

Children in Foster Care and Disorders

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The most important job, and the most challenging job I have ever had is being a foster parent. It is also the most fulfilling.

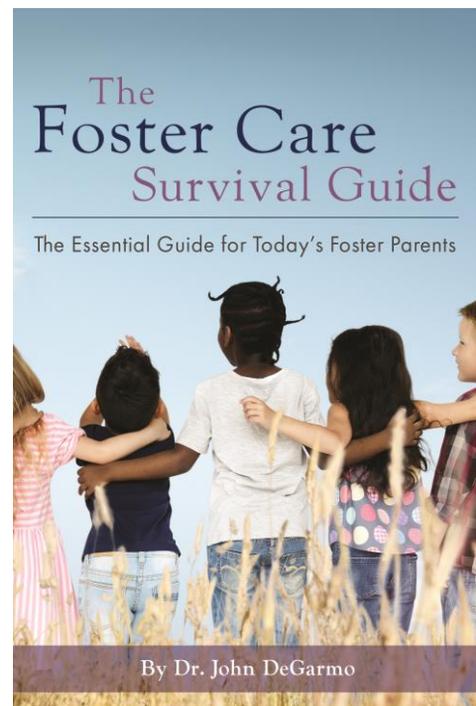
Without a doubt, the hardest “job” I have had over the past fifteen years has been that of a foster parent. It is quite simply the hardest thing I have ever done, for a variety of reasons. Yet, it is also the most important thing I have ever done, as well, and I am ever so grateful for each day and each child that has come through my home. To be sure, being a foster parent has brought me much joy, laughter, and life changing moments.



Children in Foster Care and Disorders is a little introduction into what you might need to help children with disorders as a foster parent. This pamphlet was designed with you in mind, as you care for children in need. As a foster parent, myself, I want to thank YOU for what YOU do. It is not easy, and at times, you might just want to “pack up the bags, and move on.” Yet, make no mistake. You ARE changing lives! You ARE making a difference! You ARE an example of love, not only for the children, but for all who are watching what YOU do, each day. Thank you for reading this special pamphlet. It is my hope that you find it useful. You can find SO much more in the book *The Foster Care Survival Guide*, where much of this information comes from.

-Dr. John DeGarmo

The Foster Care Institute



CHAPTER 1:

Placement: A Time of Trauma



The placement of a child into your home, a foster home, is a distressing, harrowing, and life changing experience for a foster child. Placement disruption is the term used when a child is removed from a home and placed into the custody of a child welfare agency, and thus into a foster home. For many, it is a frightening time, as the fear of the unknown can quickly overwhelm a child. Others are filled with anger, as they emotionally reject the idea of being separated from their family members.





Feelings of guilt may also arise within the foster child, as the child may believe that he or she may have had something to do with the separation from the birth and/or foster family. Some children experience self-doubt, as they feel that they simply did not deserve to stay with their family. For all, it is a traumatic experience that will forever alter the lives of foster children.

Many psychologists state that it is necessary for young children to form a relationship with at least one main parental figure or caregiver in order for the child to develop socially and emotionally. Yet, the removal of a child from his or her home, and the subsequent placement into another's home through foster care, often makes this difficult, traumatic experience.

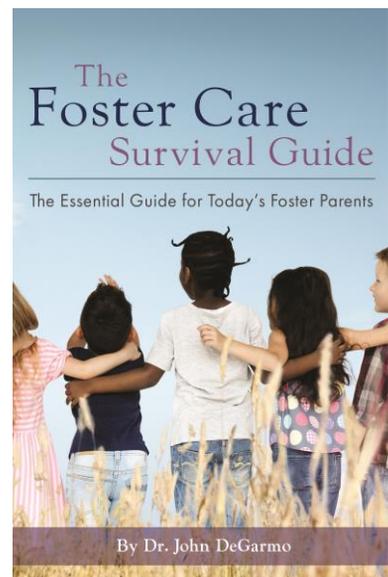
For more foster care information and resources, visit: <http://drjohndegarmofostercare.com/>

Chapter 2:

The Issue of Mental Health



Many times, children placed into foster care suffer from mental health issues. A placement disruption may be so severe to the child that it feels as if their entire world is falling apart. For them, it is. Everything they know to be true in their world is now turned upside down. Their mother and father are no longer there to comfort them when they are troubled or afraid. The family they lived with, grew up with, laughed with, and cried with is no longer there to take care of them. The bed they woke up in each morning is now different.



