

WHAT HAPPENED TO ME? RESPONDING TO THE IMPACT OF TRAUMA ON CHILDREN IN CARE (TRAUMA INFORMED PRACTICE IN FOSTER CARE)

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Abstract

The purpose of this article is to share the findings of a pilot training project undertaken in 2015 on implementing with foster carers a trauma informed approach to their practise. The article is written in three parts; firstly: Maria Lotty will look at the theoretical basis on which this approach draws its knowledge base. Secondly: Sally Meldon will discuss the pilot project ran in the fostering resource unit in Cork; its source, structure and content. Finally: Ann-Marie Buckley will present the findings; outcomes and learning. She will also discuss the effectiveness of implementing the trauma informed approach via a training programme i.e. if it has met its aims? And how significant a role it has to play in the healing and recovery of children who have suffered trauma.

Keywords: Trauma, Foster Care, training, child development, attachment, traumatic stress, resilience, the invisible suitcase, psychological safety.

Introduction

Exposure to traumatic events is almost universal for children in the child protection and welfare system especially for children received into the care system. Traumatic stress is a normal reaction to a very bad experience. Children's perceptions of their experiences as well as the ways which their symptoms manifest vary due to their age and developmental stage. Understanding

how a potentially traumatized child experienced a traumatic event is the first step in finding out how best to meet that child's needs in the immediate and long term.

The motivation for writing this article has come from our own practice and knowledge that children in care who have experienced complex trauma have been found to have significantly higher rates of placement breakdown. The aim of the pilot project was to introduce a trauma informed approach in foster care. This in turn helps foster carers understand that the pressures of unresolved complex trauma on children may help to explain a child's behaviour within the care system.

The existing knowledge of trauma informed approach is based on attachment theory, child development, resilience and traumatic stress. This will be covered in more detail in the body of the article. The outcome from the pilot trauma training project was that using a trauma informed approach has a significant role to play in the healing and recovery of children who have suffered trauma. Providing a trauma informed approach to foster families enhances their protective skills, reduces placement breakdowns and enhances the wellbeing of the child in placement.

Theoretical Base of Trauma Informed Practice

The starting point to develop practice for working in a Trauma Informed way has been to develop a clear understanding of the theoretical base of this approach. This is an ongoing process of sourcing the most recent available literature and looking at interventions most relevant for foster care. The trauma informed approach in child care draws its knowledge base from many disciplines including neuroscience, medicine, psychology and social work; these disciplines have clearly defined views on how early childhood experience is linked to child development.

Child development theory, attachment theory, traumatic stress impact and factors that promote resilience are four key areas of knowledge that have been brought together in this approach. Many of trauma based interventions are based on an agreed understanding of trauma drawn from these areas.

As Social Work professionals most of these theories are not new to us, we draw from them on a daily basis in our work, they overlap and are intertwined. Trauma informed practice provides us with a collaborative, agreed understanding of childhood trauma and how to intervene most effectively. The challenge for us is to embrace the new developments, along with our existing knowledge base and professional experience. This in practice means understanding: the relationship between a child's lifetime trauma history; his or her behaviour and responses; and identifying, the impact of trauma on child development and brain development. (NCTSN 2013:5)

Attachment Theory

The understanding of attachment theory has been to date a dominant theoretical base in initial social work training and practice. When children experience warm, sensitive and responsive early care they will develop a secure attachment. (Golding 2008:25) Simple and often instinctual parenting behaviour, such as holding the baby lovingly, looking at the baby with warm, happy smiles is key factor to developing attachment. (Moullin, Waldfogel and Washbrook 2014:9)

When an attachment figure is insensitive, neglecting or rejecting an insecure attachment develops. (Golding 2008:26)

The greatest source of danger, unpredictability and uncontrollability for an infant or young child is the absence of a caregiver who is reliably and responsively protects and nurtures the child. (Cook et al, 2003:8)

For practitioners working in Child Protection and welfare services, the importance of a child's development and secure attachment is recognised as a key protective factor in childhood against potentially harmful risks such as maternal depression, parenting stress, isolation. (Moullin et al, 2014:15)

For many of us the understanding of a child's world through the lens of attachment theory has been the bread and butter in informing our decision-making on how we intervene in a family, how we make decisions in case conferences, child care reviews and court proceedings.

