Together Facing The Challenge



Winter 2022 Newsletter





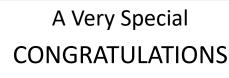
Happy New Year to all our Agency Partners: Wishing you Peace and Good Health in 2022

We are excited to congratulate both our seasoned TFTC partners along with our newer sites. We appreciate all the time, effort and commitment that goes into fulfilling the requirements to become fully certified in the TFTC model. We believe the end result will enable you to implement TFTC with fidelity and have the ability to sustain the model.

This edition of our Newsletter is a continuation of our focus on working with children through a trauma-informed lens. We know how important it is to understand the root cause of the many difficult behaviors our children exhibit and look for potential triggers that may be connected to those behaviors. Helping our caregivers to stay calm and maintain control while dealing with difficult situations is a big ask. We know it is a task that first requires the formation of strength-based relationships.

The articles in this newsletter represent the perspective of multiple sources involved in working within foster care. The voice of a caregiver and her agency support, a behavior detective, and an agency shifting practice are all represented in the following articles. They highlight the power of coming together to understand and meet the needs of the children served in our foster care system. We hope by doing so, and walking alongside our foster parents, we will together be able to support both the children being served and the caregivers serving them.

We greatly appreciate the folks on our team and our TFTC agency partners for sharing their stories with us. I believe we will all benefit from their experience, perspective, and expertise. Thank You!





Eastern Band of Cherokee

Indians

Certification

Cherokee County DSS

Omni Visions

Access Family Services

Alexander Youth Network

Turning Point Family Services

Families First Support Services

Recertification



Being a Behavior Detective Allen Murray

When we think about trauma-informed care our mind doesn't typically go first to the external behavior of a child. When we focus on a child's trauma our feelings of empathy, support, compassion, and nurturing are all activated. Just as they should be. However, when we are supporting children with a history of trau-

ma or chaos, we must recognize that these children often have an array of behaviors that prevent them from experiencing school, community, or social success. So part of supporting children who have experienced trauma is helping them learn new and more productive behaviors.

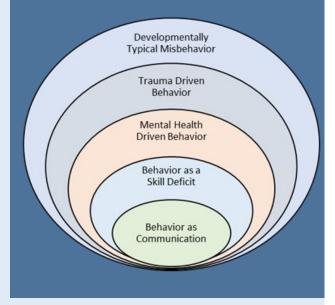
The exact same behavior can be driven by a variety of different factors. When I was a group home director a child, who had never used a dishwasher before, put regular dish soap in the dishwasher. It was an honest (and hilarious) mistake. In a half hour the kitchen floor was covered 8 inches deep in bubbles and foam. She was terrified that she was in big trouble – but in a moment I remain proud of, my immediate response was to simply play in the bubbles with her. Afterward, my behavioral response was to teach her how to use a dishwasher properly. Later another child who absolutely knew better

did the same thing. My reaction to his behavior was a bit different. The behaviors were the exact same – they were driven by two different things (skill deficit vs. developmentally typical misbehavior).

Behaviors have a variety of sources. The most common are:

- Skill deficits (not knowing what the correct thing to do is),
- Performance deficits (not being able to do a mastered skill when under stress)
- Behaviors driven by mental health issues (depression / anxiety based or ADD/ADD based behaviors),
- Internal reactions to past trauma,
- Behaviors that express an *unmet need* (common with children with developmental delays or communication disorders), and
- Developmentally typical childhood misbehaviors (remember, kids test limits to learn "how the world works", some misbehaviors are both normal and healthy).

The exact same behavior can be driven by any of these causes. But just because the behavior is identical does not mean our response should be identical. Our response needs to be based on what drives or causes the behavior, not just the particulars of the behavior.



This is where the idea of being a "Behavior Detective" comes in. In many behavioral models we are taught to look at the *topography* of a behavior – when, where, how frequently, with what intensity, and for how long a behavior occurs. These are important factors in developing a behavior plan, particularly one that seeks to reduce an undesirable behavior through a series of rewards and consequences. But we can often develop highly complex behavior plans that do . . . well, nothing. Because while this type of plan may work for typical misbehavior, if a behavior is a trauma reaction, or a genuine skill deficit, or is driven by a neurological or psychiatric issue, the behavior may not respond well to traditional reinforcement theory. Instead, we need to get at what is driving the behavior and deal with the source rather than the behavior itself. In formal language this is called a Functional Behavior Assessment – really it is being a *Behavior Detective*.

When we are parenting children we know well, quite often our immediate and instinctual reaction to a behavior will be the correct one. But that is often because while it feels immediate and instinctual it actually is based on a lot of shared history, on our mental storehouse of that child's experiences, and on the relationship we have with that child. But when we are faced with the same behavior from a child in foster care, who we have only known briefly and who has a complex history we may not fully know, we need to be less trustful or our own instincts and instead use our detective skills.

