



National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



MENTAL HEALTH CONSIDERATIONS

FACILITATOR CLASSROOM GUIDE

Modified January 2022

PREPARATION

To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme found on CapLEARN (<https://learn.childwelfare.gov/>) or the NTDC website (<https://ntdcportal.org/>).
- Develop an agenda that includes this theme and any other themes you will be conducting along with it during the class.
- Ensure that participants have a copy of the **Participant Resource Manual** and that it is accessible to them. This **Manual** will be used during all themes and will have handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp). The videos can be played in different ways, including:
 - Play them from a flash drive or the computer's hard drive using a media player app
 - Link to them from CapLEARN or the NTDC website.
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
 - Enough tables and chairs for all participants
 - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations are marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: ***Adaptation for Remote Platform***



MATERIALS AND HANDOUTS

FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session.

MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Set of 3 index cards (prepared by facilitator) labeled as follows:
Card 1: Hyper/Manic, Card 2: Oppositional, Card 3: Crazy
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Parent Tip Sheet: Children's Mental Health
- Handout #2: Role of Parents Who are Fostering when Psychotropic Medication Has Been Prescribed
- If you have a list of mental health agencies/therapists that your agency works with who have experience working with children who have experienced trauma, separation and loss, add as a resource for parents to place in their **Participant Resource Manual**.
- Many sites have policies and procedures regarding medication management. Facilitators should bring this information to include with this theme.

VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will play the media items, review any specific instructions for the theme, and do a test drive. You may wish to set up the media to the start point. Unless indicated otherwise below, all videos and podcasts can be obtained on CapLEARN (<https://learn.childwelfare.gov/>) or the NTDC website (<https://ntdcportal.org/>).

The following media will be used in this theme:

- Video: *Addressing Children's Mental Health Needs* (3:43 minutes)
- Video: *Jessica's Success* from *FOSTER* (approx. 2 minutes)

EVALUATION

There is a pre- and post-survey available for every theme. If the facilitator wants to use these evaluation tools, they will need to be downloaded from the NTDC website or CapLEARN and provided to participants. Participants will need to complete the pre-survey prior to the theme and the post-survey upon completion of the theme. If conducting the class on a remote platform, the facilitator will need to put the surveys into an online format such as survey monkey.

THEME AND COMPETENCIES

FACILITATOR'S NOTE

Before beginning, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

Have a basic understanding of mental health disorders and conditions that commonly occur in childhood; recognize that not all 'survival' behaviors or symptoms of grief are connected with mental health disorders; know about commonly administered psychotropic medications; know how to obtain consistent, adequate and appropriate access to mental health services.

Competencies
Knowledge
<ul style="list-style-type: none">• Understand the complexity of appropriately diagnosing children with mental health conditions when they have experienced separation, loss and trauma.• Know where and how to access information on common childhood mental health conditions and psychotropic medications through the child's medical professionals and resources.• Learn accurate and sensitive language to describe behavioral symptoms and diagnoses.
Attitudes
<ul style="list-style-type: none">• Committed to implementing recommendations related to children's mental health.• Willing to recognize one's own possible bias, attitudes and assumptions about the need for mental health services.• Willing to parent children who may have mental health challenges and willing to continue to seek resources and services for such needs.• Believe that the experiences children have had will significantly impact their behavior.



SUGGESTED AGENDA

FACILITATOR'S NOTE

This slide shows a suggested agenda and timing for this theme. Before the session, please review this agenda and incorporate it into your overall agenda for this and any other themes you are conducting along with it.

AGENDA

This theme is divided into four sections. This content is based on 1 hour of classroom material.

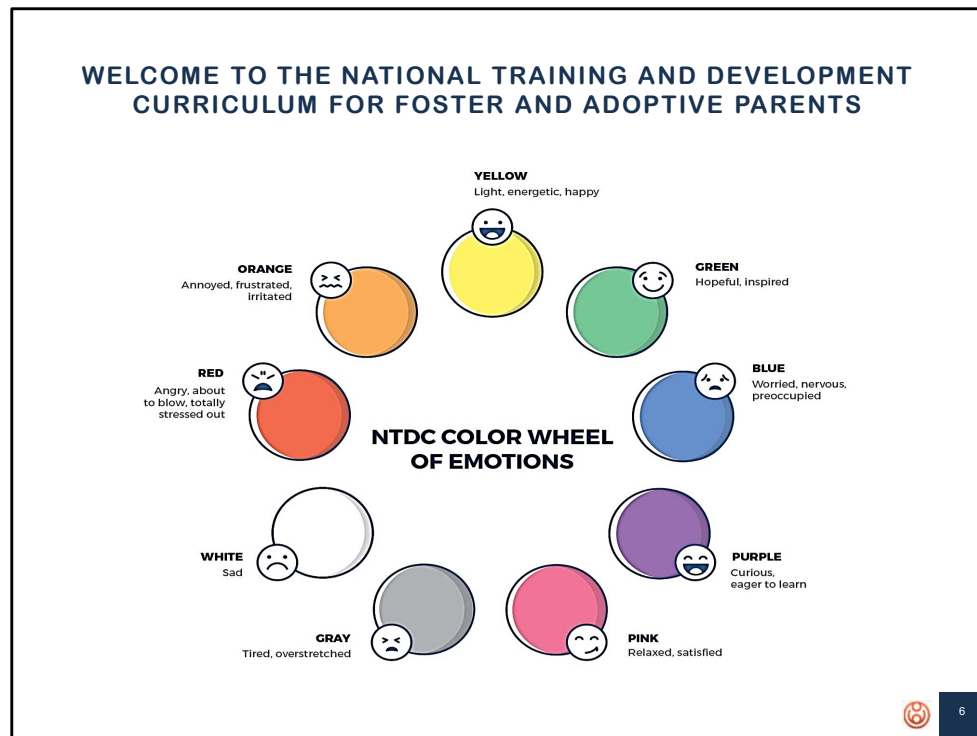
Prior to the Session start time	Color Wheel of Emotions exercise
10 minutes	Section 1: Introduction: Mental Health Considerations
25 minutes	Section 2: Understanding
20 minutes	Section 3: Addressing Children’s Mental Health Needs
5 minutes	Section 4: Wrap Up

