

Helping Children Heal:

Stabilizing Adoption and Foster Care by Supporting Children and Youth with Behavioral Intervention



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November 28, 2023

What we'll be talking about

1 How unresolved trauma impacts children and youth

2 How the Behavioral Interventionist program supports adoption and foster care stability

3 Strategies to use

Guidelines for Digital Dialogue

Please Participate

- Phone lines are muted but Q & A and Chat boxes are active throughout
- Please participate in audience polls as they come up

Materials Will Be Available

Within a week of the Digital Dialogue, the CBLCC website will have posted:

- A recording of the session
- The slide deck

Poll:

What area most represents the work you do with children and youth who have experienced trauma?

Response Options:

- Federal/state/local government
- Nonprofit/Community leadership
- Direct service worker in foster care/adoption
- Clinician/community mental health provider
- Person with lived experience with foster care/adoption
- Parent (birth, foster, kinship, adoptive)
- Advocate
- Other

Open Response:

What are the biggest challenges you face in serving children and youth who have experienced trauma?

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Kristin Chiappone

President, In-Home Behavioral Programs
FosterAdopt Connect

Presenter

Kristin Chiappone is the President of In-Home Behavioral Programs at FosterAdopt Connect. The agency, which developed the Behavioral Interventionist program, is now replicating its work across Kansas and Oklahoma.

Chiappone's professional journey includes experience in residential mental health, family care, mental health rehabilitation, and child welfare. She has worked tirelessly to effect positive change in the lives of those she serves. Her career has spanned across Missouri, Kansas, and New York, gaining valuable insights and experiences in diverse settings.

FosterAdopt Connect (FAC)

Our mission is to provide foster and adoptive children a stable, loving and nurturing family environment by support and advocacy for abused and neglected children and the families caring for them.

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Our Services:

- Prepare & license foster/adoptive homes
- Child-specific recruitment services (Extreme Recruitment, 30 Days to Family)
- Supports & legal advocacy for youth & young adults
- Kinship Navigator programs
- Prevention program – keeping families together
- Advocacy

Committed to create, pilot and disseminate innovative programs and services to meet the increasingly complex needs of our children and families.

Our Approach:
“In the trenches with you”

