The Safe Babies Foster Parent Training Program

PARTICIPANT MANUAL

Safe Babies Program

ROTMAN AWARD 2010 PROJECT

Foster Parent Support Services Society, BC Ministry of Children and Family Development, VI Health Authority, BC Safe Babies Programs, and SickKids Foundation

Welcome

Welcome to the 2nd Edition of the Safe Babies Foster Parent education curriculum. This revision is based on the original curriculum that was developed over the first four years of the Safe Babies Program (1997-2001), in consultation with many health and social services professionals and community members throughout British Columbia. Over the past twelve years of this program, agencies within communities across the province who provide care for infants and families have been continually open to sharing their knowledge, issues and experiences. Particular thanks are extended once again to the birth parents who shared their experiences and to the dedicated group of foster parents who continue to focus on caring for this group of infants and children.

The Safe Babies Project was originally developed jointly in 1996 by the Capital Health Region (Victoria BC), the BC Ministry of Children and Families Development (MCFD) and BC Foster Parents. It was subsequently adopted by many communities across the province. In 2008, a group of MCFD social workers, the Vancouver Island Foster Parent Support Services Society (FPSSS), and specialized Safe Babies foster parents gathered to celebrate ten years of working together to support infants with substance exposure. At the same time, the Vancouver group was preparing for their tenth anniversary in 2011 and began preparing the third edition of the well-used Caregivers Handbook. These groups have enthusiastically continued to meet to refresh the curriculum and program resources to reflect advances in research and knowledge, and to address shifts that have been noted in the population of infants and their families cared for within this program. For example, you will find new content on crystal methamphetamine, methicillin resistant staphylococcus aureas infections, supporting caring for mothers and babies together, infant brain development, Aboriginal infant care practices, and Shaken Baby Syndrome.

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Forward

The care and nurturing of infants exposed prenatally to alcohol and/or drugs emerged a number of years ago as a major challenge to health care professionals, social workers, child and youth workers, and parents (natural, foster, and adoptive) (BC Children's Commission, 1998). Public awareness of this issue has been increasing over the past ten years, and also perceptions that the issue continues to grow in many communities across the province.

It continues to be difficult to find accurate information on levels of use, but the 2004 Canadian Addiction Study found that 78% of women in the country consumed alcohol, 39% reported trying cannabis, and 19% reported trying other illicit drugs (cocaine, speed, ecstasy, hallucinogens or heroin). Women in British Columbia were consistently the highest or almost the highest percentage of users in the country. Additionally, women continued to use prescription medications for anxiety and depression at record high rates. Health care and social service professionals and communities across Canada are much more aware of the impact of substance misuse on families and of the importance of prevention, early identification, coordination of services, and non-judgmental local support for positive outcomes for the infants and their families.

There has been a growing trend within the child welfare field to approach support of vulnerable families in a more comprehensive way. The recent Strong Safe and Supported framework developed by the BC Ministry of Children and Family Development (MCFD) includes prevention and early intervention strategies as well as intervention and support strategies. Even with increased prevention efforts by MCFD, health authorities and community agencies, there are still situations in which foster care is needed.

The Safe Babies education program is an attempt to outline what we believe to be the scope of knowledge and skills required of birth family members, foster families, professionals, and community members in providing the best care possible for infants and their families affected by prenatal substance misuse. The information is presented in an interdisciplinary format and is intended to provide you with a shared language and knowledge base, to promote the goal of consistency and currency in approaches and services throughout the community. Community-based collaborative training activities also offer the additional benefit of strengthening the networks that serve pregnant, substance-misusing women and their children.

Module 1: Introduction

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Purpose

Understanding the community experience emphasizes the need for specialized training and services. This class provides a broad overview of the issues for infants, families, and communities related to substance use during pregnancy, and provides an opportunity to provide information on the history of the program and local information about the extent of the issue in the community and its impact on the foster care system. The overview will introduce key concepts, which will be addressed during the training. The first session also provides an opportunity for us to begin the process of group building.