BEFORE YOU BEGIN CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today’s theme are in their **Manual**.
- Review the agenda for the theme. Facilitators should add a slide to the PPT deck that includes the agenda so that they can review it with participants. Make sure to include start and end times and any breaks that will be taken during the session.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents (these can either be made by the participants during the first class or the agency can print out name tents and provide them to the participants at the first class). If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.





FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. **NOTE:** The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

DO

Wait a little while to give participants time to complete the Color Wheel.

SAY



Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

DO

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





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MENTAL HEALTH CONSIDERATIONS

Modified January 2022

7

FACILITATOR'S NOTE

Show this slide briefly just before you start the theme.

SAY

Let's get started! Welcome to the Mental Health Considerations theme.





FACILITATOR'S NOTE

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

PARAPHRASE

We are excited to share this lesson with all of you today. We are going to start with Mental Health Considerations. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.



FACILITATOR NOTE

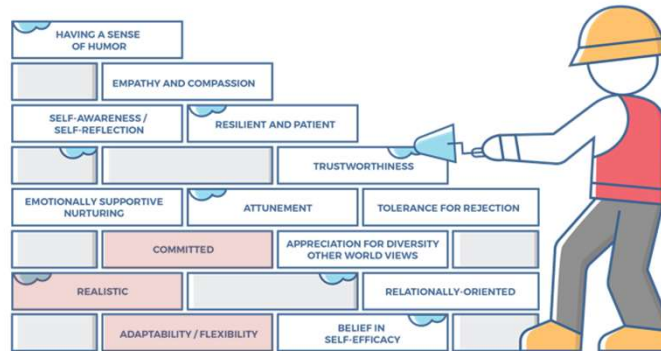
Allow 10 minutes for this section.

PARAPHRASE

Children who have experienced loss, separation, and trauma have particular mental health needs. This theme focuses on what to consider about their mental health, including:

- We can all understand that a child's life experience impacts their behavior.
- Concerning behaviors are often misunderstood and can lead to mis-diagnosing or over-diagnosing without really thinking about the impact of loss, trauma, and environmental stressors that influence children's mental health.
- Trauma that happens between people needs healing through relationships between people. While children's histories can impact their functioning, the families they're now living with will also make a major impact on how the child functions in the world.
- Supportive and competent professionals trained in grief and trauma can also make a big difference in how children will affect children in the future.

CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



10

FACILITATOR'S NOTE

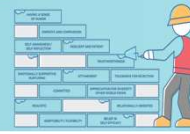
This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



CHARACTERISTICS FOR MENTAL HEALTH CONSIDERATIONS



Adaptability /Flexibility:

- Parents are willing and able to make changes in their parenting style/responses in order to be accommodating, encouraging, and supportive to the physical, emotional, and cognitive needs of the child.
- Parents share the responsibility of caring for the child and are not restricted by stereotypical or societal roles/expectations.
- Parents can acknowledge when something is not working and are able to try a different approach or modify their expectations for the child.

Realistic:

- Parents understand that there will be varying degrees of success with different situations with each child.
- Parents understand that the efforts that they provide may not result in a change in a child's understanding or behavior until much later.
- Parents know that when mistakes are made, adjustments and allowances can be made as they re-evaluate expectations.
- Parents know what their expectations are and can identify when those expectations are not being met and need to change.



11

FACILITATOR'S NOTE

The Mental Health Considerations theme will cover the following characteristics:

- Adaptability/ Flexibility
- Realistic
- Committed



CHARACTERISTICS FOR MENTAL HEALTH CONSIDERATIONS



Committed:

- Parents are dedicated to a child, sticking with them no matter how difficult the journey.
- Parents carefully and consciously consider the requirements of parenting a child and understand that it is not about fulfilling their own parental needs.
- Parents recognize the role may not offer much validation or reinforcement of their skills and talents but are willing to commit to the long-term work of unconditional parenting and promoting the child's well-being.
- Parents believe in commitment and can persevere in the face of adversity.



12

ASK

Now that we have reviewed the definitions, why do you think these specific characteristics are important to mental health considerations for a child that you may foster or adopt?

Reinforce:

- **Adaptability/Flexibility**
 - Parents will need different types of parenting skills and strategies to help children with mental health considerations, especially as the needs change over time.
 - Parenting may look different than what the parent is used to or what comes naturally to them. It may involve adding new skills on the part of the parent.
 - Parents who recognize when certain parenting strategies are not working and who are willing to be adaptable and flexible in learning how to best parent the child will be more able to meet the specific needs of each child.
- **Realistic**
 - Effective parents understand that a child with mental health considerations will need caring, patient caregivers who have realistic expectations.
 - Children with mental health challenges need parents who can celebrate small victories, understanding that each small step is progress.
- **Committed**
 - Children with mental health considerations need parents who will stay committed to understanding their needs and stay on top of getting them met.



