WHERE DO WE START?

- **Encourage families to examine their beliefs and attitudes about race & ethnicity**
- **Help families understand “White Privilege”**
- **Encourage families to think about their lifestyle**
- **Encourage families to educate themselves**

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Race and Ethnicity

- **Race** & **Ethnicity** share an ideology of common ancestry.
- **Race** used to refer to physical characteristics, like skin color and bone structure.
- **Ethnicity** refers to cultural characteristics, like language and religion.
- Generally members of the same ethnic group will be the same race, however not all members of the same race will be members of the same ethnic group.
- Race - Black, White, Asian
- Ethnicity - German, Italian, Mexican, Hispanic, Latino

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Self Esteem, Personal Identity, and Cultural Identity

How do we know how someone feels about themselves?

- **Self Esteem-** How a person feels about themselves
- **Personal Identity-** who a person is, their name, their awareness of themselves in their world, their roles, jobs, etc.
- **Cultural Identity-** A set of beliefs, attitudes, values and standards of behavior passed from one generation to the next. Incorporates language, world view, dress, food, styles of communication, notions of wellness, healing techniques, child rearing patterns, and self identity.

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Carlos A. Rodríguez
@CarlosHappyNPO

"I see no color" is not the goal.

"I see your color and I honor you. I value your input. I will be educated about your lived experiences. I will work against the racism that harms you. You are beautiful. Tell me how to do better."

... That's the goal.

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Things to consider

1. Personality
2. Attitude
3. Lifestyle
4. Knowledge

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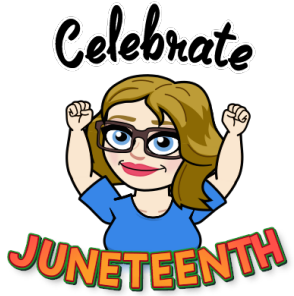
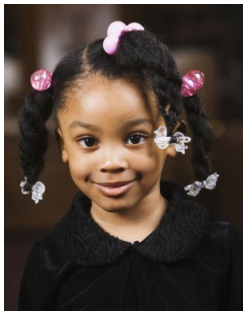
How do we help?

- Be informed
- Integrate customs into your family life
- Get outside help if needed
- Respect who they are

https://youtu.be/B82029-9A1M





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The Seven (7) DO's

1. Become intensely invested in parenting
2. Enforce a "No Tolerance" rule for racially or ethnically biased remarks
3. Surround yourselves with supportive family & friends
4. Celebrate all cultures
5. Talk about race and culture
6. Expose your child to a variety of experiences that help build self-esteem
7. Take your child to places where most of the people are from his or her race or ethnic group

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THE SEVEN (7) DON'TS

1. **DO NOT focus only on racial/cultural issues**
2. **DO NOT accept racism or stereotypes as a reason for underachievement or bad behavior**
3. **DO NOT overindulge the child**
4. **DO NOT allow others to intrusively touch or violate the child's boundaries**
5. **DO NOT fail to embrace diversity**
6. **DO NOT fail to challenge racism**
7. **DO NOT accept powerlessness** https://youtu.be/nynTz0vA3uk?list=PLBE1614E3FFD3C213

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Seven Tasks for Parents: Developing Positive Racial Identity

TASK 1: Acknowledge the existence of prejudice, racism, and discrimination

TASK 2: Explain why the child's minority group is mistreated

TASK 3: Provide a repertoire of responses to racial discrimination

TASK 4: Provide role models and positive contact with his or her minority community

TASK 5: Prepare the child for discrimination

TASK 6: Teach the difference between responsibility to and for their minority group

TASK 7: Advocate on behalf of your child's positive identity

Brain Development

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Brain Development

- **The Importance of Neuro – transmitters**
  - https://empoweredtoconnect.org/resources/understanding-the-importance-of-neurotransmitters/
- Children from Hard Places
  - https://empoweredtoconnect.org/resources/children-from-hard-places/

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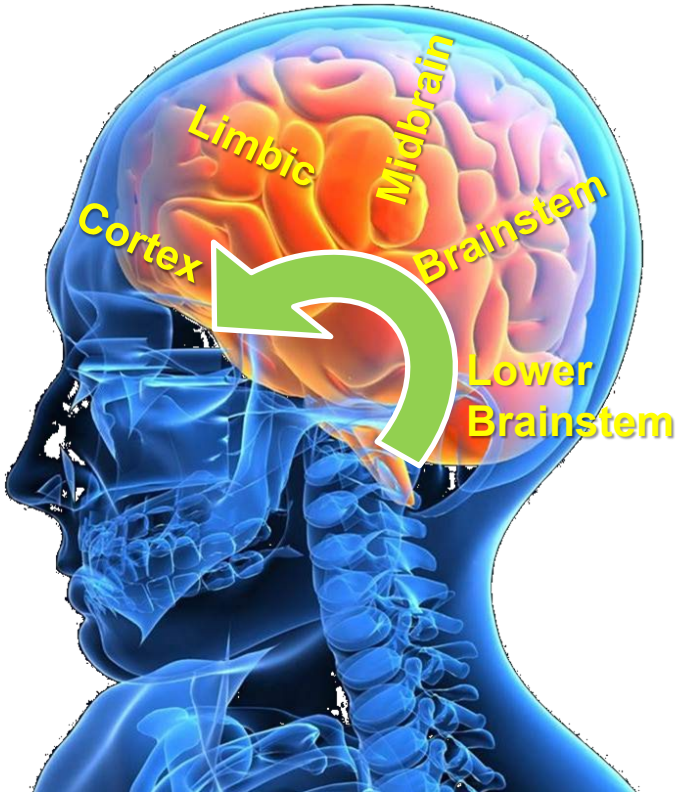
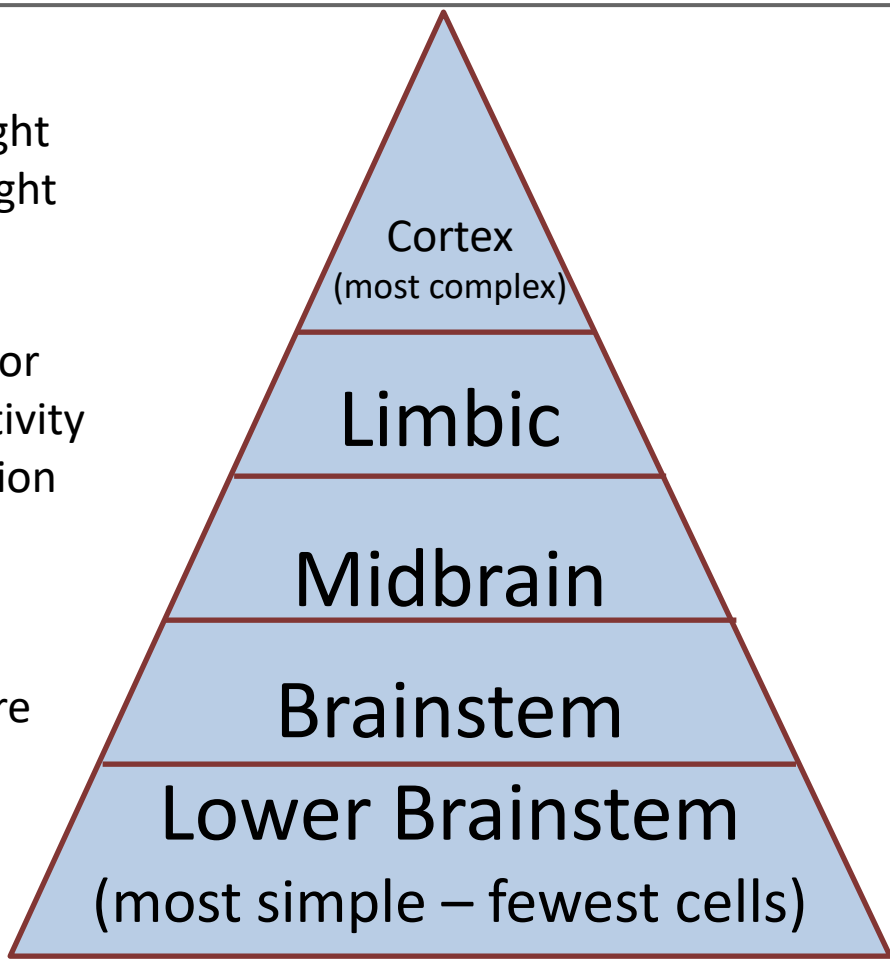
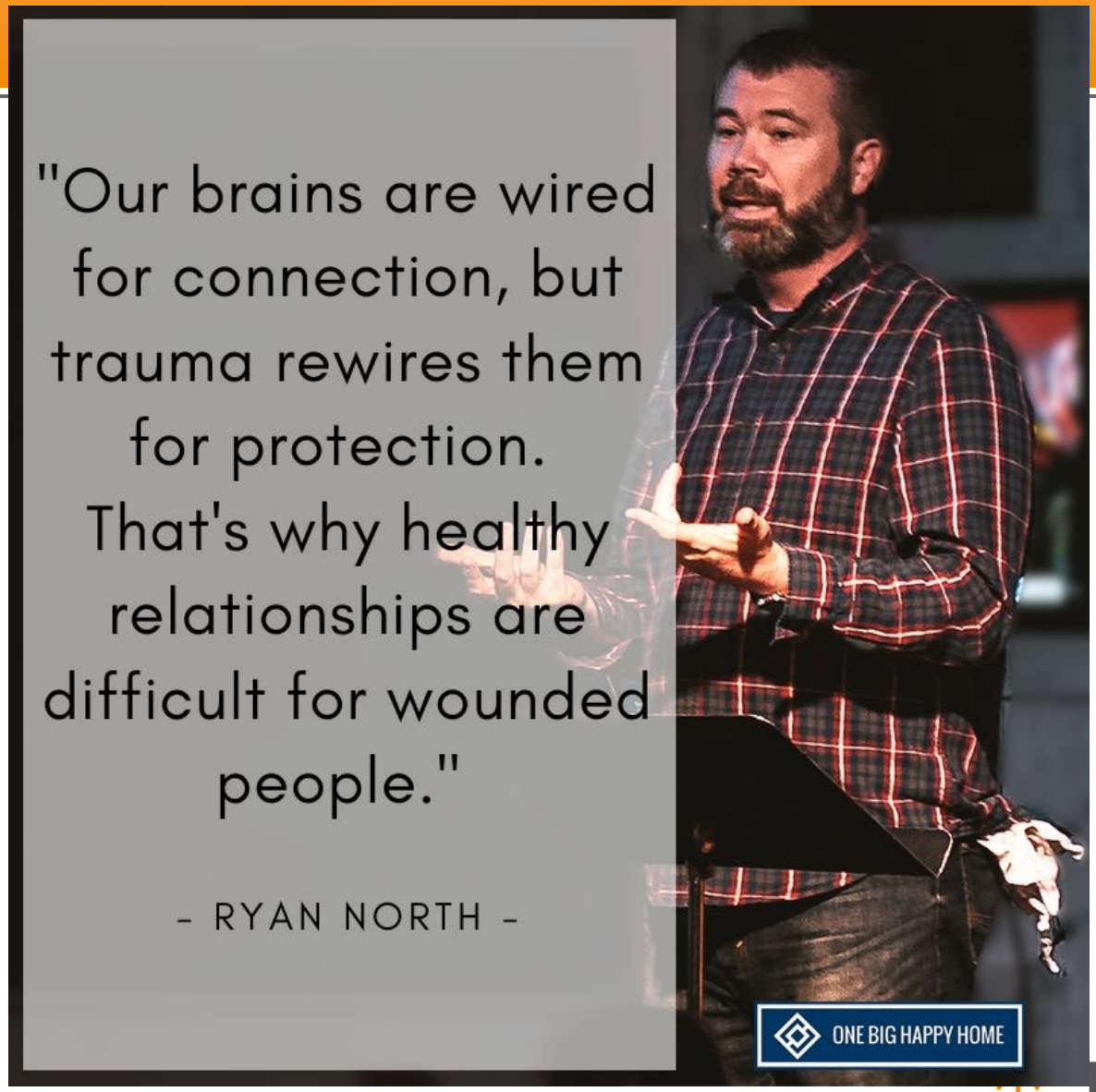
The Brain-Simplified



