

**Winter 2017****HOLIDAY NEWSLETTER****Committees:****EXECUTIVE COMMITTEE**

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Therapeutic Family Care Program

VISION STATEMENT: Every child and youth grows, builds on their strengths and reaches their potential in a positive, secure and enduring environment.

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Keep an eye out for
Santa's elves while
you're reading! How
many can you spot?



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Program Manager Report



Duane Durham, Program Manager

It is again a pleasure to be able to say hello to all of you through the newsletter. As we move towards the Holiday season, it is a pleasure to be able to report on the progress of the program. As ever, I am first and foremost proud of the work being done by caregivers and staff. Our children are truly the benefactors of all their hard work and dedication.

Updates on a few happenings:

We are just moving into our 28th year of service with the Program having started in November of 1989. We want to especially recognize all those staff and caregivers who have helped build the Program for a period of time but have since moved on. They have left a rich legacy on which our present staff continues to build upon.

The Therapeutic Foster Home Program continues to provide service to children. We are in the process of interviewing several homes. Twenty-three full-time homes provide the backbone of service to the Program. **Dr. Anita Halpern, Dr. Sian Phillips, Sheila Burns and Ed Hagedorn** continue to provide support anchoring down our consultant roster across TFC.

The Clinical Service Support Program has continued to develop and grow. Over the past year children and their caregivers were served, including both children in foster, kinship, biological and adoption placements. The Program is helping TFC to broaden its' support to a variety of permanency options for children.

The Mixed Modality Program continues to provide service to six youth/children and through children survey forms we see the benefits of children living in a family based treatment program with CYW supports. Children appear to be thriving within a family.

We continue to provide enhanced caregiving support to children and youth within our program. We currently have over 24 children and youth benefiting from one to one worker supports. These workers provide individualized programming of life and social skills, therapeutic recreational opportunities and also needed respite for caregivers. The hours vary from a few hours a week to 30 hours per week. We are finding that this support is crucial in maintaining children in family settings, where they belong.



In January 2008 our Program began to implement use of the Assessment Checklist for Children (ACC) as a further means of measuring the range of issues faced by children in the Program as well as their progress. The ACC was developed in 1996 by **Dr. Michael Tarren-Sweeney** for use in the 2002-2003 Children in Care Study of the Mental Health of children in long-term foster and kinship care in New South Wales, Australia. Dr. Tarren-Sweeney. He is a professor at the University of Canterbury, New Zealand and holds a conjoint appointment at the University of Newcastle, Australia. As this develops we will be able to understand and speak with greater clarity on the overall clinical needs of our children while at the same time measuring precise clinical and behavioral progress. To date we have over 1400 data entries for the children in our three programs. It is now shown that children/youth are improving in all of our programs.

The support from our sponsored Society's continues to be strong and vibrant. We are extremely grateful for the support of the Societies - both staff and the TFC Executive Committee **Tami Callahan, Dawn Walcott-Paris and Laura Quibell** and the Executive Directors including **Wanda Secord, Mark Kartusch and Jennifer Wilson**.





We will continue to experience staff changes over the coming year. **Laura Gonsalves**, will be moving to a three day job share position, beginning in the New Year. **Latoya Howse** will join TFC as a Clinical Case Consultant in the New Year. **Latoya** has previously worked at Metro Toronto Catholic CAS, Kawartha Haliburton CAS, and most recently at Highland Shores CA as a Family Service Worker. Please join me in welcoming **Latoya** to TFC.

We welcomed **Laura Callahan** in the fall as the new Residential Worker in the Boate home. **Nancy Pye**, the previous worker in the home, moved to new employment working with Autistic children.

2017 has been a very busy and productive year. We look forward to another great year ahead. As we approach the end of another calendar year, I want to thank each one of you for the important part you play in the healing of our children. We wish you all a happy holiday with family and friends and a healthy and happy new year. Please be in touch with us at any time if you have questions or suggestions.

Training

2018 CLUSTER MEETINGS will be held at the Grace Christian Reformed Church at 440 King St. E, Cobourg. Trainings are open to all Society Caregivers, Society Workers and Community Members. TFC business and greetings, at 10:15 am with training beginning promptly at 10:30am.

Registration Required, please call TFC at 905-373-0522 ext 0, or contact by email to tfc.reception@tfccprogram.ca

Thursday Mar 22, 2018
Dyadic Developmental Psychotherapy

Thursday May 24, 2018
Supporting Permanency in Adoption & Wendy's
Wonderful Kid's Recruitment

Thursday Apr 26, 018
Introduction to Signs of Safety (SOS)

2018 UMAB TRAININGS will be held at the TFC office at 200 Division Street, Unit F, Cobourg. 905-373-0522. Minimum of 5 participants are required, or the training will be cancelled.

Full Certification

April 10, 12, 17, 19, 24, 26 and May 1, 2018, inclusive. These **EVENING** sessions will be from 6:00 to 9:00 pm.

