



**STATE OF TENNESSEE  
COUNCIL ON CHILDREN'S MENTAL HEALTH**

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Council on Children's Mental Health (CCMH)  
Ellington Agricultural Center  
Ed Jones Auditorium  
440 Hogan Road, Nashville, TN 37203  
April 27, 2017  
10 a.m. – 2 p.m.

**MEETING SUMMARY**

**ATTENDEES**

Katie Armstrong  
Anna Arts  
Elizabeth Ball  
Justine Bass  
Kathy Benedetto  
Bonnie Beneke  
Cory Bradfield  
Jeremy Breithaupt  
Kimberly Chisolm  
Jan Clifton  
Jan Dick  
Brenda Donaldson  
Anjanette Eash  
Shan Edmondson  
Julie Flannery  
Karen Franklin  
Deborah Gatlin  
Katie Goforth  
Sheba Green  
Vickie Harden  
Rikki Harris

Aimee Hegemier  
Brittany Jackson  
Jacqueline Johnson  
Sumita Keller  
Richard Kennedy  
Jennifer Kindle  
Kristy Leach  
Kisha Ledlow  
Anna Claire Lowder  
Laura Martin  
Melissa McGee  
Jerri Moore  
Amy Olson  
Crystal Parker  
Steve Petty  
Taylor Phipps  
Julia Pearce  
Lisa Primm  
Anne Pruett  
Bhupendra Rajpura  
Kamrie Reed

Kathy Rogers  
Pennie Rowland  
Mr. Rowland  
Delora Ruffin  
John Rust  
DeVann Sago  
Heather Smith  
Natasha Smith  
Sara Smith  
Jerresha Tinker  
Jennifer Trail  
Dawartha Tyler  
Will Voss  
Don Walker  
Shauna Webb  
Angela Webster  
Alysia Williams  
Matt Yancey  
Kinika Young  
Joanna Zuercher

**Welcome/Introductions/Announcements/Approval of August Minutes – Richard Kennedy, Associate Director, Tennessee Commission on Children and Youth (TCCY) and Matt Yancey, Assistant Commissioner, Tennessee Department of Mental Health Substance Abuse Services (TDMHSAS)**

- Kennedy welcomed attendees and provided a brief overview of CCMH and its partnership with the Tennessee Department of Mental Health Substance Abuse Services (TDMHSAS). He thanked everyone for making attendance a priority. Kennedy asked attendees to initial the attendance sheet and explained the additional information requested was essential for reporting requirements related to the federal system of care grant.
- After introductions, Kennedy announced Tennessee Commission on Children and Youth (TCCY) are offering two additional *Building Strong Brains: Tennessee's ACEs Initiative* Training for Trainers opportunities to be held in Nashville on May 9<sup>th</sup>-10<sup>th</sup> and June 20<sup>th</sup>-21<sup>st</sup>, 2017. To apply to become a trainer, please use the following link <http://bit.ly/2oJsrE9>. Please share the information with others who might be interested in participating. The May dates are just around the corner, so we encourage applying as soon as possible.
- He opened the floor for other announcements. Tennessee Justice Center will have a free four-part webinar series focusing on policies and laws affecting children like TennCare, CoverKids, the Affordable Care Act, food assistance programs and other public initiatives.
- Tennessee Voices for Children will hold several events in May. Event information can be found at <http://www.tnvoices.org/events/>.
- The Infant Mental Health Conference will take place August 21<sup>st</sup> – 22<sup>nd</sup>. Look for more information in the coming weeks.
- Tennessee CASA 5<sup>th</sup> Annual Conference will be May 12<sup>th</sup> in Murfreesboro.
- Kennedy thanked Natasha Smith, TCCY for transcribing the March 2017 meeting summary.
- Melissa McGee announced the new SOCAT Regional Coordinators as Laritha Fentress in Middle, Jerri Moore in West and Jill Murphy in East. They will officially start on May 16, 2017.

