

WHEN WORK COMES HOME AND HOME GOES TO WORK: CHILD WELFARE SOCIAL WORKERS AS FOSTER AND ADOPTIVE PARENTS

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If you are both a child welfare social worker and foster or adoptive parent, family members and friends outside the field assume you have special skills when it comes to parenting. Your children also think you should be much better parents because you are, after all, child welfare social workers. Whether trying to advocate for macro policy issues, carry a caseload, or manage one's family, there can be a disquieting disconnect between what textbooks teach and what children do. As two child welfare social workers whose collective experience spans two generations, the authors of this narrative became foster and adoptive parents for children with special needs. They found a common bond through the intersection of their professional and family experiences, and share what happened when workplace knowledge came home, and home life went to work. This narrative describes the lessons learned, as well as recommendations for the field of foster care and adoptions.

Eileen's Story: Four Decades, Still Learning

I became a child welfare worker for a county child welfare agency 40 years ago. This was not a career calling. My qualifications were a Bachelor's degree in history and a driver's license. I was 22, and relocated to a mid-western city 2,000 miles from California where I grew up. I sought any job where a college diploma was required, so it was suggested I contact the "welfare department." I didn't know exactly what that was. I was fortunate to grow up in a family where my college professor father was home every night, and my mother packed our lunches and made dinner. I was a middle-class white girl whose biggest concern was having best friends and boyfriends. I never really thought about children who were not lucky enough to grow up in nurturing families, much less the realities of white privilege.

But there I was on my first day at work, with a list of 50 children in a foster care caseload. My job objective: to get those kids off the list through return to family or adoption. No problem, I thought, until my second day at work. Then I went to see a foster mother who had been fostering since before I was born. We had a disagreement. The case record said

a child in her care was one year old. "No," said the foster mother. "She's 3 1/2." Although I was from the government and there to help, this foster mother didn't want any of it. I didn't stay long. Returning to the agency, I told my supervisor, a brand new MSW, about the "argument."

Supervisor: "Did you see the child?"

Me: "Yes, you told me I had to see the children."

Supervisor: "How old did the child look?"

Me: (anxious): "I don't know, the record says she's one year. I didn't learn ages as a history major."

Supervisor (being patient): "You can tell a lot about the ages of children by their behaviors. What was the child doing?"

Me (trying to understand): "Well, she was riding her tricycle most of the time."

Had it not been for this supervisor and her ability to integrate what Kadushin (1985) would later explain to be essential administrative, educative, and supportive roles, I would not be a social worker today. And no one, least of all me, would believe I could grow up to be a foster and adoptive parent of children with special needs. Many years later,

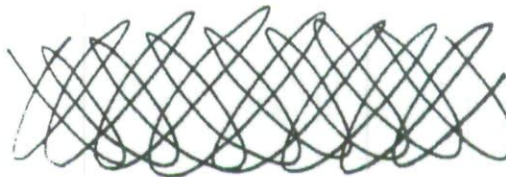
after I had earned both MSW and DSW degrees, and become the national program director for family foster care, adoption, and kinship care at the Child Welfare League of America (CWLA), I was invited back to the same agency to give a talk at the annual foster parent recognition dinner. That foster mother, still there, recognized me. She said, "I can't believe you're still around. You were the dumbest worker I ever met." I tell this story at the start of my child welfare classes, a reminder of how amazing it is to have a job that lets us "learn for a living" (Rapp & Portner, 1992, p. 223).

My professional child welfare and personal fostering/adopting lives first intersected in 1977. I moved to South Florida, and found a child welfare job from a newspaper article. There was a new program, funded by the National Institute for Mental Health (NIMH), at the Behavioral Sciences Institute at Nova University in Ft. Lauderdale. The goal: to teach foster parents how to be mental health workers. I called the program and found they needed a curriculum developer. I didn't know much about curriculum development. But based on my child welfare worker years and my social work education, I was able to create a model that pioneered the integration of foster parent recruitment, pre-service training, assessment, and selection. It caught on around the country, becoming known as the Nova Model (Pasztor, Burgess, Smith, & Fields, 1978.) I had the privilege of being invited to many states for implementation. But the model was based on book learning and work experience.