October 2, 3, and 4, 2018. This **DAYTIME** session will be from 9:00 am to 4:00 pm.

Re-Certification

The following **DAYTIME** sessions will be from 9:00 am to 4:00 pm.

February 21 and 22, 2018.
June 5 and 6, 2018
October 24 and 25, 2018.



Adoption Awareness Acronym

Adding to Child's Lifelong Connections

Developmental age: Importance of parents filling child's buckets to facilitate growth and healing

Opennes: The new norm, where safe and in child's best interest

Permanency: Legal and emotional

Therapeutic Parenting: What child needs

Integrating Child's Life Story: Task of Parents

Optimistic and Strength-Based Lens Required

Need to Understand the 7 Core Issues in Adoption: Loss, Rejection; Shame/Guilt; Grief; Identity; Intimacy; Mastery/Control



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TFC Recently Launched Our New Web Page!

We are pleased to announce the launch of our brand new website! After months of hard work and dedication, we are delighted to officially announce the launch on October 1, 2017.

The new site is available at
<https://www.khcas.on.ca/therapeuticfamilycare/>

Our goal with this new website is to provide our visitors an easier way to learn about TFC's services and to have updated events & Cluster schedules. The new website gives better access to About Us, Who We Are, Sponsoring Societies, Contact Us, and Resources with easy to access links.

Our hope is to be updating our content with helpful information, articles, newsletters, and TFC Events.

We hope you find the new website with a fresh look, easy to access information and we also wish to establish this portal as a source of information for those who visit our site.

Articles of Interest

Dyadic Developmental Psychotherapy International Conference
Author: Cynthia Campbell-Dionne, Cheri Crane, Sara Coyle, and Maya Hutcheson



This fall, the Attachment Association of Canada in collaboration with Dr. Daniel Hughes and Dr. Sian Phillips, organized the Dyadic Developmental Psychotherapy (DDP) International Conference in Kingston, Ontario. The theme of the conference was *story-telling* and how important stories are in the resolution of trauma. Professionals

came together over three days to share their work in DDP, and to learn from one another's knowledge and experience in the field. In attendance from TFC were Clinical Case Consultants, Cynthia Campbell-Dionne, Cheri Crane, Sara Coyle and Maya Hutcheson.

Danny Yeung started the conference off on Day 1 discussing Accelerated Experiential Dynamic Psychotherapy (AEDP) and how he uses this framework to transform trauma. Dr. Daniel Hughes, the founder of DDP then presented and discussed how AEDP complements DDP and can add to our work with parents, teens and children. To finish the day off, Jon Baylin presented in regards to neurobiology of trauma. Jon Baylin is a Clinical Psychologist who co-authored two books with Dan Hughes *Brain Based Parenting* (2012) and *The Neurobiology of Attachment-Focused Therapy* (2016). Dr. Baylin has focused his practice on neuro-biology and teaching mental health practitioners about neuroscience as it relates to trauma and attachment. He discussed how the quality of early care impacts neurodevelopment, specifically how early care impacts the interconnectivity of the parts of the brain. This interconnectivity or lack of, affect how messages from one part of the brain are relayed to other parts of the brain. He explained sensory information is being stamped on the brain even prenatally as this is when the brain first starts development. When care is good and the environment is nurturing, connections in the brain can be made but when children are subjected to trauma these connections are compromised. The regulatory system is then impacted. He explained with stress the amygdala reacts like an alarm bell and the child becomes super sensitive to non-verbal signals in the environment as the brain does not regulate the same way.

Jon explained when supporting children who have experienced trauma and attachment disruption, caregivers should become "Amygdala whisperers", with the goal to calm the brain when these children are over anxious and reactive to their environments. From an attachment perspective, the adult



co-regulates this emotionality. During school hours, the teaching adults become the co-regulators. It is not helpful for us to rely on behavioral modification supports to manage this, as it asks the child to regulate themselves. Attachment theory and neurobiology tells us that these children are still dependent on adults to be the co-regulators of this emotionality. Building a coherent narrative through stories help children integrate their trauma into the present and assists them in developing meaning as to what is happening. *I wonder if.....when you hit the wall it is because your brain remembers another time when you felt unsafe... it must be very scary to feel unsafe...I am here to help you feel safe".* Building the coherent narrative through stories help build new networks in the brain, aiding regulation. However, it is critical that children have a safe relationship to explore their stories and integrate them into a coherent narrative. Children have to have this relational safety to allow things such as sadness to surface. Jon explained that the attachment system is reciprocal, the child signals a need for safety and the adult responds. If this has not been validated through lived experience then children disconnect the innate attachment process. They learn other ways to cope with emotionality, blocking things like sadness which in essence blocks the attachment system as they no longer signal for support with this. The challenge further becomes that the parent can develop blocked care. He explained children illicit empathy in parents by showing pain. When they block the expression of pain then it is harder for parents to empathize with their experience. That is why Dan Hughes has based his teaching on the critical importance of showing empathy for children's lived experience. The empathy allows the child to express their story and validates their response to distress in a compassionate way, showing them they are valued.

