

# Supporting Children in the Shadow of Meth



A CAREGIVER'S GUIDE TO HELP CHILDREN  
SEPARATED FROM THEIR PARENTS.



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**Extension**



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## A CAREGIVER'S GUIDE TO HELP CHILDREN SEPARATED FROM THEIR PARENTS

This guide is part of Shadow of Meth, a project produced by a consortia of public television and radio stations in the Midwest representing some of the more rural states hardest hit by the meth epidemic. The consortia includes: Wisconsin Public Television, Prairie Public Broadcasting, South Dakota Public Broadcasting, NET Television, Iowa Public Television, KCPT Public Broadcasting and Pioneer Public Television.

Visit [www.wpt.org/outreach](http://www.wpt.org/outreach) for more information about the project or to download a PDF file of this guide.

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Shadow of Meth is part of the Rural Meth Awareness Project with funding provided by the U.S. Department of Justice through the Rural Crime and Justice Center of Minot State University and Prairie Public Broadcasting.

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Wisconsin Public Television is a service of the Educational Communications Board and University of Wisconsin-Extension.



## Introduction

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More and more children across the country are living with relatives or foster parents due to parental use of Methamphetamine, or “meth.” These parents have lost the capacity to care for their children and, because of the highly addictive nature of meth, are not likely to regain it without long-term treatment. Often extended family members or foster parents become the primary caregivers of these children and must help them cope with life away from mom or dad.

As a relative or foster parent raising a child in this situation, you have an important responsibility. The child in your care faces unique challenges that you will need to think about and prepare for. This guide is designed to assist you in the process. Each section includes information to help you understand what he or she is experiencing and includes questions you can ask yourself. Since each situation is unique, the questions can guide you in deciding how you can best support and care for the child.

This guide focuses on the young child’s perspective (from birth to age 8) and covers five topics that you will need to address:

1. The importance of close relationships in a child’s development
2. Disruptions in close relationships: how they affect a child’s behaviors, thoughts and feelings
3. The importance of open communication
4. Understanding children’s behaviors
5. Children’s contact with their parents

## The importance of close relationships

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Substance abuse is one of the primary reasons children are removed from their homes. Often these children have lived in chaotic, unsafe homes in which their parents have been unavailable to provide the care and protection they need. Many children have never experienced the safety and comfort of a positive attachment.

As the primary caregiver of a child affected by parental substance abuse, you will need to understand how positive — or negative — attachments impact the child. Children’s relationships with caregivers are very important to healthy development. Whether the child lives with you for a long or short time, you can have a strong influence on how he or she relates to others.

The following section describes different types of relationships a child can have and explores the long-lasting benefits of healthy relationships.

## What are attachments?

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Attachments are relationships that children form with the most special and trustworthy people in their lives. Although these relationships usually begin at birth, attachments can form when children are older, too. The most common attachment is between mother and baby, but a child can form an attachment with any person (including grandparents, foster parents, older siblings, or babysitters) if the right type of care is given. By the time babies are 18 months old, they usually have formed attachment relationships with a few special people.

In addition to having their basic needs met, children look for comfort, love, safety and protection through their attachment relationships. Children are born ready to form a trusting attachment with a caregiver. They develop healthy attachments when adults treat them in positive and dependable ways. When adults treat children in negative ways — such as failing to protect them, not responding to their needs or hurting them — children develop insecure attachments.

Most children have more than one attachment figure in their lives. An attachment figure cares for the child physically and emotionally, is someone the child can count on and has an emotional attachment to the child.<sup>1</sup> These early attachment relationships are important for a child's social and emotional development, and help them to develop a sense of security, comfort and confidence.

## Types of attachment relationships

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The secure attachment relationship is ideal for a child's healthy development. A child with an insecure attachment relationship may avoid close relationships; feel conflicted about close relationships, or feel confused and fearful about close relationships. These insecure attachments are less healthy for the child.

