Fostering Better Outcomes

May is National Foster Care Month, first established to bring awareness to the foster care system and all its stakeholders. The past couple of years have seen rapid, significant changes across the country that essentially impacted all state's child welfare systems. In February 2018, President Trump signed the Bipartisan Budget Act to keep the government open and operational for an additional six weeks. Within that budget was nestled Title VII – Family First Prevention Services | Subtitle A – Investing in Prevention and Supporting Families.

"The purpose of this subtitle is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services."

The changes seen in the state of Missouri are varied. An updated Missouri Child Welfare Manual (published in late 2019 and accessible online at dssmanuals.mo.gov/child-welfare-manual-2019-update) reflect major revisions to the practice model. This model was based on work from the Annie E. Casey Foundation and describes the four pillars of practice. What is likely the most evident change is the pillar of Team Decision Making. A case worker is no longer solely responsible for making life-altering decisions for a child and their family at a time of crisis. For foster parents, being part of the team is fully embodied in this supporting pillar.

The other pillars in Missouri's revamped model include the Five Domains of Wellbeing, Trauma-Informed Practice, and Signs of Safety. The Five Domains of Wellbeing are social connectedness, stability, safety, mastery, and meaningful access to relevant resources – all elements recognized as universal human needs to facilitate health and hope in breaking the cycle of poverty, violence, and trauma. Though some would consider reading a child welfare manual boring, it would be an excellent way for resource parents to more fully understand the reasoning behind some of the rules and policies workers must follow.

Another shift that is a result of the Family First Prevention Services Act is a curtailment of group homes or congregate care for children in care. Eligibility for federal reimbursement also requires the use of evidence-based practices, particularly in the areas of in-home parenting skill training and mental health services.

Some changes were made in Missouri to meet the new federal guidelines for licensing foster homes. Resource parents now must have quite a few additional trainings including CPR and First Aid, before licensure. These additional trainings are over and above the 27 hours of preservice training known as STARS. Old practice allowed some of these trainings to be completed within the first year of holding the license.

The Family First Prevention Services Act also provides for a one-time grant of $8 million to recruit and retain quality foster homes. States may also extend the Chafee Foster Care Independence Program to age 23 for youth who have aged out of the system. Education and training vouchers may be extended to age 26, but for no more than five years total.

These are just some of the changes that resource parents have witnessed, but may have scratched their head and thought, "Why do we have to do this now?" The next time you come up against an inexplicable change, ask why this and why now. Chances are the changes were made to better serve families in need and to access federal funding for the future. Don’t be discouraged – check out the Family First Prevention Services Act online. Remember that knowledge can be empowering, both for birth families and the resource parents who serve them.
Nurturing Ourselves Is Not Selfish

Those of us who become involved in the care of children from hard places tend to be “givers,” programmed to give to others first before taking care of ourselves. For some of us, this stems from religious beliefs and practices, but even spiritual leaders model self-care through meditation or guided retreats. Others, more often women than men, are the anchor in single-parent homes, not only embracing the role of nurturer, but also providing for basic needs while protecting and teaching the children in their care the ways of the world. Letting go of all the demands is extremely difficult, and we may be plagued with guilt about not volunteering for a school fieldtrip or getting to the nursing home this week to visit an aging parent.

We need to collectively take some deep breaths, relax, and pamper ourselves for a few minutes. Adults cannot nurture their children if they do not nurture themselves first. We recall the pre-takeoff announcement on an airplane that if the oxygen mask drops down out of the ceiling, you need to put yours on first, before tending to a child or an elderly person who may be traveling with you. The same advice is true for parents who are parenting children with challenges.

Failure to take care of yourself can lead to compassion fatigue, resulting in numbness, distance from others, and a lack of zest for life. This is a very real issue and can be found in many of the caring professions – including parenting. Self-care is an important activity for anyone who works daily with children who have experienced trauma.

Many will say, “I just don’t have the time!” Between the homework, sports, therapy sessions, and school extracurricular activities, folks feel squeezed for time. This is where we need to do an honest assessment of what is absolutely necessary and what can be deleted from a hectic schedule. Parents need to ask themselves, “If I drop this activity, what is the worst that can happen?”