Abstract thought
Concrete thought
Affiliation
Attachment
Sexual Behavior
Emotional Reactivity
Motor Regulation
Arousal
Appetite
Sleep
Blood Pressure
Heart Rate
Body Temp
Breathing





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The Brain- Continuum of Arousal

State of Arousal	Calm	Alert	Alarm (Agitated)	Fear (Frustration)	Terror (Anger)
Behavior	Rest	Vigilance	Resistance	Defiance	Aggression
Part of the Brain Activated	Cortex	Limbic	Midbrain	Brainstem	Lower Brainstem

As a person moves along the continuum the part of the brain in control of his functioning shifts.

The more distressed or threatened he is or **perceives** himself to be, the more primitive the behaviors and responses.

Common Denominator: Fear

Fear changes the way the brain:

- develops
- organizes itself
- bio chemistry of the brain

Fear Affects How Children:

- Emotionally Self-regulate
- Relate to Others
- Communicate
- Think

Fear literally makes us dumber so we can react fast for immediate survival

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Fight, Flight, Freeze

How do you respond?

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Felt Safety

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Milk and Cookies

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Positive Phrasing

The Reticular Activating System (RAS) is the part of the brain that relays messages in the form of impulses to the rest of the brain. When phrases are negated the RAS can easily get confused or clogged. It tends not to send the negation in the phrasing.

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Positive Phrasing

Tell kids what they should do instead of what they shouldn't!!

Instead of "Don't be late!" try "Be on time."

Instead of "Don't yell!" try "Lower your voice"

Instead of "Stop jumping" try "Sit down"

The brain is more likely to respond to positive phrasing!

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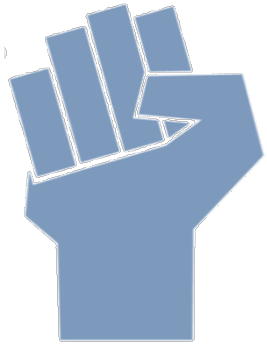
Trust Based Relational Intervention

TBRI® is an attachment-based, trauma-informed intervention that is designed to meet the complex needs of vulnerable children. TBRI® consists of three principles:



Empowering Principles
to address physical needs and give children a voice

Connecting Principles
for attachment needs

Correcting Principles
to disarm fear-based behaviors

TBRI:
EMPOWERING PRINCIPLE

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Children Learn Best When

They are calm

They are alert

They have their basic needs met

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Again with the Fight, Flight or Freeze

If a child detects threat through senses:

- Fight—frustration, explosive, aggressive, resistive, action out, “I won’t,” “no,” refusal

- Flight—distractible, clowning around, escaping behavior, redirection needed, easily bored

- Freeze—whiney, tearful, clingy, no to new things, withdrawing, hiding, saying “I can’t.”

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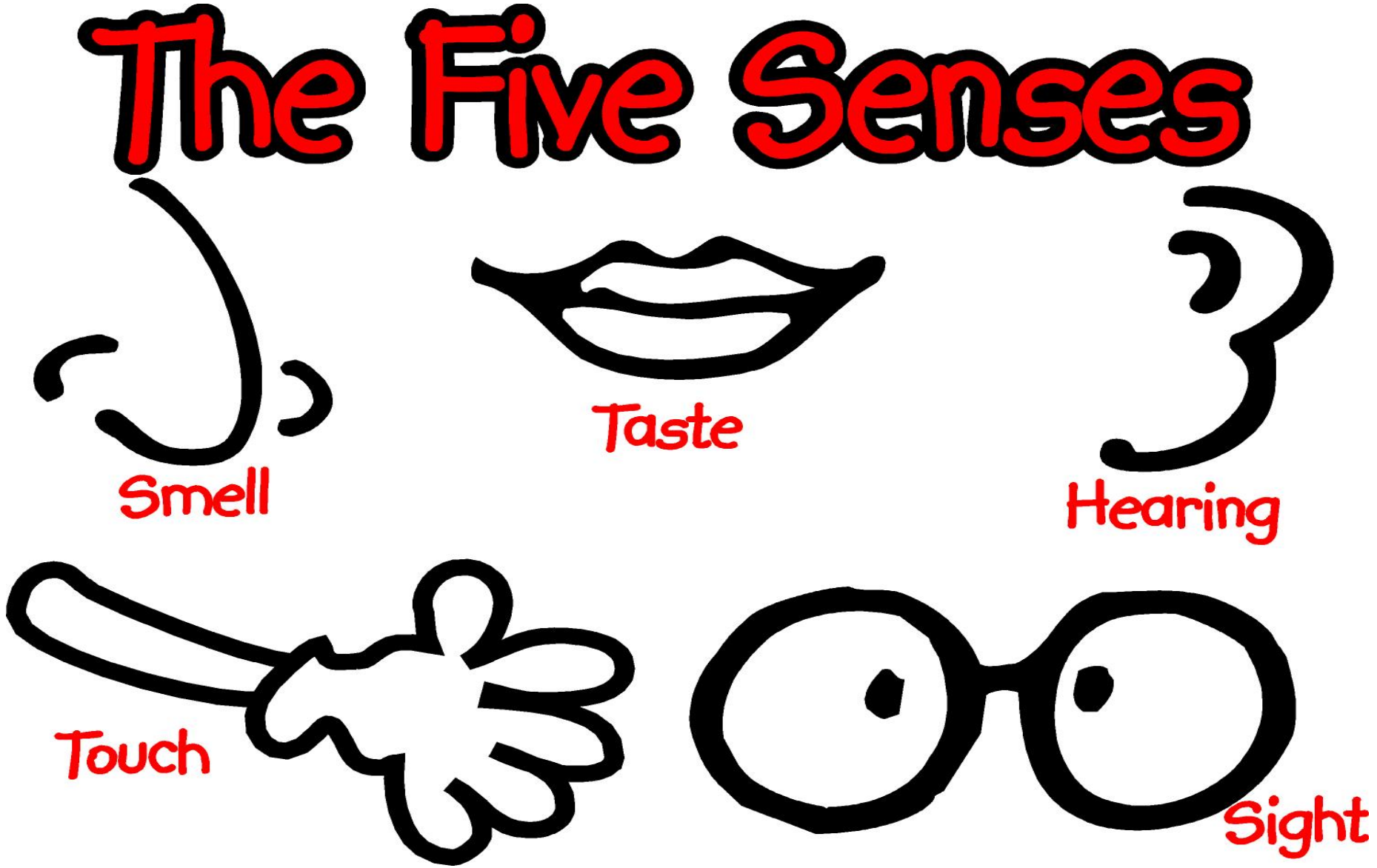
Our Senses



Internal or Body Centered Senses

Vestibular-
Sense of Movement in Space

Proprioceptive-
Sense of one's muscles and joints/Deep touch or Pressure

Tactile-
Sense of touch

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Teaching Self Regulation Skills

- Teaching through nose/mouth:
- Deep breathing
- Calming smells

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The inability to function smoothly is not because the child won't, but because they can't.

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Hydration

and

Nutrition ????

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Hydration

- Dehydration influences:
  - Concentration
  - Memory
  - Anxiety Level
  - Mood

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When you wake up feeling a bit cranky-crank, then you put some coffee in your cuppy-cup and take the first sippy-sip.

