

Erin Ward ([00:06](#)):

Hi, my name is Erin Ward and I am part of the University of Minnesota's LEND program. LEND stands for Minnesota Leadership Education in Neurodevelopmental and Related Disabilities. It is a program that connects professionals for more than 16 areas of expertise and trains them in an interdisciplinary leadership. So essentially you're connecting physical therapists to elementary teachers and doctors to attorneys, and really just helping them share knowledge that they may have in the field of neurodevelopmental disabilities, to see what we can learn from other professionals. I am a foster and adoptive parent with a special focus in increasing understanding of awareness around trauma, how it impacts children, especially when it overlaps with other disabilities. More and more professionals are learning that trauma is itself often disabling. In fact, when trauma or neglect is experienced by young children, it can change the physical shape of the brain and lead to lifelong challenges.

Erin Ward ([01:12](#)):

When I led a support program for adoptive families, I realized that very few families really understood the impact of trauma or neglect in how the children in their care would be impacted at the same rate as other children when it comes to things like autism, cerebral palsy, or just other developmental delays that kids can experience. I feel like often the training programs focus on how abuse or things like fetal alcohol, things that are maybe more prevalent in the community of children in foster care, but they don't always have a training that includes an understanding of other, just more common developmental delays. And that will be a reality for the population in foster care as well. Families don't always feel like they have consistent support or attention paid to those needs. And often difficult behaviors can be simplified or described as situational based on the kid's home life.

Erin Ward ([02:08](#)):

But there may be more to the story. Largely families felt unprepared and didn't always feel like talk therapy was helping when they didn't know really where to look next. So when I was leading a support group for families, I would always refer them to MNAdopt. It's a fantastic local resource for families in Minnesota. And also one of the things that my family had tremendous success with was occupational therapy and physical therapy. Those were not therapies that I really attributed to a behavioral growth in children when I first got into this world of foster care. So for families that are looking for additional resources, I wanted to create this podcast to help them connect to resources that they may not initially have had, or been informed of or understood the impact that they could have. So for this podcast, I interviewed Heather Van Brunt, who is the Help Program Manager at MNAdopt and Alyssa Mason, who is a local occupational therapist. So I will be interviewing them. And I will warn you at this point because we did our recordings during COVID. So there are a lot of discrepancies and changes on variances in the sound quality. And I do apologize for that in advance, but I hope you can learn a few things, and maybe have some new directions to offer for families that you work with in this field. All right, here we go.

Heather Van Brunt ([03:36](#)):

I'm Heather Van Brunt MNAdopt's HELP Program Manager. I've been working in the HELP Program coming up on eight years now, seven as a HELP Specialist and one as the Program Manager. My social work background, coming into MNAdopt was supporting Birth First Families, open adoption relationships, individuals and couples going through foster care licensing, adoption home studies, pre

and post adoption training and support to families adopting from Minnesota foster care. I really love working with our dedicated team who have rich and varied professional backgrounds in adoption and foster care support and who are committed to helping our foster adoptive and kinship families across the state access crucial specialized support to help their families thrive

Erin Ward ([04:18](#)):

Well, trauma and alcohol related neurological deficiencies or fetal alcohol syndrome topics are discussed in the required DHS trainings. Other more common disabilities, such as autism are only minimally explored. However, research shows us that children with disabilities are involved in the child welfare system at a higher rate than children without a diagnosed disability. What resources would you direct workers, caregivers, and foster parents to, to ensure that they can best support these children?

Heather Van Brunt ([04:50](#)):

Children and the child welfare system has statistically experienced higher adverse childhood events, otherwise known as ACEs or traumas than children not in that system. The effects of complex developmental trauma are profound to children's development and the estimates are high. Some resources around 80% that children in foster care have been exposed to alcohol in utero and have many permanent brain effects from that exposure though it is vastly under reported. So the required trainings giving a solid base in those areas is extremely important. There can also be a lot of overlap with symptoms, behaviors, diagnostic criteria, with a variety of mental health diagnoses and disabilities. There's actually a handy reference chart created by Proof Alliance that is so helpful that compares common characteristics for a number of diagnoses compared to FASD for further understanding on the complexity of that overlap. So for resources we recommend, we recommend that caregivers work with a pediatrician who deeply understands complex developmental trauma and a licensed mental health professional with competencies in trauma and attachment, and what that looks like across stages of development and who has practiced specialties in various things like FASD and autism and other diagnoses.