Mindfulness is a form of self-care, and the most wonderful thing about it is that it can be practiced nearly anywhere, and in just a few moments a day. Though possessing ancient Eastern roots, mindfulness is being integrated into our mainstream. More and more schools offer it as part of their curriculum to help students reduce stress. However, you don’t need to be a student to learn how to make mindfulness part of your life. Instead, there are tools available right at your fingertips! Free apps like Aura, Breethe, Buddhify, Calm, and Headspace (just to name a few) provide a number of options to get started in making mindfulness a daily practice.

Estimates of the amount of time spent on social media by the average user reached 153 minutes daily in 2019. And of those 153 minutes, how many of those posts make you angry, riled up, and ready to jump in with your two cents worth of commentary? Perhaps time could be better spent with 15 minutes on a mindfulness app. This could be done while waiting for your child in therapy, getting an oil change, or simply as a way to unwind after work instead of getting stoked over a story trending on social media. After taking time to refresh, you will find that parenting becomes more fun again.

See how easy this can be? Time for self-care can be found with a simple shift in priorities. So, stop stressing, breathe deep, and nurture yourself to be your best self.
Partnering with Birth Parents for Better Outcomes

Over the past 25 to 30 years, best practices in foster and adoptive care have changed dramatically. When children entered foster care up until the early 1990s, making sure that they had contact with their birth family was generally seen as a low priority. Instead, social workers were instructed to concern themselves primarily with ensuring the child’s physical safety and security. Birth parents were often asked to set up visits well in advance, calling early on in the month to secure the few dates available to spend time with their children. Failure to call resulted in a loss of privileges.

It’s understandable how this all took place. Children’s Division stays plenty busy putting out fires. High caseloads, tight budgets, and a lack of resources make it necessary to triage. But a closer look at what was happening revealed that contact between a child and their caregiver early on following placement, and often thereafter, needed to be placed much higher on the list of priorities.

Attachment theory states that bonds between caregivers and children are built on regular interaction. Numerous studies were conducted in the late 1990s to early 2000s that documented the importance of ensuring visits between children and their parents to reduce stress on both parties. Although removing a child from his or her parents resulted in physical safety, the child became vulnerable to the emotional and developmental dangers of separation from their parents. This loss can be potentially overwhelming to children, especially when they are being deprived of contact with their parents as well as their siblings.

In the early-to-mid 2000s, courts and social service agencies enacted best practices that required greater effort on the parts of the system and the workers to see that early, regular visitation was supported. This was a shift in thinking for many of those involved, who had valid concerns about how to work with birth families. Worries about safety, bonding in adoptive situations, the effects of visits on children's behavior, and the awkwardness that can be part of the whole situation came along with the changes part and parcel.

Pressing toward change, not only did workers observe better preservation of the child's attachment to the caregiver, but caregivers showed more motivated efforts toward reunification. In adoption, children were found to bond more effectively with adoptive parents when connections to birth, extended, and previous foster families were honored and maintained where appropriate. Progressive states began encouraging more partnership between foster parents and birth parents, creating a mentoring model. With foster parents using their time with birth parents to help keep the parent “in the driver's seat” so to speak, a successful reunification became more likely. For children being adopted, the move toward more open adoption situations has allowed for families to attain invaluable information to share with their children as they grow - information that could never come from a case file.

As a community of caregivers, we continue to learn and evolve together. We are helping to achieve better outcomes for our children by being flexible, lifelong learners in the ever-changing world of child welfare. Your work matters and you are making a difference...one child and one family at a time.
**Our Vision**

FamilyForward leads the community in providing innovative solutions for advancing safer, healthier relationships for children and families.

**Our Mission**

FamilyForward moves vulnerable children in the direction of hope by delivering comprehensive therapeutic and educational services to support biological, foster, and adoptive families.

Visit [familyforwardmo.org/publications](http://familyforwardmo.org/publications) to read LifeLines online.
Educational Opportunities for Adoptive and Foster Parents

Each session counts as training toward your licensure requirement. Sessions are provided at low or no cost to all adoptive and foster parents. Registration is required.

Please note that all classes are for adults only. Children are not permitted in the classroom as training content is often not appropriate for them. Please arrange for childcare in your home as children cannot be left unattended in the lobby or hallways of the building. Thank you for helping keep your children safe.

