

SELF-STUDY COURSE

When Your Foster Child Needs Counseling

Revised 1999

2.5 Training Hours

This self-study is based on the following sources:

- When Your Foster Child Needs Counseling workshop led by Christy Williams, MSW, ACSW, in February 1994.
- Children and Trauma by Cynthia Monahon, Lexington Books, 1993
- Alaska Center for Resource Families Self study Materials:
“*Children and Adolescents with Mental Health Problems*” Master Series
“*Substance Abuse*” Self-Study Course

This self-study course was developed by Aileen M. McInnis, Training Coordinator for the Alaska Center for Resource Families, Southcentral Regional Office.

Alaska Center for Resource Families
815 Second Avenue, Suite 101
Fairbanks, Alaska 99701
1-800-478-7307
(907) 479-7307

FOSTER PARENT COMPETENCIES **When Your Foster Child Needs Counseling** **Self-Study Course (2.5 Hours)**

This self-study module addresses part or all of the following Child Welfare League of America Competencies for Foster Caregivers

910-11 The foster caregiver knows how to access and work collaboratively with community service providers, including school personnel, mental health workers, health care providers, and others, to obtain needed services for the child and the foster family.

921-9 The foster caregiver understands the phases of the counseling process, including relationship building; assessment, diagnosis and treatment, and can collaborate with the child’s therapist.



WHEN YOUR FOSTER CHILD NEEDS COUNSELING

Part One: What Is Counseling? When Might A Child Benefit From It?

Often, the case plan for your foster child will require that he or she be in counseling (or therapy). Children in foster care have often suffered abuse, neglect or maltreatment. Trauma will affect children in different ways, depending on age, family support, developmental level and basic temperament. This self-study hopes to give you an understanding of what counseling for children means and how to help children get the most from their treatment.

What Are The Goals Of Therapy Or Counseling?

The kind of therapy and type of counselor a child needs will vary. If you live in a small community, you may also be limited by the availability of services specific to children. In any case, the goals of counseling for children often have the same purpose. The common goals of therapy (taken from Children and Trauma) include:

- The safe release of feeling
- Relief from symptoms and post traumatic behaviors
- Recovery of a sense of mastery and control in life
- Correction of misunderstanding and self blame
- Restoration of a sense of trust in oneself and the future
- Minimizing the scars of trauma
- Development of specific skills or coping tools

Therapy is meant to be a process to work through trauma and help a child understand what has happened to him. It also aims to help a child function better in the world around him. However, therapy is not a cure-all. Some vulnerabilities of trauma (even with the best foster parents and the best therapists) often remain with a child and may need to be dealt with at a future time. The length of counseling needed for a child varies from a few sessions to a few years. Most individual sessions last about an hour and meet once a week. Group counseling may also meet once a week, but may go to 90 minutes to two hours.

What Doesn't Therapy Do?

Therapy does not “fix” a child. Therapy is not a cure like a prescription from a medical doctor. It does not make hurt “go away” and it does not guarantee that at another time a child may not have to have more counseling at a different stage of development. Therapy does not make a child forget the trauma. At best, it helps a child understand what happened, put it in perspective, and separate from the trauma in a positive way.

Therapy does not make a child “behave”. Therapists and parents need to work together to devise behavior management strategies for use at home. Therapy involves healing past hurts and may result in better behavior eventually, but control and discipline are not the primary goals of therapy. In fact, the “roller coaster” effect often results in children seeming to get worse before they get better. Therapy does not change family dynamics. Placing a child in therapy will help the child but will not fix the problems in the family. This is why family counseling offers a better chance at successful family reunification.



Because therapy often depends on the relationship between the child and the therapist, the success of therapy will often depend on the skill, experience and personality of the counselor. Just because you might have tried counseling before and it didn't work doesn't mean that it can't be successful in another setting.

Who Will Pay For Counseling For Children In State's Custody?

The answer is probably Medicaid. Children in state's custody are usually eligible for Medicaid and Medicaid can cover some mental health services. These mental health services need to be provided by Medicaid eligible providers (for example, most community mental health centers accept Medicaid.) What Medicaid will pay for will depend on the reason for counseling is, the kind of counseling needed, the number of counseling sessions required, and the diagnosis or label that describes the child's pattern of behavior. Medicaid does not give a blank check to whatever may be needed. The initial assessment and the goal of the caseplan are very important in determining what course of treatment will be pursued.

