



Enhancing Trauma-Informed Parenting Skills Among Florida's Foster Parents

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Introductions



Learning Objectives

- Participants will be able to describe 3 components of evidence-based, trauma-informed parenting curricula
- Participants will be able to identify 2 barriers to delivery of foster parent training workshops
- Participants will be able to list 3 characteristics of successful foster parent training programs



Agenda

- Discuss the complex needs of children in foster care and caregiver curricula
- Overview of the Resource Parent Curriculum and strategies for success
- Outcomes of All Star Children's Foundation foster parent groups



The Impact of Trauma on Families Involved in Child Welfare

Table 1. Effects of Trauma on Children

Trauma may affect children's ...	In the following ways
Bodies	<ul style="list-style-type: none"> • Inability to control physical responses to stress • Chronic illness, even into adulthood (heart disease, obesity)
Brains (thinking)	<ul style="list-style-type: none"> • Difficulty thinking, learning, and concentrating • Impaired memory • Difficulty switching from one thought or activity to another
Emotions (feeling)	<ul style="list-style-type: none"> • Low self-esteem • Feeling unsafe • Inability to regulate emotions • Difficulty forming attachments to caregivers • Trouble with friendships • Trust issues • Depression, anxiety
Behavior	<ul style="list-style-type: none"> • Lack of impulse control • Fighting, aggression, running away • Substance abuse • Suicide

NEARLY 80% OF CHILDREN AGING OUT HAVE A MENTAL HEALTH DIAGNOSIS

Posttraumatic Stress Disorder

About one in four children and youth in foster care will experience a specific set of symptoms known as posttraumatic stress disorder (PTSD).⁴ It includes four types of symptoms:⁵

- Reexperiencing/remembering (flashbacks or nightmares)
- Avoidance (distressing memories and reminders about the event)
- Negative cognitions and mood (feeling alienated, persistent negative beliefs)
- Alterations in arousal (reckless behavior, persistent sleep disturbance)

It is important to realize that if your child does not exhibit all of the symptoms of PTSD, it does not mean that he or she has not been affected by trauma.

⁴ AAP, *Helping Foster and Adoptive Families Cope With Trauma*. Retrieved from <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Guide.pdf>

⁵ American Psychiatric Association, *Posttraumatic Stress Disorder*. (2013). Retrieved from <http://www.dsm5.org/Documents/PTSD%20Fact%20Sheet.pdf>



Evidence-Based Treatments and Best Practices

- Evidence-based refers to treatment programs or other curricula that have undergone scientific investigation and been found effective

Treatment Models:

- Trauma-Focused Cognitive Behavioral Therapy
- Multisystemic Therapy
- Parent-Child Interaction Therapy
- Child Parent Psychotherapy

Parent Education Models:

- Incredible Years
- Triple P
- Circle of Security (promising)
- Resource Parent Curriculum



The Role of Foster Parents

CHILD'S PHYSICAL NEEDS:

MEET THE CHILD'S BASIC NEED FOR FOOD, CLOTHING AND SHELTER.
PROVIDE ADEQUATE PERSONAL SPACE FOR THE CHILD WITH A SEPARATE BED AND PLACE TO STORE THEIR BELONGINGS.
FEED THE CHILD NOURISHING MEALS ON A REGULAR BASIS.
REGULARLY CHECK THE CHILD'S CLOTHING NEEDS AND KEEP THE CHILD WELL CLOTHED YEAR ROUND.
PROVIDE FOR THE CHILD'S PERSONAL CARE, HEALTH AND HYGIENE NEEDS.
SEE THAT THE CHILD IS CLEAN AND WELL-GROOMED. TEACH PERSONAL HYGIENE METHODS WHEN NECESSARY.
TRANSPORT THE CHILD TO ALL MEDICAL, DENTAL AND HEALTH APPOINTMENTS. ASSURE THE CHILD'S MEDICAL AND DENTAL HEALTH NEEDS ARE REGULARLY CHECKED AND MET.
PROVIDE ADEQUATE SUPERVISION ON A 24-HOUR BASIS. (IF YOU ARE NOT PRESENT TO SUPERVISE IT IS YOUR RESPONSIBILITY TO MAKE SURE THE CHILD IS BEING SUPERVISED BY AN APPROVED ADULT.)
ASSURE THAT THE CHILD FOLLOWS A HEALTHY, STRUCTURED DAILY ROUTINE.
PROVIDE OPPORTUNITIES FOR THE CHILD TO GET REGULAR AND SUFFICIENT EXERCISE.
ADMINISTER ALL PRESCRIBED MEDICATIONS AS DIRECTED. IF PROBLEMS OR SYMPTOMS DEVELOP, CONTACT MEDICAL ASSISTANCE AND/OR STAFF IMMEDIATELY. DO NOT MAKE A DECISION TO DISCONTINUE MEDICATION WITHOUT A DOCTOR'S APPROVAL.

CHILD'S EMOTIONAL AND NURTURING NEEDS:

PROVIDE FAIR AND EQUAL TREATMENT FOR ALL CHILDREN IN YOUR HOME.
TRANSPORT THE CHILD TO ALL COUNSELING APPOINTMENTS, ASSESSMENTS, TESTING AND MEDICAL MANAGEMENT APPOINTMENTS.
INCLUDE THE CHILD IN ALL FAMILY ACTIVITIES.
PROVIDE FAIR AND EQUAL TREATMENT FOR ALL CHILDREN IN YOUR HOME.
EXPRESS AFFECTION OFTEN. DEMONSTRATE AFFECTION IN APPROPRIATE, HEALTHY WAYS.
SAY POSITIVE THINGS ABOUT THE CHILD TO OTHERS, OR IN THEIR HEARING.
UNDERSTAND AND CARE ABOUT THE CHILD'S FEELINGS.
AVOID HURTFUL, SARCASTIC COMMENTS. DO NOT CRITICIZE THE CHILD IN FRONT OF OTHERS.
LISTEN NON-JUDGMENTALLY TO CHILD'S FEELINGS.
TAKE PRIDE IN HOW THE CHILD LOOKS AND PRESENTS THEMSELVES TO OTHERS.
SEEK TO ESTABLISH SUPPORTIVE RELATIONSHIP WITH CHILD'S BIOLOGICAL FAMILY.
NEVER SPEAK NEGATIVELY ABOUT CHILD'S FAMILY OR HISTORY. LISTEN AND EMPATHIZE, BUT DO NOT JUDGE.
MODEL EFFECTIVE WAYS OF EXPRESSING POWERFUL FEELINGS.
HELP CHILDREN ADVANCE THROUGH THE GRIEVING AND ADJUSTMENT PROCESS THAT ACCOMPANIES REMOVAL FROM THEIR HOME AND PLACEMENT.
PROVIDE RECREATIONAL AND ENRICHMENT ACTIVITIES THAT WILL PROMOTE THE HEALTH DEVELOPMENT OF A POSITIVE SELF-ESTEEM.
RESPECT CONFIDENTIALITY OF THE CHILD.

CHILD'S EDUCATIONAL NEEDS:

ENROLL THE CHILD IN SCHOOL.
PROVIDE FOR DAILY ATTENDANCE AT SCHOOL.
PROVIDE A QUIET PHYSICAL SPACE FOR THE CHILD TO COMPLETE SCHOOL ASSIGNMENTS.
MONITOR THE CHILD'S EDUCATIONAL PROGRESS.
TRANSPORT THE CHILD TO ANY EDUCATIONAL EVALUATIONS.
COMMUNICATE WITH TEACHERS, GUIDANCE COUNSELORS AND ADMINISTRATORS TO ENSURE YOUR CHILD IS PARTICIPATING AND COOPERATING WITH THE SCHOOL.
ATTEND ANY AFTER SCHOOL MEETINGS REQUIRED.
PROVIDE ACCESS TO AFTER SCHOOL ACTIVITIES, SPORTS, ETC.
PROVIDE FOR NECESSARY EQUIPMENT AND FUNDING TO PARTICIPATE IN CUSTODIAN/TEAM APPROVED ACTIVITIES.