Day two of the conference included presentations from Leticia Gracia and Taylor Armstrong from George Hull Treatment Centre. George Hull is located in Toronto and service complex hard to serve children and their families who have been

impacted by trauma, multiple losses and attachment disruptions. They received a Centre of Excellence, Advancing Change Through Evidence grant to implement DDP as core framework in their program. They presented on how they adopted DDP as a practice framework at the treatment centre and how this has anchored the scope of their work with significant results. They facilitate Nurturing Attachment parent groups helping parents attune to their children's needs, building stronger relationships between parent and child. We also heard from Laura Shugar, who presented her work using DDP with a parent and teen, under the supervision of Daniel Hughes. Keeping with the theme of the conference, Bill Penner further discussed story-telling and reviewed the breakdown of the structure of a good story. Jon Baylin again spoke explaining the neurobiology of what is happening when we are told a story.

Several of the presenters over the three days spoke about the clinical merits of stories in healing. In particular it was highlighted that:

- Stories are hard to resist for children, as they are immediately drawn in and engaged.
- Stories can help us talk about difficult topics or events in a way that provide children some distance from the story (as not directly about them) allows them to stay with a difficult theme, can provide alternate meanings or alternative ways to think about an event.
- Stories engage our whole brain (thinking and feeling parts).
- Stories allow us a way to connect with children and youth and help them make meaning and potentially bring in new experiences into their stories.
- Stories can be created and used to tell children/youth about their own life histories and help them develop a coherent narrative of their





own life. They spoke of the importance of making stories appropriate for age and level of functioning and for including the children/youths views and experiences as well.

- Stories often need to be repeated to children several times to help them process and internalize.
- Stories allow us to make our own truths in relation to the story to integrate fragments of memory and to build a context. Stories can include drama and suspense but ultimately the goal is to work towards mastery, leading to a resolution which is a comforting message to youth.
- Dr. Jon Baylin reminded us that children all have a story, but often they are unable to tell their story as it is too scary for them to hold in their head, but by assisting them to create a coherent narrative connecting with the emotions they re-author their story in a way they can manage and make sense of their past.

Lastly, day two ended with Leah Langsam and Courtney Rennick presenting on AEDP and DDP and how they used both frameworks together during Intensive Family Treatment.

The final morning of the conference was focused on the implementation of DDP in school environments. Given children spend more than half of their waking hours in school setting it is critical that schools move to become trauma informed in supporting children on a daily basis. From a neurobiological perspective, we know children are not able to learn when coping with trauma, stress, anxiety and loss as the limbic parts of their brain are activated. These children require adults to co-regulate them in the school environment and understand that fear and flight fight systems block new information as these children cannot regulate to allow attention, concentration and new learning.

Dr. Sian Phillips founded the BELONG Classroom as an attachment model



section classroom. She recruited and trained teaching professionals to support children in the classroom by using Playfullness, Acceptance, Curiosity, and Empathy (P.A.C.E.) as vehicle to build safety and security and soothe children's brains. Children who struggled considerably to regulate in school setting previously attend the BELONG classroom. Limestone District School Board has committed to develop trauma informed schools in three elementary schools in the Kingston area. Educators from these three schools as well as the Belong classroom discussed how they implemented DDP as a practice framework, changing the school culture and climate and placing relationship at the core of how children are supported on a daily basis.

Deni Melim, teacher from the BELONG classroom spoke passionately about the support of these children on a daily basis. She discussed the use of Stories in helping children find safety and make use of adults to integrate their narrative. She posted many poignant quotes to demonstrate the change in thinking that is required to locate P.A.C.E at the core of teaching environment. The audience was encapsulated during this presentation and moved by the passion of the speakers. A few of the shared quotes included:

"Do not judge my story by the chapter you walked in on"
Unknown Live life happy.com

"You know my name, not my story. You've heard what I've done, not what I've been through".

"When little people are overwhelmed by big emotions, it is our job to share our calm, not join their chaos" L.R. Knost

"Power of Empathy....I'm in it with you, I'm not here to fix you, I'm not here to feel it for you, I'm here to feel you and let you know you are not alone".

"If we share our story with someone who shows care and concern, shame cannot survive"

"Stories build a culture...what we focus on...sharing success stories...take small moments of success and make them huge".



Administrators from Limestone District School Board, Michael Blackburn, Jennifer Ramsay and Rob Lloyd also shared how they have implemented DDP in their schools and how they have worked with the school board to advocate for this need. It was a powerful experience to hear how clustering of social issues like poverty and Adverse Childhood Experiences (ACE) can translate to high levels of trauma in school populations just by social location.