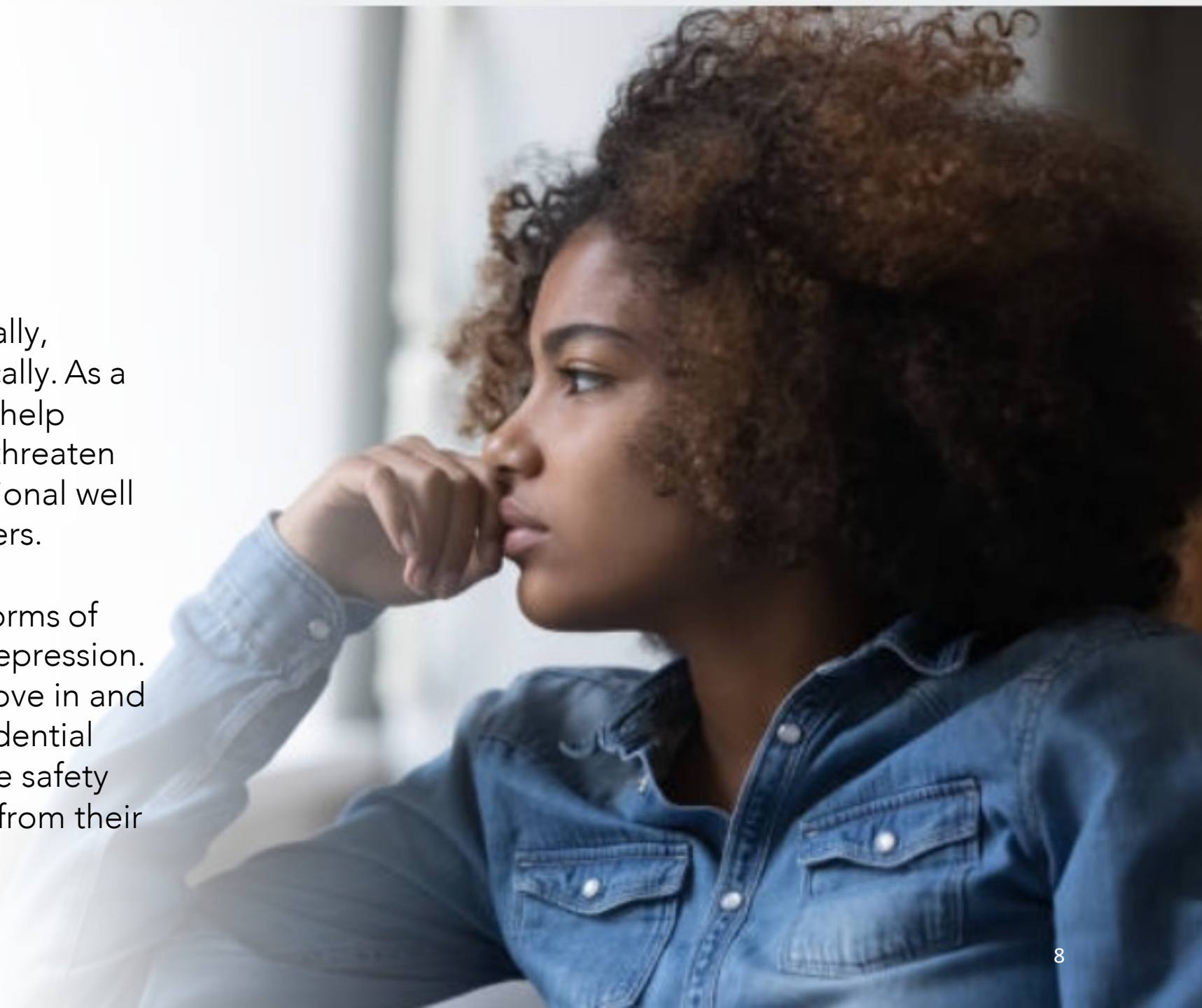
Our History:

- Founded in 1998 by dedicated foster parents who recognized a need for stronger support, training & peer advocacy.
- Quickly evolved into 501c3 with rapid expansion in geographic reach & depth of programs and services offered.

Unresolved Trauma

Trauma hurts children physically, emotionally, and psychologically. As a result, they are likely to need help addressing behaviors which threaten the physical safety and emotional well being of themselves and others.

Trauma can manifest in the forms of aggression, self-harm, and depression. Without support, children move in and out of foster homes and residential treatment centers without the safety and stability needed to heal from their experiences.



National context

A recent ACF study found high rates of post-adoption instability

National Survey of Child and Adolescent Well-Being (NSCAW) Adoption Follow-Up Study: Findings Report, 2022

About one third of children adopted from foster care experience some form of either formal (re-entry to care) or informal instability (running away, homelessness)

Post-adoption stability provision be positively affected by the of needed services

Families are often reluctant to contact child welfare agencies for support because of the stigma

Families often reach out for help when they are already in crisis



What is the Behavioral Interventionist Program?

The Behavioral Interventionist™ program provides intensive one-on-one services within the family home to children who struggle with behavioral and emotional management to the degree that the behaviors threaten the stability of their family.

Development of the Behavioral Interventionist™ Program

The BI Model was developed in 2013 by parents and agency leaders committed to keeping kids in families, and was first launched in 2014

Initially developed as an alternative to high end residential care for a small group of pilot children

Promising results have created increasing demand and referrals from multiple sources and settings

More than 500 youth have been served in Kansas and Missouri alone, and FAC is working to identify local and national partners for replication



Three Overarching Program Goals:

1. Prevent hospital or institutional placements for children in the community
2. Support kinship, foster, and adoptive families at risk of disruption
3. Support children and families post-discharge from high-level treatment settings

The Benefits

Promotes permanency, safety, and well-being as inter-connected and inter-dependent goals.