CHILD'S RECREATIONAL NEEDS:

ENCOURAGES THE CHILD'S INVOLVEMENT IN SOCIAL AND RECREATIONAL ACTIVITIES.
PROVIDES TRANSPORTATION, EQUIPMENT AND FUNDING TO ENGAGE IN CUSTODIAN/TEAM APPROVED ACTIVITIES.
ENCOURAGE THE CHILD TO DEVELOP HOBBIES, SKILLS, TALENTS, AND PERSONAL INTERESTS.
APPLAUD THEIR ACHIEVEMENTS.

TEACHING/DISCIPLINE TASKS:

PROVIDE CONSISTENT AND REALISTIC DISCIPLINE AND GUIDANCE THAT IS AGE APPROPRIATE AND DOES NOT INVOLVE CORPORAL PUNISHMENT.
TEACH THE CHILD EFFECTIVE SOCIAL INTERACTION SKILLS.
TEACH THE CHILD HOW TO RESPOND IN DIFFICULT SITUATIONS.
TEACH PROBLEM-SOLVING SKILLS.
OBSERVE, COUNT AND RECORD BEHAVIORS AS REQUESTED BY CLINICIANS.
USE EFFECTIVE PRAISE TECHNIQUES TO ENCOURAGE POSITIVE BEHAVIOR.
TEACH NEGOTIATION SKILLS TO THE CHILD. DEMONSTRATE THESE SKILLS AT ALL TIMES OF CONFLICT BETWEEN YOU AND THE CHILD.
TEACH THE CHILD EFFECTIVE TIME MANAGEMENT AND HOW TO BE RESPONSIBLE FOR THEIR OWN LIVES.
TEACH EFFECTIVE ANGER MANAGEMENT SKILLS. REINFORCE THOSE TAUGHT BY THE AGENCY. DEMONSTRATE THESE SKILLS AT ALL TIMES OF CONFLICT.
DOCUMENT BEHAVIORS EFFECTIVELY.

WORKING WITH THE AGENCY/TEAM:

ATTEND ALL AGENCY/TEAM MEETINGS AND PARTICIPATE FULLY.
PROVIDE ADEQUATE INFORMATION REGARDING THE CHILD'S PROGRESS, BEHAVIORS AT HOME AND SCHOOL TO THE AGENCY/TEAM.
NOTIFY THE AGENCY OR ON-CALL WORKER IMMEDIATELY IN ALL EMERGENCIES.
TRANSPORT CHILD TO ACTIVITIES, MEETINGS, APPOINTMENTS, ETC.
SUBMIT ALL REQUESTED DOCUMENTATION IN A TIMELY MANNER.
DISCUSS IMPORTANT STATUS CHANGES IN YOUR FAMILY WITH THE AGENCY (SUCH AS JOB CHANGE, SEPARATIONS, DIVORCE, ILLNESS, FINANCIAL STABILITY, ETC.).
PARTICIPATE IN PLANNING FOR THE CHILD--PERMANENCY, TREATMENT, OPTIONS, ETC.
IMPLEMENT SUGGESTED BEHAVIOR MANAGEMENT PLANS FROM PROFESSIONAL THERAPISTS, SOCIAL WORKERS, ETC.
COOPERATE AND SUPPORT OTHER AGENCY/TEAM MEMBERS' ROLES AND RESPONSIBILITIES.
COMMUNICATE EFFECTIVELY WITH ALL AGENCY/TEAM MEMBERS SO CHILD DOES NOT SPLIT AUTHORITIES IN HIS/HER LIFE.
ADHERE TO AGENCY/TEAM POLICIES AND PROCEDURES.
EFFECTIVELY USE EMERGENCY PROCEDURES AND ON-CALL PROCEDURES.
RECOGNIZE WHEN YOU NEED HELP OR SUPPORT AND REQUEST THIS SUPPORT FROM THE AGENCY OR TEAM.
NOTIFY THE AGENCY/TEAM OF ANY VACATION OR HOLIDAY PLANS. ALLOW ADEQUATE TIME FOR CUSTODIAL APPROVAL AND PREPARATION.
MEET ALL TRAINING REQUIREMENTS. IDENTIFY TO THE AGENCY/TEAM WHERE YOU FEEL YOU NEED ADDITIONAL TRAINING AND SUPPORT.
ATTEND SUPPORT GROUP MEETINGS.

WORKING WITH THE BIOLOGICAL FAMILY:

PROVIDE A SUPPORTIVE, NON-JUDGMENTAL ATTITUDE OF RESPECT AT ALL TIMES.
WORK WITH THE BIOLOGICAL FAMILY AS AN EXTENSION OF THEIR FAMILY RATHER THAN AN ALTERNATIVE TO THE FAMILY.
MODEL EFFECTIVE DISCIPLINE TECHNIQUES.
MODEL PROFESSIONAL TEAM BEHAVIOR.
MODEL EFFECTIVE NEGOTIATING, CONFLICT MANAGEMENT AND ANGER MANAGEMENT SKILLS.
BE WILLING TO LISTEN TO THEIR STORY, NEEDS.
COOPERATE FULLY WITH PHONE CALLS AND VISITATIONS AS PRESCRIBED BY THE TEAM.
RESPECT CONFIDENTIALITY OF THE FAMILY.
PROVIDE INFORMATION, PICTURES, SCHOOL DATA, REPORT CARDS, MEDICAL RECORDS, ETC. TO THE FAMILY.



What is The Resource Parent Curriculum (RPC)?

- Developed by the National Child Traumatic Stress Network (NCTSN)
- Goals:
 - Understand the impact of trauma on development and behaviors of children in foster care
 - Provide resource parents with the knowledge and skills needed to:
 - Respond appropriately to the behavioral and emotional challenges of traumatized children
 - Help traumatized children develop healthy attachments
 - Help traumatized children recognize and develop their strengths
 - Help traumatized children develop the coping strategies needed to grow into healthy and functional adults
 - Take care of themselves and seek support from others



What Makes RPC Unique?

- 16 training hours
 - 2 hours per week for 8 weeks
- 2 facilitators
 - One is a resource (foster) parent & one is a mental health professional
- Materials build each week
 - My Child Worksheet
 - Apply lessons learned in class to a child in your home
 - Case studies
- Different modes of curriculum delivery



RPC Online Learning Center



NCTSN
LEARNING CENTER

The National Child Traumatic Stress Network

[PFA and SPR](#) [Continuing Education](#) [Military Families](#) [Service Systems](#) [Special Populations](#) [Clinical Training](#) [Help](#)  

SUBSCRIBE TO RPC ONLINE

Enter your email address

[Submit](#)

NETWORK SPEED

Please be patient with our website speed and page loading. We are experiencing issues with speed due to increased network use. For better speed, you can try to use our site during "off" hours such as before 8 AM PT/ 11 AM ET or after 4 PM PT/ 7 PM ET. Thank you for your patience.

CONTACT US

For support issues, contact the NCTSN Help Desk at help@nctsn.org.
For questions, visit our [FAQ page](#).

WHAT'S NEW

Subject: Intercultural Responsiveness - Knitting a racial justice lens throughout the RPC | August 24, 2020 12 p.m. Central

ADMINISTRATION

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Resource Parent Curriculum (RPC) Online

A centralized resource for providers and resource parents who are using or interested in using "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents" in their communities.

[Home](#) [Curriculum](#) [Videos](#) [Resources](#)



Get the Curriculum
This section introduces the RPC and includes the free manual for workshop participants and everything facilitators need to deliver the curriculum.

- [Introduction to the RPC](#)
- [Download the Curriculum](#)
- [Facilitator Resources](#)
- [Trauma-Informed Parenting: Supplemental Resources](#)



Join the Community
Our RPC blog and monthly group calls provide platforms for a vibrant exchange of both lived experience and provider expertise. Parents, seasoned workshop facilitators, and agency staff all join in these dialogues, creating an organic community of practice.

- [Free Consultation Calls](#)



Continue the Learning
Multimedia delivery of supplemental resources, such as podcasts and "brown bag" webinars, allow you to continue your learning while on the go.

- [RPC Podcast and Training Modules](#)
- [Webinars](#)



On this interactive site, you'll find a wealth of resources, all of which support the use of the RPC and the goal of trauma-informed parenting. Here you can access all the training materials, exchange ideas with parents and providers, and build community as you engage in this journey. Let's continue the conversation!