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Blood Glucose

- Low blood glucose is associated with:
  - Cognitive & academic deficits
  - Difficulty concentrating/listening
  - Anxiety
  - Depression
  - Irritability
  - Aggression
  - Difficulty regulating behavior

Mental Checklist (works for all ages) 0 – adult
Create a mental checklist for our children

How can I help you?	What do you need?
Are you hungry?	Are you thirsty?
Are you cold?	Are you hot?
Do you need a friend?	Are you lonely?
Are you sad?	Are you hurting somewhere?
Are you confused?	Are you tired?
Are you feeling overwhelmed?	Do you need to use the restroom?
Do you feel anxious?	Are you worried?
Are you angry?	Do you feel sick?

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Me trying to figure out what my girl wants to eat for dinner

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TBRI:
CONNECTING PRINCIPLE

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Attachment

- Secure attachment has many benefits for children
- Attachment cycles begins the path to trust in optimal development
- Children from hard places suffer consequences of attachment disruptions
- The brain is plastic, and can change throughout lifespan

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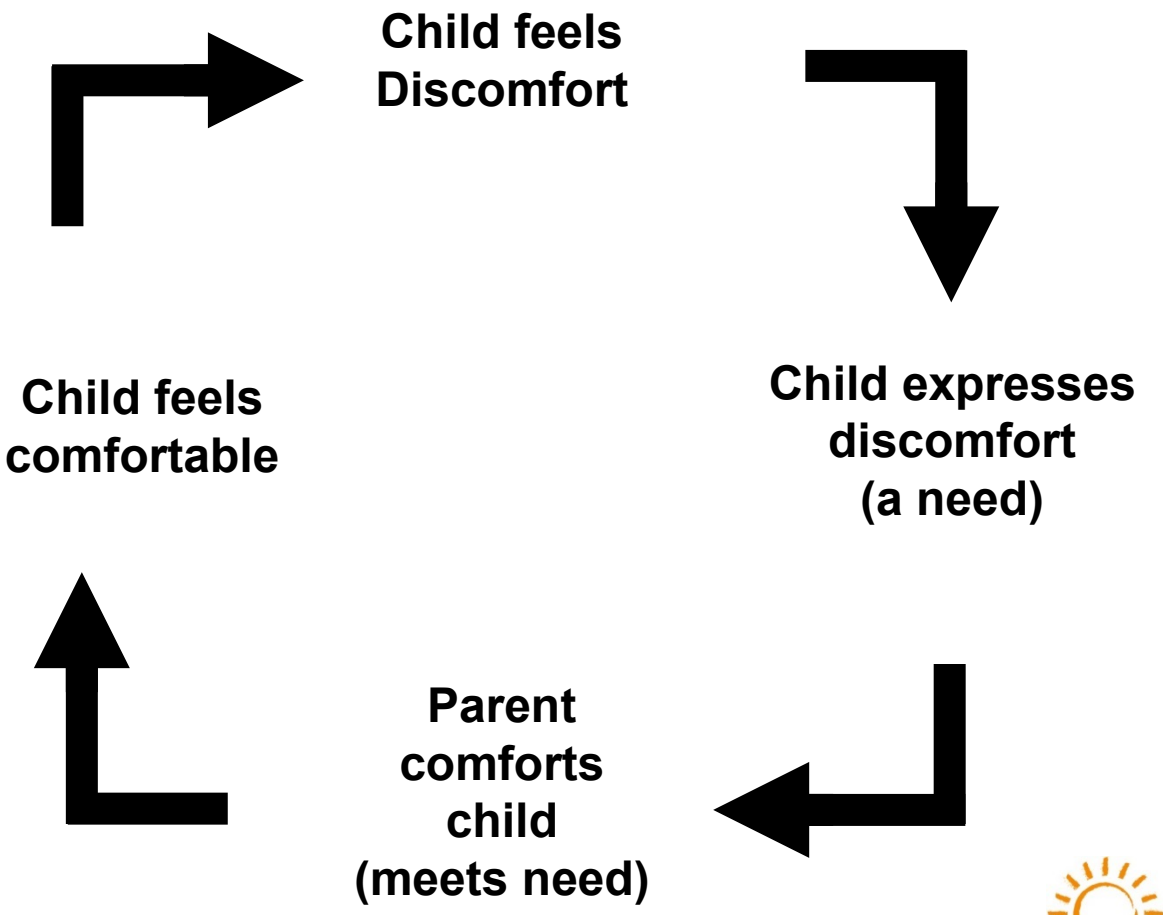
How Attachment Develops



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Infant Attachment

Attachment style	History of Caregiver	Infant's strategy when upset
Secure	Caregiver consistently, warmly responds when infant is upset	Cries, infant knows that caregiver will soothe
Anxious-Avoidant	Caregiver does not respond in emotionally warm way when infant is upset	Infant has learned not to cry to get needs met
Anxious-Ambivalent	Caregiver inconsistently responds when infant is upset	Infant cries (and is difficult to soothe) in an effort to stay in caregiver's direct attention
Disorganized	Caregiving is frightening/traumatic	Infant has no clear strategy when upset

- Histories with caregivers influence attachment patterns
- Infants use attachment as models for relationships

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Infant Attachment

Secure Attachment

- More than 50% in typical population
- Learn to trust that safe people meet needs
- Healthy cognitive, social, behavioral outcomes

Avoidant Attachment

- Caregiver does not consistently respond to emotional needs of child
- Child turns attention toward toys/objects
- Infant often ‘desirable’ or independent

Ambivalent Attachment

- Caregiver meets child’s emotional needs inconsistently
- This is confusing; child occupied with whether caregiver is available
- Can lead to anxiety/uncertainty in social situations

Disorganized Attachment

- Caregiver is frightening to infant/infant is frightened
- Infant does not have strategy for approaching caregiver
- Can lead to clinical behaviors in childhood/adolescence.

Remember, there is hope & healing for EVERY CHILD!

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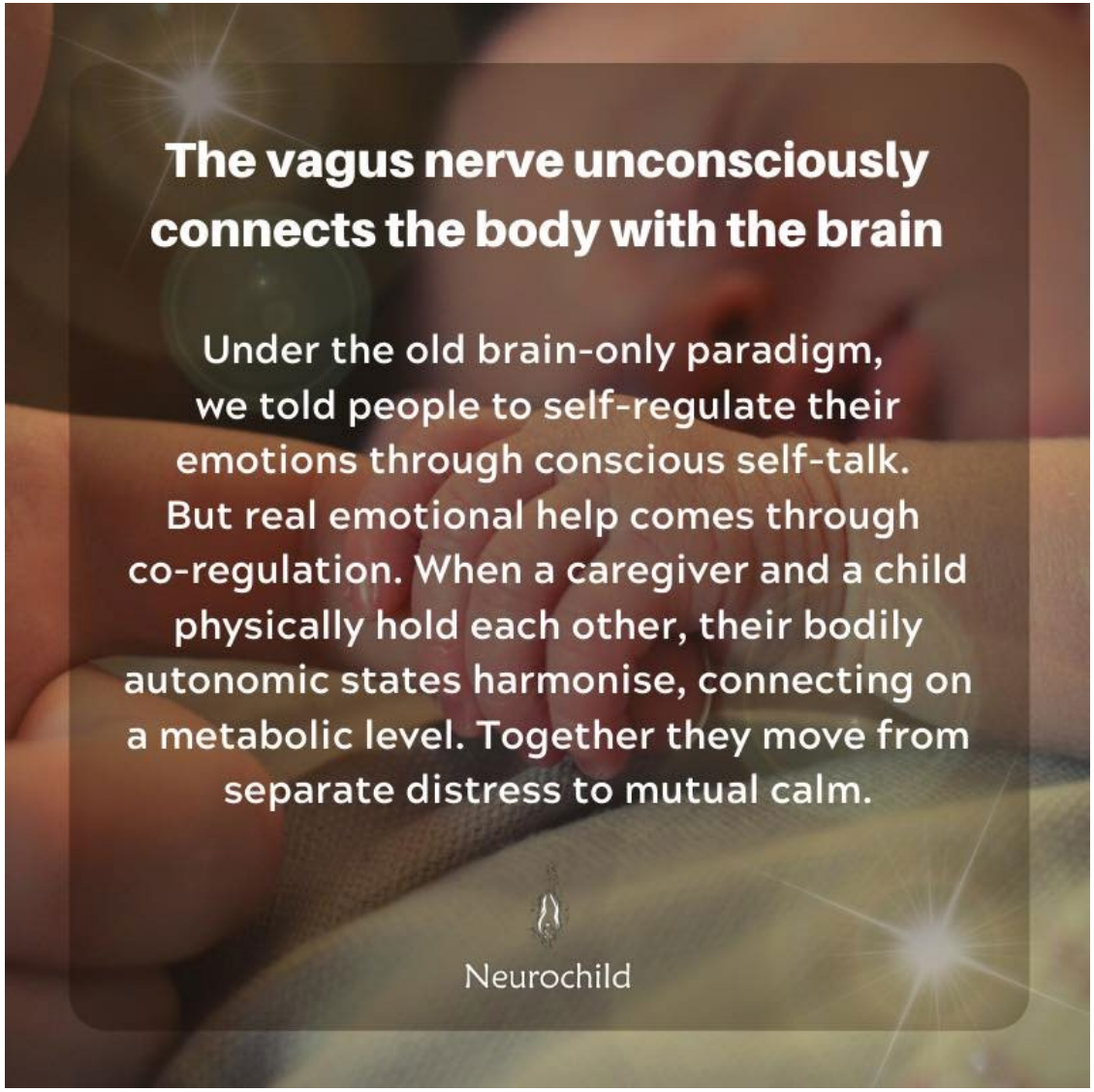
Attachment & Self-Regulation

- In places of fear:
  - Child's needs not regulated by safe adult
  - Child doesn't learn to regulate on own
  - Child learn other strategies to get needs met
    - Aggression
    - Violence



