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The foster child and the school counselor

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The foster child and the school counselor

Abstract

John sits quietly in his sixth-grade classroom, trying to concentrate on his school work. Coming to this particular school at the beginning of fifth grade, he sometimes finds himself thinking of his past schools and homes. His current home, (not including his former adoptive home), is his fourth foster home since he and his sister were removed from their biological parents' home eight years ago. John's initial out-of-home placement was a result of neglect and abuse inflicted by his natural parents. Subsequent placements were made because of further abuse, time constraints, and lack of interest.

THE FOSTER CHILD AND THE SCHOOL COUNSELOR

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John sits quietly in his sixth-grade classroom, trying to concentrate on his school work. Coming to this particular school at the beginning of fifth grade, he sometimes finds himself thinking of his past schools and homes. His current home, (not including his former adoptive home), is his fourth foster home since he and his sister were removed from their biological parents' home eight years ago. John's initial out-of-home placement was a result of neglect and abuse inflicted by his natural parents. Subsequent placements were made because of further abuse, time constraints, and lack of interest.

Next door, Kim works with her group on a project. She, too, is new to this school because of her placement in a nearby foster home. Her mother's negligence and inability to control Kim's rebellious nature initiated the transition into the foster care system. Old enough to be in seventh-grade, Kim's achievement and learning disabilities place her in the fifth-grade level. Inconsistent instruction and poor attendance account for part of her academic and social dilemma.

Kim and John are just two examples of a growing foster care population. It is conservatively estimated that currently there are 340,000 children placed in out-of-home foster care in the United States (House Select Committee on Children, Youth, and Families, 1990). If this trend continues, it is projected that those numbers will rise to approximately 553,000 by 1995.

Societal indicators that support this trend include an increase in child abuse and neglect, drug and alcohol abuse, families in poverty, and an overall deterioration of the traditional family structure (Oyserman, Benbenishty, & Ben-Rabi, 1992). As more children are placed and replaced in foster care, schools will inevitably serve this special population. As members of the foster child's "entourage" of caregivers, counselors as well as other educators are obligated to accommodate the special needs of this growing population.

School counselors can best coordinate foster childrens' support systems within the school environment by first understanding the profiles of foster children and the impact

that the foster care system and their biological family backgrounds have had on them. Once the counselor better understands the significant issues these children face daily, effective and appropriate interventions can be developed. Problems such as child abuse, involvement with and/or exposure to alcohol and drug abuse, poverty, mental illness, domestic violence, separation trauma stemming from divorce, transition into foster care, and death of a family member are just a few of the many obstacles these children deal with continuously (Steinhauer, 1991). Academic and social concerns often surface from the adverse living conditions and the instability of the biological home situation (Fanshel, Finch, & Grundy, 1989).

Because the average length of stay in any one foster care placement varies from days to years depending on the individual situation, the school must intercede quickly to provide quality interventions to alleviate presenting problems. If not properly attended to, foster children may likely broaden the emotional gap between themselves and others who try to care for them. Feeling powerless and untrusting, these

children may never quite fully attach themselves to those around them.

As a school counselor, many questions may come to mind. Who are these children? Where did they come from? What have they experienced? How long will they be in this school and what can the school do to help them while they are here? Where can a school counselor find assistance? Can this school make a real difference in their unstable existence? The answers to these questions are difficult, at best, to answer. However, the role of the school counselor is not only to find the answers, but to use this information to provide the most effective support for each foster child. Not only does this task seem insurmountable when considering the other children that require attention, but it is compounded by the fact that the counselor's role is not clearly defined. Given the number of caregivers assigned to each foster child, it is a complicated matter to understand who is doing what for this child. Therefore, it is essential that the school counselor quickly learn as much as possible about the child and work

collaboratively with the others involved with the child to plan the intervention methods that seem most effective.

The purpose of this paper is to describe the profile of foster-children, explore the various issues these children must face, outline the implications for the school, define the role of the school counselor, and present possible interventions and techniques.