Heather Van Brunt ([06:08](#)):

So they can give their diagnostic assessment and therapeutic support for the child, parenting strategies and whole family support. We also recommend caregivers to work with a pediatrician and licensed mental health professional to get referrals for services like occupational therapy, which can further assess and support sensory processing and other issues that can be a part of the mix across many diagnoses. So building that team for assessment and support is crucial. And in addition to what I've already mentioned, we also encourage them to schedule the child or teen as soon as possible for neuropsychological assessment. That assessment gives that deeper picture into how the brain is functioning at different stages of development and takes in all the history, test things like short and long-term memory, visual, spatial, visual, motor skills, attention, language, sensory, motor functions, and more. And so this can help further distinguish the diagnostic picture and recommendations. We highlight to workers and caregivers, the University of Minnesota and their Adoption Medicine Clinic, and to use the statewide list for neuro-psychological assessment that Proof Alliance puts out that highlights the places that are sure to also include proper assessment for FASDs as well.

Erin Ward ([07:28](#)):

Foster parents often report feeling under prepared in strategies to manage their own mental health. When presented with the highly emotional and stressful behaviors, they will now need to manage and

guide these children through. What trainings and resources exist for caregivers to help connect them to support?

Heather Van Brunt ([07:45](#)):

MNAdopt offers free foster parent training to licensed foster parents. Licensed foster families can obtain MNAdopt training information from their licensing worker. Since it's not on the public website. We offer a variety of topics under the foster ed program, which include topics like mental health, marital challenges, grief and loss, and navigating birth family relationships. All of these workshops include strategies to handle different behaviors and emotions. Foster parents are experiencing within our adopt ed trainings. We have live webinars and a prerecorded webinar library that are low cost offerings for anyone adoptive foster and kinship families. These are all located on our website, though, if any of these families do a phone intake with our HELP Program at MNAdopt, we can help them get those live offerings for free or further discounts on the prerecorded webinars. There are lots of great topics under adopt ed as well.

Heather Van Brunt ([08:41](#)):

Like How providing foster care can impact relationships within families in the community, Put your own oxygen mask on first, Understanding the importance of secondary trauma and Practicing self-care. A popular series that we offer a few times a year is Beyond Consequences, which provides training and support in weekly sessions with a clinical social worker with lots of foster and adoptive lived experience along with a peer group of caregivers. And this takes place over a couple of months. The group learns more about what's behind and under so many of the challenging behaviors that children in care might show. And more concretely how to manage their own reactions and response in a supportive and trauma effective way. Beyond those kinds of great educational resources, getting connected to appropriate therapeutic services and peer support is crucial. And we encourage foster parents to connect with any kind of support group or connections, their county or private agency that licensed them offers.

Heather Van Brunt ([09:39](#)):

We make sure they know about adoptive foster and kinship connections through NACAC and the LSS Kinship Support offerings. If they're a kinship caregiver, those places offer online and in-person groups as well as social gatherings, workshops and retreats. Connecting with and learning from peers in those supportive settings is powerful. And we also make sure to try to bring down barriers for therapeutic support with therapists who have strong foundations in all that we've talked about so far. Taking the step to get individual and couples therapeutic support before, during and after placements of children is critical for being able to do the parenting and self care needed. Therapy with folks who are seasoned and trained in what complex developmental trauma looks like, what grief and loss looks like across stages of development. And what that brings up for caregivers can help foster parents address their own histories, patterns, trauma backgrounds, their own attachment styles.

Heather Van Brunt ([10:38](#)):

What are their strengths and challenges when it comes to parenting kids with all of these layers. Our Help Program is able to offer connection to therapists with these backgrounds and also explore financial assistance to support it. If that is a barrier due to high deductibles and copays medical assistance will cover medical and mental health services for the foster child. And the foster parent may be involved in portions of that, that support, but foster parents getting their own focus support under their own

insurance is something we strongly recommend and try to bring down barriers to taking those steps by making connections to those right kinds of therapeutic connections, easier and providing potential help with some of that cost.