The model a few paragraphs above shows the various types of things that can drive behavior. It is also a model of the kinds of things we need to take into consideration. These things we usually know a lot about with some kids, less with others, and not at all with still others when dealing with kids in foster care. The reality is that we often don't have all the history that would be helpful (and by "we" I mean everybody, state and county child welfare workers, agency staff, and foster parents). And sometimes it isn't just the child we don't have information about, some of the areas we need to know are not always within our own level of expertise. We are not all experts in childhood neuro-psychiatric disorders such as anxiety, depression, impulse control disorders, etc. We have varying levels of expertise in how developmental and communication disorders feed into behavior. And even if we know we are dealing with a child with a significant trauma background, we may not know what that child's triggers are or how their trauma relates to behaviors (or what we may see as a "misbehavior" may to the child be a protective strategy).

Being a behavior detective often means slowing down. While there are behaviors that must be dealt with immediately (generally safety issues), often the immediacy is more in our mind than reality.

We need to take the time to:

- 1. Assess the child's developmental strengths, deficits, and needs,
- 2. Have conversations with experts about the impact of mental health issues, and
- 3. Learn about how the child's trauma has interwoven with behaviors in the past. This will help us take differing approaches to the exact same behavior based on what we think is driving that behavior. In other words, sometimes we play with the bubbles and then help the kid clean up and other times we make the kid clean up the mess on their own and perhaps restrict a privilege or two. Not all dishwasher disasters are the same.



Developing Your Trauma Lens for Staff and Foster Parents

By: Access Family Services Foster Care Leadership

Access Family Services (AFS) is privileged to have committed and hardworking Foster Care Staff across the state of North Carolina. With the hustle and bustle of staff's everyday responsibilities - submitting paperwork, providing support to our youth and foster parents, and putting out fires to help decrease placement disruptions - it is easy for staff and foster parents to respond in the heat of the moment to challenging behaviors displayed by youth in the therapeutic foster home setting.

Our leadership recognizes that our foster care staff need a "trauma lens" and has developed additional training and procedural guidance to assist our staff (and foster parents) in executing the principles and strategies of Together Facing the Challenge (TFTC) with increased fidelity.

The "Developing Your Trauma Lens" training and workflow was created using several helpful resources including: TIPS-MAPP, Together Facing the Challenge (TFTC), Resource Parent Curriculum (RPC), and The National Child Traumatic Stress Network (NCTSN).

This training starts with an overview of Erikson's Stages of Development and then staff are given opportunities to discuss each developmental stage and what may happen if trauma is experienced at that stage of development in a child's life. It is important to identify what normal brain development looks like in order to understand how our children in foster care, who have likely experienced trauma and loss, see themselves, their caregivers and the world at large. We discuss the "invisible suitcase" which all of us have and highlight the impact it has on every TFC placement and the child's ability to feel safe, capable and loveable. We review common trauma triggers and trauma reactions that may show up during a TFC placement as undesirable behaviors and the participants learn to consider "behavior as communication" which can assist in helping caregivers choose the most effective way to respond.

We review how it is important to be knowledgeable of a child's life experiences - losses and traumas, also known as Adverse Childhood Experiences. Staff and foster parents are better equipped to identify potential triggers and how to empathize with the fear underlying the challenging behavioral responses. It is important to remember that a child's reactions and behaviors may have developed or even been taught, and that actually these behaviors helped the child survive unsafe environments and situations.

After staff complete the "Developing your Trauma Lens" training, they follow the steps below for each child currently on their caseload:

Complete a record review and the "Trauma and Loss Inventory" (TLI) from the Resource Parent Curriculum (RPC).

Review the TLI with the child's custodian to ensure it is accurate and complete.

Present their caseload during Team Staffing by reviewing the TLI and the number of placements the child had experienced before coming to AFS. During the team staffing, staff will 1) brainstorm with their team and complete the "My Child Worksheet" Module 3 from Understanding Trauma's Effects (RPC), and 2) use this information to facilitate impactful conversations that explore "what the child believes about themselves," "what the child believes about caregivers," and "what the child believes about the world."

Staff "Re-Introduce the Client" to the Foster Parent using the notes from the "Understanding Trauma's Effects" worksheet and the TLI. Staff share the details from the child's TLI and brainstorm with the Foster Parent ways to repack the child's invisible suitcase so the child can feel safe, capable and loved.

AFS is committed to ongoing staff development and expertise in trauma-informed care. For example, we have added the Trauma and Loss Inventory (TLI) from the Resource Parent Curriculum (RPC) to our Intake/Admission packet.

We believe that our staff will be able to assist <u>each</u> foster parent in "developing and using his/her trauma lens" by using the TFTC Parent Coaching Form in weekly supervision.

