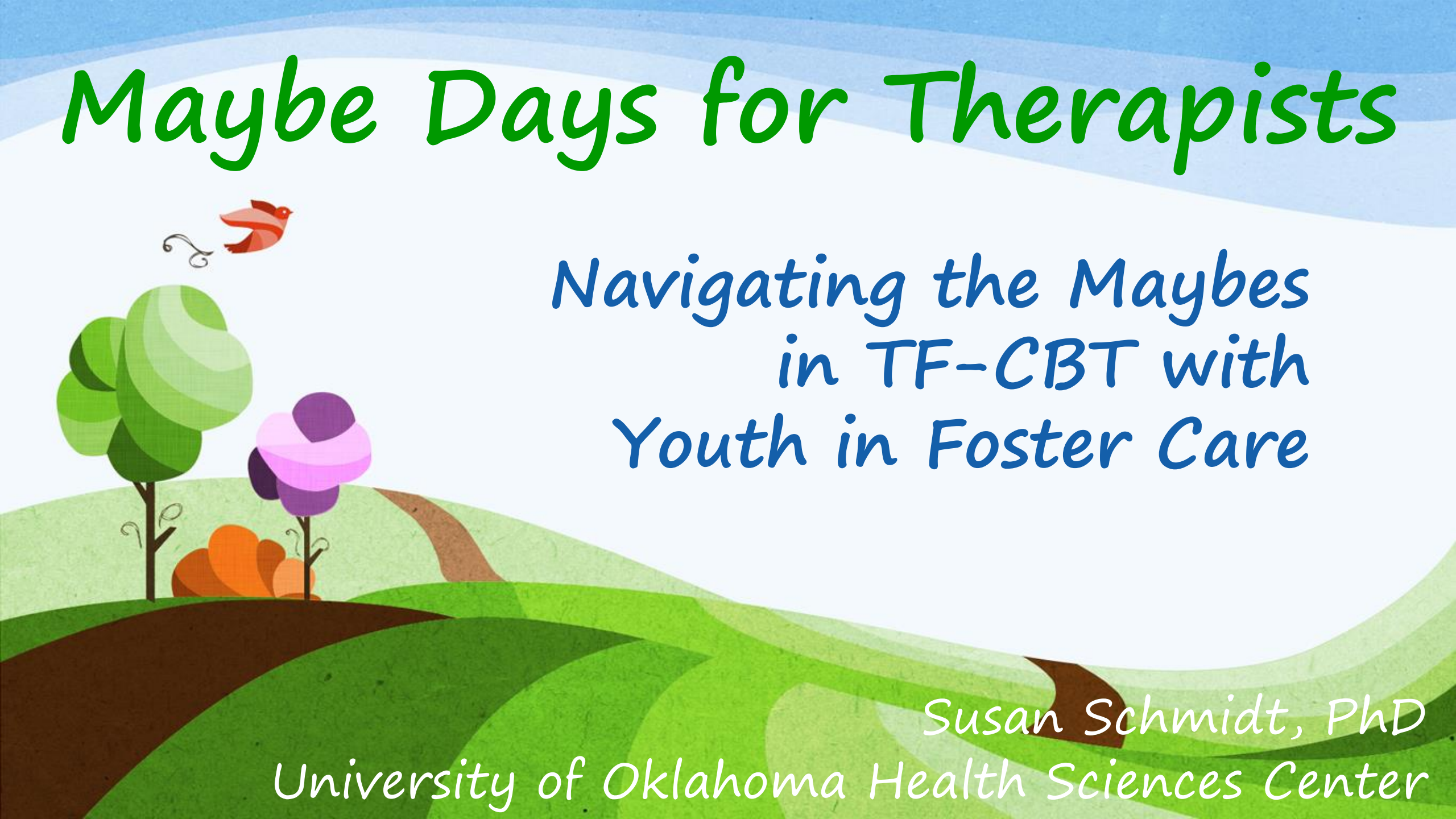
Maybe Days for Therapists



Navigating the Maybes in TF-CBT with Youth in Foster Care

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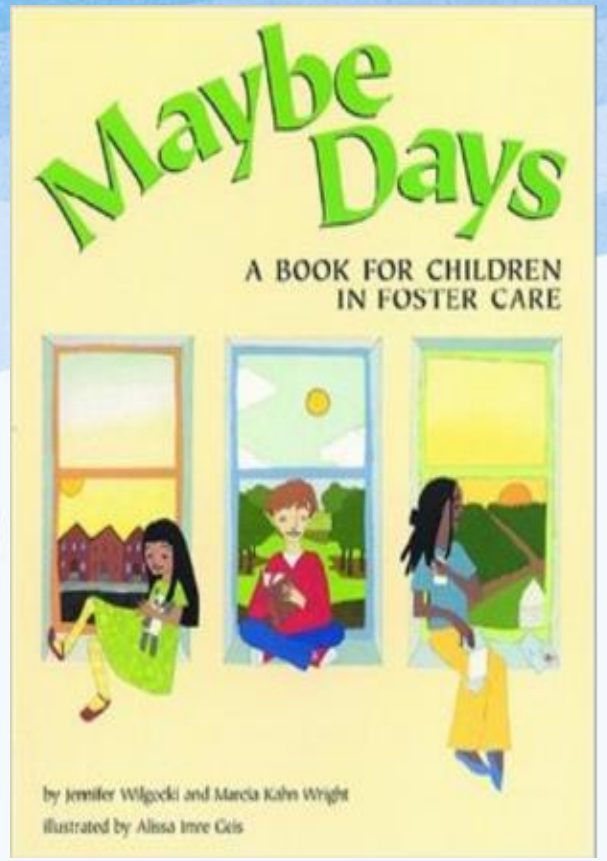


For many children in foster care, the answer to many questions is often "maybe". "Maybe Days" is a straightforward look at the issues of foster care, the questions that children ask, and the feelings that they confront. A primer for children going into foster care, the book also explains in children's terms the responsibilities of everyone involved - parents, social workers, lawyers and judges. As for the children themselves, their job is to be a kid - and there's no maybe about that.

What "Maybes" do therapists navigate in treating youth in the foster care system?

Navigating the "Maybes"

Step 1: Define the situation parameters

- Who are the specific entities, large and small?
- What do you HAVE to do?
- What would you like to do?

Step 2: Define YOUR parameters in your role

- What CAN you do?
- What exactly is your role?

Step 3: Generate possible tactics

Use the Turtle Steps

1. Stop and say how you're feeling
2. Go into your shell and do a relaxer
3. Think of something helpful to do
4. Then come out and do it!

Conundrum:

The Judge orders TF-CBT & family therapy. CW refers the child to multiple providers.

Maybe I should go ahead and start TF-CBT and support additional family therapy?

- The Judge ordered it…
- CW is worried the Judge will come down on them next court date if there isn't additional family therapy…

