IMPROVING THERAPY OUTCOMES FOR CHILDREN IN FOSTER CARE: ENGAGING CAREGIVERS IN TRAUMA TREATMENT THROUGH INTERDISCIPLINARY COLLABORATION

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Rationale (Population)

- In 2014 there were 431,050 children in foster care (U.S. Department of Health and Human Services, Children’s Bureau, 2015).
- Majority of children in foster care experience complex trauma and need trauma treatment (Greeson et al., 2011).
- Complex trauma is associated with adverse mental health outcomes for children, namely post-traumatic stress symptoms (Greeson et al.).

Rationale (Treatment Focus)

- Stein et al. (2001) reported that 90% of children in foster care have been exposed to trauma.
Rationale (Caregiver Involvement in Treatment)

- When parental involvement has been incorporated into trauma treatment for children, findings suggest:
  - Increased satisfaction with treatment
  - Lower PTSD symptoms (Cobham, 2012; Yasinski et al., 2016)
- Children in foster care face a substantial challenge in experiencing the same treatment outcomes as children who have parental support and involvement in their trauma therapy (Knoverek, Briggs, Underwood, & Hartman, 2013).
- Children in foster care face instability in their foster placements, especially within their first 6 months in care and exponentially when they are exhibiting behavioral problems (Wulczyn, Kogan, & Harden, 2003).

Rationale (Use of TF-CBT for this Population)

- There are also adaptations of the model for recurring/continuous trauma, as well as complex trauma which is a common experience for children in foster care.
- This will be the evidence-based model surrounding the treatment interventions discussed in this presentation.

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<th>Table 1: TF-CBT Treatment Components and Descriptions</th>
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Caregiver Involvement in TFCBT

- Non-offending caregiver involvement in TFCBT is seen as essential component. One of the goals of the intervention is to improve and strengthen the relationship (Cohen et al., 2006).
- Parental involvement has shown potential in improving outcomes for young children and adolescents remaining TF-CBT (Cohen & Mannarino, 1996; Cohen & Mannarino, 1998; Cohen et al., 2000; King et al., 2000).
- Weiner, Schneider, and Lyons (2009) study - Foster parent involvement in TF-CBT led to increases in treatment and fewer reports of trauma symptoms in the child.

Treatment Challenges

- Children may present with various familial involvement scenarios in foster care (Knoverek, et al.).
- Treatment engagement is a significant challenge in mental health in general (Harrison, McKay, & Bannon, 2004; McKay, Harrison, Gonzalez, Kim, & Quintana, 2002).
- Caregivers of foster children sometimes experience difficulties navigating multiple agency involvement and numerous treatment providers (McKay & Bannon, 2004).
- Children in foster care often exhibit internalizing behaviors related to their trauma histories that may lead to placement instability (Dorsey et al., 2008; James, Landsverk, & Slyman, 2004).

Other Barriers to Treatment

- Concrete: transportation, finances, lack of insurance, scheduling conflicts, work constraints, etc.
- Contextual: family distress, cultural perceptions of mental health treatment, etc.
- Agency (Barriers): waiting lists, criteria for admission to services, acceptance of certain insurance, etc.
- Poor therapeutic alliance
- Barriers to treatment: lack of cooperation for therapy
- Beliefs about the causes of child's mental health problems - stress of denial about environmental causes (Feeney & Wenz, 2010).
- Families receive are more likely to come to services initially, but more likely to drop out of services more quickly (Thompson et al., 2007).
Who to Engage?

- Treatment providers should address which caregiver, or more than one, is most appropriate to engage in the child’s treatment process (Weiner et al.).
- Clinicians should use their clinical judgement to decide what is going to benefit the child and reduce harm they could experience due to lack of support (Cohen et al., 2012).
- The child must be involved in deciding who they feel they can trust to support them during the treatment and/or trauma narrative conjoint sessions (Cohen et al., 2012).
- Children have been known to share trauma narratives with mentors, teachers, siblings, and other supports when a caregiver is not an appropriate alternative. Children can also share the trauma narrative with more than one caregiver when appropriate.

Things to Know About Foster Parent Rights

- According to the SC Foster Parent Association and the SC Department of Social Services (2011):
  - The right to information at the time of placement and on an ongoing basis concerning behavioral problems, health problems, and other issues related to the care of the child which are known by the Dept.
  - The right to information about previous moves from foster home and the reasons, as well as contact information of previous foster parents for communication.
  - The right to communicate with professionals working with the child – ex. Therapists, teachers, etc.
  - The right to communicate with the child’s birth family and potential adoptive parents with SCSS approval when all parties agree.
  - The right to information on an ongoing basis about the case plan and reasons for any changes.
  - The right to notice of hearings and reviews and opportunity to be heard.