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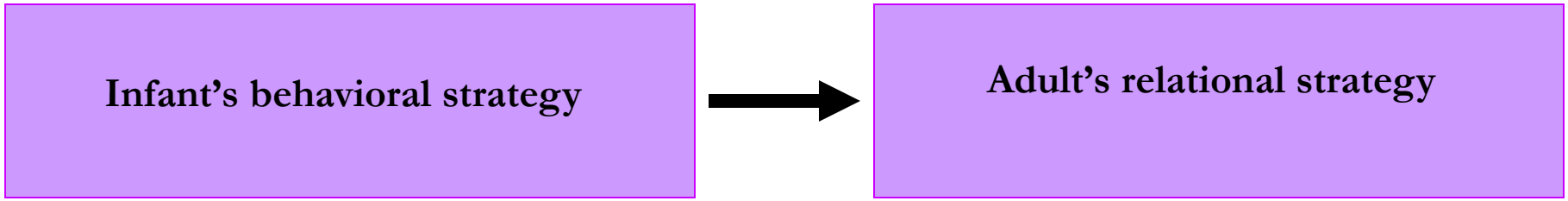
Adult Attachment

- Caregiver's own history heavily influences type of care given to child
- For most, attachment style at 12m carried throughout life



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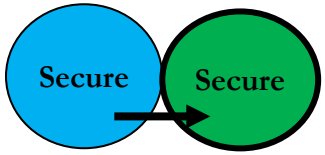
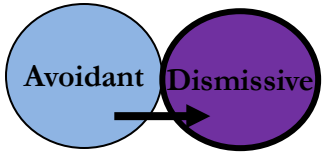
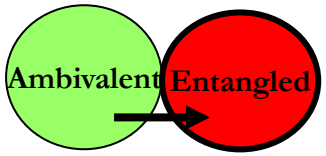
Infant→Adult Attachment Classifications



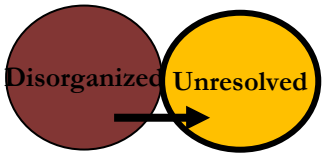
The Secure Infant/The Secure Adult
Ability to: Give Care, Receive Care Negotiate Needs, Be autonomous



Avoidant Attachment/Dismissive Adult
Emotionally closed off, May not remember childhood/relationships
May idealize childhood/relationships, Not inclined toward physical affection 'Things' more reliable than people



Ambivalent Attachment/Entangled Adult
May have anger/resentment toward parents AND/OR Identity is closely tied to parents, May be intrusive with caregiving



Disorganized Attachment/ Unresolved Adult
Mental "checking out"/dissociation
Unable to be present in moment with child
Not limited to childhood trauma

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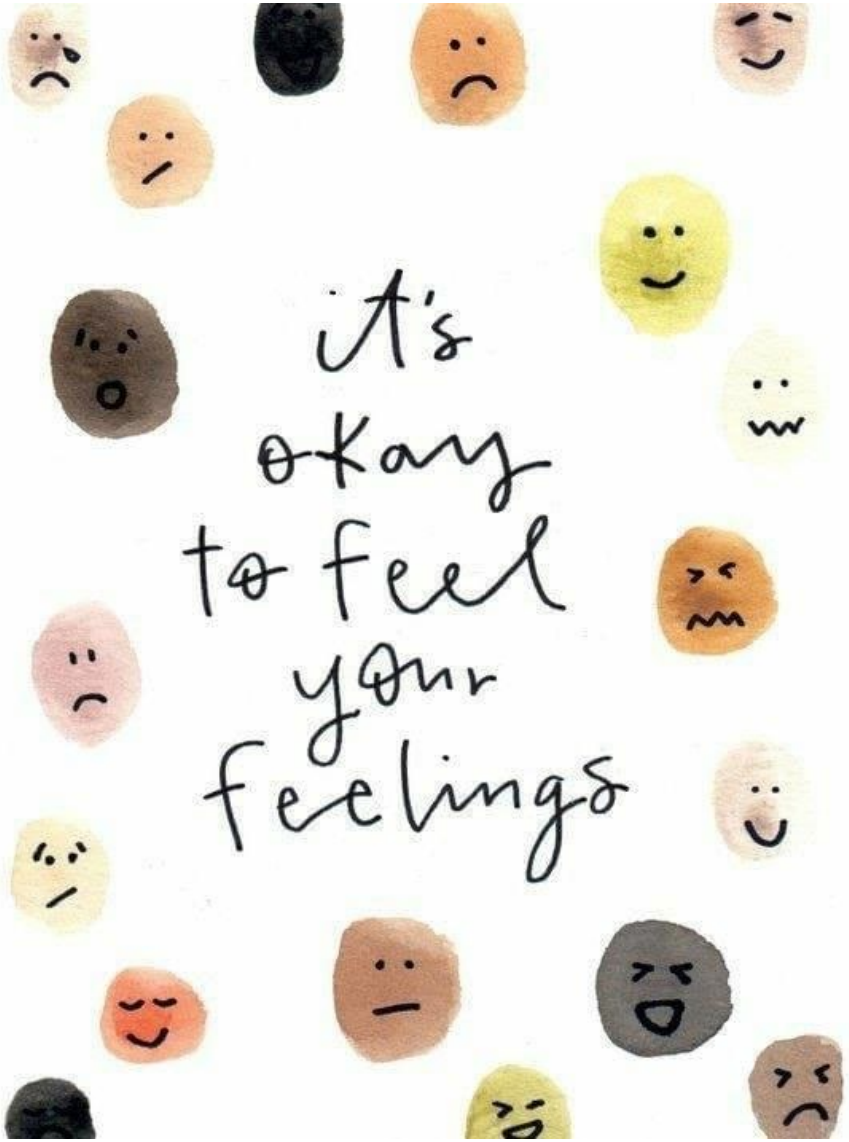
Becoming Earned Secure

- Be fiercely honest about the past
- Let past go with compassion
- Journey, not a quick fix
- The road to earned secure is possible & worth it
- Benefits are deeper connection, trust with
  - Children
  - Spouse



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Being Mindful

- Noticing child's cues allow you to be proactive
  - This is called being attuned
- Noticing your own triggers allows you to act rather than react
  - Ask yourself: Is this about my child, me or my own history?

Me: I don't understand why people think I'm so unapproachable

Also me:

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Communication

Nonverbal communication is often times louder than verbal communication.

Only **7%** of communication is word choice. The other **93%** is body language, facial expressions, voice tone, volume and cadence.

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I don't just listen to your words.

I watch your face.
I stare into your eyes.
I check out your body language.
I peep your tone.
I make note of your use of words.
I hear what you don't say.
I interpret your silences.

Most importantly.. I trust my intuition.

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Engagement Strategies

- Safe, healthy ways to connect with children in a language they understand
- Facilitate secure attachment
- Used differently by caregivers with different attachment styles

Underminers of Attachment

- **Child Carriers**
  - Ok occasionally but won't give your child the social interactions he needs to awaken healthy neurological connections in the brain.

- **Time-outs**
  - Isolating a child with attachment difficulties reinforces her deeply ingrained experience that she can only rely on herself and that she is alone in the world.
  - Better to bring the child in closer.
  - Use a "think it over" spot

Connection

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References

For further information:

- The Boy Who Was Raised As A Dog by Dr. Bruce Perry
- Three Little Words by Ashley Rhodes-Courter
- How to Talk So Kids Will Listen and Listen So Kids Will Talk by Adelle Farber and Elaine Mazlish
- The Connected Child by Dr. Karyn Purvis & Dr. David Cross
- The Out of Sync Child by Carol Kranowitz
- The Out of Sync Child Has Fun by Carol Kranowitz
- Common Sense Parenting by Ray Burke and Ron Herron
- The Whole Brain Child by Daniel J. Siegel and Tina Payne
- Parenting with Love and Logic by Foster W. Cline
- www.childtrauma.org
- www.child.tcu.eduhttp://empoweredtoconnect.org (helpful articles, videos, interviews, DVD lecture series, etc.)

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Foster care and Adoption have touched many lives

Here are some foster and/or adopted kids you may know

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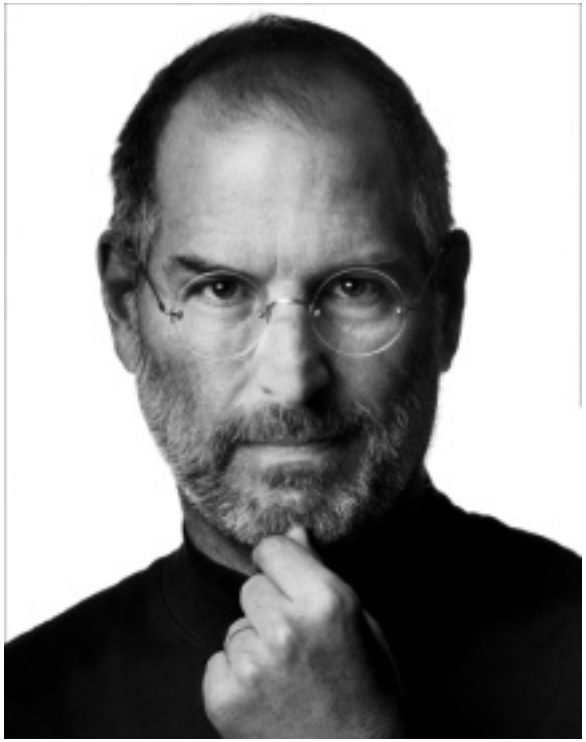
Steve Jobs



Steve Jobs was born to an unwed mother who's parents disagreed with the fact that she was pregnant by a man with a different ethnic/cultural background. Steve's biological father was of Syrian decent. Steve was adopted as an infant and went on to become co-founder and CEO of Apple Computer.

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Cher

At the age of 2 Cher was placed in foster care when her mother became too ill to care for her. She was eventually reunified with her mother when her grandparents stepped up to help raise her while her mother was struggling. Cher went on to win various awards including an Oscar, an Emmy and a Grammy.