### **Approval of November Meeting Summary**

- **IT WAS MOVED (H. SMITH) SECONDED (FLANNERY) TO ACCEPT THE MEETING SUMMARY FOR MARCH 2, 2017. MOTION PASSED UNANIMOUSLY.**

### **Introduction and Overview – Bonnie Beneke, LCSW, Director of Training and Development, Office of Training and Professional Development, Department of Children's Services**

- Beneke provided the introduction and a brief overview the National Adoption Competency Mental Health Initiative. A primary goal of the National Training Initiative (NTI) is the national launch of the state-of-the-art web-based training – making it available to child welfare and mental health professionals in all states, tribes and territories. To prepare for this national launch, NTI will pilot the web-based training in 8 states and with at least one tribal partner.
- Tennessee's Department of Children's Services was chosen as a pilot site and she is the contact person.
- Beneke also announced a "Walk Me Home" Walk on Saturday, May 6<sup>th</sup> in honor of John Johnson who recently passed away. Beneke said Johnson really moved us along in the state.

## **Adoption from Foster Care: Who are the Children? – Dawartha Tyler, FOCUS, Harmony Family Center and Jennifer Kindle, Permanency Specialist, Department of Children Services (DCS), Mid-Cumberland Region**

- Tyler said children usually enter foster care due to abuse, neglect or abandonment. Many of these children suffer from several issues as a result. Their wait time to be adopted is normally a year or more and most age out of foster care without a connection to a loving adult. These young people often end up homeless and unemployed. Tyler aired two videos from YouTube where children in foster care shared their stories and living as a foster child.
- Tyler wants us to change our thinking about children in foster care to better understand the concept of community responsibility in ensuring healthy development and future success for all children in foster care.
- Kindle said there are 95 children with goals of adoption in Rutherford County. She said the fiscal year is October 1<sup>st</sup> – September 30<sup>th</sup> and reported 532 adoptions in the State. Out of 780 in full guardianship, 400 of those waiting for a home-most are teenagers. Kindle said she currently has 17 teenagers who she cannot find homes. It is hard to find homes for the teenagers due to their mental issues.

## **Adoption through a Trauma Lens – Mental Health Issues for Children and Families – Jan Dick, LCSW, Director of Permanency Services, Family and Children’s Services**

- Dick spoke about the TRANS/form Grant. It is a five-year Trauma III Grant from the United States Department of Health and Human Services (HHS), Administration on Children and Families: Promoting Well-Being and Adoption after Trauma.
- Dick said the dual goal is to increase the system’s capacity to address trauma and mental health needs, and to enhance the emotional/behavioral well-being of individual children in state custody with a goal of adoption, by providing trauma-informed, adoption-competent services and increased collaboration between professionals and families, including pre/post adoption practices and supports.
- She reported for children in the child welfare system, it is challenging to address the devastating impact of complex trauma, which profoundly impacts children’s ability to respond, attach, and become part of a family. The term complex trauma has been used to describe individuals who have experienced multiple traumatic events, including emotional abuse, sexual abuse, domestic violence, and other disruptions in care, that are chronically present during the child’s development. The impact of complex trauma is substantial, compromising children’s sense of safety, attachment, self-concept, affect regulation, response flexibility, impulsivity, and self-destructive behavior.
- Dick explained how it is necessary to prepare the adoptive family to understanding the impact of trauma. She said you have this adoptive family who is ready to build their family with love, nurture, and support while the child may be in a persistent fear state known as fight, flight and freeze. The child may also experience a disorder of memory by having flashbacks and triggers, have problems regulating affect and may avoid intimacy. Dick said the child with these issues is difficult to parent and does better in superficial relationships.

