

The Community of Practice (CoP) was developed through a partnership with IMPACT WV and the WV Home Visiting Program to help participants exchange technical information and share experiences about Non-Traditional Families related to serving clients currently experiencing or who have past experiences with substance use and neonatal abstinence syndrome (NAS).

***The information in this IMPACT WV product was taken from CoP presentations by Lydia Cooper and Jay Kadash from A Second Chance, Inc., Bonnie Dunn and Kerri Steele from WV State University Healthy Grandfamilies Program and Drs. Nevine Estaphan and Bridget Bailey from the WVU ReACT Clinic.**

Aim

The purpose of this CoP:

- Identify the mission of and services available at A Second Chance, Healthy Grandfamilies and the WVU Medicine Resilience After Complex Trauma Clinic – ReACT Clinic
- Compare and contrast kinship care and foster care
- Identify reasons for kinship care and foster placement
- Identify strategies for engaging kinship families
- Provide information on psychoeducation regarding complex trauma and its effects on youth and families
- Identify evidence-based treatments available for youth and families with complex trauma

General Information

There are many types of non-traditional families that successfully meet the need for safety, permanency and well-being. This CoP focused on kinship, foster care and grandfamilies and how trauma can affect relationships within families.



General Information (Continued)

Kinship care is a natural, out-of-home option for placement of children with relatives or close family friends. It is unplanned, unexpected and the cause is unwelcomed. Kinship caregivers can apply to become foster parents and complete the home study process, however, kinship caregivers undergo a more detailed home and approval process.

The kinship triad consists of the child, birth family and caregiver. The kinship triad comes under surveillance and there is a shift in the family dynamics and hierarchy. In kinship care, the caseworker acts as a guide and a coach for the triad.

Traditional foster care is a planned situation in which a child lives with and is cared for by people who are not the child's parents or family for a period. Foster parents undergo a detailed home and approval process.

Primary reasons for placement

- Drug related
- Financial reasons
- Parent has disability
- Military deployment
- Parent is a teenager

National trends (Source: Generations United, 2017)

- Over 2.7 million grandparents are responsible for their grandchildren- 2018
- For every 1 child in the foster care system, 25 are being raised by grandparents
- Grandfamilies save taxpayers more than 6.5 billion by keeping kids out of foster care

Problems that grandparents have that may impact quality of life

- Loneliness, isolation
- Higher than normal rates of depression, sleeplessness
- Emotional problems
- Chronic health problems
- Feelings of exhaustion
- A sense of having too little privacy, and too little time to spend with their spouse, friends and other family members

The grandparent-grandchild attachment is the lens for relationships, however, nearly half of children from birth to 17 have experienced at least one type of trauma that may impact the child's attachments to others. Chronic trauma shapes every aspect of life including relationships in foster and kinship families. Many of the stressors that shape children's lives are chronic and pervasive. Trauma can profoundly influence a child even when it takes place during infancy.

*Be aware of what these homes need and the services that could address those needs!



Resources

PEARR

(which means to look keenly)

Strategy to engage
kinship families

P purposefully engage
with the entire triad

E empower the triad

A adhere to agenda-
driven engagement

R build a rapport

R be open to receive

Types of Psychotherapies for youth with complex trauma (describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure)

- Attachment Self-Regulation and Competency (ARC) Framework
<https://arcframework.org/what-is-arc/>
- EMDR (Eye Movement Desensitization and Reprocessing)
<https://www.emdr.com/what-is-emdr/>
- TF-CBT (Trauma Focused Cognitive Behavioral Therapy)
<https://www.tfcbt.org/>
- PCIT (Parent Child Interactive Therapy)
<http://www.pcit.org/>

Tips for caring for a child with traumatic experiences

- Praise can be a trigger, but do not take it personally. Focus on positive behaviors and separate the behavior from the child.
- Problem solving can help children feel more in control. However, you must do it when the child is calm and asking you for help.
- Do not use limit setting all the time. Limit setting helps contain and shift negative behaviors and identify positive alternatives. Remember to tune into the child's feelings, even as you set limits.





Resources

A Second Chance, Inc. National Leader in Kinship Care

<https://www.asecondchance-kinship.com/>

'Agency that delivers services to the entire kinship triad providing strengths based, trauma-informed, culturally competent kinship care services supporting stability and continuity maintaining a child's cultural identity and contact with their birth family.'

Grandfamilies Intervention Model <http://healthygrandfamilies.com/>

Grandparents receive education and an action plan through attending weekly discussion groups. Childcare and refreshments are provided. Family support follow-up with a social worker is provided for a total intervention of 6 months.

WVU Medicine ReACT Clinic (Resilience After Complex Trauma) Community Model Resource

<https://childrens.wvumedicine.org/services/specialty-care/behavioral-medicine-and-psychiatry>

Comprehensive outpatient clinic that provides psychiatric evaluation, medication management whenever needed, evidence-based trauma informed psychotherapy modalities, social skills group, caregiver psychoeducation, case management and weekly team case discussion.

Tips

- Remember, a caregiver judges you within 7 seconds after meeting you.
- The endgame is permanency in kinship care.
- Being in a safe environment does not mean the child feels safe.
- Think of your strategies as experiments.

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