

Supporting the “Casa Lar” social educator: a case study of a consultation using intercultural knowledge translation

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Abstract: Children living in foster care have the right to live in a supportive and caring environment, yet studies show that many foster caregivers find it challenging to adequately meet the child’s individual needs. Organizations providing services to children in foster care are responsible for supporting caregivers in this role. This case study describes an occupational therapy (post-professional master’s student) consultation with a group foster home (Casa Lar), in São Paulo, Brazil, to implement a training and support program for their caregivers. A needs assessment revealed the necessity to implement a comprehensive professional development program, based on organizational values and caregiving competencies. Using the Canadian Practice Process Framework as a guide, a multicultural group of clinician administrators completed a cycle of knowledge translation to identify current knowledge in the area, and adapt it to the local context. Active learning and participant action strategies were included in the training program, with a plan to jointly develop a knowledge translation tool that will enable a change in caregiver practice. We present plans for a formative and summative program evaluation, along with reflections on the enabling nature of the consultation.

Keywords: *Occupational Therapy, Foster Home Care, Staff Development, Translational Medical Research, Cross-Cultural Comparison, Methods.*

Apoiando o educador social no Casa Lar: um estudo de caso de uma consulta usando translação de conhecimento intercultural

Resumo: Crianças e adolescentes em serviços de acolhimento têm direito de viver em um ambiente acolhedor, mas muitos estudos mostram que os adultos que cuidam das crianças e dos adolescentes enfrentam desafios para satisfazer as necessidades individuais destes adequadamente. Serviços de acolhimento têm a responsabilidade de apoiar os cuidadores em seus papéis. Este estudo de caso trata de um processo de consulta de terapia ocupacional (para pós-graduação, pós-profissionalização) com uma Casa Lar em São Paulo, Brasil, com o objetivo de desenvolver um programa de capacitação para os educadores sociais. Um levantamento das necessidades evidenciou a demanda de desenvolver um programa compreensivo de capacitação baseado nos valores organizacionais e nas competências identificadas de educador. Usando o *Canadian Practice Process Framework* como guia, um grupo multicultural de administradores técnicos completou um ciclo de translação de conhecimento para identificar o conhecimento atual no âmbito e adaptá-lo para o contexto local. Métodos de aprendizagem ativo e de pessoas-que-aprendem-participando foram incluídos no programa de capacitação, visando criar, em conjunto, uma ferramenta de translação de conhecimento que habilitará uma mudança na prática dos educadores. Planos para a avaliação do programa, tanto formativa como somativa, são apresentados junto com reflexões sobre os aspectos capacitadores do processo de consulta.

Palavras-chave: *Terapia Ocupacional, Cuidados no Lar de Adoção, Desenvolvimento de Pessoal, Pesquisa Médica Translacional, Comparação Transcultural, Métodos.*

1 Introduction

According to the United Nations' Guideline for the Alternative Care of Children (UNITED..., 2010, p. 2), children and adolescents have the right to "[...] live in a supportive, protective and caring environment that promotes [their] full potential"; however, when the child's family is unable to provide such care, the State is responsible to protect the child's rights and provide alternative care. While international guidelines provide an orientation for foster care systems (UNITED..., 2010), they give little indication about how to interact with the children/adolescents daily in ways that best support their development. Children in foster care are more likely to experience disruptions in brain and neurobiological development, stress-response systems and executive functioning due to early experiences of neglect, abuse and/or abandonment, or prenatal exposure to alcohol and drugs; this in turn may negatively impact the child's development, behaviour and ability to form social relationships (LEVE et al., 2012). For these reasons, many caregivers find caring for a child/adolescent in foster care to be challenging and stressful (DORSEY et al., 2008; EVERSON-HOCK et al., 2012; KINSEY; SCHLÖSSER, 2013; TURNER et al., 2007). Without more explicit guidance how best to meet the complex needs of children/adolescents in alternative care in ways that promote resilience and growth, caregivers may not only exacerbate any difficulties the children/adolescents experience but also inadvertently replicate the very social power relationships that fuel the cycle of social inequality (LUVIZARO; GALHEIGO, 2011). Consequently, many foster care systems around the world provide training to caregivers to help them perform their responsibilities.