Day three ended with Brandon Mock and Kelly English discussing how they implemented DDP in Psychiatric Residential setting in Kansas. Lastly Betty Brouwer and Hannah Sun-Reid, both certified therapists in DDP presented clips of their clinical sessions to show how they use DDP in their practice.

For more information about DDP, you can visit the DDP Network website. The website is a fantastic resource and is filled with lots of great information. The DDP Network is a worldwide body that promotes DDP and supports professionals, parents, and caregivers in finding out more about the therapy and parenting approach. There is information for Parents & Carers, Professionals, Resources, and Upcoming Training & Events. You can also search for a DDP Practitioner near you. In addition, there are specific links to DDP Connects UK and DDP USA & Canada, which provide information about training (e.g. Level 1 and Level 2 Training), study days, resources, DDP therapists, consultants and trainers and how to find a therapist near you. You will also find more information about the practitioner, consultant, and trainer certification process on the website. We encourage you to visit www.ddpnetwork.org for more information.

TFC library also has many clinical books for children as well as resources on therapeutic stories. Please let us know if you are interested in signing some out. Many of our consultants have developed life books for children and youth in which they tell the story of the child's life through

words and pictures. If you are interested in doing this for your child or youth please reach out for support.



Workshop “I Am Because We Are” – Ubuntu

Author: Maya Hutcheson

On September 25, 2017 we invited Dr. Sian Phillips (Psychologist) back to Cobourg to lead a one day workshop on Dyadic Developmental Psychotherapy (DDP). The workshop helped kick off Child Abuse Prevention Month, which is recognized during the month of October. Dr. Phillips explored the ways in which trauma and negative attachment experiences change the trajectory of the developing brain. The workshop highlighted the importance of using relationships to heal the effects of trauma and included concrete strategies, such as the use of Playfulness, Acceptance, Curiosity and Empathy (P.A.C.E.), as a model for creating connection and facilitating healing. The P.A.C.E. model has been described as “essential for some, beneficial for all.” It has been proven to be an effective way of interacting with children, to help heal the effects of trauma. The model seeks to create emotional safety and preserves the adult-child relationship, above all. Some of the “take home” messages included:

- *Find something to like*
- *Seek connection before compliance*
- *If your child could do better, they would*
- *Name it to tame it*
- *Remember emotional age versus chronological age*



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The workshop was well attended by parents, caregivers, and community professionals. At this time, we are looking forward to ongoing work and collaboration with Dr. Phillips, which includes consultation days, as well as a four-day, Level 2 Dyadic Developmental Psychotherapy Training in Spring, 2018.

National Adoption Conference on Adoptable Children, Atlanta, Georgia

Author: Jackie Robertson and Jean Skelton

On July 19-22, 2017, Jackie Robertson, Jean Skelton and Heather Owens (Adoption Supervisor, HSCA/KHCAS) had the privilege of attending the National Adoption Conference on Adoptable Children (NACAC), which was held this year in Atlanta, Georgia. Our proposal to present the *Changing the Script: Relationship is the Key* workshop was accepted by NACAC and, as such, we attended the conference both as learners and as presenters of this workshop. The Changing the Script program is a model of a post-adoption clinical consultation group that focuses on the importance of enhancing parent's understanding of children's "scripts" (or internal working model/belief system) and helps parents to use their relationship with their child in order to facilitate positive change.

From the beginning of the conference to the end, it was clear that TFC's clinical direction is relevant with respect to current research and trends in adoption. The main theme running through most workshops was the importance of using relationship in order to affect positive change in all areas of children's development. As such, the Changing the Script workshop that we presented was well aligned with the overall theme of the conference.

The Keynote Speaker, Heather Forbes, an adoptive parent and clinical social worker, discussed how children agitate to return to their negative scripts (internal working model/belief system) due to the

early life experiences that have impacted their cognitive, emotional and motor functioning. In reviewing Dr. Bruce Perry's work on trauma and memory, she reviewed the importance of responding to children's scripts (i.e. "I'm not lovable") at an emotional level (use of P.A.C.E.) and not at a cognitive level (explanations, reasoning, focus on consequences). The reason for this is that trauma is stored in the lower brainstem, thus the need to ensure that when we are responding to children's behaviours, we are "talking" to the correct part of the brain (emotional attunement and not cognitive processing).

Other interesting Workshops attended included *Caring for LGBTQ Children and Youth*. A new acronym, SOGIE (Sexual Orientation, Gender Identity and Expression) was described as useful in helping to shift the focus from LGBTQ children and youth to SOGIE of all children, as every child has a sexual orientation, gender identity and expression. SOGIE is an area of human development that is supported or undermined by the behaviour and attitudes of key adults and institutions in a child's life (Caring for LGBTQ Children & Youth: A Guide for Child Welfare Providers, 2017).

