Identifying and Meeting the Mental Health Needs of Children In Foster Care

Part 2

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Where Kids Thrive

The Missing Ingredient
Supporting the Caregiving System
Who’s here?
Learning Objectives

1. Identify the pattern that often emerges between children in (foster) care and their caregivers that often leads to placement disruption

2. Provide a framework to understand behavior that’s often mislabeled

3. Illustrate ways to reframe behavior for a foster parent/caregiver
Learning Objectives

4. Describe 3 caregiver-centric models that address complex trauma

5. Practice 4-6 specific techniques that support attachment, co-regulation and recovery from complex trauma
“That won’t work”  Familiar?  “He’s just out of control”
Child = problem

Blamed (defensive)

ISOLATED

Scared
Grown ups . . . Try to control
SQUEEZE HARDER

Behavior

Frustration
“Unmanageable” \(\rightarrow\) placement disruption
**Discussion Questions**

1 - What would any reasonable rational human being come to believe about *themselves* (intellectually, emotionally, spiritually, psychologically, physically, socially, and academically) from having these things occur in their life?

2 - What would any reasonable rational human being come to believe about *important relationships* (intellectually, emotionally, spiritually, psychologically, physically and socially) from having these things occur in their life?

3 - What would any reasonable rational human being come to believe about *the world at large* from having these things occur in their life?
What are we missing?
Focused on the wrong issue

BEHAVIOR
TRADITIONAL APPROACH

Do what you’re told!

“Compliant”

Traditional behavior modification approach does NOT work
Behavior is communication
NOT SAFE
UNSAFE = always on edge

There is no one in charge here!

In order to survive, I have to be in control.

Bad things keep happening to me.

The world isn’t safe.

People who love me hurt me.

I can’t trust anybody.

No one is looking out for me.

The only way to get my needs met is to do it myself.
2 SHIFTS
SHIFT

From “BAD” BEHAVIOR to DYSREGULATION
SHIFT

Child/youth focused

System focused (caregiving system)
Algebra?
Trauma is a body thing
Feeling = bigger than ability to cope

Not necessarily DEFIANCE
These are not bad behaviors – just proof of what system is currently in use (action oriented behaviors fight or flight)

- Angry
- Aggressive
- Defensive
- Reactive
- Coercive
- Impulsive
- Hostile
- Irrational
- Self-centered
- Poor focus
- Inattention

- Bossy
- Tantrums
- Name calling
- Hitting
- Fidgety
- Anxious
- Irritable
- Sleep disturbances
- Delays in reaching physical, language or other milestones on time
These are not bad behaviors – just proof of what system is currently in use (passive oriented behaviors fight or flight)

- Freezing, stuck, paralysis of action
- Dissociation
- Emotional numbing
- Distraction
- Self-soothing
- Reactive
- Impulsive
- Emotional and psychological distancing

- Self-centered
- Sad
- Withdrawn
- Whining
- Crying
- Sulking
- Clingy
- Reluctance to explore the world (take risks)
The *connection* part of the brain is locked away when the **protection** part of the brain is in charge.
Dr. Stuart Shanker, K Weins - The Mehrit Centre, 2016
Common Caregiver Reactions

- Feeling ineffective
- Guilt
- Shame
- Anger/frustration
- Hopelessness/Helplessness
- Sadness
- Anxiety/worry
How Brains are Built
How is this child wired?

Connection

Empathy

Joy

Rage / anger

Disconnection (guarded)
3 MODELS
Circle of Security Treatment Assumptions

• Learning (including therapeutic change) occurs from within a secure base relationship

• The quality of the parent/child attachment (which can be changed) plays a significant role in the life trajectory of the child

• Interventions need to be based on differential diagnosis (informed by research-based theory)

• Lasting change comes from parents developing specific relationship capacities rather than learning techniques to manage behaviors

Cooper, Hoffman & Powell (2016); Circleofsecurity.net
SHARK MUSIC

Cooper, Hoffman & Powell – Circle of Security.net
CIRCLE OF SECURITY

Parent attending to the child’s needs

Secure Base

I need you to...

Support My Exploration

- Monitor me (texting!)
- Delight in me
- See cues for help but ask before helping
- Enjoy with me

Safe Haven

I need you to...

Welcome My Coming To You

- Help me protect myself
- Comfort me
- Delight in me
- Organize my feelings

Always: be BIGGER, STRONGER, WISER, and KIND.
Whenever possible: follow my child’s need.
Whenever necessary: take charge.

Cooper, Hoffman & Powell – Circle of Security.net
Repairing Relationships with a Time-In
(This is a guideline. It is, of course, harder than this page makes it sound.)

I'm Upset and My Child is Upset

When necessary, I start with a "Time-Out* (for me, for my child, or for both of us) until:

- I know that I am bigger, stronger, wiser, and kind, and
- I remind myself that no matter how I feel, my child needs me.

* A "Time-Out" can be helpful as a first step, but not as a punishment.

I'm Calm (enough) and My Child is Upset

We can build a safe "repair routine" together (remember: the first 1,000 times are the hardest!).

