn't used to all of that."

"My family has been there for me 100 percent," Busch added. "Marlene never made me feel like I was not a biological child."

Five years later, Tromczynski's husband died of a heart attack at the age of 38. The young widow rebuilt her life by welcoming in teenagers who needed a home.

"Instead of going out and trying to find a new mate, I invested myself into the kids and the community," said Tromczynski. "So many people lose their children when their spouse dies, but I needed them and they needed me."

In the nearly four decades since, Tromczynski has taken in 150 foster children, most of them teens, sometimes as many as six of them at a time.

"Nobody wanted to take care of the teenagers. Everybody wanted the cute little babies," she said.

Some stayed for just days, others for years. And some returned when times were tougher later in life.

"I was really angry when I came into care," Alexander Gless, 22, told the Akron Beacon Herald of living with Tromczynski. "I had anger problems. She gave me someone to talk to and she was a really good listener. Because of the care she provided for me, I was able to become a better man."

"She always strengthened us," he continued.

"Whatever ailment we had, whatever we'd been through, she strengthened us. And she always made sure we had stuff to do. We went biking, swimming, Cedar Point. She gave us chores. She kept us busy."

“ This is the first time I've had an empty house since 1961.



"My mother's formula was a unique combination of showing immediate love and warmth, but also relying on the kids that were already there to tell the new ones, 'You're about to get the best meal of your life so you better set the table and wash your hands,'" said son Ed Tromczynski.

"Here were kids that had only been here for an hour, but had already gotten a hug, warm comforter, someone to tuck him in, and a real person caring for them from both my mother and the other kids."

Now 72, Tromczynski is retiring from foster parenting.

"This is the first time I've had an empty house since 1961," Tromczynski told the Akron Beacon Journal.

Scott Lazzara, supervisor for the county's Children Services agency, told the Akron Beacon Herald that Tromczynski "will be hard to replace."

"Before I became a supervisor, I used to call Marlene to say I have this kid and I can't find a home, and Marlene would say 'Scott, don't say any more. I'll take him,'" he said. "She never turned a kid down...she would take the worst of the worst."

While she may finally be an empty-nester, with 153 kids plus grandchildren to keep up with, Tromczynski will likely have plenty of visitors to keep her busy in the years to come.

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# Addressing



# Problems in School

*There may be times when serious conflicts arise and you will need to meet with a teacher, a guidance counselor or principal to discuss them. Check out these ideas before you go to that meeting.*



## **Acknowledge your child's feelings**

"If you get repeated complaints that make sense, you do need to validate your child's feelings and then take some action," advises Michael Thompson, Ph.D. "Unfortunately this may interfere with the trust you want to exist between parent and teacher, but in these extreme cases, your child needs to know that you take her feelings seriously."

## **Consider the teacher's point of view**

While it's important to acknowledge your child's description of an event, you should also keep an open mind and listen to what the school has to say before making a judgment, particularly when serious complaints and discipline issues arise. "The story you may hear from your child may not be the whole gospel truth," notes Lawrence Cohen, Ph.D., author of *Playful Parenting*. "It's usually a complex situation that requires a perspective

from the teacher. But don't dismiss your child's complaint either."

## **Evaluate teachers fairly**

There will be some teachers you may love and your child may dislike, there may be others your child may love, but you may not. "There are ways to work out a positive relationship with your child's teacher, even if you have issues about the teacher," advises Diane Levin, Ph.D. "Keep in mind that your child may feel very differently than you do, both positively and negatively. And your job is to advocate for your child and remember that you are not the one in the classroom, he is."

“Keep in mind that your child may feel very differently than you do, both positively and negatively.”

## **Meet with the administration**

If a respectful meeting with the teacher does not produce solutions for your concerns, then you need to go to a guidance counselor or principal and say, "my child is having a difficult time," and explain why. Approach this meeting with specific information, and offer to brainstorm what can be done to help. Describe specific incidents in a factual way. "You cannot expect immediate action, but it's important to give the feedback, and to ask the school system to address these issues with the teacher and find a solution that works for your child," advises Michael Thompson, Ph.D.

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## YOUTH IN CARE NETWORKS Change Child Welfare Outcomes

***Our Dream, Our Right, Our Future*** is the title of a recently released pilot study produced by the Saskatchewan Youth in Care and Custody Network (SYICCN), working in partnership with University of Saskatchewan researcher, Marie Lovrod, to investigate how the practice of peer networking contributes to more positive outcomes for participating youth.

