The current landscape challenges children, foster parents and the system

<table>
<thead>
<tr>
<th>Children in out-of-home placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Many kids have faced adverse childhood experiences</td>
</tr>
<tr>
<td>• Clinical support for these children is often limited</td>
</tr>
<tr>
<td>• Many kids will not have a formal clinical treatment plan</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foster Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• As compared to other helpers, foster parents spend the greatest amount of time with the child – they are often the primary intervention for children in care</td>
</tr>
<tr>
<td>• Foster parents have not received adequate training and support</td>
</tr>
<tr>
<td>• Foster parents should be equipped with a skill set to respond to the needs of all children who are placed in their home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Public child welfare systems lack resources</td>
</tr>
<tr>
<td>• Direct service staffing pressures often limit resources for foster parent development and support</td>
</tr>
</tbody>
</table>
Foster Parents as Frontline Practitioners: Hypothesis

Help with challenging behaviors + Self-regulation strategies → Placement stability 

Improved permanency

Improved Outcomes for Children

By employing interventions that target behavior management and self-regulation strategies for foster parents and youth, placement stability and permanency will be improved.

We identified two trauma models as promising approaches to parenting children in foster care

Attachment Regulation and Competency (ARC)

Trauma Systems Therapy (TST)

Considerations for Implementation
ARC developed by Blaustein & Kinniburgh is organized around ten treatment targets, three domains and one overarching goal.

**Attachment**
- Caregiver management of affect
- Attunement
- Consistent caregiver response
- Building routines and rituals

**Regulation**
- Identification
- Modulation
- Affect expression

**Competency**
- Strengthening executive functions
- Self development and identity

**GOAL**

**Trauma-Experience Integration**


The developers of ARC created a nine module foster parenting curriculum: ARC Reflections

**INTRODUCING:**

**ARC Reflections**

**Reflections:** *A resilience-based comprehensive framework for intervention for parenting youth and teens exposed to complex trauma*

- Foster parents will learn about parenting kids who have experienced traumatic events
- Staff will be trained in Reflections and learn how to reinforce the skills foster parents will learn about trauma focused parenting

Relational, Empathic, Flexible, Loving, Engaged, Curious, Trauma-Informed, Intentional, Open, Nurturing, Supported
ARC Reflections is a training curriculum and includes a caseworker guide

9 modules, 2 hours each, designed to:

- Build understanding of trauma’s developmental impact
- Teach strategies to help children manage emotions
- Promote parent self-awareness and management of secondary traumatic stress

**The 9 ARC Reflections modules**

1. Understanding Trauma
2. Behavior Makes Sense
3. Put on Your Oxygen Mask
4. Cultivate Connection
5. Mirror, Mirror
6. Calm, Cool and Connected
7. Respond, Don’t React
8. Who are you? All About Identity
9. Endings and Beginnings

What is your energy right now?

- Totally Comfortable
- Great Match
- Really Uncomfortable
- Terrible Match
Be an observer

How Do We Observe?

• We observe by:
  - Managing our own reactions and feelings
  - Slowing down our reactions and using the tools in our self-care toolbox
  - Becoming a detective:
    - Purposely tuning in and paying attention
    - **Going beyond surface behaviors** and working to understand what drives them
  - Noticing patterns
Implementation Evaluation of ARC Reflections

Implementation Settings

North Carolina Child Welfare System:
- Buncombe County
- Catawba County
- Cleveland County
- Haywood County
- Lincoln County

Virginia Child Welfare System:
- Fairfax County

12* VA Evaluation supported by AECF; Evaluation in NC counties supported by Duke Endowment
ARC Reflections Evaluation Questions

How is the ARC Reflections curriculum implemented?

After ARC Reflections training, do foster parents, kinship caregivers, case managers know more about:
- The impact of trauma on children's behavior and functioning?
- Trauma informed approaches?

How much do foster and kinship placements stabilize after ARC Reflections curriculum training?

Evaluation Design:
Data Collection

Pre-, Post- Follow-up Surveys for Parents

Interviews & Focus Groups

Observation of Training

Fidelity Checklists

Attendance

AECF Team Meetings
Foster Parent/Kinship Caregiver Demographics

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
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<tbody>
<tr>
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<tr>
<td>Male</td>
<td>50</td>
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<table>
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<tr>
<td>White</td>
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<td>Other</td>
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<table>
<thead>
<tr>
<th>Age</th>
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<tr>
<td>26-30</td>
<td>8</td>
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<tr>
<td>31-40</td>
<td>45</td>
</tr>
<tr>
<td>41-50</td>
<td>29</td>
</tr>
<tr>
<td>50+</td>
<td>33</td>
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</table>

Years of experience as a foster parent

\[ M (SD) = 3.0 (2.8), \text{ Range } = 0-14 \text{ years} \]