Other thoughts fueling this maybe?

Maybe I shouldn't start TF-CBT or support additional family therapy?

- I don't know if this child needs TF-CBT. I need to assess first for trauma symptoms and other treatment needs.
- TF-CBT is family-focused, so extra family therapy may not be needed and may make TF-CBT with the family less effective.

Maybe we should keep multiple providers?

- The referral was already made/the child is already in treatment somewhere else…
- The caregiver (or child/CW/CASA) doesn't want to stop the other provider…
- The other provider comes to the house/school…
- The other provider said they plan to work on non-trauma issues…

Other thoughts fueling this maybe?

Maybe I shouldn’t agree to multiple providers?

- Most children don’t need this much therapy and it may make TF-CBT with the youth/family less effective.
- This can impede Medicaid/Insurance reimbursement for treatment.

Navigating referrals of CW-involved families with multiple treatment providers

Ask at intake if the family is receiving other services.

- What are the service goals?
- Who requested the services and for what purpose? Judge/DHS mandate? If “family therapy” is being ordered, can you educate the judge/CW about TF-CBT qualifying as a family treatment model?
- What is the family’s satisfaction with each service?

Navigating referrals of CW-involved families with multiple treatment providers

Are multiple services necessary or duplicative? Is the family overwhelmed with appointments? Research has shown that more services required of families involved in CW lead to poorer outcomes.