The impetus for this case study is the author's practicum to meet a Master of Science (Occupational Therapy – Post-Professional) degree course requirement, to design an intervention to meet the occupational needs of a group of individuals by affecting a change at the organizational level of the environment: meaning, the organization itself is the unit receiving the service. The author negotiated a placement (meeting the university's required average of 6 hours/week consultation time) for a 6-month duration with a non-governmental agency which runs a residential group home ("casa lar" in Brazilian Portuguese) for children/adolescents in foster care in the greater São Paulo area of Brazil. A "casa lar" houses up to 10 children/adolescents who are under protective services, ages 0 to 17 years and 11 months,

and is continually staffed by a consistent group of caregivers. The caregivers provide a domestic routine, a stable attachment between caregiver and child/adolescent, and opportunity to maintain or form community connections (SÃO PAULO, 2018). At full capacity, this casa lar is staffed by a program director (currently a social worker) who is responsible for daily operations, a psychologist, and five caregivers. The director and the psychologist are responsible for the development and implementation of the child's/adolescent's individual care plans and support the caregivers in their role; the children/adolescents receive any necessary services in the community. The *long-term goal* of the program is to provide holistic care and protection to children/adolescents involved in protective services (SÃO PAULO, 2018) until they can be reunified with their family of origin, placed in an adoptive or long-term foster family, or reach the age of majority.

2 Presenting Problem

The administration of the casa lar reported that the caregivers had been providing inconsistent and at times non-strategic responses to the children's/adolescents' 'problematic' behaviours: behaviours which could be understood as sequelae of trauma. The administration understood that the caregivers' responses presented a barrier to the child's/adolescent's social-emotional development; they felt that developing a training program would be helpful but lacked human resources to dedicate to the task. Collaboratively, the consultant (Canadian), the organization's clinical director (American), the program director (Brazilian), and the program psychologist (Brazilian) set an initial goal to select and implement a training intervention for the caregivers and agreed to form a working group for the remaining phases of the project.

3 Guiding Framework and Frames of Reference

The Canadian Practice Process Framework (CPPF), consisting of eight action points, was used to guide the consultation process. In addition to the traditional actions of assess/evaluate, intervention and evaluate outcomes, the therapist is directed to "[...] [explicitly recognize] the importance of building client-centered relationships, mediating power relations, and decision-making mechanisms" (TOWNSEND; POLATAJKO, 2013, p. 264). The therapist is also to consider the effects of

context, both societal and practice, on the process and make explicit the application of frames of reference. As this consultation was intercultural (i.e., involving clinicians from differing cultural backgrounds designing an intervention for a Brazilian subpopulation), the consultant selected frames of reference that provide opportunity for epistemic reflexivity, to critically evaluate the social conditions under which the knowledge being considered was generated (KINSELLA; WHITEFORD, 2009) and how this affects the evaluation of population needs and the generation of possible solutions.

To guide this critical evaluation of knowledge, Bannigan and Moores (2009, p. 343) Model of Professional Thinking was used. This frame of reference describes a process that integrates the essential and complementary components of evidence-based practice and reflective practice, here defined as a “[...] structured process involving the processing of information to assist with learning from complex situations”, to make practice decisions that will stand up to external scrutiny. The process involves critically analyzing the presenting problem, then seeking and reviewing knowledge from various sources. Initial ideas to address the problem are then shared and scrutinized. Following several iterations of this cycle, the clinician can arrive at a proposed intervention that both reflects current knowledge about best-practices in the area and has been evaluated to ensure congruity with the local context.

This process of scrutinizing knowledge and applying it to the local context is also captured in the term *knowledge translation*, which can be defined as

[...] a dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of [a population], provide more effective health services and products and strengthen the health care system (GRAHAM, 2010; CANADIAN...,2017).

Used to bring about a change in practice, Graham et al. (2006) describe knowledge translation as a planned action cycle, through which knowledge that is already synthesized (e.g., systematic reviews) can be tailored to the activities of the individual program and used to develop knowledge tools or products that will aid end-users in its implementation. Cramm, White and Krupa (2013, p. 121) describe knowledge translation in occupational therapy as a funnel, through which both research-derived and experiential knowledge is “[...] refined, resulting in useful knowledge products” which are “[...] relevant

to [the] intended user group”. Thus, the consultant would seek to focus the project on the development of knowledge tools that would be of use to the caregivers.

As the project involves an occupational therapy consultation within the Brazilian social service system, the concept of social occupational therapy is also relevant. Malfitano et al. (2014) suggest that traditional biomedical approaches to remediating problems may not fit the social context; new approaches may be required, ones that do not reproduce the very social conditions contributing to the problem. In this case, the consultation would not focus on the direct remediation of any individual deficits the children might be experiencing, but rather work with the caregivers to better understand the confluence of individual and social factors influencing a child in protective services and generate responses that better meet their needs. In this way, change at the organizational level can positively affect the individual child/adolescent.