Far too many foster children, the school they went to, the teachers they learned from, and the friends they had formed relationships with have also been taken from them. These children now live with a strange family, wake each morning in a different house, sit in an unfamiliar classroom, and are no longer surrounded by those who love and know them best. Children in foster care often struggle to best deal with and survive these traumatic events, as they struggle to adjust to a new home and new family. To be sure, the losses in their life, along with the lack of a permanent home, often times prevent these children from forming a secure and healthy attachment with a primary caregiver.

Issues from anxiety can manifest themselves in a number of ways. Perhaps the one that foster children face the most is separation anxiety, an excessive concern that brought on by the separation from their home, family, and to those they are attached to the most. Indeed, the more a child is moved, from home to home, from foster placement to another foster placement, or multiple displacements, the bigger the concern becomes.

For more tips  subscribe to Dr. DeGarmo's email list by clicking [here](#).

Other anxiety disorders include *obsessive-compulsive disorder*, where a child repeats unwanted thoughts, actions, and/or behavior out of a feeling of need. *Panic disorders* find a child experiencing intense bouts of fear for reasons that may not be apparent. These attacks may be sudden, and unexpected, as well as repetitive in their nature. Panic disorders also may coincide with strong physical symptoms, such as shortness of breath, dizziness, throbbing heart beats, or chest pains. Another anxiety disorder that foster children may face includes *social phobias*, or the fear of being embarrassed or face the criticism of others.

**The ULTIMATE children's
book for kids in foster care.
A Different Home:
A New Foster Child's Story.
Get it [HERE](#).**

JOHN DEGARMO AND KELLY DEGARMO
ILLUSTRATED BY NORMA JEAN TRAMMELL

A DIFFERENT HOME

A NEW FOSTER CHILD'S STORY



Chapter 3:

Post Traumatic Stress Disorder



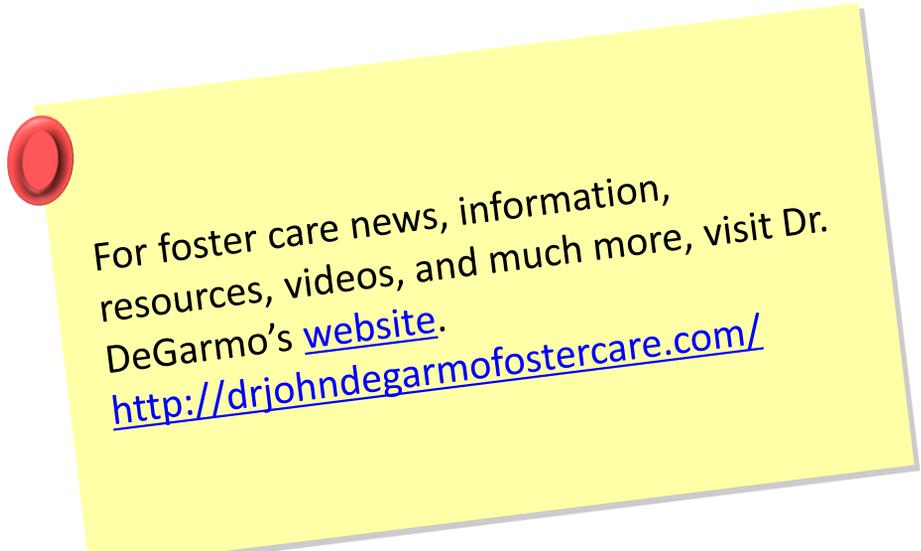
Post Traumatic Stress Disorder, commonly known as PTSD, is a psychiatric disorder that occurs when someone has witnessed a traumatic event, such as the death of a loved one, a natural disaster, a severe accident, or a form of abuse, whether it is mental, physical, or sexual in nature. Those who suffer from this disorder often have re-occurring dreams, thoughts, feelings, and memories of the traumatic event or incident and may even relive the event over and over again in flashbacks or nightmares.