Profile of Foster Children and their Families

Children placed in foster care do not fit any one stereotype. Their pre-placement experiences differ as do their families that they were removed from. Through recent studies however, there are similarities and patterns that have emerged that provide a general synopsis of the foster care population (Hochstadt, Jaudes, Zimo, & Schacter, 1987; Molin, 1988; Norton, 1981; Oyserman et al., 1992; Rock, Flanzer, Bradley, & Pardeck, 1988).

Recent empirical work suggests that ethnic minorities and poor children are over-represented in the foster care system (Oyserman et al., 1992). According to McFadden (1989) 32% of the total population of foster children are black, 8% Hispanic,

2% Native American and 1% are of unknown origin. In other words, nearly half of the children in foster care are non-white. Girls are as likely as boys to be referred for placement outside of the home. Of the children who were placed primarily in foster care for the incidence of sexual abuse, 87% were girls (Lie & McMurtry, 1991).

Although the median age of the foster child is 10 (Kadushin & Martin, 1988), with adolescents constituting almost half of all children in care (Oyserman et al., 1992), the number of young children entering care is increasing dramatically (House Select Committee on Children, Youth, and Family, 1990). In 1988, 42% of the foster care population were children under the age of six. This figure is up from 37% in the early 1980's. Kadushin and Martin (1988) found that 9% of the children are emotionally disturbed and 11% are mentally retarded. Hill, Lakin, Novak and White (1987), in a state-by-state study done in 1985, reported that of the approximately 261,000 children then in out of home care, 54,000 were handicapped and of those, 14,000 were mentally retarded.

The families these children come from typically contribute to the causes that initiate placement. Oyserman et al. (1992) noted that of a representative group of foster children, half of the children lived with one or both parents prior to placement, 7% lived with other relatives, and 78% had siblings also in care. The difficulties biological families experienced which prompted social services to get involved can be broken down into two categories: parent-related problems, such as parental physical or mental illness, child abuse or neglect; and child-related problems including physical or mental illness. Overall, it is more likely that parent-based problems precipitate entry into care rather than child-based problems. Parent-related problems including neglect, physical and/or sexual abuse, physical/mental illness, marital conflict, abandonment, substance abuse and imprisonment comprise approximately 70-75% of all placements (Kadushin & Martin, 1988). Nearly half of all children in placement have experienced some form of reportable abuse, and it is suspected that this figure in reality is higher (Bard, 1977; Cooper, Peterson & Meier, 1987). Although neglect is the most

commonly reported form of maltreatment of children (more than 50% of the cases), physical abuse is usually the most easily recognized. The incidence of sexual abuse, however, has increased dramatically in recent years (Haase & Kempe, 1990). Approximately 90% of all abuse cases involved an alcoholic parent, usually ones who had chronically neglected the needs of their children (Wilson & Blocher, 1990).

A review of the current literature suggests foster children overwhelmingly come from large families with young, single or divorced mothers where financial and housing difficulties are concomitant to removal from home (Seaberg & Tolley, 1986). Oyserman et al. (1992) found that substance abuse is prevalent in the biological families of foster children, particularly among the fathers.

In the adolescent population, the probable cause of placement in 15-20% of the cases are child-related problems, such as delinquency, display of aggressive or problematic behavior or physical and emotional handicaps (Kadushin & Martin, 1988).

In many cases it is probable that a combination of circumstances result in a child's removal from the biological home.

Although it is usually a specific crisis that brings children into social agency foster care during the year prior to placement, these families by and large were functioning marginally and had experienced difficulties so severe that it might have been anticipated that further stress could not be tolerated. (Sauber & Jenkins, 1966, p. 111)

Fanshel et al. (1989) also pointed out that even where child-related problems exist in a family, the inability of the parents to be effective in their efforts to discipline was usually an important causal factor in the situation that necessitated placement.

Trauma and Problems Faced During and After Placement

Foster children often carry with them the scars of some kind of harmful training and experiences. Whether these scars are temporary or permanent, emotional and developmentally related concerns arise. Based on the findings of recent studies, some of the difficulties foster care children experience can be anticipated. Norton (1981) reported that although the developmental needs of these children are really

no different than those of other children, they do tend to be slightly slower in developing expected skills and coping behaviors typically ascribed to chronological age. This may be attributed to the lack of proper modeling in the dysfunctional home environment. Hochstadt et al. (1987) reported that foster children have an increased incidence of chronic medical problems, developmental delays, school problems, psychological problems, and behavioral problems most likely attributed to the life events associated with placement into foster care.

