

DCFS Connections Newsletter

Spring 2016



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Danielle House-Barlow - Editor

Director's Note...from Cecile Blucker

It's that time of year – Spring!!!!
Spring is one of my favorite times of the year. I enjoy seeing things come alive – the flowers, leaves on the trees, green grass, chirping birds, etc. It is invigorating! With spring time comes some very important months for child welfare. April is Child Abuse Prevention and Awareness month. During the month, in honor of National Child Abuse Prevention Month, people across the country come together to raise awareness about child abuse and neglect prevention.

During SFY 2015, our agency investigated 33,683 maltreatment complaints of which 24% were found to be true. Through prevention efforts, we have an opportunity to make a difference in a number of family's lives. Through programs such as Differential Response and Nurturing Families of AR, we are able to positively work with families, address their issues and help them to build upon their strengths to be parents to their children.

May is Foster Care month. This year's theme is "Honoring, Uniting, and Celebrating Families" –which is what we stand for in DCFS. We want to celebrate those families we are working with and recognize those who were reunited with their children. As spring is a time for change, this newsletter is a time of change for me as this will be my last newsletter to you written as the Director of DCFS. In reflection of my years with the agency, I have been very blessed to have had the opportunity to work with such wonderful and dedicated people. Many of you sacrifice time with your own children and family to serve the children and families of the State. I have been honored to represent you and the state as the child welfare director. I truly believe Arkansas child welfare is on the right path and we have made some very significant and important changes. Our numbers show we are making progress and having a positive impact. As well, we recognize we still have more work to be done.

The children, the families and each of you will always have a special place in my heart. The experiences I have had over the last 12 years will stay with me. Thanks again to all of you and for the work each of you do each and every day in making a difference and having an impact on the life of a child and a family. I hold each of you in the highest regard. This is not goodbye – but see you later!



DISTINGUISHING RAD FROM OTHER DISORDERS

BY TERESA L. KRAMER, PH.D.



What is RAD?

Reactive Attachment Disorder (RAD) has received considerable media attention in recent months. Many children in Arkansas who have been mistreated and exhibit interpersonal or social problems have been diagnosed with RAD, but their attachment challenges may be more related to posttraumatic stress disorder (PTSD) or another mental health condition. Given the growing popularity of the RAD diagnosis, it is important to stress that actual rates of RAD are low, that the criteria for a RAD diagnosis are fairly stringent, and that treatment approaches for it align with trauma-focused cognitive-behavioral approaches.

RAD is characterized by a consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following: 1) the child rarely or minimally seeks comfort when distressed and 2) the child rarely or minimally responds to comfort when distressed. Note the emphasis on rarely or minimally. Two of the following behaviors must also be present: 1) minimal social and emotional responsiveness to others; 2) limited positive affect; or 3) episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers. For a true RAD diagnosis, the disturbance is evident before age 5.

RAD's Similarity to DSED and Other Disorders

By comparison, Disinhibited Social Engagement Disorder (DSED) is characterized by a pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following: 1) reduced or absent reticence in approaching and interacting with unfamiliar adults; 2) overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries); 3) diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings; or 4) willingness to go off with an unfamiliar adult with minimal or no hesitation.

Both disorders also require that the child has experienced a pattern of extreme insufficient care as evidenced by at least one of the following: 1) social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults, 2) repeated change of primary caregivers that limit opportunities to form stable attachments, or 3) rearing in unusual settings that severely limit opportunities to form selective attachments. Sometimes children exhibit RAD-like symptoms – significant disruptive behavior, mood instability, hyperactivity, trauma reenactment and hoarding – that are better accounted for by another diagnosis. For RAD specifically, autism spectrum disorder must be ruled out. For DSED specifically, attention deficit-hyperactivity disorder (ADHD) must be ruled out.