Learning Outcomes

By the end of Module 1, you will be able to:

1) Personally begin the process of group interaction and participation;
2) Understand the purpose and origins of the Safe Babies program;
3) Understand the local experience of drug and alcohol use during pregnancy and its impact on the foster care system;
4) Develop an awareness of the range of health and social issues for infants and their parents related to substance use during pregnancy;
5) Define the following terms: fetal alcohol syndrome, partial fetal alcohol syndrome, fetal alcohol spectrum disorder, neonatal withdrawal, alcohol related neurodevelopmental disorders, and alcohol related birth defects; and
6) Understand the limitations of current knowledge and research

Essential Concepts:

✓ **Effective work between group members**

- Foster parents consistently identify other foster parents as their primary source of support. Relationships may begin in this group that will continue as participants begin or continue their fostering service.

✓ **Principles of adult learning**

- Effective learning implies that the learner is receiving information they find helpful in a way that respects their experiences and knowledge. Teaching will occur in a manner that is flexible, adaptable, and individualized to the needs of each different group and group members. The principles of adult learning include:

1) Teaching strategies are inclusive and respectful of participants experiences and knowledge
2) The education framework is learner-centered
3) A climate is created that encourages and supports learning

✓ **Society's response to substance use during pregnancy**

- The conflict between the rights of the woman to control of her own body and the rights of the infant to physical and emotional well being presents a difficult social issue. To be truly supportive, programs and communities need to recognize the combined interests of women and their infants.

✓ **Health and social challenges during pregnancy**

- Drug and alcohol use during pregnancy are not the only indicators of risk for pregnancy. There are many other factors that contribute to the well being of the fetus, including maternal nutrition, prenatal care, maternal personal safety, and health. These factors are often called "social determinants of health".

✓ **Limitations of current information**

- A great deal of the information available to the general public in the past 20 years was sensationalized and based on research that did not take into account the many environmental and social variables that also affected the well-being of the mother and infant. There has also been little research available on the long-term outcomes of the infants and children. It is difficult to conduct research in this field for many reasons, however, researchers are increasingly taking multiple factors into account when looking at health and developmental outcomes.

Module 2: Understanding Women and Addiction

Module 2: Understanding women and addictions

Purpose

In general, the public has a negative perception of women who have a problem with alcohol and drugs, particularly if they are pregnant. This issue is complex and requires us to look beyond the substance use to the context of women's lives. Many people focus on the substance use and are not aware of the significant impact of social issues such as culture, abuse, violence/trauma and poverty on women's health and well-being. This session will provide an opportunity to look at some of these factors and also to consider our own feelings and attitudes about the issue.

Learning outcomes

By the end of Module 2, you will be able to:

1) Review your personal attitudes and judgments toward pregnant women with a substance abuse issue;
2) Understand how the addiction experience for women may differ from the addiction experience of men;
3) Be aware of many other factors that influence the health and well being of mother and baby; and
4) Identify ways in which foster parents can support women who are experiencing addiction, mental health challenges, and violence/trauma.

Essential concepts:

✓ **Cycle of dependence**

- Women's substance misuse is often a way of coping which initially facilitates coping, but over time takes away their power, choices, and abilities (BC FAS Community Action Guide, 1999). The cyclical nature of this developing dependency is diagrammed in a handout for you to share with participants.

- ✓ **Stages of change theory**

  - Each individual is in a different state of readiness to attempt the work of stopping or cutting back on substance use. Our interventions and support need to match the readiness of the woman. The Prochaska and DiClemente (1992) model has been a popular model for practitioners for many years; it presents 6 stages of change, each with their own strategies for action. For example, the practitioner's role when women are contemplating (thinking about) change is not to move right into action but to help women think about where they are in relation to being able to make a change. Important to note is that often the agenda of recovery does not fit well with the agenda of those looking at the needs of the infant.

- ✓ **Harm reduction**

  - Harm reduction complements approaches that seek to prevent or reduce the overall level of substance use. This approach acknowledges the reality that many people are unable or unwilling to stop using drugs at any given time. It involves the provision of information, skills, and resources so that the consequences of drug use for the users, the community, and the culture have minimum impact (International Harm Reduction Association, 2009). For example, a needle exchange program is a harm reduction strategy that helps reduce harms associated with injection drug use such as Hepatitis C and HIV.

- ✓ **Trauma informed care**

  - Trauma is related to early abuse and/or neglect and is seen frequently in women who are involved in the child welfare system and addictions recovery/mental health programs. When we are supporting women with mental health and addictions issues, we need to consider that they have most likely experienced significant trauma in their backgrounds.

