

TREATMENT PHILOSOPHY

Mountain Circle's training, philosophy and therapeutic approach was developed from a blend of Beyond Consequence Training with Brian Post, Ph.D., social work problem solving, Trauma Informed Care, Together Facing the Challenge, and nonviolent crisis intervention training centered in the resource home. The resource home remains the focus of where treatment happens and the treatment level resource parents are considered the primary "treatment agents." Support from the Social Worker/case manager/case manager, therapists, and other interested parties form the beginnings of a team and our family-based approach. Mountain Circle utilizes a Child Family Team Model (CFT) and may be comprised of treatment level resource parents, birth parents, placement worker, Social Worker/Case Manager, educators, CASA, therapist, attorney, children, and other service providers. Strategizing for change and providing the individualized services needed by children and families, is our primary goal.

Our treatment approach is trauma informed and solution focused. This approach can be described as a strengths-based model, identifying the successes and resources of children and families. This approach is less concerned with the pathological history of people. It instead focuses on creative solutions and interventions to change habitual patterns and the dynamics at hand.

As part of the evolution of Mountain Circle's approach and philosophical stand, we have reaffirmed the importance of working as a team with the birth family. Recognizing the importance of family, Mountain Circle seeks therapeutic approaches and creates services, which are effective and respectful, to and for the people they are intended to help.

We believe treatment should be:

- Based in families
- Based on strengths & resources of people
- Tailored both to the individual and to the family
- Creative and flexible
- Respectful of cultural diversity

- Planned, deliberate, and documented with successful follow through
- Supportive & helpful

Trauma Informed Care

Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these programs and services can be more supportive and avoid re-traumatization.¹

- ✓ Children, youth, and families perceive that the historical and current trauma to which they have been exposed is recognized and attended to through a system of culturally sensitive, trauma-informed services, and supports to help them achieve their goals.
- ✓ Child welfare (CW) and mental health (MH) staff establish a safe physical and emotional environment for the children, youth, and families they serve. The physical setting is safe, and interpersonal interactions promote a sense of safety.
- ✓ Organizational operations and decisions are conducted with transparency, with the goal of building and maintaining trust among staff, children, youth, and family members.
- ✓ There is true partnering and leveling of power differences to the extent possible between staff, youth, and families, and among organizational staff, from direct care staff to administrators. There is recognition that healing happens in relationships and in the meaningful sharing of power and decision making.
- ✓ Throughout the organization and among the children, youth, and families served, individuals' strengths are recognized, built on, validated, and utilized in policy-making, program development, evaluation, and leadership development.
- ✓ The organization aims to strengthen the experience of choice for staff, children, youth, and families and to recognize that every person's experience is unique and requires an individualized approach.
- ✓ Peer support and mutual self-help are integral to the organizational and service delivery approach and are understood as key toward building trust, establishing safety, and empowerment.

¹National Center for Trauma-Informed Care, Substance Abuse and Mental Health Services Administration.

- ✓ Staff, children, youth, and families believe in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma. The system builds upon what children, youth, families, staff, and communities have to offer rather than responding to perceived deficits.
- ✓ Organizations recognize that everyone has a role to play in a trauma-informed approach; one does not have to be a therapist to be therapeutic.
- ✓ Organizations address cultural, historical, and gender issues. It actively moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.
- ✓ Organizations strive to become learning communities, constantly responding to new knowledge and developments. The change process is conscious, intentional, and ongoing.³

QUALITY PARENTING INITIATIVE (QPI) Philosophy

The QPI partners with caregivers in helping to design child welfare organizations at the local level to better recruit, support, and retain quality foster caregivers who can effectively parent vulnerable children and youth.

An Overview of the Integrated Core Practice Model:
Pathways to Well-Being—Implemented as Intended

The Core Practice Model (CPM) visions a collaboration where children, youth, families, and child welfare and mental health staff work within a team environment to build a culturally relevant and trauma-informed system of supports and services that is responsive to the strengths and underlying needs of families being served jointly by child welfare and mental health (*Core Practice Model Guide*, p. 3). The goal of the CPM is to achieve positive results to strengthen families and to provide services designed to achieve improved mental health outcomes for children.

³ Adapted from Harris, M., & Fallot, R. (2001). Using trauma theory to design service systems.

- ✓ Youth and families have opportunities to be meaningfully engaged at all levels within both CW and MH.
- ✓ Children, youth, and families are central in assessment, planning, and decisions about their lives.
- ✓ Children, youth, and families are treated as individuals, with unique strengths, cultures, and life experiences that can help them achieve their goals.
- ✓ Children, youth, and families are actively encouraged to share their insights, concerns, and feedback and to offer solutions.
- ✓ Partnership involves shared leadership, where families are making key decisions about their lives.