In another workshop entitled *Helping Adoptive Families Succeed: A Strengths-Based Approach*, the facilitators discussed how "treatment" is not just about fixing what is wrong, it is also about focusing on what is right. Our focus needs to be not only on eliminating negative symptoms, but also on success and achievement (goal-setting). (Very Solution-Focused stuff!) This approach, from the field of Positive Psychology, posits that resolving symptoms of trauma is not enough. We must also assess how strengths are developed and enhanced within relationships, as well as assess the following Character Strengths (Peterson, 2004) when working with children and youth:



- Wisdom and Knowledge (Curiosity, Creativity, Judgment, Love of learning, Perspective taking)
 - Emotional Courage (Accomplishing goals in the face of opposition. Includes Bravery, Perseverance, Honesty, Zest)
 - Humanity (Interpersonal strengths that involve tending and befriending others. Includes Love, Kindness and Social Intelligence)
 - Justice (Civic strengths that underlie healthy community life. Includes Teamwork, Fairness and Leadership)
 - Temperance (Strengths that protect against excess. Includes Forgiveness, Humility, Prudence, Self-regulation/control)
 - Transcendence (Connections to the larger universe that provide meaning. Includes Appreciation of beauty and excellence, Gratitude and Hope, Humour/Playfulness, Spirituality)
 - Parenting Your Adopted Preschooler/ School-Age / Teenager
- A workshop entitled *Making Sense of Your Child's Attachment Needs* focused on sensory issues often experienced by children and youth with histories of trauma. This workshop discussed the importance of a combination of movement, breathing and meditation in order to help children manage under/over-stimulation. It also reviewed the 3 ways in which kids respond to sensory stimuli:
- Defensive: Over-reactive (Child avoids sensations – may appear fearful or cautious)
 - Seeking: Under-reactive (Child will minimally or not at all respond to sensations. May seek out certain stimuli or crave certain sensations)
 - Discrimination: (Child will struggle to distinguish between sensations and stimuli and/or understand the meaning of sensations)

Also at NACAC was staff from the Child Welfare Information Gateway. Several of the excellent printed resources that were available at NACAC can be found by googling Child Welfare Information Gateway, followed by one of the following topic areas:

- Working with Birth and Adoptive Families to Support Open Adoption
- Preparing Children and Youth for Adoption or Other Family Permanency
- Adoption Disruption and Dissolution
- Sibling Issues in Foster Care and Adoption
- Frequently Asked Questions from LGBTQ Prospective Foster and Adoptive Parents

Another workshop discussed the *Adverse Childhood Experiences (ACE) Study*. Children with scores higher than 6 can have a 20 year shorter life expectancy (2/3 of people have at least 1 ACE). High ACE scores are associated with disrupted neurodevelopment and high impulsivity. Adversities in childhood also contribute to most of our chronic health, mental health, economic and social health. **Parent's ACE scores affect how we parent.** The higher the ACE score, the higher the risk of negative outcomes for children. If we were to think of a tree, ACE's would be the roots. Knowledge is power. Building resiliency and building positive relationship is key, as this is where the trauma happened.

We are thankful that TFC continues to value ongoing education and learning opportunities that can be incorporated into our daily work of helping to support our hardworking, dedicated and committed adoptive parents and caregivers.





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Parenting children with early histories of trauma can be very challenging at times, but we also know that helping a child to heal brings great rewards.

If you would like further information/resources from the NACAC conference, please feel free to contact jacke.robertson@tfcprogram.ca jean.skelton@tfcprogram.ca

Collaborative Treatment of Developmental Trauma: Supporting Children and Families Using Life Books and Attachment Focused Psychotherapy

Author: Nancy Burton

Supporting Children and Families Using Life Books and Attachment Focused Psychotherapy
Developmental trauma is a relational trauma that occurs early in life. It may include abandonment, abuse or neglect by a caregiver, caregiver unpredictability, or the caregiver being unable to understand and meet the infant's needs. As a result the child adapts to an environment that doesn't meet their needs.

Developmental trauma disrupts a secure attachment to the adult caregiver. The impacts are far reaching for the child, including in the areas of neurological, cognitive, social and emotional development. The child's life experiences don't make sense and the child ends up seeing him/herself and the world as twisted. Some examples include: "I need you to keep me safe, you scare me". "I need your attention, get away from me", and "you don't love me, I don't deserve you". The narrative is incoherent and chaotic.

It is imperative that children know and understand their story at a developmentally appropriate level, as secrecy causes and reinforces shame. This means the adult responsible must access as much information as possible. The treatment team members need to have a coherent narrative and gain an understanding of

the child's perspective of his/her story. It is crucial to understand the child's internal beliefs as a result of the life experiences.

In presenting the child with a coherent narrative of the story, the child will have a chance to process life events over time. We cannot expect the child to just accept our version of the story, rather to gradually fill in their perspective, experience the feelings and explore the beliefs about the experience. Providing pictures along with the story allows the child to visualize and return to their memories at a deeper level. Providing psychoeducation helps to normalize experiences and reactions. As well, it can possibly shift faulty beliefs about a situation.