Not only do foster children endure the pre-placement and placement traumas, they also experience further crises after placement. Re-placement, the movement of a child from foster home to foster home, causes instability of the child's social environment and is thought to have a negative impact on the child's psychosocial development (Pardeck, 1985). Results of a large scale study indicated that 22% of foster care cases have had three or more placements (Palmer, 1990). Taking into account the findings of various studies outlining the precursors to, and effects from foster care placement,

multiplying these experiences 2-4 times can have severe long term consequences. Zimmerman (1988) studied the incidence of depression among foster children and concluded that the difficulties children have adjusting to placement are the very factors that contribute to the disruption of permanent placement. Multiple placements evoke more behavior problems from children. The presence of behavior problems is one of the characteristics associated with a higher rate of multiple placements, leading to a cycle of more placements (Rock et al., 1988). Furthermore, Bondy, Davis, Hagen, Spiritos and Winnick (1990) noted that in order to adjust to new situations, a child must possess cognitive functioning, ego strengths, and the ability to relate to others. However, these are the skills they especially lack.

Unfortunately, in addition to common experiences foster children have had before and during placement, some children actually relive the traumatization of the abusive experiences that led to their removal. Children are vulnerable to further abuse and have been abused, physically and sexually in the

foster home (Molin, 1988). Fanshel et al. (1989) reported that while in a private foster care agency, molestation allegedly affected 24% of the girls and 8% of the boys serviced. Even a quality foster care program such as this one is not immune to the improprieties inflicted upon children. Ideally, foster home placement should serve to provide short term relief for the child who has likely suffered repeated trauma in the biological home. In reality, this initial placement may be the beginning of another phase of trauma for many children (Cooper et al., 1987).

Separation Trauma

Several types of emotional dilemmas have resulted from the removal of a child from the biological home. Separation trauma has been cited by many researchers as one of the most significant psychological and developmental hazards faced by children within the child welfare system (Bard, 1977; Jewett, 1982; Molin, 1988; Norton, 1981; Palmer, 1990; Pardeck & Pardeck, 1987; Steinhauer, 1991; Zimmerman, 1988). At the time of placement into the foster home, children experience

the loss of a familiar environment and the rupture of relationships with the family and community (Molin, 1988).

Norton (1981) likened the separation of children from their parents to the stages of grief experienced when a person suffers the loss of a loved one. A pattern emerges consisting of four phases: shock-the child superficially adapts to the transition with little or no affect; protest-the child begins to react to the trauma related to the separation by acting out or withdrawing; despair- depression and apathy make up this general emotional phase; and detachment- the adjustment stage: reality based cognitions develop in this stage and the child begins to accept his/her present situation.

Feelings associated with separation trauma may include worry about the future, guilt from being placed in a safe place when other family members may still be in the abusive environment, helplessness due to lack of control over their situations, rejection stemming from the belief that their parents no longer want them, sorrow because they cannot be with and miss their families, initial shock from the actual

removal, anxiety from the number of changes that have to be made, and depression resulting from a combination of all factors contributing to and resulting from placement (Norton,1981; Palmer, 1990). The majority of foster children tended to blame themselves and felt responsible for their placement into foster care because they felt they were so bad and unlovable that even their own parents didn't want to be around them (Jewett, 1982; Molin,1988).

With each change in foster homes, foster children may experience recurrent separation trauma, as familiar faces are given up for new ones. Children may feel rejected repeatedly and interpret each move as a lack of commitment from yet another set of adults in their lives (Cooper et al., 1987). Although many children interviewed by Kadushin and Martin (1988) reported that they felt placement was a desirable alternative to their own home situations, most children, even in cases of severe abusive situations, would rather remain with their abusing parents than to move to a physically safe but strange environment.

After surveying the backgrounds of foster care children and exploring the similarities of the problems they face, one might concur with the sentiments of Gruber (1978) when he stated, "foster children are, in most every way, the most disadvantaged people in our society" (p. 10).