Working with your caseworker will help you navigate your way through the Medicaid system. Mental health services, as an approved part of the child's caseplan, are paid for by the state, and not paid by the foster parents themselves or with the foster care stipend.



Red Flag Behaviors

What are the signs that your foster child needs counseling? This list of “red flag” behaviors comes from Christy Williams, MSW, ACSW, a child therapist in Anchorage. Any disturbing or repeated behaviors should be brought to the attention of the child's caseworker.

Suicidal Statements or Gestures

Examples: *Putting self in dangerous situations or actually attempting to harm self.*

Self Injurious Behaviors

Examples: *Repeated head banging; cutting on self; pulling out hair; refusal to eat or bingeing and purging; “nervous habits” such as picking at skin, pulling/twisting hair, severe nail biting.*

Out-of-Control Behaviors

Examples: *Sexual acting out; explosive, dangerous, angry outbursts (behavior at home, school and with peers); assaultive behaviors, firesetting.*

Dramatic and Persistent Regression in Developmental Skills

Examples: *Changes in ability to maintain bowel and bladder control; decrease in speech; decrease in self-care skills. Severe regression*

Eating and Sleeping Problems

Examples: *Persistent nightmares or difficulty getting to sleep; wish to sleep all day; refusal to eat; hoarding of food; obsession with eating; difficulty eating within normal limits.*

Extreme Anxiety

Examples: *Discomfort in normal safe situations; problems or panic around going to school; extreme separation anxiety; obsessional behaviors such as repeated hand washing; insistence upon following “rituals” in numerous daily tasks and situations.*

Notable Problems in Relating to Others

Examples: *Lack of interest and/or ability to relate to anyone at home, school, or with peers.*

Delusional and/or Psychotic Thinking and Speech



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Part Two: What Kind Of Counseling Should A Child Receive?

How effective treatment is going to be will be determined by what the child specifically needs and matching him with the right kind of services. The spectrum of mental health services is referred to as the *continuum of care*. The initial determination of what a child needs is called *the assessment*.

The Assessment

The first step in determining what treatment will be most beneficial is the *assessment*. Every child who undergoing some kind of initial assessment should have a first have a thorough physical exam and a developmental screening for young children. Often behavior “problems” have a physical reason behind them (such as ADHD, allergies, internal damage, untreated medical problems, Fetal Alcohol Syndrome, etc.). Once the initial physical exam is completed, there may need to be an additional assessment with a mental health counselor. The assessment may be as simple as talking with the parents, the child, the caseworker and conducting a family history to get a general idea of what is going on. It may be as thorough as a psychological assessment or a psychiatric assessment which both use a combination of tests with the child to determine the educational, social, cognitive and psychological functioning of a child. The more thorough the assessment, the more accurate the diagnosis will be. From the assessment, a child’s treatment team can get a better picture of how the child is doing. Some children who undergo a psychological or psychiatric testing may also have a mental health diagnosis made.

What Is Meant By A Mental Health Diagnosis?

The *diagnosis* is an identification of the general pattern of difficulty the child is experiencing. Unlike a broken leg or brain tumor that can be seen by an x-ray, there is no single test for psychological problems. A diagnosis is reached through consideration of tests, interviews and assessment of symptoms. The terms for diagnoses most often comes from the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. The diagnosis is the descriptive term used by mental health clinicians, insurance companies, Medicaid, schools and other service providers. An accurate diagnosis helps the people around the child provide the kind of help he needs. Without an accurate diagnosis, we may actually be treating a child in a way that is harmful.

What Services Are Included In The Continuum of Care?

Counseling and therapy are generic terms that cover many kinds of professional help. It is helpful to think of counseling on being on a continuum of care that provides a variety of services dependent on the needs of the child. For most children in foster care, group and individual counseling is most common. Following is a list of some of the treatment included in the continuum of care.

FAMILY COUNSELING:

In family counseling, all members of the birth family or foster family attend the session. This is helpful to aid all family members to understand the roles they play and bring to light how individual's actions affect other family members. It reinforces family identity and unity, and prepares a child for returning home (if it is a birth family) or prepares a child for integration into the family (if it is a foster family). Since an addition of a foster child may throw a normally stable family off track, often family counseling for foster families can be very beneficial.