In exploring the story of the child's life, it is crucial for the child to have a caring and understanding caregiver present, listening, accepting and comforting the child through the process. The relationship with the caregiver will provide a new experience for the child. Over time the child's view of the world can be shifted.

At TFC, the Clinical Case Consultant can play a crucial role in helping gather information and create a story at an appropriate level, as well as helping the child and caregiver explore the story. Where a therapist is involved, further exploration may occur in that environment, with the focus moving to supporting the development of the relationship between the child and the caregiver.

A Journey of Change—Truth and Reconciliation

Author: Mary Price-Cameron

I want to start this article off by saying that I am at the beginning of this journey and feel quite humble and vulnerable as I write this in many ways. I am humble to the process of change that needs to take place in mainstream child welfare, I am humble to all those who have advocated for change, and I am humble to the process that this journey will take me





on throughout my life time. However, at the same time I am vulnerable to the naivety of where I have come from, how I and others have effected so many indigenous children and families, and how this journey will be a long one filled with pain, truths, hope, mistakes, acknowledgement, and so much more.

In 2015, the Truth and Reconciliation Commission of Canada completed a report that honored the legacy of residential school survivors and to advance the process of Canadian reconciliation with indigenous people. When I read this report I was truly impacted in many ways. Once again I was left feeling vulnerable about how I had overlooked so many atrocities that we as a Canadian society did to people of our nation, which really relates to cultural genocide. I know this is a strong statement but in reality this is what the Indian Act of 1876 was mandated to do. Over 150 000 indigenous people were taken from their communities, their culture, their families and brought to these schools to “civilize indigenous people”, with over 6000 of these children dying in these schools. I was unaware until reading this report that the last federally operated residential school closed in 1996, only a short time ago. This is not something taught in our school system and we as Canadians are often left unaware of what has happened to the founders of our country.

The residential school system disconnected indigenous people from their language, their culture, and their families, leaving most who graduated unable to fit back into their communities or Canadian society at the time, disrupting the passing of beliefs and practices across generations. This legacy has led indigenous people to have a high prevalence of Post-Traumatic Stress Disorder, alcoholism, substance abuse, and suicide, which continue to persist today.

It is also well documented that indigenous people are over represented in Child Welfare, which has been the case for decades relating back to the Sixties Scoop. It is also well documented that mainstream Child Welfare is not very effective to meet the traditional

and cultural needs of indigenous children and their families (physical, intellectual, spiritual, emotional wellbeing) It is up to us currently working in the field to make change when it comes to these statistics, which will be a journey that will require us all to work in partnership and learn from our indigenous child welfare agencies, bands, and community partners.

Last week myself and colleague Sarah Redgers had the honor and privilege of attending the Indigenous Child and Family Well Being Practices: Moving Forward conference in Mississauga. This conference was put on by Dnaagdawenmag Binoojiiyag Child and Family Services (DBCFS), and it was such a wonderful experience. From the sunrise ceremony, to the excellent keynote speakers (Ravin Sinclair, Larry Jourdain, Rob Campbell, Katherine Hensel, John Beauchage, and Serene Kerpan), drumming circles, and some really good breakout sessions that included Customary Care and Resiliency, Nogdawindamin Lessons learned through designation, Stages of Life a Spiritual Journey, Remembering their Stories, Equine Assisted Wellness, Heart and Spirit a Family Assessment Model and so many more. It was a beautiful time to come together, celebrate the indigenous culture, and have some really good conversations about moving forward in Child Welfare. I am excited about this journey, but at the same time I am aware that this will be a difficult journey but so essential in the years to come. I am hoping that we can all work together to do things differently in the best interest of indigenous children and their families.

Protection Services for 16-17 Year Olds

Author: Duane Durham & Laura Gonsalves

On June 1, 2017, Bill 89, the *Supporting Children, Youth and Families Act, 2017* was passed by the Ontario Legislature and received Royal Assent. The Act includes repealing the *children and Family Services Act* (CFS) and enacting the *Child, Youth and Family Services Act, 2017* (CYFSA) in its place, once proclaimed. It also includes amendments to the CFS while it is still in force to provide a





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full range of child protection services to youth to their 18th birthday, including a new Voluntary Youth Services for children and youth with complex needs in Services Agreement (VYSA) for those youth in a collaborative way. Our community was concerned require out of home placement. The amendments to that children and youth with complex needs were the CFSAs will come into effect on January 1, 2018.

A new policy directive is required to set out the additional requirements for Children's Aid Societies, including Indigenous Societies, respecting 16 and 17 year olds, including the requirements for the new VYSA.

The objective of this new directive is to support the old youth in need of protection. By increasing the age of protection to include all children under the age of 18 years, 16 and 17 year olds who are in need of protection will be eligible for the full range of child protection services, which will give them a better opportunity to get the support they need, reach their full potential, and have better outcomes as they transition to adulthood.