WHAT DO THESE PEOPLE HAVE IN COMMON?

- ❖ **Abraham Lincoln** - President of the United States
- ❖ **Oprah Winfrey** - Millionaire, Celebrity, Philanthropist
- ❖ **Charlize Theron** - Academy Award winning actress
- ❖ **Demi Lovato** – Singer and Advocate
- ❖ **Steve Young** - NFL Hall of Famer
- ❖ **Darrell Hammond** - Most aired Comedian on Saturday Night Live
- ❖ **Janet Jackson** - Musician
- ❖ **Lena Dunham** - Television Actor
- ❖ **Michael Phelps** - Olympic swimmer, record holder for the most gold medals of all time
- ❖ **Lady Gaga** - Celebrated musician, winner of all five of the biggest entertainment awards



13

SAY

To get us thinking, let's check out the names of the famous people on the slide. Do you know what they all have in common?

DO

Pause briefly.

SAY

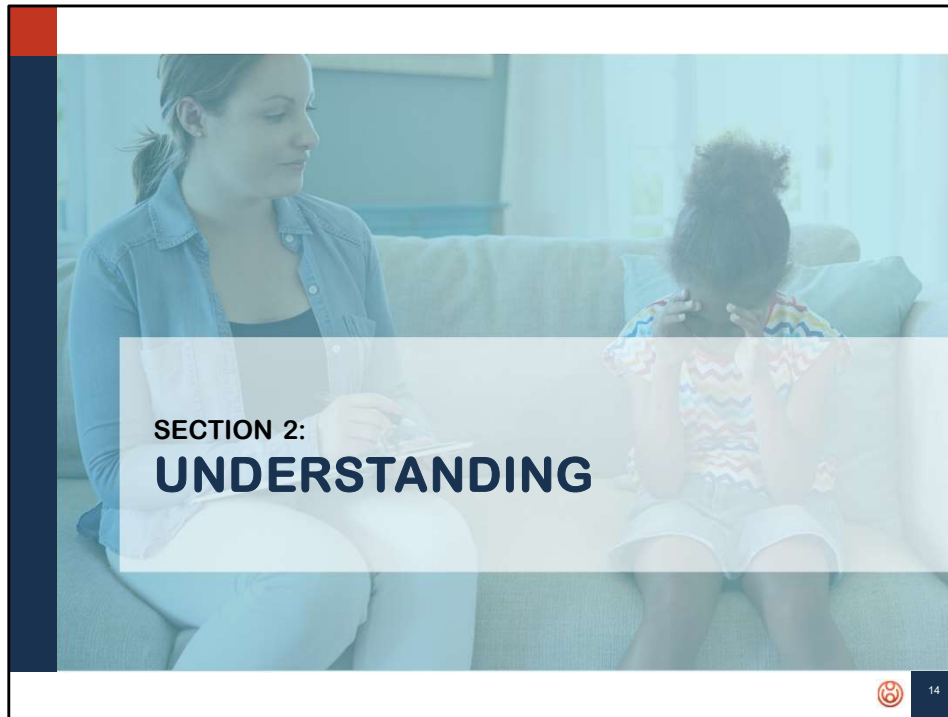
Success with mental health vulnerabilities. In this theme, we're going to understand how and why this happens and what can help.

FACILITATOR'S NOTE

The famous people shown onscreen are:

- Abraham Lincoln - President of the United States
- Oprah Winfrey - Millionaire, Celebrity, Philanthropist
- Charlize Theron - Academy Award winning actress
- Demi Lovato – Singer and Advocate
- Steve Young - NFL Hall of Famer
- Darrell Hammond - Most aired Comedian on Saturday Night Live
- Janet Jackson - Musician
- Lena Dunham - Television Actor
- Michael Phelps - Olympic swimmer
- Lady Gaga - Celebrated musician, winner of 5 of the biggest entertainment awards





FACILITATOR NOTE

Allow 25 minutes for this section.

As you move through this section, it will be helpful for you to give examples of real children to clarify any misconceptions. Acknowledge, but do not get side-tracked by examples shared by the group if they do not relate to the needs of children who have experienced separations, loss, and trauma.

PARAPHRASE

Let's start by building our understanding of mental health. We'll talk first for a moment about diagnoses.

Everyone has mental health needs, and it is important to address those needs. Sometimes, people have mental health needs that meet the definition of a mental health diagnosis.

Children you are caring for may have a diagnosis. While any given diagnosis doesn't tell the whole story, some studies show that as many as 80% of children in foster care have been given a mental health diagnosis.* As with any medical diagnosis, if children have a mental health diagnosis, it is helpful to understand it so that you can understand the child's needs and identify appropriate services to help them. We should see this as the purpose of a mental health diagnosis, rather than seeing it as something wrong with the child or a life sentence.

*Source: American Academy of Pediatrics

THE ALPHABET SOUP OF COMMON DIAGNOSES



Photo 139135587 / Soup Bowl © Sukanya Phanphoka | Dreamstime.com



15

PARAPHRASE

These are examples of diagnoses a child in your care may be given. It can start to feel like the names of diagnoses are like an alphabet soup because the words can become a jumble of initials or all blend together. Sometimes, professionals will even use different diagnoses to describe the same child's needs, which can get even more confusing!