- Dick explained underlying all of these manifestations of trauma is traumatic grief. Traumatic grief usually means both unresolved grief and symptoms of Post-Traumatic Stress Disorder (PTSD) are present. When grief and trauma are not addressed, the pain progresses to protest, to anger, to rage, and a vicious cycle of problematic behaviors, placement changes, and more loss begins.
- Children in the foster care system are likely to experience ambiguous loss where either the person is physically present but psychologically unavailable (as with a parent with active substance abuse) or the person is physically absent but psychologically present, as with any child who has been separated from their birth family.
- Dick said places their grief on hold for maybe days or longer. She described this as disenfranchised grief where their grief is not acknowledged, publicly mourned or socially supported. She said children in the foster care system often do not have the sense of emotional safety and the relationship needed to grieve their devastating losses. It is often at the point of adoption, when the relationship with the birth family is irrevocably severed, that children experience their most profound grief.
- Dick detailed the child's journey into state custody and the trauma fragments and emotional fragmentation taking place. The reality is parents are not prepared for a child to have grief and it is often during the permanency proceedings that the grief comes back because the child knows they are never going back to their family.
- Dick said the children need from professionals a willingness to "hear" the story beyond the behavior; genuine emotional support for the child and the parent(s); thorough assessment of trauma and underlying needs; specialized training, and enough time. They need from parents understanding and security.
- Trauma Informed Care changes the question from, "What's wrong with you?" to "What happened to you?" This is exactly what the child wants to know, and is the central issue in both trauma-informed care and adoption preparation.
- All children have the right to understand their personal history, have the opportunity to grieve past losses, to understand the problems leading to the separation were not their fault, to develop a positive sense of identity and to have stability, permanency, and a sense of belonging.
- Dick reference a book written by Sheryl Sandburg *How To Build Resilient Kids*. Sandburg supports talking openly about memories, both the positive and difficult ones, as a way to help children make sense of their past and rise to future challenges.
- Dick said they use the "3-5-7 Approach Model" when preparing children for permanency. There are three tasks (clarification, integration and actualization), five conceptual questions and seven critical skill elements to ensure the child is safe enough to take this journey.
- The seven critical elements begin at the beginning. It is crucial to engage the child in the process, listen to the child's words, speak the truth, validate the child and the child's story, create a safe space for the child to do the work, go back in time, and acknowledge that pain is part of the process.
- Dick report clarification allows you to assist the child in understanding what "really" happened to them and lift the blame from them to where it belongs. The end of the process is allowing the children to experience family membership.

**Systems of Care: Systems of Care Across Tennessee (SOCAT) – Matt Yancey, Assistant Commissioner, Kristy Leach, Director of the Office of Children and Youth Mental Health, Brenda Donaldson, Family Engagement Coordinator and Don Walker, Lead Evaluator, Systems of Care Across Tennessee, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS)**

- Leach had the representatives in attendance from the SOCAT Lab Sites introduce themselves. The SOCAT team at TDMHSAS and TCCY visited the SOCAT sites a few weeks ago for site orientation to the initiative. They went over the scope of service, expectations, hiring, the budget, and staff requirements.
- SOCAT serves young children, children, youth and young adults and their families, who have a primary diagnosis of Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI), require multi-agency intervention to function in a family, school or community, had concerns for at least one year or expected to last more than a year and are willing to participate.
- Walker facilitated a SOCAT live poll through slido.com.
- Yancey said we are really excited about this opportunity and encouraged more feedback from the participants. He also encouraged participants to sign up for the workgroups.

**Adoption through a Trauma Lens – Mental Health Issues for Children and Families – Julie Flannery, Program Development Director, Harmony Family Center**

- Flannery spoke about her personal experience as a foster parent. Parents of foster children need to someone to listen without judgement. They need understanding. There is a need for respecting their parenting decisions and competent supports and someone who can encourage creativity and hope.
- Protective factors for adoptive families. Realistic expectations and preparation, positive parenting style, communicative openness, and formal and informal supports.
- More than 68 percent of children and adolescents had experienced a potentially traumatic event by the age of 16.
- Only 25 percent of adoptive parents reported they believe their mental health professionals were adoption-competent. She listed the areas where adoptive parents viewed therapists as unhelpful or insensitive like failing to validate or believe their experiences, blaming parents for their children's problems, questioning the parents' motives for adoption and telling parents to just give their children back to the state, just to name a few.
- Flannery talked about integrated practice and said the children that have interrupted attachments and placements often need help, support, and clarification to process the grief and loss, above and beyond trauma treatment. Trauma treatment can help to facilitate healing and support the adoption process and the acquisition of coping skills assisting with a decrease in externalizing behaviors and placement stability.
- Trauma and loss affect children of all ages. Processing trauma and loss can help to encourage healthy attachments. Sibling relationships are the longest standing familial relationships, the impact of siblings being separated in foster care can be traumatic for children. Being honest and present with a child through grief and loss can help healing.