## Developing attachment relationships

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Understanding how children form relationships with others is important in helping them learn to communicate and behave. The following list describes the usual path children take when developing attachment relationships.<sup>2</sup>

### 1. Preattachment (Birth to 6 weeks)

- Babies are in close contact with caregivers.
- Caregivers meet babies' needs for food and comfort.
- Most babies do not get upset when left with a stranger.

### 2. Attachment in the making (6 weeks to 6-8 months)

- Children begin to respond to attachment figures in special ways (for example, a baby may calm down more easily for his mother than he would for another person).
- Late in this phase, children express distress with strange people and objects; they may cry or fuss if a stranger tries to hold them for the first time.

**3. Clear-cut attachment (6-8 months to 18-24 months)**

- Nearly all children have formed an attachment relationship by this time.
- Children show great distress when their caregiver leaves. A child may cry or have a tantrum when mom leaves for work or when left with a babysitter.
- Children find a sense of security from caregivers who respond with understanding, openness and love.

**4. Reciprocal relationships (18-24 months and older)**

- If they have learned to expect comfort, safety and love, children feel secure when the caregiver is gone for a short period of time.
- If the caregiver is gone for long periods of time, children become very unhappy.
- Children form other relationships based on these early relationships.

**What do healthy relationships mean for a child?**

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Many studies have examined children's attachment relationships and their effects on development. A good relationship with a positive attachment figure can have important, long-lasting effects on a child's development. A healthy relationship is shown to:

- Enhance pretend play
- Promote healthy exploration
- Enrich educational experiences in school
- Lead to healthy self-concepts and self-understanding
- Increase confidence
- Increase learning through experimentation
- Lead to positive relationships with friends

**Questions to ask yourself**

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- What was your relationship with the child prior to the present living arrangement?  
How would you describe your relationship now?
- What does the child know about the situation (e.g., where his or her parents are?)  
How has it been explained?
- Is this a temporary or permanent change for the child? If temporary, how long will it last?
- How are you feeling about parenting this child? Do you have someone you can talk to about your feelings?

## References

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<sup>1</sup> Howes, C. Attachment Relationships in the Context of Multiple Caregivers. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, edited by J. Cassidy and P.R. Shaver. New York: Guilford, 1999:671–687.

<sup>2</sup> Bowlby, J. *Attachment and Loss*. 3 vols. New York: Basic Books, 1969–1980.

## Disruptions in close relationships, how they affect a child’s behavior, thoughts, and feelings

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Parental meth use, like all substance abuse, is devastating to children. Often these children must live separately from their parents for extended periods of time while the parent is in long-term drug recovery or serving jail time. Regardless of the health of the child-parent attachment, being separated from a parent profoundly alters every part of the child’s life.

### What is a disruption?

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A disruption is an event that brings major changes to the daily schedule and activities of a child’s life. Long-term or permanent separation caused by parental illness, incarceration or death is a severe disruption for children. It can dramatically alter how children relate to others, their sleeping and eating habits, their performance at school and how they view life.

### The coping process

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Children separated from their parents experience different ways of coping. Some scholars have described three stages: protest, despair and detachment.<sup>1</sup> The following chart outlines the behaviors, thoughts and feelings children may go through during each stage. Not all children experience each stage nor do they necessarily experience them in the same order. Still, this can be a useful guide for understanding how children cope when someone they love is gone.

It’s important to remember that you, your child and your situation are unique. One child may act out when separated from their parent where another may seem relieved. Since each situation is different, it is impossible to know fully how a child will think, act and feel.