Research indicates that older youth who have been abused or neglected have an increased risk of experiencing homelessness, mental health issues, substance use, human trafficking and decreased employment prospects. The policy objective is to provide services and support to these youth who are currently not eligible for service.

To the youth and young adults who have transitioned from the TFC Program, we wish you all the best as you begin on your journey into adulthood and we thank you for all that you have taught us along the way.

It has been our pleasure getting to know you and sharing in your hopes, dreams, and plans for the future.

System Navigator Northumberland

Author: Krista Mathers



In 2015, following a tragedy of a youth with complex needs in our community of Northumberland, a working group was formed. The purpose of this group

was to understand and further improve access to falling through the cracks and there was a need for our community to make a commitment to reduce these gaps. The group consists of agencies from different sectors, such as children's mental health, child welfare, school boards and police.

During the initial phase of the working group there was an analysis of the system whereby concerns included: lack of comprehensive assessments, agencies working in silos, lack of central case manager hired for a one-year pilot.

In March, 2016 I assumed the role of System Navigator of the pilot and the working group then became the Northumberland System Navigation Collaborative.

During the pilot the role was managed by Highland Shores Children's Aid Society on behalf of the working group. In my role of System Navigator I work with children and youth with complex needs along with their families as they are experiencing systemic challenges that are responsive to the needs of vulnerable youth, and to preventing their needs from being met. My primary role is to advocate on behalf of a child and youth and their family to receive services required in a proactive, responsive and respectful manner. While supporting the family is the primary focus of my role it is in conjunction with challenging the service system to work creatively and collaboratively.

During the pilot I informed the working group of the experiences that families were living in the form of system gaps and barriers but also what worked well for them. The pilot phase was extended to 18 months at which time a report was developed as to highlight both the challenges that families faced but also some best practices that were developed out of what families wanted, needed and what was important to them.



In October, 2017 the position of System Navigator became a permanent position out of the Therapeutic Family Care Program. I am pleased to be a part of this creative, caring and hardworking team.

During this pilot we have learned so much and it has been such a rewarding experience. The response from families has been very positive. When families were surveyed about their experience with the pilot, they stated that they benefited substantially from the System Navigator by: reduced stress, being connected to the right resources, feeling more knowledgeable about resources available, and more empowered and enabled to access the services available to them.

I am very pleased that the role of System Navigator will continue and I look forward to both my work with families and continuing with our collaboration of improving our service systems for children, youth and families. Out of this tragedy we have seized the opportunity to make a difference for our community and I am proud to be a part of this process.

Children's Achievements...

E.B. has made an excellent transition to his adoptive home. The family is now moving towards adoption finalization.

B.P. has made an excellent transition to high school and is meeting with success within her school program.

 J.T. also continues to meet with success this year in his high school program.

The H. family are also moving towards adoption finalization of a sibling group of 4. Over the past couple of years, the family has done a great job of working through many of the core issues in adoption.

M has worked diligently and successfully transitioned to school, with a full year of success. M is involved in many sports and has made many friends. He loves to laugh and joke around. M is very proud of the accomplishments made. Good job!



 E has worked diligently at playing sports and does well in hockey and baseball. E moved into a community baseball league this past summer, achieving success doing so. Way to go E.

L began a new school in September and is working hard. L has made many new friends. She is also working to finish her  swimming level. Great job L!

TFC Winter Events

"Come to the Movies"

Tuesday, January 2, 2018
Northumberland Mall Cinema, Cobourg
9:30 am–12:00 pm
1 Family rated and 1 rated PG 13

"Hockey, Ice Skating & Pizza"

Wednesday, January 3, 2018
Brighton Arena
10:00 am–12:00 pm

Friday January 5, 2018
Cobourg Community Centre
"The Bowl"

11:00 am–1:00 pm



Caregivers must stay to provide supervision
HELMETS MUST BE WORN BY ANYONE
UNDER THE AGE OF 18

Stay Tuned.....More Events May Follow

R.S.V.P Required for all Events

by Friday December 15th, 2017
at (905) 373-0522 ext. 0, or email
tfc.reception@tfcprogram.ca



Winter 2017

Winter Driving Tips

- * Pre-plan your route and check the weather forecast and road conditions for your geographical area of travel
- * Wear warm clothes that do not restrict movement
- * Be sure to fully charge your cell phone in case of emergencies
- * Carry the number of a reliable tow truck company or have your CAA card with you
- * Carry an emergency kit and first aid kit in your vehicle
- * Always have a minimum of a half tank of gas
- * Perform a circle check of the vehicle, including inspection of tires, brake, signal and headlights
- * Clear all snow and ice from the entire vehicle prior to driving
- * Ensure that winter washer fluid is full and carry an extra jug just in case
- * Avoid overtaking other vehicles
- * Always check your blind spots when changing lanes
- * Switch to neutral in an automatic car or depress the clutch in a manual shift and press the brake pedal gently in order to stop on slippery roads
- * If road conditions are poor, discuss alternatives with your Supervisor