For more than a decade in Saskatchewan, youth in and from government care have been working together with adults from various government ministries, the Children's Advocate Office, other non-government agencies and local communities-to develop learning, communications and healing networks that sustain peer mentoring opportunities, promote youth engagement, and raise awareness about important issues affecting their lives.

While study participants recognize that there are no utopias, they see opportunities for improvements and change through the active engagement of youth working to build durable relationships among themselves and contributing to planning for government care policies and objectives.

Part of the practice of the study was to involve youth leaders and membership at every level of development and analysis, so that the report reflects the anonymous perspectives of participating youth.

A number of young people who participated in the study remarked that members of their local and provincial networks become like a second family for them. One youth alumni sums this experience up well:

"We will carry on. . . . I believe that firmly. I think people should look at us as models for families. Because, there are so many families out there that are broken and dysfunctional. And then there's us—and we're not even blood related! And we get along; we do not judge each other. It doesn't matter, your race, your age, your sex, your sexuality; it doesn't matter who you are. We're all the same inside; we all need to be loved and we all need to belong. And with the Network, we do belong. There's someone from every background here."

By contributing to public discussions about conditions faced by youth in care and reflecting on ways to improve them, networks can impact circumstances influencing youth in local communities and the wider public, well beyond their own direct in-care experiences. This contributes to hope and resiliency. As one long-term adult support remarked: "I believe and would like others to know, that I think the values... and the outcomes of Network involvement have significant impact on the lives of young people in care, probably more than any other kind of intervention. I would like people to understand the Network as an intervention and have it valued as such."

Youth benefit, certainly, but so do the professionals who support them, by learning to be more effective in their roles.

Part of what the organization seeks to achieve is to combat stereotypes of youth in government care, which may not always recognize how resilient youth can be when supported by peers who share related experiences and adults who respect what youth can learn and teach in collaborative efforts to build more successful futures:

"The Network is doing so much good for so many people. Everyone should see it. People need to start caring more about what is helping in child welfare. If people paid attention to young people in care, to

children in care and really wanted the best for them all around, the Network would be a household name."

A foster parent who participated in the study notes that her own child benefited from her family's participation in providing care for several youth.

"I look at my son; I had been fostering already 3 or 4 years, so he was born into foster care, but I think it has given him a good base of parenting and for his relationship with his wife, and I am very proud of the male he became; it has given him a good foundation. I look at how his sisters tease him with eight females. But they taught him well. It's pretty amazing what young people can teach us."

“ “ We're all the same inside; we all need to be loved and we all need to belong.

Too often, critiques of government care may influence public perceptions of youth in the system in negative ways that can construct barriers to self and social acceptance. This project, while recognizing the challenges youth experience in care, also celebrates their successes, and identifies opportunities to create better outcomes for those who need government care through the Saskatchewan Youth in Care and Custody Network.

Drawing on the research, the organization has developed several recommendations to enhance the flourishing of youth networks, reaching out to more youth with supportive programming.

*For more information or inquiries please contact either Marie Lovrod, Ph.D, UofS Researcher or Darlene Domshy, Executive Director-SYICCN, Marie Lovrod 1.306.966.7538 marie.lovrod@usask.ca, Darlene Domshy 1.888.528.8061 (toll free) 1.306.522.1533 darlene@syiccn.ca*

## A change in kilometre rates

In accordance with Article 15.3.3 of the PSC/SGEU Collective Agreement, kilometre rates effective April 1, 2014 are as follows:

**Ordinary – 42.03¢/km**

**North of 54th Parallel – 45.26¢/km**

The allowance payable to employees authorized on an incidental basis to use privately owned vehicles for government business is as follows:

**Car** – subject to a minimum allowance of \$5.00 per day, \$1.50 per hour (prorated for shorter periods) for

actual usage to a maximum of \$6.00 per day or 42.03¢/km, whichever is greater.

**Truck** – subject to a minimum allowance of \$5.00 per day, \$2.00 per hour for actual hauling time to a maximum of \$7.00 per day or 44.63¢/km, whichever is greater.

The above rates will be paid to employees covered by the C.U.P.E. Local 600 collective agreement and to all out-of-scope employees.

# ATTACHMENT & REACTIVE

# Attachment Disorders

## Understanding attachment problems and disorders

Children with attachment disorders or other attachment problems have difficulty connecting to others and managing their own emotions. This results in a lack of trust and self-worth, a fear of getting close to anyone, anger, and a need to be in control. A child with an attachment disorder feels unsafe and alone.