 The NCTSN is funded by the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services and jointly coordinated by UCLA and Duke University.
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ALLSTARCHILDRENSFOUNDATION.ORG

RPC Podcast

The screenshot shows the YouTube channel page for 'Resource Parent Curriculum (RPC) Podcast' by NCTSN. The channel has 24 videos, 1,260 views, and was last updated on Nov 30, 2017. A 'SUBSCRIBE' button is visible. The video list includes:

Video Number	Title	Channel	Duration
1	How Fostering Can Positively Impact Birth Children	NCTSN	8:20
2	5-Minute Relaxation	NCTSN	5:04
3	Transitions Resource	NCTSN	3:29
4	14-Minute Body Scan Relax	NCTSN	12:58
5	Using the RPC with Military Connected Families	NCTSN	10:34
6	The Resource Parent Curriculum in a Large Arizona Agency	NCTSN	9:58
7	Including the Whole Family: Families and Adopted Children Together (FACT)	NCTSN	10:53



RPC My Child Worksheet

"My Child" Worksheet, Module 5: Dealing with Feelings and Behaviors

My child's cognitive triangle (complete for a problem behavior you would like to change)

Thoughts ←→ Behavior

Feelings

How I can help to change my child's triangle

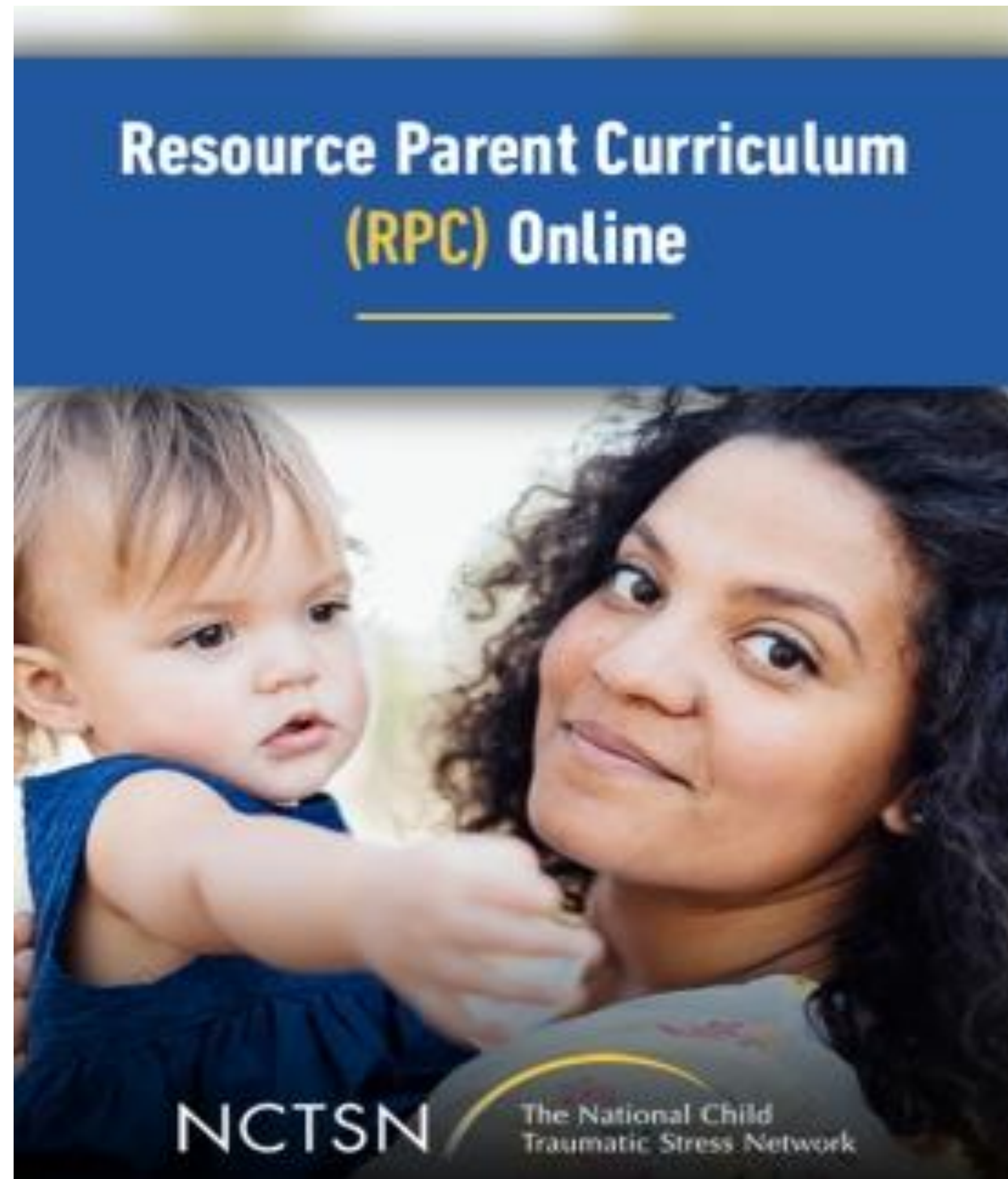


The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child
2. Help your child to feel safe
3. Help your child to understand and manage overwhelming emotions
4. Help your child to understand and modify problem behaviors
5. Respect and support positive, stable, and enduring relationships in the life of your child
6. Help your child to develop a strength-based understanding of his or her life story
7. Be an advocate for your child
8. Promote and support trauma-focused assessment and treatment for your child
9. Take care of yourself



Let's Take A Closer Look at the Curriculum



Module 3: Understanding Trauma's Effects

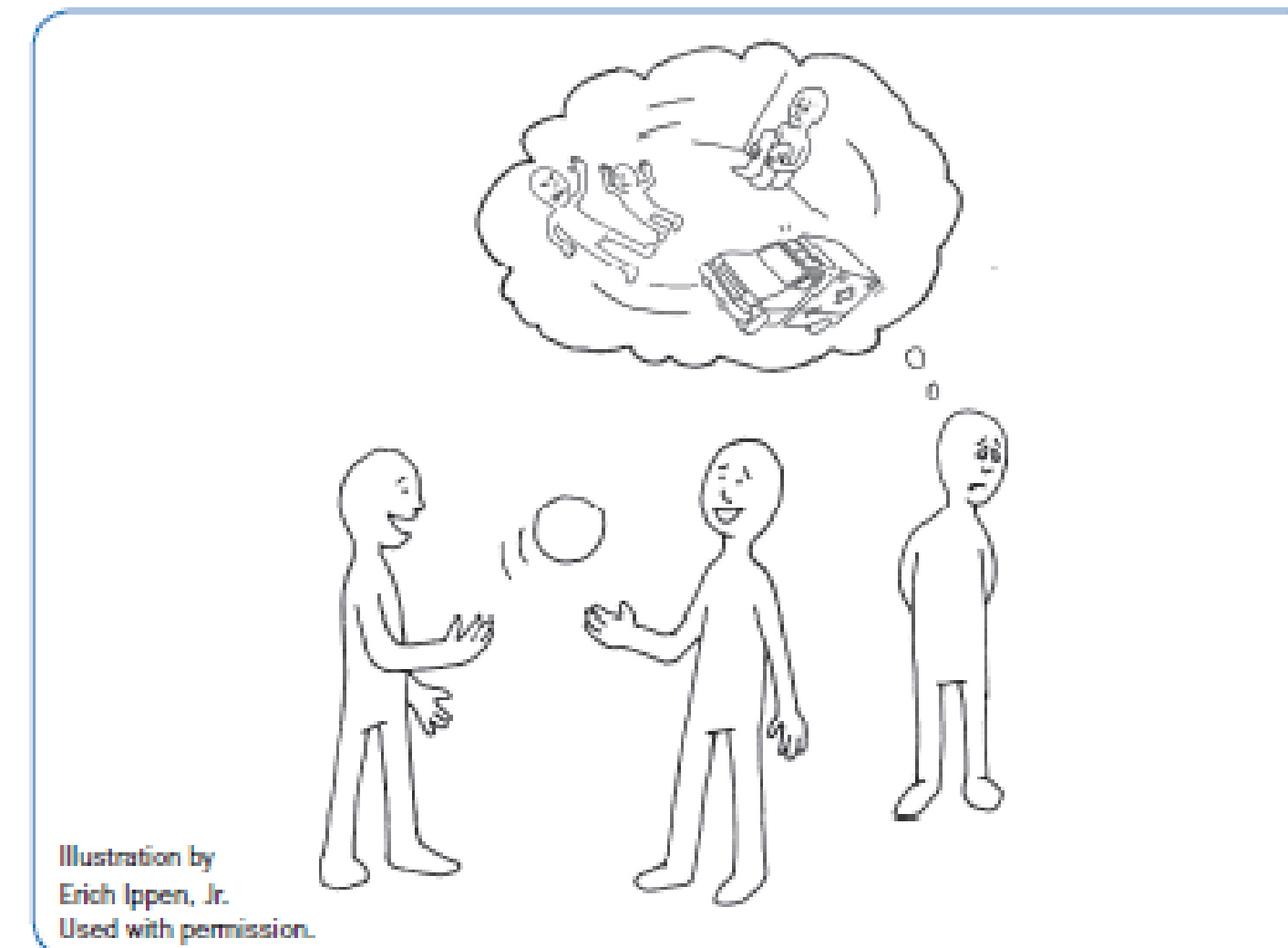





Illustration by Erich Ippen, Jr. Used with permission.