- When children are having symptoms as a result of trauma or loss, a caregivers love may not be enough. They may need treatment to learn how to cope and address grief, loss, and trauma. Trauma treatment can assist a child in feeling safe and give them coping skills that can help through other life transitions.
- Flannery said there are several adoption needs and barriers like improving the full disclosure process. Only 50 percent of mental health clinicians substantially agreed they felt equipped to prepare child for adoption. Other barriers include TennCare reimbursements are too low for therapists with specialized expertise, there is often a rush to finalize impeding preparation of the child and the family, there is a need for more parent training focused on trauma and adoption, and there are varying views of preparation responsibility.
- The top recommendations to address the youths' needs for adoption preparation are adoption-competence training for staff, mental health professionals and parents, infusion of trauma and loss-focused casework, preparation and permanency complementary of each other, involving therapists in Child and Family Team meetings, and strengthening collaboration by sharing resources and clarifying roles.

### **National Adoption Competency and Mental Health Initiative – Bonnie Beneke, DCS**

- Beneke explained the National Adoption Competency Mental Health Training Initiative (NTI) was established in October 2014 through a five-year, \$9 million cooperative agreement with Center for Adoption Support and Education (C.A.S.E.) and the U.S. Department of Health and Human Services and the Administration for Children and Families, Children's Bureau.
- C.A.S.E. provides adoption competent clinical services, adoption competency training for professionals, publications and educational programs and life skills programming for transitional youth.
- Beneke reviewed the need of adoptive parents and reported adoptive families utilizing clinical services triple the rate reported by families formed by birth. She said 30 percent of children in foster care have severe emotional, behavioral and developmental problems. Too many mental health professionals are unfamiliar with issues related to older child adoptions and basic issues related to adoption.
- Beneke reported 40 percent of youth adopted from foster care are diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactive Disorder (ADHD) with high incidence of pre-natal drug/alcohol exposure. Adopted children are disproportionately represented in the psychiatric population/
- An adoption competent child serving professional values the role of parents as healing agents for their children, mitigating trauma while recognizing and preserving connections, and building on strengths and resilience; understands the nature of adoption as a form of family formation; the developmental challenges; the mental health issues associated with ACEs; the importance of maintaining connection with siblings, kin, community, culture; applies trauma-informed, attachment-based clinical skills to help children understand their past experiences, facilitate healing form loss, build new, healthy family relationships; chooses culturally appropriate practices; and responds to current trends and research.

- The purpose of NTI is to establish two web-based trainings that builds the capacity of state, tribe and territory child welfare professionals and mental health practitioners to better address the mental health needs of children and families experiencing adoption or guardianship; to improve well-being outcomes for the children and families, as well as provide support and the appropriate therapeutic interventions to assure stable and secure post-permanency experiences; and to complement other state training and program initiatives aimed at improving safety, permanency and well-being outcomes.
- Beneke shared Tennessee’s summary of activity from March 1 – 31, 2017. There were 321 new individuals enrolled in the month of March 2017 and 343 continuing users for 664 in total. She said they start with the supervisors first.
- Beneke said they want to infuse adoption mental health competencies into practice for child welfare and mental health professionals. They also want states to integrate the trainings into their training systems for sustained use by staff with the ability to track users, issue certificates. Finally, they want to make the trainings available with implementation guidance to all states, tribes and territories.
- With the web-based trainings, there are no significant differences in learning outcomes in face-to-face instruction compared to online learning, even in courses that are clinical in content. The online learning is enhanced by prompting learner reflection. It is also accessible where anyone with a computer and internet access can take the training. Training is standardized, not trainer dependent and users can engage in discussion via the training delivery system while learning at their own pace. Beneke said the material can be easily updated
- Beneke played an adoption commercial found at <https://drive.google.com/file/d/0B7gia27mFcNoOTFmYUJraGFiOVk/view>.
- Beneke explained the training format and desired audience. The goal is for 200 of child welfare professionals and 200 mental health practitioners in pilot sites to complete the training. Training participants provide feedback on training and revisions are made to the training based on the feedback. Beneke said staff had to do these trainings at night off hours, but really enjoyed it.