Then Along Came M

Thirteen year old M had been a little girl on that first caseload list. As best I could, I worked with her mother for several years to attempt reunification for M and her little sister, as they had always been placed together. When that was not possible, the two little girls were placed adoptively. As school-age children, they were one of the first "older child" adoptions being done at our agency in the early 1970s. I was distressed to get a call from my years-ago supervisor, now an administrator, that the family had kept the little sister, but returned

M to the agency, because of her behavior: like a commodity that didn't meet the expectations of the buyer. M was now in her second institutional placement, coincidentally in South Florida. The agency was hoping I might visit her.



My husband and I started having M on weekends. It was difficult taking her back; the quality of care was so poor, as this was not a residential treatment center. Once, while we were cooking breakfast, she told us she wouldn't eat it. "I'm not eatin' nothin' cooked with a fly swatter." She had never seen a spatula, as meals in the institution were brought to the children on trays. My husband suggested, "Maybe she should live with us." I had been afraid to make the suggestion. Child welfare "practice wisdom" said a child shouldn't be older than the marriage, and this teenager would be a decade older than ours. We all took a chance: the agency, the two of us, and, most of all, M. We became licensed foster parents, and training was waived because I had written the training program. It wouldn't have helped; M hadn't read the book and didn't follow the agenda.

We moved from South Florida to Michigan, a culture shock. I started teaching at a local undergraduate social work program, and continued training and consulting nationally. M developed her own special skills. She could break doors, it seemed, just by looking at them. "I hate you, you never let me do what I want, you're not my mother/father..." usually preceded the slam. And we would say, "You're right, we're not your parents, but we love you and want to take care of you." Sometimes it was tough to say. Sometimes it was tempting to say, "Well, leave then." But my training program said, "Never threaten a child with rejection." It helped to overhear her tell a friend, when asked if we were her "real" parents, because we didn't look quite old

enough: "Well, they're not my biological parents. But they're real to me."

Her testing continued. My husband could go to work and deal with other issues. But for me, issues at work seemed to blend into issues at home and vice versa. Once, after teaching about adolescent pregnancy earlier in the day, M casually disclosed at dinner, "I think I'm pregnant." My reply, "That's not possible, I'm a social worker and can't have a pregnant teenager." Inside out! What would my colleagues think? We had many discussions about sexual activity. But she had gone on a two-week visit with a former teacher/big sister with whom she had been close. When I asked her why she didn't use birth control, she said it wasn't available. When I asked why she didn't discuss birth control with the young man, she said, "I couldn't talk with him about things like that. I didn't know him well enough." Turns out, she wasn't pregnant. But, inside out – I added a new activity to my foster parent training workshops.

The struggles with school continued. We continued the challenge of parenting an adolescent with enormous loss issues, which manifested in even larger angry behaviors. M had questions about her mother, her many other siblings, and why "the welfare" had taken them away. We located her birth mother, and M decided she wanted to live with her. At the age of 17, M left us to live in another state in a poor neighborhood with her birth Mom, a sweet person, but overwhelmed by poverty, a dual diagnosis, and six children. M wanted to take care of her, typical for adolescents in foster care. We drove her, it broke my heart. My colleagues said, "Leave the door open for her to return." We did, and so did she...many times: once with a seven year old child; more recently, at the age of 46, with no money and no teeth. But we're still together. She has new teeth, and now we're working on finding that missing adopted sister. We've gone back to the "welfare department" where I first worked and she was in my caseload. Now its name includes family services. The adoption search worker has a degree in criminal justice.

Being a Parent Versus Having a Baby

My husband and I moved to the Washington, D.C. area in 1980. I kept training and consulting, as the early 1980s were filled with promise for child welfare. The Federal Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) had been enacted. Preventing the separation of children from their families was mandated, foster parents were being routinely trained. My Nova training program was field tested for application with prospective adoptive parents. And my husband and I were thinking about being parents again. I was working full-time and getting my DSW degree, my husband was working long hours and weekends. Who would take care of a baby? I needed to give birth to a six year old who could go to school right away.