- * Get a set of winter tires for your vehicle to aid traction in the snow
- * Double the usual distance between you and the car in front of you
- * Try to keep to the main roads
- * Be cautious in shaded areas that may freeze much sooner in cold weather and may stay frozen after the sun has risen



Caregivers Wanted

TFC Parent Therapists are licensed foster parents of either, Durham, Kawartha

Haliburton or Highland Shores

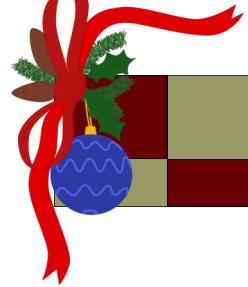
Children's Aid Societies.

If you are interested in knowing more about the Therapeutic Family Care

Program and/or are interested in becoming a TFC Parent Therapist please contact TFC at (905) 373-0522 or email us at tfc.reception@tfcprogram.ca

We look forward to talking with you further about joining our dynamic team!





Christmas Recipes!



Cookie Cutter Cookies

Ingredients:

- 1/4 cup butter or margarine
- 1/4 cup shortening
- 1/2 cup sugar
- 1/2 tsp. maple flavoring
- 1 egg
- 1 tbsp. cream or milk
- 1 1/4 cups sifted flour
- 1 tsp. cream of tartar
- 1/2 tsp. baking soda
- 1/2 tsp. salt
- 3/4 cup diced almonds, roasted (optional)

Directions:

1. Cream the butter, shortening, sugar, and maple flavoring until fluffy. Add the egg and cream; beat thoroughly.
2. Sift the flour, cream of tartar, soda, and salt into creamed mixture. Add almonds and mix to stiff dough.
3. Cover and chill for several hours.
4. Roll dough out on floured board to about 1/8-inch thickness. Cut shapes with desired cookie cutters.
5. Bake on lightly greased baking sheets at 425 F for 5-7 minutes. Cool on wire rack and decorate!

This recipe makes 1 to 1 1/2 dozen large cookies or about 5 dozen small cookies. Enjoy!



Black Forest Cookies

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3/4 C All-Purpose Flour
1/4 C Unsweetened Cocoa Powdered
1/8 tsp Salt
1/8 tsp Baking Powder
1/8 tsp Baking Soda
1/4 C Vegan Margarine, softened
1/2 C Sugar
2 Tbl Unsweetened Applesauce
1/2 tsp Almond Extract (you could also use vanilla)
All Natural Maraschino Cherries (such as Tillen Farms)

Preheat oven to 350 degrees.

In the bowl of an electric mixer, combine the margarine and sugar until pale and fluffy. Add applesauce and almond extract.

In a bowl sift together flour, cocoa, salt, baking powder and baking soda. Slowly add to the butter mixture.

Shape the dough into 2" balls and place on a parchment or silpat lined baking sheet.

Make an indentation in the center with your thumb. Drain the cherries and place one in the indentation.

Bake cookies for 10 minutes. Allow to cool for 5 minutes on the baking sheet before transferring to a cooling rack.

Optional: Melt vegan white chocolate chips with 1 tsp of coconut oil or vegetable shortening. Drizzle over the baked cookies.



Winter 2017

HAPPY HOLIDAYS WORD SEARCH



P	O	J	A	H	S	E	N	A	C	Y	D	N	A	C
R	S	S	H	O	P	P	I	N	N	G	M	F	K	S
E	E	H	W	L	B	L	X	M	M	A	F	L	A	H
S	I	I	E	I	C	F	N	M	M	D	A	F	O	S
E	V	R	R	L	O	O	I	M	M	A	P	O	N	X
N	O	T	T	M	P	F	W	W	W	D	O	O	U	A
T	M	U	Y	N	Y	O	U	K	E	L	O	N	S	T
S	O	L	S	B	L	U	K	H	T	O	L	S	A	R
C	H	R	I	S	T	M	A	S	T	I	I	O	N	A
M	P	J	O	W	V	A	S	T	T	U	J	A	S	O
J	A	N	P	Q	K	Q	O	A	O	K	I	O	P	C
B	G	G	Z	I	C	A	L	T	O	J	A	D	S	E
S	X	N	M	S	V	Z	R	I	E	N	O	P	M	D
L	U	D	J	D	Z	M	H	O	W	M	P	D	S	W
F	M	S	K	Y	P	P	A	H	I	E	N	D	S	W

See how many of these words you can find in the puzzle. The words can be forward, backward or diagonal.



- | | | | |
|--------------|----------------|-----------------|------------|
| 1. Happy | 5. Family | 9. Shopping | 13. Santa |
| 2. Holidays | 6. Friends | 10. Candy canes | 14. Songs |
| 3. Christmas | 7. Presents | 11. Cookies | 15. Movies |
| 4. Vacation | 8. Decorations | 12. Milk | 16. Fun |