So why do some children develop attachment disorders while others don't? The answer has to do with the attachment process, which relies on the interaction of both parent and child.



Attachment disorders are the result of negative experiences in this early relationship. If young children feel repeatedly abandoned, isolated, powerless, or uncared for—for whatever reason—they will learn that they can't depend on others and the world is a dangerous and frightening place.

“To a young child, it just feels like no one cares and they lose trust in others and the world becomes an unsafe place.”

## What causes reactive attachment disorder and other attachment problems?

Reactive attachment disorder and other attachment problems occur when children have been unable to consistently connect with a parent or primary caregiver. This can happen for many reasons:

- A baby cries and no one responds or offers comfort.
- A baby is hungry or wet, and they aren't attended to for hours.
- No one looks at, talks to, or smiles at the baby, so the baby feels alone.
- A young child gets attention only by acting out or displaying other extreme behaviors.
- A young child or baby is mistreated or abused.
- Sometimes the child's needs are met and sometimes they aren't. The child never knows what to expect.
- The infant or young child is hospitalized or separated from his or her parents.
- A baby or young child is moved from one caregiver to another (can be the result of adoption, foster care, or the loss of a parent).
- The parent is emotionally unavailable because of depression, an illness, or a substance abuse problem.

As the examples show, sometimes the circumstances that cause the attachment problems are unavoidable, but the child is too young to understand what has happened and why. To a young child, it just feels like no one cares and they lose trust in others and the world becomes an unsafe place.

## Warning signs, symptoms, treatment & hope for children with insecure attachment

Attachment is the deep connection established between a child and caregiver that profoundly affects your child's development and ability to express emotions and develop relationships. If you are the parent of a child with an attachment disorder, you may be exhausted from trying to connect with your child. A child with insecure attachment or an attachment disorder lacks the skills for building meaningful relationships. However, with these tools, and a healthy dose of effort, patience, and love, it is possible repair attachment challenges.

# Early warning signs and symptoms of insecure attachment

## Comforting a Crying Baby

It's common to feel frustration, anxiety, and even anger when faced with a crying baby—especially if your baby wails for hours on end. In these situations, you need to be calm and centered so you'll be better able to figure out what's going on with your child and how best to soothe his or her cries.

Attachment problems fall on a spectrum, from mild problems that are easily addressed to the most serious form, known as reactive attachment disorder (RAD).

Although it is never too late to treat and repair attachment difficulties such as reactive attachment disorder, the earlier you spot the symptoms of insecure attachment and take steps to repair them, the better. With early detection, you can avoid a more serious problem. Caught in infancy, attachment problems are often easy to correct with the right help and support.

### Signs and symptoms of insecure attachment in infants:

- Avoids eye contact
- Doesn't smile
- Doesn't reach out to be picked up
- Rejects your efforts to calm, soothe, and connect
- Doesn't seem to notice or care when you leave them alone
- Cries inconsolably
- Doesn't coo or make sounds
- Doesn't follow you with his or her eyes
- Isn't interested in playing interactive games or playing with toys
- Spend a lot of time rocking or comforting themselves

It's important to note that the early symptoms of insecure attachment are similar to the early symptoms of other issues such as ADHD and autism. If you spot any of these warning signs, make an appointment with your pediatrician for a professional diagnosis of the problem.



## Signs and symptoms of reactive attachment disorder

Children with reactive attachment disorder have been so disrupted in early life that their future relationships are also impaired. They have difficulty relating to others and are often developmentally delayed. Reactive attachment disorder is common in children who have been abused, bounced around in foster care, lived in orphanages, or taken away from their primary caregiver after establishing a bond.

### Common signs and symptoms of reactive attachment disorder:

- **An aversion to touch and physical affection.** Children with reactive attachment disorder often flinch, laugh, or even say "Ouch" when touched. Rather than producing positive feelings, touch and affection are perceived as a threat.
- **Control issues.** Most children with reactive attachment disorder go to great lengths to remain in control and avoid feeling helpless. They are often disobedient, defiant, and argumentative.
- **Anger problems.** Anger may be expressed directly, in tantrums or acting out, or through manipulative, passive-aggressive behavior. Children with reactive attachment disorder may hide their anger in socially acceptable actions, like giving a high five that hurts or hugging someone too hard.
- **Difficulty showing genuine care and affection.** For example, children with reactive attachment disorder may act inappropriately affectionate with strangers while displaying little or no affection towards their parents.
- **An underdeveloped conscience.** Children with reactive attachment disorder may act like they don't have a conscience and fail to show guilt, regret, or remorse after behaving badly.