- ✓ **Barriers to treatment**

  - Women experience many difficulties in obtaining treatment, including lack of childcare, fear of losing children, guilt and shame, opposition by family and friends, and lack of financial resources. The challenge in providing services to women is to treat their direct recovery issues and also their possible coexisting issues, such as mental illness, violence, poverty, isolation, and low self-esteem (Poole & Isaac, 2001).

Module 3:
Impact of substance use during pregnancy

Module 3: The impact of substance abuse during pregnancy

Purpose:

In this session we will review basic information about the effects of commonly abused substances on development of and function in the fetus, infant, child, adolescent, and adult. We will also look at developmental influences such as nutrition, genetics and stress. Understanding the effects of drugs and alcohol provides a context for interpretation and effective support of behaviors.

Learning outcomes:

By the end of Module 3, you will be able to:

1. Understand the pharmacological action of the following commonly abused substances:
   - tobacco
   - alcohol
   - marijuana
   - stimulants, including cocaine and crystal methamphetamine
   - opioids, including heroin and methadone
   - other substances used locally;
2. Describe the physical effects of the substance on the biological systems of the adult body;
3. Describe the effects of the substance on the developing fetus and the infant; and
4. List the benefits of methadone maintenance programs during pregnancy.

Essential concepts:

✓ **Fetal vulnerability**

- Most substances readily cross the placenta to the fetus. Environmental agents may cause direct effects or teratogenic (see below) effects. These effects are dependent on the frequency, timing, type, and variety of drugs used. The fetus is affected not only by substance use, but also by a range of maternal environmental factors such as nutrition, stress, pollution, and exposure to chemicals.

- ✓ **Continuum of substance use**

  - A person's involvement with alcohol or other drugs can be placed on a continuum of use, ranging from no use (abstinence) to addiction (dependence). A person's involvement can move in either direction, and is affected by many factors.

- ✓ **Polydrug use**

  - Polydrug use is defined as use of more than one substance, often with the intention of enhancing or countering the effects of another drug. It also may occur simply because the user's preferred drug is not available or is too expensive at the time. Research shows that most substance users use more than one drug. Polydrug use has a greater risk for mother and fetus because the drugs influence each other and may result in a greater overall impact.

- ✓ **Teratogen**

  - A teratogen is defined as any factor associated with the production of physical or mental abnormalities in the developing embryo or fetus. It is estimated that 10% of all birth defects are caused by a teratogen. These exposures include, but are not limited to, medication or drug exposures, maternal infections and diseases, and environmental and occupational exposures (such as radiation). Alcohol and a number of prescription medications are classified as teratogens.

Module 4:
Partnership with birth families

Module 4: Partnership with birth families

Purpose:

A key skill for foster families is developing the ability to work effectively and compassionately with birth families and to maintain connection between infants and their birth families. This session will present information that will help you develop or advance this skill and also increase your confidence and comfort in developing appropriate relationships with families. Information learned within Module 2 (Women and Addictions) will be brought forward into this session. Issues specific to foster care will be discussed, including visitation, access, and mentoring. We will also address how our care can incorporate and support Aboriginal cultural infant care and parenting practices.

Learning outcomes and instructor notes

By the end of Module 4 you will be able to:

1) Discuss strategies that are helpful in developing and maintaining communication with birth families of infants;
2) To understand the experiences of grief and loss for parents whose infants are in foster care;
3) Discuss visitation and access considerations that are recommended for infants;
4) Increase awareness of Aboriginal views of children and cultural care and parenting practices specific to infancy;
5) Be aware of local community resources for birth families, including alcohol and drug counseling, parenting classes and parenting support; and
6) Discuss what an approach to supporting parents with FASD will look like.

Essential Concepts:

✓ **Relational practice:**

- Women who are pregnant and newly parenting with substance use issues are more likely to connect with people (ie. doctors, public health nurses, social workers, foster families) who are welcoming, respectful and non-judgmental. Honoring women's self-determination and capacity for change, building on strengths, and supporting women to address shame and guilt, the loss of control over their lives, and their mistrust of systems are beneficial in establishing a trust-based connection (Canada Northwest FASD Research Network, 2010).

