WORKING WITH CHILDREN AND FAMILIES IN THE FOSTER CARE SYSTEM

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LEARNING OBJECTIVES

- Learn how to describe the emotional realities and systemic stressors experienced by foster parents and families.
- How to apply trauma-informed approaches to foster kids and families
- How to address animosity between families while maintaining ethical child-centered focus
- How to help foster parents prepare for reunification, placement disruption, or removal transitions
- How to help foster parents shift from punitive discipline approaches to relational and regulation-based interventions
- How to recognize secondary trauma. Fatigue, and burnout

SECTION 1:
UNDERSTANDING THE FOSTER CARE SYSTEM AND CLINICAL CONTEXT

THE EMOTIONAL REALITIES OF FOSTER PARENTING PT. I

- **Beyond Typical Parenting Duties**
  - Trauma caregivers
  - Behavioral Managers
  - Advocates
  - Transportation Coordinators
  - School Liaisons
  - Medical Coordinators
  - Court Participants
  - Visitation Facilitators
  - Crisis Responders

THE EMOTIONAL REALITIES OF FOSTER PARENTING PT. 2

- **Many Foster Parents Experience…**
  - Chronic Uncertainty
  - Fear of Allegations or Scrutiny
  - Attachment Disruption
  - Confusion Regarding Expectations from Professionals
  - Isolation from Support Systems
  - Emotional Exhaustion
  - Compassion Fatigue
  - High Emotional Investment with Limited Control

DIFFERENT TYPES OF FOSTER CARE

SECTION 2:
UNDERSTANDING FOSTER CHILDREN THROUGH TRAUMA AND ATTACHMENT

UNDERSTANDING FOSTER CARE **TRAUMA**

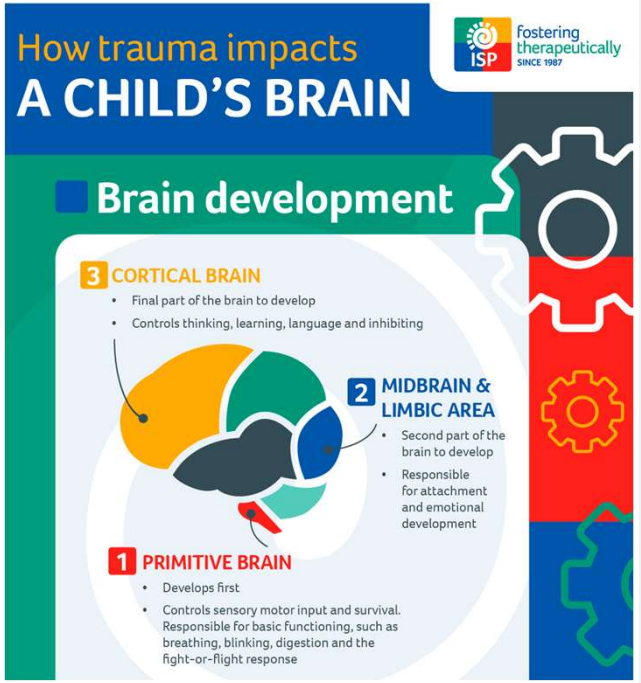
- **Chronic Adversity**
  - Physical Abuse
  - Emotional Abuse
  - Sexual Abuse
  - Neglect
  - Domestic Violence
  - Substance Exposure
  - Parental Mental Illness
  - Community Violence
  - Food Insecurity
  - Chronic Instability
  - Attachment Disruptions

ALWAYS read the client's Individualized Service Plan (ISP)!

ATTACHMENT: WHAT IT IS AND WHY IT IS CRITICAL TO DEVELOPMENT

Attachment: *the emotional bond that develops between a child and their primary caregivers. It is not simply about love; it is about a child's sense of safety, protection, comfort, and trust*

- Builds the Brain's Stress-Response System
- Supports the Development of the Prefrontal Cortex
- Influences Neural Integration
  - Attachment Types: Secure Attachment, *Anxious Attachment, Avoidant Attachment, and Disorganized Attachment*
- Affects Language and Cognitive Development
- Creates Inner Working Models



https://ispfostering.org.uk/childhood-trauma-brain-development/

COMMON **PROTECTIVE BEHAVIORS** SEEN AS DEFIANCE

Avoiding Eye Contact	Protection from Shame, Fear, or Confrontation
Lying	Avoidance of Punishment or Relational Danger
Hoarding Food	Survival Adaptation from Neglect or Scarcity
Controlling Routines	Attempt to Create Predictability and Safety
Refusing Affection	Fear of Attachment or Rejection
Excessive Clinginess	Attachment Insecurity
Hyper-Independence	Learned Belief Adults are Unreliable
Aggression	Self-Protection or Hypervigilance
Emotional Numbness	Trauma-based Dissociation or Shutdown
Rejecting Caregivers	Fear of Vulnerability or Abandonment
Destroying Belongings	Testing Permanence and Caregiver Commitment

