OBJECTIVES

- Highlight and discuss the conflicts that arise at each step of the treatment process to improve decision making and quality of care delivered to foster care children
  - Referral
  - Intake
  - 1st Phase of treatment – stabilization and coping skills (PPRAC)
  - 2nd phase of treatment – trauma narration and processing (TI)
  - 3rd phase of treatment – consolidation and safety planning (CE)
  - Termination
REFERRAL

- How soon to evaluate once a child is in the home?
  - Wait at least 30 days – why?

- Court orders TF-CBT. Now what?

- CW refers to both TF-CBT at your child and ‘family therapy’ for the child at another agency. Now what?
  - Importance of active communication with CW

- Are all CW workers the same? Can I disclose PHI to them all?
REFERRAL CONSIDERATIONS

- Try to wait at about 30 days from when child enters a new placement before doing intake
  - Need time for normal adjustment and behavioral disruptions from a change in placement to settle down naturally
  - Caregivers need time to learn about child and be able to be accurate reporters
- Courts may order a type of treatment, but that doesn’t mean they know all the specifics about what is needed
  - They may recognize the child needs help
  - Intake is the key to assessing the child's needs and making appropriate treatment recommendations
- Sometimes less is more
  - Having multiple therapies at once is not always productive
  - Again, intake is the key
INTAKE

- Who do you invite to the appointment – what caregivers are involved and who decides?
- Who signs the consents for assessment/treatment?
- What if the nonkinship parent brings the child?
- Who gets the report?
INTAKE CONSIDERATIONS

- Flexibility on working with the “caregivers” is key. Get input from people involved in the case that would know about this child and her functioning (e.g., caseworker, CASA, therapist, family member).

- Follow DHS's lead on who to involve in treatment. If they deem a parent as safe for the child to be around, that parent can likely be a part of treatment.

- If the child is in DHS custody, the caseworker signs the authorization forms and releases. However, if the family is an ISS case, involved with a Safety Plan Monitor, or in Supervision Only, the parent would sign the forms, including a Release of Information for the Safety Plan Monitor and the DHS worker.

- A copy of the report would go to who has custody of the child. Otherwise, whomever has custody needs to sign the Release of Information, including checking the box allowing the report to be released to specific people.
1st PHASE OF TREATMENT

- Who do you invite to the appointments?
  - TF-CBT is not designed to include the offending parent but what if reunification is the goal?
- Foster parents are asking for advice on how to talk with the child(ren) about their birth parents’ progress and the status of reunification – what now?
- Child is having meltdowns before and after visits. Foster parents argue that visits are traumatizing and they should be discontinued. CW wants your opinion. What do you say?
- Should you rely on foster parents for information about CW case?
ST PHASE OF TREATMENT CONSIDERATIONS

- Consider the offense and who DHS has determined that is safe for the child to be around. If they are soon to be reunified, you need to offer support.

- Help the foster parent to focus on the child’s treatment and progress. Coach the FP on how to cue the child to use her coping skills. Help FP to understand developmentally appropriate ways to talk with this child.

- Help the foster parent and/or child welfare worker to understand that all people involved in visitation can help support the child. Ask for a Family Team Meeting, initiating through child welfare. Talk through how to help the child learn to cope and tolerate these difficult emotions.

- When you gather case information, get a Release of Information to talk with all parties. Do not rely solely on one report about the child especially. Foster parents may have some information but the caseworker may have additional info.
NEW CASE INFORMATION
2nd Phase of Treatment

- Visits move to unsupervised multiple times a week just as child is moving into TN. What do you do?
- Child makes a new disclosure during TN. What now?
- Child experiences a placement change. What factors do you weigh in determining next steps in treatment?
Opportunity to collaborate with CW and join around best interests of the child
  - Hold changes in visitation schedule until after GE is completed?
  - If plan is reunification with offending caregivers, can they be prompted to give child ‘permission’ to discuss events?
New disclosure must be reported and an investigation completed without interference from TF-CBT
  - Means we should not have child tell us all about new disclosure (i.e., do a TN) until a forensic interview is completed
  - If DHS chooses NOT to investigate, good to loop back to TN
Recognize that a perfect implementation of TF-CBT may not be possible
  - So, can you complete phase 1 of TF-CBT and transfer to another therapist to complete phases 2 and 3?
  - So, can you complete gradual exposure to CH One of TN and have another therapist complete the remaining chapters?
NEW CASE INFORMATION
3rd Phase of Treatment

- Who gets to be in the child’s conjoint session?
- How do you manage nonoffending caregiver who has worked their plan with CW and now wants to be included in TF-CBT?
- Who is involved in safety planning sessions? How do you set child up for success if s/he is being reunified with a birth parent who was not involved in sessions?
Consider → Who has EARNED the right to be in the child’s conjoint session?
- But first, was the opportunity for engagement even offered?? Need to give the parents a fair chance for involvement

Possible options
- ‘Catch up’ nonoffending caregiver so they can be ready in time for conjoint
- Do a second conjoint later
- Hold a safety planning session where rules can be reviewed
What case events could happen to cause you to rethink termination?

You’ve met your treatment goals but DHS says the child(ren) need ongoing ‘support’ – what do you do?

You find out child has been seeing an individual therapist outside of your agency this whole time – how do you handle this?
TERMINATION CONSIDERATIONS

- Opportunity to educate CW about effective treatment
  - Has an identified goal and treatment plan
  - Not typically open-ended support – rather, skill building and application to help generalization of new skills
  - If the request is coming from anxiety about discontinuing treatment, discuss possibility of tapering sessions and/or returning for booster sessions

- New therapist emerges – another support system to engage on behalf of the family
  - Can you engage this therapist in safety planning for the family?
  - Can you engage this therapist as part of successful transition planning?
What are other difficult situations you have encountered working with foster care children?
THANK YOU!

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