

SELF-STUDY COURSE

Anger in Foster Children

Revised January 2007

1.5 Hours Credit

This self-study was developed utilizing materials from the following sources:

- Mental Health Training Curriculum: “Caring for Foster Children with Mental Health Issues.

This self-study course was developed by Jennifer Kipp-Wissink, Mental Health Coordinator, for the Alaska Center for Resource Families.

If you wish to receive training credit for reading this self-study, please fill out the “CHECK YOUR UNDERSTANDING” Questionnaire at the back of this course. Return the questionnaire to the Alaska Center for Resource Families for 1.5 hours of training credit. This course is yours to keep for further reference.



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FOSTER PARENT COMPETENCIES

The foster parent can detect signs of potentially violent or escalating situations, can use techniques to defuse potentially violent situations, and understand the Office of Children’s Services policies on physical restraint.

LEARNING OBJECTIVES:

- 1: The foster parent will know the difference between anger and aggression.
- 2: The foster parent will understand the methods of communication and the importance of monitoring verbal and non-verbal communication.
- 3: The foster parent will be able to detect signs of agitation and anxiety that foster children may exhibit.
- 4: The foster parent will understand the five levels of the escalation continuum during crisis situations (triggers and precipitation factors, anxiety, escalation, total release and de-escalation).
- 5: The foster parent will learn what to do after a crisis situation is over including the utilization of post-vention techniques.
- 6: The foster parent will understand Alaska Foster Parent Regulations regarding behavior guidance.
- 7: The foster parent will know prevention techniques that may assist in averting crisis situations.

Anger and Aggression



Everyone, children, adolescents, and adults alike, becomes angry at one time or another. Anger is a normal emotion that usually involves feelings of extreme displeasure, hostility, and/or exasperation towards someone or something. Parents use guidance to teach their children appropriate ways to express anger.

Foster children, like the rest of us, may have feelings of anger about school, friends, family, etc. In addition, foster children come from homes in which they were neglected and/or abused emotionally, physically, or sexually; some have even endured more than one type of abuse. For an abused or neglected child, anger may be a chronic emotion. Their anger may be a response to being repeatedly coerced, manipulated, and mistreated in their home environment. Additionally, the traumatic experience of being removed from familiar surroundings and being placed in an environment with new and unfamiliar rules is likely to cause feelings of frustration and anger.

Everyone deals with anger in different ways. There are healthy and unhealthy ways of expressing anger. If your foster child has spent their formative years in an environment that encouraged hostility, violence, and destructiveness, they may express their anger and frustration through unhealthy “aggressive” behaviors. Aggressive behaviors may include yelling, pushing, shoving, biting, hitting, screaming obscenities, kicking holes in walls, throwing things, or threatening harm to self or others.

Often these are referred to as “acting out” behaviors. If your foster child deals with anger in an aggressive or destructive manner, you, the foster parent, may need to find ways to de-escalate your child’s anger to prevent aggressive behaviors. A crucial aspect to de-escalating a potentially violent situation will be recognizing when your foster child is agitated and/or anxious and intervening to decrease your foster child’s agitation and anxiety.

Verbal and Non-Verbal Communication

In order to communicate, there must be a person sending a message, the “sender,” and person receiving the message, the “receiver.” Messages are usually sent through a combination of verbal and nonverbal communication. Successful communication requires the sending and receiving of a message without interference.