Level A Youth with Elevated Needs
Wednesdays: April 8, 15, 22, 29 and May 6, 13, 2020 | 6:00 pm – 9:00 pm

This six-week course is required for families that are caring for youth designated as having elevated needs. This training is just one of the curriculums approved by Children’s Division Central Office; therefore, all six weeks must be completed at FamilyForward. Completion of coursework does not automatically qualify a resource parent as a Level A provider, skill acquisition should be demonstrable within the core competencies. Registration must be completed by your case manager.

FamilyForward Parenting KIDS (Kids In Difficult Situations)
Mondays: May 4, 11, 18 and June 1, 8, 15, 2020 | 6:00 pm – 9:00 pm

Children with histories of abuse and neglect tend to exhibit very difficult behaviors such as chronic lying, stealing, aggression, difficulties with eating and/or sleeping. Trauma-focused parenting is discussed with an emphasis on the impact of trauma on brain development. Insuring a child’s physical, emotional, and psychological safety is paramount to decrease behavioral issues and “re-wire” the brain for appropriate behavioral responses. The National Child Traumatic Stress Network curriculum is utilized and supported with additional material/videos from professionals in the field of developmental trauma. 18 hours of class time is covered in six consecutive weeks.

Crisis Management
Tuesday: May 19, 2020 | 6:00 pm – 9:00 pm

Parents will learn what qualifies as a crisis, the signs of escalation in their children, and methods to de-escalate the dysregulated child. The development and use of safety plans for the home will be discussed. Police CIT (Crisis Intervention Team) and protocol for engaging their assistance will be discussed as well as suicide prevention/intervention.
**Psychopharmacology**  
*Wednesday: May 27, 2020 | 6:00 pm – 9:30 pm (note longer class time)*

This course introduces basic use of medications in the treatment of mental health and behavior concerns commonly found in the childhood population who have experienced chronic, complex early childhood trauma. The course reviews the roles of neurotransmitters in altering moods and behavior, their metabolism, and special dietary interactions, and potential side effects. Navigating the medical system, advocacy, and partnership with the medical team will be addressed in addition to medication storage, administration, and disposal.

**Trauma 101**  
*Thursday: May 28, 2020 | 6:00 pm – 9:00 pm*

When a child is abused or neglected, it can affect every aspect of the child’s development: physical, emotional, social, psychological. A video will kick-start the discussion that focuses on the reasons for delays and challenges based on the neurobiology of brain development. The National Child Traumatic Stress Network Core Concepts of Traumatic Stress are presented. This course incorporates the required reading material that is mandatory for resource parents and provides a solid introduction to the topic of trauma.

**Collaborative and Proactive Solutions**  
*Thursday: June 4, 2020 | 6:00 pm – 9:00 pm*

Formerly known as Collaborative Problem Solving, the model’s originator Dr. Ross Greene works under the assumption that children do well if they can. By viewing challenging behavior as a deficit in cognitive skills, specifically the domains of flexibility/adaptability, frustration tolerance, and problem solving, parents can view their child through sympathetic eyes. Parents practice the three steps of collaborative problem solving: Empathy, Define the Problem, and Invitation.

**Humor in Parenting**  
*Wednesday: June 10, 2020 | 6:00 pm – 9:00 pm*

Humor has many benefits, yet it is an underutilized tool in parenting. Come, laugh, and see how humor can impact your family life for the better – you don’t need to be a comic!

**The Amazing Brain**  
*Tuesday: June 30, 2020 | 6:00 pm – 9:00 pm*

This training will provide parents with a deeper understanding of brain development from the moment of conception to maturation. The impact of early childhood trauma on the brain’s organization will be explored through a small group activity utilizing The Brain Architecture Game. Will your team be able to build a brain that stands up to toxic stress?

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**Register for Training**

Contact Sarah Gamblin at 314.968.2350 ext. 5230 or sarah.gamblin@familyforwardmo.org

**Our Location**  
1167 Corporate Lake Dr, Saint Louis, MO 63132-1716

Visit familyforwardmo.org/calendar to view training information online. All classes are in-person and registration is required.