Instead of getting tripped up in all of that, if a child in your care is given a diagnosis, it is helpful to focus on learning about that particular diagnosis. While it would not be appropriate for you to figure out a diagnosis yourself, knowing the facts about a diagnosis a child is given by a professional can help you to advocate for the best type of services and understand what professionals on your team are talking about.

More information and specifics about diagnoses can be found in the Resources on the NTDC website. Good places to learn more from are the American Academy of Child and Adolescent Psychiatry (AACAP), the National Child Traumatic Stress Network (NCTSN) and the Centers for Disease Control and Prevention (CDC).

FACILITATOR'S NOTE

Covering this slide should not take more than a few minutes. Participants may have questions and/or wish to express personal stories at this time, so it may be helpful for you to ask them to hold their thoughts and questions until the end of this section and/or to refer them to Resources.



UNDERSTANDING BEHAVIORS



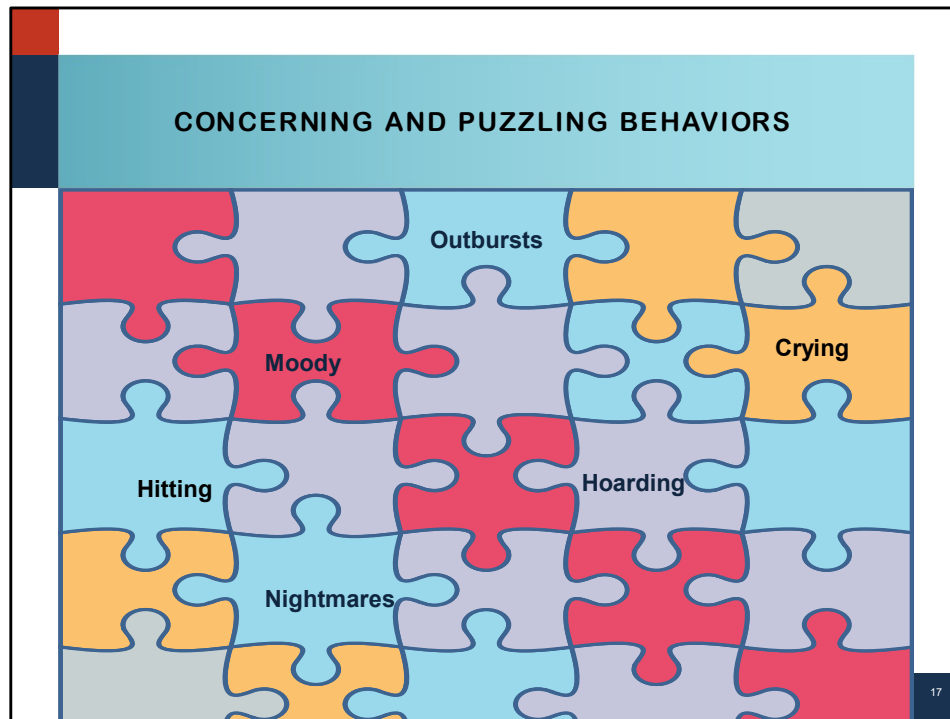
16

PARAPHRASE

It is important to know that diagnoses for children who have experienced separations, loss and trauma do not explain or address everything about the child. There is much more to consider, so instead of narrowly focusing on diagnoses today, we're going to turn our attention to more fully understanding children's mental health needs.

First, let's talk about what we might see in their behaviors because that is how children most often express what is going on for them.





FACILITATOR'S NOTE

This exercise will involve identifying behaviors that might be present for children who have experienced trauma, separation, or loss.

SAY

Let's think about behaviors you might see from children with experiences of separation, loss, and trauma that would concern you. The slide shows a few examples.

ASK

What other examples of concerning behaviors can you think of?

DO

- Write the answers on the flipchart.
- Continue writing behaviors participants name as the discussion proceeds.
- Encourage participants to take notes in their **Participant Resource Manual**, so they can look back at it if a child in their home is expressing any of these behaviors.
- Scan the lists below. If participants leave out any of the listed behaviors, add them to the flipchart/white board.
- Use the questions at the bottom of the page to lead a discussion.

Adaptation for Remote Platform

Use the white board function and the chat in Zoom or Jamboard (Google account needed) to write and/or invite participants to write responses and verbally reinforce their responses as they come in.

PARAPHRASE

Let's think a little deeper. Often, we focus on behaviors we see on the outside. These are called externalizing behaviors, like fighting or breaking things or running away.

It is also important to notice behaviors that a person focuses inward, toward themselves. These are called internalizing behaviors. They might include shutting down, body complaints like stomach aches or self-harm.

With that in mind, is there anything else you'd like to add to the list?

FACILITATOR'S NOTE

Listed below are examples of behaviors if participants do not bring them up.

Examples of internalizing behaviors:

- Withdrawing/shutting down
- Sadness/tearfulness
- Moody
- Nightmares, trouble sleeping
- Toileting problems
- Unhealthy eating
- Frequent head aches and/or stomach aches
- Cutting and other self-harm
- Clingy
- Peer problems, inability to make or keep friends
- Suicidal thoughts

Examples of externalizing behaviors:

- Crying, at surprising times
- Hoarding property and/or food
- Not telling the truth
- Defiant
- Fighting
- Angry outbursts
- Cursing/saying shocking things
- Breaking things
- Aggression
- Promiscuity
- Drug/alcohol use
- Running away

DO



Use the questions below to stimulate a brief discussion and reinforce the intersection of grief and trauma with these behaviors and how we may not always be able to tell what is underlying the behavior. Refer to the list that the class created as examples or as necessary.