## Common reactions of children coping with separation and other major life changes

Stage of Coping	Acting	Thinking	Feeling
<b>Protest</b>	<p>Cries frequently, distressed</p> <p>Makes strong efforts to find missing parent</p> <p>Acts out toward new caregiver</p> <p>Refuses to comply with adults' requests</p> <p>Quiet and withdrawn</p> <p>Acts out during play</p> <p>Temper tantrums or angry outbursts</p> <p>Crabby, grouchy, hard to please</p>	<p>Actively thinks about parent's location and return</p> <p>Blames others and/or self for loss of parent</p> <p>Dissatisfied with new living arrangement, idealizes old arrangements</p> <p>Confused about where the parent is</p> <p>Maintains hope that parent will return</p>	<p>Angry at self, parent and/or new caregiver</p> <p>Intense sadness</p> <p>Feels frightened and alone</p> <p>Feels loyal to parents</p> <p>Fear or worry that parent may never return</p> <p>All of the above at the same time (confusion and ambivalence)</p>
<b>Despair</b>	<p>Quiet and withdrawn</p> <p>Fails to respond to others</p> <p>Loss of energy</p> <p>Lacks interest in activities</p> <p>Easily distracted</p> <p>Acts younger than age</p> <p>Irritable</p>	<p>Blames self for situation</p> <p>Believes that liking the new living arrangement may be "disloyal" to parent</p> <p>Worries that parent may not return</p>	<p>Angry at self, parent and/or new caregiver</p> <p>Nervous, anxious</p> <p>Fearful, easily frightened</p> <p>Frustrated</p> <p>Wants attention</p> <p>Confused</p>
<b>Detachment</b>	<p>Quiet and withdrawn</p> <p>Renewed energy and interest in life and activities</p> <p>Makes new friends</p> <p>Develops new routines</p> <p>May be unusually friendly, affectionate toward strangers or may show intense fear of strangers</p>	<p>Considers future without parent and with new caregiver</p> <p>Thinks about and enjoys daily activities again</p> <p>May believe that relationships are not stable</p> <p>May believe that relationships are not important</p>	<p>Increased acceptance that parent will not return</p> <p>Sense of loss or mourning for parent</p> <p>Positive feelings toward new caregiver</p> <p>Feels engaged with the new environment</p> <p>Depression</p>

## Setbacks in coping

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You may find that your child suffers occasional setbacks in how well he or she is coping.<sup>2</sup> The trigger may be a holiday or celebration, illness, death of a person or pet, seeing the parent again, or moving to a new home or school. Even hearing other children talk about their own parents may rekindle strong feelings. During these times, your child needs extra support, love and sensitivity.

## Resilience: what helps?

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Researchers have found that certain characteristics and family situations make a significant difference in how a young child responds to stress and how easily he or she rebounds.<sup>3</sup>

### Qualities of resilience within the child:

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- The child is usually easy-going and calm.
- The child has positive communication skills (understanding the situation and being able to talk about it).
- The child has good problem-solving skills.

### Qualities of resilience within the family:

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- Family size. Children from smaller families tend to be more resilient.
- Parents' education level. Children of parents with more education tend to handle stress better than those of less-well educated parents.
- The child has positive relationships with siblings.
- The child has a close relationship with someone important.

## Helping your child cope

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Here are some steps you can take to help the child in your care adjust to the changes:

- Offer plenty of love and support. Being with people they love and trust helps children feel safe.
- Follow a routine. Change can be very upsetting for young children. If they know what to expect each day, they will feel more in control of their life.
- Help the child express his or her feelings. Young children often lack the words to describe how they feel and may need your help learning how to put their feelings into words.
- Encourage friendships with peers and siblings.
- Assign chores so the child will feel helpful.

- Seek out supportive teachers at school.
- Try to ensure a stable school setting.

### **Taking care of yourself**

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It is normal for caregivers to feel overwhelmed when they are supporting children through life changes. Remember you are not alone. Take advantage of the many resources that are available to you, such as: joining a support group, working with a child welfare agent to find respite care, taking parenting classes offered by your county Extension office, or problem-solving with a trusted friend, spiritual counselor or social worker. Make sure you get enough sleep, exercise and nutrition.

### **Questions to ask yourself**

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#### **Behavior:**

- Is the child's behavior due to the family situation or is it similar to that of most children this age? Could my reaction to the behavior be making the problem worse?
- Do I know the child in my care well enough to know how she usually responds? How does the child respond to stress? How does she respond to something new? How does she respond to something fun?
- Do I take time to understand why the child is acting the way he is? Is he tired? Sad? Hungry? Frustrated? Do I help him name and understand his feelings?