Diagnosis and Treatment

Reactive attachment disorder is observed relatively rarely in clinical settings with rates of 10% or less. However, attachment problems in general are often observed more frequently, because they coincide with a history of chronic exposure to abuse. These problems, however, do not usually meet the full diagnostic criteria for RAD.

Children receiving a RAD diagnosis should have had a full psychological assessment in which attachment problems are measured and differentiated from other disorders (for example, PTSD or autism spectrum disorder); behaviors are observed across multiple settings (for example, home and school); and family factors are part of the overall evaluation. Evidence regarding specific treatments for children diagnosed

with RAD or DSED is limited. Treatment that involves viewing the child in negative ways, physical coercion, enforced holding or restraint, age regression, humiliation, withholding of food or water, and/or prolonged social isolation should not be used.



The most important outcome of treatment intervention for children diagnosed with RAD or DSED is development of secure attachments with adult caregivers. This can be accomplished through work with the caregiver directly, work with the caregiver and child together, and work with the child. Treatments should include caregiver and environment stability, child safety, patience, sensitivity, consistency, and nurturance. Shorter term, goal directed, and focused interventions

targeted at increasing parent sensitivity (such as Parent-Child Interaction Therapy or Child-Parent Psychotherapy) should be considered first-line treatment. In addition, because these children have experienced maltreatment, trauma-focused interventions (such as Trauma-Focused Cognitive Behavioral Therapy) will ameliorate trauma-related symptoms and thus improve overall functioning.

*Additional recommendations are available in “Practice Parameter for the Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder of Infancy and Early Childhood” published by the American Academy of Child and Adolescent Psychiatry (November 2005) and the “Report of the APSAC Task Force on Attachment Therapy, Reactive Attachment Disorder, and Attachment Problems,” published by the American Professional Society on the Abuse of Children and endorsed by the American Psychological Association Division on Child Maltreatment.

Welcome to the Permanency Corner

By Salethia Weatherspoon

The Permanency Roundtable unit conducted 4 PRT meetings and 11 consultations for the month of December. During consultations meetings are held with a team of individuals who come together to create a plan to expedite permanency for youth who have been in foster care 18 months or longer. These identified children are those who the Division (I added Division instead of FSW because it should be everyone's job, not just the FSW responsibility) has more difficulty finding permanent living arrangements for due to various reasons. We are continuing to strive to find permanent living situations for all of our youth who are in the foster care system during the Permanency roundtable process.



Subsidized Guardianship is another option for children in foster care to achieve permanency. It is designed for children for whom reunification and adoption have been determined NOT appropriate permanency goals. It helps the relative guardian reduce some of the costs to care for the child's needs. You must first determine that guardianship is the most appropriate goal for the child. If yes, then the possibility of a subsidy can be explored.

- The Subsidized Guardianship program focuses on providing a subsidy for family members who take guardianship of young relatives who are in foster care.
- There are requirements to qualify for this program; however it offers children the opportunity to remain with family members.
- Subsidized Guardianship provides financial assistance to the family members who take on guardianship of the youth

During the month of December, there were 2 Subsidized Guardianship approvals.

CONWAY COUNTY HAS A NEW FOSTER CARE COALITION

BY LORRIE ELLIS

The newly formed Conway County Foster Care Coalition, has made a significant impact in just a few, short months. The team is made up of DCFS staff, foster parents, clergy, stakeholders, and representatives from The CALL, CASA and CSI. Together, the team recruits for foster homes, provides support to foster parents and DCFS staff and advocates for the children in care. The Coalition holds monthly planning meetings for the team to plan community events and Community Outreach meetings to recruit for new foster homes in Conway County.

In the past 6 months, the Conway County Foster Care Coalition has had a booth at the Conway County Fair, held a Prayer Vigil, conducted a toy drive, collected suitcases, backpacks, and school supplies, held 3 Community Outreach Meetings, spoken to churches, schools and civic groups, and held meetings with business leaders. Conway County DCFS has seen a significant rise in support from the community, and the number of foster homes has risen from 1 to 4, with 3 in the process of becoming open. The DCFS Conway County Supervisor reports that her office has never had as much support and donations being made to their county as they are experiencing today. The team meets the first Tuesday of each month at 10:00 am at the Community Services Inc. office.



