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# Confessions of a Foster Parent Trainer



**INTRODUCTION:** In 1969 I had my first foster care caseworker job at what was then called a welfare department. I was a recent college graduate with a bachelor's degree in history. The only license needed was a driver's license. My first meeting with a foster mother, who had been fostering since before I was born, resulted in a disagreement. The case record said a child in her care was 1 year old. "No," said the foster mother. "She's 3½." I didn't know that the child we were discussing, who was riding a tricycle, couldn't possibly be just a year old. I was a young white worker from the government, wanting to help, but with no relevant skills, including the ability to communicate with an experienced African American foster mother.

About the same time, a family applied to foster a 7-year-old girl, as a companion for their same-age daughter. Their homestudy was completed with two caseworker visits, and they had a three-hour orientation meeting, mostly about agency policies. They were immediately contacted to foster a 10-year-old boy and they agreed, wanting to be cooperative. Neither they, nor their homestudy worker, discussed their lack of experience with a child of that age or gender, or the risks of "companionship" as a motivation to foster. Because of "confidentiality," the child's worker didn't tell them that this child had been sexually abused, or that they would be his fourth foster family. They were shocked when

the little boy engaged their daughter sexually. A lot of love can't compensate for lack of skills. They left the agency feeling devastated, and the little boy's parental abuse was replaced by governmental abuse. The incongruous confidentiality policy to trust foster parents with children, but not with information about them continues today.

Untold numbers of children and their parents have benefited from the outstanding contributions of foster and adoptive parents, kinship caregivers, and agency staff over the decades. Although hundreds of millions of dollars have been spent on training them, many continue to be inadequately prepared and supported. The purpose of this article is to: (1) share a perspective on the evolution of foster parent training in our country; (2) suggest reasons why this training has not produced more systemic changes or specific outcomes; (3) identify issues to consider before investing time and money in training; and (4) reference some publications that can provide additional information.

**ONCE UPON A TIME:** Family foster care in the United States began more than 150 years ago as a way of rescuing tens of thousands of destitute, mostly orphaned, immigrant street children in New York, by sending them to farm families in the Midwest. If you haven't, please see the Public Broadcasting System video, "The Orphan Trains," which documents the

conditions and values that created today's foster care system. Reverend Charles Loring Brace, considered to be the "father of foster care," believed that farm families who needed labor could help save "good" children from "bad" circumstances. With love and discipline, these children of "poor fortune" could hopefully become upstanding citizens of their communities.

Birth parents, if out of sight, were considered out of mind, so the term "substitute care" was created. Still used today, this expression gives the false impression that one set of parents can replace another, without significant impact on children. It took more than 100 years to recognize that whether children have no contact, a little contact, or a lot of contact with their birth families, they have feelings about them. And unless addressed, those feelings affect behaviors that, in turn, affect how the system and society deals with them. Those behaviors also affect the health, mental health and property of their foster families, resulting in disruptions. As a common sense foster parent from Texas once told me, "What's down in the well, comes up in the bucket."

Historically, prospective foster parents were evaluated by a "home study," which was really a "house study." Their homes were checked for floor space, well-water, (smoke detectors today) and other physical requirements. It wasn't understood that it isn't the "home"



that heals or hurts children, but the people living there. The idea that foster parents take children for money may stem from that era, when the more children families had, the better their farms could produce. Even the expression “up for adoption,” still used today, comes from the practice of putting the orphan train children on theater stages or train platforms so they could be viewed and selected — similar to today’s adoption fairs and picnics.

By the mid 20th century, a more complex society began producing more challenged and challenging children, labeled as having “special needs.” Foster parents would then need special skills. Helen Stone from the Child Welfare League of America (CWLA) and Beatrice Garrett from the U.S. Children’s Bureau recognized the need for foster parents to have a vehicle for advocacy, support, empowerment and training. With a federal grant to CWLA from the Children’s Bureau, they created the National Foster Parent Association (NFPA), organizing foster parents to have a voice in changing policies and practices counter-productive to good foster care. The first national meeting of foster parents took place in New Orleans in 1967.

In the early 1970s, CWLA published the first national foster parent training program. It was titled Parenting Plus, to acknowledge the extra responsibilities of fostering. It included 12 hours of training and a 31-page workbook. There were 16-millimeter films, such as “Don’t Condemn Me Until You Know Me” and “Walk a Mile in My Shoes,” to help sensitize foster parents about the importance of birth parents in children’s lives.