4 Needs Assessment

A needs assessment of the program was conducted to explore the organizational issues influencing the identified problem (BANNIGAN; MOORES, 2009). As this practicum was defined as an occupational therapy consultation with an organization and not a formal research project, the needs assessment was guided by the CPPF and comprised of what was most “[...] relevant and practical in the situation” (TOWNSEND; POLATAJKO, 2013, p. 257). The working group determined that the needs assessment would consist of: a review of program documentation, policies, and procedures as well as communication logs/incident reports from the previous 12 months; a review of training materials delivered in the past 12 months; semi-structured interviews with the caregivers; and, an integrative review on the topic of efficacy of training programs for foster caregivers in improving behaviour in children/adolescents to be conducted by the consultant (as a requirement for another course).

4.1 Documentation review

The consultant reviewed program documentation, policies and procedures as well as communication logs and incident reports from the previous 12 months, which exceeded the duration of employment of 4 of the 5 caregivers. Data collection forms unique to each type of document were created using categories that emerged during the initial reading. These forms

were then used to guide a content analysis, based on patterns of information present or absent from each entry. Though this method of analysis could be subject to bias due to incomplete information or subjectivity in the formation of the data categories, findings were discussed with and confirmed by the working group members. The findings were that formal program documents included many references to federal regulation of a *casa lar*; however, not all areas had corresponding documented implementation procedures. For example, the section regarding behavioural strategies was based on lay practice and contained a description of a behaviour reward system that was no longer being used. This lack of a formal, unified approach to behavioural management was also reflected in the daily communication logs and incident reports, which largely focused on the child's behaviour rather than including the anticipating events, the caregiver's response, or the effect of the intervention used.

4.2 Review of training materials

The consultant reviewed the training materials delivered to the staff in the past year. Two caregivers attended a series of workshops provided by another agency to help the children/adolescents create albums that document their personal history. An in-house training series was provided to all 5 caregivers related to behaviour management and the use of de-escalation and personal safety strategies. No records were kept about the impact of these trainings on caregiving practices.

4.3 Semi-structured interviews

Semi-structured interviews were conducted by the consultant with all five caregivers, who answered questions about job-related difficulties, necessary skills and abilities, and the availability of resources to support their work. The consultant took copious notes during the interviews and analyzed the responses thematically. The main difficulty reported was related to managing the children's/adolescents' behaviour. Attributes, such as "love" and "patience" were reported as being necessary for the job, rather than skills or abilities. The most valuable resource reported was frequent and timely consultation with the program director and psychologist.

4.4 Integrative review

The presenting problem stimulated a process of knowledge seeking (BANNIGAN; MOORES, 2009) to answer the following clinical question: What is the evidence that models of training and/or support for

caregivers of children/adolescents in foster care result in the improved behaviour of the children/adolescents in foster care? An integrative review methodology was employed (WHITTEMORE; KNAFL, 2005) to allow for the synthesis of diverse methodologies, including theoretical literature; the purpose of the review was to consider the theoretical basis of each intervention in addition to the strength of the evidence to better elucidate potential alignment with elements specific to the local context, and is reported in detail elsewhere (STRONG, 2017).

4.5 Expert opinion

The opinion of a Brazilian professor of occupational therapy who has published on the topic of foster caregiving in Brazil was sought. This professor provided references to key articles describing the historical and political context of this public service in Brazil, as well as studies which investigated caregivers' perception of their role, which provided additional context for the needs assessment.

5 Results of Needs Assessment

A Strengths, Weaknesses, Opportunities, Threats model was used to analyse the results.

5.1 Strengths

The organization has had a long history of working with children/adolescents in situations of risk and has developed good relationships with other community services, which helps children/adolescents in the program to integrate more easily into the community in which the *casa lar* is situated. The program director and the psychologist have strong clinical skills and are dedicated to supporting the caregivers; all team members seek to do their personal best on the job and agree that team work is crucial to providing high quality service. All caregivers agreed that additional training would be helpful.