Neuroscience

A trauma informed approach brings up-to-date research on brain development that enhances understanding of child development and attachment theory, which has major implications for practitioners. This has not been part of social work professional training heretofore, but is now widely accepted best practice in working with children and families that have experienced trauma.

The workings of sensitive and responsive parenting affect level of hormone changes in the body, which are directly linked to a child's brain development. The point is attachment is based on a child-parent relationship, however, a child's brain development is directly related to that relationship experience. And so the two are intertwined and need to be understood together in order to understand when children experience trauma what happens to the child. In understanding this we can intervene more effectively.

Through neuroscience research, it is known much of the brain is dependent on experience; brain development is stimulated through interaction with others. The more an experience is repeated the stronger connections become.

The Trauma Informed approach provides an understanding of how adverse childhood experience affects the development of the brain in children. When a child is experiencing or exposed to trauma, this causes the brain to develop in a way that will help the child survive in a dangerous world. The child is on constant

alert for danger and can be quick to react to perceived threats. The Amygdala, or survival brain, is activated by stress hormones such as cortisol and adrenaline. This survival response translates as the flight/fight/ freeze or total shut down response. For children who experience on-going trauma over time, complex trauma, toxic stress, they remain in this state of hyper-arousal for long period of times and so other areas of the brain are not activated. They are too busy "surviving", maybe being watchful and on high alert. Children exposed to severe or chronic trauma can get stuck in the "on position" i.e. their emerging response system cannot calm (NCTSN 2010:3-6). The stress hormones produced during trauma interfere with the development of higher brain function. The stress hormones keep flowing and make it harder for the parts of the brain to think and plan to work effectively. The prefrontal cortex is skipped (lack of reasoning) leading to impulsive reactions. A toxic level of stress i.e. prolonged activation of stress response in the absence of protective relationships affects the baby's developing brain. This affects the child's ongoing brain development and their social-emotional and cognitive development.

Complex trauma outcomes are most likely to develop and be present if an infant or child is exposed to danger that is unpredictable and uncontrollable; because a child's body must allocate resources that are normally dedicated to growth and development instead of survival. (Cook et Al 2003:8)

We also know that brain development has generally specific tasks to complete at particular key developmental stages in a child's early years from our knowledge of child development theory.

But what happens when developmental pathways get disrupted and children fail to accomplish developmental tasks? When trauma occurs at these stages a child cannot complete the developmental task and will often develop maladaptive behaviours, coping strategies and will develop insecure attachment behaviours.

Clinicians and researchers have been able to identify differences between the brains of children and adults exposed to early neglect and abuse, and those brought up in a relationally positive environment. (Tusla 2014:273)

However, we also know that the brain continues to develop over the course of our lifetime as the brain is affected by experience. Neuroplasticity allows for rewiring of neural connection through healthy relationships and experiences. It means there is always hope and the opportunity to help reduce and repair the negative impact of trauma. Supportive adults have the capacity to help undo some of the negative effects of trauma (NCTSN 2013:60) Children who have experienced trauma can therefore develop resilience when supported by caring, safe and nurturing adults and thrive when presented with positive new opportunities and learning experiences. (NCTSN 2013:60)

Through foster care, we endeavour to take children out of traumatic situations to a place of safety. However,

a child will continue to experience trauma despite being physically safe through trauma reminders and triggers. A child needs to feel not just physically safe but psychologically safe before they can begin to learn new ways of behaving and coping. A child's previous exposure to chronic trauma causes the body's alarm system to be easily triggered releasing stress hormones. We often see children's behaviour in foster care as being hyper-vigilant to noise, high pitched crying, to be on constant alert for danger and tend to overreact to perceived threats. For foster carers and practitioners understanding the child's response to trauma, and trauma reminders and triggers at an emotional and physiological level lends itself to empathetic and appropriate responses.