Effects Resulting From Maltreatment and Separation Abuse and Neglect

Children who have been placed in foster care because of abuse or neglect may be especially troubled and have greater needs related to these problems (Pardeck & Pardeck, 1987). Abused children often exhibit aggressive behaviors, destructiveness, defiance, hyperactivity, tantrums, physical attacks on other, and self-destructive behaviors (Cooper et al., 1987). Others may withdraw, be overly compliant, daydream, and also experience feelings of emptiness, depression, and low self-esteem (Haase & Kempe, 1990). Frequently undersocialized in terms of empathy, sensitivity, and maturity, maltreated children experience increasingly more severe deficiencies as they get older if abuse issues are not addressed (Pardeck, 1985). When faced with uncontrollable

negative events, some abused children are unable to use problem-solving techniques to cope with the event (Zimmerman, 1988).

Fanshel et al., (1989) noted that one-third of abused children in foster care were behind their age appropriate school grade level and performed poorly academically. Cooper et al., (1987) noted that 31% of maltreated children perform academically at a poor or failing level.

Other disabilities resulting from abuse often include the inability to form relationships with adults and peers because of the lack of basic trust (Haase & Kempe, 1990). Because abused children are more likely to exhibit aggressive behaviors, they are at a higher risk of experiencing unstable foster care due to foster parents' inability to control them (Pardeck, 1985). Hochstadt et al. (1987) found that foster children abused prior and/or during placement were more likely to be convicted of assault and receive special education services than were abused children who were left with their

biological families. Unfortunately, maltreatment is often repeated by the previously abused (Haase & Kempe, 1990).

Separation Anxiety

“As a burned child dreads fire, so a foster child dreads separation” (Norton, 1981, p. 158). There is substantial evidence that separation of any magnitude causes at least short-term trauma and pain for the foster child. Separation trauma affects foster children cognitively, emotionally, psychologically, behaviorally and academically (Palmer, 1990). Rock et al. (1988) found that as a group, foster children exhibited significantly more serious behavior problems than did non-foster children, and were less willing to conform to rules and expectations. A child in foster care often controls feelings about past losses by acting out to bring about a separation to avoid being rejected (Bondy et al., 1990). Academically, separation from the biological family and the adaptation to the new foster family drains the child’s energy away from task performance (Palmer, 1990). Socially, Bard (1977) pointed out that foster children often avoid social interactions because they’re always in transition and may

rationalize, "why bother making friends when I might not be here for long?"

Transition and Adjustment

The predictability of the course of a child's foster care placement is related to the success of the adjustment to the new environment (Fanshel et al., 1989). Adjustment is blocked by the child's traumatic experience of psychological abandonment, if the trauma persists, the placement is likely to be unstable (Palmer, 1990). The demand for rapid adjustment during a period of separation and loss exacerbate existing problems for the child or contribute to the development of new emotional and behavioral problems (Molin, 1988). The placement into a foster home interferes with a child's sense of stability and connection to "home," confusing his/her identity and diminishing the ability to trust others (Pardeck, 1985). Children need to become aware of repressed feelings about separation in order to grow as independent beings from their parents as well as to grieve their losses, working through the mourning process in their own ways (Bard, 1977).

The fantasy some children have about being reunited with their biological families may not be reality and they need to grieve the loss of the fantasy as well (Pardeck & Pardeck, 1987).

Role of the School

When a foster child's family structure has disintegrated and a stable home environment may not be a reality, the school can be an important source of continuity, support and stability (Stufft, 1989). As an integral part of a child's life and a source of learning, schools offer an environment that can contribute to a healthy self-concept by creating a safe trusting environment with caring and consistent adults (Haase & Kempe, 1990). Along with establishing a policy regarding children in foster care, the school has a responsibility to develop a team approach to best meet this population's needs (Pardeck, 1983). Parents, teachers and staff need to be aware of emotional scars to eliminate damage that can be done by well meaning adults who demand "normal" development and behavior from children residing in foster care (Norton, 1981). Linkage and coordination of community services and resources