5.2 Weaknesses

This *casa lar* lacked documentation detailing the competencies and performance expectations of the role of caregiver; the caregivers were seeking to live out admirable attributes but did not have an operationalized definition for them. Regarding behaviour management, there was no one constant, theoretically-based or evidence-based reference from which to develop caregiving strategies, so the caregivers tended to rely on professional advice from

the clinicians given in moments of need. Similarly, their documentation revealed a lack of capacity to evaluate if their intervention had been appropriate and effective, and to think critically about alternative strategies. In general, training and professional development seems to have been conducted in response to pressing needs or available opportunities, without clear links between the organizational values/mission, any established caregiving competencies, and any caregiver professional development plan.

5.3 Opportunities

As most team members were new to their positions, the team had an opportunity to establish a new vision for caregiving practices. The results of the integrative review (STRONG, 2017) showed that many models of training and support for caregivers have demonstrated small to medium effect sizes on improving the behaviour of foster children/adolescents, though the evidence is weak in terms of rigour (SOLOMON et al., 2017; URETSKY; HOFFMAN, 2017; VAN ANDEL et al., 2014). Although the content and methods of the models studied were not comprehensively described (BENESH; CUI, 2017; FESTINGER; BAKER, 2013), and their training protocols cannot be freely accessed, the theoretical frames of references of the more effective models could be considered to guide the development of this intervention. These frames of reference could be examined for congruence with the state directives and organizational values of the local context.

5.4 Threats

The constant challenge of responding to critical situations both relating to the care of the children/adolescents and the administration of the casa lar presented a barrier to implementing a more cohesive approach to caregiver training and support. In addition, the behaviour of individual children/adolescents had reportedly jeopardized relationships with community partners and imposed additional organizational challenges for the casa lar itself. Caregivers had been reporting high levels of stress and were at risk for burn out, which underscored the need for a comprehensive training and support program.

6 Project Goals and Objectives

The results of the needs assessment were presented to the working group which confirmed their accuracy. The consultant then recommended that the content and methodology of the caregiver training and support

program be determined through further analysis of the knowledge sources identified through the integrative review (STRONG, 2017) and knowledge obtained through local sources (HARRISON et al., 2010). In addition, the casa lar should develop knowledge translation tools and procedures to enable the caregivers' uptake of the new information, as recommended by Cramm et al. (2013). A list of caregiving competencies should be developed that are in accordance with the values of the organization, and these competencies should be linked to both the training curriculum and a broader professional development program.

The working group was unanimous in their decision to use existing web-based resources to tailor the content of the training curriculum to their context, rather than pursuing an adaptation of an existing manualized program. The consultant reinforced the evidence that supports the development of a knowledge translation strategy to accompany education efforts and thereby enable practice change (GRAHAM et al., 2006). Thus, collaboratively, the working group defined the following *short-term goal* and *objectives*: to develop and pilot a training program for group foster home caregivers which will support their enablement of the foster child's/adolescent's daily activities and personal development.

- A. Design an evidence-informed training curriculum for the foster caregivers, which is culturally relevant and consistent with federal regulations and organizational values;
- B. Design a knowledge translation strategy to be used during the training sessions and during follow-up;
- C. Establish individual caregiver goals for professional development;
- D. Plan the piloting of the initial training sessions;
- E. Develop an evaluation plan to monitor the implementation and its effect.

7 Implementation Strategies

During the implementation, the consultant attempted to “[...] engage [the] client through occupation to implement and document progress” with “[...] client participation and power-sharing as much as possible or desired” (TOWNSEND; POLATAJKO, 2013, p. 265). The members of the working group had the final say regarding the content and methodology of the curriculum

and the policies that were written to develop the evaluation and sustainability of the intervention, with the consultant offering suggestions and outlining options based on her reading of the professional literature. Caregiver consultation was sought for drafts of documents produced; due to scheduling constraints, the working group decided that it was not feasible to include a caregiver in the working group itself. Similarly, it was not found feasible to include the children in foster care in the process; however, several of the local materials consulted contained input from individuals who had received care as children. Also, it was recommended that some issues explored in the training (e.g. how behavioural expectations are communicated to the children in the casa lar) be further developed through house meetings with children and caregivers.