What You Will Need

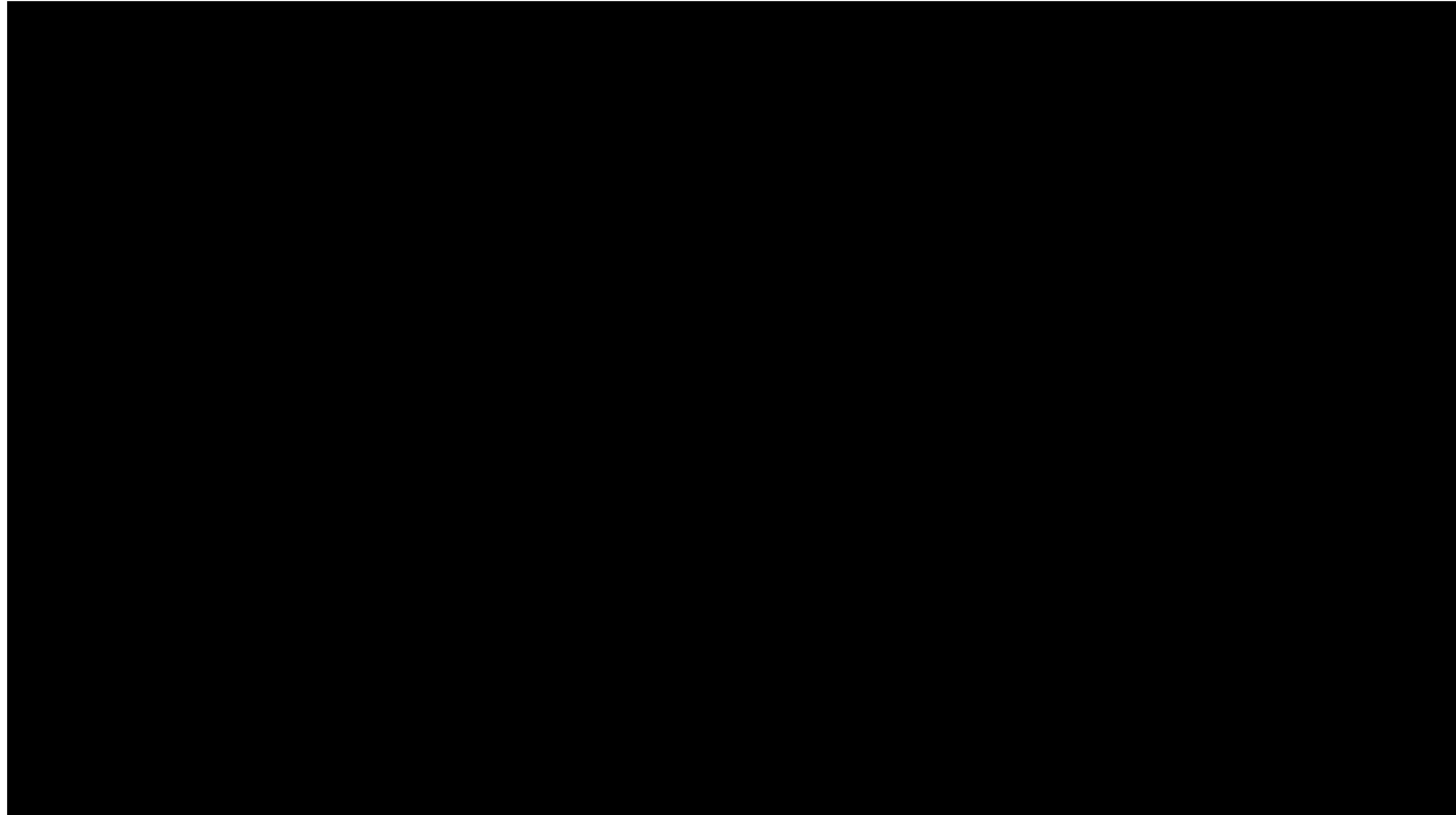
- Module 3 PowerPoint slides 1-25
- "My Child" Worksheet, Module 3 (Participant Handbook, p. MC-7)
- Plastic sandwich bags for "What's in the Suitcase?" Group Activity
- Index cards for "What's in the Suitcase?" Group Activity
- Pens/pencils

