COUNSELLING CHILDREN &YOUNG PEOPLE IN CARE TRAUMA & RESILIENCE

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Beyond The Horizon Charity

AIMS & OBJECTIVES

- To consider how trauma and attachment intersect and impact upon the resilience of children in care.
- To explore the role of resilience within therapy provided to children in care.
- To consider how we work with foster carers and children in care.

TRAUMA

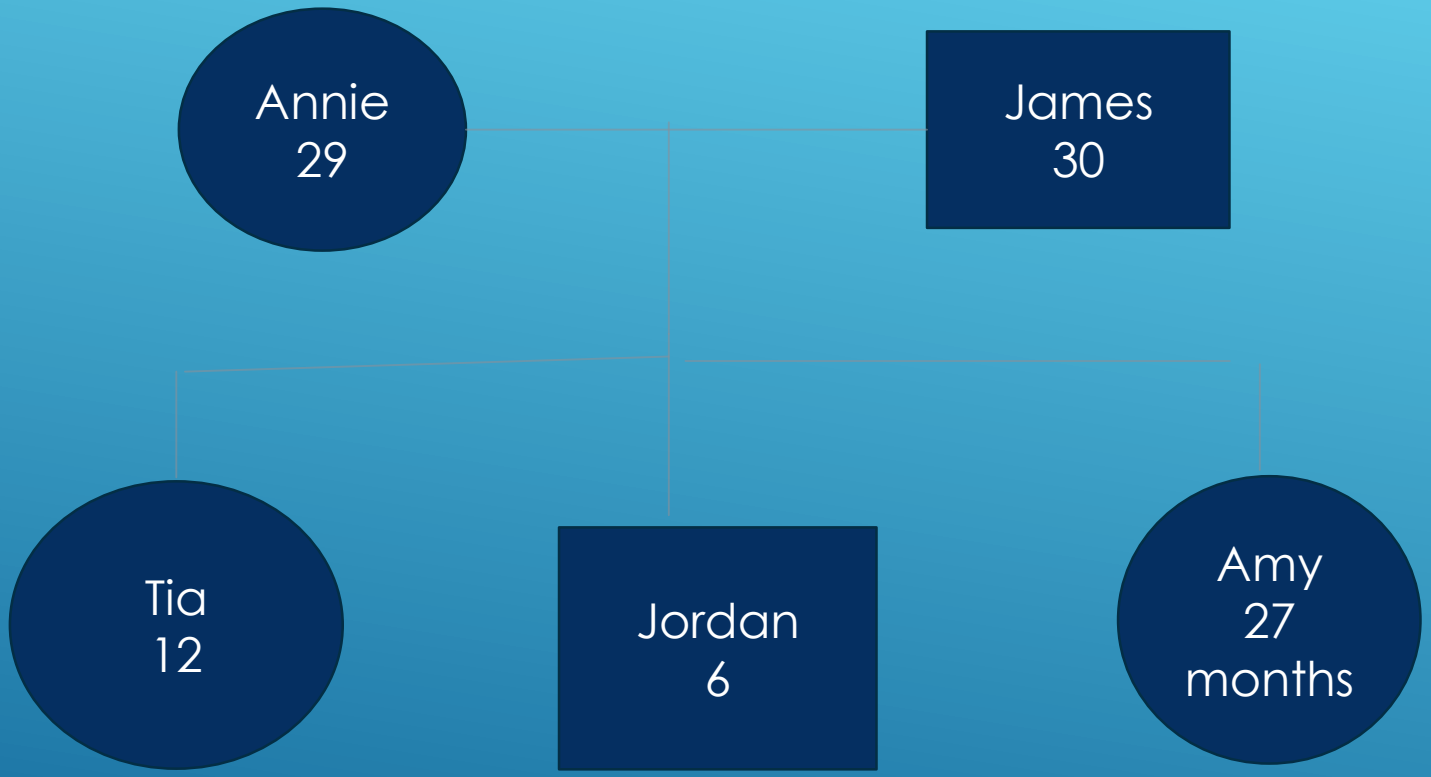
Professor Bessel Van Der Kolk stated "The single most important issue for traumatized people is to find a sense of safety in their own bodies.." The Body Keeps The Score: Brain, Mind & Body in the Healing of Trauma. (2014)

Judith Herman believes that..