So we sorted out the difference between having a baby and being parents. I felt that as a national foster and adoptive parent curriculum developer and trainer, I could "walk the talk." My husband, whose grandparents were murdered in the Holocaust, reminded me that several million Holocaust victims were children. Perhaps we should adopt a Jewish child, support a life when so many had been taken away. So we searched for this child. Between Washington, D.C. and Philadelphia, there was just one: a ten-year old boy who had been in two residential facilities since the age of six, because his family could not manage his behaviors.

The home study was done. No training was required, as I had written the program. The pre-placement and placement process began. This would be an open adoption, controversial at the time. There was still a lot of legal and casework secrecy surrounding adoptions. Family and friends were surprised to learn that, when the adoption was finalized, the original birth certificate would be sealed and a new one issued. This would list me as the birth mother, even though I was far away at the time and place of his birth. The government would rewrite history.

While our son's birth mother was deceased and birth father not involved, there was a maternal grandfather to whom he was attached, living not far from us. So each week, we would drive 60 miles to the facility, pick up

our son, drive back to D.C. so our son and his grandfather could visit. Then we would drive our son back to the facility, and come home again. During these four-hour rides, we got to know each other. Quite important, Grandpa got to know us, and give his only grandson "permission" to be our son. It was an exhausting, but valuable process. During these drives, our son told us that, while visiting, he would call us by our first names. But the day he moved in, he would switch to "Mom" and "Dad." He just didn't want to commit until he was sure it would happen. The paperwork process took almost a year. I tried to be patient. But I didn't want our son to have his 11th birthday in the institution. I finally called the director of the agency that had custody of him, the one where I had trained the staff, to advocate for a speedier process. The intersection worked.

Theory Versus Practice

Many things were unsure from the start. He slept with his shoes on his pillow every night. We didn't really understand why, and he wasn't talking about it. We decided to overlook it. We had bigger battles to fight, like his not using the F-word when my parents visited. But every night we'd say, as we tucked him in, "Our family is a safe place for you. No one is going to hurt you here. No one is allowed in your bed but you. This is a safe place for children." After three months, the shoes came off the pillow. We waited a few days and then commented on how nice it was that the shoes had a new parking place on the floor. He replied, "Where I used to live, you never knew who would try to mess with you at night." So his shoes were his weapon. And I had a child who slept under my roof for 90 nights before he believed we were telling the truth about his safety.

Life with our son was a 24-hour a day challenge. He rarely slept. He needed special transportation to special education school. He had all the behaviors that go with attention deficit disorder, plus highly sexualized behaviors that just stumped us. He didn't like the sleeping arrangements, suggesting we rotate bedrooms so he could take turns sleeping with each of us. I couldn't always be clear

about whether adoption was "an issue" or "the issue," as explained in the Kinship Center's *Adoption Clinical Training* (Roszia, Silverstein, Pasztor, Clark, & Ward, 2004). Once, in the car, he said, "Let's talk about condoms." He was not yet 12 years old. I gave the only appropriate response for a mother, "Go ask your father." "No," he replied, "I have to talk to you." Automatically I switched roles from mother to social worker. Was this related to sexual abuse or adoption or just pre-adolescence? "Why," I asked, "do you need to talk with me and not Dad?" "Because," he said, with exasperation, "You know more about condoms than Dad." Trying to use a calm, social worker voice, I said, "I'm wondering why you think I know more about condoms than Dad." "Because," he said matter-of-factly, "you're a child welfare social worker, so you know more about talking to kids than Dad does."