... continued on next page

“ The early symptoms of insecure attachment are similar to the early symptoms of other issues such as ADHD and autism.



Children with attachment disorders often act like younger children, both socially and emotionally. You may need to treat them as though they were much younger, using more non-verbal methods of soothing and comforting.



### **Inhibited reactive attachment disorder vs. disinhibited reactive attachment disorder**

As children with reactive attachment disorder grow older, they often develop either an inhibited or a disinhibited pattern of symptoms:

- ***Inhibited symptoms of reactive attachment disorder.*** The child is extremely withdrawn, emotionally detached, and resistant to comforting. The child is aware of what's going on around him or her—hypervigilant even—but doesn't react or respond. He or she may push others away, ignore them, or even act out in aggression when others try to get close.
- ***Disinhibited symptoms of reactive attachment disorder.*** The child doesn't seem to prefer his or her parents over other people, even strangers. The child seeks comfort and attention from virtually anyone, without distinction. He or she is extremely dependent, acts much younger than his or her age, and may appear chronically anxious.

## **Parenting a child with reactive attachment disorder**

### **What you need to know**

Parenting a child with insecure attachment or reactive attachment disorder can be exhausting, frustrating, and emotionally trying. It is hard to put your best parenting foot forward without the reassurance of a loving connection with your child. Sometimes you may wonder if your efforts are worth it, but be assured that they are. With time, patience, and concerted effort, attachment disorders can be repaired. The key is to remain calm, yet firm as you interact with your child. This will teach your child that he or she is safe and can trust you.

A child with an attachment disorder is already experiencing a great deal of stress, so it is imperative that you evaluate and manage your own stress levels before trying to help your child with theirs. Helpguide's mindfulness toolkit can teach you valuable skills for managing stress and dealing with overwhelming emotions, leaving you to focus on your child's needs.

### **Tips for parenting a child with reactive attachment disorder or insecure attachment:**

- ***Have realistic expectations.*** Helping your child with an attachment disorder may be a long road. Focus on making small steps forward and celebrate every sign of success.
- ***Patience is essential.*** The process may not be as rapid as you'd like, and you can expect bumps along the way. But by remaining patient and focusing on small improvements, you create an atmosphere of safety for your child.
- ***Foster a sense of humor and joy.*** Joy and humor go a long way toward repairing attachment problems and energizing you even in the midst of hard work. Find at least a couple of people or activities that help you laugh and feel good.
- ***Take care of yourself and manage stress.*** Reduce other demands on your time and make time for yourself. Rest, good nutrition, and parenting breaks help you relax and recharge your batteries so you can give your attention to your child.
- ***Find support and ask for help.*** Rely on friends, family, community resources, and respite care (if available). Try to ask for help before you really need it to avoid getting stressed to breaking point. You may also want to consider joining a support group for parents.
- ***Stay positive and hopeful.*** Be sensitive to the fact that children pick up on feelings. If they sense you're discouraged, it will be discouraging to them. When you are feeling down, turn to others for reassurance.

## Repairing reactive attachment disorder

### Tips for making your child feel safe and secure:

Safety is the core issue for children with reactive attachment disorder and other attachment problems. They are distant and distrustful because they feel unsafe in the world. They keep their guard up to protect themselves, but it also prevents them from accepting love and support. So before anything else, it is essential to build up your child's sense of security. You can accomplish this by establishing clear expectations and rules of behavior, and by responding consistently so your child knows what to expect when he or she acts a certain way and—even more importantly—knows that no matter what happens, you can be counted on.

- **Set limits and boundaries.** Consistent, loving boundaries make the world seem more predictable and less scary to children with attachment problems such as reactive attachment disorder. It's important that they understand what behavior is expected of them, what is and isn't acceptable, and what the consequences will be if they disregard the rules. This also teaches them that they have more control over what happens to them than they think.
- **Take charge, yet remain calm when your child is upset or misbehaving.** Remember that "bad" behavior means that your child doesn't know how to handle what he or she is feeling and needs your help. By staying calm, you show your child that the feeling is manageable. If he or she is being purposefully defiant, follow through with the pre-established consequences in a cool, matter-of-fact manner. But never discipline a child with an attachment disorder when you're in an emotionally-charged state. This makes the child feel more unsafe and may even reinforce the bad behavior, since it's clear it pushes your buttons.
- **Be immediately available to reconnect following a conflict.** Conflict can be especially disturbing for children with insecure attachment or attachment disorders. After a conflict or tantrum where you've had to discipline your child, be ready to reconnect as soon as he or she is ready. This reinforces your consistency and love, and will help your child develop a trust that you'll be there through thick and thin.
- **Own up to mistakes and initiate repair.** When you let frustration or anger get the best of you or you do something you realize is insensitive, quickly address the mistake. Your willingness to take responsibility and make amends can strengthen the attachment bond. Children with reactive attachment disorder or other attachment problems need to learn that although you may not be perfect, they will be loved, no matter what.
- **Try to maintain predictable routines and schedules.** A child with an attachment disorder won't instinctively rely on loved ones, and may feel