✓ **Cultural safety:**

- The concept of cultural safety originated in New Zealand in response to the lobbying by the Maori people for a change in health and social service delivery that more appropriately met their needs and was delivered in a way that acknowledged the cultural and social barriers that exist between aboriginal people and contemporary society (Gerlach, 2007). Aboriginal families of children with special health care needs have identified cultural knowledge, respect and sensitivity as essential for all health professionals working with their children.

✓ **FASD informed practice:**

- Parents need care and support that fits with what we know about the spectrum of disabilities related to FASD.

Module 5: Withdrawal in the newborn and related health issues for infants

Module 5: Withdrawal in the newborn and related health issues

Purpose

- The purpose of this session is to describe the experience of withdrawal for the infant during the first few weeks and months of life and provide information about the medical, environmental, and social support of the infant and their family during this stage. We will also review other health-related concerns that are seen more frequently with this population.

Learning outcomes:

By the end of Module 5, you will be able to:

1) Identify the signs and symptoms of neonatal withdrawal;
2) Describe the onset and duration of withdrawal in infants exposed to commonly used substances;
3) Describe the characteristics of a supportive physical environment for an infant experiencing withdrawal and discuss how these characteristics may be adapted for home environments;
4) Describe and demonstrate effective strategies for the following issues:
   - Feeding difficulty
   - Inconsolability and irritability
   - Sleeping irregularities
   - Increased or decreased muscle tone;

5) Be aware of current trends in the care and support of infants and mothers related to withdrawal; and
6) Be aware of best practice recommendations for infant care in general.

Essential concepts:

✓ **Environmental support**

- Substance-exposed infants may have difficulty controlling their responses to the environment. Our job as caregivers is to provide the infants with an environment that protects and supports them as they recover from withdrawal and begin to move toward meeting developmental milestones. It is important to consider factors such as physical space, noise, sight, movement, temperature, and handling. Providing a protective environment does not mean placing the infant in a completely dark, restricted environment. It means adjusting the surroundings so that the baby can get on with their tasks of daily living, like feeding and sleeping.

✓ **Infant cues**

- Infant cues are the body language of infancy that convey the infants need for interaction or the need for a break (Seymour & Payne, 2006). Every infant is unique and requires individual attention and intervention. The most important feature of effective parenting is the direct interaction between the parent and the infant and the communication that is established. The parent/caregiver must be able to interpret the cues that the baby is demonstrating so that they can consistently and accurately meet their needs.

✓ **Transition**

- Transition is change. Transition for an infant may be a change in caregiver, environment, routine, or expectations. Transitions are necessary for developmental progression. A critical skill in working successfully with substance-exposed infants is being able to: a) support the infant during the transition, and b) control transitions so that they do not exceed the capabilities of the infant.

✓ **Self-calming**

- Self-calming skills are a set of skills developed by the infants to settle themselves down and stop crying on their own. Some of these skills include sucking, movement of extremities, and certain body positions. Development of these skills shows that the infant is able to assert control over their reactions that used to make them distressed.

Module 6: Neurodevelopmental support for the substance exposed infant

Module 6: Neurodevelopmental support for the substance-exposed infant

Purpose:

Healthy development of an infant is influenced by the interactions between the infant, the caregiver, and the environment. Each infant is unique and requires individualized care to meet their own needs. Infants change dramatically in the first few months and there are numerous opportunities to influence and support positive development. This field is developing rapidly and it will be important for us to keep up to date on new knowledge over the next few years. In this session we will review early brain development, provide strategies to support development of successful interactions, and present information on available local support services.

Learning outcomes:

By the end of Module 6, you will be able to:

1) Review basic development of the brain. Discuss effects of prenatal alcohol use on the developing brain;
2) Appreciate the many variables other than prenatal substance exposure that contribute to brain growth and development in the infant;
3) Review progression of basic growth and development milestones from infancy through toddlerhood;
4) Discuss the impact of FASD on growth and development from infancy through toddlerhood.
5) Identify signs of engagement and stress in the infant;
6) Describe the importance of the development of early relationships on the future emotional and social health of the infant;
7) Identify local supports in the community for infant development; and
8) Describe the role of the infant development consultant.