One benefit of the intersection between personal and professional life was helping my parents understand and accept his behavior, as they found his "excess energy" overwhelming. My mother suggested Little League, so I had to find a way to help her understand he just wasn't ready for team sports, much less one that used a bat. So I invented the "jigsaw puzzle child" activity. I explained that children have eight parts to their development: chronological age, appearance age, I.Q. age, academic age, emotional age, social age, whether they are an ethnic match with their families and share customs, values, and traditions, and their life experience age. For most children born with good genes and a good environment, all those pieces match: a child ten years of age looks ten, processes information like a ten year old, is in 5th grade, etc. But children who have experienced the tragedy of abuse and neglect, are like "jigsaw puzzles" in that their pieces are different and don't fit together. Our son's pieces were fragmented. His chronological age was 10, but he looked eight. He processed information like an eight year old, but his academic age was preschool, he couldn't read or write. His emotional age was that of an infant, meaning that naturally he didn't trust anyone. His social age was preschool. He was an ethnic match,

but we had zero years of shared customs, values, and traditions. His life experience age was preschool to 17; he was sheltered in some ways, but also had seen things akin to R-rated movies.

By putting each piece on a separate piece of paper and then trying to piece them together, it was like a puzzle. My parents understood that analogy, my colleagues liked it, and, inside out: it went into my foster and adoptive parent training programs (Pasztor, 1986; Pasztor, Polowy, Leighton, & Conte, 1991; Child Welfare League of America, 2005).

Give Back the Diploma

Our son's 12th birthday was marked with the start of what would be many psychotic episodes. Our lives were changed forever as we became involuntary immigrants to a frightening country of illness (Lipsyte, 1998). At the hospital, the intake worker began the social history. When she learned he was adopted, she said, "Your child is catatonic, he may never leave a back ward. You should consider returning him to the agency." As with M's former adoptive parents, this time a social worker, one of our own, viewed adopted children as a commodity that could be returned if "flawed." Her diploma on the wall indicated a social work degree. I suggested she give that back. And we contracted with a licensed clinical social worker in private practice to help us navigate what we learned would be a scary, unhealthy mental health system.

I decided to quit being a social worker. How good was my degree and credibility as a national child welfare curriculum developer and trainer, helping others in the field, when I couldn't prevent mental illness in my own child? A social worker colleague and friend told me, "Your son may never get well. He may never come out of that 'back ward.' But if you quit now, it's a loss of both a child and a social worker. Maybe, by writing about your experiences, even if your son doesn't get better, another child and family can be helped. You have to turn this awful loss into a gain." So I wrote another training program for foster and adoptive parents while he was in the hospital, and one of the most well-received activities is called "The Pathway Through the

Grieving Process" (Pasztor, 1986; Pasztor & Leighton, 1993).

The "pathway" explains that our worst losses involve health, a loved one, and/or self esteem. When these losses occur, a grieving pathway kicks in. It begins with the first stage of grief described by Elizabeth Kubler-Ross (1969). But then the pathway takes us from shock or denial to "praying for a miracle." From "praying for a miracle," the pathway travels to two sides of the same coin: anger and depression. From there, the pathway goes to "understanding" instead of "acceptance." For example, I didn't want to accept that my son was so ill, but I understood what happened. My father-in-law, a concentration camp survivor, would never accept that his right to be a citizen of his country was denied him, or that family members were murdered, but he understood how it happened. My son and daughter, as they got older, have realized they never have to accept that their right to a normal childhood was denied them. But they have come to understand their birth family issues that made it impossible to grow up there.

After the "understanding" stop on the pathway comes "coping." This enables us to go through the tasks of daily living. But to be a really effective foster parent, adoptive parent, or social worker, we have to get to the last stage on the pathway: "being a loss manager." This means traveling the pathway (usually many times). But, instead of getting stuck in a stage of denial, or praying for a miracle, or anger, or depression, we become willing and able to manage loss well enough to help others. That's essential. This activity is now incorporated into training programs that are used to train caregivers and caseworkers across the United States and in over a dozen other countries (Pasztor, 1986; Pasztor & Leighton, 1993; Child Welfare League of America, 2005.)

The Intersection

My son, now in his late thirties, battles bipolar disorder. I struggle with the awful reality of a horrible intersection: no amount of love, money, or social work skills and connections can help him have the normal life he wants, needs, and deserves. Earlier I

mentioned that social workers are fortunate to have a profession that allows us to learn for a living. I am privileged to learn every day from my students, colleagues, journalist husband and, most of all, my adult children. A big difference, however, is that the others chose their roles. My children had no say. For as much as they have shaped my life for the positive, and we love each other, I would have preferred that they had not endured the abuse, neglect, foster and residential care, disrupted adoption, psychiatric hospitalizations, and so much more sadness. In exchange, I would gladly have forgone my opportunity to become a more knowledgeable child welfare social worker as a result of being their mother. As I write, teach, and train: being a foster or adoptive parent is a privilege, not a right. But for a child to be protected and nurtured, that's a right, not a privilege.

Monica's Story: My Calling

I come from a long line of ministers, teachers, social workers, homemakers, nurses, and housekeepers: helping professionals and para-professionals. As a teen, I wanted to go to art school, but folded to family pressures. I was blessed to have both parents at home and available. I had my rebellious years and made bad choices, which made me stronger. As the child of an African American father and Polish/French Canadian/American mother, I grew up in the 1970s and 1980s in middle class neighborhoods around the country, but was drawn to classmates who came from "the projects" where most poor, hardworking African American families lived. Throughout my teenage years, my parents kept my sister and me well aware of national and global challenges around the world. I went to college with the goal of becoming a social worker, and having a strong moral conviction to be of service to others.

After completing my MSW degree, I began my child welfare career in Washington, D.C. in the early 1990s. I found myself in the midst of a bureaucracy whose mission was to ensure the safety of children and to strengthen families. This was compromised due to the lack of available resources and funding needed to truly help people. As I completed my monthly

home visits, I saw the faces of the families I had known growing up. I saw them desperately wanting to raise their children. They were committed to their children's well-being. However, they were stressed from not having the ability or resources to cope and provide. They often resorted to substances to stay in denial and ease the pain. After two years as a family reunification social worker, I successfully helped just one family get back together. It appalled and disgusted me that most of my families wanted to be together, but they just couldn't meet the court mandates. I married another MSW degree social worker, and gave birth to two daughters. We decided to move to southern California to be near our extended families, realizing we needed that village to raise our children.

For the next thirteen years, I learned and matured as a social worker in the southern California child welfare system. I carried an adoption caseload, and then focused on recruiting and preparing adoptive families. My program was targeted at helping African American families adopt African American children who for decades are documented as languishing, drifting, and growing up in foster care (Brown & Bailey-Etta, 1997; McRoy, 2005). I flipped through pages of waiting African American children of all ages, mostly boys, who had no families to provide them with essential needs: being protected and nurtured, having developmental needs met, having relationships with birth families supported, and being connected to safe, nurturing relationships intended to last a lifetime (National Commission on Family Foster Care, 1991). I was dismayed and sad. By now I had my last birth child, a son, and I knew our family had a place for another son. I knew in my heart that I would become an adoptive Mom to one of those waiting little boys.

Theory Versus Practice – A New Generation

My last child welfare agency role was as a trainer. I had not yet met my co-author, but I became a trainer for the curriculum she developed. I learned even more, being exposed to incredible information during this time; gaining a real understanding of how legislation,

policy, and funding impact child welfare systems. I began to train child welfare workers on all kinds of issues in my attempt to strengthen their knowledge and skills. And I became afraid. I was worried that one of those workers would come to my family, and judge me as a person, wife, and mother, and assess my ability to parent. I was scared that a twenty-something, fresh out of college, driving a fancy car, still living at home, would make a decision about whether or not my family was "qualified" to adopt one of the thousands of African American male children in the foster care system.

Cognitively I knew that social workers are just like the rest of humanity: some good and some not. It was a role of the dice determining who came into your family's life with a badge and a lot of power, someone who had authority but no attachment, while I had attachment with no authority (Pasztor, Goodman, Potts, Santana, & Runnels, 2002). I didn't want to be judged by someone with no more than a Bachelor's degree in some unrelated field and a driver's license. I also had to admit that I had once been that twenty-something worker, too. I overcame the fear because I knew there was a child waiting for our family.

