

Rise magazine is written by and for parents involved in the child welfare system. Its mission is to help parents advocate for themselves and their children.

Rise

ISSUE NUMBER 18, SPRING 2011

BY AND FOR
PARENTS IN THE
CHILD WELFARE SYSTEM

Raising Children with Emotional and Behavioral Problems

Children who come to the attention of the child welfare system have very high rates of emotional and behavioral problems. Many families, especially those in isolated or poor communities, have trouble accessing effective supports.

Above all, families need service providers to listen and become their partner in caring for the child. In this issue, parents write about caring for their children and themselves.



IN THIS ISSUE

3 STRESSED CHILDREN, STRESSED FAMILIES

When children act out, the whole family needs support.

4 ALL THE DIFFERENCE

My son's new school has put him on the right path.

5 LISTENING TO THE FAMILY

"Wraparound" teams put families in charge.

6 STRINGS ATTACHED

We needed help but child welfare did more harm than good.

7 PART OF THE TEAM

You have a right to make decisions about your child's mental health treatment in foster care.

8 TOUGH LOVE

How could my boyfriend and I help his angry daughter?

9 RAINFALL IN MY HEAD

I need my parents and my group home to cope

10 APART BUT NOT ALONE

My grandson has made progress in a facility that works closely with family.

Sick and Tired

I needed respite and support but instead I lost my son.

BY CARLA BURKS

Three years ago I lost my son to foster care because I got too exhausted and overwhelmed to care for him.

My son, who is now 13, was diagnosed with bipolar disorder and ADHD and was in and out of the hospital more than a dozen times in five years. I was a single parent with little support from my family. The pressure of caring for my son took a toll on me.



CARLA BURKS

Destructive Behaviors

My son was in preschool when he began showing very strong negative behaviors. If I told him "no," he would throw things, break things, scream at me, and get so mad he would run out of the house. I tried to deal with my son's behavior by punishing him, taking the PlayStation away and even spanking him on his bottom. Nothing worked.

It became hard to take my son anywhere or find childcare for him. He was kicked out of several daycare centers because of his behavior. I had to stay in the house with him a lot. I gained a lot of weight. I felt so depressed and cried often. At times I was unable to work due to exhaustion. I lost jobs and found it very hard to maintain a normal life. Even

going to church was a struggle.

Looking for Help

My son was hospitalized for the first time at 5 years old. One day at an after-school daycare for children with emotional or physical challenges, he attacked a girl and had to be restrained. At the hospital, the doctors told me he had ADHD and bipolar disorder. They gave me information to read and the descriptions sounded just like him.

I used all of the resources I could find to stabilize my son. Through the Virginia Department of Social Services, we had case management, mentoring and in-home counseling.

Those services helped, but not enough. I felt I needed someone capable of keeping him for a weekend, just so I could rest. I looked for respite services, but the only one I could find was to help foster parents. I also learned about a therapeutic summer program and enrolled my son, but his behaviors got to be too much for them and they put him out.

Alone and Overwhelmed

As my son went from hospital to hospital, I felt alone, sad and overwhelmed. People would criticize me when they saw my son's behavior. They would say, "He needs a spanking," or, "Let him come home with me for a while. Then he wouldn't act like that."

Most people didn't seem to care or understand that his actions reflected his mental illness. They thought I was just making an excuse when I told them his diagnosis. My family also treated my son's problems as taboo. My family is not close knit and does not talk about family issues. I felt that no one could relate to what I was going through.

Considering Foster Care

Until my son was 8 or 9, my mom was my main support. But my mom is an elderly lady, now in her late 70s, and as she and my son both got older, she could not handle the physical tasks of dealing with him. Finally, she had to stop caring for him.

I believe my son would be home with me today if I was given respite care when I asked for it.

In the winter of 2006, I began to feel very stressed out. I often put myself on the back burner to take care of my son, and I was getting run down.

I began talking with our caseworker about options for my son's care that would give me a break and help him do better. We discussed placing my son temporarily in therapeutic foster care with a family trained to respond to his needs.

I thought it was a good idea for both of us. But before we could get him placed, I became extremely sick. My mind and body just gave out.

A Terrible Night

One day when I picked my son up from daycare, he was upset because the daycare didn't have the kind of candy he wanted. He said, "I don't want this kind of candy."

"That's all they have," I said. He got mad, threw the candy down on the ground, screamed at me and ran outside. I was calling his name and so were the daycare staff but he ignored us and kept running around the building.

I was out of breath and did not feel like I could cope with his behavior. I called my neighbor to come pick up

my son so I could go straight to the hospital.

A Place to Rest

In the emergency room, I found out that I had pneumonia and bronchitis. I had a fever of 103 and extremely high blood pressure. I ended up spending the night. It felt good that people were attentive to my needs in the hospital. I felt like I would do or say anything just to have a peaceful place to rest.

While the nurses were checking my vital signs, they asked me, "What is going on in your life?"

I told the staff, "I have a special needs

son who is causing me a lot of stress. I feel like I'm going to choke him or seriously harm him if I go back home!" I was just physically and mentally exhausted.

CPS Steps In

The medical staff felt it was necessary to call child protective services (CPS). The investigator said CPS would provide temporary foster care for my son until they had a chance to review my emotional status.

The CPS worker said that someone would pick my son up from school the following day. I felt relieved to know that someone would take care of him and I could take a break. But I also felt judged and unsupported. The CPS worker actually said to me, "Mrs. Burks, you did this on purpose to try to speed up the foster care process."

I Could Not Cope

The next day, when I was released from the hospital, I found out that CPS had not followed through. I felt like I could not cope with my son's attitudes or behaviors if he came home that day. I was having a hard time breathing and had no energy at all. I felt like I might snap. I immediately began to make calls to find assistance.

One of the agencies I contacted called the police because I made comments similar to those I made to the hospital staff. But as much as I feared I would hurt my son, I didn't mean that I would—I was calling for help to make sure I wouldn't.

A Knock on the Door

Soon I heard a knock on the door and there stood the police. They had a mental health crisis evaluator come to my home.

I told the evaluator everything that happened at the hospital and explained that I was just trying to make sure that my son was well cared for because I couldn't take care of him and had no one to help me. The assessment was that I was under extreme stress and overwhelmed.

The police called CPS. Finally, CPS made arrangements to pick him up from daycare.

I Gave Up Custody

The next day, CPS contacted my son's father, who lived in Texas, and asked him to come to Virginia to care for our son. My son's father told CPS that he did not want to be going back and forth with our son. He wanted to take full custody and keep him for the long haul.