"Recovery can only take place within the context of relationships: it cannot occur in isolation"

Social & Relational Sources of Resilience Herman(2002).

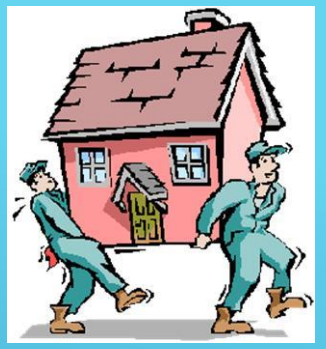
LET'S BEGIN BY MEETING A FAMILY



CASE STUDY – CHILDREN'S JOURNEY THROUGH CARE

- Tia, Jordan and Amy are the birth children of Annie and James.
- They have been in the care of the local authority for 14 months after a disclosure from Tia to a friend at school that Dad has been hitting mum and she was scared to go home.
- Previous concerns included anonymous referrals regarding parents fighting in the home and school reporting low attendance.
- When a social worker came into school to meet Tia initially she would not talk. A few weeks later after a further disclosure was made to a friend. Tia then agreed to tell a teacher. She said Mum and Dad were always arguing and fighting. Tia also disclosed that she got hurt a few times trying to pull dad away from Mum and that Amy was in mum's arms as Dad hit Mum. She was becoming more scared to go home as Dad got so angry and shouted so loudly and Amy was always crying. She asked for help for Jordan and Amy.
- The children entered care.

CASE STUDY TIMELINE



- Removed from Parents → Emergency Foster Care
- 2 Weeks later → the children then moved to a short term placement while care proceedings were conducted at court
- 4 months later → The children were moved to another short term placement
- 14 months after entry into care - Care Order was granted and the care plan is to move the children into a permanent foster placement when a family is identified for all three children or adoption for Amy potentially with Jordan while Tia would move into long term care.

EXERCISE - SMALL GROUP DISCUSSION COUNSELLORS INITIAL THOUGHTS

- Talk with the people in your vicinity.....Bearing in mind potential trauma triggers .....

- Based on minimal information ….What are your first impressions as a counsellor being presented with these three children for therapy?

- What is already influencing your thinking ?

THERAPY REFERRAL INFORMATION (1)

- A referral arrives at your agency or private practice for the three children.
- The referrer states that the children are in care of the local authority
- Despite a disclosure at school Tia initially refused to talk to the social worker and said she was happy at home.
- Tia did eventually admit there was domestic violence within the home between her parents.

THERAPY REFERRAL INFORMATION (2)

- Foster Carer and social worker are concerned that the children need therapy as ;
- Tia and Jordan both have prolonged tantrums.
- Tia is described as fiercely independent and often angry with adults. Tia is described by social worker and carers as resistant to the care of the foster carers. For example she took Amy away when the carer tried to change the baby. She is now having periods of suddenly shouting and screaming at school and placement. Tia has stated that she wants to go home.
- More recently in her present placement she has told her carer that it was she who looked after the two younger ones when her parents went out drinking or if they had been sleeping after lots of drinking and having friends around the house. She liked to go to school as she had friends there and got breakfast and dinner but if mum and dad were asleep she used to stay home to look after with Amy and Jordan.

THERAPY REFERRAL INFORMATION (3)

- Jordan is described as following the carer around the house and needs constant attention. He fights other children at school. The carer is worn out emotionally and physically by his behaviour
- Amy is said to express little emotion towards her carers despite being in the foster placement for the past 10 months. She is now walking and says a few words but never initiates any tactile behaviour with her carers. However she will hug and kiss Tia and Jordan and laugh with them. The carers both feel rejected by the toddler.
- Social worker and carer have requested therapy for all three children to assess how the children are managing the trauma they have experienced. The ultimate plan is to prepare the children for a new long term family in the near future.