- I take charge so my child is not too out of control.
- We can change location. Go to a neutral place that is our "Time-in" spot, where we sit together and let feelings begin to change.
- I maintain a calm tone of voice (firm, reassuring, and kind).
- We can do something different (for several minutes): read, or look out the window, or attend to a chore together.
- I help my child bring words to bear/his feelings. ("It looks like this is hard for you." "Are you mad/sad/scared?"")
- I talk about my feelings about what just happened. ("When you did that, I felt..."")
- I stay with my child until s/he is calm enough. (It may take a while for a child to calm down from overwhelming and unorganized feelings. Rule of thumb: Stay in charge and stay sympathetic.)

I'm Calm (enough) and My Child is Calm (enough)

I use the following to support our repair and to make repair easier in the future.

- I help my child use words for the needs and feelings that s/he is struggling with by listening and talking together. (Remember KISS—Keep It Short And Sweet)
- I help my child take responsibility for her/his part and I can take responsibility for my part. (Rule of thumb: No blaming allowed.)
- We talk about new ways of dealing with the problem in the future. (Even for very young children, talking out loud about new options will establish a pattern and a feeling that can be repeated through the years.)

Cooper, Hoffman & Powell (2016); Circleofsecurity.net
Kinniburgh et al. (2012); Adapted from Blaustein and Kinniburgh (2010)
What Exactly is ARC?

3 Primary Domains

• Attachment

• Regulation

• Competency

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Kinniburgh et al. (2012); Adapted from Blaustein and Kinniburgh (2010)
## Parallel Process

<table>
<thead>
<tr>
<th>Child</th>
<th>Parent</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cognitive</strong></td>
<td>I am bad, unlovable, damaged.</td>
<td>I am ineffective.</td>
</tr>
<tr>
<td>People are dangerous. I can’t trust anyone.</td>
<td>This child is causing trouble. He’s making things chaotic for everyone.</td>
<td>This child is so difficult. They need to just do what I ask them to do.</td>
</tr>
<tr>
<td><strong>Emotional</strong></td>
<td>Shame, Anger, Fear, Hopelessness</td>
<td>Frustration, anger, burnout, loss of empathy</td>
</tr>
<tr>
<td><strong>Behavior (Coping Strategy)</strong></td>
<td>Avoidance, aggression, pre-emptive rejection and self-protection.</td>
<td>Over-reacting, Controlling, Shutting down / Disconnecting emotionally.</td>
</tr>
<tr>
<td><strong>The Cycle</strong></td>
<td>“I’m being controlled; I have to fight harder.”</td>
<td>“He keeps fighting me; I better dig my heels in.” “This therapist doesn’t get it – I’m not going to bother.”</td>
</tr>
</tbody>
</table>

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Parallel Process = cycle of treatment

Caregiver: This child is “bad,” impossible
Child: I’m bad, unlovable
Professional: This caregiver/family is impossible
ARC Framework

Competency
- Executive Functions
- Self-Development & Identity

Regulation
- Identification
- Modulation
- Relational Engagement

Attachment
- Caregiver Affect Management
- Attunement
- Effective Response

Graphic by Jeremy Karpen; Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005
Energy
What is comfortable and effective?

- Normalize and teach the concept of “energy”
- Link energy with feelings
- Build an understanding of degree of emotion or energy
- Teach ways to turn UP or turn DOWN energy (build a toolbox)

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Energy

What is comfortable and effective?

Young Child Visual Energy Tracker

Low Energy

Medium Energy

High Energy

Comfortable

Uncomfortable

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Energy check-in

Tell me how you’re feeling right now.

Is your energy high? Low? Somewhere in the middle?

In order to feel most comfortable, would you like to bring it up? Bring it down? Or leave it where it is?
What is Self-Regulation?

Being able to act appropriately when tempted to do otherwise
Modulation
MODULATION

- Ability to know what you are feeling.

- Ability to identify and connect to subtle changes in state.
  - Ability to tune into what we are feeling.
  - Ability to tolerate what we are feeling.
  - Ability to sustain connection to what we are feeling, without shutting down or acting out.

- Ability to identify what it feels like in the body to experience subtle changes in state.

- Ability to use skills to manage stress and emotions.

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Example Modulation Activities

• Breathing Activities
• Movement Activities
• Grounding Activities
• Muscle Relaxation
• Deep Pressure Activities
• Music
Trauma is a body thing
Experiment
(techniques)
How do you feel?
Feeling Safe (Calm)

Isn’t necessarily accomplished through rational or verbal channels . . .

It’s more sensory (especially for children)
Stretch break
Children from Hard Places
TBRI
Trust Based Relational Intervention
If we can communicate to our children:

**IT'S YOU AND ME AGAINST YOUR HISTORY**

we have a strong place to begin.

- Dr. Karyn Purvis -
THEMES
across 3 models
When the parent is the **activator** of the threat/stress response system rather than the regulator, dissociation and emotional distancing are primary sources to reduce threat and stress.
Relationships are scary

Trauma Causes “Disorganized Attachment:” is it safe to be attached?