Other national training programs evolved in the 1970s. In Ypsilanti, Eastern Michigan University (EMU) faculty Emily Jean McFadden, Patricia Ryan and Bruce Warren developed Seventeen Course Outlines for Foster Parent Training, focusing on special issues for in-service training, such as discipline and working with birth parents.

They offered a framework for understanding and supporting diverse roles for foster parents, such as team members, team leaders, and advocates, and they pioneered the value of having skilled foster parents as co-trainers.

In 1975, I moved to South Florida for my husband’s job. I read a newspaper article that the Behavioral Sciences Institute at Nova University in Ft. Lauderdale had received a grant from the National Institute of Mental Health to train foster parents as mental health workers. I didn’t know much about curriculum development or training, but I knew from previous experiences that children in foster care needed and deserved skilled foster parents and caseworkers. I was hired to answer a significant question. If foster parents are expected to perform certain tasks — such as using appropriate discipline or supporting children’s feelings about their parents — how many steps back must we go to ensure those behaviors?

The Nova Model advanced the field by taking a behavioral and systems approach to foster parent recruitment, selection, assessment and preservice training, with several specific recommendations: (1) switch the recruitment message from child rescuing to the importance of the foster parents’ role; (2) expand preservice training to 21 hours; and (3) integrate preservice with the homestudy process to help prospective foster parents and their agencies make an informed decision about their willingness, ability and resources to work together.

During this time, Helen Stone invited me to work on national advocacy issues through the newly funded National Action for Foster Children project. Along with other curriculum developers and trainers, I began attending the NFPA annual national conferences, where we organized a Foster Parent Educators Network to share resources and information. Our EMU colleagues provided the leadership to publish “IMPACT,” a newsletter for the Network that focused on training strategies and resources.

The passage of the federal Adoption Assistance and Child Welfare Act of 1980 required both foster parents and caseworkers to have more skills. Agencies now had policies prohibiting corporal punishment, and requiring reasonable efforts to work with birth parents. However, while agencies were willing to invest in foster parent training, it was difficult to convince them to develop commensurate policies to support these newly skilled foster parents, and train their casework staff to work with them as team members. As one foster parent said, “Team member? They won’t let us in the stadium or, when they do, we’re hardly ever told what the game plan is.” One agency did ask for “assertiveness training” for its workers, so they could better deal with a new cadre of more informed, outspoken foster parents.

In the early 1980s, I went to work with the Atlanta-based Child Welfare Institute. With funding from the Massachusetts and North Carolina Departments of Social Services, committed to upgrading their foster parent program beyond Nova, we created what became known as MAPP, or Massachusetts Approach to Partnerships in Parenting in that state, but Model Approach for national dissemination. MAPP provided a number of innovations: (1) the old orphan train-invented “home study” was replaced with the concept of “family strengths/needs assessments;” (2) specific criteria for successful fostering and adopting were identified; (3) preparation or preservice training as a tool for mutual assessment was expanded to 30 hours; (4) MAPP was created for both prospective foster and adoptive parents; (5) the curriculum was designed with a “semi-scripted” style to help ensure consistency among trainers, but allow for the inclusion of agency-specific information; and (6) a train-the-trainer certificate program was created. International collaboration began in the mid 1980s when Op Kleine Schaal, a youth welfare organization from the Netherlands, imported and adapted MAPP through the leadership of Rob van Pagée.

Growth of the NFPA and local associations sparked the dissemination of foster parent training around the country. Many foster parents became more empowered, and they made valuable contributions as co-trainers and advocates. NFPA national and state conferences became venues to introduce new training content. For example, the term “birth parents” replaced “natural parents,” and alternatives to corporal punishment for children became accepted as the norm. Trainers became formal advisers to the national and state foster parent associations. However, sensitivity to cultural diversity and the disgrace of disproportionality were not receiving needed attention. It would take another decade for issues confronting gay, lesbian, bisexual, transgender and questioning (GLBTQ) youth to begin to be respected and addressed.