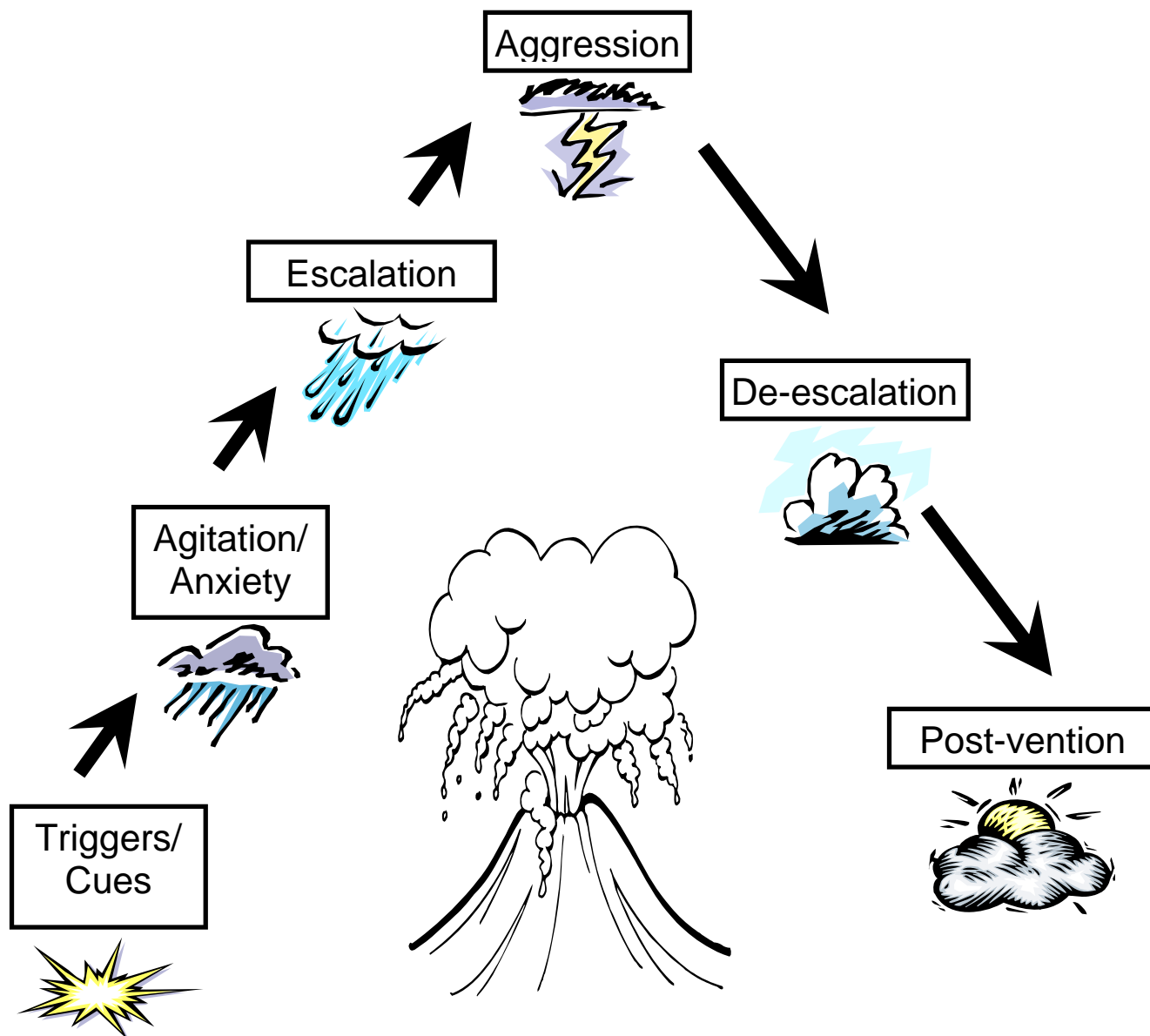
Nonverbal and Verbal Communication:

Nonverbal communication is information that is conveyed through actions and behaviors. Nonverbal communication can include facial expressions, vocal intonations, volume of voice, rate and rhythm of speech, gestures, eye contact, spatial arrangements, patterns of touch, expressive movements, posture, and appearance. Nonverbal communication, as opposed to verbal communication, usually encompasses the majority of a message being sent. In fact, one expert contends that only seven percent of the impact of our face-to-face communication is through verbal communication. As such, when you talk with your foster child, he/she is

listening to the words that you are saying and interpreting your nonverbal messages. Many times, how you say what you say is more important than the actual words that you say.

Monitoring Verbal and Nonverbal Communication:

A foster child from an abusive home may be very “in tune” to your nonverbal messages. Many times, children from abusive environments have had to regularly interpret their caregiver’s messages, body language, gestures, etc. to an effort to protect themselves. Children from violent, abusive, or neglectful homes may be overly-sensitive to vocal intonation and gestures. Additionally, many abused children may have an increased need for “personal space.” Monitoring how your verbal and nonverbal communication affect your foster child’s behavior is one of the primary steps in avoiding a potentially violent situation.