Voice of the Child

- People dealing with foster children should listen better to the children, as the children usually have the experience that enables them to participate and take some responsibility for their own case. – Foster child, 19 years (Schwartz, 2006).
- “You have to keep moving and moving and moving until someone finally keeps you. That kind of sucks.” – Brian, 11 yrs. foster child (Warming, 2005).
- “Also, developing family therapy approaches that incorporate sensitivity to the foster child through the child-led story telling is another way to address the many systemic issues of biological and foster families.” (Warming, 2005).
- The team comprises youth leaders and their adult mentors from nine regional foster care youth leadership teams across New York state. The mission of YIP is “to enhance and advance the lives of today’s and tomorrow’s foster care youth by giving them a sense of self and responsibility” (Youth in Progress, ed.). (Strolin-Goltzman et al., 2010).
Importance of Interdisciplinary Collaboration

- Elicit feedback from the child about who they see as important for you to collaborate with - Who do they want involved? Understand their rationale
- Consider what you believe to be in the best interest of the child based on the information you have regarding who you would collaborate with
- Engage the child in the process of identifying the appropriate caregivers to be involved in the treatment (Dorsey, Kerns, Trupin, Conover, & Berliner, 2011)
- Promote collaboration with various stakeholders to gather all necessary information and share important supports: Foster Parents, Biological Parents, Court System (judicial officer), Law Enforcement, DHS, Other mental health providers, School Personnel, MED at CAC
- Keep in mind the best interests of the child throughout the process
- Any provider can call a staffing

Things to Keep in Mind While Coordinating Care

- Foster Care Review Board meets every 6 months
- You can be involved with family group conferencing
- Foster Parent Associations support foster parent
- Make sure you are aware of the permanency plan and any changes
- Emphasize working in what is best for the child
- Maintaining engagement with all stakeholders throughout the process - meeting each where they are at - engage all, involve all, empower all for the best interest of the child
- Careful with Advocacy
How Do We Measure Engagement?

- Engagement used to be related to attendance at a certain number of sessions, but recent literature supports the idea that number of sessions may not be a predictor of engagement because the number of sessions needed can be based on reasons for treatment, therapeutic approaches, and agency/insurance regulations.
- For this presentation, we will measure engagement as client progress and attainment of self-driven goals/outcomes.
- This would be measured by client's active participation in working toward the outcomes they hoped to achieve through carrying out objectives/interventions created during the treatment process.
- Termination would be decided between client and therapist when all desired outcomes have been achieved.
- When this takes place, we know engagement has been successful throughout treatment.

When should engagement take place?

- Engagement should occur throughout the process of treatment.
- During initial calls/intakes prior to starting treatment.
- Throughout assessment and rapport.
- While implementing interventions.
- During the process of termination.
- When evaluating client outcomes and services provided.

Initial Engagement Interventions

- Initial telephone call strategies when scheduling intake (McKay and Bannon, 2004)
  - Address concerns/kinders. There are physical needs they have at that time they may need assistance for better coming to their session (transportation, meal planning, support with paying utilities, food, showers, etc.).
  - Address previous mental health services received or participated in.
  - Discuss concerns about the DSS case and find out ways you can be helpful in making sure their concerns are addressed or questions are being answered.
  - Discuss previous negative experiences with service providers and what they hope to be different about working with a new provider.
  - Find out apprehensions they may have about engaging in mental health services participate education.
  - Discuss their expectations provide appropriate education about how therapy works, how can be when they expected and the reasons for this.
  - Address scheduling concerns; do they have other service providers to go to? Find out ways they can be accommodated to make appointments convenient.
  - Schedule face-to-face intake/triage session to address above concerns in a more personal manner (McKay & Bannon, 2004).
Initial Engagement Interventions

- Psychoeducation for caregiver:
  - Trauma symptoms and what they look like in behavior of the children
  - The ways treatment can improve these responses
  - What to expect during the treatment process
  - How things can get worse before they get better
  - The need for caregivers to have therapeutic support to gain self-efficacy in managing these responses
  - (Kemp, Marcenko, Hoagwood, & Vesniski, 2009)

Ongoing Engagement Interventions

- Find support for the caregiver/s and client:
  - People who can mentor them (who have been through similar experience)
  - Individuals going through the same experience currently (i.e. support groups)
  - Family
  - School personnel
  - Spiritual
  - Friends
  - Community
  - Mental health providers
  - Advocacy groups
  - Resources referrals