are becoming more of the responsibility of the school, as a lack of time and money plague the foster care caseworkers' ability to effectively keep up with these tasks (Hochstadt et al., 1987). To ensure a smooth transition, Stufft (1989) pointed out that meeting with the parents (foster, and if possible, biological), caseworkers, social workers and school staff who will be working with the foster child is necessary to share information regarding health and psychological needs, behavior and learning concerns and background data and to provide a more holistic understanding of the situation. This type of meeting should take place periodically to determine the effectiveness of interventions and to clarify roles and responsibilities of the various players working to accommodate the unique needs of the foster child (Molin, 1988). The school as a whole must realize that foster children are not "average" students who do not experience just the typical adjustment problems; they have multiple parent figures, their support systems are fragmented, and they are in need of an environment that will facilitate patience and

understanding (Bard, 1977). Time and maturation will also help (Norton, 1981). Partnership is the key, based on reciprocal understanding and cooperation among families, agency and school all of whom are focusing on the welfare of the child (Stufft, 1989). Educators are in the "front-line" in the recovery of maltreated children (Haase & Kempe, 1990).

Role of the School Counselor

The fact that mental health services have been needed in the foster care population has been known for some time (Molin, 1988). Hochstadt et al. (1987) noted that foster children frequently receive inadequate and fragmented care regarding their emotional and psychological issues. Studies have found that stability of foster care placement is somewhat related to the number and consistency of contacts therapists, caseworkers, or other professional adults involved in foster care placements have made with the foster child (Pardeck, 1985). However, the demands placed on these professionals sometimes do not allow consistent contacts to take place. Since foster children spend a large part of their lives in school, the school counselor has the unique opportunity

to become the element that can continually provide them with emotional support (Bondy et al., 1990).

School counselors can gain a better understanding of each foster child's situation by finding out how long the child will be living away from home, inquiring about any health, emotional or psychological problems, exploring the foster family situation, and identifying people who seem to have the most influence in each foster child's life (Bard, 1977). Molin (1988) added that the counselor should arrange team meetings to share this information with others involved to identify other questions and concerns still left unaddressed.

Counselors, therapists, and agency workers should maintain close contact to exchange information about the child and families to keep up-to-date on the status and direction of treatment (Bondy et al., 1990). Additionally, the school counselor can gain a better understanding of the foster care system processes by consulting with agency personnel (Cooper et al., 1987).

Because one-half of all foster children have suffered adjustment problems, the primary focus of the school counselor should be on separation and adjustment issues (Molin, 1988). Counselors need to be sensitive to the effects that the separation from the biological family has had on the foster child internally, regardless of the circumstances of placement (Norton, 1981). Realizing that no two foster children are alike, school counselors should treat each one as individual cases, devising appropriate interventions for each (Pardeck & Pardeck, 1987). An effective school counselor should be attentive to the significance of the foster child's placement history when designing interventions (Cooper et al., 1987). Bard (1977) suggested that counselors keep an open mind in their expectations of foster children in regard to previous reports and assessments.

Interventions/Methods/Techniques

To establish trust, empathy, and rapport with the foster child, the school counselor must consistently exhibit genuine warmth, acceptance and interest (Holtgraves, 1986). This type of caring atmosphere will enable the counselor to also explore

the often sensitive identity issues more openly (Bard, 1977). Norton (1981) suggested that within the counseling situation, an agreement should be made between the counselor and the foster child on the desired outcome of counseling, keeping it problem-focused in nature.

When working with foster children on issues of separation and adjustment, several considerations were discussed. Several authors (Bard, 1977; Molin, 1988; Palmer, 1990; Stuft, 1989) stressed the value and importance of maintaining contact between foster children and their biological parents and involving them in their treatment plan, as it validates the strong bond that remains between the parent and the child (Bard, 1977; Molin, 1988; Palmer, 1990; Stuft, 1989). Holtgraves (1986) emphasized the importance of building or rebuilding a positive self-esteem by focusing on strengths and unique qualities. Zimmerman (1988) noted the importance of helping children identify consequences that can realistically be attributed to themselves or to others, to help increase feelings of control vs. helplessness by structuring the foster child's environment to allow desirable outcomes

resulting from their actions. Palmer (1990) noted that by recognizing things they had no control over, foster children may lessen their feelings of self-blame in events from their past such as separation and abuse. Norton (1981) emphasized the need for counselors to familiarize themselves with the stages of grief to assist foster children in working through the phases of shock, protest, despair, and detachment.