Aligned with the goals and requirements of federal and state laws

Supports both prevention and reunification, and effectively increases placement stability for kinship, foster, and adoptive families

Serves as a tool to reduce reliance on residential care and high-end placements

Better outcomes with lower cost settings increases ROI and allows jurisdictions to reinvest in critical preventive and family-based services

The Kids We Serve

Experiences may include:

May live with birth parents, or kin/foster/adoptive parents

Experienced significant child abuse or neglect; pre-verbal trauma

Multiple foster placements

History of hospitals & residential care; qualify for high-end residential

Caregiver stress is overwhelming; unable to provide attention to other kids in home

Attachment disruption

Behaviors may include:

Verbal and physical aggression toward peers, adults, family

Self-injurious behavior; risk of suicide

Inability to be soothed or to self-regulate

Violent and extended tantrums

Multiple mental health diagnoses; complex PTSD

Requires constant supervision

Where our referrals come from

Word of mouth

Child welfare

Hospitals

Mental health centers

Foster care agencies

Post-adoption programs

Juvenile justice

Law enforcement

Therapists

Community prevention

Program Elements

The Behavioral Interventionist Model is based on Dr. Bruce Perry's neurodevelopmental approach to childhood trauma



Who is a Behavioral Interventionist?

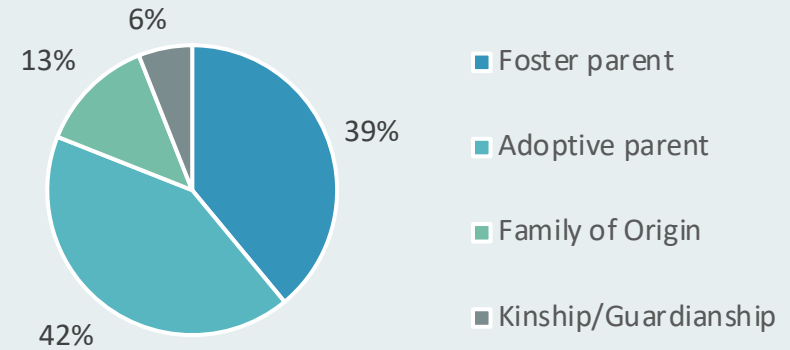
- Minimum of high school diploma; may have Bachelor's degree in social work or related human service
- May work part-time or full-time
- Has experience and enjoys working with kids with elevated behavioral needs
- Part-time BIs often already work professionally with high-needs children (teachers, childcare, paras, nurses, etc.)
- Excellent interpersonal skills and ability to collaborate and advocate
- Demonstrate flexibility and adaptability; can shift styles to fit needs of families and cultures
- Solid commitment to principles of support & advocacy for children and families
- May be recruited because they have a pre-existing relationship with the youth or family

5-Year Dashboard 2018-2022: Who Have We Served?