Icon Reminders

-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

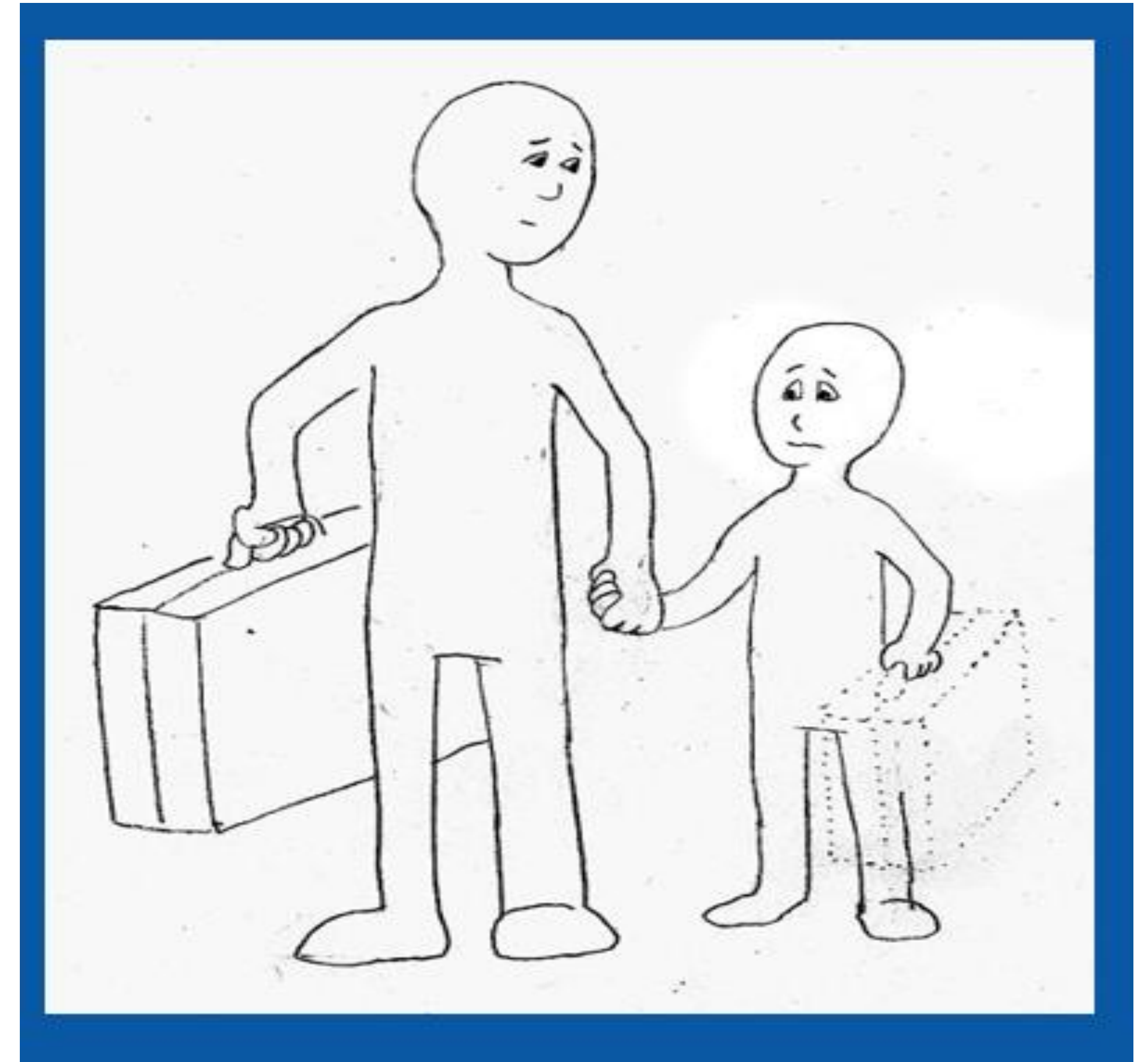


Ryan's Video



The Invisible Suitcase

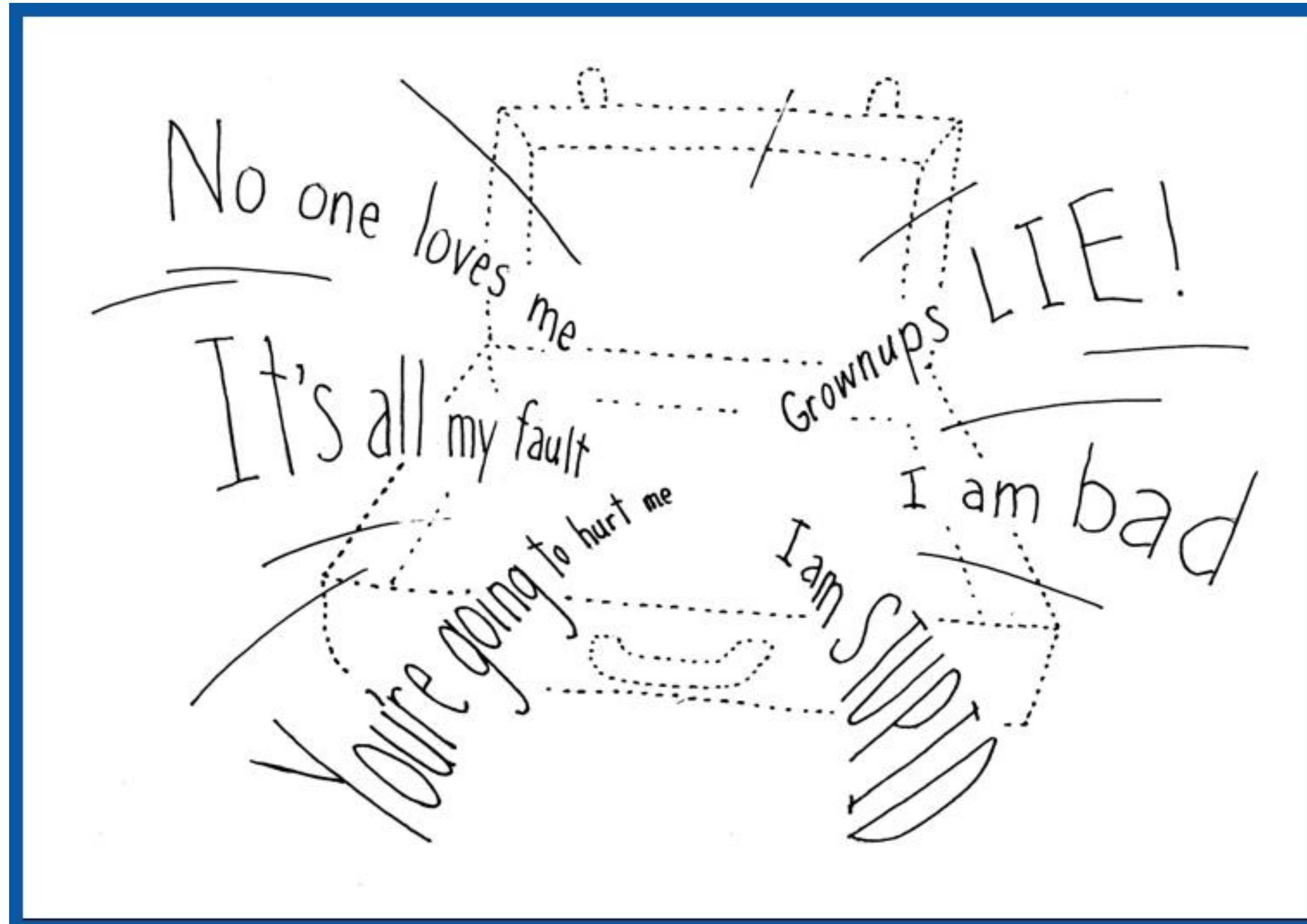
- Trauma shape's children's beliefs and expectations:
 - About themselves
 - About the adults who care for them
 - About the world in general



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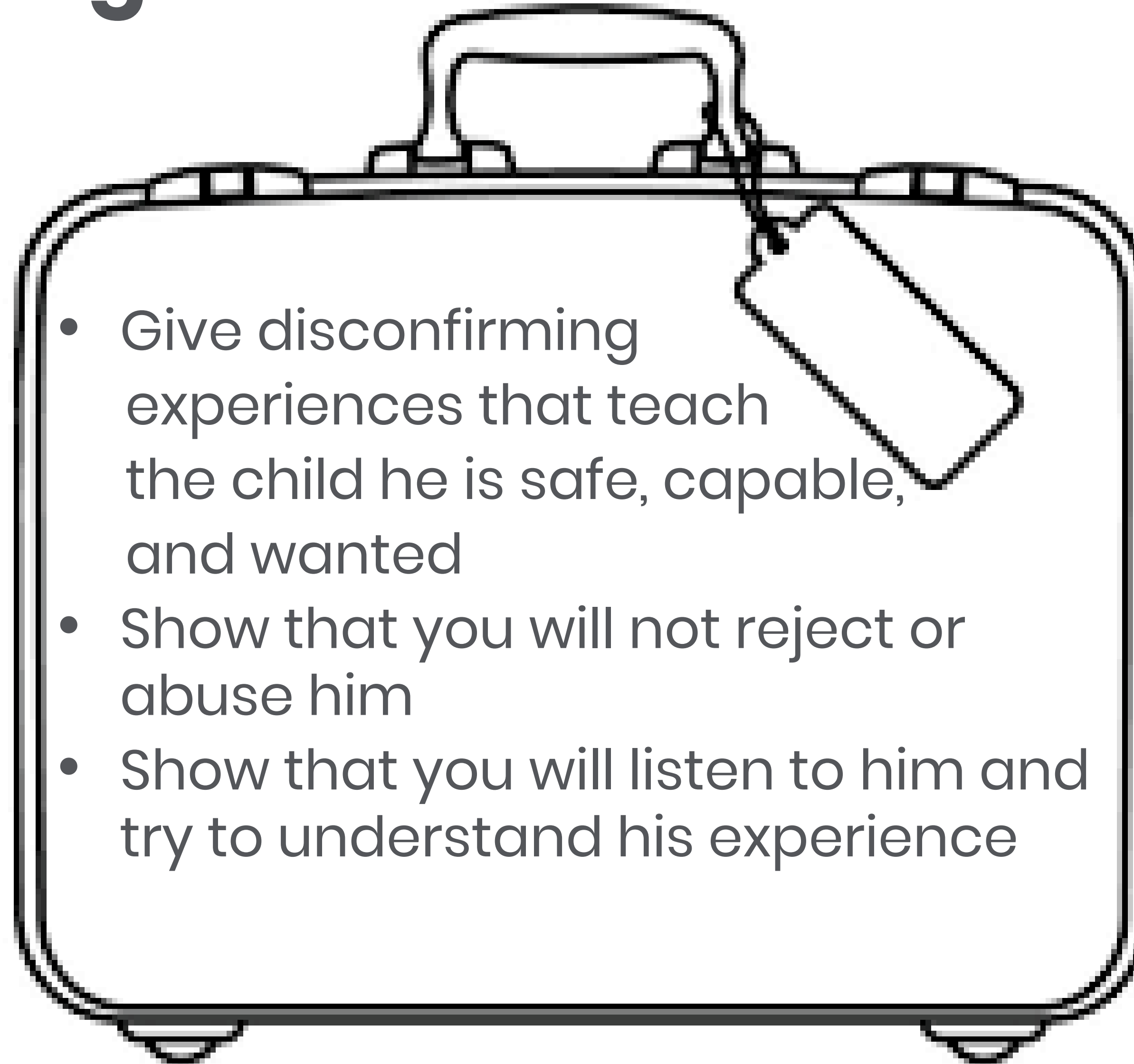
The Invisible Suitcase