Alonzo Mourning

When Alonzo was 12 years old he was placed in the foster home of a family friend after his parents' divorce. Alonzo went on the win a NBA championship with the Miami Heat.

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Simone Biles

Both Simone Biles' mother and father struggled with addiction. Simone and her siblings were in and out of foster care. In 2000 when she was 3 years old her maternal grandparents stepped in to care for them. When she was 6 her grandparents adopted Simone and her younger sister. Simone went on to become the United States' most decorated gymnast

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John Lennon

John Lennon had a rough childhood and was placed with a family by the foster system. Music became a large part of his life as a teen. John went on to form one of the greatest rock groups of all time “The Beatles.”

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Tim McGraw and Faith Hill

Faith was adopted and an infant and Tim was adopted by his stepfather. Their Soul 2 Soul tour is the highest grossing country tour of all time earning the couple more than 140 million dollars.

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Most Superheroes

Superman's Parents sent him away from his home planet of Krypton. He was taken in and raised by Jonathon and Martha Kent.

The X-Men were raised by professor X at the Xavier School for Gifted Youngsters which was essentially a foster group home.

After Batman's parents were brutally murdered he was raised by the Wayne family butler, Alfred.

Spiderman, when Peter Parker was only four his parents died in a plane crash. He was raised by his Aunt May and Uncle Ben after .

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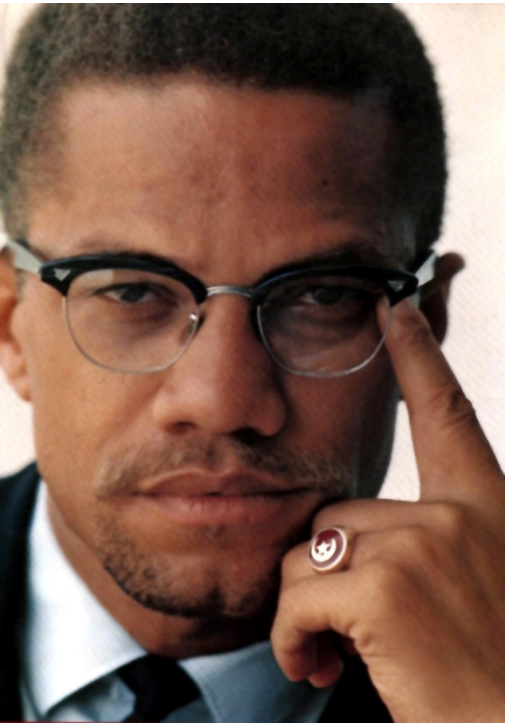
Malcolm X



Malcolm's father was an activist and died a brutal death when Malcolm was very young. Faced with caring for Malcolm and his siblings by herself Malcolm's mother suffered a nervous breakdown and was committed. Malcolm and his siblings were separated and placed in different foster homes. Malcolm went on to become one of the most influential and recognizable figures of the civil rights movement.

Marilyn Monroe

Marilyn Monroe was placed in an orphanage after her mother was declared legally insane. She spent 2 years in the orphanage and the next 4 with a family friend. Marilyn went on to become one of the most famous movie stars of all time.

Tiffany Haddish

Tiffany was placed in foster care when her step father cut the brake line in her mother's car as an attempt to murder his wife and step children. Tiffany and her siblings were not in the car, but her mother suffered severe brain injury and was unable to care for her children. Tiffany lived in 3 different foster homes before moving to kinship care with her Grandmother. Tiffany went of to star in several movies and in 2017 she became the first ever African American Female comic to host Saturday Night Live.

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Pitbull

Armando “Pitbull” Perez Jr’s mother was an exotic dancer and his father was a drug dealer. His parents split up when he was very young and he was placed in foster care. After graduating high school he aged out of the system and focused on music. He is commonly referred to as Mr. Worldwide, has sold over 5 million albums and 40 million singles. His estimated net worth is more than 50 million dollars.

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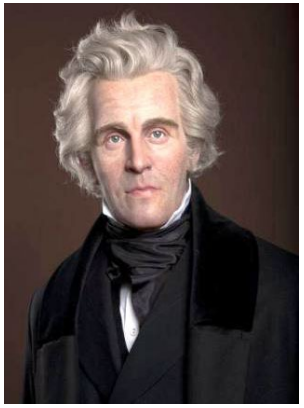
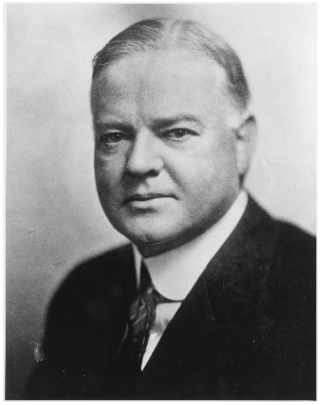
4 United States Presidents



Andrew Jackson Our 7th President was orphaned and adopted by his mothers relatives.

Gerald Ford Our 38th President was Adopted.



Herbert Hoover Our 31st President was orphaned at the age of 9 and was adopted by his Uncle.

Bill Clinton Our 42nd President lived in kinship care with his grandparents for the first 4 years of his life.

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Children Learn Best When

They are calm

They are alert

They have their basic needs met

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Hydration and Nutrition

- Hydration
  - Dehydration influences:
    - Concentration
    - Memory
    - Anxiety Level
    - Mood

- Blood Glucose
  - Low blood glucose is associated with:
    - Cognitive & academic deficits
    - Difficulty concentrating/listening
    - Anxiety
    - Depression
    - Irritability
    - Aggression
    - Difficulty regulating behavior

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Mental Checklist (works for all ages) 0 – adult
Create a mental checklist for our children

How can I help you?	What do you need?
Are you hungry?	Are you thirsty?
Are you cold?	Are you hot?
Do you need a friend?	Are you lonely?
Are you sad?	Are you hurting somewhere?
Are you confused?	Are you tired?
Are you feeling overwhelmed?	Do you need to use the restroom?
Do you feel anxious?	Are you worried?
Are you angry?	Do you feel sick?

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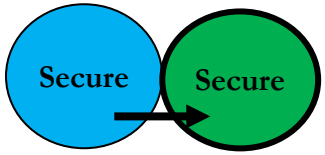
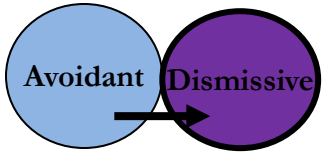
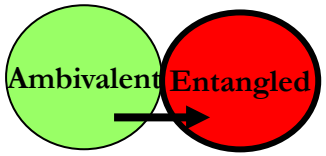
Infant→Adult Attachment Classifications



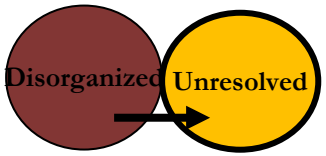
The Secure Infant/The Secure Adult
Ability to: Give Care, Receive Care
Negotiate Needs, Be autonomous



Avoidant Attachment/Dismissive Adult
Emotionally closed off, May not remember childhood/relationships
May idealize childhood/relationships, Not inclined toward physical affection 'Things' more reliable than people



Ambivalent Attachment/Entangled Adult
May have anger/resentment toward parents AND/OR Identity is closely tied to parents, May be intrusive with caregiving



Disorganized Attachment/ Unresolved Adult
Mental "checking out"/dissociation
Unable to be present in moment with child
Not limited to childhood trauma

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Becoming Earned Secure

- Be fiercely honest about the past
- Let past go with compassion
- Journey, not a quick fix
- The road to earned secure is possible & worth it
- Benefits are deeper connection, trust with
  - Children
  - Spouse

Trust-Based Relational Intervention (TBRI)

Dr. Karyn Purvis & Dr. David Cross
Texas Christian University – Child Development Institute

CORRECTING PRINCIPLES
Reshaping Behavior

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IMH: Integrated Mental Health for DePelchin Families

Every child over the age of 3 placed in a DePelchin foster or foster adopt home will receive a mental health assessment with in the first 30 days. This in-depth assessment will help identify and address any existing or emerging mental health issues, particularly issues related to trauma.

If mental health issues are identified all families will receive a individualized plan tailored to meet the child and family's needs with additional in-home FIRST services , including but not limited to:

- Individual counseling for children
- Family counseling
- Education, coaching and mentoring in the use of trauma-informed parenting techniques
- Crisis intervention and safety planning with a goal of stabilizing crisis so the child can safely remain in the home

I was spanked and I turned out ok.