PARENT TRAINING:

When children have special needs, foster parents often have to learn special skills to work with the children at home. This is important for behavior management as well as for younger children who are more influenced by their daily life at home than by a "counseling session."

INDIVIDUAL COUNSELING:

A child may be seen individually by a therapist specializing in children or in particular areas. Individual counseling offers focused treatment and allows the development of a relationship between therapist and child. Individual therapies vary greatly. Following are a few of the more common forms of child therapy.

Talk Therapy: Similar to adult therapy, the child and the therapist spend time talking about what happened to the child and exploring the child's reaction to past events. This therapy depends on the child's ability to speak and articulate feelings, thus is not as effective with younger children.

Play Therapy: Play therapy is often used for children between the ages of 2 and 10 and refers to several different types of approaches. Play therapy utilizes a child's natural tendency to explore and deal with feelings through play. It is also used to evaluate a child's understanding of what happened and his current state of mental health. Play therapy allows kids to deal with powerful, hurtful feelings without having to confront them directly. Strong, angry feelings or hurtful fearful ones, can come out in play where they can be mastered. The therapist guides these feelings and guides the play, but the child basically acts out his/her feelings through his own selected

THE CONTINUUM OF CARE

- Education and Information
- Assessment
- Individual Treatment
- Family Therapy
- Group Therapy
- Skill Building Groups
- Parent Skills Training
- Activity Therapy
- Support Groups
- Medication Therapy
- Residential Care
- Psychiatric Hospital Care

play. Play therapy uses clay, drawing, human figures, doll houses, puppets, animal figures, sandboxes, and water trays.

Behavior Modification Therapy: Behaviorist therapy uses a system of negative and positive reinforcers to encourage desired behavior in children and extinguish undesirable behavior. This therapy is most often used within a residential treatment center where the behavior is consistently rewarded or punished throughout day to day living. A therapist may work with a foster family in setting up a behavior modification plan for “token economy” at home.

Expressive Therapy: Expressive therapy uses dance, music and art to help a child express and master strong and powerful feelings inside them. Trauma may be imprinted in a child's visual memory or in their physical experiences, but may be beyond words to express it. Dance, music and art uses non-verbal media to help a child and express feelings.

Medication Therapy: Some children, such as suicidal or depressed teens, may require medication in conjunction with therapy. Medication might also be used to control physical conditions such as Attention Deficit Disorder. If your foster child is on medication, educate yourself as to what the medication is and what the side effects are. Medication is not a substitute for psychotherapy and should not be taken lightly. Medication may be used to stabilize a child so that he can function better or better control himself.

GROUP COUNSELING:

Groups for children who have had a traumatic experience in their lives can lessen the loneliness and isolation these children often feel. This is especially important for sexually abused children who had been abused in air of secrecy. Peer examples and role models aid children who may be uncomfortable with adults. Groups of children tend to gravitate toward “fun” and humor is a great healer! Many times, a child will require individual counseling first before attending a group or may continue individual counseling while attending a group.

ACTIVITY THERAPY:

Activity therapy is usually led by paraprofessionals supervised by a mental health clinician who work on specific activities with children to increase social skills or emotional skills. These activities usually take place in the home or in the community through outings, sporting activities, or group activities. There should be a clear goal of what the activity is trying to reach with the child.

These different components occur in one of two settings: *out patient* and *inpatient*. *Outpatient treatment* means the child lives at home and attends a combination of individual counseling, support meetings and education sessions. These can be quite helpful to the child who is experimenting or beginning to use substances regularly. *Inpatient treatment* is helpful for teens who need intense support and education to stop using. Children live and attend classes and treatment at a 24 hour a day program that is staffed by counselors, residential staff and medical personnel. Some group home programs around the state focus on teens with substance abuse problems.

Following are several example of how children might be involved with a continuum of mental health care:

Clara is a four-year-old enrolled in a therapeutic preschool program. Each day, the group leaders plan events around a theme to help the children learn through expression. The nursery is set up with many toys, animal figures, human figures and dollhouses. Clara especially likes the finger paints and crayons. The group leaders talk with her about her drawings and what she thinks about them.