We are excited about implementing the approaches discussed in this article. We are hopeful that it will lead to more successful outcomes for our staff, foster parents and children in our TFC program. We anticipate an improved TFC experience for our foster parents and the children in their care. We also expect the "frustration tolerance" for our foster parents will improve, thus resulting in fewer disruptions. Our certain hope is that our foster parents will stop seeing a child's challenging behaviors as intentional, will see behaviors as communication, and will see behaviors as survival skills used to stay alive in the context of traumatic experiences.

We believe that teaching our staff and foster parents to see the TFC child through a "trauma lens" opens the door for empathy, nurturing and understanding. It allows foster parents to separate the child from the child's behaviors and focus on teaching and modeling healthy coping and communication skills. It also can lead to a stable home environment that helps the child feel safe, capable and loveable.

CONNECTION

Michelle Wingate & Shaneka Bynum

From the Foster Parent's Point of View:

Below is a reflection from the point of view of a foster parent and her coach. They describe their thoughts and emotions regarding a youth's behavior, and how they worked together to help the youth by focusing on connection before correction.

Michelle: A few years back, we were fostering an 11-year-old girl, Amerie. We had been chatting on our 5-minute drive to school about what she was looking forward to as we approached summer break. We were laughing and joking and planning our summer like any mom and kid might do on the last day of school. As soon as I put the van in park, waiting for the doors of the school to open, her whole demeanor changed. She slumped down in her seat, the bright smile washed off her face, and she became very angry and agitated.

I prompted her, trying to figure out what had happened, seemingly out of nowhere, and she lost it. She started trying to yank the door off the frame, screaming to let her out of the car, threatening to run away, and beating on the window. Nothing was getting through to her and I started to feel really stressed. As soon as the doors opened, she bolted. I put my car in drive and felt the frustration and anger wash over me as I drove home.

I got home and had about 20 minutes to think about what had happened before my case worker arrived for our weekly check in. When Shaneka arrived, I started to tell her about the ordeal earlier that same morning and how frustrated I was. I remember telling her "She has to know that ripping the door off our family car, the only car we have that seats everyone, is not ok! I think I'm going to take away her tablet this weekend. I'm just so angry!"

That's when Shaneka challenged my thoughts on where the behavior was rooted. It took a lot of convincing to help me understand that her upset was rooted in the anxieties of the unknown: school ending, summer break in foster care, a court case that was uncertain still, etc. Parking the car initiated some thoughts and feelings for her that led her to want to run, because she was scared.

How do you reconcile the reality that her behavior was rooted in trauma and anxiety, but still shape the expectations that ripping the door off the family car isn't acceptable? That's where relationship-focused coaching really came into play. Shaneka guided my thoughts to a consequence that focused on relationship and caring for what she tried to destroy. In lieu of my anger-based privilege removal, we agreed to a team effort restitution/work chore.

After school, Amerie and I worked together to clean the car. She needed to show some level of respect towards the car and understand the value it has in our family, but we needed to connect and chat about those anxieties and upsets that she might not even realize she was feeling. The activity was bonding, helped heal my own anger, and helped Amerie gain control of her upset and anxieties.

Having the safe space to talk about hard things with my case manager allowed me to connect before correcting Amerie. We can't stress enough how important relationships are in foster care. Having a quality relationship between an agency coach and foster parent is instrumental to helping reframe situations, highlighting the roots of behaviors in the child's invisible suitcase, and changing the focus of the correction towards connection.

Before Correction

From the Coach's Point of View

Shaneka: I remember when I arrived at Michelle's home it was obvious that she was upset. She immediately wanted to remove Amerie's privileges. I listened to Michelle, but also understood why Amerie acted out the way she did, as she had a lot of anxiety about returning to her biological mother. We had learned that during visits, her biological mom would tell her that she was coming home. Even though the goal was reunification, her mother wasn't accepting of shared parenting with Michelle and her husband, so there were often behaviors after visits due to biological mom overcommunicating her intentions. On this day I felt that Amerie was dealing with whether such a major life transition (the ending of the school year) would trigger another major life transition (a move back to her biological mother's home), before she was emotionally ready. The questions of whether Amerie had been given accurate information about her near-future plans had to be explored.

After listening to Michelle express her frustrations with the situation, I was able to see Amerie's perspective. While making plans with her foster mom, she realized that she was not going home during the time in which her mother told her she would. She was filled with disappointment, and frustration, and due to her developmental age she couldn't understand that her mother had not done any of the things outlined for her to return to her care.

Once Michelle was able to digest Amerie's perspective, I suggested that instead of taking away her prized tablet, that she instead clean out the van with Michelle's help. It was outside of her normal responsibilities, and during this time Amerie and Michelle could just be in that space together. The process of cleaning the van paralleled to Amerie and Michelle having a clean slate with each other.