Erin Ward ([11:23](#)):

I just want to shine some light on the fact that trainings can vary broadly in depth of content from county to county, while still meeting the state DHS requirements. What trainings are offered specifically by MNAdopt that can expand on the training to broaden a family's understanding and improve their preparedness, to become foster parents.

Heather Van Brunt ([11:43](#)):

As mentioned earlier, there are a variety of live and prerecorded trainings through MNAdopt. All of these would be helpful as people work towards being licensed foster parents. Foster parents can ask their licensing worker about accessing all of our free foster ed trainings and can access live and prerecorded webinars for Adopt Ed on our site on their own. There are such a variety of topic areas to choose from. I'll just give a good overview here. Anxiety and Depression, Attachment Behavioral Challenges, Birth Family Relationships, Child Development, Grief and Loss, Sexual Abuse, Internet Safety, LGBTQ+ Support, Supporting Children and Teens and Families of Color, Racial Identity, School Challenges, and Support Parenting Strategies, Caregiver Mental Health Support, and Couples and Marital Relationship Support. Our HELP Program can also be accessed to help organize a resource guide for foster parents with trainings that other organizations have to offer on particular topics. We take a regular look at what other agencies and organizations are offering. And some of those agencies are NACAC. The ARC Minnesota, NAMI Minnesota, The Minnesota Association of Children's Mental Health, PACER, Proof Alliance, LSS Kinship, and the Center for Adoption Support and Education.

Erin Ward ([13:15](#)):

There is a divide between what parents learn in a classroom environment and what they experience as foster parents. Training varies dramatically from county to county. Some counties have few resources for additional support when a family is in crisis. If a family is in crisis or is possibly trying to avoid a situation becoming in ato a crisis, how can the HELP Program support them? What additional information would you like Minnesota child welfare workers to understand about MNAdopt?

Heather Van Brunt ([13:46](#)):

Since our HELP Program is not a 24 /7 crisis line, we make sure on our communications that families always are being given the 24 /7 crisis response number for where they live and when and how to use those services. The HELP Program is a statewide warmline for Minnesota's adoptive foster and kinship families, and the professionals who serve them. All the HELP specialist team has advanced training and experience and work with adoption and foster care issues and supporting families well, including serving families in crisis. Through phone and email communication, we provide individualized support, guidance and referrals tailored to each situation. We do not provide clinical assessment or therapy ourselves, but intently listen, offer support, highlight resources, and assist families in linking to these needed resources and services for families experiencing crisis. We make sure that they have safety planning in place, understand how and when to access crisis response services.

Heather Van Brunt ([14:46](#)):

And we can explore connecting them to short-term consultation support with one of our vetted therapists or consultants to help get some quicker trauma attachment safety planning, parenting strategy, support around them. During an especially challenging time. If folks are foster parents, we need to do quick coordination and collaboration with their licensing and county team in that planning. That all being said, our HELP Program's goal for caregivers and this community is to be providing resources and support in accessible, proactive, and ongoing ways in order to bring down crisis for more families by them getting the resources and support that they need at all points along their foster or adoptive parenting journey. The earlier they have access to quality training and supports the more we are heading off these crises.

Erin Ward ([15:35](#)):

All right, now we're going to talk with Alyssa Mason. Alyssa is a pediatric occupational therapist currently working in a local school district. Before occupational therapy Alyssa received an undergraduate degree from the University of Wisconsin in Human Development and Family Studies with a focus on Child Development. She went on to work and has worked in children's mental health case management with a nonprofit through Hennepin County. She's currently a second year LEND Fellow into co-chair for a Health Equity Special Interest group for the Minnesota Occupational Therapy Association. Alyssa has a passion for advocacy with a focus on the intersection between race and disability. Alyssa's background, as well as her education and occupational therapy with certificates in disability and policy and equity and diversity, give her a very unique perspective into our conversation today. I'm excited to talk with her. Let's get started. All right, Alyssa, thank you so much for being here today. We are going to explore this subject a little further. I think the first question I have is often children in child welfare present with behaviors or difficulties in social and emotional relationships or peer interaction. Research states that these behaviors can be oversimplified by professionals or seen as attributed to either their disability or their trauma. What is your experience with this and how do you feel about that information?