My husband and I talked a great deal about the impact of adding another son, especially on our three birth children now ages 14, 13, and 8. We had also taught those adoptive parent preparation classes so, like my co-author, we received a waiver to not have to complete the required adoption classes. We certainly felt competent to integrate a new child into our family. Who else but two MSW degree professionals who collectively had been involved in over 100 adoptions could be more aware of the challenges and joys he would bring? We talked with our children in great detail about the impact and changes adoption would mean for them. Our extended family members were also supportive; two of my husband's siblings were adopted. We felt ready, and began our journey in January 2005.

Our home study/family assessment process was actually wonderful. I had a good relationship with the social worker assigned to us. She was a veteran adoption supervisor, knowledgeable and kind. By the time we

completed our study, we already had another social worker, this time new to the field but eager to learn. What an intersection of personal and professional issues. My husband and I taught her about the adoption process. I wish we could have charged by the hour. Our study was completed in September 2005, a relatively quick time frame. But, unbelievably, the wait to get matched with a child was incredibly long. This was amazing, given that we requested to adopt a school-aged African American boy, and we were open to practically everything in the child/parental background. I remembered being an adoption social worker and telling parents, "You will be matched with the right child at the right time." I now found myself hearing these same words from our social worker. It's outrageous that there are thousands of ready and waiting children and families, but the matching process continues to move on a timetable established by a bureaucracy, rather than one that respects the developmental needs of children.

In June 2006, we finally were matched with the six year old who was to become our son and our children's brother: "the right child at the right time." I found myself having to bite my lip as we moved forward with the placement steps required to meet him. His foster mother was threatened and uncomfortable and did not want to meet us. Had I been the social worker, I would have encouraged the foster mother to join with us by focusing on what would be best for the child, while helping her grieve his leaving so she could give him permission to attach to us. We were able to help her see the benefit of at least having phone call and letter contact.

Our youngest son integrated into our family relatively smoothly in the first six months. At just six years of age, he was a veteran in moving from family to family. He was initially separated from his birth family when he was four years old. Our family was his fifth in two years. One family was pre-adoptive. "It didn't work out," we were told, another illustration of treating children as commodities to be returned like an outfit that doesn't look good on you. He had spent a third of his life moving from family to family during those critical formative years. The social,

emotional, and developmental impact this has on children is tragic, and the life-long journey for processing all of this is arduous and immense.

Catch-22

Initially, our three birth children were the ones who struggled. I couldn't imagine that they would have such a hard time accepting him into our family, given all the preparation that we did. After all, we were the experienced adoption social workers! All three of our birth children were significantly jealous and angry. In retrospect, there should have been more information in our training programs about the feelings of foster and adoptive parents' birth children.

The two agency social workers – our adoption worker and our son's social worker – had no good ideas about how to deal with this, other than to assure us that things would work out over time. I found myself in a Catch-22, thinking that I should know what to do, how to respond, how to help them bond with each other, how to stop the anger. But I didn't want to disclose this because I was, of course, supposed to know what to do. Thankfully, our son's therapist was able to figure out billing so that she could see all the children!

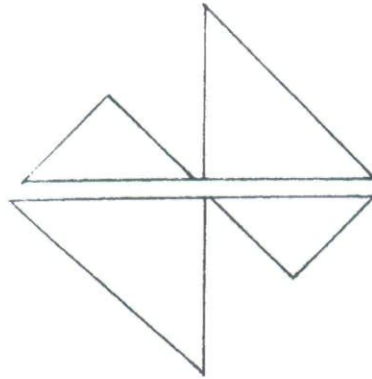
As "best practices" in child welfare were evolving, the idea of "teaming" was in full force. From inside the system, this seemed like a great idea – more heads are better than one, right? But from the adoptive family's point of view, however, this can be crazy-making. Our family had an adoption social worker. Our son had his own adoption social worker, and he had a regular children's social worker. There was a dependency investigation social worker, and there was a court social worker. From the family's perspective, too many chefs in the kitchen make a really bad stew! To have five workers dealing with our family on a regular basis was not only overwhelming, it was irritating. This was a definite scheduling nightmare for families with school-age children and working parents trying to accommodate the bureaucracy's hours of operation. This was particularly upsetting when the workers had limited knowledge and skills about how to support our family. Their main focus was to

collect the necessary information to complete their casework and court requirements, and make sure the child was safe. It was particularly difficult for my husband and me, finding ourselves often in the teaching mode, instead of being taught.

