



Developing a trauma-informed approach to birth family contact

Huddle 24 October 2019

Overview

The Centre received funding under the 2019 Sydney Social Sciences and Humanities Research Centre Huddle Scheme. This huddle brought together experts in trauma and out-of-home care from government, non-governmental organisations, judiciary and academia. It provided an opportunity for a conversation about how legal and service systems promote or impede parents' efforts to maintain positive relationships with their children. Visiting academics from Ireland and Taiwan enabled consideration of the Australian and international context of practice.

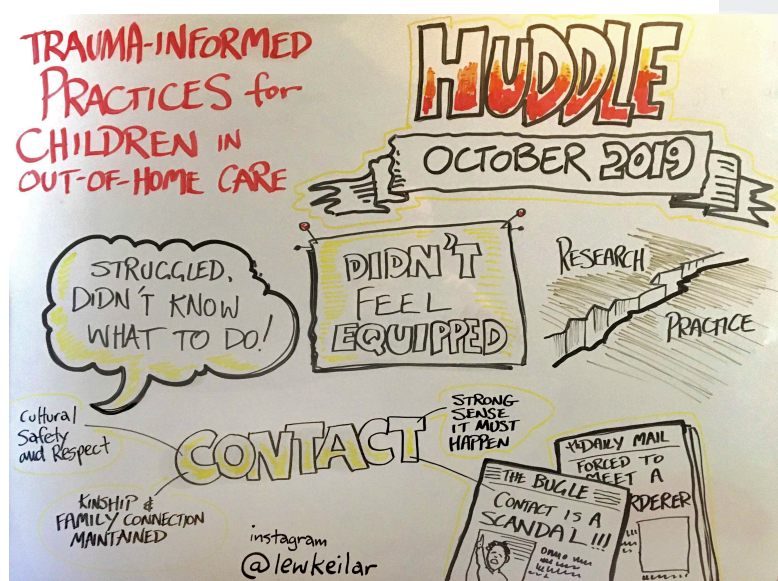
For children who have been permanently removed from their parents' care, maintaining connection with birth relatives can promote understanding of their life story and identity development. However, children may experience significant distress when contact visits do not go well. Moreover, parents of children who are in care often have their own complex trauma and frequently experience mental health issues and substance abuse disorders that can affect their ability to connect with their children.

This multi-disciplinary and international working group identified key approaches for applying trauma awareness to children's experiences of contact in out-of-home care, including the gaps in evidence and potential questions for research. A graphic illustrator provided visual interpretations of discussions.

Key themes:

A number of issues for research and practice were raised, such as:

- Who supports birth parents after their children have been removed?
- How can carers be supported to form relationships with children's birth families under fraught circumstances?
- What supports do practitioners need to recognise and respond to trauma?
- How can knowledge of child development and attachment be enhanced in the sector?
- What are the best mechanisms to translate concepts of trauma into practice?
- How can we build a common language and understanding of 'ACE' to inform practice?
- What evidence is needed to encourage investment in therapeutic interventions for children and their families (birth and carers)?
- Where are the opportunities for partnerships to close the gap between what we know and what we do?
- How can we foster empathy and positive communication so that children can maintain positive connections with their birth families?



Discussion Points

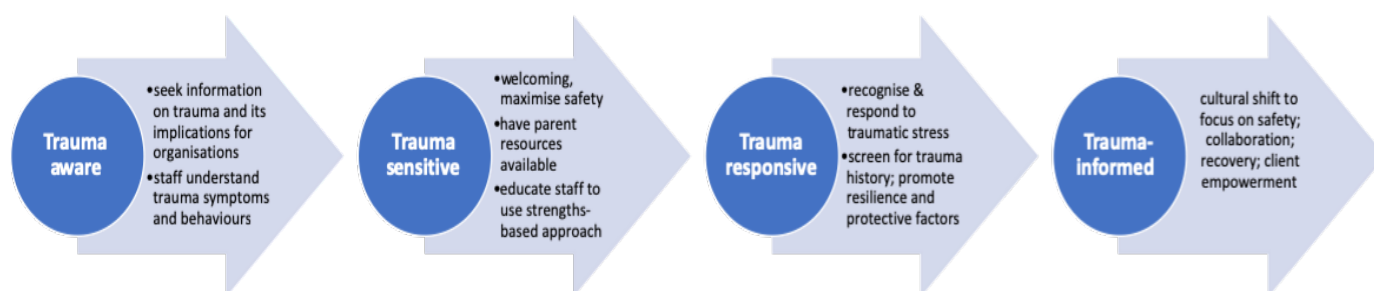
- A common language for *Adverse Childhood Experiences (ACEs)* is needed to inform practice.
- Does the term 'contact' need replacement with one that reflects a spirit of relationship building?
- Translating concepts of trauma into actions for carers and practitioners should be a priority.
- Practitioners caught up in the business of 'doing' may lack time for reflection to plan visits so that potential for trauma triggers is reduced.
- Workers are often doing the best they can, with good intent, in difficult situations.