Alyssa Mason ([17:01](#)):

Yeah, so I think that one of the things that's often overlooked in this discussion is children's sensory needs. So thinking from an occupational therapist background we know that a lot of kids are processing sensory information in different ways. So just like every human being, we're all processing information from the world around us and everybody's processing the information differently, but sometimes people have a harder time with different kinds of sensory input. And we don't often think about helping children learn how to work through those differences. Everybody's learning to process sensory information, just like we're learning how to do lots of other things. So when you think about little kids, we're teaching them math, we're teaching them numbers, we're teaching them reading, but we don't always remember to teach them coping or how to process the sensory information. That's so overwhelming oftentimes as a little kid.

Alyssa Mason ([17:58](#)):

So if we don't teach it to them young, if we don't teach it to them at all, then as children grow up and become teenagers, they don't have the skills. They need to be able to kind of regulate and cope and control their bodies on their own. So in this conversation of, is it trauma? Is it a disability? A lot of times it's a mix of all of these things, but the sensory aspect is really important. And I think overlooking it is, is really a problem. There are lots of sensory systems. There's the simple ones we learned about in school. And then there are some other ones and that's where occupational therapy really gets deeper into

working with kids and can help support these sensory needs. And that's where we really see big changes for kids.

Erin Ward ([18:43](#)):

Absolutely. I know once I had talked with a foster mother who had a child who was constantly stripping out of their clothes and they were just aghast at that their parents would have let them do that in the home. And what you're saying kind of ties into the reality that it could have been a much bigger issue or it could have been a sensory issue going on. Sometimes when you're overwhelmed, those things come out even more than normal. So sensory issues are certainly something that families and workers should be aware of. Sensory issues and trauma related behaviors are often exacerbated and are increased with when they're overlapped with trauma or a sensory issue underlies it, you were a case manager. What did you see there? And what should people know?

Alyssa Mason ([19:28](#)):

So, yeah, I worked in children's mental health case management for a few years, and I saw a lot of different things. When you go into people's homes, everybody's homes looks so different. And a lot of times you run into homes where when you get there, you notice a lot of things that the family might be doing that are actually specific to the children's sensory needs in the homes, but families don't even always realize they're doing it. They've learned their child. They've learned what works and they're actually accommodating a lot. So then when children go out of the home, they all of a sudden have all these sensory needs that nobody had noticed before, because families have a great way of learning about each other, right. Then there's the other side of it, where sometimes we have a very cluttered home, a very loud home and kids who have these sensory differences, oftentimes don't or demonstrate a lot of behaviors at home.

Alyssa Mason ([20:20](#)):

And it's, it's hard to understand sometimes when you're thinking about, oh, the house is really cluttered and my kid is having a tantrum. Right. And it doesn't always, like, it seems like a disconnect, but really there's so much visual stimulation going on in the room. It can be completely overwhelming. Right. When we think about our senses, one of the examples I like to use is when you're driving down the street at night and you turn off the radio to find the address, because we're, yeah, we're constantly thinking about or processing all this information. And if you don't have the skills, you need to be able to block out all this visual stimuli to focus on the task that you were asked to complete, or you know, anything like that, then you're going to have a difficult time regulating. And it isn't so clear. That's really what the hard thing was sensory stuff is, is that you don't just look at a situation and say, oh, obviously this is what's happening. You really have to learn what the child's sensory needs are in order to be able to support them.

Erin Ward ([21:24](#)):

Right. Right. Very powerful. So I think this is a good time in the podcast, since we're going to be wrapping it up to really look back on everything and maybe sprinkle in some hope for people. I think there's just a lot of layers to this trauma, disability, sensory issues, being removed from the home and dealing with a lot of other things that these kids are going through. Struggles at school, peer issues. What are some resources or starting points for workers or families to consider that can really help them out?