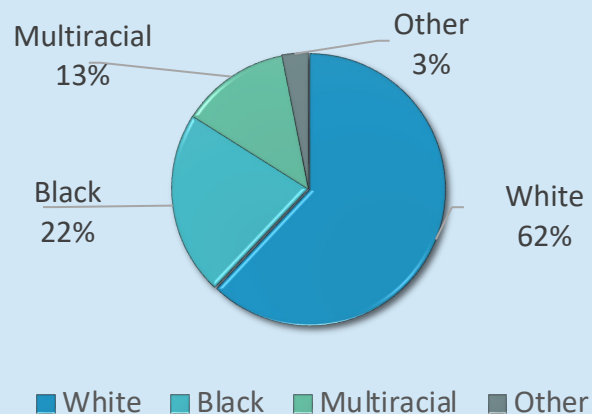
Numbers Served

442
children and youth

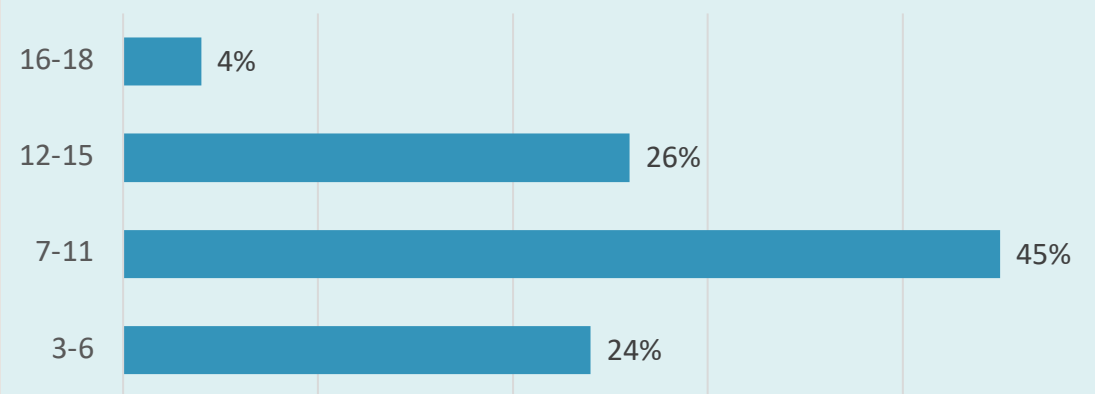
Family Circumstances



Race



Youth Age at Start of Service



How Do We Measure Progress?



Decrease in placement changes



Decrease in institutional care & hospitalizations



Improved child social, emotional, and life skills
assessment scores, including SDQ
CAFAS/PECFAS



Improved Caregiver Assessment scores

FAC partnership with University of Kansas to develop evidence base is entering year 4

Building the Evidence



- University of Kansas - Cohort 1 – Three-year study
- Highlights from 120 youth who received the BI intervention, with 103 children and youth discharged by the end of the study:
 - Total number of residential admissions **decreased by 82%**
 - Total number of mental health admissions **decreased by 75%**
 - Statistically significant & large positive effects on assessment scores
 - Significant decrease in placement changes during BI services

Kids stay where they belong – *with family*

Josiah's Story



Josiah is 15 years old and has lived with grandmother all his life.

Why BI?

- Had BI services in the past and grandmother was very happy to re-initiate services now that Josiah is older and exhibiting challenging behaviors
- Verbally and physically aggressive toward his grandmother and a sibling in the home
- Not taking school seriously and getting poor grades
- Refuses to do chores or any non-preferred tasks
- Would often curse, threaten grandmother, and break household items when told no.

Progress since BI services began:

- Physical aggression has stopped completely, and the verbal aggression is minimal.
- He uses his coping skills to deal with his frustrations and will now respond to directives with two prompts or less.
- He became invested in virtual learning, brought all of his grades up and is attending school on a daily basis.
- Got a job at Wendy's and has been keeping up with his schoolwork while working
- Grandma says he has been more pleasant and willing to complete tasks

~ Grandma says she now has hope for his future and feels very grateful for the support.

~ Because of his improvements in all areas of his life, Josiah graduated the program in December.

What do you need to have in place to do this?

First and foremost, a family-first philosophy and willingness to invest in sometimes extraordinary measures to keep children in families, strengthen relationships, and build family and community capacity.

Commitment to focus on the long-term well-being of children and youth; effectively balancing tradeoffs and providing the opportunity for normalized experiences and development

Readiness and ability to combine strong values and principles with evidence-informed and field-tested practices.

Take-Aways for Practice

For Workers

Normalize the idea that trauma may evoke emotional and behavioral challenges throughout childhood

Teach families from the very beginning that needing help is okay and encourage them to seek help at any point

For Programs

Develop supportive agency-family relationships from the beginning that will continue long after adoption and guardianship

Be creative in developing services to meet the needs of individuals in your own community

For Systems

Be creative about funding; this can be financed in many ways

Be proactive in communicating with families receiving guardianship and adoption subsidies; remind them that challenges can be expected and let them know about services available



Q&A

Please type your questions into the Q&A box.

Presenter: Kristin Chiappone

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<https://bit.ly/FosterAdoptConnectBI>



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To Learn More About the BI Program:

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Thank you for Joining Us!



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