Group counseling for foster children is sometimes a beneficial intervention method if proper screening is conducted to determine readiness and appropriateness. Bondy et al. (1990) noted a decrease in the incidence of behavior problems as well as the re-placement of foster children associated with behavior problems when group counseling was employed. Groups may focus on any issue related to foster children, but, Burkart (1988) found it helpful to explore feelings, focusing on how to express and control anger and the responsibility of happiness. Since children are able to express commonly shared feelings in groups, they tend to talk more in groups than in individual counseling situations (Palmer, 1990).

Specific techniques, activities and methods are described to facilitate the mourning process and the adjustment to foster care.

Bibliotherapy

Helping with books is a technique described by Pardeck and Pardeck (1987) as one that allows children to read about characters confronted with similar problems who have solved them and to gain new insights in their individual situations. The focus is not only on the story itself, but on the processing of feelings and thoughts afterward. Activities that can be implemented in conjunction with bibliotherapy are: creative drama, art activities, puppets, writing alternative endings to the story, writing Dear Abby letters from a character in the story, writing letters from one character to another, and arranging story events on a time line.

Lifebooks

Lifebooks are chronological records of significant people and life events in the foster child's life prior to and during placement using pictures, documents, letters, and other memorabilia (Bondy et al., 1990; Jewett, 1982; Palmer, 1990;

Pardeck & Pardeck, 1987). The Life Book helps these children reconstruct major life events with the goal of understanding present feelings and behaviors, clarify a sense of self, and provides a connection between the past to the present and future.

Play Therapy

Through free and constructed play, actions can be interpreted to identify underlying feelings about separation and loss to enhance the development of cognitive and emotional skills (Bondy et al., 1990; Webb, 1992). Puppets, dolls and toys can be used to facilitate interpretation.

Other Techniques

Jewett (1982) described several other techniques used with foster children in helping them cope with their trauma: drawing pictures of biological and foster families, storytelling, interviews, role playing, acting out parts of stories used in bibliotherapy and discussing reasons why each placement took place. Haase and Kempe (1990) suggested writing for older children is helpful in expressing feelings and

thoughts about being in foster care. Sentence completion and “pick-a-statement” are techniques used to generate discussions about feelings when children are unable to verbalize them (Burkart 1988). Also, by using large brown envelopes, children can depict “inside me and outside me” to describe how feelings are kept inside and how we sometimes act differently on the outside to cover up feelings on the inside. Holtgraves (1986) noted the effect that positive self-talk can have on maltreated children.

In preventative intervention methods, Rock et al. (1988) suggested providing more training and giving more support to the foster parents so they can be better prepared to deal effectively with the problems their foster children struggle with daily. Lie and McMurtry (1991) noted that more interventions need to take place in the biological home with parenting skills being the focus.

“Even just an encouraging word from a counselor who understands the dynamics of the foster childrens’ world may

be enough to help those children maintain themselves through this frightening time in their lives” (Bard, 1977, p. 222).

Conclusion

The foster care population is increasing rapidly, while the money funding quality services for foster children is diminishing. Schools must provide consistent and effective interventions for foster children in the relatively short time they attend each school. The counselor must learn as much as possible about each foster child and share this information with staff and outside agencies to plan effective and appropriate interventions. In a collaborative effort, the adults making up the “entourage” of caregivers assigned to each foster child can provide a safe environment that will facilitate growth and happiness in the lives of this disadvantaged population.