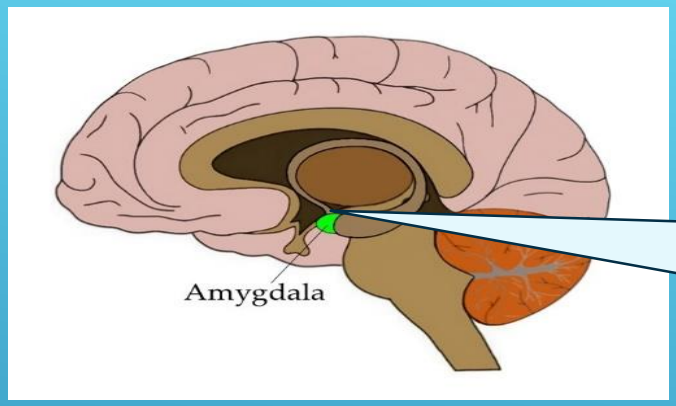
THE CHILD'S PERSPECTIVE ON REFERRAL

- The Child's Story……

HOW THE TRAUMA BRAIN WORKS…VIDEO

You Tube Van Der Kolk 24 Oct 2014 clip 2 minutes 50 secs

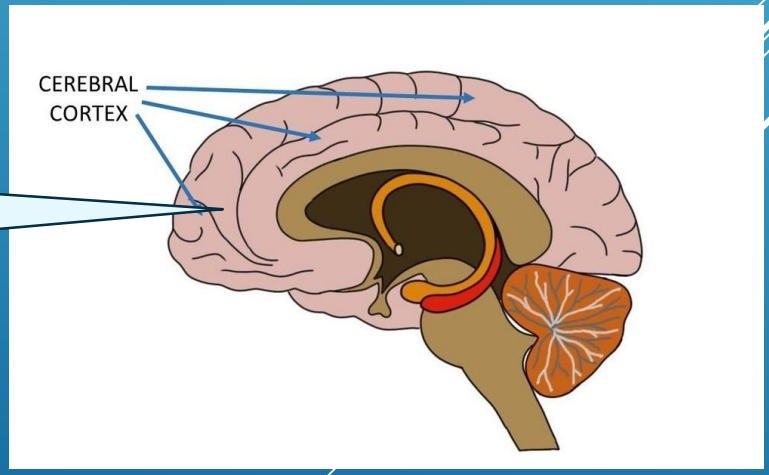
Three Ways Trauma can change the brain



Emotional Centre
This part of the brain forms earliest and depends on carers to co regulate

BRAIN BASED TRAUMA

Cortex
the logical, thinking enabling part of the brain helps us to manage our feelings and forms fully around 3 years of age



TIA
HYPOTHESIZING THE TRAUMA

- In terms of a trauma experience and brain impact let's look at what might be happening for each child physically and emotionally…….

- Tia has experienced physical harm during DV incidents, coupled with the emotional impact of witnessing mum hurt and feeling powerless to intervene successfully and stop Dad. What can we hypotheses about her brain activity during the DV incidents and any legacy upon her in the here and now?

- Attachment - Shield of shame ...mistrust high.... Insecure attachment style (avoidant ?) more likely to develop as a response to inconsistent care giving from main carers.
- Brain on high alert due to DV incidents within the home, therefore hypervigilant to danger and sensory responses heightened – amygdala functions in "on" position more regularly than other children of the same age due to a need to protect self and others therefore heightened awareness of potential danger to mum, siblings and possibly other people such as peers.