Integrating Theories

The importance of our understanding of attachment theory remains fundamental to a Trauma Informed approach in practice. It is this attachment relationship that directly supports the child's brain development. Insecure attachment patterns have been consistently documented in 80% of maltreated children. (Cook et Al 2003:8). Children with insecure attachment patterns may be classified as avoidant, ambivalent or disorganized. (Cook et Al 2003:8)

We recognise ambivalent attachment patterns with children in foster care by their clingy, fretful behaviour, seeking constant reassurance and despite this demanding behaviour they often resist being comforted. The parent may have been inconsistent in their caring response, sometimes being attentive and other times being neglectful.

Often too, avoidant attachment patterns are evident in other children. These children learn to minimize expressing negative emotional needs and avoid the parent when distressed. They are often the foster child that is described as having no behavioural difficulties but is disturbingly compliant and present as very watchful, quiet and finds difficulty in expressing their needs.

When the source of safety, i.e. the parent, is also the source of fear for a child this causes an unanswerable dilemma and so a child learns other ways to feel safe that are often unhealthy and may fuel a negative sense of self. If a child is experiencing chronic trauma, for example when experiencing physical, emotional, sexual abuse, neglect, witnessing domestic violence and /or the absence of an attuned parent over a period of time, they may develop a disorganized attachment pattern.

As practitioners we know these children all too well and who present us with the greatest challenge. These are the children that are known to our services. We are very familiar with the contributing factors such as domestic violence, maternal mental health, parental substance abuse, parental dissociation and parental role confusion. (NCTSN 2013:36)

We are familiar with parents who are inconsistent and unpredictable in their parenting response. A strong

predictor for children being insecurely attached is having a parent who is not securely attached themselves. (Siegel 2012)

Disorganized attachment in young children involves erratic behaviour in relation to caregivers (e.g. alternately clingy, dismissive and aggressive). In older children, adolescents and adults, disorganised attachment appears to reflect primitive survival based relational working models that are rigid, extreme and thematically focused. (Cook et Al 2003:9)

In practice for foster carers a child's behaviour may often appear manipulative, superficial, and can be difficult for carers to make a connection with the child. It can be difficult for a foster carer to understand without this information to empathise with a child and begin to form a relationship. This can be greatly helped through the understanding that trauma can inhibit secure attachment and maintaining positive connections enhances psychological safety and resilience. (NCTSN 201:61)

These are the children that child protection and welfare services seek to help. These are the children that come into care, and these are the children who are susceptible to future mental health issues and lower life expectancy.

The Pilot Project

Our involvement with Trauma Informed Care began when we were introduced to a journal compiled by the School of Social Work, University of Minnesota in Child Welfare 360° (2013)

The Journal set out to gather together all the most recent data, research and information from all the different sciences and theories that inform us as professionals in our work with children. The NCTSN have devised training in Trauma Informed practices for professionals and also for foster carers. We accessed this training programme for foster carers and delivered the training as a pilot project, twice in 2015, to two groups of foster carers. 15 carers attended four mornings of training and after our initial evaluation we invited 25 carers to attend five mornings in our second group.

There were eight modules to the training for foster carers during which nine "essential elements" are introduced.

The first and basic "essential element" of trauma informed parenting is for foster carers to recognise the impact that trauma has had on the children in their care. We introduced them to the concept of viewing children's behaviour through a "trauma lens", (Sharda, L, 2013: 19) i.e., when looking at a child's bizarre/ distressing behaviour, instead of saying "what's wrong with you" you ask yourself "what has happened to you" and then the child's behaviour can begin to make sense.

The second "essential element" is for foster carers to help a foster child to feel safe. Children can be physically removed from harm and danger and be placed in a safe home but still feel psychologically unsafe. Foster carers can build an environment that is physically safe and then

begin to work with their foster children on what it will take to create psychological safety for them.

The third “essential element” is for foster carers to help their foster children to understand and manage their sometimes overwhelming emotions such as fear, anger, shame or helplessness. Children can be plagued with unwanted and uncomfortable memories, flashbacks and thoughts of their past traumas. By providing calm, consistent and loving care foster carers can set an example and teach children how to understand, express and manage their emotions. In this module we introduced a reflective exercise called “The Invisible Suitcase”, (Stokes, C 2013: 28) which helped the foster carers understand the thoughts and feelings a child in care brings with them about themselves, adults and the wider world.

The fourth “essential element” is for foster carers to help their foster children to understand and modify their problem behaviours by helping children make connections between their thoughts, feelings and behaviours and to learn to take control of their behavioural responses

The fifth “essential element” is for foster carers to respect and support positive, stable and enduring relationships in the lives of their foster children. Children that come into the care system will often have broken or insecure attachments with their past lives and the people in them. Nevertheless children will cling to these attachments when they enter the care system. Trauma informed foster carers can help children hold on to what is good from their lives and help reshape and make new meanings of these positive connections. They can also help to build new healthier relationships in their foster children’s lives.

The sixth “essential element” is for foster carers to help their foster children to develop a strength based understanding of their life story. In order to heal from trauma children need to develop a strong sense of self and to be able to put their trauma history in perspective. This helps them separate the self from their trauma rather than seeing themselves only as their traumatic history.

The seventh “essential element” is for foster carers to become an advocate for their foster children. As trauma informed foster carers they are in a position to help other people and professionals view the children through a “trauma lens”.

The eighth “essential element” is for foster carers, as advocates for their children, to promote trauma informed assessment and treatment for their children when required.

The ninth and last “essential element” is for foster carers to take care of themselves. This is one of the most important skills a foster carer needs as a caregiver to traumatised children. This promotes wellness for foster carers and children alike as caring for themselves teaches and models this behaviour for foster children also.

These nine “essential elements” are the backbone to the trauma informed parenting training which we continue to deliver to our foster carers in Cork.

Findings from Evaluation

Each Foster Carer was asked to complete a questionnaire at the end of the training. The evaluation was made up of three groups of questions; knowledge gained from attending training; what attendees learnt such as skills and tools; and, an evaluation of the course.

Knowledge of Trauma from attending the training

The following questions were asked to gauge the attendee’s knowledge of trauma;

What is your understanding of Child Traumatic Stress?

- It is clear that the participants’ answers were based on three main areas i.e. the impact of trauma on children; all of the abuse types, including neglect; and, what they have learned from participating in the course.

Most participants gave more than one answer to this question, 75% of participants are clear that experiences that the child had have an impact on the child. The remaining quarter gave their answers based on their own learning from the course, such as a child’s invisible suitcase.

- What is your understanding of the relationship between a child’s lifetime trauma and their behaviour and responses?

This question generated a plethora of answers regarding the impact of trauma on children such as; trauma triggers and low self-worth. The entire group understood that there is a link between a child’s experiences and their behaviour which then links to: low self-worth, being withdrawn, the child’s view of the world, the child’s view of adults and the impact it has on their development.

This is a key part of the trauma training, that participants have an understanding of the link between a child’s experience and their behaviour. It is clear from the responses that after completing this training all participants understand this and can relate this to the child that they are caring for.

All attendees were able to provide examples of what they have learned from the training including the impact of trauma on a child, what they learned about themselves and being able to name children’s behaviour that are linked to trauma. Most of the attendees gave more than one example to each of the above questions and it is clear from these responses that all attendees understand that a child’s behaviour is directly linked to trauma.

