

Foster Parent Training in Alaska

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There are approximately 3,000 children each month in the Alaskan foster care system and of those 3,000 foster children, approximately 600 are displaced from their original foster family (Office of Children's Services, 2019). The benefit of stable foster placement for foster children is the formation of trust and healthy attachment with adult caregivers, but unfortunately, each foster placement also exposes a child to the possibility of the child being rejected by the foster family, referred to as placement breakdown (Miller et al., 2019). Placement breakdowns can feel rejecting for the child and leave them with a loss of trust in adults, causing them to lose confidence in their ability to form an attachment to caregivers; instead, they come to anticipate that all attachment relationships will result in rejection and disconnection (Miller & Dolnicar, 2019). As a result, each placement breakdown can start a vicious circle of breakdown causing behavioral and psychological pathology in the child who is already susceptible to these issues (Miller et al., 2019).

Foster children have often experienced multiple traumatic events even before foster placement, which is typically the reason these children are removed from their homes (Greenson et al., 2011). This tendency for foster children to have complex histories, past trauma experiences, and difficult family circumstances makes them more likely to have developmental deficits in emotional processing and problem-solving (Miller et al., 2019). Furthermore, evidence has shown that, if left undiagnosed and untreated, exposure to traumatic events in childhood can have short-and long-term developmental, psychological, physical, and behavioral consequences, including but not limited to an increased risk of cardiovascular disease, cancer, obesity, alcoholism, drug use, depression, and suicide attempts in adulthood (Tullberg, et al., 2017).

Evidence for the efficacy of trauma-informed approaches in improving the mental and emotional well-being of children served by community-based child welfare services as well as the potential for reducing caregiver stress and improving placement stability, suggests that increasing the trauma-informed training in foster parents can increase the likelihood of stable placement for foster youths (Bunting et. al, 2019). In a systematic review of the literature, Bunting et. al, (2019) found that foster caregivers' perceptions of trauma-informed services moderated the relationship between child behavioral health needs and caregiver satisfaction and commitment. Furthermore, the positive relationship between cognitive empathy and closeness with the child suggests that understanding the emotional response of another aids in forging a stronger sense of connection between foster parents and their foster children (Miller et al., 2019). Thus, the ability of foster caregivers to understand why a child responds to circumstances the way they do, and the caregivers' ability to not reject the child on the basis of their behavior, are key factors in reducing the risk of placement breakdown and increasing the healthy development of foster children (Miller et al., 2019).

In regard to Alaska's foster care system, the only training required for Alaskan foster caregivers in a one-parent household is 10 hours of training annually, and 15 hours annually for a two-parent household (Office of Children's Services, 2019). This training is conducted through The Alaska Center for Resource Families, and includes 19 modules, only 4 of which are specific to traumatic child behavior; furthermore, these behavior modules are not necessarily required if the caregivers chooses any of the other 15 modules to complete their required credit hours (Alaska Center for Resource Families, 2020). Another problem with these modules is that almost all of them have not been revised in over 15 years, meaning that the most up-to-date

mental health practices are not being taught to or implemented by the foster parents (Alaska Center for Resource Families, 2020).

To address this issue, and to implement trauma-informed care training for foster parents, there needs to be a reform both the quality of materials being taught and a redirection of the type of material taught, in order for the materials to be trauma-informed and behavioral focused (Bigley, D., personal communication, 2020, September 25). Furthermore, foster parents should be treated as a professional role; they need to have higher expectations for education and training in order to better understand child development, because if the parents do not understand behavior that is linked to trauma, there is an increased likelihood of placement breakdown (Bigley, D., personal communication, 2020, September 25). This can be done by following other models that have successfully implemented programs to address this issue such as the Atlas project. The Atlas Project is a New York based program meant to serve the children in the foster care system in New York, and to provide a trauma-informed focus to their foster care system (Bunting et. al, 2019). In this program, the staff is not only trained in trauma informed care, but the parents are invited to train alongside the staff in order to achieve more advanced training for the parents and to create the feeling that the parents are involved team members in the foster child's treatment (Bunting et al., 2019). Alaska's foster care system would benefit from initiating trauma-informed training routinely for OCS staff that involves the parents, increasing the required trauma informed care for both parties. The Alaskan system would also benefit from a requirement that the training facilities keep updated training materials within a 10 year relevance to comply with evidence based practice requirements (Stevens, 2013).

Some may argue that increasing the training requirements may dissuade potential foster parents from further pursuing the role as a foster parent in a system that already lacks acceptable

candidates; but when a foster youth is placed in a home that is not adequately equipped to deal with their unique behavioral needs, it increases the likelihood of placement breakdown (Miller et al., 2019). This placement breakdown, as previously stated, decreases the foster child's ability to form attachment with caregivers, exacerbates existing trauma, and creates new trauma related to the displacement (Miller et al., 2019). Instead of increasing the number of candidates that are unwilling to train or inadequate to deal with children with past trauma by avoiding a trauma-informed training program, implementing a systemic training system for foster parents will increase the likelihood of foster children being placed in a home that is properly equipped to deal with their unique mental health needs, reduce the risk of displacement, and increase the chance of health emotional and social development for Alaskan foster children.

Although foster children have often have a complex histories of trauma, implementing a system that addresses this trauma, appropriately trains its advocates to anticipate and deal with the behaviors associated with this trauma, and incorporates the primary caregivers as a key part of the care team, this trauma can be reduced and healthy relationships can be formed with foster children and their caregivers (Miller et al., 2019). By implementing trauma-informed care training and including foster parents in the foster care team, a holistic approach can be generated that benefits all parties (Bigley, D., personal communication, 2020, September 25). The community will benefit from this approach by reducing the amount of foster children that are pushed out of their foster homes, and then forced to face the emotional, physical, and psychological implications of being rejected by their foster family (Miller et al., 2019).

Appendix A

Summary of Interview

Key Informant: Dan Bigley; Clinical Director of Denali Family Services

DATE: September 25, 2020

****Answers are summarized****

What is your title/role?

I am the Clinical Director Denali Family Services. It is a community mental health center for youths and families, and a wrap around service that is at the highest level of care based at the community level. We provide in school support, behavioral health case management, and psychiatry. I started as a clinician now I am the clinical director.

If you could change anything about the current foster care system in the state, what would it be?

Foster parents should be treated as a professional role; paid more, but they also should have higher expectations for education and training in order to better understand child development. This is important because if the parents don't understand the reason for the behavior, then there is a higher chance for foster child displacement.”

What is the current training requirement for foster parents in Alaska?

I am not sure for the normal foster care system, but for therapeutic foster care it's 30 hours.

What is the difference between therapeutic foster care and normal foster care?

Therapeutic foster care provides more extensive behavioral health services. The foster family has to be fully licensed through OCS, and it is something that actually has a medical billing code governed by the division of behavioral health. It has to be attached to a behavioral

health center. It includes a multidisciplinary treatment team and a directing clinician. The medical necessity becomes established by the clinician. The service includes family therapy and skill development.

Do you think the standard educational requirements for foster parents is adequate?

No; I think the normal foster care model for foster parent training should be more similar to the therapeutic model. I also think that OCS caseworks should have a background in mental health or social work, since there are no current educational background requirements in mental health for OCS caseworkers currently and they are the ones making initial assessments of the foster children.

How do you think we can solve this issue?

There needs to be a system wide process for providing assessment when the child is brought into custody. I recommend that they implement the CALOCAS assessment model because I don't think you even need to be at a masters level to use that assessment tool. There needs to be training for OCS workers and foster parents around not just trauma-informed care, but child development in general. Parents really need to have more training.

Appendix B

Organizations That May Benefit

❖ **National Foster Parent Association**

National Foster Parent Association

14508 Owen-Tech Boulevard, #129

Austin, Texas 78728

Ph# 800-557-5238

Mission

Our mission is to support the caregivers of our nation's most vulnerable children and youth (National Foster Parent Association, 2020).

❖ **AK Child & Family**

4600 Abbott Road

Anchorage, AK

99507

Ph# (907) 346-2101

Mission

AK Child & Family brings hope to troubled young lives through a broad range of mental health services. Our residential psychiatric treatment, community based programs and treatment foster homes offer the structure, care and expertise to help young people build strong, positive, healthy lives (AK Child & Family, 2020).

❖ **Denali Family Services**

1251 Muldoon Rd., Suite 116

Anchorage, Alaska 99504

Ph# (907) 274-8281

Mission

Our mission is to support these children and their families through individualized, community-based mental health services” (Denali Family Services, 2020).

Advocacy Issue Letter

Dear Representative Les Gara,

My name is Cecily Stepp, and as an active member of your district and a nursing student at The University of Alaska Anchorage, I understand the importance of providing service for adolescent mental health, specifically the mental health of foster youths. Unfortunately, there is a deficit in our current foster care system that I believe needs to be addressed. This issue is related to the training requirements for foster parents. Research suggests that up to 93% of foster youths have experienced past trauma, and these traumas often manifest as behavioral problems. These behavioral problems, when not appropriately understood by the foster parent, can lead to a phenomenon called placement breakdown where the foster parents chooses not to keep the foster child in the home. Placement breakdowns create a cycle of mistrust and an exacerbation of trauma linked behaviors in these foster youths; and the trauma linked to the placement breakdown compiled with the trauma that lead to their placement in the foster care system originally can manifest in physical, social, and emotional illnesses through their adolescence and emerging adulthood.

The ability of foster caregivers to understand why a child responds to circumstances the way they do, and the caregivers' ability to not reject the child on the basis of their behavior, are key factors in reducing the risk of placement breakdown and increasing the healthy development of foster children. This can be accomplished through trauma-informed training. The current training requirements for foster parents is only 10 hours annually for a single parent household and 15 hours annually for a two-parent household. This training is conducted through The Alaska Center for Resource Families, and includes 19 modules, only 4 of which are specific to traumatic child behavior; furthermore, these behavior modules are not necessarily required if the caregivers chooses any of the other 15 modules to complete their required credit hours. Another problem with these modules is that almost all of them have not been revised in over 15 years, meaning that the most up-to-date mental health practices are not being taught to or implemented by the foster parents.

I recommend that there be a re-evaluation of the current training requirements for foster parents and an implementation of three key changes; 1) An increase in the training hours required for foster parents; 2) A reform in the type of training foster parents receive to be more in-person and trauma based; and 3) An established regulation on training materials that foster parents are required to use in which they have to be updated within 10 years of the current date to comply with evidence based clinical practices. I believe that this is something that will benefit our community for years to come, and I hope that action can be taken. Thank you for your time and attention on this matter.

Sincerely,

Cecily Stepp

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