Sammy is a five year old boy who regularly meets with an activity therapist. The A.T. is helping him learn how to deal with his frustration and to increase his patience level through a series of increasingly more difficult board games and exercises. Sammy is also working with a play therapist who is helping him work through the trauma of seeing his mother regularly beaten by his stepfather through use of books and dolls. His foster parents talk with this therapist regularly to plan reward systems at home to help Sammy with behavior management.

Marlissa is a 16-year-old girl who has transferred from a residential home into a foster home. She has been suicidal several times in the past and is currently taking Prozac under the supervision of a psychiatrist. She attends a weekly group for adolescent girls to discussing sexual abuse issues and continues to attend individual sessions with the therapist who worked with her in the residential center.



WHEN YOUR FOSTER CHILD NEEDS COUNSELING

Part Three: How Can A Foster Parent Support Counseling?

What Is Your Role As A Foster Parent In All This?

Foster parents have a unique role in counseling. Because the child is in the legal custody of the state of Alaska, you have some limits to your role as a foster parent.

- Psychiatric medication needs the approval of the birth parent or the legal guardian. You cannot administer psychiatric medication to a child that does not have the approval of the birth parent or of the DFYS social worker if DFYS has full custody.
- You cannot take a child off medication or stop psychiatric services to a child without the agreement of the DFYS social worker. This means that you cannot take a child off of drugs on your own judgement or deny the child recommended treatment because of your personal beliefs. You must follow medical advice and follow the caseplan. If you disagree, discuss your concerns with the other team members before taking any action.
- Foster parents are to respect the confidentiality of all information they receive regarding a child's care and treatment.
- All counseling and psychological service must have the approval of DFYS. This means that a foster parent can't enroll a child in group therapy without prior approval of the DFYS social worker. If you feel a child needs something he is not getting, contact your social worker to discuss it.

In return, you have the right to expect reasonable notification of therapy sessions and to expect that you will be consulted to what times work best for your family whenever possible. You also may request to be involved in making decision regarding therapy. Make it clear from the beginning that you want to be an active member in the team working for this child's recovery.

Preparing A Child For Therapy

A child who has never been in counseling needs preparation. Many times, children (and adults) see going to therapy as a sign that something is wrong with them and they need to be fixed! Sometimes foster parents may unknowingly give this same message to children. Help children see counseling as a special place they can go to talk about what has happened to them and a chance to learn some good ways to deal with their feelings.

Tell her what will happen. Explain she will be seeing a person with special training in talking to kids about bad things that have happened to them. Encourage her to talk to that person about what happened

and explain that in talking, sometimes the hurt goes away. With adolescents, you can be more frank and open about the benefits of being able to talk to someone. Present counseling in a positive way. Let

young children know that it is different than going to the doctor; sometimes children associate counseling with getting shots or taking medicine.

Your attitude toward counseling will be a key factor in the child's attitude. If you think counseling is a waste of time, your attitude will communicate to the child that it is not an important thing. If you dislike a counselor, the child will get the message. As with many things in foster parenting, it is helpful to be aware of own attitudes and values.

As a foster parent, you may be part of the intake process. Bring any relevant notes or records you might have, or make a list of things you want to share with the therapist (such as names, behaviors, patterns, questions). You may be asked to sit it on the first session in order to make very young children more comfortable. At the least, stay in the waiting room for the first several sessions until the child feels more secure.

When Therapy Ends

Ideally, therapy ends when a child has reached some kind of closure or understanding with a trauma or abuse. This is not to say that the child is "fixed". Both children and adults may go back to counseling at another time in the future. Development and life changes bring new challenges and sometimes these challenges bring up old issues. For example, a girl who was sexually abused as a preschooler and goes through counseling, may reenter counseling when she reaches adolescence. The issue of dating, sexuality and intimate relationships were not relevant during the early years, but are now. This may bring up issues around early molest and sexual abuse.

The best endings are planned endings. These may include a few weeks warning, a special session on the last day, perhaps a goodbye ritual, and a scheduled follow up session. Ask the therapist how you can support the child at home. You may actually see some of the same behaviors return as were there before the child went into therapy. Usually these behaviors are short-lived but it is best to be prepared for it.