#### **Stability and routines:**

- What is my schedule on a typical day? Is it pretty much the same from day to day or does it vary considerably? Does the child know what to expect each day?
- How does the child respond to changes in routine? Is she flexible or does she need a routine for comfort?
- Is this a temporary or permanent change for the child? If temporary, how long will it last?

#### **Communication:**

- Throughout the day, do I take time to listen to what the child is saying (and not saying)? What do his behaviors tell me?
- Do I encourage the child to talk about her feelings? Does she need help learning how to put her feelings into words?
- Do I need help sorting out my own feelings and expressing them appropriately?

### **References**

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<sup>1</sup> Bowlby, J. *Attachment and Loss*. 3 vols. New York: Basic Books, 1969–1980.

<sup>2</sup> Kobak, R. The Emotional Dynamics of Disruptions in Attachment Relationships: Implications for Theory, Research, and Clinical Intervention. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, edited by J. Cassidy and P. R. Shaver. New York: Guilford, 1999:21–43.

<sup>3</sup> Werner, E.E. Protective Factors and Individual Resilience. In *Handbook of Early Childhood Intervention*, 2nd ed, edited by J.P. Shonkoff and S.J. Meisels. New York: Cambridge University Press, 2000.

## **The importance of open communication**

Open communication between you and the child in your care is essential. If possible, talk honestly and openly with him or her in a way that he or she will understand. For example, if you're upset with something your child has done, explaining why you feel that way will help him recognize what made you angry and encourage him to change his behavior. Make sure the communication is geared to the child's age and level of understanding. Having someone children trust to talk with — and get answers from — helps them feel safe and understood. Open communication is important for any positive relationship. <sup>1, 2</sup>

Although it may be out of your control, it can be helpful if the child stays in touch with his or her parent. Consistent contact with their parents can be reassuring and comforting to children. Not knowing when or if they will hear from their parents can be very difficult for them.

After talking with a parent, either in person or on the phone, children may seem upset. They may feel confused. In most cases, being upset doesn't mean children shouldn't talk to their parents. Instead, make sure you take time to help them “debrief” and to express their feelings. (For more on this topic, please see the section: *Children's Contact with Their Parents*.)

### **How much should you tell young children?**

What children are told about the situation may not reflect what they learn on their own. Children can read people's emotions by what they hear, see and feel. They hear adults talking or piece together bits of information. Often they understand more than adults think they do.<sup>3</sup>

When deciding what to tell a child about the situation, it's important to consider their age and developmental skills. The following tips may help:

#### **1. Avoid telling the child too much.**

Many children are simply too young to understand the whole story. Try answering only the specific question a child asks and hold off on elaborating. When you tell a young child all of the details of the situation, you may be doing more harm than good. Too much information can be confusing, scary and overwhelming for the child.

## 2. Avoid telling the child too little or nothing at all.

Kids are smart. They will pick up tidbits about their situation even if the details are not discussed directly. If children learn about what's going on from someone else, they could feel hurt, deceived and confused. They may avoid asking you questions or talking to you about other important concerns because they think certain topics are "off limits."

## 3. Never twist the facts or lie to the child.

Even very young children know the difference between the truth and a lie. They often piece together information but then are afraid to talk about the truth. Some people may twist the facts in an effort to protect the child. But that approach often backfires. When children are told untruths about the situation, they may become very confused, angry and hurt. The best strategy is to be honest with your children at their level of understanding. Your children will learn the importance of trust and honesty in relationships.

When talking with any child, it is important to keep in mind his or her skills and limits. Refer to the timeline below for a general idea of children's communication development.