I felt I had no choice. No one in Virginia could help me. I also hoped that living with his father would be a positive change for my son. I thought that I would be able to visit my child once I was healed. I could never have imagined that, by placing my son in his father's care, I would end up losing custody of him forever.

Our Last Three Days

That day we had an emergency hearing and I signed my son over to his father's custody. Then CPS arranged for my son to stay with me for three days until his father arrived. My mother stayed at our house to watch over us.

During our last three days together, I did not regret my decision. My son was very disrespectful and cursed at me. He didn't act like he cared that I was sick. It was almost as if my illness triggered his aggression.

My son was also upset when I told him that he was going to stay with his father for a while. He told me, "I don't want to live with my father," but I told him, "You have to go until I get better."

The day his father came to get my son, I walked them to the door, told my son goodbye and gave him a hug.

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80 E. 110th St. #1E
New York, NY 10029
718-260-8818

EDITOR/DIRECTOR
NORA MCCARTHY

CONTRIBUTING EDITORS
LAURA LONGHINE
RACHEL BLUSTAIN

PRODUCTION
EFRAIN REYES
JEFF FAERBER

CONTRIBUTING WRITERS

LOUIS ANGEL
GIANNINA BRITO
CARLA BURKS
WANDA CHAMBERS
NANCY COLON
LAWANDA CONNELLY
SONIA DIAZ
BLISS EDWARDS
SANDRA EVANS
DAMARIS FIGUEROA
TONI HOY
PAMELA HUGHES
SABRA JACKSON
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MARY THUNKER

I feared that I would never see him again but I hoped that things would work out great between him and his father and their bond would make him a stronger boy.

I Lost Contact

But after only a short time in his father's care, I found out that my son was removed from home. His father had gotten frustrated and hit him, the school reported bruises and our son was placed in residential care.

It's a long story what happened after that, but in the end, his father gave

up his rights. Then, because I didn't attend court hearings in Texas, I lost my rights and all contact with my son.

Now God has given me the strength to fight once again. Last year, I moved to Texas to try to reconnect with my son. My goal is to get the termination overturned, or at least to have contact. I have met my son's caseworker and gone before the judge to petition for contact. I am also in counseling now and it's helped me to better understand my emotional state and my son.

Fighting for My Son

Sometimes I feel so angry at what happened to my son and me. Although I made a verbal threat, I never caused my son bodily harm. I am shocked when I see that people commit serious crimes and get rehabilitated, then come home to have a second chance with their children. Why can't I get the same treatment?

I also wish I had had more support before my son and I reached a crisis point. I needed respite and in-home care so I wouldn't have felt so exhausted and overwhelmed. I

believe my son would be home with me today if I was given respite care when I asked for it, or was able to place my son in temporary therapeutic foster care when we needed it.

Mostly, though, I feel sad. My son does not know the whole story. I'm afraid that he believes that I don't want him in my life. I hope that I will have the chance to see and talk to my son. Maybe one day I can explain to him that I did not have control over the situation and I did not expect our separation to last forever.

Stressed Children, Stressed Families

When children act out, the whole family needs treatment and support.

When your child has a serious emotional or behavioral problem, it can be difficult to find effective treatment and supports especially if you live in poor or rural communities. Many times, parents feel that treatment providers, school personnel, or child welfare workers blame the parent for the child's problems instead of becoming an ally. Even family and friends may blame, when what you need most is support. The whole family can become tense, isolated and overwhelmed.

What parents should know is that your desperate situation can get better. There are professionals out there that can help, and organizations and parent leaders who can help you advocate for your family's needs. When you get the right kind of support, it makes a world of difference. Good treatment and support can't make a child's mental health problem go away, but it can help the child and family adapt and lead a positive life.

Below, Geetha Gopalan, a post-doctoral fellow at Mt. Sinai School of Medicine in New York, explains proven treatments for stressed children and families.

Q: What is the connection between child welfare and children's mental health?

A: Generally, kids affected by the child welfare system, whether their family was just investigated or they



ILLUSTRATION BY YC

entered into foster care, have very high rates of emotional and behavioral problems—much higher than in the general population.

These children are affected by many serious stresses, like living with domestic violence, parent mental illness, unstable housing, poverty, and dangerous communities. Foster care itself is enormously stressful.

Plus, some children enter foster care because disciplining children with behavior problems can be very difficult.

Q: What treatments are effective?

A: The good news is that there are a lot of research-based strategies for helping children and families. Just knowing the names can help.

Some kids show their feelings by acting out—they have a pattern of not following rules, fighting, or

not responding to parents. That might be diagnosed as ADHD, oppositional defiant disorder (ODD), or conduct disorder. If you're dealing with disruptive behavior problems, some of the treatments that can be effective are Parent Management Training, where parents are taught different ways to manage their children; Behavior Training, where the therapist works with the parent and young children together; Cognitive-Behavioral Therapy, where you learn to change your thought patterns; or Functional Family Therapy, Multi-Systemic Therapy, or Social Skills Training.

Other kids get really sad, anxious and worried. Anxiety often responds to Cognitive-Behavioral Therapy or Exposure Therapy. For mood disorders like depression or bipolar disorder, medication plus Cognitive-Behavioral Therapy or Interpersonal Psychotherapy is effective.

The difficulty is finding these therapies. A lot have been tested by researchers but are not offered in community settings. Parents can contact their local or state mental health office or their state branch of the National Alliance on Mental Illness (NAMI) to find out if a program in their area offers one of these tested interventions.

In New York state, the Office of Mental Health runs Family Centers where parent advocates who themselves had children go through the mental health service system are available to talk with parents.

Q: How can parents support their children?

A: A parent's actions and the home environment always have an impact on the child. Even if a child is in treatment or taking medication, you have to have rules at home that make sense for the child and that the child follows, and you have to have consequences when children don't follow the rules. If rules and consequences are inconsistent, or children get no recognition for following the rules, the child will see no reason to follow rules. Finally, parents and children need to be able to communicate respectfully and build their relationship through talking and having fun together.

It's important that parents get a lot of support. Parents should not suffer in silence. Parents can get counseling for themselves, seek out parent support groups, or talk to their doctor or the child's school social worker. You're never going to be a perfect parent, but the more information and support you have, the better.

All the Difference

My son's new school has put him on the right path.

BY ANONYMOUS

This story is anonymous at the children's request.

My son was all excited to start first grade. I hoped his transition from kindergarten would be easy. I worried because in nursery school he'd occasionally shown aggressive behavior. His teacher and school officials said, "He's 5 years old. He will mature."