- If the child will remain in multiple treatments, coordinate care with the providers, including requesting that others refrain from a trauma focus.

Conundrum:

Birth parent is making minimal progress on CW service plan, but plan is still reunification. Foster parents say they don't have time to participate in child's treatment.

Maybe I should just do TF-CBT with the child alone?

- The child may not be in the foster home that long…
- I probably won't be able to engage the foster parents…
- The birth parent may not be appropriate to join the child's treatment…

Other thoughts fueling this maybe?

Maybe I shouldn't just agree to TF-CBT with the child alone?

- The best TF-CBT outcomes for children are with active caregiver involvement.
- It is easiest at referral to set the expectation of caregiver involvement in each TF-CBT session.
- I can enlist the support of the CW/Judge/CASA/etc. to engage caregivers in treatment.
- Inviting the birth parent into TF-CBT will create an opportunity for them to enhance their parenting capacity and provide another source of data for the Court's decision-making.
- I can bring the birth parent into TF-CBT in a way that will be safe for the child and reduce the potential for overwhelming the parent.

Determining which adults will participate in TF-CBT treatment and when?

- Foster parent(s) are actively involved in sessions from start of treatment.
- What is the permanency plan/timeframe & status of the birth parent('s) service plan progress? What is the status of the foster placement?
- The model was designed for inclusion of non-offending caregivers only. What was the birth parent involvement in the youth's trauma?
- What safety risks might be involved in bringing the parent into TF-CBT?
- If the parent is being ordered into the youth's treatment, which PRACTICE components would be most appropriate and safe? PPRAC? Enhancing safety?
- If birth parents are coming in mid-treatment, we typically recommend starting with individual parent/therapist sessions to assess parent readiness and start with psychoed and parenting. In these cases, we recommend waiting until after TN & Cog Processing are completed to begin birth parent/child sessions.

Conundrum:

Foster parents report that the child is having meltdowns before and after visits.
Foster parents argue that visits are traumatizing and they should be discontinued.
CW wants your opinion.

Maybe I should say that I think the visits should be discontinued?

- The foster parents are relying on me to advocate on their behalf.
- I'm highly concerned about this child's safety risks and am afraid that the CW won't do anything without my opinion to stop visitations.

Other thoughts fueling this maybe?

Maybe I shouldn't provide an opinion on visit continuation?

- I should first talk with all approved parties about the child's functioning to assist in determining options for intervention.
- Is this my professional role? Would my opinion come from a biased perspective?
- I can normalize the child's reactions and help the FP and CW understand that all people involved in visitation can help support the child.
- I can coach all caregivers on how to cue the child to use her coping skills. I can help them to understand developmentally appropriate ways to talk with this child.
- I can ask for a Family Team Meeting, initiating through child welfare, focusing on ways we can all help the child learn to cope and tolerate these difficult emotions related to visitations.

Conundrum:

You're getting pulled to weigh in on placement changes &/or permanency.

Maybe I should?

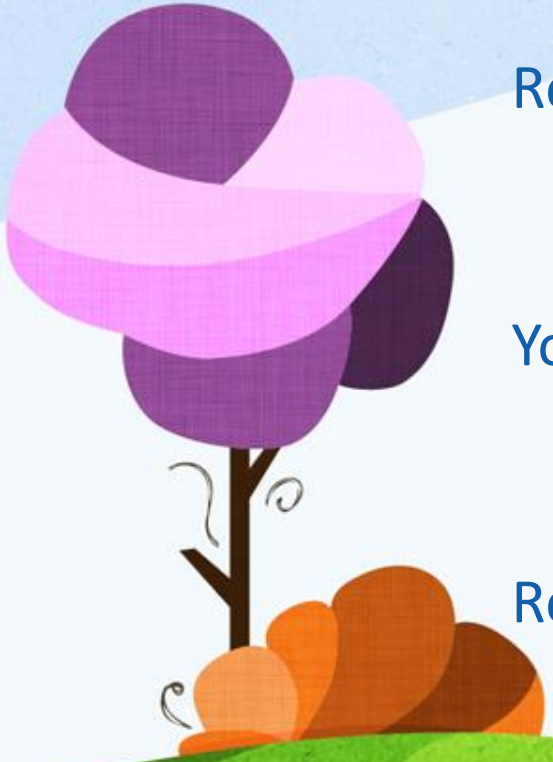
- The judge/caseworker/CASA/parent is expecting this of me…
- I have a personal opinion about what placement would be best…
- I know what harm this child experienced in the parent's care and how it impacted him/her…

Other thoughts fueling this maybe?