- Which of these behaviors would be the most concerning to you, and why?
- How do you see the backgrounds of children who have experienced separations, loss, and trauma affecting these behaviors?
- At what point do you think you would seek professional support around these?
Reinforce early and often.

SAY

These behaviors can be concerning and challenging, and they may or may not result in a mental health diagnosis. In any case, stable, consistent, and nurturing parenting will go a long way to help.

ASK

What do you think parents can do to support children when they are experiencing concerns around their mental health?

DO

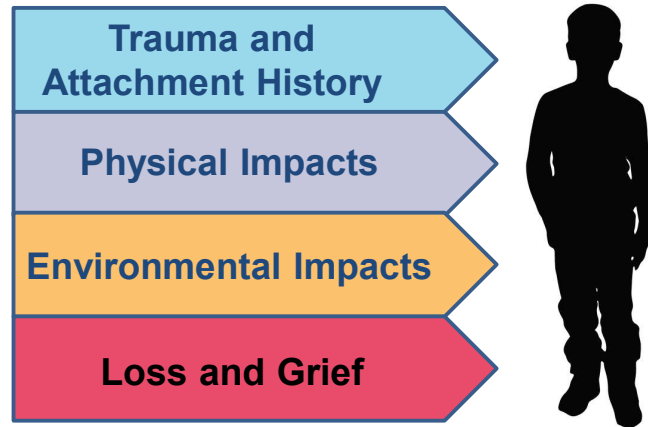
- Refer to [Handout #1: Parent Tip Sheet: Children's Mental Health in the Participant Resource Manual](#).
- Encourage participants to refer to this handout in the future when they have children in the home and to share it with extended family and friends.

PARAPHRASE

We have mentioned that children who are being fostered or adopted may have mental health challenges, which are often related to their experiences of separation, loss, and trauma. Now, let's take a closer look at how mental health issues are evaluated by professionals.



WHAT SHOULD AN ASSESSMENT INCLUDE?



PARAPHRASE

There are so many things going on for children who have experienced separation, loss and trauma that may play out in their behavior. Trying to understand it all can be hard, even for the professionals working with them.

There is not one easy method for figuring out or assessing mental health needs of children who have experienced trauma, separation, or loss. It is important to put together a strong treatment team who understands how complex it is, and who focus on the whole child, not on a diagnosis. Professional assessments evaluate a child's strengths and needs to determine the services and supports appropriate to meet those needs. All assessments for professional treatment should include understanding of the child's:

- Trauma and Attachment History
- Physical Impacts
- Environmental Impacts
- Loss and Grief

These are all important so let's go through them one by one.

Trauma and Attachment History

The children you will be caring for may have experienced trauma to their bodies, such as physical and/or sexual abuse. As we talked about in the themes on trauma, this will impact how children think and feel about themselves and others, and how they respond to situations and people. They may have also experienced trauma to their heart and mind if they were not protected and they may not have ever had the chance to feel cherished by the people who were supposed to care for them. As we talked about in the Attachment theme, this affects their ability to trust, the

way children think and feel about relationships, and how they interact with others. These thoughts, and feelings on the inside may be expressed in behaviors that, on the outside, can be really confusing, even to professionals.

Physical Impacts

There are also physiological things to consider about the child's functioning, like if they were exposed to drugs or alcohol prenatally, if they have developmental delays, or if they have sensitivity in their sensory system. Any or all of these things could make them seem like they are overreacting or misbehaving.

Environmental Impacts

It is important to think about how things are impacting the child in their current situation, too. It is helpful to notice how a child does in different settings, such as school versus daycare versus home versus with different caregivers. How do the different cultures in each of these places impact them? For example, do people look, seem, eat, act, live, dress differently than the child is used to?

Loss and Grief

Loss and Grief is critical to consider in an assessment, especially for children who have had multiple moves. This is so important that NTDC has a whole theme on it. Loss is considered the center of the core issues that children in foster care and adoption experience over a lifetime. We should never lose sight of its effects and the need for children to grieve as we are trying to understand their behaviors and needs.

SEVEN CORE ISSUES: LOSS

*Loss begins the journey and remains at the center, because even when a child has a permanent family, it is crisis and/or trauma that create the circumstances... There is the first loss that led to the child being with the new family, and then many secondary losses that continue to affect family members...throughout their lives. Some of these are vague and may be described as a feeling of distress and confusion about people who are physically absent but psychologically and emotionally present in their lives. And, these feelings can occur at any point in their lives. Children lose both their birth/first families; siblings, grandparents, aunts and uncles, and cousins. They may lose cultural, racial and ethnic connections and/or their language of origin. If they are separated as older children, they may also lose friends, foster families, pets, schools, neighborhoods, and familiar surroundings.**

*Summary of The Seven Core Issues, 2020



19

FACILITATOR'S NOTE

You may wish to print out the excerpt/slide in advance to give to a volunteer to read.

SAY

An article in your resources, Summary of the Seven Core Issues, further explains loss and grief, and the other vulnerabilities children may have over time, such as rejection, shame, identity, intimacy, and control. Let's read a little part from that article now, and we encourage you to go back to read the full article to learn more.