Alyssa Mason ([21:55](#)):

Yeah. So let's think starting points first. So when you're thinking about sensory needs, one thing I would suggest is providing tools and being proactive. So a lot of the tools that are helpful for kids that are struggling with regulating their senses are tools that can help everybody such as deep breathing we know that can be really centering for anybody. So teaching those skills to a child or a teenager yourself can be really helpful to do during a calm time. What we know is when anybody's really sensory dysregulated, that's not the time to try to give them the skill because they're not at a place to learn something new because they're so dysregulated. So during times that are calm, maybe each night before bed, you do a one minute meditation or you could, you know, sit in a quiet, calming light or different things like that, where you're giving these skills in advance.

Alyssa Mason ([22:54](#)):

So then when there's a heightened situation, maybe that child knows, oh, I can go into this corner and do my deep breathing. And that makes me feel good. And so if these things are done proactively and we teach skills, then they hopefully will be able to be utilized. They won't be a new thing to learn in those situations. I would also say that it's good to just kind of run through the sensory systems that you know, so if you think, you know, this kid might be having irritated by the light which a lot of times we see blinking or squinting when lights are, is visual simulator is irritating, but sometimes you won't see signs of it. So turning down the lights is a great way to start when you don't know what's wrong. And another thing to remember is that you're not necessarily going to see immediate results from doing something like turning off the lights.

Alyssa Mason ([23:44](#)):

It might not stop a tantrum in its tracks. But what we're hoping is that it would bring down the intensity or shorten the timeframe of a dysregulated period. Same with sounds. A lot of times if kids are having auditory stimuli and they're not able to process that very well people who are processing it well, don't even necessarily hear these sounds, the humming of the refrigerator, the buzzing of the lights. Those things can really, really be irritating if you're in a dysregulated state. So trying to tap into some of these things and seeing what stimulation you can take away, or even maybe moving out of a room into a quiet, calm space, will hopefully be able to kind of bring down that intensity and start moving towards, getting back to regulated. And I'd say, do those checks for yourself too? Because like I keep saying, we're all processing this information.

Alyssa Mason ([24:37](#)):

So if you've got a kid screaming and crying and having a tantrum, there's a good chance that you're getting dysregulated. Right. And so, you know, co-regulating where we're both deep breathing here, or we're both turning off the lights to get both of us back into a calm state can be a really great thing truly for both for everyone involved. Absolutely. So as far as starting places, I think that's a great place to, to be as just to kind of run through, think about what's going on in the room and try some of those things and just be aware of what's happening in your environment and in your space. Okay. Resources wise, there are a lot of resources out there and it's hard to find them. It's hard to get them just because if you don't know, you don't know what you don't know.

Alyssa Mason ([25:24](#)):

Right. So, I am a huge advocate for case management services. There's many different kinds of case management for lots of kids who have trauma history, that's mental health related. So you can get a

children's mental health case manager here in Minnesota. The service is completely free if your child has a mental health diagnosis. So a way to get attached to these services, case management, if it's mental health, there's also developmental disability, case management, or other kinds of case management. But really you want to start with your county. If you kind of just feel like, I don't know where to go. I don't know where to start. You can call your county and just say, I'm looking for some resources to help my child and my family. This is what we're experiencing, and they can get you connected to what makes the most sense.

Alyssa Mason ([26:17](#)):

Absolutely. Here in Hennepin County, we have Child Access Workers. You can call Hennepin County Front Door and you just tell them what's going on. And they're gonna get you started in this process to get connected. Absolutely. Once you're connected with the case manager, that's where they can really meet your family, get to know you, understand your needs and then help figure out what makes the most sense, right? Maybe it's occupational therapy and you go to outpatient therapy and learn about the sensory needs, learn about how to adjust and work together with the child to, um, you know, learn how to get to these regulated states. Maybe it's talk therapy, maybe it's play therapy, maybe it's different activities in the community, but the case manager can really get in there and understand what you need and help you get there. Right? And so he really even, and I think sometimes there's a lot of people think that, oh, I don't need a case manager.