Education

Results: Significant Increases in Two Family Protective Factors

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Pre-Training (n = 81)</th>
<th>Follow-up (n = 38)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
</tr>
<tr>
<td>Family Functioning/</td>
<td>6.0</td>
<td>0.87</td>
</tr>
<tr>
<td>resiliency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Support</td>
<td>6.4</td>
<td>0.79</td>
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<tr>
<td>Concrete Support</td>
<td>5.6</td>
<td>1.62</td>
</tr>
<tr>
<td>Nurturing and Attachment</td>
<td>6.2</td>
<td>0.78</td>
</tr>
<tr>
<td>Child development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know what to do as a parent</td>
<td>5.0</td>
<td>1.80</td>
</tr>
<tr>
<td>Know how to help my child</td>
<td>6.15</td>
<td>0.87</td>
</tr>
<tr>
<td>my child learn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child’s misbehavior is not to</td>
<td>5.4</td>
<td>1.50</td>
</tr>
<tr>
<td>upset me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praise child when he/she</td>
<td>6.1</td>
<td>0.90</td>
</tr>
<tr>
<td>behaves</td>
<td></td>
<td></td>
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<tr>
<td>Don’t lose control when</td>
<td>6.2</td>
<td>0.97</td>
</tr>
<tr>
<td>disciplining</td>
<td></td>
<td></td>
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</table>

*Significant at p < .05 from pre- to follow-up

Adapted from the Protective Factors Survey, FRIENDS National Resource Center for Community-Based Child Abuse Prevention in partnership with the University of Kansas Institute for Educational Research & Public Service.
Results: Significant Increases in Trauma Knowledge & Beliefs

![Graph showing significant increases in trauma knowledge and beliefs]

Pre-training (n = 111)  Post-training (n = 109)  Follow Up (n = 41)

17 Resource Parent Knowledge and Behavior Survey (Sullivan, Murray, Kane, Ake, 2014)

Results: Foster Parent/Kinship Caregiver Perceptions of Training

- Training sessions were interesting and engaging
- There was a good balance of presentations, discussion, and activities
- Presenters were clear and effective and activities were helpful
- More equipped to care for children exposed to trauma
- Prior to training, not familiar with information covered in ARC Reflections
ARC-Reflections: Additional Findings

- Offered foster parents useful, practical tools and approaches to parenting children who have been exposed to trauma

- Trainers implemented ARC Reflections with high fidelity

- Implementation might be improved by training caseworkers in addition to foster parents

We identified two trauma models as promising approaches to parenting children in foster care

Attachment Regulation and Competency (ARC)

Trauma Systems Therapy (TST)

Considerations for Implementation
The core of TST is to help the child gain control over emotions and behavior

TST Addresses:
A child who has experienced trauma and is not able to regulate emotional states
A social environment and/or system of care that is not sufficiently able to help the child to regulate these emotional states

These two characteristics define a trauma system

Given the presence of a ‘Trauma System’ TST works to:
1) Enhance the child’s capacity to regulate emotion, and
2) Diminish the ongoing stresses and threats in the social environment
3) Build the capacity of significant others in the environment to help the child control emotional/behavioral responses

An Interesting Experiment with Rats

WHERE IS THE CAT AND WHERE IS THE CAT HAIR?

The developers of TST, along with KVC Health Systems adapted Trauma Systems Therapy for public child welfare

INTRODUCING:

Trauma Systems Therapy – Foster Care

TST-FC: is a skill-building curriculum for foster parents grounded in trauma systems therapy principles

➢ TST-FC is trauma focused parenting training for foster parents and kin caregivers caring for kids in out of home placements
➢ All foster parents will learn about parenting kids who have experienced traumatic events

TST-FC teaches foster parents and staff strategies that assists the family and child
TST-FC helps by simultaneously giving kids and families ways to

1. Better regulate emotions
2. Decrease traumatic reminders in the social environment

A traumatized child who experiences survival-in-the-moment states in specific definable moments

A social environment and/or system of care that is not able to help the child to regulate these survival-in-the-moment states

TST-FC Curriculum

4 modules, 2 hours each, designed to:
• Develop understanding of traumatic stress
• Increase the emotional regulation and problem-solving skills of adults and children
• Provide tools that support parenting
• Emphasize teamwork: Foster parents must be supported by – and contribute to – the work of agency professionals.

The 4 TST-FC Modules
1. The Impact of Trauma
2. Strategies to Address Trauma
3. Coping with Difficult Behavior
4. Generating Signals of Safety
## Stages of Behavior (the 4 R’s)

<table>
<thead>
<tr>
<th>CHILD BEHAVIOR</th>
<th>Regulating</th>
<th>Revving</th>
<th>Re-experiencing</th>
<th>Reconstituting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restful. Child is calm and engaged in his or her environment</td>
<td>Vigilant. Child has been triggered and is trying to manage emotions</td>
<td>Fight, flight or freeze. Child’s coping skills are overwhelmed; s/he is struggling</td>
<td>Calming down. Child is beginning to manage emotions and re-engage</td>
<td></td>
</tr>
<tr>
<td>Vigilant. Child has been triggered and is trying to manage emotions</td>
<td>Help your child regulate emotion</td>
<td>Make sure your efforts to contain the child do not re-traumatize him or her, keep the child and others safe</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td></td>
</tr>
<tr>
<td>Help your child continue to manage emotions and re-engage</td>
<td>Make sure your efforts to contain the child do not re-traumatize him or her, keep the child and others safe</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td></td>
</tr>
<tr>
<td>Minimize triggers to prevent escalation</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td>Help your child continue to manage emotions and re-engage</td>
<td></td>
</tr>
</tbody>
</table>
Implementation Evaluation of TST-Foster Care

Implementation Settings

**Maryland:**
Washington County

**Ohio:**
Richland County
Evaluation Questions

How is the TST-FC clinical intervention and curriculum implemented?