But within a month of switching him from a private school to a class of 28 in our local public school, I started to get phone calls home. The teacher said he was disrespectful and would walk out of the classroom after being told he couldn't leave. At home, I saw my son having more tantrums and crying meltdowns. He really needed reassurance. He was also sleeping restlessly and didn't want to get up for school.

My Deep Fears

As my son's behavior became consistently negative, my fear became almost unbearable. I worried that my own history of substance use was rearing its ugly head. My son was born with drugs in his system. I also feared that my son would turn out like his father.

My son's father and his family have an extensive history of psychiatric challenges. His untreated mental illness led him to abuse any woman he was with, including me, until I left him.

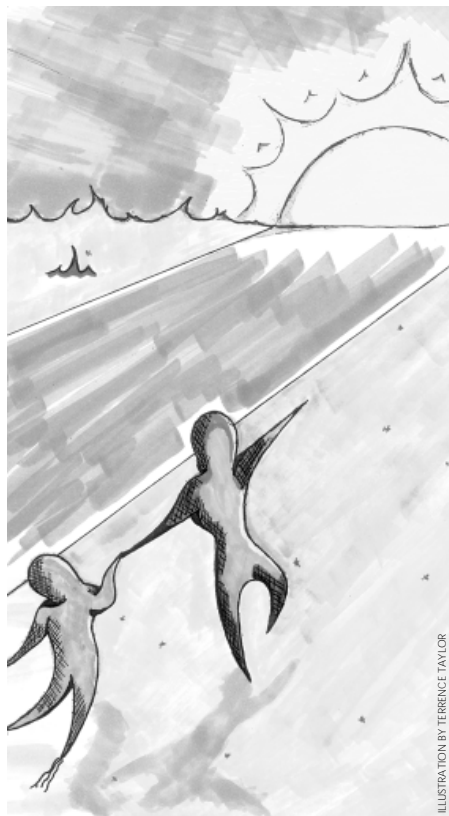
I used to ask my son's grandmother about her only son's childhood. She would say, "He had some challenges." Later I learned that he was so explosive that his younger sister was kept in a playpen until age 4 because they feared he would hurt her.

When my son began to act up, I thought, "Oh, hell no, my child will not become this dysfunctional man

that his father has become. He will become a productive citizen and have normal relationships with people despite his challenges."

Awful Comments

It was clear to me that my son needed some interventions so I requested that the Department of Education do a full evaluation. Even though my son's misbehavior had become continual, the school dragged their feet.



mortified.

The hardest part was seeing how my son was affected by being labeled a "bad kid." He became more and more resistant to going to school and would say, "Mommy, my teacher and my friends call me names. It makes me sad."

Finding an Advocate

After hearing for numerous weeks that it would take some time to do the evaluation, I asked my co-workers for advice. "What are my next steps?" I asked. I was introduced to an educational advocate from a nonprofit legal advocacy organization in New York City called Advocates from Children.

Randi was an unassuming powerhouse. She reviewed my case and again requested that the school complete the evaluation. A request from a lawyer seemed to make the school uneasy. The teacher asked me, "Who is this advocate and what is her purpose?" The school immediately began the evaluation.

A Serious Diagnosis

When the team finally finished their evaluation and we had the Individual Educational Plan (IEP) meeting, my son was classified Emotionally Disturbed, a serious diagnosis. Even so, the school did not put any services in place for my son. I just kept getting phone calls home. I was outraged by the school's complacency. Clearly, they did not care about my son's needs.

Randi suggested that I do my own research to find a new school for my son. One option she told me about was the Greenburg-Graham Union Free School District in Hastings NY. "Wow, nice place!" I said, because that's a fancy suburb. Randi set up a tour and, soon after, the school sent

me a brochure. It was beautiful.

The day we visited, my son insisted on wearing a special outfit—a tweed blazer and nice pants. He said, "I don't want to wear any baby clothes. I am going to school with the big boys and I don't want to look dorky." Off we went on the train.

The school tour was wonderful. The school was bright, spacious and very inviting. The campus overlooked the Hudson River and had acres of land—perfect for my son to do lots of running! During the visit, I became hopeful. It was clear that the staff understood my son's dynamics, and the teachers were very warm, letting my son take the lead and asking him, "Do you know why you're coming to a new school? What do you want to see here?"

We All Needed Help

I also found family therapy, because My son, my daughter and I were all affected by my son's difficulties. My daughter, an honors student in middle school, was upset by her brother's behavior. She'd say, "Stop acting up!"

I knew that finding the right therapist for my family would be crucial so I asked professional friends who they thought would be a good "fit" for my family. I wanted someone who would be culturally sensitive and nonjudgmental. I was also concerned that the therapist be sensitive to my past child welfare involvement. I did not want my therapist to be trigger happy or shape any statements I might make into something worth a call to the State Central Registry.

The first visit with Ms. S. was very exciting for all of us. I made it a big day. First I took the kids out for breakfast and allowed them to choose their favorite foods. When we arrived, Ms. S. asked my son, "Do you know why you are here?"

Listening to the Family

“Wraparound” teams put families in charge.

He said, “My behavior is sometimes inappropriate and I need to talk about why I can’t stop myself sometimes.”

Ms. S. smiled and said, “Your son is clear about what going on with him!”

I smiled and said, “That’s Mommy’s baby!”

My son loves therapy. Ms. S. is so engaging and talks directly to my son, and she’s helped my daughter better understand her brother’s challenges. Ms. S. truly understands the dynamics of a family that has been separated by child welfare. Ms. S. also reviewed my son’s IEP and told me that my son appears to have Attention Deficient Disorder.

Exploring School Options

Not long ago, my son started at Greenburgh-Graham. We were able to get him transferred because his school had blown it. They did not follow the regulations to find services for him in a timely manner. At a hearing with the school district, we showed our paper trail and I was able to say that I’d already found a school to take him.

After his first day, my son came home excited. He said, “Mom, I like my new school. They don’t talk mean to me. They don’t make me go to the principal’s office.”

I asked, “What do they do when you are inap-

propriate?”

“The teachers take me in a special room and talk to me,” my son said. “If I do well, I can earn points to gain privileges.” He earns points by doing his assignments, being considerate to his peers and teachers, and participating in class.

Now my son is up and ready to get on the school bus every day. Some mornings I get a call on my cell: “Mom, call the bus! It’s taking too long. I will miss morning treat!”

Proud of Us

My son’s last report stated he is doing well and that the school anticipates promoting him to the second grade. The school has really developed my son’s strengths in math and reading, and the staff help him to cope with anger and losing focus. I’ve seen my son’s self-esteem increase 100 percent. He especially loves to dress up for school like a big boy, with his sweat-ers and skinny leg jeans.