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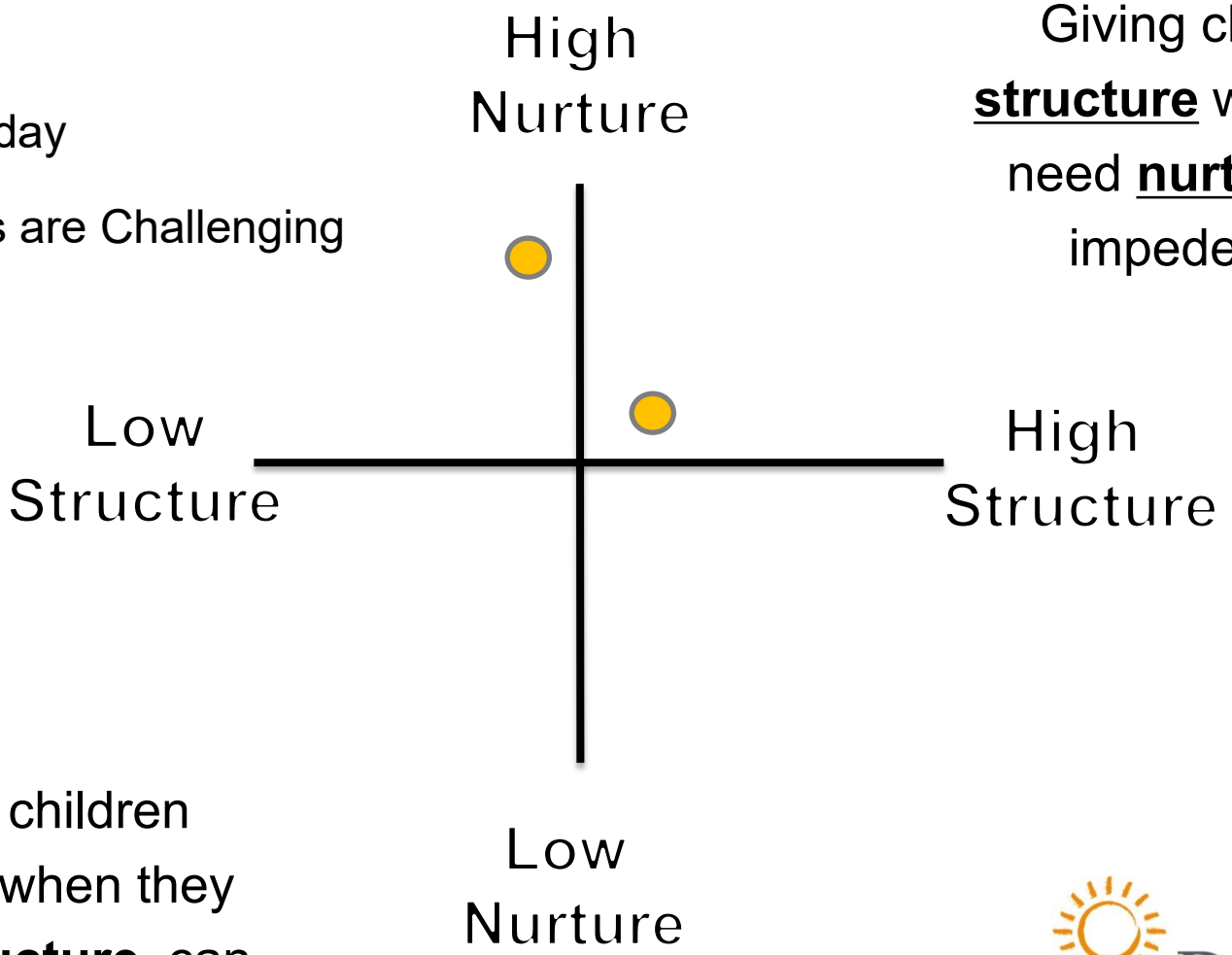
Balance of Structure and Nurture

On a typical day

When Things are Challenging



Giving children **structure** when they need **nurture** can impede trust

Giving children **nurture** when they need **structure** can impede growth

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Permissive

Structure/Nurture Imbalance

Warm & supportive

Set few limits

Rarely corrects behavior

Authoritative

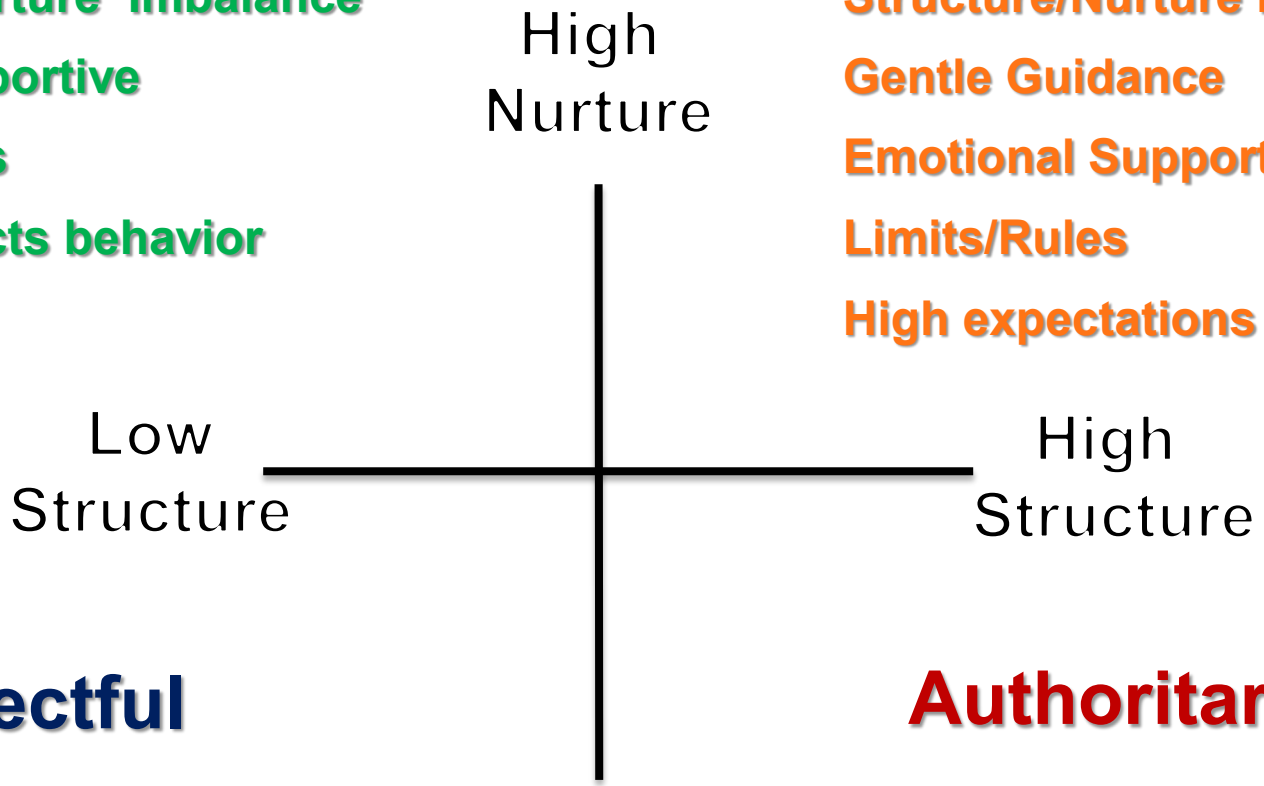
Structure/Nurture Balance

Gentle Guidance

Emotional Support

Limits/Rules

High expectations TBRI



Neglectful

Structure/Nurture Imbalance

Often rejecting

Uninvolved

Authoritarian

Structure/Nurture Imbalance

Obedience above all

Punitive, forceful

Little/no discussion

Permissive Styles

Structure/Nurture Imbalance

Warm & supportive

Set few limits

Rarely corrects behavior

Parents….

- Are high on Nurture & low on Structure
- Set few boundaries & are often “lax” when it comes to discipline
- Rarely correct children’s behavior

Children tend to have….

Low self-regulation

High levels of misconduct

Low academic orientation & motivation

High rates of substance abuse

Strong self-confidence

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Authoritative Styles

- Structure/Nurture Balance
- Gentle Guidance
- Emotional Support
- Limits/Rules
- High expectations TBRI

Parents….

- Are able to balance Structure & Nurture
- Are respectful, nurturing & interactive
- Are ‘democratic’ and share power when appropriate
- Are safe adults who are still in charge
- Set limits and have high expectations

Children tend to have….

Fewer problem behaviors

Less internal distress

More academic competence

More social competence

Higher self-esteem

Higher life satisfaction

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Authoritarian Styles

- Structure/Nurture Imbalance
- Obedience above all
- Punitive, forceful
- Little/no discussion

Parents….

- Are high on Structure but low on Nurture
- Little respect for the voice of the child
- Comes across as a dictatorship "my way or the highway" approach
- Values obedience above all else
- Use punitive, forceful measures when children misbehave

Children tend to have….

- More internal distress
- Show less self-confidence & more self conscious
- Have more conduct problems in school
- Show higher levels of depression
- Report less self-esteem
- Exhibit more severe behaviors in adolescence

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Neglectful Styles

Structure/Nurture
Imbalance

Often rejecting

Uninvolved

Parents….

- Are both low on Nurture & low on Structure
- Are often rejecting of children
- Are uninvolved with children
- Children from neglectful homes show more negative outcomes than children from any other parenting style.

Children tend to….

- Show the lowest work orientation & academic motivation
- Show sharp increases in delinquency during adolescence
- Exhibit levels of drug & alcohol use
- Show the most behavior problems
- Show the highest rates of psychological difficulties

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Correcting Principles-Strategies

PROACTIVE STRATEGIES

- Designed to teach & allow children to practice social skills through playful and fun interactions, while calm & alert

RESPONSIVE STRATEGIES

- Provide parents a template for responding to challenging behaviors. The guidelines for when & how to respond to children during behavioral episodes:
    - The IDEAL Response
    - Levels of Response

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Proactive Strategies

Proactive Strategies

Use when children:

- Are calm
- Are alert
- Have their basic needs met

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Sharing Power

- Why might children from hard places crave control?
- Sharing appropriate levels of power:
  - Builds trust
  - Empowers children/gives voice

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Why is it hard to share power?

Pride, frustration, rigidity,

I am the parent, I know best,

because I said so!!

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Choices

- Are an easy way to share power
- Help children develop their voice
- Offer appropriate autonomy
- Are concrete and easy to understand
- Are always outcomes that parent and child will be happy with

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Choices

- Would you like to wear the blue shirt or the green shirt?
- Would you like to watch Toy Story or Cars.
- Do you want the pink bow or the purple bow?
- Would you like apples or grapes?
- Which would you like to do first math or reading?
- Would you like to play outside or in your room?
- Would you like cereal or oatmeal?
- Would you like to play with your dolls or color?
- Would you like to play video games or watch a movie?

Choices

Children* act out of control when they feel out of control. Choices create the feeling or perception of control.

***This tends to be true for most adults as well**

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Choices

Choices are like any other skill or talent you get better with practice!!