CLINICAL IMPLICATIONS

SECTION 3:
APPROACHING FOSTER FAMILIES AS A CLINICIAN

KEY COMMUNICATION MISTAKES PROFESSIONALS MAKE

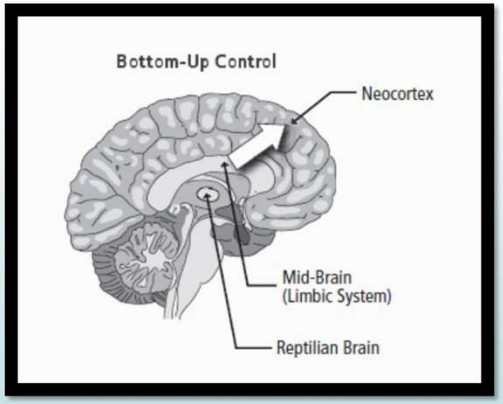
- Treating foster parents as "babysitters" rather than caregivers
- Providing Insufficient Information
- Using Judgmental or Corrective Language
- Failing to Validate Caregiver stress
- Over-Pathologizing Foster Parents

HOW TO HELP SHIFT TRADITIONAL PARENTING TO TRAUMA-INFORMED PARENTING FOR FOSTER PARENTS

- Seek Connection Before Correction
- Avoid Punitive or Shame-Based Discipline
- Attachment wounds change how children respond to adults
- Developmental emotional delays
- Suggest individual or family counseling as needed

Bottom-Up Control

- The limbic system is in control- 15 second life
- It is not about morals, personality, or choice
- It is about instinct, emotionality, and survival
- Traditional discipline will not work, there is no understanding of cause and effect
- No understanding of "right" and "wrong"
- What is felt- impulse, desire, or need in the moment is what is important regardless of consequences.
- Example in your own life: super stressed eat chocolate no regard for consequences just want to satisfy need.



Sellers. (2023). *ACEs: The impact of trauma* [Conference presentation slides, VitAL Alabama Conference]. VitAL Alabama

ADJUSTMENTS IN THERAPEUTIC SETTINGS FOR FOSTER FAMILIES

- Co-Therapy/Family Session every 2 to 3 weeks
- Meet 10-15 minutes at the end of each session
- Once every 1-1.5 months have solo parenting check-in/discuss observations in therapy
- Have updated resources for psychiatry, psychology, support groups,

(Lozier, 2021; Kerr & Cossar, 2014)

"I.D.E.A.L." RESPONSE: TRUST BASED RELATIONAL INTERVENTION (TBRI)

IMMEDIATE	• Respond to the behavior within 3 seconds of it happening • Be Mindful: What could be their need? What are my feelings? What is my tone?
DIRECT	• Get down at eye-level, make eye contact, use healthy touch if appropriate
EFFICIENT	• Choose the Leveled Response: *Playful Engagement, Structured Engagement, Calming Engagement, Protective Engagement (lowest level possible)*
ACTION-BASED	• Incorporate Re-Do's
LEVED AT BEHAVIOR	• Focus on behavior, not the child • Empower Child to make their own solutions

(Purvis, 2024)

CLINICAL IMPLICATIONS

SECTION 3: COMPASSION FATIGUE, BURNOUT, AND SELF-CARE

COMPASSION FATIGUE VS. BURNOUT

Caregiver Burnout: *state of emotional, physical, and mental exhaustion caused by the prolonged stress of caregiving. Often develops gradually as demands increase over time.*

Frustration, irritability, or anxiety

Depression or hopelessness

Difficulty sleeping or fatigue

Physical symptoms such as a headaches, muscle pain, or digestive issues

Compassion fatigue: *secondary traumatic stress experienced by caregivers who are exposed to the trauma or suffering of others. Unlike caregiver burnout, compassion fatigue is usually after a traumatic event.*

Emotional exhaustion and numbness

Difficulty maintaining empathy

Loss of motivation or sense of purpose

Physical symptoms: headaches or gastro issues

Feelings of self-blame for not doing enough

https://proqol.org/proqol-measure

HOW TO HELP INTERVENE OR PREVENT COMPASSION FATIGUE AND BURNOUT

1. Make an extensive list of hobbies that energize you *physically, spiritually*, and *creatively*.

2. Edit the list down to 3-7 items

3. Make your "*Acronym of Self-Care*"

4. Reevaluate Plan as needed

(Scarlett, 2023)

"MARTYR" ACRONYM: WARNING SIGNS OF COMPASSION FATIGUE AND BURNOUT

(Scarlett, 2020)

MINDLESSNESS

AVOIDING

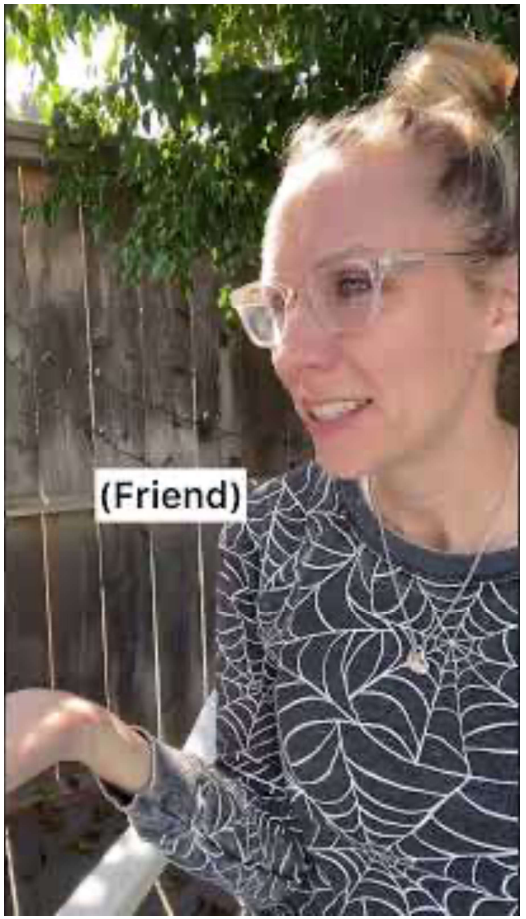
RATIONALIZATION

TIME-WASTING

YIELDING TO OTHERS

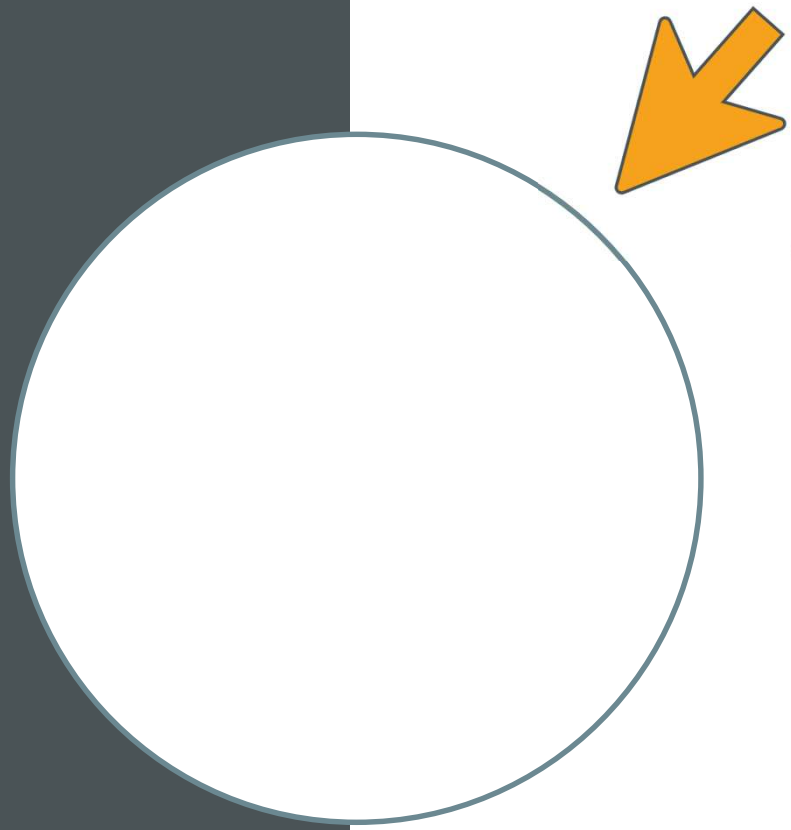
RUMINATION

SPOTTING COMPASSION FATIGUE BURNOUT IN CONVERSATION



BOOK RESOURCES

- **KIDS BOOKS**
  - "Maybe Days" *by Jennifer Wilgoci*
  - "Home For a While" *by Lauren H. Kerstein*
  - "A Terrible Thing Happened" *by Margaret Holmes*
  - "The Invisible String" *by Patrice Karst*
  - "Love You From Right Here" *by Jamie Sandefer*
- **ADULT BOOKS**
  - "Caring for Kids from Hard Places" *by David & Jayne Schooler*
  - "Help! I'm a Foster Parent!" *by Nikki Hertzler*
  - 'Three Little Words" *by Ashley Rhodes-Courter*



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