After training, do foster parents, kinship caregivers, child welfare staff, and mental health clinicians know more about:
- The impact of trauma on child behavior and functioning?
- Trauma-informed approaches?

How, if at all, are foster parents and staff using TST specific tools and approaches to working and caring for trauma impacted children?

Evaluation Design:
Data Collection

- Pre-, Post- Follow-up Surveys for Parents
- Pre-, Post- Follow-up Surveys for Staff
- Observation of Training
- Attendance
- Interviews & Focus Groups
- AECF Team Meetings
Foster Parent/Kinship Caregiver Demographics

<table>
<thead>
<tr>
<th>Gender</th>
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</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>21-25</td>
<td>1</td>
</tr>
<tr>
<td>26-30</td>
<td>1</td>
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<tr>
<td>31-40</td>
<td>25</td>
</tr>
<tr>
<td>41-50</td>
<td>36</td>
</tr>
<tr>
<td>50+</td>
<td>48</td>
</tr>
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</table>

Years of experience as a foster parent

\[ M = 5; SD = 5; Range = 0-21 \text{ years} \]

Education

<table>
<thead>
<tr>
<th>Years of experience as a foster parent</th>
<th>N</th>
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<tbody>
<tr>
<td>Less than High School</td>
<td>11</td>
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<tr>
<td>High School</td>
<td>25</td>
</tr>
<tr>
<td>Some College</td>
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<tr>
<td>Bachelor’s Degree</td>
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<tr>
<td>Master’s Degree</td>
<td>16</td>
</tr>
<tr>
<td>Doctoral Degree</td>
<td>3</td>
</tr>
</tbody>
</table>

Results: Significant Increases in Trauma Knowledge & Beliefs

Results: Foster Parent/Kinship Caregiver Perceptions of Training

- Training sessions interesting, presenters clear, activities helpful, and training implemented with fidelity
- Good balance of presentations, discussion, activities; favorite activities: role plays, coping skills and strategies
- Communication among the staff & foster parents improved due to “shared language”
- More confidence and more equipped to care for children exposed to trauma
- Knowledge gained helpful to children in their care, and TST-FC can benefit all children

TST-FC Child Welfare Outcomes

- The rate of children exiting foster care from TST-FC homes was lower than foster homes overall in both counties
  - Suggests greater placement stability for children in TST-FC foster homes compared to children in non-trained foster homes
Overall Implications and Conclusions: TST-FC & ARC Reflections

- Both models:
  - Were implemented effectively in child welfare
  - Improved trauma knowledge & beliefs
- Tailoring training structure & format to the needs of agencies may increase engagement
- Booster trainings may be needed to maintain gains and to provide additional support
- Full systems integration is likely optimal for positive child outcomes
- More rigorous research needed to determine child outcomes of training

We identified two trauma models as promising approaches to parenting children in foster care

Attachment Regulation and Competency (ARC)

Trauma Systems Therapy (TST)

Considerations for Implementation
Pilot sites share their experiences with ARC Reflections and TST-FC

“One of the biggest differences and one of the most useful things for us was having other foster parents there and being able to talk through the experiences and like all the different permutations of trauma and how that might come up in the relationship…”

“When a child would have a negative behavior in my home, the question was, “How do I fix this and avoid it in the future?” Now the question is, “Where is this behavior coming from?” Taking that extra time to really see the whole child, past and present, and take into account their stress level, my stress level, and the trauma background let's me make attentive decisions on how I parent…”

“The opportunity to provide trauma focused interventions with foster parents and youth placed in care has dramatically changed our practice and re-energized our staff's commitment to this work.”

“We are more willing (to take care of ourselves) because we feel normal to need that space.”

Available for Free Download at AECF.org

ARC REFLECTIONS CURRICULUM
- Implementation Guide
- PowerPoint training presentations
- Facilitator guides
- Handouts for foster parents
- Olivia's story
- Case manager guide
- Survey and feedback materials

http://www.aecf.org/ARC

TST-FC CURRICULUM
- Implementation Guide
- PowerPoint training presentations
- Facilitator guides
- Foster parent resource guide
- Facilitator welcome and preparation
- Survey and feedback materials

www.aecf.org/tstfostercare
For more information

The Annie E. Casey Foundation
- Tracey Feild, Managing Director, Child Welfare Strategy Group, tfeild@aecf.org

ARC Reflections
- Margaret Blaustein, Director of Training and Education, The Trauma Center at JRI, at mblaustein@jri.org

TST-FC
- Glenn Saxe, Professor, Department of Child and Adolescent Psychiatry, New York University School of Medicine at glenn.saxe@nyumc.org
- Kelly McCauley, Associate Director - KVC Institute for Health Systems Innovation, kmccauley@kvc.org