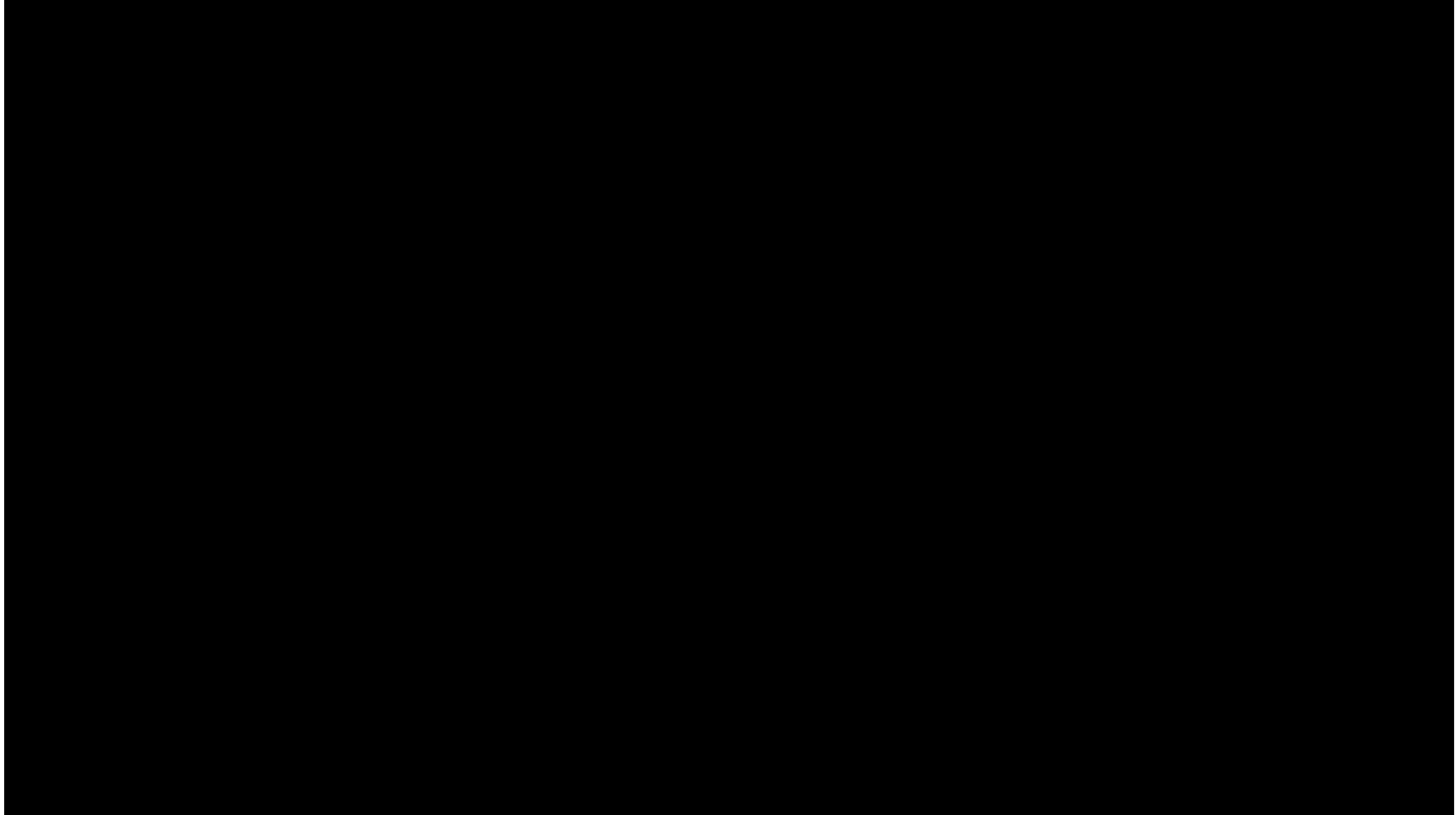
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“Repacking” the Invisible Suitcase