### Timeline for development of communication and language skills<sup>4</sup>

Age	Communication and language development
<b>Birth</b>	<p>Babies can recognize familiar voices and even mock facial expressions, including smiles.</p> <p>They communicate by crying to express hunger, pain, discomfort and fatigue.</p>
<b>6 months</b>	<p>Babies begin to remember sounds and their meanings, especially their own name.</p> <p>Begin babbling parts of words</p>
<b>6 months to 1 year</b>	<p>Children recognize basic sounds of language and imitate sounds.</p> <p>Children may point or gesture to communicate wants and needs.</p>
<b>1 to 1½ years</b>	<p>Children speak first words (usually objects and people).</p> <p>Children begin to understand many words, even more than they can say; (e.g., the child can understand that "ball is a round toy" without being able to say it.)</p> <p>Points to pictures in books</p>

<b>1½ to 2 years</b>	<p>The child's vocabulary grows dramatically — includes more action words.</p> <p>Two-word sentences are common.</p> <p>Child begins to gesture less and name more; (e.g., instead of pointing to the ball, the child may say, "Want ball.")</p>
<b>2 to 3 years</b>	<p>The child's vocabulary continues to grow.</p> <p>Sentences include combinations of objects and action words.</p> <p>Children understand that many different words can be used to describe the same thing.</p> <p>Children enjoy and remember hearing or reading stories.</p>
<b>4 to 5 years</b>	<p>Children's sentences are made up of four or five words.</p> <p>Comprehension is increasing but children often misunderstand the complicated language of adults.</p>
<b>5 to 7 years</b>	<p>Children's sentences are more complicated and involve more words; they are able to put several thoughts into sentences that make sense.</p> <p>Children begin to respond to what other people say in conversations</p> <p>Children often engage in private conversations with themselves.</p> <p>Can tell stories</p>
<b>7 to 8 years</b>	<p>Children learn that one word can have several meanings.</p> <p>Understanding of language rules are more developed.</p> <p>Children are learning that writing is another way they can communicate their thoughts.</p>

### **Behaviors as communication: what is your child trying to tell you?**

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Young children often do not have the language skills to clearly put words to their thoughts and feelings. You'll have to take clues from their behavior to try to understand what they're trying to communicate.

Sometimes children act out to get attention because they feel sad or neglected. Other times children withdraw from the environment and ignore special people in their lives. This does not mean they don't care about those people. Sometimes children act in certain ways because they don't know any other way to express themselves.

Comprehending your child's behaviors may not be easy. It's not as simple as, "If my child does X, she's feeling Y." No child or adult is that simple. One behavior can express a number of different things. Understanding the child, the situation and the source of a

child's behaviors will help you recognize what your child is saying when he behaves in ways that are confusing or troublesome.

**Factors within the child:**

- Age
- Developmental level (especially language skills)
- Child's temperament (Is the child usually busy, calm, fussy, or pleasant?)
- Gender
- Physical well-being (Is the child hungry, tired or sick?)
- Emotional well-being (Is the child stressed or depressed?)

**Factors within the family:**

- Quality of family relationships
- Communication styles in the family
- Time spent together
- What has the child been told about the situation?
- What does the child think he or she knows about the situation?

**Factors within the situation:**

- How recently the changes have happened
- School environment
- Quality of friendships
- Neighborhood factors
- Grandparents' job
- Other stressors and supports

**What interferes with open communication?**

Family members may feel very angry toward one another and have trouble dealing with and expressing these feelings. They may feel defensive or resentful and think others blame them for another family member's problems. Or a family member may feel hostile toward people outside the family and may turn down support or help that is offered.

Feelings that are communicated in negative ways such as sarcasm, shouting, yelling, mean statements, hostile silence or even hitting are harmful. They affect the child's communication with others and distance them from people who are trying to help. Negative communication keeps families from understanding that every member plays a role.

## Being a model for the child

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The conversations you have with the child in your care and others about this situation are important. Be mindful of conversations the child may overhear and how you speak of the parent. It is okay to be honest about your feelings but remember that the child has feelings, too. Even very young children can understand more than you may think, especially about feelings. Also remember that a young child may be confused by things that seem simple to an adult.

Talking about your feelings can show children how to express their feelings. You may need to help children describe how they are feeling by helping them name their feelings. For example, when a child is crying you might say, “It looks like something is upsetting you. Are you feeling sad?” This can be especially helpful when a child is frustrated or having a hard time communicating.

Children may also use play as a way to show their feelings. Taking time to play with your child and listening to what is being said or acted out during play may give you insight into their thoughts and feelings. For an older child, conversations may be easiest in places that are less “threatening” such as the car. This may give him the space needed to feel comfortable talking with you.

## Questions to ask yourself

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- When the child in my care asks me questions, how do I answer? If I can't give her the “whole” story, what do I say?
- Throughout the day, do I take time to listen to what the children are saying (and not saying)? What do their behaviors tell me?
- Do I talk about my feelings in a way that helps children? Do I encourage them to talk about their feelings? Do they need help learning how to describe their feelings?
- How do I communicate with the child? How do I communicate with his or her parent? Are my feelings affecting communication between the child and his or her parents?
- When I talk to others about the child's parents, what does the child hear?
- What do others say about the child's parents? How does this make me feel?
- How do I respond when the child in my care talks about his or her parent(s)? Do I encourage or discourage these conversations?
- Am I able to talk about my feelings with the child in a way that is appropriate? How can I help her talk about her feelings?
- Do I know when to seek help? Are there people I can talk to when I feel very angry?

## References

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<sup>1</sup> Bretherton, I. Communication Patterns, Internal Working Models and the Intergenerational Transmission of Attachment Relationships. *Infant Mental Health Journal*, 11:237-252, 1990.

<sup>2</sup> Kobak, R. The Emotional Dynamics of Disruptions in Attachment Relationships: Implications for Theory, Research, and Clinical Intervention. In *Handbook of Attachment: Theory, Research, and Clinical Applications*, edited by J. Cassidy and P.R. Shaver, pp. 21-43. New York: Guilford, 1999.

<sup>3</sup> Poehlmann, J. An Attachment Perspective on Grandparents Raising Their Very Young Grandchildren: Implications for Intervention and Research. In press, *Infant Mental Health Journal*, 24:149-173, 2003.

<sup>4</sup> Papalia, D.E., S.W. Olds, and R.D. Feldman. *Human Development*, 8th edition. New York: McGraw Hill, 2001.

## Understanding children's behavior

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Children who are placed in kinship and foster care are going through a lot of life changes. They are more likely than children raised by their natural parents to show the following problems:<sup>1</sup>

- Strong fears
- Withdrawal
- Depression
- Unusual friendliness to strangers
- Trouble developing important and healthy relationships
- Extreme stress and/or trauma from an experience, which could include painful memories
- Eating and sleeping problems
- Delays in development or acting younger than their age

The good news is that these problems often improve when the child receives consistent positive support from a caring adult in his or her life.

## **Warning signs of serious behavior problems**

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Some behaviors children engage in can hurt the child and others around them. Caregivers should seek professional help if children exhibit any of the following behaviors:

- Hurting or talking about hurting other people, animals or themselves
- Withdrawing for a long time and showing no interest in activities or people
- Not eating for several days at a time
- Sleeping too much
- Increased interest in violent materials
- Major problems in school or daycare
- Setting fires or talking about setting fires
- Acting out sexually
- Threatening other people
- Lying or stealing

These behaviors may be a child's way of asking for help. They may be signs that a child has a problem that will not go away without treatment from a professional.

## **Suggestions for responding**

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When children experience major life changes, they may behave in challenging ways or have trouble interacting with others. You need to know that: <sup>2</sup>

1. Children who are cared for by people other than their parents sometimes act out making it hard for a caregiver to be kind and gentle. A child may turn away when you try to comfort him or her.
2. You need to understand the child's needs and continue to be comforting and nurturing even if the child pushes you away. Don't get angry.
3. You may not feel like being kind and gentle when a child is upset and pushes you away but you should continue being positive and supportive. This is when the child needs you most.
4. Children who can't control their feelings or behaviors under stress need your help to change. You can help by listening to the child, letting the child have some time alone or finding professional help for the child.

Caregivers in these situations often look for help and support.

