A Frame for Child Welfare’s Future
PROMOTING SOCIAL & EMOTIONAL WELL BEING TO FACILITATE HEALING AND RECOVERY

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Administration on Children, Youth and Families
Distribution of Entries into Foster Care by Age: Developmental Implications

Source: Adoption and Foster Care Analysis and Reporting System, US Department of Health and Human Services, Includes data submissions received by June 1, 2011.
How are Children Impacted by Adverse Experiences?

Understanding Experiences
How children make sense of what happens to them; develop perceptions of fairness and opportunity; and create concepts of normalcy

Developmental Tasks
Can be impacted by adverse experiences that cause delays, distortions, or regressions in acquiring regular competencies

Coping Strategies
The array of strategies available to a child to respond to adverse experiences both in the short-term and the long-term

Environmental Buffers
Social and familial contexts that alter how adverse experiences will impact children
Children Known to Child Welfare Face Challenges in Social-Emotional Domains

Clinical-Level Concerns across Domains for Children Reported to CPS, General Population Comparison, 0-17

- Functioning: Vineland Adaptive Behavior Scale (VABS; Screener Daily Living Skills Domain), 0-17 years
- Mental Health: Children’s Depression Inventory (CDI; depression), 7-17 years
- Trauma: Trauma Symptom Checklist for Children (TSCC; post traumatic subscale), 8-17 years
- Cognitive: Kaufman Brief Intelligence Test (K-BIT; cognitive composite), 4-17 years
- Development: Battelle Developmental Inventory, 2nd Edition (BDI-2; cognitive developmental quotient), 0-47 months
- Behavior: Child Behavior Checklist (CBCL; problem behaviors total), 1.5-17 years
- Relational Skills: Social Skills Rating System (SRSS; social skills), 3-17 years

Source: National Survey of Child and Adolescent Well-Being II, US Department of Health and Human Services
The Role of Protective Mechanisms

Resilience research suggests: “Protection from adversity does not reside in the psychological chemistry of the moment but rather in the ways in which people deal with life changes and in what they do about their stressful or disadvantaging circumstances” (Rutter, 1993).

Protective mechanisms and protective factors function at multiple levels, and don’t necessarily apply to only one domain – i.e., building relationship skills is a developmental task, but can also result in greater environmental buffering when adverse experiences occur.
Getting Children Back on Track

Healing and Recovery

When adverse experiences do occur, child- and family-serving systems can facilitate healing and recovery with approaches that build protective mechanisms with children and their families to get children back on track.
Promoting Social and Emotional Well-Being to Facilitate Healing and Recovery

Understanding Experiences
- Self-worth
- Self-efficacy
- Independence
- Self-awareness
- Ego resiliency
- Insight

Developmental Tasks
- Emotional Regulation
  - Increased social capital
  - Independent living skills
  - Planning/Executive Function
  - Attachment & relationship skills

Coping Strategies
- Responsible decision-making
- Conflict resolutions
- Relationship skills
- Humor, creativity
- Self-regulation
- Flexibility

Environmental Buffers
- Family/Parental Resilience
- Healthy relationships
- Knowledge of parenting and development
- Social connections
- Concrete supports in times of need

Healing and Recovery

Dimensions through which experiences of trauma and violence impact children in the short- and long-terms

Protective mechanisms can serve in multiple functions; what is important is how they contribute to healing and recovery

Locus of interventions to promote social and emotional functioning to facilitate healing and recovery
Caregiver Needs and Intervention Areas

Needs Reported by Caregivers with Maltreatment Report, 0-14

Most Common Caregiver Interventions

Remaining Areas of Need: Core Workforce Competencies

Caregiver Needs Assessment

ACYF Priority: Promoting Social and Emotional Well-Being

• ACYF’s priority is to promote social and emotional well-being of children to facilitate healing and recovery by helping children and youth integrate their experiences, addressing risk factors and building the skills, capacities, and mechanisms for healthy, normal functioning.

  – Incorporate children’s social and emotional well-being – including domains of development, relational skills, and behavioral health – into assessments and service strategies

  – Build workforce competencies around common constellation of family-level issues and children’s social and emotional needs

• Assessment

• Evidence-based response, including de-escalation, psychological first aid, etc.

• Referral to evidence-based practices, such as CBT, and monitoring of progress
# Effective Approaches to Promoting Social and Emotional Well-Being

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<th>Essential Considerations</th>
<th>Activity</th>
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<td><strong>Elements of Healing and Recovery</strong></td>
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| Understanding Experiences | Cognitive-Behavioral Interventions  
Teach Identification of Controllable and Uncontrollable Circumstances |
| Developmental Tasks | Developmental Screening  
Developmental Intervention  
Provide Meaningful Responsibilities to Promote Mastery and Accomplishment |
| Coping Strategies | Cognitive-Behavioral Interventions  
Relaxation and Self-Control Strategies  
Encourage Expression of Feelings, Positive and Negative |
| Environmental Buffers | Protective Factors Assessment  
Promotion of Protective Factors  
Parenting Interventions |
| **Clinical Considerations** | |
| Trauma | Screening  
De-escalation  
Psychological First-Aid  
Trauma-focused Interventions |
| Behavioral Health | Screening  
Cognitive-Behavioral Interventions |
| Mental Health | Screening  
Psychological First Aid  
Mental Health Interventions |
# Evidence-Based Interventions

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<tr>
<th>Diagnosis/Concern/Activity</th>
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<td><strong>Screening Activities</strong></td>
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| Identification of Mental Health and Behavioral Health Issues | • Strengths and Difficulties Questionnaire  
• Pediatric Symptom Checklist  
• Child Behavior Checklist Behavior Assessment for Children  
• Etc. |
| **Most Common Mental Health Diagnoses for Children in Foster Care** |                              |
| Attention Deficit Hyperactivity Disorder | • Children’s Summer Treatment Program |
| Posttraumatic Stress Disorder | • Cognitive Behavioral Intervention for Trauma in Schools (CBITS)  
• Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse  
• Prolonged Exposure Therapy  
• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) |
| Major Depression | • Adolescents Coping with Depression  
• Alternative for Families-Cognitive Behavioral Therapy (AF-CBT, formerly known as Abuse-Focused-Cognitive Behavioral Therapy)  
• Etc. |
| Conduct Disorder/Oppositional Defiant Disorder | • Brief Strategic Family Therapy (BSFT)  
• Familias Unidas  
• Parent-Child Interaction Therapy (PCIT)  
• Strengthening Families Program (SFP) |
| **Behavioral Concerns** |                              |
| Internalizing/Externalizing Behaviors: Behavioral Problems and Relational Concerns | • Brief Strategic Family Therapy  
• Child Parent Psychotherapy  
• Functional Family Therapy  
• Nurturing Parenting Programs (NPP)  
• Parenting Wisely  
• Triple P  
• Etc. |