7.1 Objective A: design an evidence-informed training curriculum for casa lar caregivers, which is culturally relevant and consistent with federal and organizational values

Bannigan and Moores (2009) second stage of professional thinking is to seek out and critique various sources of knowledge regarding possible solutions to the problem. Graham et al. (2006, p. 20) describe this stage as “[...] adapting the knowledge to the local context” in that groups “[...] make decisions about the value, usefulness, and appropriateness of particular knowledge to their setting and circumstances” and “[...] customize the knowledge to their particular situation”. To this end, the working group used the results of the integrative review conducted by the consultant to consider which theoretical frames of reference and training programs with published evaluations could be applicable to this intervention. Although the use of one theoretical frame of reference above another is not indicated based on strength of evidence alone (STRONG, 2017), the most common approaches are based on attachment theory, social learning theory, and cognitive and behavioural theories (FESTINGER; BAKER, 2013). Leve et al. (2012, p. 1201) found the following commonalities among the more effective programs: they were focused on “[...] reducing known risk factors and enhancing individual strengths”; targeted to the developmental age of the child; and, based on the logic that foster parent behaviour mediates child outcomes. Programs were found to use one of the following methodologies: *psycho-educational programs*, which are shorter and

combine lecture and discussion format, providing in-depth education on related topics; *skill training groups*, which tend to be longer and involve more direct practice in the form of structured role-play, skill rehearsal and coaching, and are generally based on social learning or attachment theory; and, *reflective training*, which provides more opportunity for member sharing and collaborative problem solving (BENESH; CUI, 2017). To examine how local organizations approach training foster caregivers, existing local training materials and policy and procedure documents were obtained from other service providers and relevant government and international institutions (ASSOCIAÇÃO..., 2014; BRASIL, 2009; DURRANT, 2016; ELAGE et al., 2011; FUNDAÇÃO ABRINQ, 2017; INSTITUTO..., 2017; MARTINS, 2016; MUNIST et al., 1998; PROJETO..., 2014; RADLER, 2017). Both local and peer-reviewed materials were reviewed by the working group members. Through discussion, the group selected the following as the theoretical frames of reference for the training curriculum: developmental theory; attachment theory, for which there is moderate evidence for the use with younger children (DORSEY et al., 2008; EVERSON-HOCK et al., 2012; HAMBRICK et al., 2016; KERR; COSSAR, 2014; KINSEY; SCHLÖSSER, 2013); trauma-informed care, for which there is initial evidence of effectiveness (MADIGAN et al., 2017); positive discipline (DURRANT et al., 2017), and resilience (RADLER, 2017). Preference was given to frames of reference compatible with social learning theory, as programs based on social learning theory seem to be stronger both in terms of effect sizes and quality of the trials (HAMBRICK et al., 2016; KINSEY; SCHLÖSSER, 2013; LEVE et al., 2012; SOLOMON et al., 2017; URETSKY; HOFFMAN, 2017). Interventions based on social learning theory help “[...] parents learn to interact with their young children in positive ways” (BENESH; CUI, 2017, p. 553). The working group chose to combine the methodologies of psycho-education and reflective training, to provide the caregivers with opportunity to consider individually and as a group how they might use their new learning to address situations that arise with the children.

The working group then designed a new training curriculum, using knowledge generated in Brazil and/or indicated for use in South America in each chapter, as available. During weekly meetings, the working group reviewed the chapters prepared by the various working group members during the previous week, analyzing any foreign content for cultural relevance and adjusting when necessary to the local context.

The cycle of knowledge seeking and adaptation was repeated, using organizational documents pertaining to caregiving for children/adolescents in foster care in Brazil and/or South America to identify the range of values and competencies ascribed to this role and examine possible ways to operationalize government and international regulations (BRASIL, 2009, 2016; UNITED..., 2010). From this analysis, the working group developed a list of values and competencies for the role of caregiver. The program director presented this draft list of competencies to the caregivers for feedback; the caregivers responded that this list was representative of their understanding of the role.

7.2 Objective B: design knowledge translation strategy to be used during the training sessions and during follow-up

The consultant presented information to the working group on the Knowledge to Action Cycle (GRAHAM et al., 2006; OELKE et al., 2015), applying this model to the development of the training curriculum. The working group then discussed various methods and tools that could be created to support the caregivers in the uptake and implementation of the training material. A gamut of active learning strategies was planned for use during the training sessions to help the caregivers identify concrete ways to translate their newfound knowledge into practice. In addition, the working group planned an application exercise which will form the final activity of each training session. Program administrators and caregivers will jointly develop a rubric of caregiving indicators which will serve not only as reference for the caregivers in their daily work, but also as a tool to guide caregivers in their self-evaluation and professional development. Collaboratively, the program administrators and caregivers will develop a policy to specify when the rubric of caregiving indicators should be consulted and how the caregivers should document their use of the tool as part of professional thinking (BANNIGAN; MOORES, 2009).