**BACK TO THE FUTURE:** In 1989, I was hired to follow Stone at CWLA, as a new national program director for family foster care and adoption. By then, the child welfare field had coined the term “hard to place child.” This blames children for the failure of the taxpaying public and the child welfare system to find and support foster and adoptive parents who have the strengths, skills and supports to care for emotionally, physically and sexually abused children. CWLA, in collaboration with the NFPA, convened a National Commission on Family Foster Care (NCFFC), and I became its staff director. The NCFFC asked me to draft tasks essential for fostering. We produced “A Blueprint for Fostering Infants, Children, and Youth in the 1990s,” which recommended policies and practices so foster parents could fulfill these tasks: (1) protect and nurture children; (2) meet children’s developmental needs (self-esteem, cultural and spiritual identity, school, discipline, social relationships) and address their developmental delays; (3) support relationships between children and their birth families; (4) connect children to safe, nurturing relationships intended to last a lifetime (permanency); and (5) work as a

member of a professional team. Through the Commission, I met Donna Petras, Chief of the Office of Foster Care for the Illinois Department of Children and Family Services. Her agency’s foster and adoptive parents wanted a competency-based, comprehensive approach to recruitment, preparation, assessment, selection and in-service training. Petras was also president of the National Association of State Foster Care Managers, and together we reached out to colleagues across the country for collaboration on what would become Foster PRIDE/Adopt PRIDE. It was developed with the input from more than 100 colleagues, including foster and adoptive parents, from more than a dozen state child welfare agencies, two national resource centers, Casey Family Programs, and the San Felipe Humanitarian Alliance which produced the videos. The name — Parent Resources for Information, Development, and Education — was chosen from a statewide contest in Illinois, just as MAPP was named from a contest in Massachusetts. Agencies that contributed to PRIDE’s development would have the rights to its use, and CWLA would be the publisher.

PRIDE used the NCFFC’s fostering tasks as a framework for the competencies that foster and adoptive parents should have. The importance of competency-based training to support best practice had been established through the Columbus, Ohio-based Institute for Human Services, under the leadership of Judith S. Rycus and Ronald C. Hughes. They were the architects of the Comprehensive, Competency-Based In-service Training System for child welfare staff. By focusing on competencies, PRIDE shifted from the way training was historically developed for foster and adoptive parents. For example, some agencies based their training on how much money they had. Others organized training around how much time they believed foster parents would commit. There was also “menu” training, covering topics that agencies believed to be of most interest to their target group, not necessarily assessed need.

The 100 plus hours of PRIDE’s preservice, core, advanced and specialized training reflect the time needed to learn, practice and become competent in a skill. Most prospective foster and adoptive parents do not begin with needed knowledge and skills. Competencies have to be developed, and there must be a comprehensive array of agency supports. This was learned from a late 1980s U.S. Children’s Bureau-funded project awarded to the public child welfare agency serving the greater Houston, Texas region. Under the leadership of the regional administrator, Gene Daniel, Project CARR (Community Approach to Recruitment and Retention) documented that recruitment endeavors without an established retention strategy are not child and family-friendly or cost-effective. PRIDE proposed that protecting and nurturing children at risk and strengthening all their families — birth, foster or adoptive — require teamwork among individuals with diverse knowledge and skills, but all working from a shared vision and toward a common goal.

Through the vision and commitment of a PRIDE National Advisory Committee (PNAC), PRIDE has continued to evolve, offering new training resources available on CD-ROM. Some components of PRIDE are now implemented in 31 states. Nine Canadian provinces and 19 countries have adopted PRIDE’s principles, through the internationally-recognized leadership of Dutch colleague van Pagée; Mária Herczog, a child welfare advocate from Budapest, Hungary; and Buffalo, N.Y.-based Mick Polowy, a PNAC member and PRIDE curriculum developer/trainer.

Despite advances in competency-based training for both child welfare staff and foster parents, there continues to be some disconnect between training and outcomes. This is concerning because at least 20 years of research documents that most children enter foster care suffering from insufficient prenatal and health care, poverty, homelessness, exposure to alcohol and other drugs, learning problems in school and, of course, physical

abuse, sexual abuse, and neglect. Children with these risk factors need a stable and therapeutic family in which the effects of these traumas can be ameliorated, and preferably healed.

According to a 2004 report from The Packard Foundation, rather than experiencing family foster care as a healing opportunity, too often the system forces children to continue to suffer. This is attributed in part to “overburdened caseworkers” and foster parents who do not get the help they need. The Urban Institute documents that the caregivers of many children in foster care are themselves “aggravated” by the demands of caregiving. Almost two decades ago, the NCFCC argued that children with special, as well as extraordinary needs must be cared for by foster parents who have special, as well as extraordinary skills, and supported by casework staff who have the same.