## Where to go for help

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If you're worried about a child in your care or are feeling overwhelmed yourself, there are many sources of support available:

- Talk to a trusted friend who is not directly involved in the situation.
- Talk to the child's teacher or day-care provider.
- Talk to the child's pediatrician or family doctor.
- Talk to your pastor, rabbi, priest or spiritual counselor.
- Join a support group for caregivers like you.
- Contact your kinship care worker.
- Contact your county Extension office.
- Contact a licensed psychologist, psychiatrist or social worker in your area.
- Contact a child welfare agent.
- Call a parental stress hotline.
- Contact your local early intervention program.
- Look for respite care.
- Contact your local Family Resource Center.

## Questions to ask yourself

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- How do I feel when a child in my care cries? What is going through my mind? Do I feel nurturing or bothered — loving or angry?
- How does the child act when it seems like he or she should be feeling afraid, unsure or in need of protection?
- When I offer comfort to the child, how does he react? How does this make me feel?
- When the child acts in a negative way, how do I react? What message am I giving her with my actions?
- What could I do differently to make things better?
- Am I getting the support I need to respond in a nurturing way to the child?

## References

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- <sup>1</sup> Clyman, R.B., B.J. Harden, and C. Little. Assessment, Intervention, and Research with Infants in Out-of-Home Placement. *Infant Mental Health Journal*, 23:435-453, 2002.
- <sup>2</sup> Dozier, M., E. Higley, K.E. Albus, and A. Nutter. Intervening with Foster Infants' Caregivers: Targeting Three Critical Needs. *Infant Mental Health Journal*, 23:541-554, 2002.

## Children's contact with their parents

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Caregivers of children who have been separated from their parents face complex challenges. Deciding if and when the child in their care should see a parent is one of them. There are no simple rules about child-parent contact, especially when the separation between them is due to parental substance abuse.

This section is designed to help you, as the designated caregiver, consider when and how to maintain contact between child and parent. It also suggests strategies for positive visits and ways to help children successfully adapt to change in their lives.

### Each situation is unique

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No family or situation is the same. Often contact between a child and the parent, who is living elsewhere, can positively affect the child's well-being. Maintaining contact can also make a difference if they are to live with their parents again. In other situations, parent-child contact can not be considered or can occur only with supervision.

Generally, for young children placed in kinship and foster care, contact with their parents should:<sup>1</sup>

- Begin as soon as possible
- Take place as often as possible
- Take place where the children feel the most comfortable

Whether the parent-child contact occurs and the success of the visit depends on how openly families communicate with each other, the many players (the parents, the child and the designated caregivers) and on the context of the situation. The following points cover some of the considerations.

### The parents:

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#### Is the parent physically available?

In some situations, caregivers do not know where the parent is living or rarely hear from the parent. If the parent is in prison, he or she may only be available during certain visiting hours.

#### Is the parent mentally and emotionally available?

Parents who are depressed may not interact or communicate with the child the way they could if they were emotionally healthy. Some parents may visit the child while they are high or using drugs. This situation is not good for the child and the visit should be stopped.

#### Is the parent predictable?

Even when visitations are scheduled, the parent may not show up when they say they

will. Some parents are more responsible than others and will call if plans have changed; other parents will not. Children usually keep hoping that their parent will show up for the visit. Caregivers can help the children understand that the parent may not come.

## **The designated caregivers:**

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### **How does the caregiver feel about parent-child contact?**

Many caregivers feel protective of the child they are raising. They may remember a past history of abuse against the child, the parent's drug habits or other harmful behaviors. Caregivers may turn down visits simply because they are afraid for their child. Other times, the caregivers and the parents may not get along making parent-child contact difficult. The caregivers may believe the child will be upset by the return of the parent or that the parents cause too much confusion in the child's life.

### **Can the caregiver arrange visits or transport the child?**

If the parent does not live near the caregiver, travel can make visiting difficult. Often prisons are not located near public transportation. If a caregiver does not drive or own a car, visits may be hard to arrange. If the caregiver works outside the home, they may not have the time or energy to plan or sit in on visits between parent and child.

### **What are the alternatives?**

Often caregivers are placed in the middle of these situations. Sometimes other relatives or a caseworker can help. At other times, parents and children may need to use other ways to keep in touch.