DO

Ask for a volunteer or have the co-facilitator read the slide.

PARAPHRASE

Thank you for reading. Imagine the impact of all that loss and grieving and how confusing it would be for a child to try to make sense of.

As we just discussed, the effects of trauma, attachment, loss, grief, physical and environmental impacts make understanding children's behaviors quite complex. Because of this complexity, even professionals may have a hard time accurately diagnosing and treating children with these backgrounds. So, it is important that the professionals who are supporting children and families continue to assess if a particular diagnosis is accurate. Diagnoses can certainly be changed, and we should be aware that the diagnoses are only part of the puzzle that needs to be figured out to understand and help the child.



INTERSECTING DIAGNOSES		Trauma
Anxiety Disorders	Avoidance of what's feared, hyperarousal when exposed to what's feared, sleep problems, hypervigilance, and increased startle reactions	
Attention Deficit Disorder (ADD)/ Attention Deficit Child Hyperactivity Disorder (ADHD)	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and high physical activity	
Bipolar Disorder	Hyperarousal and other anxiety symptoms; traumatic reenactments, mimicking aggressive or hypersexual behavior; making manic-sounding statements	
Major Depressive Disorder	Self-injury, avoiding trauma reminders, social withdrawal, emotional numbing, and/or sleep difficulties	
Oppositional Defiant Disorder	Angry outbursts and irritability	
Psychotic Disorders	Severely agitated, hypervigilance, flashbacks, sleep disturbance, numbing, and/or social withdrawal, unusual perceptions	
Substance Abuse Disorder	Drugs and/or alcohol used to numb or avoid trauma reminders	

Adapted from: Addressing the Impact of Trauma Before Diagnosing Mental Illness in Child Welfare by Gene Griffin, et al.

PARAPHRASE

While it may seem easier for a mental health diagnosis to explain behavior or even to ask for medication to control a child's behaviors, figuring out what the treatment should be and addressing all the mental health considerations for children who have experienced separations, loss and trauma may not be so straightforward.

This chart can help us to understand why. You can see common diagnoses for children in the left column and the symptoms for the disorder in the center column. We could stop there like many people do, but what do you notice on the right side of the chart? That's right, the symptoms of trauma overlap all of these diagnoses.

You've all probably heard of PTSD or Post Traumatic Stress Disorder. It was really created for adults, so even that diagnosis does not fully describe what happens for children who lived through different types of trauma while they were still growing.

Maybe the trauma symptoms will be obvious, and the child will be given a PTSD diagnosis because of behaviors such as:

- Upsetting and frightening dreams
- Having frequent memories of a traumatic event, or in young children, repeating some of the traumatic events in their play over and over
- Acting or feeling like the experience is happening again
- Developing repeated physical or emotional symptoms when they're reminded of the event.

Or you may notice signs of trauma that may not be as obvious or fully match a PTSD diagnosis, such as:

- Losing interest in activities
- Having physical symptoms, like headaches and stomachaches
- Sudden and extreme emotional reactions
- Problems falling or staying asleep
- Irritability or angry outbursts
- Having problems concentrating
- Acting younger than their age (like thumb sucking or clingy behavior)
- Showing increased alertness in the environment (remember the hyperarousal we spoke about during the Trauma Related Behaviors theme)
- Repeating behaviors that reminds them of the trauma, such as always crashing their toy cars if they were in a car accident





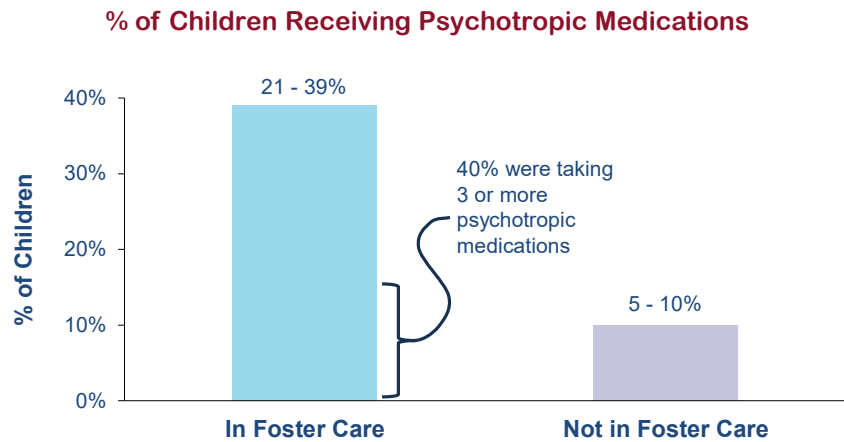
FACILITATOR'S NOTE

Allow approximately 20 minutes for this section.

SAY

Children who have experienced trauma, separation, or loss, have important mental health needs. As a parent who is fostering or adopting, you will have a critical role in addressing the child's needs. In a moment we'll be watching a video clip to learn more about treatment to meet their needs.

OVER MEDICATION OF CHILDREN IN CHILD WELFARE



Information was obtained from: <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>



22

PARAPHRASE

First, let's talk about medication. Medicines that are used to treat mental health conditions are known as "psychotropic medications." A number of studies have found children in child welfare have been prescribed these types of medicines at rates from 3 to 11 times higher than children not in child welfare. For example, a recent report on Medicaid records in five states found that as many as 21% to 39% of children in foster care received a prescription for psychotropic medication. As you can see from the slide, that is much higher than prescriptions for children not in foster care in those states. In this study, it was also shown that the prescriptions were written for a large number of children under the age of six. Over 40% of children in foster care who took psychotropic medication were taking three or more psychotropic medicines at the same time!