Safety

“Safety
When early attachments are safe, we are comfortable in relationships

“‘It’s safe to be close, and it’s safe to be by myself’

Danger

“I want to be close—I don’t want to be alone”

Impulses to fight or flee from the closeness

“‘It isn’t safe to be connected, to depend. Watch out! Don’t trust.’

Impulses to attach, to be close, to trust

What happens when a parent figure creates safety vs. danger?

When early attachments are dangerous, it creates an internal struggle between the yearning to attach and the drive to be safe. Do I run toward? or do I run away??

Copyright 2007 Janina Fisher, Ph.D.

Dr. Janina Fisher, 2007
ATTUNEMENT:

What need isn’t being met right now?

What BIG feeling is this child trying to manage?

Curious stance

How can I respond in an empathic, supportive way?

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Regulation is mirrored (non verbal)
Children have no capacity to be more regulated than the environment in which they live and function.
Shift

NOT “behavioral problem”

**Survival**
- Stress = Reactive = Diminished Functioning = NO CHOICE

**Rational**
- Intentional = Comfortable = Optimal Functioning = CHOICE

Nervous system problem
Nothing bad is about to happen

SAFE
RELAX
LEARN
Regulation/stability before “talk treatment”

- Creating safety for themselves & others
- Grounding and centering techniques
- Coping strategies for dealing with impulses
- Learning how to anticipate stressful or triggering events
- Learning how to “switch gears”
- Learning how to calm the body and mind
- Distinguishing past and present reality and how to stay "in the present"
Intentional regulation/stability is necessary for treatment to be successful

- Children living in traumagenic environments tend to have powerful emotions, both expressed and un-expressed. The expressed ones are often fear, sadness, anger and rage. It has to be ok for them to express those without dysregulating the therapy setting.

- If the family tends to become increasingly dysregulated during treatment, change directions and/or activities.

- Model appropriate social behavior.

- Minimize long separations from child, time out may not be an effective strategy in traumagenic families.

- Practice patience.
Caregiver Affect Management

The Main Idea: Support the child’s caregiving system – whether parents or professionals – in understanding, managing, and coping with their own emotional responses, so that they are better able to support the children in their care.

Kinniburgh et.al (2012); Adapted from Blaustein and Kinniburgh (2010)
Be the “External Modulator”

• When dysregulated, caregivers and/or kids struggle to independently implement their self-regulation skills.

• External support for the skill is absolutely needed and must be provided for and ultimately by the attachment system.

• Trauma impacted adults and children struggle to do this alone and should not be asked to “go do a skill”. Instead, “let’s do it together”.

#LEADINGCHANGE

Kinniburgh et al. (2012); Adapted from Blaustein and Kinniburgh (2010)
Comfort Zone
• Caregivers and family members are the **most important people in the child’s life**. They have the most intimate understanding of the child, and the child spends more time with them than anyone else. **The caregiving system is the system that is needed most to stabilize a child.**

• Research has shown time and time again that the support of family, peers, and community are essential elements in children’s recovery.
Therapy that includes parents is an effective, essential part of treatment for children's disorders.

(according to research published in the September issue of the Journal of the American Academy of Child and Adolescent Psychiatry -Vol. 44, No. 9, pages 872-887).
Connect . . . Before Correct
Connect... Before Correct
4 Healing messages

1 - I’m here
2 - I hear you (see you)
3 - I understand (want to)
4 - I care
Dr. Stuart Shanker, K Weins - The Mehrit Centre, 2016
Reframe the Behaviour

"Kids do well if they can."
~ Ross Greene

WON'T → CAN'T → YET

- Judgmental
- Defiant
- Lazy
- Wants attention
- Shouts
- Rude

Adult’s Mindset
- Willful
- Curious
- Too many stressors
- Skills deficits

View of Child
- He’s lazy
- She just wants attention
- Rude!
- Rewards & punishments

Thoughts
- He’s lazy
- She just wants attention
- Rude!

Response
- Too many stressors
- Skills deficits

Find & remove barriers

Child’s Experience
- Frustration
- Guilt/shame
- Supported
- Strengthened

See a child differently, you see a different child.
~ Dr. Stuart Shanker
When kids exhibit challenging behavior we can be "stress detectives"... finding and removing barriers.

- Find stressors → Reduce them
- Find unmet needs → Meet them
- Find skills deficits → Teach them

Dr. Stuart Shanker, K Weins - The Mehrit Centre, 2016

#LEADINGCHANGE
Techniques

• Energy “check in”
• Balloon games
• Breathing games (smell the cookies, blow on cookies)
• Hand/fingers game
• Music (can regulate up or down)
• Feathers
• Body mirror
• Relationship Repair Tool (provided in handouts)
Recognize that “bad” behavior is often an adaptation to trauma and may be related to altered physiology.
“Equating discipline with punishment is an unfortunate, but common misconception. The root word in discipline is actually *disciple* which in the verb form means to guide, lead, teach, model, and encourage.

In the noun form disciple means one who embraces the teaching of, follows the example of, and models their life after.”

— L.R. Knost
You can’t teach children to behave better by making them feel worse. When children feel better, they behave better.

– Pam Leo
Thank you for your openness, your energy and your participation!

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