What a different road my son would be on now if I hadn’t advocated for him. In his old school, he would have lost his spirit, and his attitude toward education would have become, “What for?” The “troublemaker” label that made him very sad would’ve become true.

I’m proud of how my son has rebounded. That’s Mommy’s little sugar!

Georgia Parent Support Network’s policy director, Anna McLaughlin, explains how an approach called “wraparound” helps families care for children with emotional and behavioral challenges:

“Wraparound” is a way of working that gives families a major role in deciding what supports they need. Parents get referred to us through systems like foster care, juvenile justice, or special education, or families come on their own. Then a case manager or parent partner helps the family identify who they want on their team. The team can include extended family, personnel from the child’s school, the mental health system or social services, and members of the family’s community.

Everyone sits together to work with the family on a plan to help the family get what they need. It’s up to the caseworker or parent partner to make sure that commitments made in the room are kept. If social services says that it is going to do something by a certain date, we make sure that it happens.

Listening to the Family

Wraparound is really about listening to the family. Families need different things. We’ve provided traditional services like respite care and tutoring, but we’ve also built a room on to a house so grandma could visit to provide support.

In one family we worked with, the mom was being labeled “non-compliant” because she wasn’t getting

her son to therapy. He had juvenile charges pending against him and could have gone to jail if he didn’t go to treatment. His therapy was also part of the parent’s agreement with the Department of Children and Family Services.

So I went in and met with the family and it turned out that they were incredibly poor and rode the bus everywhere, but the therapy office was not on the bus route. Once we identified that they needed transportation, we got them a used car and paid for a year’s insurance, and the child never missed another appointment.



ILLUSTRATION BY PATRICIA BATTLES

Parent-to-Parent Support

One challenge is that we generally don’t get to work with a family until the problems have built up. We struggle with how to get services to the child earlier, when they can cost less money and have more impact. It’s also difficult to find funding for services that really fit a family’s needs.

Another challenge is that each agency has its own mandate and its own requirements. We’re trying to meet everybody’s agenda and figure out how can we help

the family meet all of those needs.

Finally, it’s a challenge to keep the families positive—the system is very daunting. We have found that providing one-on-one parent support is the biggest thing we can do. Parents are dealing with a kid who is sick and a system that assumes they’re guilty. Talking to another parent who’s been through that same lived experience can help.

‘You Are Not Alone’

A big part of our work is helping people understand how to take care of themselves. We help parents understand that they don’t have to feel guilty because

they need a few hours to themselves or even respite for a week-end. Living with a child who has a mental health disability is challenging. It’s exhausting.

I do not believe that children should be away from their families

for long periods, but there are times when a child may need residential treatment. If a family says, “I can’t handle this behavior. We need residential care for a short period of time.” I will work with them.

We tell parents, “You are not alone.” That feeling of isolation is just so horrible, but a lot of us have been there before. With a parent partner, you have someone who can step in and be at your side, answer your questions, provide support.

Strings Attached

My son needed help but child welfare did more harm than good.

BY LAWANDA CONNELLY

When my oldest son, Andre, was 13, the Philadelphia Department of Human Services—the city child welfare agency—came into my life. A DHS worker came to my door to investigate an allegation of abuse against my live-in boyfriend. The worker quickly decided that the report was unfounded but she noticed that Andre couldn't keep still or be quiet. Andre was bouncing off the walls and running off at the mouth.

My Son Needed Help

At that point, I had been struggling to help my son for 10 years. Andre was 3 when I first noticed that he didn't act like other children his age. I had Andre evaluated by Early Intervention Services, and he was diagnosed as developmentally delayed in most areas. In Head Start, Andre was assigned an aide to work with him, and he stayed in special education all through elementary school. He received speech therapy, occupational therapy and small group instruction. Eventually, he was diagnosed with bipolar, ADD and oppositional defiant disorder.

When Andre was 10, he got worse. Andre became very withdrawn, didn't have any friends and had explosive outbursts. He was consumed with thoughts of dying. He was even afraid to sleep in his room and started sleeping on the floor in my bedroom.

That year, Andre had the first of many psychotic breakdowns and spent three weeks in a mental hospital. It was very scary. The first time we took him to the hospital, he told the doctors that he heard voices telling him to kill me. Andre was placed in a residential treatment facility (RTF) for a little over a year.

A Great Experience

At the RTF, called Elwyn, Andre did great! Andre was well-liked by the

staff and made his first friends. For the first time ever my son was learning and making progress. Andre even learned how to swim and won competitions. The RTF staff discovered that Andre wasn't "mentally retard-



ILLUSTRATION BY CAMAL JONES

ed," as the school district labeled him. Andre performed better if he got verbal instructions instead of written instructions. When he was retested verbally, his scores were very good.

The RTF also gave Andre the structure he was lacking at home. As a single mom, I was ill-equipped to deal with his unique problems. At the RTF, I was an integral part of the treatment team. I was allowed to visit Andre as often as I liked and he came home every other weekend.

After a year, Andre seemed ready to come home. We were hooked up with therapy and case management, but I was very nervous. I was working full time and by then my daughter had been born. I was especially worried about how Andre would be treated at school, where children always teased him.

He Didn't Stand a Chance

Once home, Andre quickly fell apart. At home he was fine and I enjoyed being with him. But Andre just plain refused to go to school, or he went and then played hooky. I tried every-

thing in my power to get Andre to go to school. I took him or gave him carfare to catch the bus. I made arrangements with the school to provide transportation. The school even assigned Andre a Therapeutic Support Staff but it didn't help.

Andre wanted to go back to the RTF where the other kids were just like him. He felt that he couldn't function outside of that very structured setting. Plus, the school Andre attended at the RTF was excellent. No school in our neighborhood could compare.

I would've given anything to keep Andre home, but I felt that he didn't stand a chance in our local public school and I had seen how he thrived at Elwyn. Plus, Elwyn provides services long after high school. Even more than I wanted Andre home with me, I wanted to see him feeling good,

(Services for Children in their Own Home). I felt great. I felt like this worker actually got us. But letting the child welfare system into our lives turned out to be a terrible mistake.

At first, everything was fine. Our case manager through SCOH was a nice man and he was able to coordinate the services my son needed. Despite his efforts, Andre spiraled out of control. Once again, he absolutely refused to go to school or participate in any services.

DHS offered to help get Andre back into residential treatment. We went to court and the judge agreed. I was relieved. But what my court-appointed lawyer neglected to explain was that Andre was now under DHS supervision. I no longer had legal custody of my son.