JORDAN

- Jordan- heightened fear response to Dad, witnessing his father harm his older sister recognising that his dad is also one of his main carers therefore what would attachment theory tell us abut this relationship and trauma response impact?
- Attachment – insecure style would be dominant and there are indicators of fear in his clingy behaviour towards his carer. He has to ensure his carer is in his sight and that he is in her sight. Fear leads to an increased sense of the need to control. (Dan Hughes –2012)
- Attachment between siblings – positive indicators for the sibling group, strongest relationship likely to be with his two siblings
- Brain – amygdala functioning on high alert……the need for calming amygdala and bringing cortex online.

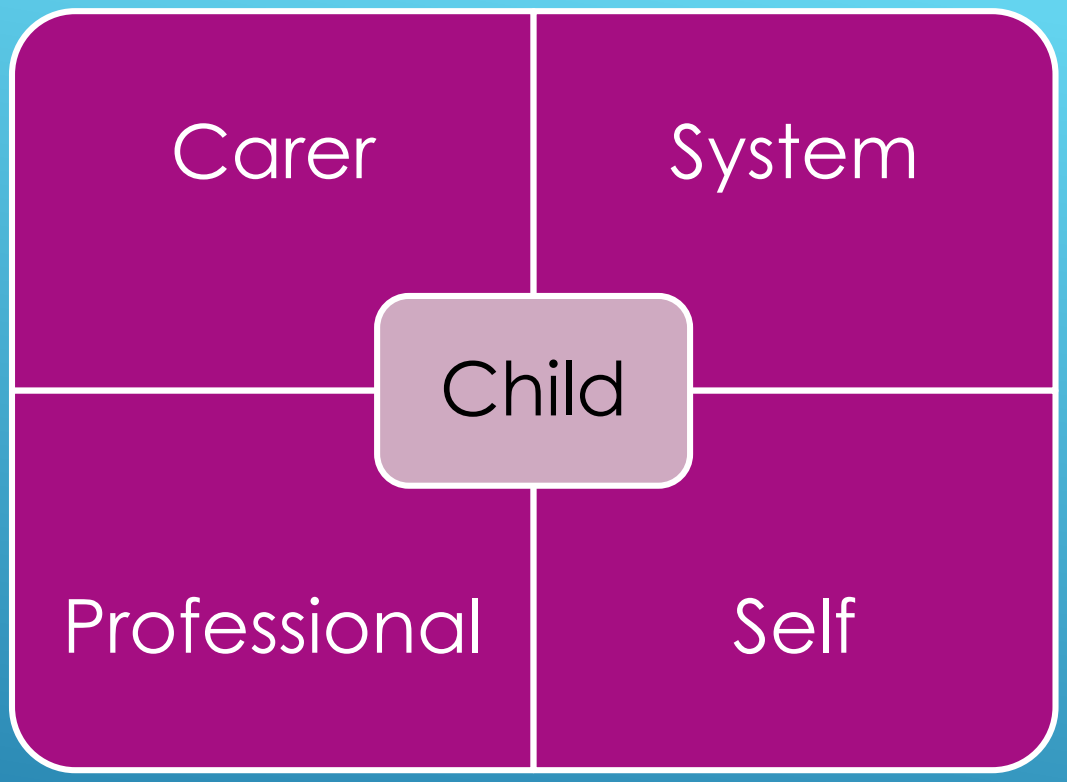
AMY

- Amy- just learning to speak (pre verbal) when removed from parents but seeing and hearing sounds of fear and terror around her (possibly also while in the womb). Amy has also been placed in physical danger, there are signs of neglectful parenting and lack of stimulation, emotionally unavailable parents due to substance misuse – therefore what about her likely attachment style?

- Attachment- she had consistent care from siblings therefore a more secure attachment relationship, inconsistent responses from main carers therefore an insecure style attachment towards parent figures, coupled with ages and stages of development expected would be co- regulating with carers, stimulation, physical growth, learning who are your family and discriminating between strangers type of behaviour towards people unknown
- Brain – amygdala formed, cortex not formed fully until aged around 3 years….speech development, lack of stimulation, becoming stuck emotionally….early sense of self and others…..