Alyssa Mason ([27:14](#)):

I can do these things myself. I can find these services I'm capable. Absolutely. But it's not really about being capable. If you don't know that you can find this. If you don't know the service exists, it's hard to find. Right. And if you're dealing with a lot, our capacity to do other things sometimes falls away, we're busy, we're stressed. We have a lot on our plate. It's okay to say, I could use somebody else to help me work through this. Right. And I think that that's a really great place to start. There are a lot of services in places like Hennepin County, where we are, and, and I really want to start seeing families have more access, right?

Erin Ward ([27:52](#)):

Well and I think case management, that's such a powerful tool for families. It's something, if you don't know what you don't know, so you don't even know what to look for. If you don't know what exists. I remember when our kids first moved in. I thought, man, if there was a group of parents who were foster parents and adoptive parents, I would really like to talk with them. And our case manager connected us with a group that exists. So I think it's one of those things that sometimes there's not really a formal path to go through, but they know that it exists and can put you in contact with them. So that's a great recommendation. All right. Well, thank you so much for your time. I really think that this is going to be helpful for families and workers.

Alyssa Mason ([28:30](#)):

I hope so. I was really glad to be here.

Erin Ward ([28:32](#)):

Excellent. Thank you so much, Alyssa.

Erin Ward ([28:39](#)):



All right. As we circle back to review what we learned, it is important for me to make clear that it is not my intention to diminish or insult any of the DHS training programs. Each instructor in the county or community that they support as well as any adoption agency they work for. I believe goes into this planning and instruction with the very best of intentions. It is simply an impossible task to cover every topic for every kid or situation. Each instructor has their own bias and personal experience that lead them to emphasize different topics. There are funding differences, regional or cultural variances. And of course there's the influence of the people attending the class and the concerns or questions that they have that although very helpful can certainly lead the course into a different topic area. I personally know that I did not leave my class understanding as intimately as I would like to have how trauma could manifest in behaviors that sometimes or even often overlap with an autism diagnosis.

Erin Ward ([29:39](#)):

And that sometimes teachers or even therapists suggest that you consider autism as the diagnosis. I wish I would have been more educated on neurodevelopmental disabilities typical to kids in general. And how that can overlap and play out within the foster care children's behaviors or system responses. I did not hear how a neuropsych eval could empower me in the future, in IEP meetings or therapy sessions or just in daily life. And how an up-to-date neuropsych eval was mentioned by both Heather and Alyssa was really powerful to me as we listened to today's recordings. I also never considered the role of physical or occupational therapy as a behavior management or impulse control tool. I mean, none of my kids had hurt their backs at work.

Erin Ward ([30:24](#)):

So it wasn't until I was in a support group with another foster parent that I heard how powerful this was for their kiddo. And they had learned about it from their MNAdopt training that they had taken as they were becoming foster parents, all this, to say that you as social workers or case managers can empower families with the numerous supports available through MNAdopt, they can listen to training programs, connect with their extensive network of support professionals or connect to a community far beyond their own. You can also listen to the trainings yourself as their worker and build a deeper understanding of how to respond to situations. The family may experience in the world of child welfare education is powerful. It allows families to establish contacts and get the names of professionals and experts within the adoption community or foster community. They can learn about additional literature or research relating to a specific issue that they may be having.

Erin Ward ([31:18](#)):

It increases their confidence to ask professionals or caregivers, difficult questions, and that understanding can increase their ability to realize that a second opinion or even a contradictory approach could work and it could have value. So they won't rule it out right away. My DHS licensing course was just a few years ago. And even in that short time, we have learned an enormous amount of information on how fetal alcohol spectrum disorder works and how the role of early childhood exposure to trauma impacts brain development. MNAdopt and their connections have webinars in-person trainings and with their expertise in specific fields, you can stay up to date on the most current information. And that information will always be in reach you and the families you serve are starting a very difficult and rewarding journey. Remember your resources. And remember that you got this. Thank you so much for listening today. I wish you all the best.

Speaker 7 ([32:18](#)):

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