## *A note to parents*

### of adopted or foster care children with reactive attachment disorder

*If you have adopted a child, you may not have been aware of reactive attachment disorder. Anger or unresponsiveness from your new child can be heartbreaking and difficult to understand. Try to remember that your adopted child isn't acting out because of lack of love for you. Their experience hasn't prepared them to bond with you, and they can't yet recognize you as a source of love and comfort. Your efforts to love them will have an impact—it just may take some time.*

threatened by transition and inconsistency—for example when traveling or during school vacations. A familiar routine or schedule can provide comfort during times of change.

### Tips for helping your child feel loved:

A child who has not bonded early in life will have a hard time accepting love, especially physical expressions of love. But you can help them learn to accept your love with time, consistency, and repetition. Trust and security come from seeing loving actions, hearing reassuring words, and feeling comforted over and over again.

- **Find things that feel good to your child.** If possible, show your child love through rocking, cuddling, and holding—attachment experiences he or she missed out on earlier. But always be respectful of what feels comfortable and good to your child. In cases of previous abuse and trauma, you may have to go very slowly because your child may be very resistant to physical touch.
- **Respond to your child's emotional age.** Children with attachment disorders often act like younger children, both socially and emotionally. You may need to treat them as though they were much younger, using more non-verbal methods of soothing and comforting.
- **Help your child identify emotions and express his or her needs.** Children with attachment disorders may not know what they are feeling or how to ask for what they need. Reinforce the idea that all feelings are okay and show them healthy ways to express their emotions.
- **Listen, talk, and play with your child.** Carve out times when you're able to give your child your full, focused attention in ways that feel comfortable to him or her. It may seem hard to drop everything, eliminate distractions, and just be in the moment, but quality time together provides a great opportunity for your child to open up to you and feel your focused attention and care.

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## Tips for supporting your child's health:

A child's eating, sleep, and exercise habits are always important, but they're even more so in kids with attachment problems. Healthy lifestyle habits can go a long way in reducing your child's stress levels and leveling out mood swings. When children with attachment disorders are relaxed, well-rested, and feeling good, it will be much easier for them to handle life's challenges.

- **Diet** – Make sure your child eats a diet full of whole grains, fruits, vegetables, and lean protein. Be sure to skip the sugar and add plenty of good fats – like fish, flax seed, avocados, and olive oil—for optimal brain health.
- **Sleep** – If your child is tired during the day, it will be that much harder for them to focus on learning new things. Make their sleep schedule (bedtime and wake time) consistent.
- **Exercise** – Exercise or any type of physical activity can be a great antidote to stress, frustration, and pent-up emotion, triggering endorphins to make your child feel good. Physical activity is especially important for the angry child. If your child isn't naturally active, try some different classes or sports to find something that is appealing.

Any one of these things—food, rest, and exercise—can make the difference between a good and a bad day with a child who has an attachment disorder. These basics will help ensure your child's brain is healthy and ready to connect.

## Professional treatment for reactive attachment disorder

If your child is suffering from a severe attachment problem, especially reactive attachment disorder, seek professional help. Extra support can make a dramatic and positive change in your child's life, and the earlier you seek help, the better.

If you suspect your child might have an issue with attachment, start by consulting with your pediatrician, a child development specialist, or one of the organizations listed in the Resources and References section.

## Types of treatment for reactive attachment disorder

Treatment for reactive attachment disorder usually involves a combination of therapy, counselling, and parenting education, designed to ensure the child has a safe living environment, develops positive interactions with caregivers, and improves peer relationships.

While medication may be used to treat associated conditions, such as depression, anxiety, or hyperactivity,

there is no quick fix for treating reactive attachment disorder. Your pediatrician may recommend a treatment plan that includes:

- **Family therapy.** Typical therapy for attachment problems includes both the child and his or her parents or caregivers. Therapy often involves fun and rewarding activities that enhance the attachment bond as well as helping parents and other children in the family understand the symptoms of the disorder and effective interventions.