ASK

What do studies like this tell us?

Reinforce:

- Children with backgrounds of trauma and loss are sometimes overmedicated or not being prescribed medication properly.
- Behaviors of children in foster care concern parents and professionals. We must look beyond managing behaviors to a broader range of how to help and heal.
- You will need to be **committed** to understand root causes of what is actually causing the concerning behaviors to really help the child heal, not just trying to stop the behaviors themselves (characteristic).



SAY

Now, let's learn about a broader treatment approach from a child and adolescent psychiatrist who specializes in work with children who are in foster care or adopted.

FACILITATOR NOTE

All the information on this slide is adapted from the website that is listed in Resources for this theme: <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>.



ADDRESSING CHILDREN'S MENTAL HEALTH NEEDS



SAY

This video is called *Addressing Children's Mental Health Needs*. It features Dr. Lisa Cullins, Child and Adolescent Psychiatrist, talking about considerations when addressing children's mental health needs. It is approximately 4 minutes long.

DO

Show the video.

PARAPHRASE

As shown in the video and discussed earlier, children who are experiencing mental health issues need a thorough mental health assessment and comprehensive treatment, like on-going therapy, not just medication.

Finding or advocating for treatment team members, like a mental health therapist, doctor, and others who have some understanding about the different forms of trauma and loss will be very helpful.

Having open and consistent communication with the child's team, including their mental health professionals, can help a parent who is fostering or adopting to have **realistic expectations** about the child's needs and abilities (characteristic).

MEDICATIONS AND YOUR ROLE



24

FACILITATOR'S NOTE

If there are parents who will be fostering in the class, use this slide and continue with the below content.

DO

Refer to [Handout #2: Role of Parents Who are Fostering when Psychotropic Medication Has Been Prescribed](#) and any policies and procedures specific to your setting.

PARAPHRASE

If children are prescribed medication, there are policies and procedures that all parents who foster must be aware of and follow.

- The parent who is fostering will have to work closely with the caseworker. The caseworker is responsible for working with other professionals to determine if the medication is needed and to obtain the appropriate consent or court order.
- Parents who are fostering do not have the authority to put a child on or take a child off psychotropic medications or to give a doctor permission to do so.
- If the child is prescribed psychotropic medicine, but parental rights have not been terminated, the child's parents must give permission. This is called 'informed parental consent for administration of psychotropic medications.' If it is not possible to get permission from the child's parents, a judge can sign the Informed Consent form instead.





FACILITATOR'S NOTE

This activity uses the set of three note cards labeled Hyper, Oppositional, and Crazy that you created while preparing for the session. **Note: if teaching in-person, you will use the index cards. After completing the activity, you can skip the next 3 slides created for remote adaptation.**

SAY

Today we've talked about parenting children with complex mental health needs. A key role for you to play is being a strong advocate for the child. Since you will be speaking up on their behalf, it is important to use and encourage others to use appropriate and descriptive language about mental health needs. Let's take a moment to consider how the words we use impact how we think and feel about mental health needs.

PARAPHRASE

- A person is not their diagnosis or a mental health label; human beings are much more complex.
- Become aware and teach children that there can be stigma associated with mental illness and diagnoses. Help them remember and describe themselves as who they are: resilient, strong, smart, working hard - and not any random or rude words they may hear people say about them or others.
- Words we've learned from diagnoses should be used sparingly. Be mindful of the words we choose to label a child's behavior that could sound diagnostic, such as hyperactive, oppositional, manic, etc. Rather, describe what is actually going on, and give kids

language to do the same about how they are experiencing their symptoms, such as, “I’m feeling so sad. I don’t even want to be around people,” or “I’m so angry right now I feel like my head could explode.”

- A diagnosis, accurate or not, can follow a child into adulthood, which can affect their future opportunities. This is another reason that we should be careful.

SAY

Let’s take a few minutes to practice our language. We’ll use these three cards.

DO

- Fan out the set of three index cards so that participants can see them.
- Invite three volunteers to come up and each choose one of the cards.
- Ask one of the three volunteers to read the word on their card.
- Invite the volunteer who chose the card to give a description of how the general public might describe this diagnosis/label.
- Once each volunteer gives a “general public” description of the diagnosis on their card, ask the class to make the description more strength-based.
- Invite the class to imagine the child is listening as you create descriptions that are accurate and thoughtful of the child’s self-image.
- Reinforce descriptive terms rather than labels and have the co-facilitator write them on the flip chart or white board.
- If the class doesn’t seem to know any strengths-based descriptions for these diagnosis/labels draw from the samples listed below.
- Repeat for each card.