ARKANSAS CREATING CONNECTIONS FOR CHILDREN

BY LECOLE WHITE



ARCCC
Creating Connections for Children

Did you know that at any given time in Arkansas there are over 4,000 children and youth in foster care with an average of 1,200 active foster homes to provide care to these children? Due to this need, DCFS was awarded the Diligent Recruitment Grant to employ Community Engagement Specialists to focus solely on three components, Community Outreach and Development, Recruitment for Foster and Adoptive Families, and Retention. DCFS believes that Recruitment is Everyone's Business and would like for you to get involved with recruitment without it interfering with your daily responsibilities such as: Visit CHRIS net to view the **Geographic Information System (GIS)** to learn about the characteristics of children and youth in your local communities, share the characteristics of children and youth in foster care during communication with professionals such as school teachers, nurses, or therapist in your communities and direct them to the foster care inquiry site at **www.fosterarkansas.org**, treat foster families as full partners, and involve them in our efforts to achieve permanency by being responsive to their questions or concerns. We all impact the recruitment and retention of foster and adoptive families, from their initial call to the Agency, to the support they receive once children are placed in their homes. Therefore we all play a role in recruitment.

To learn more information about how you can make recruitment your business, speak to a Community Engagement Specialist in your area or contact **LeCole White at 501-682-8759**.

Important **dates** to remember:

May is foster care month; the theme is "Honoring, Uniting, and Celebrating Families." During the month of May we will be collecting donations of items that children and youth need when they enter foster care.

June is reunification month; the theme is "Reunification Heroes." Please nominate one parent or set of parents that have made exemplary efforts to be reunified with their child or children and one stakeholder that has made exemplary strides to reunify children and parent (s). The nominees are due to Danielle Kimbrough by April 15, 2016. Please contact **Danielle at 501-682-6585** for questions. Reunification Heroes nomination form can be found [here](#).

ST. FRANCIS CHURCH DONATES TOYS TO FOSTER CHILDREN

The St. Francis County DCFS staff would like to thank Salem Baptist Church located in St. Francis County whom donated a load of toys to the children in Foster Care. The toy donation was an effort to support resource parents and children, to ensure that every child had a gift under the tree. ARCCC Area 10 Community Engagement Specialist Doris Clark took charge in contacting and securing donations. The toys shown in the picture was a fraction of what was donated.



APRIL IS NATIONAL CHILD ABUSE PREVENTION MONTH

BY ANNE WELLS

April is the National Child Abuse Prevention Month. Please join us for the Child Abuse Prevention rally at the Arkansas Capital on Thursday, April 14, 2016 at 10:30 a.m. This rally is to raise awareness of the services available to prevent child abuse and the services to assist families in creating healthy and safe homes for their children. In April and throughout the year, DCFS encourages all individuals and organizations to play a role in making Arkansas a better place for children and families. By ensuring that parents have the knowledge, skills, and resources they need to care for their children, we can help promote children's social and emotional well-being and prevent child maltreatment within families and communities. Research shows that when parents possess six protective factors, the risk for neglect and abuse diminish and optimal outcomes for children, youth, and families are promoted. The six protective factors are:



- ✓ Nurturing and attachment
- ✓ Knowledge of parenting and of child and youth development
- ✓ Parental resilience
- ✓ Social connections
- ✓ Concrete supports for parents
- ✓ Social and emotional developmental well-being

Everyone's participation is critical. Focusing on ways to build and promote the protective factors, in every interaction with children and families, is the best thing our community can do to prevent child maltreatment and promote optimal child development.

April is National Child Abuse Prevention Month, a time to recognize that we each can play a part in promoting the social and emotional well-being of children and families in communities.