This became magnified when we were training the very social workers who were coming to see our family each month. In our sessions, I taught our adoption worker the importance of making contact with the birth mom and dad to get as much background information as possible. I taught our son's social worker about the importance of maintaining significant relationships in a child's life; and she slowly began to stop thinking about us as "different" because we maintained weekly contact with our son's birth parents. In fact, we taught the court social worker that adoption does not have to be adversarial. Termination of parental rights does not have to mean termination of parental relationships. In fact, his birth mom and I helped the social workers understand that we not only cared about our son, but we cared about each other, as well. It really made me think about the fact that California is one of the states without title protection for social workers (Pasztor, Saint-Germain, & DeCrescenzo, 2002). This means that individuals with degrees in anything, like criminal justice or history, can be called social workers, just based on their job description. Where was boundary-sensitive, competency-based, outcome-driven, standardized practice?

Within six months, the honeymoon was over. Our son had an internal alarm clock that told him it was time to change families again. Day and night, he began to act out his emotional confusion. We handled the day challenges like champions; the night terrors were harder. Watching him writhe in emotional pain, unable to find words, and unable to be comforted was absolutely heartbreaking. For months we cried side by side, night after night. Finally, slowly, his words came: "Why don't I live with my mother?" "Why did I have to live in so many homes?" "Why didn't I just come here first?" "How come I don't see my brother?" We began to piece together his life, with honor, respect, and dignity. This was something that all of the dozens of social workers in his life

had not been able or willing to help him process. Or perhaps they just didn't have the resources in time, given caseload sizes.



Making Connections

Then our adopted son experienced the loss of his birth father, which was devastating to our whole family. This death was the culmination of so many losses for him in his short seven years of life. One of the most amazing and healing aspects of his father's passing was our entire family attending the funeral together. At the church service, we were met with an outpouring of love from a large and wonderful extended family system: brothers and sisters, aunties and uncles, cousins, grandparents, and friends. We were astonished to learn that two members of our son's birth family were actually already foster parents in our county system. Why hadn't they been contacted to adopt him? Perhaps the new Fostering Connections to Success and Increasing Adoptions Act of 2008 will help. It requires that all relatives be notified when children are entering foster care with the aim of making possible safe, nurturing connections for relatives or extended family members that children may not even know they had. Our son found much acceptance, inclusion, and love from his paternal family; and so did the rest of our family.

I have started training child welfare workers on issues of full disclosure, supporting them to fight their own fears and have difficult conversations with children. As explained in the "Pathway through the Grieving Process," it is essential to get to the stage of "understanding" in order to at least cope, if

not become an actual loss manager (Pasztor, 1986; Pasztor & Leighton, 1993). We have to help children use the present to deal with the past, in order to go comfortably to the future. We must talk with children about why they can't live safely with their parents, because what children don't know they make up, and what they make up is usually worse than the truth. Child welfare workers need to explore possible important extended family members. We need to help children understand why they sometimes have to move, and ensure that they don't internalize this and blame themselves. We must let these children know that their hearts are big enough to love all their parents: birth, foster, and adoptive. In turn, parents' hearts are big, too. After all, parents can love all of their children – all at the same time (Pasztor, Polowy, Leighton, & Conte, 1991). Giving full disclosure to children and families is essential; all members of the foster care and adoption constellation must fully and continuously understand what happens when child welfare knocks at their door (Roszia, Silverstein, Pasztor, Clark, & Ward, 2004). Child welfare social workers must value a family's worth and promote resiliency, in the best interest of children.