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Compromises

Compromises give the child a way to respectfully ask for alternative. It gives the child voice and helps them practice advocating for themselves in an appropriate manner.

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Compromises

Parent: Ok Jimmy you have a choice you can hold my hand while we walk through the parking lot to the car or I can carry you to the car.

Jimmy: Can I have a compromise

Parent: What did you have in mind?

Jimmy: Can I ride in the shopping cart?

Parent: Sure, that is a great choice?

Compromises

In a compromise sometimes the answer is yes and sometimes the answer is no

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Compromises

Jimmy: Can I ride on your shoulders?

Parent: I am going to have to say no to that, I wouldn't be able to manage all the groceries and keep you safe on my shoulders at the same time. Can you think of a different choice?

Jimmy: I'll just hold your hand

Parent: Great choice, maybe you can ride on my shoulders later when we play outside.

Responsive Strategies

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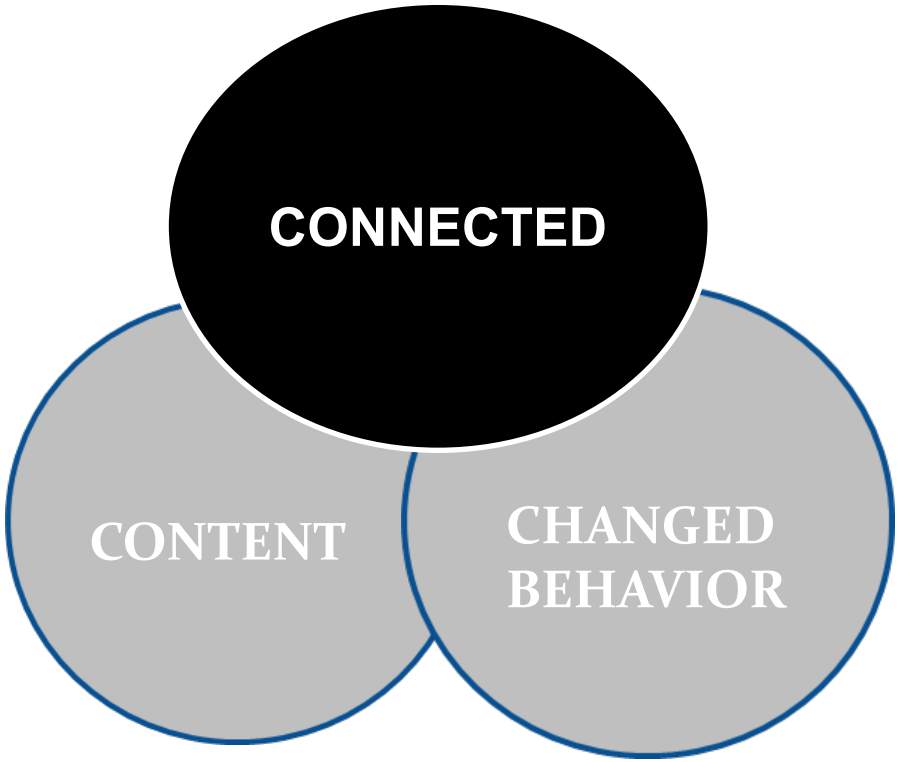
The IDEAL Response

When handling behavioral episodes, it's important to remember that there are three goals in the end:

- Caregivers maintain connection with children
- Children end the episode feeling content
- Episode ends with behavioral change



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The IDEAL Response

Immediate – Respond within seconds when possible

Direct – Engage directly with eye contact, proximity and touch when possible

Efficient – Use a measured response that is equal in intensity to the challenge

Action-based –Give an opportunity for a re-do. Practicing the “right way” creates body memory for optimal behavior!

Leveled at the behavior…not the child Make it clear that you are the advocate, helping the child overcome behavior, not the adversary

https://empoweredtoconnect.org/resources/the-ideal-response-for-parents/

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SETTING THE BAR

This is what we call establishing “expectations” for behaviors.

This helps the teacher understand how much they can expect behavioral from their child.

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SETTING THE BAR

- This requires the caregiver to be MINDFUL in 2 ways:
  - 1. Child's History, i.e. children who have been harmed or abused can expect to 'set the bar' low until trust develops in the relationship
  - 2. Child's Current Circumstances, i.e. has the child eaten, had physical activity, has someone or something in the environment acted as an emotional triggers

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SETTING THE BAR

- The Bar can change from day to day or hour to hour
- Only raise the bar high enough so that children can be successful
- If children are continually unsuccessful, lower the bar to a level where they can achieve success
- REMEMBER! Low bar does not mean “no” bar

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Levels of Response™					
Level	**Brain Activity**	**Cognitive Capacity**	**Regulatory Capacity**	**Time to Resolution**	**Ultimate Goal**
Level 1: **Playful Engagement** **Examples: "All is well" and then child is briefly sassy or demanding**	Whole brain is available for learning and connection	Cognitive capacity is functioning and intact	Able to self-regulate with minimal support *Adult Focus:* Playfulness	60 seconds or less	Giving voice by mentoring the child to ask for needs appropriately
Level 2: **Structured Engagement** **Examples: Child is mildly agitated or behavior is sustained**	Whole brain but moving towards fight, flight, freeze	Cognitive capacity is mildly impaired	Able to co-regulate with moderate support *Adult Focus:* Structuring Child's Thought Process	5 to 10 minutes or less	Giving voice by mentoring capacity to negotiate needs
Level 3: **Calming Engagement** **Examples: Child is at risk for a major episode, mildly aggressive or in harm's way**	Alert state moving into fight, flight, freeze	Cognitive capacity is deteriorating as emotional dysregulation increases	Able to co-regulate with enough time and support *Adult Focus:* Emotional Regulation	15 to 30 minutes or less	Giving voice by teaching regulation and words that describe what they needed following
Level 4: **Protective Engagement** **Examples: Threat of harm, imminent danger, or out of control behavior**	Alarm state and fight, flight, freeze Cognitive regions are unavailable	Cognitive capacity is unavailable as emotional & behavioral dysregulation dominate	Temporarily needs complete external regulation, time and support *Adult Focus:* Behavioral Regulation	30 to 60 minutes or less	Giving voice by seeing the child through the episode and then asking "What did you need?" Guiding understanding of needs & how to get them met appropriately

Why the need for EBI and EBI policy

- Children from hard places often have difficulty effectively expressing their emotions or needs.
- When they don't have a voice, they will communicate through behavior.
- When felt safety is low and a child is deep in a fear response, their flight/flight/freeze response may lead to a safety situation.
- In these moments, physical interventions may be needed to ensure the safety of the child and/or others.
- Agencies must have policies and procedures in place to ensure the safety of the child, caregivers, and others when physical interventions are used.
- As a team caring for children, staff and caregivers must be knowledgeable of what interventions are allowed and not allowed.
- All staff and caregivers must also be knowledgeable of reporting guidelines per Minimum Standards.

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Why the need for EBI and EBI policy

- EBI should only be used as a LAST RESORT, and only under the guidelines that are taught.

- DCC's policy does NOT permit the use of personal restraint with PMN children or children under 5 years old. Short personal restraints may still be used as appropriate.

- DCC strives to be a restraint-free agency, and encourages all caregivers to utilize alternative interventions as much as possible to avoid the use of physical interventions.

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Emergency Behavior Intervention

In an emergency situation, which is when your foster parents think that serious bodily harm or death is just about to happen to you or someone else because of your behavior, an Emergency Behavior Intervention will be done to keep you and others safe until you can calm down. These are usually needed only when you've stopped using your words and our words have stopped working. An Emergency Behavior Intervention cannot be used as punishment, retaliation, a consequence, a convenience to caregivers, or as a substitute for other less restrictive interventions (like talking).

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“Catching it low”

- Always try to be as preventative and proactive as possible, so that you can catch behaviors when they are low level.
- Being attuned to the child will help you identify physiological and environmental triggers, and recognize when the child is beginning to escalate.
- Cover the basics:
  - Does the child need a snack or a drink?
  - Is the child needing more/less sensory stimulation?
- Keep in mind that every behavior has a meaning behind it, and sometimes a simple intervention early on can prevent the need for greater intervention later.

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“Catching it low”

- Foster parents must use prudent judgement in assessing safety situations, and gauging appropriate responses.
- Remember to be mindful of what you are bringing into the situation as well:
  - Are your stressed or tired from the day?
  - Are you fearful of what might happen in the moment?
  - Are you overwhelmed and need some support?
- Remember that we can’t help our children achieve felt safety if we are not able to be calm and in control of ourselves.

What is an emergency situation?

- A situation has escalated to the point that there are concerns regarding the SAFETY of the child or others around them.

- The child is unresponsive to lower levels of engagement:
  - Playful engagement (re-dos)
  - Structured Engagement (choices and compromises)
  - Calming engagement (time-in)

- The child is engaging in a fear response (fight/flight/freeze) and requires a more intense level of engagement to ensure safety:
  - Protective engagement (EBI)

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What is an emergency situation?

Emergency Behavior Interventions (EBI) can only be utilized in the following circumstances:

- Imminent probable death or substantial physical injury to the child because the child attempts or continually threatens to commit suicide or substantial physical injury; or
- Imminent physical harm to another because of the child's overt acts, including attempting to harm others. These situations may include aggressive acts by the child, including serious incidents of shoving or grabbing others

These situations do not include verbal threats or verbal attacks

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What is an emergency situation?

Which of the following fit the definition of an emergency situation warranting the use of EBI?

- A 4yo is screaming “I’m going to beat you up!”
- A 16yo screaming “I’m going to beat you up!” and rushing at another child
- A child scratching at their arms with finger nails
- A child scratching at their arms with a pencil, tack, or other sharp object
- A child kicking the wall
- A child punching a glass window

Managing an emergency situation

- Be mindful of how you are presenting to a child, and how you may be helping calm or escalate the situation.
- Be aware of:
  - Your tone/cadence/volume of voice
  - Your position in relation to the child (Are you on their level or looming over them? Does the child feel cornered?)
  - Your non-verbal cues, such as facial expressions or intense eye contact
  - Your body movements (Are you modeling calm behavior, or are your movements erratic? Are your hands visible to the child?)