Stage One:

Triggers/ Cues



Triggers and Cues are the internal or external causes of agitation and/or anxiety. Sometimes triggers and cues are referred to as an individual's "buttons" or the "things that set you off." Triggers and cues may vary depending on the individual's state of mind. A foster child who has had a missed visit with their parent/s may be triggered by a situation that wouldn't usually be an issue.

Internal triggers and cues may range from the fear of not knowing what will happen to anger at "the system." Other internal triggers may include previous abuse or neglect, loss of personal power, grief or loss, etc. External triggers and cues, like internal ones, cover a wide range of experiences. Examples of external triggers may include an unpleasant interaction with a peer, failing an exam at school, or being denied privileges. Many times, the foster parent will have little to no control over the triggers and cues that cause the foster child agitation and anxiety. Additionally, there may be multiple triggers, both internal and external, that cause the child to escalate.

Recognizing signs of agitation and anxiety and determining the trigger or cue will help you in minimizing your foster child's escalation. By understanding your foster child's triggers and cues you will be able to be proactive by eliminating or reducing the incidence of the trigger or cue. Foster parents may also want to take steps to assure that they, themselves, do not become a trigger or cue.

Stage Two:

Agitation/ Anxiety



As you begin to "get to know your foster child," you will be better able to detect signs of agitation and anxiety. By detecting anxious behaviors, you, the foster parent, will be better able to intervene early, decrease the foster child's anxiety level, and deflect a potentially violent situation.

Agitation and anxiety can be described as a change in behavior. This change may be an increase or decrease in behavior. Signs of agitation and anxiety may include such behaviors as pacing, finger-tapping, talking louder, talking softly, talking faster, not talking at all, exaggerated play, withdrawing from activity, and reddening of face/blushing. Each of us has their own way of projecting agitation and anxiety.

If you notice a change of behavior, approach you foster child in a not-threatening, non-confrontive manner. For example, saying "What is wrong with you," is much more confrontive than saying "I am noticing that an increase in the volume of your voice, is there something that you would like to talk about?"

The following steps may decrease the agitation and anxiety therefore avoiding a possible violent situation: 1) find out the facts through active listening, 2) give support, 3) discuss feelings, and 4) explore solutions.

Stage Three:

Escalation



Even with the appropriate support and active listening during stage two, agitation and anxiety, your foster child may continue to escalate. Escalation will involve an increase in agitation and anxiety which may lead to expression of anger.

Escalation can involve your foster child becoming defensive, challenging, questioning, noncompliant, and/or threatening. Effective intervention during the escalation stage may prevent the child from becoming aggressive and/or assaultive. Intervention may include respecting the foster child's need for personal space, giving choices, and setting limits. As with the agitation/anxiety stage, approaching the foster child in a non-confrontive, non-threatening manner is crucial to preventing further escalation.

Active listening during the escalation stage will help you listen for the real message. Often times, the trigger/cue and initial agitation and anxiety may be masking the true underlying issues. Listen for the underlying issues and if appropriate, validate what the foster child is saying and agree with them. Agreeing and validating feelings is helpful in reducing anger and will prevent further escalation.

Stage Four:

Aggression



A foster child who is completely escalated may exhibit physically and/or verbally aggressive behaviors. Some people refer to a child in this stage as "acting out" or "in crisis." Aggression involves the total release of anger and frustration.

An aggressive child in crisis will have heightened emotions, distorted perception, and decreased judgment. Aggressive behaviors may include yelling, pushing, shoving, biting, hitting, screaming, destruction of property, and attempt to harm self or others. Due to distorted perception, decreased judgment, and heightened emotions, it will be easy to be "caught up in the moment." Be careful not to escalate along with your foster child.

Intervention during the aggressive stage includes the following steps: 1) remain calm, 2) allow the child to vent, 3) don't power struggle, 4) give appropriate personal space, 5) active listening, 6) isolate the situation, 7) keep focus on the choices and limits (if applicable), and 8) get help for destructive and assaultive behaviors.