Four Agonizing Years

From the point that DHS took custody of Andre, I was treated like I was

I only wish that DHS had treated me as the one person in my son's life who cared about his progress. The workers treated me like an enemy for reasons I will never understand.

learning new things, making friends, and getting prepared for life.

Finally, I hired a lawyer who specialized in special education, sued the School District of Philadelphia, and won! Andre returned to Elwyn, and again he did great. But after six months, Elwyn decided to discharge him. Andre came home and began to fall apart again. That's what the DHS worker saw when she came into our lives.

A Terrible Mistake

The DHS worker offered to set up services for us through SCOH

nothing. One of the first things DHS did was assume control of my son's monthly SSI check from his father. I had always relied on that money to help pay the mortgage. Without it, I couldn't afford the payments and eventually lost my home. I am still so angry about that. They didn't even care when we lost our home.

Also, under DHS care, Andre was placed at any RTF with an empty bed, not at Elwyn, the facility he'd loved. All RTFs are not created equal. I visited and talked with Andre by phone and I saw that he was not making progress. Later, Andre told

Part of the Team

You have a right to make decisions about your child's mental health treatment in foster care.

If your child is in foster care, you still have the right to be involved in his or her mental health treatment. Bronx Defenders lawyer Keren Farkas and social work supervisor Ariane Eigler explain how to advocate for yourself and your child.

Q: When children are in foster care, what rights do parents have to make decisions about their child's mental health treatment?

A: Unless a parent's rights are terminated, parents have the right to make decisions on their child's upbringing, including their mental health care. Parents have the right to know who their child's therapist is and what treatment they're getting, and are usually entitled to meet with the treatment provider. They also have to give their consent for any psychiatric medication, unless the treatment provider feels it's critical. Then the foster care agency can ask the judge for an override.

But in practice, are parents looked to as the people who know most about their child? No. When children come into foster care, therapists usually speak to the parent who's taking care of the child, and that ends up being the foster parent. There are cases where parents find out in court that their child is going to therapy.

Plus, parents often feel that they have to agree to medication because they'll look like a bad parent if they disagree with the psychiatrists. We see that a lot—a parent is not given any explanation for why a certain treatment is being recommended or what kind of effects it could have, but if parents say no because they don't

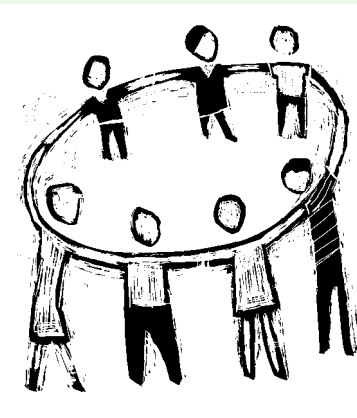


ILLUSTRATION BY YC

have enough information, it's often used against them.

Q: How can parents play an active role in their child's treatment?

A: It's important that parents are involved in the child's treatment because usually the plan is to return the child to the parent, and any treatment should continue when the child returns home. Parents also know their children's history.

We always suggest that parents request a meeting with the child's treatment team. Bring an advocate, family member, or friend if it makes you feel more comfortable. Or, if you have your own therapist, ask if it makes sense to get your therapist involved. Come in with a list of questions about the treatment being recommended and how you can play a role. You can ask for family therapy, which is often the most helpful thing for reunification.

If medication is recommended, come in with questions about side effects, how long it will take to take effect, what will they try if it doesn't seem to be working, etc. If you feel uncomfortable with your child's treatment plan, talk to your attorney and have the issue raised in court.

me that he witnessed his fellow residents being physically abused by staff. Soon, his fears for his safety surpassed any desire to get help. Andre just wanted to escape.

When Andre was 14, he came home for Easter weekend and refused to go back. He also refused to go to school or participate in therapy or any other form of treatment. He was home for an agonizing seven months.

Finally, DHS filed paperwork with the courts to get the local police to place Andre back in an RTF, but 14 months later, Andre came home on a home pass and went AWOL again. This time, even though DHS had custody of my son, they refused to help me get him back into treatment. Having Andre back home under those circumstances drove my family to pure chaos.

A Fishing Expedition

Then DHS turned its attention to my younger two children, who were 8 and 2. I had a new worker who insisted that my daughter and I get mental health evaluations even though I was already in therapy. I'd put my daughter in therapy on my own because she'd had a very bad temper when she was young. I knew we all needed help understanding why things turned out the way they did for Andre.

Then our new DHS and SCOH workers set up a joint visit. They asked questions I considered very intrusive: How much money I made, how much I paid in rent, and how far I had gone in school. When I said I had a Bachelor's degree, both women gasped in shock.

After the meeting, the workers filed petitions to remove my younger children. The petitions painted me as unfit and neglectful, even mentally unbalanced. The allegation of neglect was that I'd left my 8-year-old daughter in Andre's care, and that Andre had been observed outside while my daughter was alone in the house. Strangely, Andre and my 2-year-old were left in my care while my daughter was placed her with father. This man was a man who owed me more than \$25,000 in child support and lived in a one-bedroom apartment

with three other adults!

I was so angry. Even though my son had his challenges, he was good to his sister. I couldn't understand DHS' actions. If my son was such a danger, then why had they discharged him from treatment to live us? If I was an unfit mother, then why had they been so eager to send my son home to live with me?

Case Closed

After my daughter had been with her father for a month, I filed a petition in court to regain custody. Even the judge said he did not understand why DHS had taken her, and he returned my daughter to my care.

But the next year was a nightmare. DHS once again tried to remove my daughter but a judge stopped it. Then DHS tried to order me to get speech therapy for my younger son and psychological treatment for my daughter. I never understood why. Finally, after more than a year, the judge discharged my case over the objections of DHS.

A Disastrous Impact

My family's experience with DHS was disastrous. My son never got the help he needed. Today Andre is 21 years old. He lives at home and has toyed with the idea of getting his GED or going to Job Corps, but not long ago he was hospitalized.

My daughter has a lasting fear of being away from me. Although she was only away from home for a short time, her removal scared her. DHS workers came to our home out of the blue. She had no idea what was happening.

They say hindsight is 20/20. If I had known then what I know now, I would never have accepted DHS services. In the end, DHS did far more harm than good. I only wish that, from the beginning, DHS had partnered with me and treated me as the one person in Andre's life who loved him and cared about his progress. I had been fighting for Andre for 10 years! Instead, the DHS workers who took over our case assumed they had all the answers. They treated me like an enemy for reasons I will never understand.

Tough Love

How could my boyfriend and I help his sad and angry daughter?