Additionally, those who suffer from PTSD also have feelings of anger, depression, fear, or sadness, and may withdraw or become detached from others. Some other symptoms in children may include overly aggressive behavior, drug and alcohol abuse, sexual behavior, and self-harming behaviors. Finally, those with this disorder will often try to avoid any situation or environment that might remind them of the traumatic time.



Play therapy is a form of therapy, or treatment if you will, that is most commonly used with children between the ages of three and eight. This type of therapy allows the child to freely and naturally express himself through the simple act of play. To be sure, these play therapies are important to a child's healing and treatment, as the trained therapists are able to not only monitor and observe the child's actions, but also help treat the child, as well.

Eye Movement Desensitization and Reprocessing (EDMR), is another form of therapy where trained therapists use the child's own rapid, rhythmic eye movement instead of a talk session to help the child deal with the traumatic events in their lives. EMDR therapy helps facilitate the accessing of the traumatic memory event, as information is processed while enhancing new associations between the traumatic memory or event and more adaptive memories or information. Cognitive-Behavior Therapy (CBT) is another form of therapeutic treatment in which trained therapists teach children how to recognize their thought patterns and how to use problem solving skills to help themselves. To be sure, there are other forms of therapy, as well, as pointed out in the book *The Foster Care Survival Guide*.



For foster care news, information, resources, videos, and much more, visit Dr. DeGarmo's [website](http://drjohndegarmofostercare.com/).
<http://drjohndegarmofostercare.com/>

Chapter 4:

Disinhibited Social Engagement Disorder



Disinhibited Social Engagement Disorder is a childhood attachment disorder where a child will actively approach someone they are unfamiliar with in an attempt to interact with them. DSED may develop in a child due to a lack of a nurturing or affection from a caring adult or caregiver early in his life. As a result of never truly developing a healthy, affectionate, and loving relationship or bond with a parent or adult, the child seeks to find it in others and is as comfortable with a complete stranger as they are with his primary caregiver is.

- Children who suffer from DSED are often very talkative and social with strangers and have no fear giving a stranger a hug or a kiss. There is no sense of “stranger danger” in a child who has DSED. As the child grows into an adult, the symptoms of DSED seem to diminish.

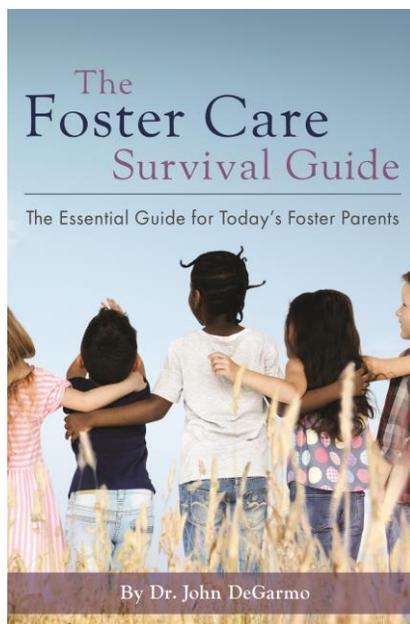
Treatment for Disinhibited Social Engagement

Disorder is often found in professional therapy sessions with trained therapists. Many times, you and your family may be asked to attend a family therapy session with the child. There is no need to feel alarmed or uncomfortable about this.



For more, email
drjohndegarmo@gmail.com to
sign up for Dr.
DeGarmo's
Foster Care Blog

Additionally, play therapy and art therapy are often used when treating children with DSED. Art therapy is fast becoming a popular form of therapy that combines psychotherapy techniques and practices with art. This form of therapy allows the child to express themselves through coloring, painting, sculpture, or through other forms of art, allowing them to express themselves when they may not be able to do so verbally. Find more ways to treat this in the book *The Foster Care Survival Guide*.



Find more Foster Care info on the Foster Care Resource Facebook page.