What attendees learnt

The following questions were asked to gauge what the attendees learnt specifically to help in their fostering;

- Please identify coping responses, strengths and protective factors that promote positive adjustments among traumatised children.

This question triggered three main responses; firstly what the carer can do for the child like listen, talk, provide a routine. The second response was how they can directly help the child like encourage positive behaviour, build self-esteem and encourage strength. The third response created a practical response such as finding the trauma triggers, knowing that children are resilient and knowing the child's story.

- What specific learning have you gained from this course?

57.5% of attendees felt that their specific learning has been about themselves, how they react to situations and what they can change. 40% of attendees felt that they learned more about the child, for example thinking about what is in the child's invisible suitcase and the impact that trauma has had on them. One participant felt that they found every aspect of the training was learning for them.

Furnivall et al (2014) state that children need to learn to regulate their emotions, this is not an easy task and foster carers need to be aware of their own reactions and that they are role models to children. If a foster carer is able to show a child how to regulate their emotions and teach the child tools to help with this they are scaffolding the child's learning. This course provides foster carers with tools for this such as Module 5 Dealing with Feelings and Behaviours, foster carers are encouraged to teach foster children to talk about their feelings and to talk about their own feelings, to tune into the child's emotions and become an emotional container.

Evaluation of the course

Attendees were asked several questions regarding the format, presentation and content of the course; the feedback was used to further tailor the training to meet our foster carer's needs.

It is clear from all of these responses that all attendees completed the training with a better understanding of trauma and also with the ability to reflect on how they respond to the child and also their own life experiences. The exercise of the invisible suitcase allowed foster carers to reflect on their experiences throughout life and the impact they had on them and then to think about the foster child and what must be in their invisible suitcase. This transpired to be a powerful exercise for the foster carers. Throughout the course foster carers were given the opportunity to give examples of behaviours that the child is showing and the group along with the facilitators were able to discuss ways to help the foster carer with this. This empowered the foster carers as at times they

have felt that they are doing something wrong or that they are not being listened to when they inform Social Workers of the behaviour.

This training uses case studies of children of varying ages and of a foster carer. While these case studies are from America the social issues of addiction and domestic violence remain relevant to Irish society. The use of these studies enabled attendees to use the tools they were learning and apply them to the case studies and then to the children that they are caring for.

This training is presented in lecture form with written work to be completed by attendees. Therefore this can pose a problem for attendees, who have literacy problems, it is very important that facilitators are aware if any attendees have such problems. Attendees are encouraged to participate in group discussions that has proven to be what attendees enjoyed about the course and that they learned from each other.

Conclusion

We are aware through our professional experience that the legacy of unresolved complex trauma is staggering and has been linked with increasing dire outcomes across the lifespan. For example children in care generally have higher mental health needs than other young people (Tulsa, 2014: 269). This approach specifically targets children with complex trauma, to our knowledge this has not been used in our service prior to this. This theoretical framework enhances practitioners existing knowledge base and experience of using attachment theory, strength based approach, resilience and child development. Combining these theories with neuroscience encourages professionals to use a trauma lens when working with children and families. We recognise that foster carers have a key role in helping children recover from trauma. Asking this of foster carers means that us practitioners must support and provide trauma specific training. Through supporting foster carers to care for children using a trauma informed approach it promotes hope that traumatised children can recover and become resilient adults.

"Recovery from trauma can lead to post-traumatic growth for some children that can leave them more resilient and more competent than their non-traumatised peers" (Tedeschi & Calhoun, 2004)

The outcome of the pilot project is that foster carers who have attended this training have a better understanding of the complex needs of children in the care system; it provides them with tools to help them meet the children's needs and gives opportunity for self-reflection. Due to the success of the pilot project this training will continue to be part of the Fostering Resource Units, Cork, training programme, with the view to training all foster carers in the Cork area.

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