BY ILKA PEREZ

It's been a year now since my two children and I moved in with my boyfriend, Angel, and his two children. Now I am a mother of four, with one child who loves to give me a challenge.

My boyfriend's 7-year-old daughter, Alicia, is a straight-A student but out of control at home. My first impression of Alicia was that she was so bright and eager to learn. Alicia has no problem asking questions and she can be charming and thoughtful.

But she also needs to have control over everything, and she can be vicious to her siblings. Becoming a mother to Alicia has not been easy for me. At times, I've felt like I was going to lose my mind.

'What Is Wrong?'

When Alicia plays with her siblings, everyone has to play by her rules. More often than not I have to intervene. She has become more and more aggressive—hitting, biting, lying and stealing. For a while, Alicia's actions got so bad that I became her shadow, following her every move. I saw Alicia do things that left me speechless. She pushed and snatched from other kids, then went on like it was nothing. If I confronted her, she'd say, "I didn't do anything!" No apology.

I was so frustrated. I felt I had no control and I couldn't believe that a child who was surrounded by so much love, peace and morals could be so vindictive.

Trying to Help

Whatever triggered Alicia, I had no clue. I would sit with her and ask, "What is wrong? Why are you always hitting other kids?" When I talked to Alicia, she would calm

down for that moment, but later on her behavior was only worse.

Recently I asked Alicia, "Why don't you just come to me if something is going on?"

With tears in her eyes she told me,



ILLUSTRATION BY PATRICIA BATES

"I can't be good. I don't know what's wrong with me. I hate my life."

My heart ached. "Alicia, I know you know how to be good," I told her. "You are a very smart girl, and I know you don't want anyone hurting you like you hurt them."

I was determined to help this child who had a bomb exploding in her from anger. First I decided to record her behavior, writing everything down so I could try to see, step by step, what went wrong. But all I noticed is that she'd turn from friendly to mean and hurtful in an instant. I couldn't figure out what made her switch.

One day I asked myself, "What can we do? Why doesn't her mom spend more time with her and try to make her happy?" That's when it hit me: Alicia was lacking that bond with her mother.

Missing Her Mother

Alicia's mother is supposed to see her children every weekend. But for weeks and weeks she will not make arrangements to see the kids or even talk to them. Then, magically, she'll call, like it's nothing.

Angel says that since I moved in, and Alicia's mom had another child of her own, things have gotten worse. It's sad for me to see how it affects Alicia. When a long time passes without a visit, she will give her mom a call, but often there's no answer or the number has been changed. When her mom does call, Alicia is quick to go see her as if nothing was wrong.

After a visit, Alicia might be fine for a while, but then she usually acts up. She'll scream, "I want my mom! I don't want to be here. Give me the phone. I want to go with my mom."

Tough Love

Once Angel and I realized how much Alicia was hurting, we still did not know how to help her or how to handle her behavior.

Angel tried tough love. Tough love was yelling, and removing everything she had that was enjoyable for her—no free time or watching her favorite TV programs. Angel would say, "You only get things when you deserve them, like the rest of the children in this house."

Alicia would just say, "I don't care!"

My boyfriend and I became exhausted and moody with each other. Angel would say over and over to

me, "I just don't know what else to do!" Punishment wasn't working.

Finding Therapy

My next step in helping Alicia was therapy. My son and I had gone to family therapy to help us handle his ADHD, and it helped us both a lot.

I told Angel, "I'm looking for a therapist. Something has to give."

"How is that going to help?" Angel asked.

"At this point, I'll try anything," I said. "If therapy helped Alex, it can help Alicia."

Not much later, my son's friend's mother mentioned she takes her son to therapy at a center on our block. I looked the place up right away and made an appointment for Alicia's evaluation.

A Special Day

When the day came, I made it special for Alicia. She and I went out for breakfast. "What are we were doing next?" she asked.

"Well, Alicia, we are going to see someone special. We are going to meet someone that is going to help you express yourself better, because I know that sometimes being a kid is hard, and you may have something to say and feel you can't say it, or may not even know how to express it."

Alicia smiled and said, "OK."

Tiny Signs

At the center, they first evaluated Alicia to determine what help she needed. The evaluator said Alicia has abandonment issues. Then we met Christen, the therapist who would meet with Alicia regularly.

During the first visit, Christen asked Alicia to draw a picture while they

spoke about her family. Alicia named everyone in her family, but her drawing was a picture only of her mom, along with a heart.

Now, Alicia meets with Christen every week by herself. I usually just check in with Christen and let her know how Alicia's been and if she's visited with her mom.

We're Both Trying

It's been five weeks since we started. We have noticed that Alicia is trying. At times, I see her excited just like a 7-year-old girl should be. Sometimes we bake together and everyone gets to take part. Alicia loves to read so I let her read the instructions. Then she and my daughter do the mixing together.

Other times, though, she'll act out and then say, "What did I do?" with a smirk on her face. Or she'll talk over me or even yell at me without apologizing. I can't help but give her the cold shoulder because I myself get upset.

Hopes and Fears

I know it's only the beginning and too soon to tell if therapy will help Alicia. Angel still worries that we shouldn't put Alicia through therapy. I remind him that we can just go with the flow with her treatment based on how she reacts to it. I say, "Angel we are not hurting her. We are concerned parents wanting to help her. What do we have to lose?"

My hope is that Alicia will learn to understand herself and recognize that it's OK to be angry at times, but hitting and being disrespectful are not acceptable ways of showing her anger and sadness. She can let go of her feelings in positive ways, like talking about how she feels or distracting herself. She just needs to be reminded of other options. Lately she has been writing and having alone time to herself, which seems to help.

I also have my up-and-down days of feeling hopeless or angry. Angel and I have so much to deal with and our family is so loud and always busy. But I do feel more hopeful now. When Alicia talks in a positive way about seeing her therapist, that helps me believe things will get better in time.

Rainfall in My Head

I need my parents and my group home to cope.

BY BRIAN

Ever since I was 10, I've been hearing noises. They started one day when I was in class. I heard stomping and clicking. I thought someone was walking down the hall and clicking his tongue. But when I walked outside, nobody was there.

I heard the noises on and off every day. It was like rainfall in my head. It bothered me. I thought it was normal, but by seventh grade, I started to get depressed because being the only one hearing noises made me feel alone. Sometimes I would think, "Should I kill myself?" Eventually I was hospitalized and put on medication.

The noises slowly got worse and progressed to voices. They told me to kill myself or others. Two weeks after I left the hospital, I had my worst experience. I was in the kitchen when I spaced out for a few minutes. When I came back to, I was holding a knife to my stomach.