## **The child:**

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### **How does the child feel about contact with the parents?**

Children have different feelings about seeing their parents. Infants may not know the parent if there has been no contact for a long time. Sometimes children are very excited to see their parents and feel good about the visits. In other cases, a child may not want to see the parent at all. Caregivers need to think carefully about the reasons for a child's feelings and what is best for the child.

### **What meeting times and locations are best for an individual child? How often is best?**

When deciding meeting times, locations and frequency, many factors, including the child's relationship with the parent, the child's age and the child's reaction to previous contact must be considered. For an infant, one visit every two months is not frequent enough to maintain a relationship.

## **The context:**

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### **Has there been a legal decision about contact?**

One or both parents may not be able to see the child for legal reasons. In other cases, there may be a court order that the child should see the parent.

### **How do institutional rules affect parent-child contact?**

If the parent is in a drug treatment program or in jail or prison, children may or may not be able to visit. Some programs can support parent-child contact; others can't.

## **Alternatives to visits**

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If face-to-face contact is not possible, there are other ways of helping children stay in touch with parents in positive ways. Depending on the child's age and developmental level, and on the family's circumstances, a child can rely on:

- Phone calls
- Letters
- Cards
- Drawing pictures
- Photographs or videos
- E-mails
- Taping the parent reading a favorite picture book

## **Helping children make positive transitions**

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Parents and caregivers need to work together for the child. The following list contains suggestions for helping children make positive transitions:<sup>1</sup>

- Try to keep the child's life as consistent as possible. Maintain similar routines such as bedtime routines, nap schedules, mealtime and bathing routines.
- Feed them the similar foods. Provide the children with similar clothing.
- Use comforting familiar things that can be carried from one place to another such as teddy bears, blankets, toys or special photos.
- Use the same language, nicknames and familiar words.
- Play similar games.
- Help the children keep their relationships with their brothers and sisters. Siblings provide an important sense of stability and support for any child. Brothers and sisters can talk about their troubles and relate to each other.
- Help the children maintain friendships.

- Make plans with the children so they have a sense that things will be okay. Take a trip or visit a friend. Explore things the children are interested in. Let them know they have some control over their future no matter what happens to their mom or dad.
- Create a “lifebook” for the child. Making a lifebook helps the child remember what he or she has done. The book could contain:
  - Pictures of loved ones (parents, foster parents, siblings, grandparents, pets)
  - Brief stories about what the child said and did
  - Mementos of past and present events
  - Record of visits with parents
  - Record of special family outings

### **Good practices for parent-child contact**

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Children benefit most when contact with their parent is positive, predictable and consistent. If possible, you should make the visits a part of your child’s routines. It is best if visits are planned ahead of time and if each person follows through with his or her promises about visiting. You may feel that it helps to be clear with the parents about what you expect for visits.

To make each visit a good one for the child, your communication needs to be open, honest and clear. When plans have to be changed, you will need to tell your child why in a way they can understand. Your child may still be upset by the change even when he or she understands the reasons.

Whether or not a visit occurs, remember to give your child the chance to express how he or she feels. If the parent does not show up as planned, or the visit does not go well, don’t say hurtful things about the parent. Criticizing the parent does not help the child. If you need to vent, talk with a supportive adult when the child isn’t around or can’t overhear you.

### **References**

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<sup>1</sup> Clyman, R.B., B.J. Harden, and C. Little. Assessment, Intervention, and Research with Infants in Out-of-Home Placement. *Infant Mental Health Journal*, 23:435-453, 2002.

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Adapted from *Through the Eyes of a Child: Grandparents Raising Grandchildren* (B3786) by Julie Poehlmann, Mary Brintnall-Peterson, Rebecca Shlafer and Kari Morgan. (c) 2003 Board of Regents of the University of Wisconsin System, doing business as the Division of Cooperative Extension of the University of Wisconsin Extension. All rights reserved. Copies are available from your Wisconsin county office or <http://learningstore.uwex.edu/load-print/>

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