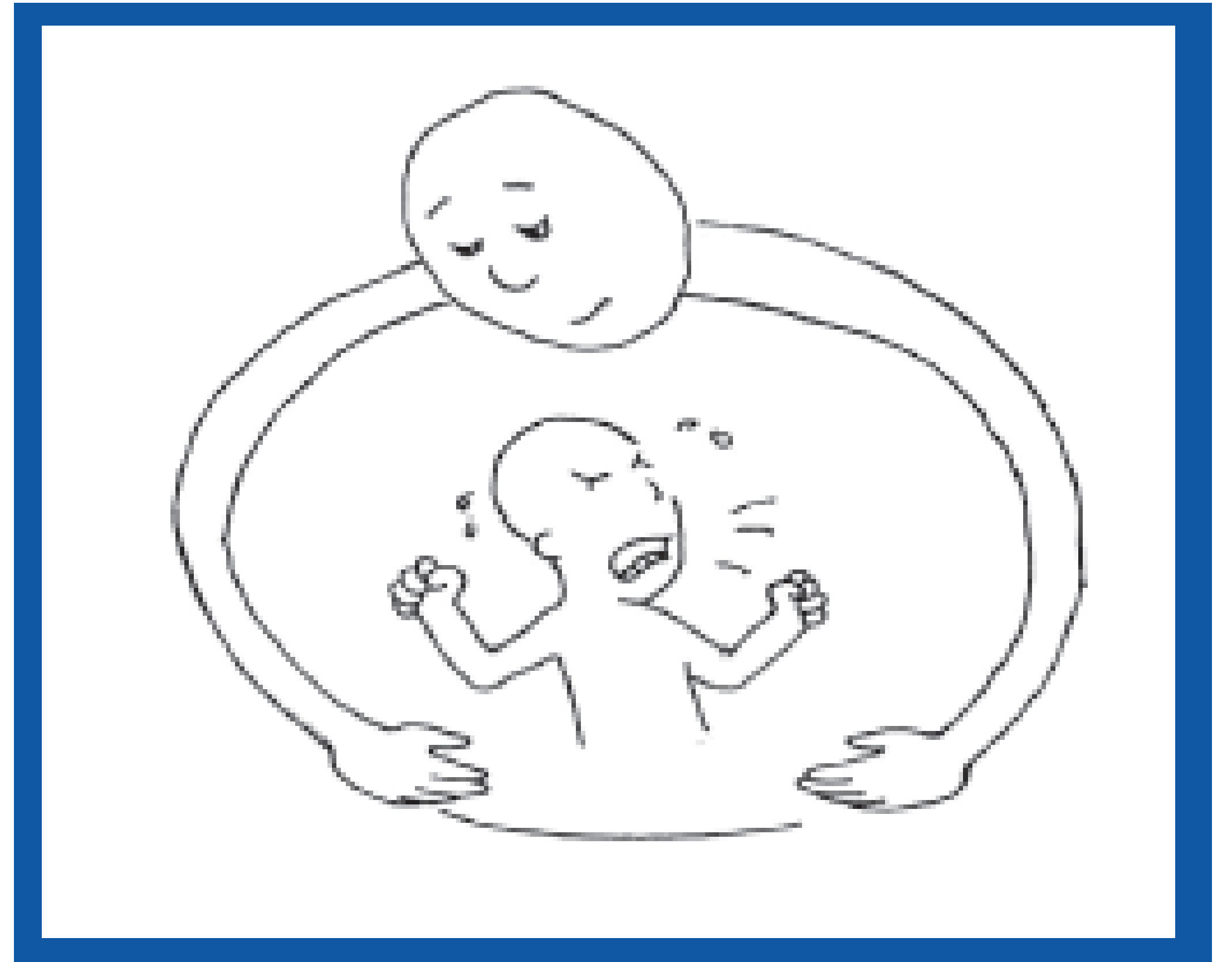


Carinsy's Video



Be an Emotional Container

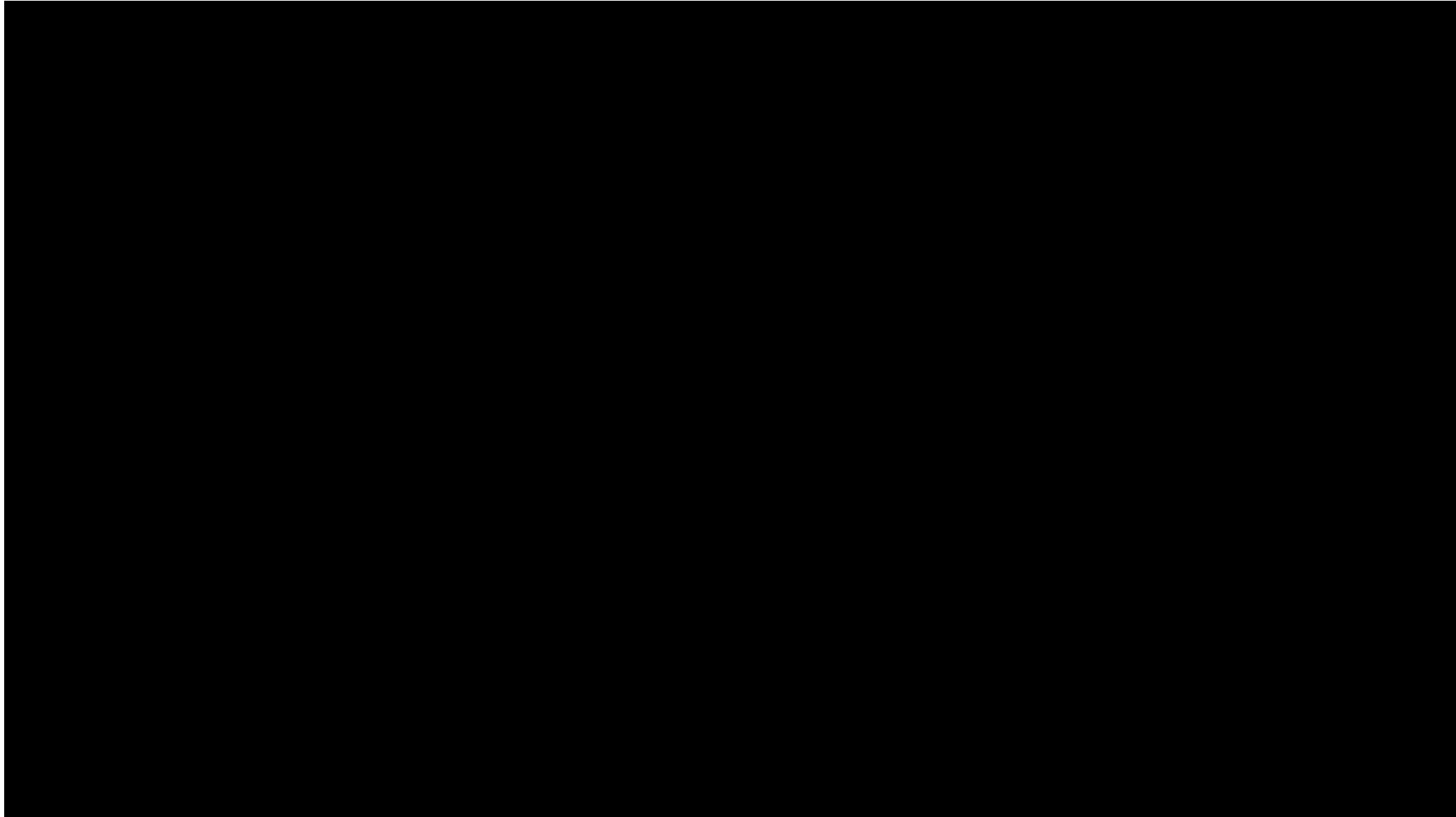
- Be willing – and prepared – to tolerate strong emotional reactions
- Remember the Invisible Suitcase!
- Respond calmly but firmly
- Help your child identify and label the feelings beneath the outburst
- Reassure your child that it is okay to feel any and all emotions



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Carinsy's Video



RPC Podcast



RPC My Child Worksheet

"My Child" Worksheet, Module 3: Understanding Trauma's Effects
My child's "Invisible Suitcase"
Beliefs about self
Beliefs about caregivers
Beliefs about the world
Repacking the Suitcase: things I can do to help my child feel safe, capable, and loved



8 Weeks? That's a Long Time!

- So how did we get a 97% completion rate?
 - Free for participants
 - Flexible schedule
 - Incentivized
 - Provided food
 - Provided childcare
 - Training hours for the year are complete
 - Make-up sessions

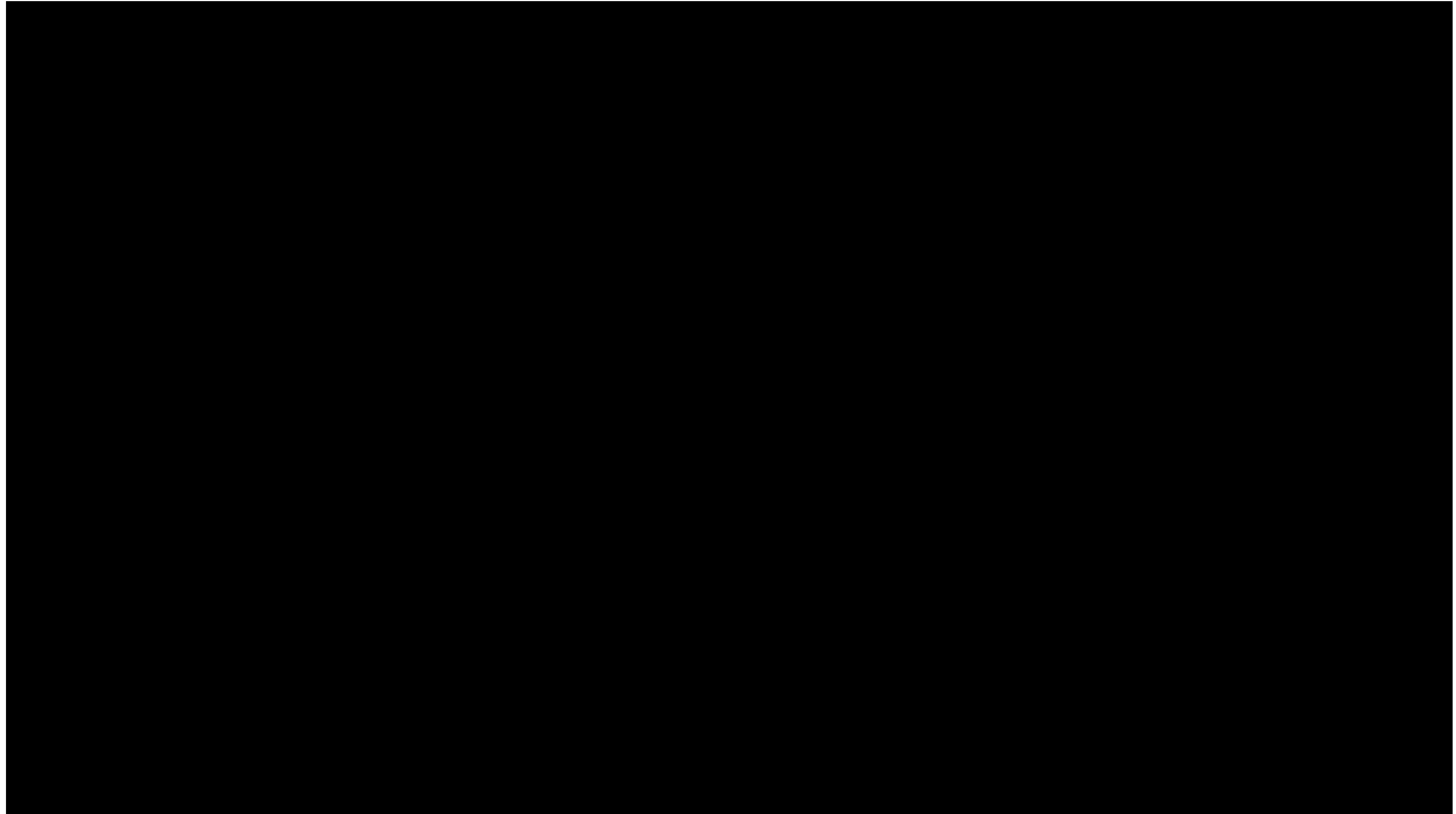


How Did We Do It?