Essential concepts:

✓ **Early intervention**

- Early intervention programs assist in offsetting the potentially negative impact of medical, biological, and environmental conditions associated with developmental disabilities. For children with FASD, key factors that prevent development of secondary disabilities (ie. school disruptions, mental health problems, trouble with the law) are a diagnosis before the age of six, a stable and nurturing home, and a knowledgeable community.

✓ **Family-centered services**

- Services that have a guiding philosophy and emphasis on responding to the needs and strengths of not just the infant, but the whole family. The rights of both the family and the children are recognized and balanced.

✓ **Collaboration**

- Collaboration occurs when two or more individuals jointly develop and/or agree to a set of common goals to guide actions that promote the best interests of the child.

✓ **Self regulation**

- Capacities that move the infant and child toward greater self-control, organization of behavior, and engagement with the environment. Some of the earliest signs of self-regulation are development of sleep-wake cycles, hunger-satiety cycles, and development of self-calming skills.

✓ **Resiliency**

- Resiliency is the power of recovery, and reflects the ability of the infant to rebound from stressful circumstances. Infants and young children have a tremendous capacity for resilience.

✓ **Sensory integration**

- Sensory integration is the capacity to control the nature and intensity of one's responses to stimuli regulating levels of arousal, attention, affect and action.

- **Self regulation**

  - Capacities that move the infant toward greater self-control, organization of behavior, and engagement with the environment. Some of the earliest signs of self-regulation are development of sleep-wake cycles, hunger-satiety cycles, and development of self-calming skills.

- **Resiliency**

  - Resiliency is the power of recovery, and reflects the ability of the infant to rebound from stressful circumstances. Infants and young children have a tremendous capacity for resilience.

- **Attachment**

  - Attachment is the deep and enduring connection established between a child and a caregiver in the first few years of life. Attachment is a basic human need and something that children and caregivers create together. A positive attachment – one of trust and security – results from the primary caregiver's consistent and satisfactory responses to the child's physical and emotional needs.

Module 7:
Caring for substance exposed infants: A foster parents' perspective

Module 7: Caring for substance-exposed infants: A foster parent's perspective

Purpose

Infants in foster care present with a wide range of needs. Foster parents must work effectively with not only the infant, but also their family, and numerous professionals. This session will provide you with an overview of key issues in the daily care of infants, including feeding, supporting development of sleep/wake cycles, managing symptoms related to substance exposure, and working with multiple health professionals. Being the foster family for infants with increased care needs places many demands on families. We will also address how you can keep your own family healthy and strong during the time you do this work.

Learning outcomes:

By the end of Module 7, you will be able to:

1) Develop an awareness of the commitment and broad knowledge and skills required to care effectively for infants;
2) Identify care strategies to deal with discomforts that may be experienced by infants in withdrawal;
3) Understand practice issues for foster parents working with the Ministry of Children and Family Development, including documentation (daily documentation, life books), reporting requirements, supporting birth parent visitation and transition to home, and transition from foster to adoptive home; and
4) Understand the stressors experienced by foster parents and discuss strategies of maintaining well-being personally and within the family.

Essential concepts:

✓ **Self-care**

- Researchers have found that parents and caregivers of special needs infants focus so much on the needs of the infants that they neglect their own well-being. Caregivers need to look after themselves as carefully as they look after the infant and their own family.

✓ **Access to support**

- Foster parents consistently identify the feeling of being supported as key to their success and satisfaction with foster parenting. They also consistently identify this as an area where often they do not get their needs met. Support includes that from professionals, local foster parent support agency, other foster parents, their family, and their community. Foster parents need to maintain confidence in their parenting abilities and have the ability to manage the wide range of situations that come their way.
- Foster parents need to be aware of their own strengths and limitations and know what they need to keep themselves, their family, and their foster children healthy and happy.

✓ **Secondary trauma**

- Foster parents are at risk of being impacted by the trauma they see being experienced by the children in their care and their families. The ability to help the children depends on our ability to stay emotionally healthy and motivated in difficult and often very frustrating situations. Traumatic stress is sometimes confused with burnout and should not be.

Module 8: Infant CPR

Module 8: Infant CPR

Purpose:

- Substance-exposed infants have a higher incidence of Sudden Infant Death Syndrome (SIDS) than the general infant population.
- They may also have other related health issues, which place them at further risk of SIDS, including prematurity.
- Caregivers within the Safe Babies program are required to maintain current certification in infant CPR.

NOTES: