

Self-Study Course

Caring For The Aggressive Child in Foster Care Part 2: Responding to Out-of-Control Behavior

November 2022

2.0 Training Credits

Parts One and Two of this self-study are based on the following sources:

Managing Aggressive Behavior Curriculum National Resource Center for youth Services
<https://nrcys.ou.edu/nrcys/services/training/mab>

Trust Based Relational Intervention (TBRI ©) TCU Karyn Purvis Institute of Child Development
<https://child.tcu.edu/about-us/tbri/#sthash.gh1H4bQ2.dpbs>

“Empathy, Impulse Control and Anger Management Research” Committee for Children, Seattle Washington

Understanding the Regulations: What Alaskan Foster Parents Needs To Know: Positive Parenting and Behavior Management Alaska Center for Resource Families

Tiny Training Byte “Parenting 911: When Things Get Tough” Alaska Center for Resource Families

State of Alaska Foster Care Regulations (7 AAC 67.24) Behavior Guidance

“Understanding Violent Behavior in Children and Adolescents” American Academy of Child and Adolescent Psychiatry, 2011

Working with Aggressive Youth: Positive Strategies to Teach Self-Control and Prevent Violence Boys Town Press, Boys Town, Nebraska, 2011



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CARING FOR THE AGGRESSIVE CHILD IN FOSTER CARE

Responding To Out-of-Control Or Potentially Violent Angry Behavior

Children and youth can be very responsive to the teaching strategies outlined in the first part of this series called **The Aggressive Child in Foster Care, Part One: Strategies for Reducing Aggression**. These are strategies helpful for all children and should be used even more so with youth who have anger control issues. **Part One** includes the strategies that are going to help a child learn how to change their behavior. As a review, these strategies include;

Strategy #1: Set Up a Calming, Structured Home with Clear House Rules.

Strategy #2: Take Care of a Child's Basic Needs.

Strategy #3: Teach Calming Down Strategies.

Strategy #4: Promote Pro-Social Behavior By Building Social Skills.

Strategy #5: Teach Problem Solving And Self-Regulation.

Strategy #6: Recognize Positive Behavior and Build Attachment.

However, sometimes children will spiral out of control despite your best efforts. When a child is out of control, the teaching window closes. When a child is escalating or in danger of being violent, your focus should be on calming the situation and keeping family members safe. In **Part Two**, we focus on these strategies that you can use to try to respond to angry and out-of-control behavior.

NOTE: *Plan Ahead!*

If you have a youth with a history of violent and out-of-control behavior, we strongly suggest you think ahead of what you would do if you face a potential crisis in your home. In this self-study, we have included "Parenting 911" which helps you think of situations as *Green Light*, *Yellow Light*, or *Red Light* situations. It is difficult to make up a plan as you go when feelings and emotions are running high. Review this handout as part of your plan to respond to potential violent angry behavior.

FIRST STEP: De-Escalate The Situation

First, keep yourself in control. If you yell, raise your voice, talk a lot, lecture, argue, or threaten, you escalate the situation even more. So focus on bringing down the tension in the room.

1. Lower your voice. Talk slower. Listen. Be gentle. Think before you talk. Slow the pace down.
2. Breathe! Don't hold your breath! Breathing relaxes us; holding the breath tenses us up. Relax yourself before trying to calm down an angry child.
3. Take a Break. Take a two-minute time out. Tell the child you want to talk about this, but you want to think about it. Get a glass of water and drink it slowly.

Then, do things to prevent the situation from escalating.

4. Back Away. For teens that tend to be aggressive, moving into their space or putting your hand on them is seen as an attack and it may accelerate the situation. Do not touch an angry older child. It may escalate a child and increase the risk of his striking out.
5. Be supportive. Ask questions, and reflect feelings. *"I can see you are really upset about this."* *"Tell me what you think should happen."* *"I don't understand, but I want to."* It is difficult for a child to fight against someone who is on his side. Encourage him to put his feelings into words. In Working with the Aggressive Youth, the author says, "Frequently the difference between defusing a situation and creating a crisis is using empathy and giving the youth an opportunity to recover, rather than making them feel like they are being backed into a corner."
6. Avoid sarcasm. Phrases like *"Well, that was brilliant."* and *"Come on, grow up!"* make a child resentful and angrier. Humor with a light touch, however, can be a great tension breaker.
7. When a child tries to engage you in an argument, use the Broken Record Approach. Acknowledge you heard the child, but continue to repeat your request in a calm voice. Children and teens will often try to hook you into an argument to get you distracted from the situation at hand. The Broken Record approach helps you stay on track.
8. Combine empathy with a specific instruction. Help a child get back into control with a statement such as *"I know it is hard to listen to criticism, but you need to sit down so we can talk about it."* This cue for appropriate behavior is especially important for children who are impulsive and may act without thinking.
9. When things begin to escalate, break the interaction. Sit down so that you are not towering over the child. Say in a calm voice:

“You know what, we are starting to have an argument. I don’t want to fight. If you want to talk this over, let’s sit down and talk. But I don’t want to argue.” **OR**

“I’m too upset to talk about this right now. Let’s take a break and come back and talk about your concerns in fifteen minutes so we can both take a breather.”

SECOND STEP: Crisis Management

If these techniques are not working or if a child is getting more agitated or potentially violent, you need to move into crisis management. At this point, you do not try to teach a child anything or attempt to use discipline. You calm the child down and get the situation back in control. Crisis management is a short-term solution. Behavior change does not happen on this level.

1. Remain calm. Do not accelerate your behavior because the child is accelerating.
2. State the seriousness of the situation. *“This is getting really serious. We need to take a break before we can figure this out.”* **OR** *“We are not getting anything accomplished this way.”*
3. Throughout this process, give children positive feedback when they comply with your request. *“I know you’re very upset and you are showing lots of control by sitting down.”* Use empathy statements to let the youth know you are working with him. *“I know you feel this is unfair, but you need to sit down so we can talk about it further.”*
4. Clear the room of others. Say to other children, “Guys, I am asking you to leave the room so we can work this problem out.” This prevents an audience and gets others out of the way of the potential aggressor. If your spouse or another adult is in the building, you may wish to call them into the room to help or act as mediator.
5. Do not respond to content or get hooked into defending yourself. Focus on behavior. Avoid statements such as *“Calm down! You know that you are being unreasonable about wanting a 3 p.m. curfew”* that get you hooked back into an argument.
6. Focus on the youth’s behavior. Keep repeating what the youth is doing and what you want him or her to do instead. Focus on behavior, not on reasoning. *“Bill, you need to stop walking around and sit down so I can focus on what you are trying to say to me.”* Or *“You are yelling, Sandy. Please lower your voice so we can talk about this.”*

7. Reward compliance by giving back lost privileges. “*Sammy, you have stopped waving your arms and you are no longer yelling. You are beginning to earn back some of the privileges you lost when you started to yell.*”
8. With a highly agitated youth, don’t talk too much! Give instructions and offer empathy, but use “silent expectation” between your requests. This gives a child time to wind down and to comply. One study shows that with young children that the strongest point of resistance to a parent’s request was in the first several seconds. When parents made a request and then counted to ten before requesting again, compliance the first time around was much higher.
9. If a teen with a history of violence attempts to leave the building, request that they stay and finish talking with you but do not block their way or grab them. This will probably lead to a scuffle.
10. If a child is hurting others or destroying property, deal with the situation the best you can. You may need to call for assistance (including the police) or restrain the child. You can deal with ruined property when things calm down but you may need to intervene immediately if another child is getting hurt or if a child is attacking you.

What About Using Physical Restraint With A Foster Child?

Whenever possible, **foster parents should not use physical restraint with a child.** But if a child is hurting others or himself, passive restraint may be necessary. Restraint means to physically pin a child’s arms or legs so that he cannot move. Passive restraint is to only use as much physical restraint as necessary to prevent the child from hurting self or others. A foster parent should not use physical restraint as a punishment or show a child “who’s the boss.” Foster care regulations (**7 AAC 67.24**) offer the following guidance for using physical restraint.

“A child in care may not be... subject to the use of a physical restraint, except when necessary to protect a child from injury, or to protect property from serious damage; a physical restraint permitted under this subparagraph may be passive physical restraint only; the foster parent shall report the use of any physical restraint to the department;

From The State of Alaska Foster Care Regulations (**7 AAC 67.24**) Behavior Guidance

Physical restraint should be your last resort to protect a child or others from injury. It should not be the first thing you try. Physical restraint does not teach a child what they should be doing and it does not teach a child respect for others. For some children it may increase resentment or revenge behaviors. ***Using physical restraint may result in harm to a child or to the foster parent.*** When things begin to escalate, first use the techniques listed in this self-study to keep things from becoming unmanageable. If you find it necessary to use physical restraint when necessary to protect a child from injury, report the use of that restraint and its circumstances to either your licensing worker or caseworker.

If a foster parent is using restraint on the advice of a third party such as a therapeutic provider, it needs to be discussed with the caseworker first and written into the placement plan to protect the foster parent and the child.

When Using Physical Restraint:

1. Avoid physical restraint with an adolescent. Unless you are specially trained in *Mandt* © or *Managing Aggressive Behavior* © or some other recognized de-escalation and restraint training, someone will get hurt and it very well could be you! If you fear that a teen is going to cause physical harm or is damaging property, call law enforcement.
2. If you use physical restraint with a younger child, approach the child from behind and wrap your arms around the child's arm at the elbow to keep them from flailing and from biting your arms. Move your head to one side to prevent backward head butts. Slide to the floor to prevent a child from kicking you. With a small child, sit in a chair and hook your legs over his to prevent him from kicking. Say soothing things, such as "I'll hold you until we both calm down" or "I'll help you get back in control." This is not a time for lectures, but to calm down. Wait until child is calm enough before releasing him.
3. Avoid anything that could restrict breathing for a child such as pressure to the neck or pushing their face to the floor. Only passive physical restraint is allowed. If you are hurting a child, that is not passive restraint.
4. Wait until you are both calm to talk with the child afterwards about what led up to the restraint.
5. If you have an incident where you find it necessary to use physical restraint with a child, you should contact the child's caseworker soon after the event. Describe what led up to the incident, exactly what you did and how long was the restraint and what happened afterwards.

THIRD STEP: Return to Problem-Solving

Sometimes, this stage is called “post-vention.” It is what you do AFTER the event, and it is the most effective way to prevent the cycle from repeating itself again.

After a blow up (not during), talk to the child about what happened, in a calm non-blaming voice. Children and youth may still be embarrassed or defensive, so it is helpful to give them a gentle way to rejoin the group. That might be a gentle introduction such as “We’ve had a tough day you and me. Glad we are sitting here together.” Perhaps make a favorite snack for a child and having a quiet moment together. Review in your own mind what led up to the situation. Try to see it from the youth’s perspective and help them talk about what they were thinking and what they were feeling.

Use the problem-solving process to come up with a mutual solution of how to handle the situation the next time. Always express confidence that a child wants to do well and can do well with your help. Remember, **DURING A CRISIS, NO TEACHING AND NO LEARNING CAN OCCUR**. You must return to problem solving and the techniques highlighted in **Part Two** to encourage changes in behavior.

It is at this point, you may talk with the child about any consequences that might have resulted from his action. Not all consequences need to be big, but there should always be some consequence for aggressive behavior.

Final Reminders When You Are Fostering An Aggressive Child

When you get to know your children, you can anticipate what may “set them off.” Use the techniques in **Part One** of the course to prevent crisis situations from developing. Remember, once situation escalate to a crisis, it becomes harder to calm a child down. When things start revving up, use your de-escalation skills to keep them from getting too far out of control.

If you have a child with a history of aggression placed in your home, set up a plan of what to do if the child becomes violent. The final section of this self-study includes an Attachment called “Parenting 911.” It helps you anticipate what you need to do based on the level of threat in your home. You can also talk to your caseworker or the child’s therapist to help you develop a plan to most effectively work with the child in your home.

ATTACHMENT: Parenting 911: When Things Get Tough

We have something here at ACRF we call "Parenting 911: When Things Get Tough." We work with a lot of families caring for kids with really tough behaviors. We encourage our families to think ahead and have a plan for when things get really tough. Take some time and plan what to do if you have a child who is winding out-of-control and you have to use "Parenting 911" We use the idea of a city traffic light-- start by considering situations as *green* light, *yellow* light and *red* light situations and plan from there.

Green Light: When Calm, Plan Ahead

It is hard to think when you are upset so do some serious thinking while you are calm. Find some time when you are calm and THINK! Develop a plan and write it down. Practice it like you do a fire drill—especially with your kids. Work on verbal cues with your child and let them know that your first job is to keep all family members safe. Develop a personal Family Safety Plan. When you are calm, take time to gather and write down your emergency numbers. Have a designated notebook to keep everything in one place so you can always find it. Put emergency numbers on your cell phone for easy access (such as under EMERGENCY.)

Things to have in place for your child in one place.

- List of phone numbers (see above)
- Current diagnosis for child
- Folder with all treatment records
- Medications (always have a supply) with directions
- Person on-call to transport the child or to provide a break for the child in their home
- Person on-call to care for other children in the home if one child needs to be taken elsewhere
- Copy of the child's insurance card
- For foster families—Consent for Emergency or Routine Medical Care

Think about an Ongoing Respite plan:

- For many families, an ongoing respite or "break" plan can provide space and breathing time for kids and parents. Respite should not be punitive but a normal break for families.
- For older children: If possible, have them come up with a friend (with permission to talk to parents) that they can go stay with for a couple of hours or plan for an overnight to get respite.
- Respite for one child in the home can allow for individual parenting time for others in the home.
- Respite should not be a result of crisis, but a couple hours or overnight that is planned for the benefit of the whole family.

Yellow Light: Urgency, Not Emergency

Yellow light means *caution, slow down*. Pay attention when things start to heat up---slow things down, and take action. This is where you should spend most of your time avoiding getting yourself in a Red Light Situation if possible.

- **CALM YOURSELF FIRST!** You cannot control the situation if you don't have control of yourself. Kick into your thinking mode and don't get hooked into losing control. Bring the energy in the room down or at least don't add to it. Don't take it personally
- Use your language to de-escalate the situation. Control your level and tone. Consciously speak lower, softer and slower.
- Talk to yourself in your head to keep in your thinking brain—don't flip your lid and join in the chaos. Someone has to remain the adult in the room.
- If the emotion is too heated in the room, don't try to problem solve or discipline when others are out of control. Focus on bringing down the heat by reassuring others you are listening and care about them even if you are not in agreement. You can come back and work it out when things are calmer.
- Remember your Family Safety Plan— If you and your family can talk about these situations ahead of time, now it's time to remind yourself and the child what you planned. What's your internal or external Break Plan? Is it time to use it to prevent things from escalating?

One experienced adoptive parent says, "Is this your first time with a blow up? Then keep it in perspective. This might be your new normal." Children who have been traumatized may have a pattern of overreacting or seeking chaos. Develop the skills you need to not take it personally and to determine which battles to fight. You got this!

Red Light: Emergency!—*Safety is Your First Priority*

Red Light situations mean that the situation is so heated up that someone is going to get hurt or is putting themselves or others in danger. Always remember, *Safety is Your First Priority*.

- Avoid putting your hands on a child or youth to overcome, grab, fight him, or restrain him in an aggressive way. Know that physical interaction is going to escalate the situation. If you have to use force to prevent a child from hurting another child or himself, use just enough physical contact to stop the interaction then release as soon as you are able. "Hands on" usually escalates the situation & increases the chance of physical harm to you or the child so avoid it if possible.
- Continue to use your de-escalation skills—talk slowly and reassuring, avoid raising your voice, give positives when a child shows compliance or self-control, give gentle simple commands and use the child's name (Put the lamp down, Sammy. Come sit on the couch. We can work this out. Take a deep breath with me.) Don't lecture or threaten.
- If serious physical threats, impending harm, or weapons are involved, direct other out of the room (if needed into a locked room). Call 911 or law enforcement for assistance if necessary.
- Some hospital emergency rooms also have a psychiatric emergency service that you can contact by phone for guidance. (Did you put this number in your phone?)
- Call your local OCS Office using whatever after hours emergency protocol you have or try calling the statewide Intake number at 1-800-478-4444 for guidance.

TEST