- Use a strengths-based approach:
  - Know the resources your client brings to the table
  - Acknowledge their resilience in the past and presently
  - Treating clients with value and respect
  - Client empowerment
    - Client driven goals
    - Eliciting feedback
    - Recognition of client progress toward goal
    - Acknowledge their resilience in the past and presently
  - Client-driven goals
    - Celebrate treatment gains and their work in the process
    - Address the concerns the client wants to address FIRST (i.e. Child's behavioral problems that disrupt everyday functioning or could cause placement disruption)
Ongoing Engagement Interventions

Therapeutic Alliance:
- Must be built with the child, caregivers, and stakeholders and constantly attended to.
- The nature of the client-counselor relationship is known to be responsible for approximately 30% of these outcomes, while the therapeutic approach used contributes to 15% of these outcomes in treatment (Hubble, Duncan, & Miller, 1999).
- Certain common factors in therapist dispositions (e.g., empathy, concern for the client, credibility, and non-judgmental stance) have been associated with positive client outcomes (Norcross, 2002).
- Be mindful of the need for alliance ruptures and repairs throughout the process of treatment.

Ongoing Engagement Interventions

Child, Caregivers, and Stakeholders
- Begin where they are.
- Assess and tailor interventions based on this assessment.
- Motivational Interviewing strategies have been known to be helpful (McKay & Bannon).

Client Feedback:
- Essential to elicit feedback from clients, caregivers, and stakeholders.
- Research suggests that counselors are not good judges of the client's perceptions about the success of their goals, as well as how the client feels about the therapeutic alliance.
- Research supports the idea that counselors are not good judges of the client's perceptions about the success of their goals, as well as how the client feels about the therapeutic alliance.
- Treatment planning progress monitoring (Lambert, Whipple, Vermeersch, et al., 2002).
- Whipple et al. (2003) determined that a strengthened feedback condition, one in which therapists receive more information regarding the client’s perceptions of the therapeutic relationship, motivation for change, and social support (clinical support tools [CSTs]), further improved outcome. (Harmon et al., 2007).
Client Feedback Tools

- OQ-45
- Outcome Rating Scale
- Session Rating Scale

Evidence-Supported Treatment

- As noted previously, we are considering TF-CBT our EST
- This engagement process could be incorporated with a variety of other EST's
- The interventions used with the child in treatment should be infused into all systems involved with the child (in school, foster home, home visits, day care, extracurricular environments, child welfare workers, etc.)
- If all are aware, bought-in, and engaged, the child would have a team supporting them during their healing process
- Using approaches and strategies that are effective and time-limited can increase retention

Practical Strategies for Engagement

- Make sure support staff are trained in the microskills and can do basic crisis intervention/treatment referrals if you are not going to make the reminder calls yourself, securely store therapists making these calls (to be done in better ways)
- Check in about the client’s basic needs throughout treatment and offer resource referrals whenever needed
- Make your waiting area and counseling offices inviting and comfortable – offer refreshments, have culturally relevant decorations and materials
- Elicit feedback throughout the process of treatment (more on this later)
- Provide home-based services when clinically appropriate
- Put your office where the people who have less resources to get to you (rural)
- Address any barriers when clients have to reschedule due to concrete or contextual challenges they are facing that day/week
The GOAL

- Positive Outcomes for children in foster care who have post-traumatic stress responses
- Increased placement stability and permanency for the child

Implications

- Research
  - Though there is literature to support the engagement of caregivers in TF-CBT, there is minimal literature about the process when a child is in foster care.
  - There is consensus on the benefits of engaging primary caregivers to the treatment of children in foster care when there is a foster parent or biological parent available to the child in group home or juvenile justice settings.
  - Studies show ways to engage caregivers in the treatment process in order to increase retention, as well as placement stability of children in foster care, would be areas to address.

- Training – counselors, social workers, child welfare providers, foster parents, kinship caregivers to engage multidisciplinary collaborations and case management to improve client outcomes
  - Training of caregivers and stakeholders to understand trauma responses in children and how to manage these responses effectively.
  - Clinical Support Tools (CSTs) could be created to give guidance on how to handle various situations that may arise with children in foster care.

- Systems – payment procedures, access to services, organizational change needed to the current frameworks for teams to engage in the collaboration, supportive environments for counselors/caseworkers to reduce burnout and increase their ability to engage families effectively, training of administrative staff in the organization to reduce engagement barriers.

Video Clips

- Removed Part I & II
  - https://www.youtube.com/watch?v=lOeQUwdAjE0
  - https://www.youtube.com/watch?v=I1fGmEa6WnY
References