If the aggressive behavior includes a total loss of control in which the child is destructive and assaultive, seek help immediately! 7 AAC 50.435 states that passive physical restraint can be used when it is necessary to protect a young child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage. Passive physical restraint, however, should only be used as a LAST RESORT by foster parents who are properly trained.

Stage Five:

De-escalation



De-escalation occurs once an individual has released all of their anger and frustration and begins to “calm down.” An aggressive individual will experience a decrease in energy and emotion. This decrease will be very noticeable to the person who has witnessed the escalation continuum. A child who was, just minutes before, completely aggressive and hostile may appear emotionally and physically drained.

During de-escalation, the child is beginning to regain their judgment, perception, and rational. Since aggressive incidences can be very traumatic, the child may be emotionally vulnerable. They may cry, want to sleep or rest, or exhibit low mood, guilt, and remorse.

During the de-escalation stage, the foster parent should provide support. Initially, however, the foster parent should allow the foster child to fully calm down and regain composure. Respecting the need for personal space is crucial during this stage as you do not want to restart the continuum by being a trigger or cue.

Stage Six:

Post-vention



Post-vention describes the processing and action taken following an aggressive incident. Post-vention is a crucial stage of non-violent crisis intervention that is usually forgotten.

After the “crisis” is over and the foster child had completely regained rational and composure, it is time to reopen communication with the child. Once the child seems calm, test his/her rational by asking a simple question or giving a request. If the child answers the question or complies with the request, the child has regained their rational and sense of judgment. During this stage, it is important to talk in a calm voice and phrase questions and comments in non-threatening and non-confrontive manner.

Post-vention includes the following communication steps: 1) reviewing the situation including identifying the trigger/cue and the reason for escalation, 2) discuss alternatives to the behavior, 3) agree on a plan, and 4) give back some sense of power and control. Through these steps, both you, the foster parent, and the foster child will be able to better understand the reasons for the escalation and aggression.

Lastly, you, the foster parent, should allow some personal time to process the incident. You may need to talk with a spouse, friend, or write in a journal. Crisis incidences are not only traumatic for the child, but can also be difficult for the foster parent. Seek support and process the incident. Review any patterns of behavior and create your own plan for change.

What do the Regulations Say About Behavior Guidance?

7AAC 50.435

The foster home shall help a child to develop age appropriate patterns of behavior that foster constructive relationships and increasing ability to deal with everyday life.

The foster home shall provide for positive reinforcement, redirection, and the setting of realistic expectations and clear and consistent limits.

The foster home may not use discipline or a behavior management technique that is cruel, humiliating, or otherwise damaging to the child.

A child in care may not be:

- 1) removed from the other children for more than ten minutes if the child is a young child;
- 2) disciplined in association with food or rest
- 3) punished for bedwetting or actions in regard to toileting or toilet training;
- 4) subjected to discipline administered by another child;
- 5) deprived of family contacts, mail, clothing, medical care, therapeutic activities designated in the child's plan of care, or contact with the child's placement worker or legal representative;
- 6) subjected to verbal abuse, to derogatory remarks about the child or members of the child's family, or threats to expel the child from the home;
- 7) placed in a locked room;
- 8) physically restrained, except when necessary to protect a young child from accident, to protect persons on the premises from physical injury, or to protect property from serious damage; and then only passive physical restraint may be used;
- 9) mechanically restrained, except for a protective device such as a seatbelt; chemically restrained, except on the order of a physician and subject to the provisions of 7 AAC 50.440

Corporal punishment may not be used on a child in care

7 AAC 50.990 defines corporal punishment as “the infliction of bodily pain as a penalty for a disapproved behavior; it includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling, or any other action to induce pain.”

**Passive physical restraint should only be used as a LAST
RESORT by trained foster parents.**



Tips to Prevent Aggressive Behavior

Use Routine and Structure

Establish Clear House Rules

Encourage Healthy Expression of Emotions

Teach Problem Solving

Talk About Feelings and Use “I” Statements

Reward Positive Behaviors

Have Fun!!!

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