



BEHAVIORAL INTERVENTIONIST PROGRAM™

STABILITY FOR CHILDREN WHO HAVE
EXPERIENCED TRAUMA

Trauma hurts children physically, emotionally, and psychologically. As a result, they are likely to need help addressing behaviors which threaten the physical safety and emotional well-being of themselves and others. Trauma can manifest in the forms of aggression, self-harm, and depression. Without support, children move in and out of foster homes and residential treatment centers without the safety and stability needed to heal from their experiences.

Every child deserves to be cared for and supported in the context of a safe, loving family – even when stability and permanency is difficult to achieve, because children need healthy attachment to adults.

FosterAdopt Connect's in-home Behavioral Interventionist™ (BI) program provides intensive one-on-one services within the family home to children who struggle with behavioral and emotional management to the degree that the behaviors threaten the stability of their family.

GOALS:

- ✔ Preventing hospitalization or institutional placement for children in the community
- ✔ Supporting foster and adoptive families at risk of disruption 1
- ✔ Supporting children and families post-discharge from high level treatment settings



KEY ELEMENTS



NEURAL
STIMULATION
ACTIVITIES



CRISIS DE-ESCALATION



EXTERNAL STRESS
REGULATION



SOCIAL COACHING



ASSISTANCE WITH DAILY
LIVING ACTIVITIES



CLOSE SUPERVISION AND
BEHAVIORAL DOCUMENTATION

IN-HOME, ONE-ON-ONE HELP

Behavioral Interventionists™ provide services in the home, giving relief and support to caregivers while working one-on-one with youth ages 5-18.

In addition to providing crisis de-escalation and redirection assistance, they work with youth on neurodevelopmental activities. These repetitive activities help re-wire the brain to break the cycle of continually living in the flight, fight, or freeze mode.

DEMONSTRATED OUTCOMES

- ✓ Improved placement stability
- ✓ Improved behavioral and emotional functioning
- ✓ Increased ability to complete daily living tasks
- ✓ Reduction in hospital and residential care days

FosterAdopt Connect

For 20 years, FosterAdopt Connect has actively monitored the changing needs of children and families in the child welfare system and applied innovative solutions to help children heal from trauma.

Our partners are committed to a family-first philosophy and willing to invest in sometimes extraordinary measures to keep children in families, strengthen relationships, and build family and community capacity.



fosteradopt
connect

CONTACT US

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Behavioral Interventionist Program Referral

Referral Information	
Date of Referral	
Person Completing Referral	
Referral Contact Information	
Agency Location/Branch	

Child Demographics	
Child's Name	
Child's DOB	
DCN/Medicaid #/FACTS	
Child Race/Ethnicity	<input type="checkbox"/> African <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other
Gender	<input type="checkbox"/> Cisgender Female <input type="checkbox"/> Cisgender Male <input type="checkbox"/> Nonbinary <input type="checkbox"/> Transgender Female <input type="checkbox"/> Transgender Male <input type="checkbox"/> Agender <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Genderqueer <input type="checkbox"/> Two Spirit <input type="checkbox"/> Prefer not to answer
Sexual Orientation	<input type="checkbox"/> Asexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Pansexual <input type="checkbox"/> Polysexual <input type="checkbox"/> Queer <input type="checkbox"/> Questioning <input type="checkbox"/> Straight <input type="checkbox"/> Prefer not to answer

Caregiver Information	
Caregiver Type	<input type="checkbox"/> Adoptive <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardianship <input type="checkbox"/> Kinship <input type="checkbox"/> Relative <input type="checkbox"/> Residential Placement <input type="checkbox"/> Hospitalization Placement
Caregiver Name	
Caregiver Full Address	
Caregiver Phone Number	
Caregiver Email	
Household Income	<input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,001-\$20,000 <input type="checkbox"/> \$20,001-\$30,000 <input type="checkbox"/> \$30,001-\$40,000 <input type="checkbox"/> \$40,001-\$50,000 <input type="checkbox"/> \$50,001-\$60,000 <input type="checkbox"/> \$60,001-\$70,000 <input type="checkbox"/> \$70,001-\$80,000 <input type="checkbox"/> \$80,001-\$90,000 <input type="checkbox"/> \$90,001-\$100,000 <input type="checkbox"/> \$100,001-\$110,000 <input type="checkbox"/> \$110,001-\$120,000 <input type="checkbox"/> \$120,001-\$130,000 <input type="checkbox"/> \$130,001-\$140,000 <input type="checkbox"/> \$140,001-\$150,000 <input type="checkbox"/> \$150,001+

Total # in Household	_____ children under 18 _____ adults 18+
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Professional Team Information	
Case Management County	
Case Manager	
Case Manager Email	
Case Manager Work Phone	
Case Manager Cell Phone	
Therapist Name	
Therapist Phone Number	
Primary Physician Name	
Primary Physician Phone Number	
Primary Physician Email	
Client Placement Status	<input type="checkbox"/> Adopted <input type="checkbox"/> Assisted Living <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Homeless <input type="checkbox"/> Residential <input type="checkbox"/> Living Independently <input type="checkbox"/> Relative/Kinship <input type="checkbox"/> One Nights <input type="checkbox"/> Unknown

Child Information & Diagnosis	
Mental Health Diagnosis (List All)	
Past Trauma History and/or Reason for State Involvement	<input type="checkbox"/> Child Abuse <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Neglect <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> N/A

Residential/Hospitalization History	
# of days spent & admissions to residential/acute facilities prior to BI	_____ days _____ admissions
Typical behaviors displayed in the home	
Does the child have any physical disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they and what accommodations are made?	

Other Referral Notes	
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