Another issue is that foster parents interact with child welfare workers who rely on a diverse network of federal, state, county and tribal laws and regulations with diverse policies. Fewer than 15 percent of child welfare agencies nationally require bachelor’s or master’s degrees in social work for their casework staff, and the average length of stay for workers is reported as less than two years. Many supervisors have about three years of experience. Thus, there is no guarantee that any two caseworkers or foster parents will follow the same child protection procedures. Their own personal value systems can influence life-altering decisions to reunify children with parents, be adopted by their foster parents, or go to live with relatives. Even skilled caseworkers may not be effective due to caseload sizes above nationally-recommended standards.

Further, there are no uniform standards for training foster parents. Most jurisdictions do not mandate competency-based training for foster parents. Preservice training can range from no requirements to six hours to 30 hours



**Members of the Los Angeles County Kinship Advocacy/Advisory Network discuss a new curriculum to teach staff how to collaborate with kinship caregivers. Included are, back row from left: Michael Gray, chief of the Kinship Support Division for the Los Angeles County Department of Children and Family Services; Tyrone Cain, kinship caregiver; Damian Zavala, chief executive officer of Family Service; front row from left: Madelyn Gordon, executive director of Grandparents as Parents; Rosalie D. Hilger, regional coordinator for Foster and Kinship Care Education at Mission College; and Prof. Eileen Mayers Pasztor from the Department of Social Work at California State University, Long Beach.**

for MAPP or PRIDE; and in-service training can vary from no requirements to six hours to 45 hours only in the first 18 months of service. In-service training can also include attending a conference, watching a video, or reading materials borrowed from the agencies’ approved lending libraries.

Recently I presented a workshop at a county foster parent conference. The struggles presented by the foster parents were exactly what I experienced decades ago. I asked the agency trainer why the foster parents were having so much difficulty, when the agency at least offers PRIDE preservice. “Well,” she said, “we had to cut preservice in half — funding, you know.” Therefore, it wasn’t really PRIDE her agency was offering.

Foster parents need training in other specialized areas, as well. Because children of color are disproportionately represented, foster parents need special skills and supports to

be sensitive to their developmental needs regarding cultural identity and how to help them thrive in an unfriendly world. More attention is now being given to GLBTQ youth. While they have many of the same issues as heterosexual young people, for example, all teenagers get their hearts broken, GLBTQ young people are at special risk for discrimination. So are gay and lesbian foster parents. Advocacy is essential.

Child welfare may be the only profession where safety of clients is paramount, yet we scrimp on training. You may remember the US Airways plane that ditched this past year in New York’s Hudson River, and all 155 passengers and crew survived that extraordinary water landing. Then there was the Continental Airlines commuter plane that crashed in Buffalo shortly thereafter, killing everyone on board and one person on the ground. The difference? It was documented that the airplane and boat rescue crews in

the New York water landing were expertly trained, but pilot error due to lack of training was a cause in the fatal commuter crash. In another context, can you imagine a hospital operating room where doctors and nurses are not expertly trained to work together, or trained only to do basic procedures with no investment of time or money to teach them life-saving procedures when something goes wrong?

While the focus of this article is on foster parent training, some historical perspective related to kinship care may be of value. The 1991-convened NCFFC mentioned earlier asked me, as its staff director, to research a name for a new “phenomenon” in child welfare: the influx of relatives caring for their younger family members. “Relative foster care” seemed confusing, as there is a difference between the acquired role of a foster parent and the inherited role of a relative. I proposed the term “kinship care,” based on the 1974 classic book by Carol Stack, “All Our Kin — Strategies for Survival in a Black Community.” Kinship care is a strengths-based name that reflects the benefit of family ties, including fictive kin. My title was expanded from family foster care and adoption program director to become, in 1992, CWLA’s first national program director for kinship care.

**A TRAINING CHECKLIST:** This is my 40th year in the child welfare field. I have had the privilege of being both a professionally degreed social worker and a foster and adoptive parent. I am proud of the six principles of the National Association of Social Workers Code of Ethics: being competent, having dignity, having integrity, respecting the importance of human relationships, providing service, and advocating for social justice. I love my family which includes my husband of 35 years, and my foster and adopted children, now in their thirties and forties, and still requiring care because of their special needs. Young people should not have to leave families because they reach a mandated chronological marker, instead of when they are develop-

mentally ready; “aging out” is another bureaucratic, not child-friendly, expression.

I have experienced child welfare dynamics from a variety of perspectives over many decades, working with more than 10,000 foster and adoptive parents, kinship caregivers, social work professionals, and advocates across the country and internationally. Despite considerable investment in foster parent training, there is anecdotal evidence but little research-based findings that training has a systemic impact. Perhaps addressing the following questions can improve outcomes.