7.3 Objective C: establish individual caregiver goals for professional development and measure baseline performance of caregivers

The CPPF recommends that a summative evaluation of the intervention outcome be incorporated into its design, to document any change that occurred in the occupational problem (TOWNSEND; POLATAJKO,

2013). The consultant presented two possible tools to actively engage the caregivers in this process, the Canadian Occupational Performance Measure (LAW et al., 2005) and Escala de Objetivos Atingidos (Goal Attainment Scaling [GAS]) (SOTERO; RELVAS, 2014), both of which have been used with lusophone populations. Following discussion, the working group selected the GAS for its scale of observable indicators of progress or non-progress. The program director and psychologist will, using the new list of competencies as prompts, employ the GAS method (SOTERO; RELVAS, 2014) to engage the caregivers in a conversation about their current performance of the competencies. Each caregiver will identify 2-4 areas in which they desire additional skills or plan to adopt new caregiving behaviours. Collaboratively, they will develop a scale (-2, -1, 0, +1, +2) to reflect growth/regression in each area, with a baseline measurement for each goal set at “0” to indicate ‘current performance’. The working group will analyze the identified goals for commonalities which can be addressed in more detail during the training.

7.4 Objective D: plan initial training sessions

To ensure that the training sessions will be implemented as planned, the consultant developed a detailed timeline for all activities related to the execution of the training sessions (e.g., information management system, printing of the training syllabus, reserving meeting space, etc.).

7.5 Objective E: develop evaluation plan to monitor the implementation and effect of the training

This action of the CPPF is characterized by “[...] monitoring progress through formative evaluation” (TOWNSEND; POLATAJKO, 2013, p. 265) to inform any adaptation of the plan that may be needed. The working group planned to evaluate the training process by seeking feedback from the caregivers using a questionnaire at the end of each session. Caregiver responses to open-ended questions will be used to modify the training sessions for future use and identify additional areas for training and support.

The summative evaluation process will continue with a post-training administration of the GAS (see Objective C), and scores will be compared

pre- and post-training to detect any change in caregiver performance. The program administration plans to write a policy stipulating the re-administration of the GAS every 6 months, as part of an ongoing professional development program. Regular evaluation will help the caregivers demonstrate the development of their professional skills over time, a desire which they expressed during the semi-structured interviews, and group data can be used to demonstrate the effectiveness of this training and support program to other stakeholders. Similarly, the documentation review conducted during the needs assessment will be repeated 6 months post-training. The content will be analysed according to the categories that emerged during the initial analysis to determine if the documentation contains more references to caregiver-child interactions and their effects on the children.

Together, these evaluation activities will establish whether the intervention was acceptable to the caregivers and the knowledge and skills delivered during the training sessions were applied in daily practice.

8 Final Reflections

The use of the CPPF as an overarching framework to guide the consultation process was helpful in providing structure and ensuring that the methods associated with each action point were considered to ensure rigour and coherence. The original short-term goal to both develop and pilot a training program was not met in the 6-month duration of the post-professional student consultation; the stage of adapting the knowledge to the local context (GRAHAM et al., 2006), meaning the research, writing and review process undertaken by the working group to develop the training curriculum, was more time consuming than originally imagined, due to both a desire for thoroughness and the competing demands of clinical work. However, the original timeline was modified, and the working group has a formal plan to pilot the training and support program in the following 3 months and evaluate its effect.

Framing this consultation as a knowledge translation process not only will result in the creation of knowledge tools specific to the local context (i.e. the training manual and the rubric of competency indicators) to enable change in caregiving practices, but also has already had a positive effect on the members of the working group. As described by Bannigan and Moores (2009, p. 347), the process of professional thinking “[...] informs and enlightens the decision maker”, and results not only in instrumental use of

knowledge gained, but also produces a “[...] cognitive or affective change” (BANNIGAN; MOORES, 2009, p. 347) in the participants. Working group members reported gaining a better understanding of the caregivers’ needs, responded creatively to create a program to better support them, and increased their commitment to providing strategic support in the future. Members reported feeling invigorated and a having a renewed sense of possibility regarding the service they provide to the children/adolescents in foster care and discussed possibilities to share this experience with other service providers. These comments demonstrate the effects of participating in an enabling process, effects which will be extended to the caregivers through the implementation of the training and support program; the caregivers will have their opportunity to interact with the knowledge presented and enhance their own understanding of caregiving practices, as the goal of the consultation is to produce a systems level change that will enable the caregivers to provide for children/adolescents in foster care “[...] a supportive, protective and caring environment that promotes [their] full potential” (UNITED..., 2010).

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