Adaptation for Remote Platform

Use the following 3 slides. As each slide/card is shown, ask the class what this word brings up for the general public. Brainstorm words that are more strengths based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

FACILITATOR’S NOTE

Sample strength-based descriptions

Card 1: Hyper

- Full of energy all the time
- Engine runs fast
- Doesn’t seem to sleep as much as other kids their age
- Has a lot of pep in their step

Card 2: Oppositional

- Has not yet learned the limits and rules in families, school, etc.
- Needs extra guidance and support to stay on track



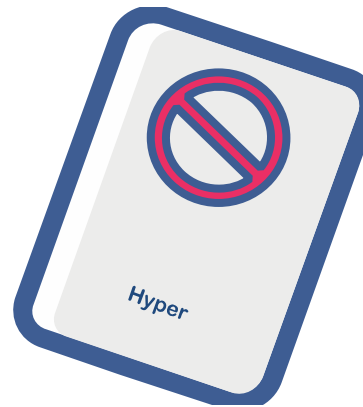
- Has a hard time accepting rules/limits
- Still learning boundaries

Card 3: Crazy

- In a lot of emotional pain
- Heart and head are feeling really mixed up right now
- Working hard and struggling to make sense of all they've experienced



LANGUAGE AROUND LABELS



26

Adaptation for Remote Platform

Ask the class what this word can mean to the general public. Brainstorm words that are more strengths-based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

FACILITATOR'S NOTE

Sample Strength-based descriptions

Card 1: Hyper

- Full of energy all the time
- Engine runs fast
- Doesn't seem to sleep as much as other kids their age
- Has a lot of pep in their step



LANGUAGE AROUND LABELS



27

Adaptation for Remote Platform

Ask the class what this word can mean to the general public. Brainstorm words that are more strengths based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths-based.

FACILITATOR'S NOTE

Sample Strength-based descriptions

Card 2: Oppositional

- Has not yet learned the limits and rules in families, school, etc.
- Needs extra guidance and support to stay on track
- Has a hard time accepting rules and limits
- Still learning boundaries



LANGUAGE AROUND LABELS



28

Adaptation for Remote Platform

Ask the class what this word means to the general public. Brainstorm words that are more strengths-based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

FACILITATOR'S NOTE

Sample Strength-based descriptions

Card 3: Crazy

- In a lot of emotional pain
- Heart and head are feeling really mixed up right now
- Working hard and struggling to make sense of all they've experienced



FOSTER: JESSICA'S SUCCESS



This video includes a clip of the documentary *FOSTER*.
Foster footage courtesy of Participant Media, LLC. © 2018 Sabine Films, Inc. All rights reserved.



29

SAY

Let's listen to the story of Jessica, who was able to overcome tremendous challenges, including a teen pregnancy and significant behavioral problems in the past. This clip is taken from the documentary *FOSTER*, which features young adults who spent time in foster care.

DO

Show the video clip *Jessica's Success*. It is approximately 2 minutes long. Lead a brief discussion following it.

ASK

While Jessica experienced huge obstacles, she was able to get a Master's degree, now has a professional job and is successfully parenting. What did you hear her say that contributed most to her success? Reinforce: People who believed in her and never gave up on her.

If you were parenting Jessica, what is one thing you would have done to show her you believed in her?

DO

Solicit a few answers from participants, acknowledging efforts.



SAY

As we always say, “At the end of the day, the most overwhelming key to a child’s success is the positive involvement of parents.”

Even if there are challenges when you are parenting children with mental health considerations, their success is possible, and your unwavering support will be critical in making that happen.





REFLECTION/ RELEVANCE

Questions for Reflection

1. What do you think a child with mental health considerations needs most from those caring for them?
2. Think about people you know who have experienced mental health challenges and have been successful. How did they address the challenges?



30

FACILITATOR'S NOTE

If time permits do this reflection in class. If time is short, ask participants to do on their own at home. This activity should take approximately 5 minutes.

SAY

Now, we'll take a few minutes to reflect on what we've learned in this theme.

Please open your **Participant Resource Manual** for this theme. Take about 5 minutes to mull over any or all of the questions on the slide. Write your thoughts in your **Participant Resource Manual**.





FACILITATOR'S NOTE

Allow 5 minutes for this section.

PARAPHRASE

Now, it's time to wrap up. Before we do, I want to briefly highlight a few points from this theme:

- We all have mental health needs and considerations that impact our body, mind, and spirit - we all need to tend to these needs to stay well.
- Mental health is impacted by our life experiences and who and what is and has surrounded us, including stressors, supports, culture, community, beliefs, etc.
- Atypical behavior should not always be viewed as mental illness - context matters. Behavior has tremendous capacity for change with time, circumstances and support.
- It makes sense for children who have experienced separation, loss, and trauma to be profoundly affected, possibly in all areas of their development. This should always be considered in mental health assessment, diagnosing and treatment.
- Medication is appropriate for a select number of children. It should be carefully considered and will not take away all problems. It should be partnered with therapies, supports and other possible changes in the child's routine.
- A parent who is fostering has a very specific role when medications are prescribed and needs to be aware of those requirements and responsibilities. There is a handout in this theme to support knowledge in this area.
- Advocacy, teamwork and knowledgeable professional support will be key to address mental health considerations.

LIFELONG LEARNING



32

SAY

It is critical that as you go through this journey, you continue to enhance your knowledge and skills. We can only provide you with so much information during this training, so it is important that you continue your own learning by taking advantage of resources that are available to you. This theme has lots of resources that will help you continue to learn more about this critical topic that you can find in the resources on the NTDC website or in CapLEARN. That is where you will find the article we talked about earlier, Summary of The Seven Core Issues, so be sure to read it.

There you will also find information on the National Alliance on Mental Illness (NAMI), which is a resource for family members of those living with mental illness and has educational materials, and support groups.





FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact you (or other facilitators) if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:
ntdcportal.org

34



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