Chapter Five:

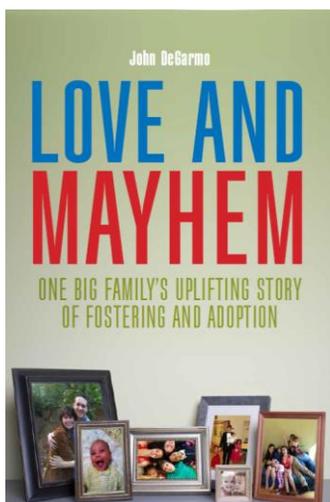
Reactive Attachment Disorder



Perhaps one of the most common disorders that children in foster care often face is Reactive Attachment Disorder, otherwise known as RAD. Children who suffer from RAD, are often unable to form or develop a healthy relationship and an emotional attachment with a parent or caregiver. Like with Disinhibited Social Engagement Disorder, this lack of an emotional attachment may result from abuse or severe and extreme neglect. As a result of the abuse and neglect early in their lives, children who suffer from RAD are especially distrustful of others.

Additionally, when angered or frustrated, these children are very difficult to calm down, due to the feeling of the lack or loss of control they are feeling. Even more so, children with RAD are often withdrawn, sad, and melancholy.

Other symptoms of Reactive Attachment Disorder include a lack of affection from the child, and even a lack of response when you try to show affection to the child. Along with this, those with RAD have difficulty looking someone in the eye, as well as interacting with others. Finally, children with RAD are often unexplainably irritable or angry and often difficult to soothe when in such a mood.



Find out how Dr. John experienced feelings of grief and loss when foster children leave his home in the book [Love and Mayhem](#). Click [HERE](#) for more.

As you can imagine, professional therapy sessions and therapists are essential when trying to help and treat children with Reactive Attachment Disorder.

Additionally, you can help a child with RAD by being nurturing, caring, and consistent with your responses to him. Along with this, try to provide a stimulating environment for him in your home; one that will give him plenty of option and opportunities to learn from and be nurtured by.



Make sure your expectations of the child are reasonable and realistic. Don't expect treatment and therapy to quickly resolve all issues, and don't expect that simply loving the child through this process will relieve all symptoms. Instead, celebrate any success he might have with his behavior, however small that success might be. For more, get the book *The Foster Care Survival Guide*.

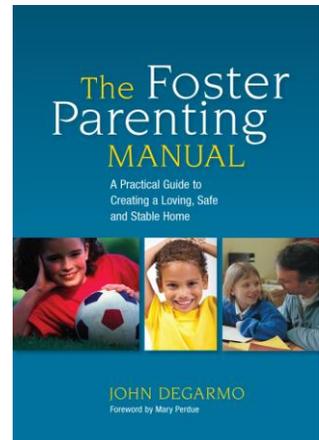
Chapter 6: Attention- Deficit/Hyperactivity Disorder



Attention-Deficit/Hyperactivity Disorder, commonly known as ADHD, is a medical condition in which brain activity and brain development are affected. While ADHD is highly a genetic disorder, it can also result from alcohol and tobacco consumption by the mother during pregnancy, as well as from high levels of exposure to lead and even pesticides. The disorder may also run in the family, so to speak, as it can be a condition that is diagnosed in both parent and child of the same family. Additionally, ADHD may also result from a significant head injury.

Children who suffer from Attention-Deficit/Hyperactivity Disorder have considerable difficulty concentrating and focusing on tasks that demand their full attention. Along with this, they also struggle with listening, and often daydream, or shift their attention and focus to other issues, instead of upon the task before them. This may result in a child seeming forgetful, inattentive, or even absent-minded, at times.

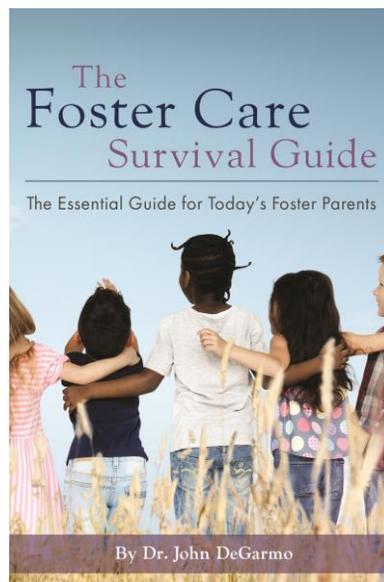
Grab the book *The Foster Parenting Manual: A Practical Guide to Creating a Loving, Safe, and Stable Home.*



Along with this, Attention-Deficit/Hyperactivity Disorder also may result in a child acting rashly or in an impulsive manner. Their emotional reactions may seem overly dramatic or intense in a situation that you may feel does not need such a reaction.