Over the next year I was in and out of the hospital. My mom would say, "Brian, are you OK? Do you need to go to the hospital?" and I would say yes.

The doctors recommended that I go to a group home where I would live with adult staff members and five other boys who had emotional problems. I thought it would be safer for me than living at home.

Safer in a Group Home

I was 13 when I arrived at the group home. I didn't like it at all. I missed my parents and there were a lot of rules.

At first I heard voices every day. It was really horrible because I was away from my parents. I would sit in my room and listen to music and rock back and forth. One time

one of the staff members came up to talk to me. She said, "Don't go straight to killing yourself. Think about what is around you, like your parents, family and friends."

Even though it was hard, I thought about all the people who loved me, like my parents and my grandpa. That helped me get through my depression.

I talked to my parents every day. They would ask me, "How is school going?" and those types of questions. Talking to them made



ILLUSTRATION BY ROSANGEL DAGNISES

me feel better. I also tried to see my parents as often as I could, on weekends and on Thursdays for family therapy. I loved going home on the weekends.

Starting Life Again

After about a year, things were going well, and the group home said I could go home. My parents were so happy that I was back. I started my life again. I went to my friends' houses and walked to Target. I watched TV late at night and played video games whenever I wanted. I had a girlfriend. I had pretty much everything I wanted.

But after nine months, I started to hear voices again. It was worse than before, more violent and intense. At the hospital the doctors said I might have schizophrenia.

That made me really depressed. To be diagnosed with a mental illness is scary. I wondered if I would be able to do normal things in my life.

'Hang in There'

Since then, I've been living in the group home. If it wasn't for the group home, I don't know if I'd be alive. Therapy has also helped me communicate when I'm hearing voices.

I still get support from my parents. I wasn't able to be home on Father's Day, so my parents came and saw me instead and I gave my dad a card. My parents say, "Hang in there," "You'll be OK," and "You'll get through this." Their words of encouragement help.

Handling the Challenge

Lately, I feel like things are getting better. I'm not taking as many meds. On the weekends when I'm home I hang out with my friends. We play basketball and video games.

I've learned coping skills, like talking to my mom and dad. I also have an emergency plan. If I'm not feeling well, I'll tell my parents where I am on a scale of zero to 10, with zero being the happiest and 10 suicidal. Then there are different activities I can do to feel better, like playing basketball or writing in a journal.

Everyone has challenges, and my challenge is a mental illness. I'm hopeful I'm going to make it in life. I'm thankful to my parents, the group home and my friends for sticking with me through these hard times.

This story was reprinted from LA Youth. www.layouth.org

Apart But Not Alone

My grandson has made progress in a facility that works closely with family.

BY MARY THUNKER

From the day my grandson Nathan made his arrival into this world, we felt that something was different. Nathan was a fussy baby. He didn't like to be held or rocked. Getting him to sleep was always difficult. As he became a toddler, Nathan couldn't sit still or stay focused on any one toy for any length of time, even watching TV. Interacting with other kids his age was not easy for him. Nathan had a hard time sharing toys and things always had to go his way or he would throw a tantrum.

Our doctor assured my daughter that Nathan was a typical little boy and said we should wait until he reached school age to become concerned. After all, Nathan was developmentally on track. But finding daycare and babysitters was next to impossible. A few times of dealing with Nathan was all it took for a sitter to quit.

Nothing Worked

Just before Nathan turned 6, my daughter pushed to be referred to a specialist. We lived in rural Nebraska so we had to visit doctors 90 miles away at the Behavioral Health Hospital in Sioux Falls, South Dakota. At the very first visit, they told us that he had ADHD and oppositional defiant disorder (ODD). Later Nathan was also diagnosed with bipolar, and a seizure disorder. We were heartbroken but relieved to get Nathan started on treatment.

At age 7, Nathan was hospitalized for the first time. Over the years, his aggressive behaviors became more pronounced. We experienced multitudes of med changes and dosage changes. Nothing worked for long. Just when we thought things were getting better, the meds would seem to stop working.

After a series of terrifying meltdowns, Nathan was placed in a residential treatment facility when he was 10

years old. Nathan stayed there for 11 months. It was not a good experience for any of us.

Poor Treatment

The treatment center was 170 miles from our home. We couldn't get to see Nathan as often as we wanted to, and it was stressful and expensive and stressful to visit. Plus, our first visits were supervised and lasted only



Mary Thunker with her daughter and grandchildren

two hours. We were made to sit at a table in the kitchen of the cottage where he was living with several boys and a staff that rotated with very little consistency. A staff member sat at the table with us. I found this very demeaning. Nathan had not entered treatment because we harmed him in any way. It was four months before we were allowed to take Nathan out of the cottage.

We only had family therapy every other Friday. Nathan's first therapist was very inexperienced. She insisted that Nathan's four siblings participate in therapy at least monthly, even though two were very young and two had to miss school to attend. Some days we would all arrive at therapy only to have the children asked to play in the hall.

As time passed, we watched Nathan slip into a deep depression. We continually questioned the treatment staff about what they were doing to help him. My daughter would call Nathan all of the nights we were allowed to and call the staff each evening to ask how Nathan's day had gone. The staff told her that they had never had a parent call to check in before and that they didn't have time for it!

A Matter of Time

At no point did we feel that Nathan showed true improvement. He only learned to play their game and do what was expected so that he could come home. At one point, my daughter asked the health insurance company to allow Nathan to transfer to another facility because was making no progress. That request was denied.

Finally, Nathan came home. We went back to the weekly family therapy we'd attended before Nathan's placement and worked with a case manager to access all of the services available in our region. Unfortunately, our area had few services. The nearest respite care was 60 miles away.

It felt like only a matter of time before Nathan was out of control

again. Nathan hadn't learned any skills to handle his anger or redirect his frustration. After several good months, Nathan became less able to control himself or concentrate in school. The doctors adjusted his medications but Nathan's explosive behaviors only became more severe.

Six months after he left the residential program, Nathan had two meltdowns a few weeks apart. He threatened his 8-year-old brother with a baseball bat and his mom with a golf club. He threw everything in reach and was hitting and kicking. We headed to the hospital, where the doctors said that Nathan was a threat to himself and his siblings. We heard the news we'd feared: they recommended another course of residential treatment.

A Rock and a Hard Place

This time, though, we pushed and pushed for Nathan to be placed at a facility with a good reputation—Boys Town in Omaha, NE. We'd seen that the atmosphere and attitudes there were so different from other facilities. The staff were friendly and showed honest concern. They answered all of our questions immediately. They seemed to genuinely care that we were comfortable leaving Nathan there. After a month of advocating for the placement, Nathan was accepted.