Managing an emergency situation

Assess the situation and environment for other safety concerns before utilizing EBI:

- Is the room safe for you to enter?
- Are you in a position to exit quickly if needed?
- Are there unsafe objects you can easily remove from the scene?
- Is it safer or easier to remove other children from the scene instead of trying to remove the escalated child?
- Do you have support available to manage other children while you help the escalated child?

Utilizing EBI

There are 2 types of interventions caregivers are allowed to use:

- Short Personal Restraint- A hands-on intervention that is intended to remove a child from immediate danger, that lasts no longer than 1 minute.

- Personal Restraint- The use of a specific hold taught by the agency that lasts no longer than 30 minutes for a child under 9yo, and no longer than 1 hour for a child over 9yo.

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Utilizing EBI

Only a caregiver qualified in EBI may administer any form of emergency behavior intervention, except for the short personal restraint of a child.

Utilizing Short Personal Restraint

Generally, a short personal restraint is used in urgent situations, such as:

- To protect the child from external danger, such as preventing the child from running into the street or coming into contact with a hot stove.
- To intervene when a child under the age of five (chronological or developmental age) demonstrates disruptive behavior, and other efforts to de-escalate the child's behavior have failed;
- When a child over five years old demonstrates behavior disruptive to the environment or milieu, such as disrobing in public, provoking others that creates a safety risk, or to intervene to prevent a child from physically fighting; or
- When a child is significantly damaging property, such as breaking car windows or putting holes into walls.

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Utilizing Short Personal Restraint

A caregiver may NOT use any of the following techniques as a short personal restraint:

- A prone or supine restraint;
- Restraints that impair the child's breathing by putting pressure on the child's torso;
- Restraints that obstruct the airways of the child or impair the breathing of the child, including procedures that place anything in, on, or over the child's mouth, nose, or neck, or impede the child's lungs from expanding;
- Restraints that obstruct the caregiver's view of the child's face;
- Restraints that interfere with the child's ability to communicate or vocalize distress; or
- Restraints that twist or place the child's limb(s) behind the child's back.

Utilizing Personal Restraint

Before using a permitted type of emergency behavior intervention, you must:

- Attempt less restrictive behavior interventions that prove to be ineffective at defusing the situation; and
- Determine that the basis for the emergency behavior intervention is an emergency situation

Utilizing Personal Restraint

A child's active attempt to run away may be considered an emergency situation when the following is a factor:

- The child is developmentally or chronologically under six years old;
- The child is suicidal;
- You are located near a high traffic area;
- Adverse weather conditions pose a clear safety risk to the child; or
- Other clear safety risks are present.

Utilizing Personal Restraint

Only use the hold that is taught by the agency!

One-Person Crossed-Arm Support Hold

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Utilizing Personal Restraint

Emergency behavior intervention may never be used as:

- Punishment;
- Retribution or retaliation;
- A means to get a child to comply;
- A convenience for caregivers or other persons; or
- A substitute for effective treatment or habilitation.

Utilizing Personal Restraint

Caregivers performing emergency behavior interventions must monitor for any of the following signs of respiratory distress, make adjustments or release the child, and seek immediate medical attention:

- Poor Circulation
- Difficulty Breathing
- Disoriented
- Vomiting
- Physical Pain/Discomfort

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Caregiver Responsibilities

As soon as possible after starting any type of emergency behavior intervention, the caregiver must:

- Explain to the child the behaviors the child must exhibit to be released or have the intervention reduced, if applicable; and
- Permit the child to suggest actions the caregivers can take to help the child de-escalate.
- If the child does not appear to understand what the child must do to be released from the intervention, the caregiver must attempt to re-explain it every 15 minutes until the child understands or is released from the intervention.

Caregiver Responsibilities

Following a restraint, the caregiver must:

- Provide the child with an appropriate transition and offering the child an opportunity to return to regular activities;
- Observe the child for at least 15 minutes;
- Provide the child with an opportunity to discuss the situation that led to the need for EBI, the caregiver's reaction to that situation, and how things can be done differently in the future. The discussion must be held in private as soon as possible and no later than 48 hours after the incident;
- Contact DCC staff about the incident as soon as possible, especially if a child has sustained any injury, after the situation has stabilized and complete a DCC restraint form;
- Make reasonable efforts to debrief with children in care who witness the incident.

Caregiver Responsibilities

- Debriefing with the child after such an intense experience is a great opportunity to re-connect with them and rebuild trust.
  - Praise them for being able to calm down
  - Offer a snack or drink
  - Offer a gentle, safe hug or other form of support
  - Assure the child you care about them and want to be able to help them better next time they are struggling
  - Ask if they need an ice pack, band-aid, or cool washcloth for any aches, pains or injuries.

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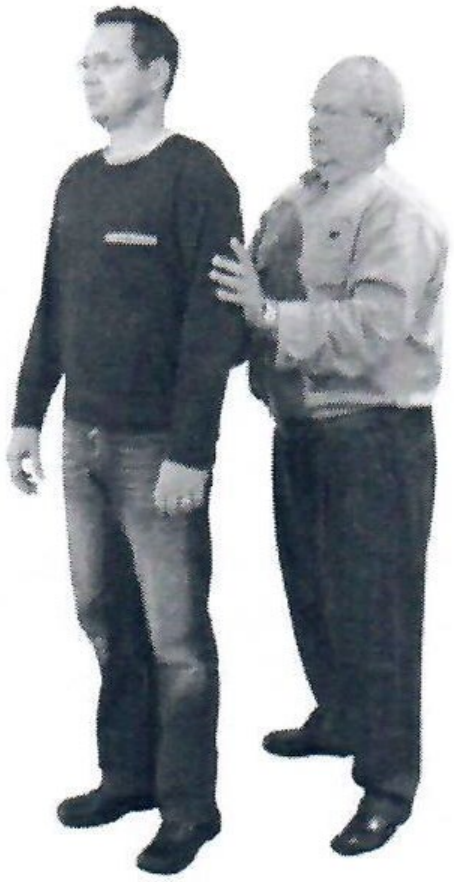
Escorts, Escapes, and Holds

One-Person Crossed-Arm Support Hold



Approach from the back left side.

Place your left hand on the person's upper left arm.

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Escorts, Escapes, and Holds

One-Person Crossed-Arm Support Hold

Place your other hand on the person's hip.

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Escorts, Escapes, and Holds

One-Person Crossed-Arm Support Hold

While stepping forward, move the person's left arm forward and hold them on the forearm with your right hand.

Your right arm should be around the person's waist, in between their body and right arm.

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Escorts, Escapes, and Holds

One-Person Crossed-Arm Support Hold

Move your left hand in between the person's body and left arm, and hold onto their left forearm.

Both of your hands should be on the person's left forearm.

Tuck your head and maintain a secure but relaxed hold.

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One-Person Crossed Arm Support Hold

Maneuver:

1. Approach slightly behind the person on the left, elbows in close to you
2. Hands up in a non-threatening manner, stance appropriate to size of the person
3. Place your left palm above the person's left elbow
4. Thumb inside of the arm, fingers outside around the person's arm
5. Right hand placed on person's right hip belt area
6. Left foot slightly forward in front of person
7. Staff's left arm in front across the person's mid-section
8. Staff's chest contacts the person's back
9. Right hand moves forward and grasps above the person's left wrist, thumbs on top and fingers below the wrist, staff's head is placed securely behind the left shoulder below the head of the person to avoid head butts
10. Left arm moves forward under the left forearm of the person near the belt buckle

One-Person Crossed Arm Support Hold

Release:

1. Relax and release the person's right wrist
2. Move the left hand palm down up to the left forearm
3. Left palm is placed above the person's left elbow
4. Thumb on the inside of the arm, fingers outside
5. Release right hand from person's right wrist and brace the person by placing left palm on the hip at the belt area
6. Step back towards the left, raising hands to retreat in a non-threatening manner
7. Check-in with person to re-establish a connection of support

Client Post Restraint Debriefing

All restraints must be reported to child placing agency within 24 hours or immediately if a child has sustained any injury or adverse response to a restraint. Failure to report a restraint within the designated timeframe will be treated as a breach of the Foster Home Agreement and evaluated as such by the agency.

The restraint will be documented within 24 hours by the child placing agency staff and documented on the Physical Restraint Form.

A client can make a complaint if he thinks he was restrained improperly.

Caregivers must help a child return to activities, observe the child for 15 minutes, and discuss the restraint with the child within 48 hours. Staff must review the restraint in 72 hours.

Client will be debriefed by Staff and debriefing will be reviewed by a Supervisor.

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SIDS

PRE-NATAL RISK FACTORS

- Maternal nicotine use
- Inadequate prenatal care
- Inadequate prenatal nutrition
- Use of drugs
- Subsequent births less than one year apart
- Alcohol use
- Teen pregnancy (low birth weight)
- Infant's sex (60% of SIDS cases occur in males)

POST-NATAL RISK FACTORS:

- Low birth weight
- Exposure to tobacco smoke
- Prone sleep position (lying on the stomach)
- Not breastfeeding
- Elevated room temperature
- Excess bedding, clothing, soft sleep surface and stuffed animals
- Infant's age (incidence rises from zero at birth, is highest from two to four months, and declines towards zero at one year)
- Premature birth (increases risk of SIDS death by about 4 times)

Reducing the Risk Factors

- Back to sleep
- Use a firm sleep surface
- Keep soft objects and loose bedding out of the crib
- Do not smoke during pregnancy
- A separate but proximate sleeping environment is recommended
- Avoid overheating