- **Individual psychological counseling.** Therapists may also meet with the child individually or while the parents observe. This is designed to help your child directly with monitoring emotions and behavior.
- **Play therapy.** Helps your child learn appropriate skills for interacting with peers and handling other social situations.
- **Special education services.** Specifically designed programs within your child's school can help him or her learn skills required for academic and social success, while addressing behavioral and emotional difficulties.
- **Parenting skills classes.** Education for parents and caregivers centers on learning about attachment disorders as well as other necessary parenting skills.



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# Nutri-eSTEP

Nutrition Screening Tool for Toddlers and Preschoolers

[www.nutritionscreen.ca](http://www.nutritionscreen.ca)

Are you a parent or caregiver with a young child?

Do you want to know how your child is doing with daily habits?



**Nutri-eSTEP** is a fast and simple way to find out if your toddler (18 to 35 months) or preschooler (3 to 5 years) is a healthy eater and to get feedback.

## How does Nutri-eSTEP work?

1. Visit **[www.nutritionscreen.ca](http://www.nutritionscreen.ca)** and select the toddler or preschooler questionnaire.
2. Answer 17 short **NutriSTEP**® questions about your child's eating and activity habits – it takes less than 10 minutes.
3. Get immediate personalized feedback!



## Why is it important?

Healthy habits at a young age build lifelong patterns for healthy growth and development.

## Nutri-eSTEP helps you

Find out what is going well for you and your child. Get tips on how to improve eating and activity habits. Link to trusted nutrition resources, tools and recipes.

Brought to you by



NutriSTEP name and logo are ©Registered trademark of Sudbury & District Health Unit (Ontario).

For some time now it has been apparent that behavioral management techniques that rely heavily on punishment and reward are relatively ineffective in reducing children's problematic behaviors, and in many cases can actually exacerbate the problem. Over the past decade it has also become increasingly clear that the cause of many of these behaviors lies in poor self-regulation.



The Canadian Self-Regulation Initiative has been established first and foremost to help parents and educators 'reframe' a child's behavior: to understand the reasons why a child might be having trouble paying attention, ignoring distractors, inhibiting his impulses,

modulating his emotions, and overall, maintaining a state of being calmly focused and alert. In far too many cases the problem lies in the excessive levels of stress that the child is struggling with.

The sources of these stressors might be biological, emotional, cognitive, social and pro-social. In a majority of cases the child's stressors involve several, if not all of these domains. For there are complex connections between all of these levels, and quite often a problem in one exacerbates problems in the others.

The CSRI team is working to coordinate and share the best work being done through self-regulation programs and practices from across Canada. Our goal is to make this information readily available, to explain which area of the five-domain stress model the program is most effective in, and to suggest techniques that have been shown to significantly enhance the effectiveness of these programs. In addition, scientists across the country have been studying the source of these stressors, which appear to have grown quite considerably in recent years, and effective techniques for mitigating their impact. We are organizing a series of webinars to help share these ideas, in a format readily accessible to parents and educators.

Enhancing a child's ability to regulate him or herself has a dramatic impact, not only on the child's wellbeing and capacity to learn, but an equally dramatic impact on the wellbeing of parents and educators. The purpose of this site is to serve as a gateway to one of the most exciting areas of modern developmental research, the science of self-regulation.

[www.self-regulation.ca](http://www.self-regulation.ca)

## Information for foster parents from the...



**Saskatchewan  
Ministry of  
Social  
Services**

### **Legislation Review:**

As you may know, *The Child and Family Services Act* and *The Adoption Act* are currently under review with a goal of building a stronger, more responsive child welfare system. The participation of foster families is a vital part of this process. This is an opportunity for foster families to share their thoughts by completing an online discussion guide regarding potential changes to the legislation.

This spring, the Honorable June Draude, Minister of Social Services, will be announcing the start of the engagement process and inviting

participation through the online discussion guide. We thank you in advance and look forward to receiving your feedback and advice!

### **Expense Claims—Reminder to Foster Parents:**

Please submit all outstanding expense claims to the Ministry prior to March 31, 2014, so that they may be processed within the current fiscal year's payments. If you are experiencing delays in receiving payments, or if you have any questions regarding reimbursement for expenses, please contact your resources worker or your foster child's caseworker.