CARE SYSTEM AS PART OF THE THERAPY

- Therapist starting point is .....
- The fact a child is in care means a therapist has to negotiate a specific legal system which differs to family court proceedings or divorce and parental separation.
- Care system can either support or impinge upon a child's resilience and subsequent therapy, depending partly upon professionals involved and circumstances.



CARE SYSTEM

TRANSITION DURING THERAPY

- **Planned Moves** -Therapists working with children in care need to be aware that the child e.g. Tia and Jordan and Amy may be in transition soon after work commences. In our case study we know that the present placement is short term (10 months to date and the children will move on as part of permanency planning)
- **Disruptions** - However for some children the move is a consequence of other factors such as disruption and carers giving unexpected notice of 28 days leading to a hurried search for new carers. Therefore in such circumstances the security of basic human needs (Maslow 1943) i.e. a permanent home is non existent

CONTEXT OF THE THERAPY

- Child may be separated from siblings into a new placement due to the demanding competing needs of the children, the availability of skilled and experienced carers etc....
- The Counsellor becomes part of the system – in terms of attending care reviews, encountering the impact of contact with birth family upon the children and negotiating and holding clear confidentiality boundaries versus expectations of the social worker/system in terms of information sharing

WORKING TO PROMOTE RESILIENCE

Connectedness

↓

Regulation

↓

Integration

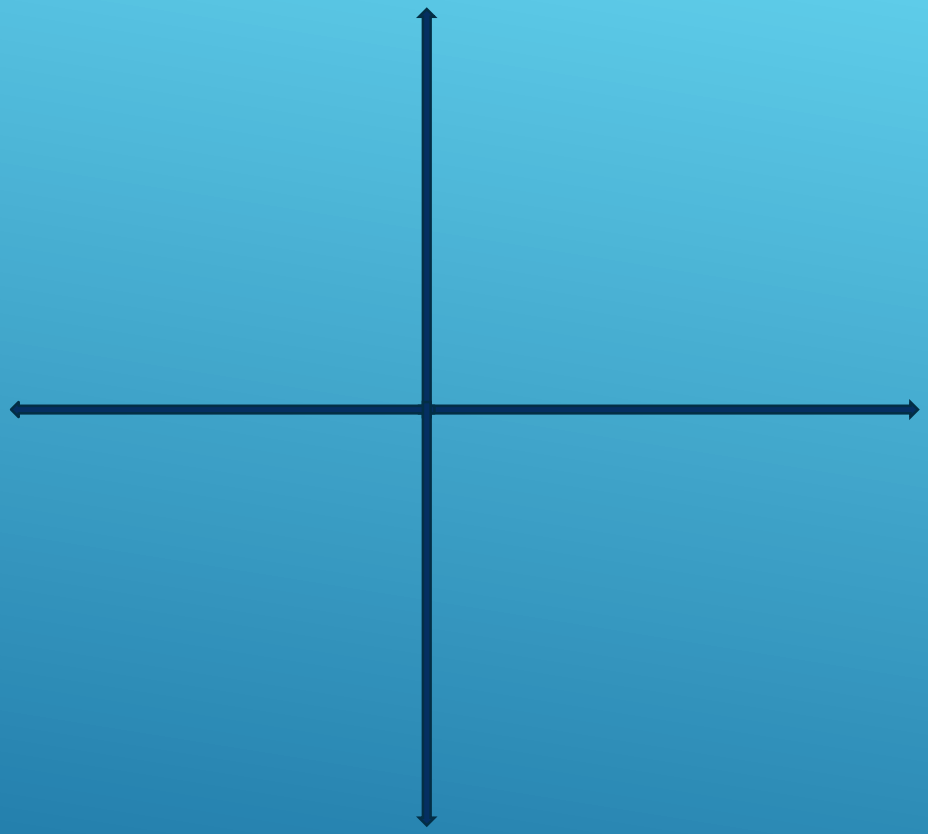
↓

Leads to resilience

RESILIENCE – OPEN GROUP DISCUSSION POINTS

- What is it?
- How do we approach assessing a child's resilience?