Our youngest son was eight years old when his adoption was finalized in December 2007. My family is blessed and my heart is full of love. Our son, his birth mom, our entire adoptive family (including grandparents and other relatives) and friends marched together around chairs at his ninth birthday party, after he had slept soundly through the night. I know this is only the beginning of our journey together. I am thankful that I can say I'm a mom and a social worker: educated, experienced, ethical. The intersection of these roles has helped me continue to be the best mom and social worker I can.

Why We Shared

We are grateful to *Reflections* for the opportunity to share our stories. We would not have thought to connect with each other to take this risk without the "Inside Out" call for papers and the examples set by our colleagues who have written for previous special issues, especially "end of life caregiving." As we read

each other's stories and shared the intersection of our personal and professional lives, we discovered how much we had in common, even though we come from two different generations. We both grew up with nurturing parents, and identified as a religious or ethnic minority. We both had fathers who were university professors, albeit one in aerospace and the other in social work. We both took children with special needs into our families, children who had been in the foster care system for more than half of their young lives. We both saw children treated as commodities, selected and sent back if they didn't please the "buyer." We both worked in a system that moved according to a bureaucratic nine-to-five clock, no weekend clock, when children and families are on a 24/7 schedule. We were both frustrated by unskilled workers intervening in our families, though at one time both of us were unqualified, as well. There's also the coincidence that one of us became a trainer for a program the other designed, without ever meeting. Most significantly, we both committed to honoring and respecting our foster and adopted children's birth family histories, keeping whatever safe, nurturing connections might be possible.

So we have some recommendations. First, let's find more foster and adoptive families for children who are waiting. In the United States, there are approximately 500,000 children in out of home care, and approximately 130,000 children wait, each day, for adoptive families to provide safe, nurturing relationships (U.S. Children's Bureau, 2008). The disgrace of disproportionality makes this especially true for ethnic and sexual minority children and youth (Belanger, Copeland, & Cheung, 2008; Hill, 2008; Wornoff & Mallon, 2006). In the U.S., there are over one million diverse professional social workers (Whitaker, Weismiller, & Clark, 2006). We are single, married, with partners, of color, white, gay, straight, older, younger, with children already, and without. We know the dynamics of attachment, separation, loss, and behavior management, and we know how to access resources. Many more of us could make excellent foster and adoptive parents, so let's recruit more of our own profession to bring

these children home while supporting, to the fullest possible extent, their relationships with birth parents and kin. We should also focus on children and young people who are in therapeutic residential treatment centers, but need foster and adoptive parents to come to when they no longer need that level of care.

Second, from a macro perspective, there's a story—we're not sure where it comes from—but it's about a town where villagers, picnicking on the river's edge, were horrified to see a baby floating in the river. They rescued the baby and, as they were celebrating the rescue, they were astonished to spot another baby. They rescued that one, and then another and another...saving hundreds of babies from the river. Along came a couple of social workers—educated, experienced, ethical—who observed the extraordinary situation and said, "We're going up the river to stop the babies from coming." We must advocate for the policies and practices needed to stop children from ever getting into those unsafe waters.

Third, at-risk children and families who have special needs must be served by individuals who have, in addition to personal strengths, specific skills and system supports. This includes both the casework and caregiving workforces. At minimum, they must know how to be comfortable talking about the uncomfortable, and helping children and families travel that grieving process pathway. This workforce must be loss managers. We can't help children with their life stories, issues, and behaviors if we don't know how to proceed, aren't willing to try, and don't have the caseload size to be able to succeed. According to the National Association of Social Workers, less than 30 percent of child welfare workers have professional social work degrees (BSW or MSW) and, in public child welfare, that can be as low as three percent (Child Welfare League of America, 1999). At-risk children and families deserve to be served by social workers who are trained to fulfill the six major principles of the NASW Code of Ethics (1996, p. 1): being competent, having dignity, understanding the importance of human relationships, having integrity, providing service, and advocating for social justice.

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