Maybe I shouldn't?

- This isn't my professional role in this case…
- I may bring inadvertent bias into my opinion…

Navigating Requests for Visitation, Placement & Permanency Opinions

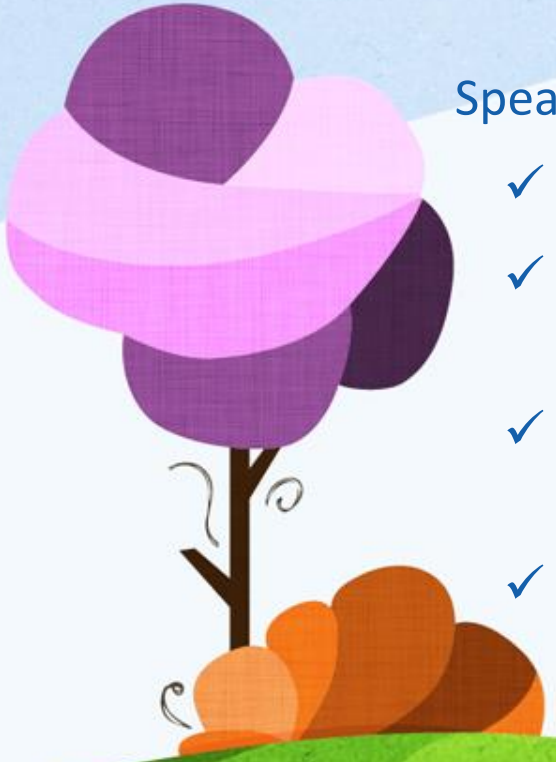


Remember your professional role in this case. Ethically, you're limited in what you can say about a birth parent given that they are not your client.

You **will be** asked to give opinions on visitation, placement changes &/or reunification, but be exceptionally cautious about doing so. As the child's therapist, you are in a biased role.

Recommendations regarding timeframes for starting/reinitiating visitations, placement changes & reunification can be respectfully offered based on the child's treatment progress.

Navigating Requests for Visitation & Permanency Opinions



Speak to what you have clearly observed/learned through your therapeutic interactions:

- ✓ Child's symptoms, diagnoses & current functioning
- ✓ Comments the child has made in treatment regarding their relationship with their parent(s)
- ✓ Observations of the level and quality of the parent's participation in the child's treatment
- ✓ Status of the child's treatment: progress across treatment goals, level of participation, remaining components, anticipated completion timeframe.

2nd phase of treatment considerations

- When visitations with caregiver are planned in/around TN timeframe:
  - Can you encourage CW to 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.
  - Do not have child tell all about any new disclosure (i.e., do a TN) until a forensic interview is completed.
  - If DHS chooses NOT to investigate, you're good to loop back to TN.
- When placement changes are imminent around TN and Processing.
  - Can you complete phase 1 of TF-CBT and transfer to another therapist to complete phases 2 and 3?
  - Can you complete gradual exposure to CH 1 of TN and have another therapist complete the remaining chapters?

3rd phase of treatment considerations

- Consider → Who has EARNED the right to be in the child's conjoint session?
  - But first, was the opportunity for engagement even offered? We need to give the parents a fair chance for involvement.
- Possible options:
  - 'Catch up' non-offending caregiver so they can be ready in time for conjoint.
  - Do a second conjoint later when the youth and caregiver are ready.
  - Hold a safety planning session where rules can be created together and practiced.

Graduation/Termination

- What case events could happen to cause you to rethink treatment graduation &/or termination?
- You've met your treatment goals but DHS says the child(ren) need ongoing 'support' – what do you do?

Thank you!

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