For foster children, treatment far too often ends abruptly. A child may return to his birth family or may be transferred out of state. Approved payments may run out. If at all possible, some kind of closure should be offered to a child, such as a final session, a chance to write a letter or draw a picture for the counselor or group, a chance to send a card or light a ceremonial candle. Foster children often have a difficult time with separations because they have had so many bad and painful ones. A positive ending and separation can offer a child success in change and transition. We just have to be creative about how we design the closure.



How Can You As A Foster Parent Support A Child In Counseling?

There are some very important things you can do as a foster parents to help support a child who are in counseling.

Get the child to and from appointments. Support the idea of the value of therapy.

You can either help therapy or sabotage it. Let the child know you support therapy and believe it is important. Make sure the child gets to his appointments and project a positive attitude towards it.

Expect a roller coaster, not a steady improvement.

When a child is going through counseling, his behavior will sometimes be better and sometimes be worse. Often, when painful issues and feelings are being dealt with in therapy, the child's behavior will appear worse at home. That doesn't mean therapy is making the child worse. In order for some issues not to plague the child into adulthood, they need to go through the painful process of confronting and dealing with issues. You as a foster parent may see lots of up and down behavior in your foster child. If you are prepared for it and know it is normal, it may be easier to hang on until things settle down.

Watch for changes in behavior.

If a child is on medication or is showing suicidal or self-destructive tendencies, it is very important that foster parents be the "eyes and ears" on the child. If a child is showing side effects or reactions to medication, contact the doctor or therapist. Keeping a journal of what you are seeing when a child first starts medication will help you track changes or reactions.

Maintain communication with the therapist

Check in regularly to communicate with therapist about home issues or ask questions. Pick up the phone or schedule a few minutes before appointments. When therapist and foster parent are communicating with each other, valuable information is shared. Children are also less likely to be successful in manipulating therapist against the foster parent. Keeping a log of behaviors and being specific about behaviors. (For example, instead of "Joe is acting out again," tell the therapist, "Joe has been disciplined three times at school this week for tardiness.") Specific language is much more effective than general conclusions.

Be the best parent you know how to be.

Families can be very therapeutic for a traumatized child. But a parent is not a therapist. A child may need a non-parent figure to scream at, cry with, question, and push against. He also needs a safe place in his family. One therapist wrote, "Parents must remain the gatekeeper of safety—the ones who nurture and protect while we, the therapist, open the wounds." Don't pressure a child to open up and tell you everything. It might place him in too vulnerable a position, which may cause other problems in the parent child relationship. He needs a parent, and that is a role you can fill very well. Provide guidance, nurture and comfort and child, and set the limits he needs.



If Your Foster Child Is Taking Medication, You Should Know The Following Things:

1. Psychiatric drugs need a birth parent's or guardian's permission because most are considered voluntary treatment. Do not administer any drugs to a child before checking with the caseworker.
2. Learn about the medication your child is taking. Ask the physician for what signs of problems you should watch for and who to call if something unusual happens that you think is linked to the medication. Make sure you understand all instructions about the medications, including when it should be taken and how, what activities should be avoided while on the medication and what foods or drinks should be avoided. Ask what happens if a dosage is missed. Know the possible side effects to the medication.
3. Be observant when medication or dosage changes or if the child goes through a growth spurt. Keep a written record of a child's behavior. Dosages often need to be adjusted. Some medications also require that a child have his blood tested regularly. A child under medication should have ongoing supervision by a medical professional and should be evaluated on a regular basis.
4. Keep your doctor's phone number available and report any action you think may be a side effect. Trust your instincts if you think something is wrong.
5. Each doctor should be informed about all medications the child is taking. Some drugs may have a bad reaction when taken with others. Follow directions. Don't skip medication or double up on dosages. Do not take a child off medication suddenly unless instructed by a doctor.
6. Take the same precautions in storing and disposing of psychiatric medications that you do with any other medications. Be especially mindful of medications around young children who often think the pills are candy, or around depressed and potentially suicidal children who may use drugs to overdose.
7. If the foster child is leaving your home, make sure that all medical records and written instructions regarding medication goes to the next caregiver or to the caseworker. Keep medications in their original containers and always throw unused or old medications away.