**Post fostering changes support group 3**

**This will take place between 9 and 10 months after completion of the programme**

**10.00 Welcome** and opening round: Feeling faces: facilitator to model first by drawing a face that illustrates how they feel then ask carers to come up and draw a face to show how they feel today.

**10.05 Aims**

**-**To provide an opportunity to catch up with one another

-To problem solve challenges and celebrate successes

-To revisit strategies and ensure their continued use in everyday life

**10.05 Feedback** - how are things? Go around the group using the tile to keep to time. Ask each carer to share how things have been for them and their children since the end of the programme. Ask each carer to take about 5 mins. If there are particular issues that have come up that they would like to discuss today, put it up on flip chart for further discussion later. Avoid spending time during this part to go into detail but let them know there is space to discuss later.

**10.35 Motivator** A mindfulness practice – use the glitter bottle exercise on the accompanying handout.

**10. 45 Strategy review and practice**: Attending and one on one time.

On flip chart get from group what you **avoid** and what you **do** to attend or give one on one time.

Then ask carers what activities are they using when they attend/have one on one time and write a list on flip chart. (This can provide an opportunity to check whether carers are actively using the skill and also whether using it with appropriate activities).

Facilitators demonstrate first and then ask carers to practice for 5 minutes each. Facilitators go round and support.

**Feedback.**

**11.30 Lunch**

If carers have raised concerns about difficult behaviour, it will be useful during the break for the facilitator/s to think about what strategies would be useful to review in the light of those issues. These can then be used when reviewing strategies and practice in the next part. If no-one brings material practice, reflective listening below.

**12.00 Strategy review and practice**. Reflective listening.

Ask carers to come up with the qualities/techniques of reflective listening both verbal and non-verbal. Write on flip chart. Put a list up of what to avoid when listening reflectively.

Demonstrate a carer listening reflectively to a young person.

Practice in threes a carer listening, a young person talking and an observer (using the examples provided).

1. Dwain (14yrs) has been told by the rugby coach that he is not in the team. He is angry and upset.
2. Leila (8 yrs) has come home from school and told you that her best friend, Angharad is leaving the area. She is really sad.
3. Cerys (15yrs) has been going out with Lewys for some months as she was coming home today saw him talking and laughing with another girl in the town. They looked like they were holding hands.

Following each go, carer to say one thing s/he thought s/he did well, one thing s/he found hard or could improve on; the young person to say one thing s/he did well, one thing s/he could improve on and then the observer to give feedback on one thing s/he did well and one thing sh/e could improve on.

After each person has had 2 minutes to have a go and the feedback has been given, feedback to large group.

**12.15 Motivator** - rebel foot.

Ask carers to hold out and rotate their right foot in a clockwise direction. Once this is going ask them to draw a number six in the air with their right hand and watch what happens.

**12.15 Theory review:** One thing leads to another.

**Teaching:**

Go over Patterson’s coercion hypothesis. Explain that as carers we can get into a negative cycle when giving instructions to children and young people. This can happen

for a number of reasons one of which could be a fear in carers of non-compliant children or young people who can get aggressive. Other carers find it difficult not to get into a discussion with the young person explaining and coaxing them to comply.

Give an example of the coercion hypothesis: Carer tells Philip it is time for bed. Philip answers back, ‘no, I’m still playing my game’. Carer raises her voice and says louder: ‘I said it is time for bed’. Philip shouts back: ‘I haven’t finished my game!’ Carer shouts back at him: ‘I don’t care whether you have finished your game or not, it is time for bed, so upstairs right now!’ Philip swears back at her. Carer, very angry now: ‘Don’t you dare swear at me. (Shouting loudly). Get upstairs now!!’ Philip then complies. The carer’s negative and hostile approach has been reinforced. She knows that when she really shouts, he complies.

Alternatively, an escalation could occur in a different way:

Carer tells Philip it is time for bed. Philip answers back, ‘no, I’m still playing my game’. Carer raises her voice and says louder: ‘I said it is time for bed’. Philip shouts back: ‘I haven’t finished my game!’ Carer shouts back at him: ‘I don’t care whether you have finished your game or not, it is time for bed, so upstairs right now!’ Philip swears back at her and continues to play his game. Carer turns away and walks off hurt, ‘you’re the one who’ll be tired in the morning’. Philip learns that when he escalates and swears at carer, she capitulates. His shouting and swearing has been reinforced so he will do it next time to avoid going to bed.

A further pattern can look like this:

Carer tells Philip it is time for bed. Philip answers back, ‘no, I’m still playing my game’. Carer: ‘I know you like your game but it is bedtime and you can play your game tomorrow’. Philip whines: ‘No, I want to finish it now!’ Carer: (gently): ‘Come on Philip, you’ve got school in the morning and you know how tired you get if you stay up too late. Philip moans and continues to play game. ‘Come on, good boy, you can play again tomorrow’ Philip continues to whine and says: ‘oh please! Let me play just for another 10 minutes? Please?’ And so it goes on…..

This ‘sensitive’ carer unwittingly provides positive reinforcement for Philip’s refusal, by giving positive attention.

**Task:**

Use Kramer v Kramer or another video you may have to demonstrate this escalation cycle. On flip chart put two headings:

1. What did dad do or say which escalated the situation?

2. What did the boy do or say that escalated the situation?

Watch K v K through once and ask the carers to observe and look out for behaviours from dad and from the boy that escalated the conflict.

Go through K v K again as a group stopping regularly at key points in the escalation cycle. Write down what dad said or did: e.g. Grabbed the boys aeroplane. What the boy did or said: e.g. Spat in his food.

When you have gone through the whole clip identifying behaviours return to the flip chart. Under a new heading ‘What could dad have done to prevent escalation of the situation?’ ask carers to consider each comment/action from heading one and think of a strategy dad could have used to prevent escalation.

Take feedback from carers on how they found this exercise.

**12.45 Summing up**. Tell carers this is the last of the structured support groups. It may be that the group wants to continue to meet again on a regular basis. This is to be encouraged and you may wish to help them identify a co-ordinator and think about a venue and frequency of meeting. Suggest that when they do meet they review a strategy together rather than simply chat. It will help them to keep them in mind and ensure they are continuing to use the material.

**12.55 Evaluation** (measures?) and **closing round**: What I do regularly to look after myself and renew my batteries!