Foster Parenting 101

Attention-Deficit/Hyperactivity Disorder has no known cure, yet the disorder can be treated in different ways. First, those who have ADHD may benefit from medications that are designed to treat ADHD. These include both stimulants and non-stimulants, and your doctor can tell you what medication will best treat the child. Along with this, behavior therapy is also another way of treating one who suffers from ADHD. Research shows that behavior therapy is an important part of treatment for children with ADHD. This type of therapy helps to reduce the behavior issues that affects a child with ADHD while at home, in the classroom, and other environments. Along with this, behavior therapy also strengthens and reinforces positive behavior. Other forms of treatment are psychotherapy, as well as family therapy.



Conclusion

I hope this has been of help to you. Without a doubt, each new placement is unique, different, and special, just as each child is. Whether you are a beginner foster parent, or a veteran, what you do matters so very much. Thank you for taking care of children in need. Thank you for loving children in foster care.

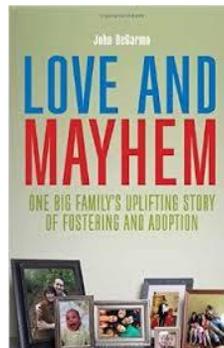
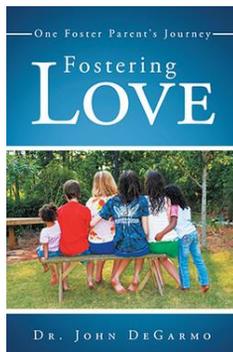
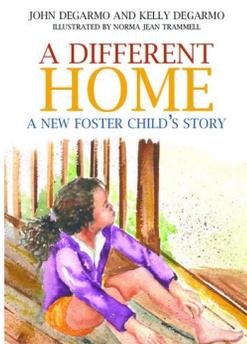
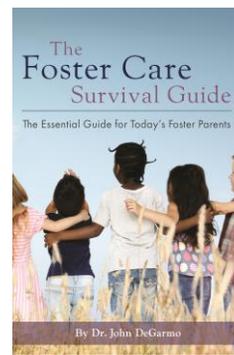
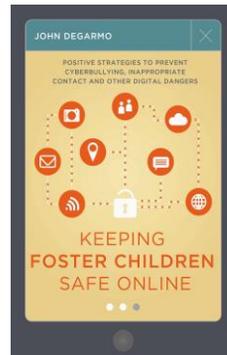
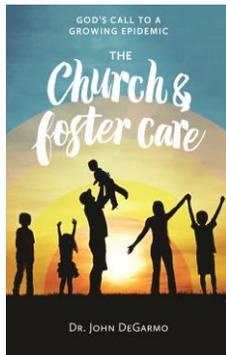
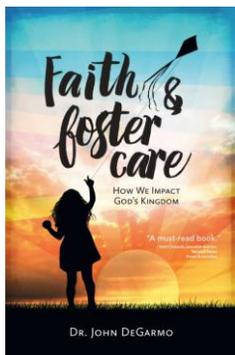
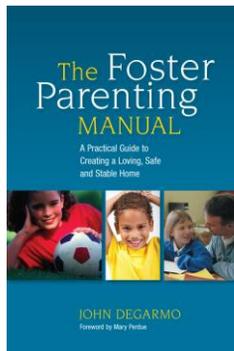
And if you liked it, here's what I want you to do next:

1. Send me an email at drjohndegarmo@gmail.com and let me know what you thought of the ebook. Also, email me if you want to be added to my foster care mailing list.
2. Say hello to me on [Twitter](#) or [Facebook](#) at Dr. John DeGarmo. I like to put a face to a name.
3. Share this epamphlet with your friends and with those you know who will benefit from it.
4. Check out the book *The Foster Care Survival Guide* for so much more on this important topic.

Again, thanks for what YOU do! -Dr. John



Other books by Dr. John DeGarmo



For much more in Foster Care information, visit Dr. DeGarmo's website.

<http://drjohndegarmofostercare.com/>