Trauma informed practice

Growing evidence of the prevalence of trauma and mental illness comorbidity has led to international efforts to incorporate trauma theory into mental health services. Therapeutic treatment models tended to focus on addressing symptoms of acute traumatic stress, and those suffering from chronic trauma needed help to rebuild a sense of safety and control (Carbonell & Partelano-Barehmi, 1999). Even trauma-specific services may inadvertently activate traumatic responses in clients by exposing them to spaces and practices that undermine physical and emotional safety. This recognition has led to efforts for organisational responses attuned to signs and symptoms of trauma in clients, families and staff and oriented towards potential paths for recovery. Known as trauma-informed practice, this approach involves fully integrating knowledge of trauma into the decisions, policies, procedures and practices of organisations. Due to the pervasiveness of chronic trauma among its clients, child welfare services have been quick to recognise the need to adopt trauma-informed practice (Donisch, Bray, & Gewirtz, 2016).

A model of trauma-informed practice developed by Miesler and Myers (2013) (cited in Wall, Higgins & Hunter, 2016) describes this as a continuum in which services first become *trauma aware*, and start to plan and implement an understanding of trauma, its effects, and the importance of specialist services into their business operations. When services become *trauma-sensitive* they implement strategic training and workers adapt their practice to avoid re-traumatising clients, and when they become *trauma-responsive*, services are reorganised at a broader level to reorient services to address trauma. By the time an organisation is *trauma-informed*, trauma is no longer seen as something to be addressed as a separate issue and is instead integrated across the whole organisation (See Figure 1).

Figure 1: Trauma-informed practice continuum (Adapted from Miesler & Myers, 2013 in Wall, Higgins & Hunter, 2016 p. 4-5)



"All the professionals who assist child welfare in its work need to become proficient in childhood trauma and its impact, so they have the knowledge and skills to undertake their work in a way that promotes healing for children and families"
Szilagyi, 2018 p10

In Australia, 50 to 90% of children in out-of-home care have contact with birth parents, which is typically supervised (Taplin et al., 2015). However, there is a lack of evidence-based guidance on how to manage supervised contact and for which children it is beneficial or harmful (Taplin et al., 2015). Direct contact with birth family is assumed to be in the best interests of a child across the permanency continuum from out-of-home care with a view to reunification, to permanent placement in long-term foster care, guardianship or adoption. However, the purpose, nature and frequency of contact is quite different if reunification is being attempted. In this context, contact will be supervised to observe and assess parent-child interactions and used to maintain attachment (Biehal, 2007; Bullen, Taplin & Barry, 2015).

Where it all begins again in the long
line of Babushkas and Papushkas!

It is "normal" for us to help one
another, and to play/explore,
learning this early -

Unless "something gets in the way"

Associate Professor Loyola McLean

Brain & Mind Research Institute
University of Sydney



Lasting impact of trauma



Responding to complex developmental trauma:

1. Provide safe environments and rich experiences that stimulate and enrich brain growth.
2. Support children & caregivers to understand link between traumatic events & cognitive difficulties.
3. Maintain targeted interventions throughout childhood and adolescence.
4. Offer all children in care targeted and trauma-specific interventions.
5. Ensure that specific cognitive difficulties are addressed directly.