References

- Bard, E.R. (1977). The counselor and the foster child, Elementary School Guidance and Counseling, 11, 215-222.
- Bondy, D., Davis, D., Hagen, S., Spiritos, A., & Winnick, A. (1990). Mental health services for children in foster care, Children Today, 19, 28-32.
- Burkart, J. (1988). Shoestring operation for sexually abused children, Early Child Development and Care, 34, 77-93.
- Cooper, C., Peterson, N., & Meier, J. (1987). Variables associated with disrupted placement in a selected sample of abused and neglected children, Child Abuse and Neglect, 11, 75-86.
- Fanshel, D., Finch, S., & Grundy, J. (1989). Foster children in life-course perspective: The Casey Family program experience, Child Welfare League of America, 68, 467-478.
- Gruber, A. (1978). Children in foster care: destitute, neglected and betrayed. New York: Human Sciences Press.
- Haase, C. & Kempe, R. (1990). The school and protective services, Education and Urban Society, 22, 258-269.
- Hill, B., Lakin, K., Novak, A., & White, C. (1987). Foster care for children and adults with handicaps: child welfare and adult social services. (project report number 23). Minneapolis: University of Minnesota, Department of Educational Psychology.

- Hochstadt, N., Jaudes, P., Zimo, D., & Schacter, J. (1987). The medical and psychosocial needs of children entering foster care, Child Abuse and Neglect, 11, 53-62.
- Holtgraves, M. (1986). Help the victims of sexual abuse help themselves, Elementary School Guidance and Counseling, 21, 155-159.
- House Select Committee on Children, Youth, and Families. (1990). No place to call home: discarded children in America, a report for the U.S. House of Representatives, One Hundred First Congress, Second Session.
- Jewett, C. (1982). Helping children to cope with loss. Harvard, MA: Harvard Common Press.
- Kadushin, A. & Martin, J. (1988). Child welfare services, 4th ed. New York: Macmillan Publishing.
- Lie, G. & McMurtry, S. (1991). Foster care for sexually abused children: a comparative study, Child Abuse and Neglect, 15, 111-121.
- McFadden, E. (August, 1989). Empowering children and youth in foster care: a forum. Paper presented at the Annual Meeting of the International Organization Educational Conference, MI.
- Molin, R. (1988). Treatment of children in foster care: issues of collaboration, Child Abuse and Neglect, 12, 241-250.

Norton, F. (1981). Foster care and the helping professions, The Personnel and Guidance Journal, 60, 156-159.

Oyserman, D., Benbenishty, R., & Ben-Rabi, D. (1992). Characteristics of children and their families at entry into foster care, Child Psychiatry and Human Development, 22, 199-211.

Palmer, S. (1990). Group treatment of foster children to reduce separation conflicts associated with placement breakdown, Child Welfare League of America, 69, 227-237.

Pardeck, J. (1983). An empirical analysis of behavioral and emotional problems of foster children as related to replacement in care, Child Abuse and Neglect, 7, 75-78.

Pardeck, J. (1985). A profile of the child likely to experience unstable foster care, Adolescence, 20, 689-695.

Pardeck, J.T. & Pardeck, J.A. (1984). Treating abused children through bibliotherapy, Early Child Development and Care, 16, 195-204.

Pardeck, J.T. & Pardeck, J.A. (1987). Bibliotherapy for children in foster care and adoption, Child Welfare League of America, 66, 269-278.

Rock, S., Flanzer, S., Bradley, R., & Pardeck, J. (1988). Frequency of maladaptive behavior in foster children, Early Child Development and Care, 30, 133-139.

- Sauber, M. & Jenkins, S. (1966). Paths to child placement. New York: Community Council of Greater New York.
- Seaberg, J. & Tolley, E. (1986). Predictors of length of stay in foster care, Social Work Research and Abstracts, 22, 11-17.
- Steinhauer, P. (1991). The least detrimental alternative. Toronto: University of Toronto Press.
- Stufft, D. (1989). Kids in limbo: dealing with foster care children, Principal, 68, 34-38.
- Webb, W. (1992). Empowering at-risk children, Elementary School Guidance and Counseling, 27, 96-103.
- Wilson, J. & Blocher, L. (1990). The counselor's role in assisting children of alcoholics, Elementary School Guidance and Counseling, 25, 98-106.
- Zimmerman, R. (1988). Childhood depression: new theoretical formulations and implications for foster care services, Child Welfare League of America, 67, 37-45.