# Living with FASD Recordings

## SPECIAL OFFER FROM THE CANADIAN FOSTER FAMILY ASSOCIATION (CFFA)

As a parent of a child with Fetal Alcohol Spectrum Disorder (FASD), wouldn't it be nice to get your hands on essential tips and ideas from experts with the latest research, without leaving the comfort of your home? And how reassuring would it be if those experts also happened to be parents of children with FASD themselves? Who knows better than people like you who walk in the same shoes you do!

To hear experts on FASD speak, you usually need to attend an FASD conference in person. However, now there is an easier way! In September, I attended an online conference called the Living With FASD 2013 Summit. 22 expert interviews were recorded so participants could listen from the comfort of their own home, on their own time. I can play these interviews on my computer, and I have downloaded the MP3 recordings of each interview onto my MP3 player. I also have transcripts of each interview.

I was able to attend several of the sessions live, which covered a wide variety of topics. Brenda Knight's talk reminded me that I am not alone in the work I do with the children and youth who share our home. Erin Reimer, a former youth in care, shared her strategies for successfully living with FASD as an adult raising her own family. Erin gave me insight into the struggles and structure she and her husband have developed in order to succeed—that really helped me support our children with FASD who are now young adults trying to make it on their own. Dr. Clair Coles discussed important new research on teaching math for FASD. And Dr. Rod Densmore's interview and questionnaire on caregiver stress was practical and enlightening because he, too, is a parent. There are many more interviews I plan to listen to in the months to come.

I encourage all those working in the child welfare field to make a point of listening to the 22 interviews in this Summit. There is a wealth of practical tips and immediately implementable strategies contained in these 25+ hours of MP3s and transcripts.

Normally this series is \$97. The Canadian Foster Family Association has negotiated a 50% discount for our members and potential members, thus the price is only \$48.50!

If you are not a member of the CFFA already, we encourage you to support us by joining today. Visit [CanadianFosterFamilyAssociation.ca/category/fundraising-membership/](http://CanadianFosterFamilyAssociation.ca/category/fundraising-membership/)

To take advantage of this special offer: Visit [LivingWithFASD.com/cffa](http://LivingWithFASD.com/cffa) and enter this special coupon code at the checkout: LWF-CFFA

I know you will get a lot of value from this resource!

*Sheila Durnford*

President, Canadian Foster Family Association



## Make a difference for foster parents and become a volunteer!

*The SFFA volunteer programs provide important support to our members. We are actively recruiting volunteers for your region! If you are interested in providing support to fellow foster parents in the following programs, please call Wayne Roman toll free at 1-888-276-2880.*

**Peer Support Person:** volunteers are responsible for facilitating and maintaining an effective communication system between foster families, social workers and the Ministry of Social Services. In order to provide effective services for foster families, any information a volunteer may receive as a result of being a Saskatchewan Foster Families Association Peer Support Person, is highly confidential.

**PRIDE Team Trainers:** are responsible to work in conjunction with the Ministry of Social Services to provide training to foster families.

**Rate Board:** volunteers work in conjunction with the Ministry of Social Services on a Rate Board panel. The panel determines compensation for the extra services provided by foster families to the foster children in their care. The panel consists of a Rate Board volunteer and a representative from the Ministry.

# Canadian Foster Family Association Art Contest Guidelines



## Who can Enter:

All Children and Youth Living in Foster Homes between the ages of 2-19 years of age.

## Categories:

2-6 years      7-12 years      13-19 years

## When and Where the Posters will be Judged:

The winning Posters from each Province and Territory MUST be delivered to the CFFA Chairperson Contest Chairperson at the Annual CFFA Conference.

The CFFA Executive will judge the Posters during the National Working Group and the Winners will then be announced.

## Guidelines for the Posters:

The following guidelines must be followed in order to qualify for the Contest.

- The Poster must be Letter size, card Stock paper-measuring 8.5 by 11 inches.
- The printed name, address , phone number and interpretation of the picture shall be on the back of the Poster.
- The first and Second place winners of each Province and Territory from each age category shall be eligible for CFFA judging.
- The Directors from each Province and Territorial Office can bring the Posters to the Conference and given to the CFFA Contest Chairperson.

*For any further questions please contact:*

*Mary Smith, CFFA Contest Chairperson*

*902-443-7716 or [marystubbingtonsmith@gmail.com](mailto:marystubbingtonsmith@gmail.com)*

## **Please note:**

Upon receipt of the Posters they then become the property of the CFFA and may be used for CFFA purposes.