**Adoption is a Life-Long Process: Post Adoption Support – Jan Clifton, LCSW, ASAP Clinical Manager, Catholic Charities and Pennie Rowland, Family Member**

- Clifton explained Tennessee Adoption Support and Preservation (ASAP) is a collaboration between Harmony Family Center and Catholic Charities of Tennessee. They have seamless services across the state with regional uniqueness. The program is funded through the Department of Children’s Services, Title 4E, part 2 and began in 2004. The goal of this federal program is to study post adoption services nationally
- ASAP provides Pre and Post Finalized Services In Home Therapy where master’s level clinician provides family focused trauma and attachment therapy, crisis support, FUSE support groups across the state, Adoption Preparation Training and community education and parent training.
- Clifton said the post adoption needs are providing support for the journey through perseverance and hope, practicing empathetic listening to help them organize their feelings and making a connection so they are not alone. Other needs include having trauma informed and attachment-based treatment, continuity of care, resources and advocacy.

- The core issues for adoptive families are grief and loss, mastery and control, rejection and abandonment, mixed loyalty, identity, guilt and shame, trust and attachment and fear.
- Clifton said the comprehensive assessment process includes having pre- and post-tests to look for risk factors and strengths, preparing a child development timeline and treatment planning with family, and having client satisfaction surveys.
- The In-Home Services offered are parent psycho-education as well as trauma and attachment focused therapy. ASAP uses Attachment, Self-Regulation, and Competency (ARC), Circle of Security Parenting, Trust Based Relationship Intervention (TBRI), Narrative Therapy, Theraplay, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Eye Movement Desensitization and Reprocessing (EMDR), Symptom Management for Abuse and Recovery from Trauma (SMART), and Yoga and Mindfulness.
- Clifton reported she likes ARC because it is the foundation of working with the family. Beyond the psychoeducation, the parent directed support looks to depersonalizing the child’s behavior, identifying child’s underlying emotional needs, identifying parent and child triggers, in the moment skills to help children regulate, shoring up positive interactions- increase joy, establishing a trauma-informed discipline approach, and developing a self-care plan.
- Clifton used the analogy of the shark music in films and said paying attention to our shark music alerts us that we are upset. Instead of reacting from our own distress, we can train ourselves to interpret the child’s actions accurately and provide nurture even when hearing shark music.
- Ultimately, at the heart of developing a secure attachment is the knowledge that your caregiver is emotionally available to “be with” you during times of need.
- Clifton then introduced Pennie Rowland who shared her experience as an adoptive parent.

**Discussion Plans for Future Meetings – Richard Kennedy, TCCY**

- Kennedy thanked the presenters and all for attending and talked about the focus of upcoming meetings. The June will be the combined meeting with YTAC, while education and crisis services will be the focus for the last two meetings of 2017.

**2017 CCMH Meeting Dates:**

Thursday, June 22<sup>nd</sup> – Midtown Hills Police Precinct, Joint Meeting with YTAC  
 Thursday, August 24<sup>th</sup> – Midtown Hills Police Precinct  
 Thursday, October 19<sup>th</sup> – Midtown Hills Police Precinct

Meeting adjourned at 2:10 p.m.

**Council on Children’s Mental Health Purpose Statement**  
*Design a comprehensive plan for a statewide System of Care for children and families that is family-driven, youth-guided, community-based, and culturally and linguistically competent.*