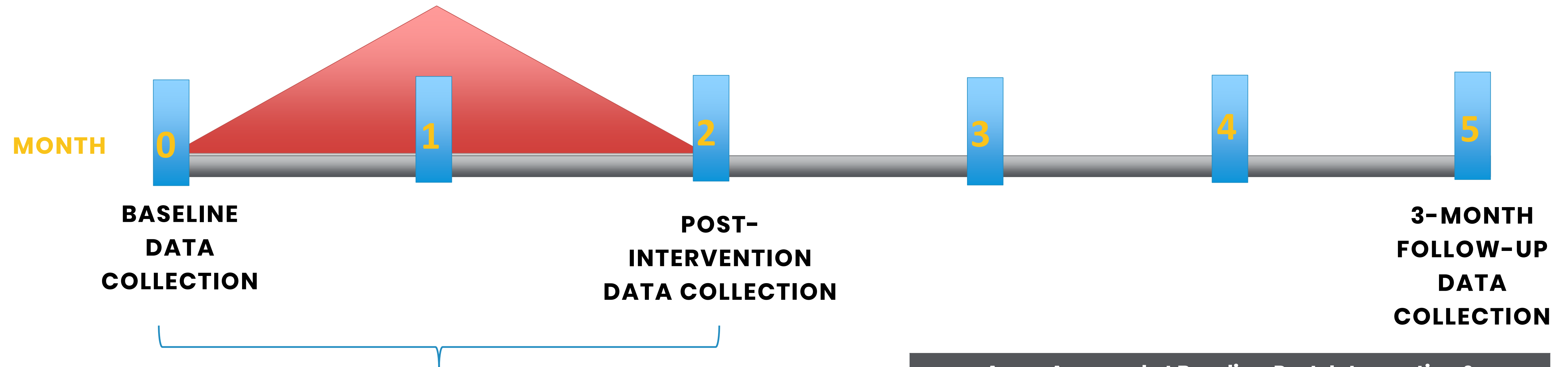
- If you want to do something well, you have to know what you are doing...
 - Trained the Trainer
 - Weekly facilitator meetings for planning and debriefing
 - Grants
 - Volunteers
 - Community partners for training locations
 - Local CBC support



Noli's Video



Intensive Longitudinal Evaluation of RPC



3 WEEKLY DIARY DATA TIME POINTS ASSESSING:

- USE OF TRAUMA-INFORMED PARENTING
- PARENTING STRESS
- FAMILY IMPACT/COHESION

Areas Assessed at Baseline, Post-Intervention & 3-Month Follow up:

Areas Assessed at Baseline, Post-Intervention & 3-Month Follow up:
Parenting stress
Satisfaction with foster parenting
Placement changes & retention
Child mental health & trauma symptoms



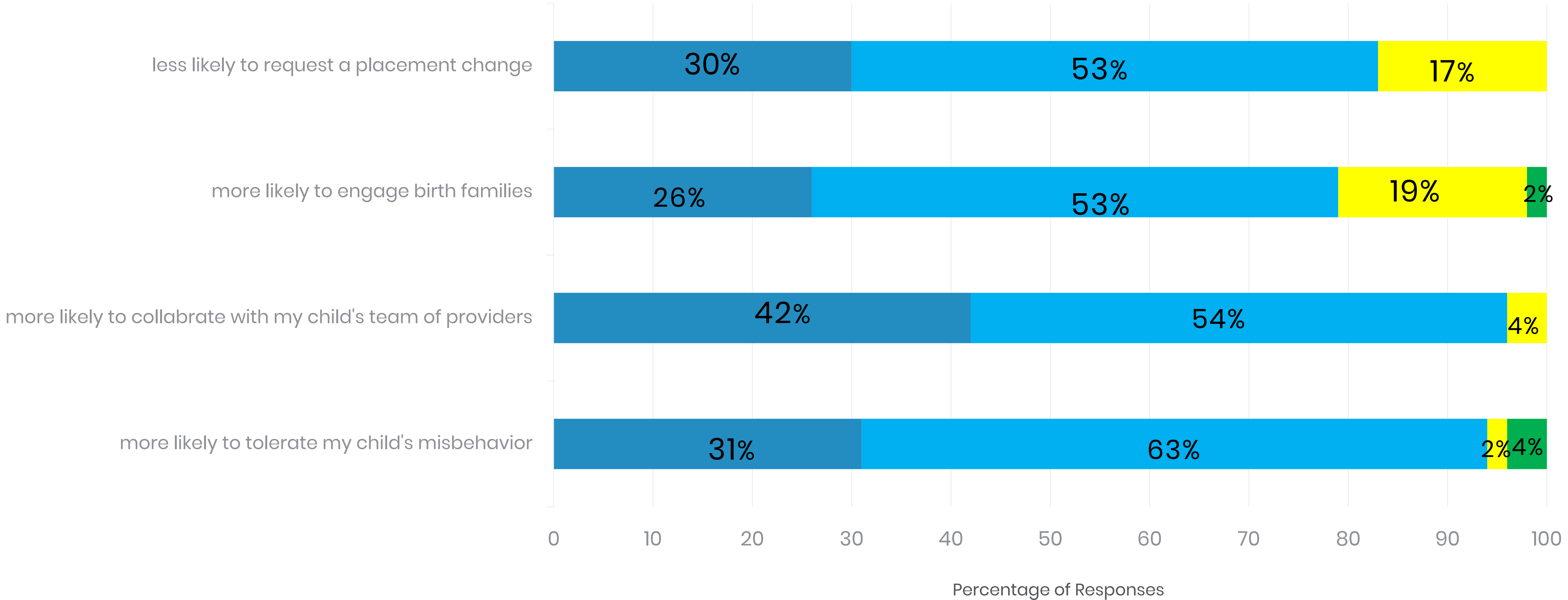
Preliminary Results

- 59 licensed foster parents have completed the RPC across 5 groups in Sarasota, Manatee, and Pinellas counties
- Demographics
 - Attendees were 38 women and 21 men ages 25 – 70 years (M = 45.3, SD = 11.3)
 - Years of fostering experience ranged from 2 months to 21 years
 - Attendees had fostered anywhere from 1 child to 102 children in their homes
 - Total number of children in each home at the time of the RPC groups began ranged from 1 – 6 (M = 3.21, SD = 1.7)
- Completion Rate
 - 57 (or 97%) foster parents successfully completed training
 - Approximately 35% of foster parents required a make-up session



As a result of this training, I am...

Strongly Agree Agree Neutral Disagree Strongly Disagree



“I HAVE LEARNED TO BE MORE OPEN-MINDED AND TO LOOK AT THE “GRAY AREAS.” I AM SO MUCH MORE FLEXIBLE IN MY PARENTING THAN BEFORE.”

“THIS TRAINING HAS HELPED ME GAIN A BETTER UNDERSTANDING OF HOW TO ANALYZE MY CHILD'S BEHAVIOR AND WHAT COULD BE BEHIND IT.”

“I HAVE A MUCH GREATER UNDERSTANDING OF THE EFFECTS OF TRAUMA ... AND THE TOOLS TO HELP MY CHILDREN COPE.”

“I AM MUCH MORE PROACTIVE WITH MY CHILD'S OTHER TEAM MEMBERS – CASEWORKERS, THERAPISTS, LEGAL, ETC!”



Opportunities and Next Steps

- Development of follow-up/booster sessions for sustainability and further application of skills
- Delivery of Zoom-based RPC groups
- Offering Child Welfare Trauma Training Toolkit (CWTTT) for case managers (<https://www.nctsn.org/resources/child-welfare-trauma-training-toolkit>)
- Collaboration on development and delivery of foster parent training



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