EVENTS AROUND THE STATE

AREA I: April 5th, CASA will host their Celebration of Success Banquet

Area IV: Kids Day in the month of May

Area VI: April 14th, Child Abuse Prevention Rally at the State Capitol

Area VII: May 6th, Foster Parent Conference

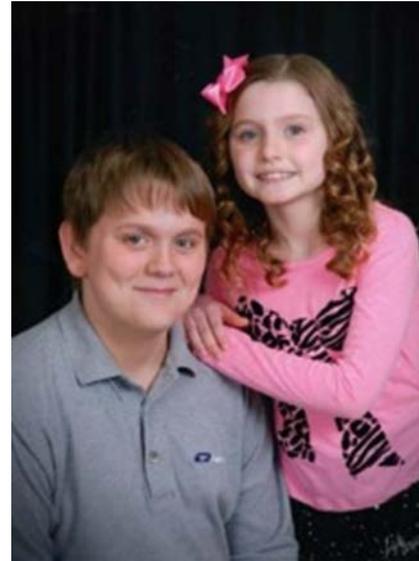
Area IX: April 1st, White Co. will host a balloon release for Child Abuse Prevention

MEET A FEW OF OUR WAITING CHILDREN!

Hunter– Age:13



Danielle – Age: 9



Hunter is an impressionable, outgoing child who enjoys singing, swimming, creating works of art, and is an avid reader. This young man is very determined, having learned to play the trombone; an activity he thoroughly enjoys and uses as a means of relaxation and stress-relief. He enjoys cooking with his sister and the family.

Hunter and his sister are inseparable due to their strong bond. They both enjoy attending church every week, which is extremely important to them both.

Hunter and Danielle’s adoption specialist is Rae Shook , Rae.Shook@dhs.arkansas.gov

Danielle is a happy-go-lucky child who is very creative, with a love of cooking that she shares with her dolls by making all kinds of goodies with her easy bake oven. Danielle is a self-described “girly-girl” who loves everything pink, always wants her hair braided, and will dive into any craft she can get her hands on.

Danielle and her brother are inseparable due to their strong bond with one another, a bond they carry into church every week, which is extremely important to them both.



HELPFUL LINKS

www.fosterparentcollege.com/info/connections
www.midsouth.ualr.edu
www.americanhumane.org/protecting-children
www.fosterarkansas.org
www.arkleg.state.ar.us/assembly
www.nctsnet.org
www.fosterclub.com
<http://drjohndegarmofostercare.weebly.com/index.html>
www.childwelfare.gov
<http://www.thv11.com/features/a-place-to-call-home/>
<https://davethomasfoundation.org/adopt/wwk/>

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COLLEEN'S SLOW COOKER JAMBALAYA

Prep: 20 MIN, Cook: 8 HR, Ready In: 8 HR 20 MIN

Ingredients

- 1 pound skinless, boneless chicken breast halves - cut into 1 inch cubes
- 1 pound andouille sausage, sliced
- 1 (28 ounce) can diced tomatoes with juice
- 1 large onion, chopped
- 1 large green bell pepper, chopped
- 1 cup chopped celery
- 1 cup chicken broth
- 2 teaspoons dried oregano
- 2 teaspoons dried parsley
- 2 teaspoons Cajun seasoning
- 1 teaspoon cayenne pepper
- 1/2 teaspoon dried thyme
- 1 pound frozen cooked shrimp without tails



Directions:

1. In a slow cooker, mix the chicken, sausage, tomatoes with juice, onion, green bell pepper, celery, and broth. Season with oregano, parsley, Cajun seasoning, cayenne pepper, and thyme.
2. Cover, and cook 7 to 8 hours on Low, or 3 to 4 hours on High. Stir in the shrimp during the last 30 minutes of cook time. Serve over cooked rice.

<http://allrecipes.com/recipe/73634/colleens-slow-cooker-jambalaya/>

Questions, comment, suggestions? Please contact: Marilyn Counts, marilyn.counts@dhs.arkansas.gov