1. Does your agency have a clearly defined role for foster parents? Is there a comprehensive development and support program that is commensurate with that role? What outcomes are expected as a result of this training? Is there a separate program of supports for kinship caregivers, whose roles and family relationships are different from those of foster and adoptive parents?
2. For what level of competence is the training designed? Is it to raise awareness and provide basic information, or to teach specific skills? For example, if there is training on discipline, is this to provide general information about the importance and policy of not using corporal punishment? Or will it teach discipline techniques and specific skills that are of immediate use? Will participants be able to practice what they learned with their families, and then return for feedback and consultation on what did and did not work?
3. Will the training address the unique strengths and needs of ethnic and sexual minority children, youth and families? And at a basic, intermediate, advanced or specialized level?
4. Who are the trainers? Are they agency staff who are enthusiastic about training, or unhappy because they are required to do this on evenings or Saturdays? Are they

professionals from the community who may be knowledgeable on the topic, but have minimal sensitivity about foster care dynamics? Will there be a skilled foster parent co-trainer who is paid and can provide an experiential perspective, without being negative about the agency?

5. Is the training tailored for participants who may not be comfortable with English reading and writing? Is the training offered in another language?
6. Will the training be supported by agency policy, so that caseworkers with whom foster parents collaborate will know what they are learning, and be skilled and sensitive in support of their efforts? Training is most effective when directed by policy and reinforced by supervision.
7. Is the training intended for adult learners, as foster parents learn best when information is practical and immediately useful. Will the participants be in a large or small group, as this determines whether there is time for individual questions or concerns? The setting should be conducive to learning; refreshments, mileage, and child care are important if the training is mandatory.
8. Is the program offered because the agency is required to provide some kind of training, or is it a specific part of a comprehensive, competency-based program linked to foster parent development and support?
9. Is there a match among the competence level at which the curriculum is written, the skill level of the trainers, and the strengths and needs of the participants?
10. How will the training be evaluated, and will the results be connected to intended outcomes? Is the evaluation a “Level 1 – Customer Satisfaction,” assessing whether or not participants found it valuable? Is the evaluation a “Level II – Pre/Post Test,” measuring whether participants know more



after the training than before? Or is the evaluation a “Level III – Implementation,” measuring whether participants use what they learned? However, none of those evaluations measure what is really needed, “Level IV – Outcomes.” Specifically, are child safety, well-being, and permanency improved for children because their foster parents participated in this training? And will the participants be informed of the results?

**THE TURTLE APPROACH:** I have adopted the turtle as my mascot, and always bring some kind of turtle (stuffed animal, pin, toy) to my workshops and classes. I explain that we are like turtles: soft on the inside, tough on the outside, our progress is slow and steady, and we move forward only when we stick our necks out. Individually and through our agencies and associations, we must continue to advocate for a comprehensive approach to foster family development and support. We have known for decades how to find and keep good foster parents, as well as adoptive parents, kinship caregivers and agency staff.

Remember, however, that child welfare agencies are beholden to taxpayers for resources. Many federal, state and county legislators and policy-makers do not understand the needs of children in foster care, and the supports that foster and adoptive parents and relatives must have to meet those needs. In what ways does your agency administration and foster parent association advocate for these supports? The Indiana Association of Children and Family Services sends a friendly letter to each newly elected member of its General Assembly, exclaiming, “Congratulations! On Nov. 4 you became parents over and over and over and over again. You are now the parents of 10,662 foster children. They need the care and treatment you expect for your own children.”

Dr. Martin Luther King, Jr. once said, “The time is always right to do the right thing.” In child welfare, that could be applied to training that helps us “do the right thing, and do things right — the first time, on time, every time.” To

be a foster or adoptive parent or a caseworker is a privilege, not a right. But for a child to be protected and nurtured, that’s a right, not a privilege. I confess I still believe that together we can advocate for the public will and community leadership to prevent reasons why children need foster care, adoption, or kinship care in the first place. But when they do, we turtles have the strengths, skills, and supports to be there for them.

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. . . at least 20 years of research documents that most children enter foster care suffering from insufficient prenatal and health care, poverty, homelessness, exposure to alcohol and other drugs, learning problems in school and, of course, physical abuse, sexual abuse, and neglect. Children with these risk factors need a stable and therapeutic family . . .

icy advocacy, and administration. Previously she worked for the Child Welfare League of America, as its national program director for family foster care, adoption, and kinship, and director of its Western and International Offices. She is currently working on a new national competency-based curriculum for collaboration between kinship caregivers and caseworkers.

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