We knew that placement would be hard on Nathan. During our tour of the unit, I walked through a door and heard it lock behind me. That's when I truly realized how different and scary this would be for any 11-year-old. As my daughter packed Nathan's things, she was sad and exhausted but relieved and hopeful.

The day we said goodbye to Nathan, we could only reassure him that we would see him soon. We held each other and cried.

Staying Connected

The following evening at supper, my daughter and I casually suggested to my husband that moving to 150 miles to Omaha might be in everyone's best interest. We could visit Nathan more often and be more involved with his treatment. My daughter's other children would have more time with her. So a month later, our entire family moved.

Living nearby was so much better. We started with one visit and one family therapy session per week. The visits included Mom, Grandpa and Grandma, and later Nathan's siblings, two at a time. Soon we had two weekly visits, and within three months, Nathan was able to come home for the day.

I was the lucky one—I got to drive him to our new home. As we drove through Omaha, Nathan kept asking, "Is this our street?" At our driveway, his eyes got really big and he said, "You really did move!" It was fun to watch him go room to room, checking everything out.

Big Changes

In family therapy, we all learned to redirect Nathan when we saw that he was getting upset or having difficulty making good choices. Most importantly, Nathan has learned to recognize when he is having a difficult time. There have been times, especially around sharing or having to compromise, when we've known that he normally would have gone immediately into a meltdown. Now we can actually see in his face that Nathan is pulling himself back into control. He will remove himself from the situation and go to his room, read a book or listen to music until he feels that he's in control.

As time has passed, our visits with Nathan have changed drastically. At first, his siblings did not want to be in

the room with him without an adult. Over time, his siblings learned that Nathan could control his behavior. Nathan is now able to play games without getting mad if someone beats him. He also is willing to help with chores.

Nathan and his siblings now enjoy time together outside or down in the family room. It is wonderful to sit back and watch them play.

Last Christmas, Nathan was able to come home each day of the break, spending nights at Boys Town. We were so excited. In the spring, Nathan was scheduled to begin overnights, but I had a heart attack and surgery. By July I had recovered and he was able to begin weekend visits.

In August, we took Nathan on a family vacation and saw how far he had come. One night Nathan was supposed to attend his first Packers

Getting Ready

Now we are preparing for Nathan to return home. In addition to weekends, he comes home on Wednesdays after school so he can blend in to the family routine of homework and supper. In March, we will add in Tuesday evenings. Nathan is doing so well. He is back at grade level in school and has a A- average!

We are looking forward to having our family whole again. It's been hard to have an empty spot at the dinner table and an empty bed. Nathan says the hardest part has been missing birthdays and special days with the family.

When May rolls around and you hear the cheers of joy coming from the Midwest, you will know that Nathan has come home. We know that we will have good times and still some bad times but we feel that we now have the knowledge and the tools to work through difficulties. We'll have to remain focused and working together so that when Nathan does come home it will be forever.

When you hear cheers of joy coming from the Midwest, you will know that my grandson has come home. This time, we have the knowledge and tools to keep him safe.

Together Time

Our treatment team kept Nathan moving forward. After we'd had weekly home visits for a month, Nathan was able to move from the controlled hospital setting to the Specialized Treatment Program, where he lived in a home with three other boys and a married couple who were "family teachers."

game. At the last minute, Nathan decided to stay home. "If the crowd and noise bother me, everyone will have to leave the game to bring me back," he said. This was a major breakthrough. He knew his limitations and was willing to sacrifice something important to ensure that others could enjoy themselves.

Where to Find Support

Finding the right help for a child who is struggling can make a huge difference in your family's life. To find an effective treatment provider, ask friends and family, your child's doctor or school social worker, or religious or community leaders for recommendations. You can also call your county or state office of mental health, or reach out to the organizations below:

National Alliance on Mental Illness (NAMI) provides support to families affected by mental illness nation-

wide. Go to www.nami.org or call 1-800-950-NAMI to find out about local programs.

Parents Anonymous and other organizations offer parent support groups. To find a Parents Anonymous group in your area, go to www.parentsanonymous.org.

To find parent advocacy organizations in your state, including Alphabet Soup Kids (A.S.K.) in Omaha, Neb., started by Rise writer Mary Thunker and her daughter,

go to www.risemagazine.org/pages/find_support2.html

The Mental Health Association of New York City runs Family Resource Centers in the Bronx, Manhattan and Queens. Go to <http://mha-nyc.org/programs--services/parent-family-services.aspx> to learn about peer empowerment groups, one-on-one advocacy, respite, workshops and referrals, or call 1-800-LIFENET (1-800-AYUDESE) for support.

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Stories in this issue were written by parents working independently by email from Pennsylvania, Texas and Nebraska, and by parents affiliated with the Center for Family Life in Sunset park and the Child Welfare Organizing Project (CWOP), both in New York. To speak with a parent advocate about a your case, call CWOP at (212) 348-3000.

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A Place to Cry and Connect

Support groups can help you feel less alone.

BY ROBIN LARIMORE



Robin with her son William

PHOTO COURTESY OF ROBIN LARIMORE

Last spring I facilitated a support group at Steinway Family Services, where my son and I have gotten help. My son has severe emotional and behavioral problems, and I've gone through a lot to find him the right school and supports to keep him safe at home. Support groups with other parents helped me through.

I had always wanted to let other parents know that they are not alone, although it may seem like you are at times. So I was very excited when Steinway asked me to become a parent group facilitator.

Sharing Our Strengths

On the first day, I was a nervous wreck. The group was very quiet. But I shared a little bit about my experience and asked the parents what topics they wanted to address in the group. After that, parents opened up. One mother was trying to decide whether her son needed residential treatment. Another was struggling to discipline her child. All of the parents were stressed out and needed each other's advice.

Each week, we played a game to get to know one another and then

we helped each other learn how to handle finding good doctors, hospitals and residential treatment, and deal with education and medical issues. What I loved was that everyone gave her own opinions, explaining what she had done that helped her family.

We also shared how we coped with stress. Simple things helped us, like getting on Facebook, starting a chat online to connect with friends, listening to certain songs, or taking walks.

A Real Connection

Some mothers were very quiet at first. They felt isolated and couldn't believe that other people had been through the same experiences. But as time passed, we were all able to talk about our feelings and decisions and not be judged. The group became a place to share, cry and make a connection.

The workers at Steinway have helped me get stability. They've been so important to my son and me. But I am glad that they hired me. Sometimes, parents can relate to each other better than we can relate to a social worker, and sometimes the thing we need most is just another parent's support.