Connection before correction

- We meet the patient/person empathically and then (slightly) shift
- We repeat this step again and again
- We (re)connect and then we can shift (Dan Hughes et al, 2012, 2017, 2019)

BENEFITS OF POSITIVE CONTACT

Good contact experiences enable children and young people in out-of-home care to *maintain relationships* with parents, siblings, grandparents and other important people in their life. Learning about their family heritage can help children or young people to have a strong, healthy sense of self and identity. Seeing family members can reassure a child that people they love are alright and they themselves have not been forgotten; validate reality; providing information on why they were separated.

When carers and birth parents are able build rapport, it can help the birth family give permission to the child to attach to new carers. It can make it easier for the birth family members to adjust to the changed role in the life of their child. The new family has an opportunity to update information over time to help the child and carer better understand the child's past.

If a child or young person is Aboriginal or Torres Strait Islander, or from a different cultural background to their carer, contact arrangements help them *stay connected to their culture, community, identity, religion and language*.

Australian Aboriginal nations have developed complex Kinship interrelationships and obligations to sustain the longest living culture on earth (Riley, Howard-Wagner, & Mooney, 2015). Extended family and community relationships are strengths to build upon.

PROGRAMS WITH STRONG EVIDENCE

'PIT-LITE' is an abbreviated form of psychodynamic-interpersonal therapy (PIT), an evidenced based treatment for depression and other disorders. The aim is to develop key relational or interpersonal skills, which comprise the basics of the PIT model and can be used by mental health professionals for brief treatment approaches with supervision from a more experienced therapist.

The intention is to focus upon three areas:

- a) Building a strong bond with the client you are seeing
- b) Developing a shared understanding of the problem/problems they are experiencing and a rationale for treatment
- c) Help the client to experience problematic issues and share difficult feelings (alive in the sessions) so these experiences become more bearable and contained.

Value of deep listening

In order to heal, the stories behind the trauma must be heard. Judy Atkinson's TED^x talk about the value of deep listening can be found @:

<https://www.youtube.com/watch?v=L6wiBKCIHQY>

Connected conversation: The scaffold

1. Using statements rather than questions
2. Picking up cues and connecting:
coupling, amplification, representation
3. Using a negotiating style, collaborating
4. Understanding hypotheses
5. Staying with feelings (and hopefully getting to play if patient well enough)
6. Building the story, with metaphor and play
7. Integrating the trauma into the self

Darning – the old made new

Treatment can help children and adults develop emotional regulation, and change patterns of behaviour:

Darning: Creating a bridge from the past to the future.

Recovery: involves healing in human relationships

Trauma Informed Care: knowing that trauma and losses have broken or bound something

HEALING FROM TRAUMA

Professor Judy Atkinson is an expert in understanding inter-generational healing and recovery from trauma in Aboriginal peoples. During the Huddle Judy talked about the value of deep listening for healing from trauma. Her book, *Trauma Trails – Recreating Songlines: The Transgenerational Effects of Trauma in Indigenous Australia*, was shortlisted for an Australian Human Rights Award.

She worked with the University of Wollongong in the development of specialised postgraduate programs such as the Graduate Certificate in Indigenous Trauma Care and Recovery Practice, designed specifically to build an Aboriginal trauma-skilled workforce.

TAKE AWAY MESSAGES

- Look for opportunities and partnerships to close the gap between what we know and what we do.
- Build better evidence to make the case for the value of investing in therapeutic programs for children and adults.
- Foster opportunities to bring decisionmakers, practitioners and academics together to prioritise where evidence is most needed, and to trial and test new ways of working.
- Build the skills to recognise and respond to trauma through coaching and reflective practice.
- Translate the signs and behaviours of children experiencing trauma for different settings and scenarios.
- Advocate for the development of trauma plans for children and young people in out-of-home care, similar to an Individualised Education Plan
- Highlight the structural factors that contribute to intergenerational trauma, such as disadvantage, discrimination and low economic status.
- Advocate for services and support for birth parents after their children have been removed – when they are ready and lasting for as long as needed.
- Promote the need for skilled therapeutic services able to respond to child and adult trauma.

For more information

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sydney.edu.au/arts/our-research/centres-institutes-and-groups/research-centre-for-children-and-families.html



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