*Thank you for your participation in this event.*



# Easter Crafts

## Easter Egg Dye

$\frac{3}{4}$  cup warm water  
1 tablespoon white vinegar  
10 drops of food colouring

Mix ingredients together. Submerge egg into the dye. Allow the egg to sit for at least 5 minutes. The longer the egg sits, the deeper the colour will be.

## Speckled Eggs

Eggs  
Acrylic craft paint  
Old toothbrush  
Wax paper

Dye eggs desired colours. Dry completely. Pour a bit of acrylic craft paint on wax paper. Dip the toothbrush into the paint. Dab any excess onto the wax paper. While holding the egg in one hand, use your other hand to thumb over the toothbrush bristles to spray paint the egg. You can also use the toothbrush to stamp designs on the egg.

## Rubber Band Easter Eggs

Eggs  
Rubber bands

Wrap several rubber bands around an egg. Continue adding rubber bands until they surround the egg. Add egg to the dye. After several minutes, remove the egg and let it air dry. Carefully remove the rubber bands. If you'd like coloured streaks instead of white, you can repeat the steps by adding rubber bands again and dipping the egg in a new colour.

## Paper Plate Bunny Craft

### Materials:

- Paper plate
- Cotton balls
- White poster board or heavy construction paper
- Pink construction paper or pink crayon/ marker
- Black and pink pipe cleaners
- Pink pompom
- 2 googly eyes
- Scissors
- white glue

1. Cut out two ears from the white poster board that are each about 5" tall and 2" wide.
2. Cut out two smaller ears from the pink construction paper.
3. Glue the smaller ears inside the larger ears, or color the inside of the larger ears pink.



4. With the paper plate right side up, glue the ears to the top of the plate so the pink part is facing the table.

5. Turn the paper plate over.

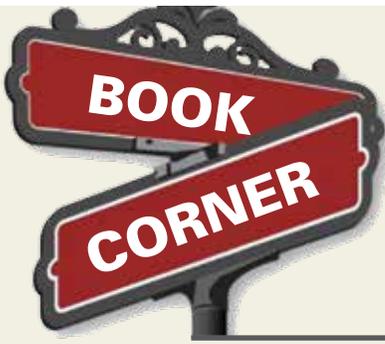
6. Cover the plate with glue.

7. Use the cotton balls to cover the plate.

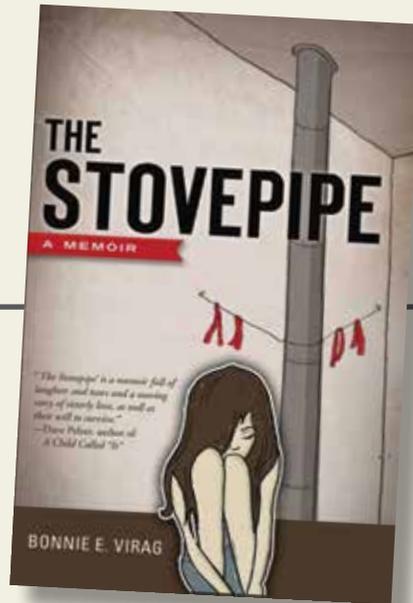
8. Glue the googly eyes, pompom (nose) and pipe

cleaners on to make the face of the Easter Bunny.

9. Bend the pink pipe cleaner into the shape of the bunny's mouth and glue under nose.



By Bonnie E. Virag  
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*The Stovepipe* is a heartrending and heartwarming story of a four-year-old girl, who, along with three sisters and a brother, is taken by force from her family farm and placed in the foster care system. As time passes, they are often separated and later reunited as they are shuffled from one foster home to another. The four girls spend their most formative years on a tobacco farm where they live in abject fear of their foster parents who show them no affection, force them to work as common farm laborers, keep them locked in unheated attic bedrooms, do not let them partake in the family meals, and deny them access to the inside sanitary facilities. They are constantly threatened that they will be separated again if they misbehave. Their strong sisterly bonds and the pranks they play to get even with their foster parents help the girls to keep their will and spirits from breaking and to endure the years of willful neglect and unspeakable abuse.



The FASD Support Network  
of Saskatchewan and the  
Saskatchewan Prevention Institute  
present the conference

## **FASDlive 2014: Mapping Our Road to Success**

This event will be held in  
**Saskatoon**, Saskatchewan  
(at the Saskatoon Inn),  
**October 7 to 8, 2014**,  
and will address important  
areas in Fetal Alcohol  
Spectrum Disorder.

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