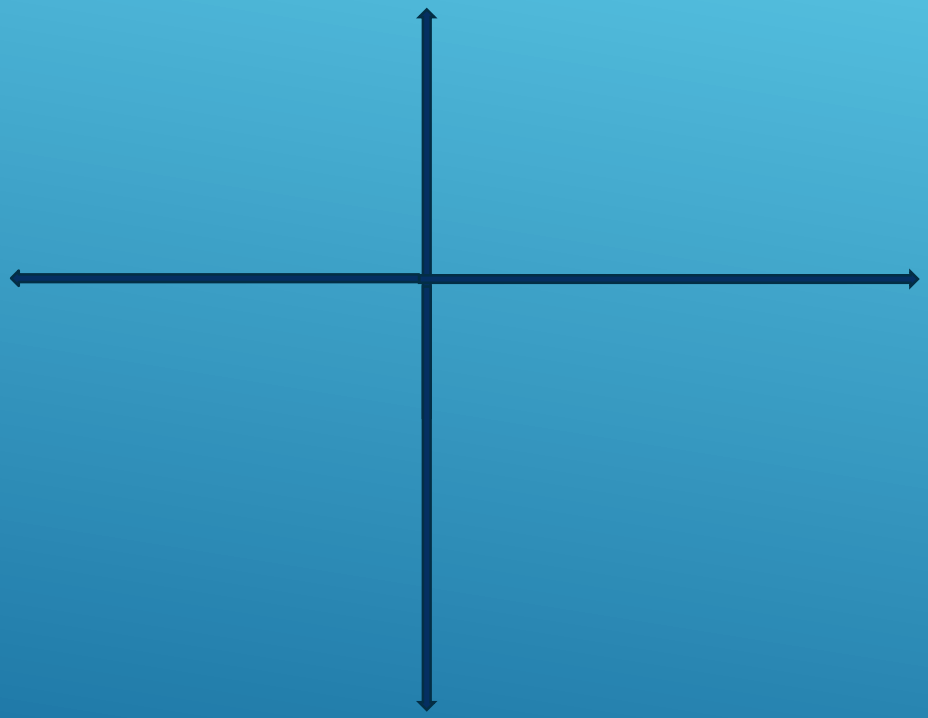
The Resilience Matrix



Wassell & Daniel (2002)

Resilience Matrix

Resilience Factors e.g. likeable personality, good friendships, has at least one trusted adult in their life



Adversity Factors

Separation and loss of birth parents, being in care

Protective factors secure placement carers committed long term, placed with siblings

Vulnerability Factors – family script, position within family e.g. the scapegoat...

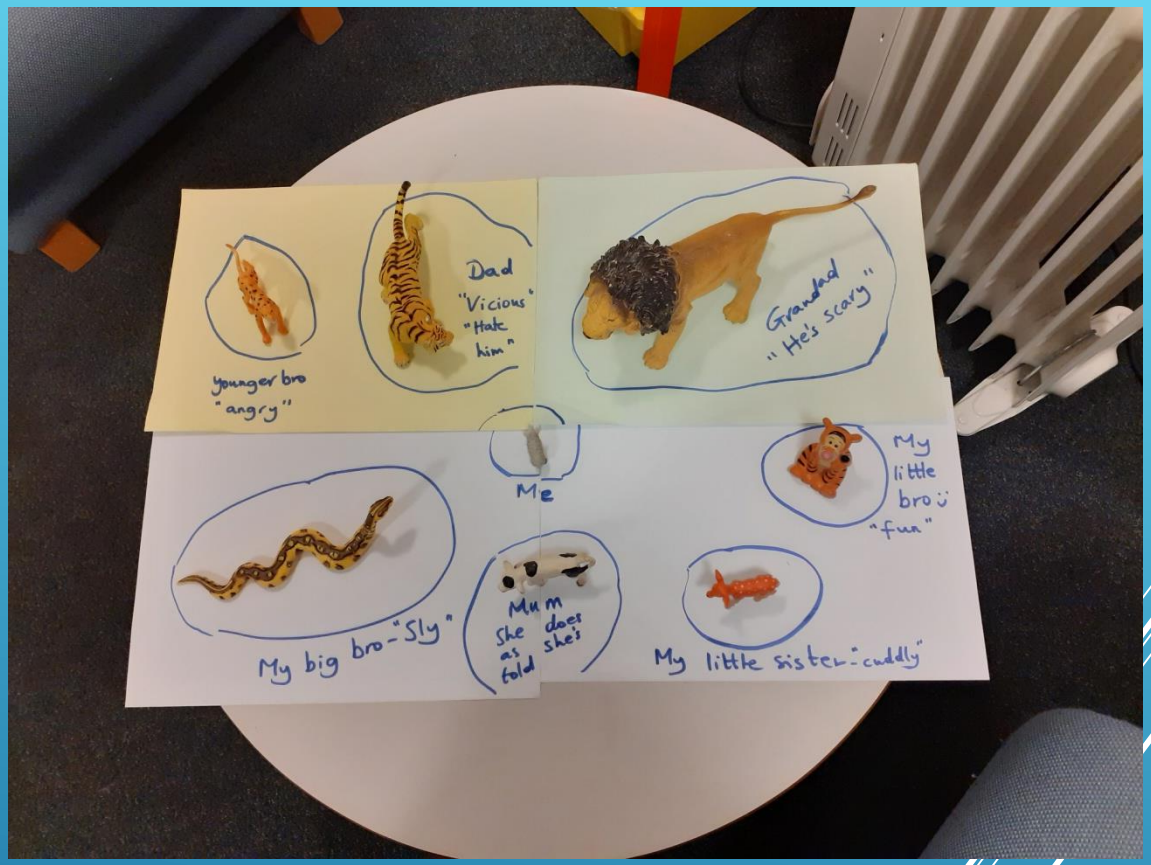
Wassell & Daniel 2002

EXERCISE

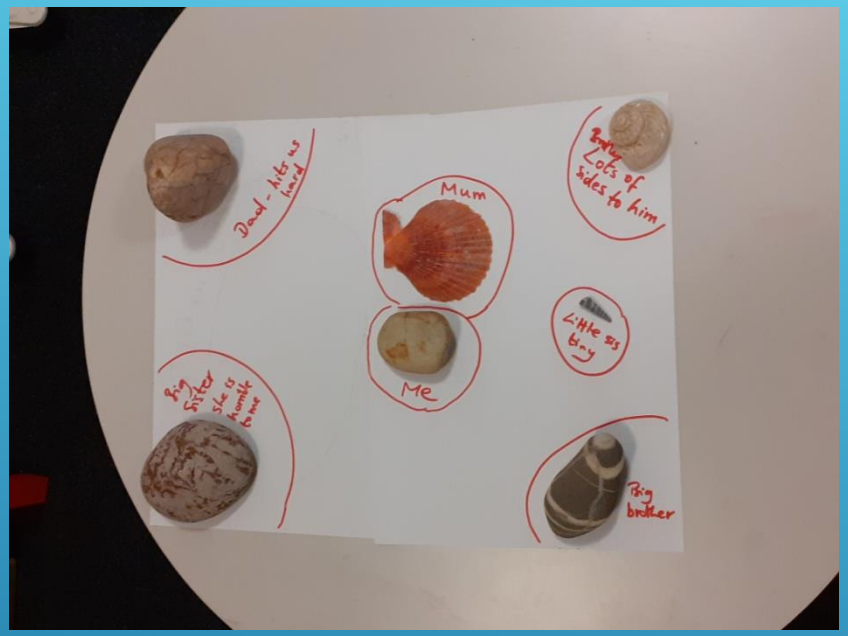
HOLDING IN MIND THE RESILIENCE MATRIX

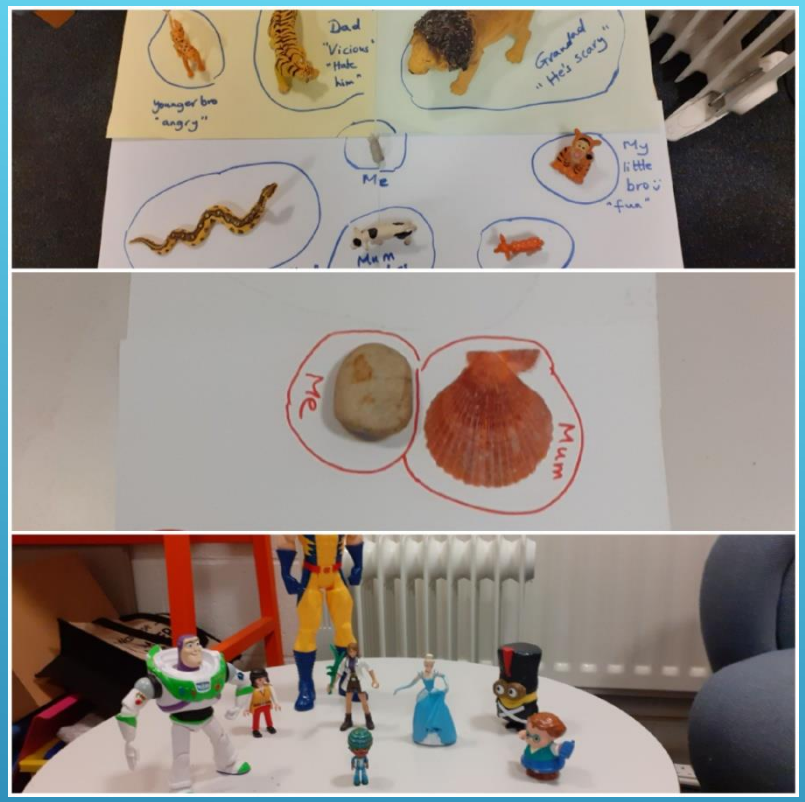
THREE GROUPS -WHAT FACTORS CAN YOU IDENTIFY FOR EACH CHILD TIA, JORDAN AND AMY?

USING A TOOLBOX HOW MIGHT YOU WORK WITH YOUR CHILD?



CONNECTING WITH CHILDREN AND BUILDING ON RESILIENCE





CREATIVE COUNSELLING SESSIONS

THERAPISTS ROLE IN TERMS OF RESILIENCE- WHAT IS IT?

- "Helping the client feel safe enough to know what they know and feel what they feel" Van Der Kolk (2017)

- "We need to feel safe enough to expand, explore, grow, learn, transform" Foscha (2016)

RESOURCES FOR WORKING WITH CHILDREN

- MIRROR WORK (SELF ESTEEM)
- SELF DRAWINGS, MASKS, MAKING ITEMS ALONGSIDE CHILDREN (DEVELOPING SENSE OF SELF WORK)
- MUSIC – USE OF APPS, DANCE WITH OLDER CHILDREN,PEEK A BOO, A SAILOR WENT TO SEE...
- STORY TELLING AND WRITING- Golding (2014)

RESOURCES FOR WORK WITH CARERS AND CHILD/CARER ALONE

DYADIC DEVELOPMENTAL PSYCHOTHERAPY (DDP -DAN HUGHES)

FILIAL THERAPY

THERAPLAY

NURTURING ATTACHMENTS/FOUNDATIONS for ATTACHMENT *

FAMILY THERAPY

VIDEO INTERACTIVE GUIDANCE

- ANY QUESTIONS

QUESTIONS?

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RECOMMENDED READING

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