Systemic Interventions for Children in Care: What Works in the Context of Trauma and what do our Clients Notice Works?

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Overview

Some context:
• What is Evolve Therapeutic Services?
• How does Logan Evolve Therapeutic Services work?
• Does Evolve Therapeutic Services work?

What works:
• Clients & Treatment Systems
  – Collaboration & what gets in the way
  – Everyone’s important
  – What’s possible within the parts of the system?
• What do our clients (child/young person, carers, other stakeholders within the treatment system) think is important?

Social Justice: Justice in terms of distribution of wealth, opportunities, and privileges within a society.

Children and Young People in Out of Home Care represent one of the most **vulnerable and disadvantaged** groups in Western Society, including Australia e.g., Mental Health, Drug & Alcohol, Physical Health, Homelessness, Criminality & Incarceration (Klag et al., 2016)

“Young people living in out of home care and adopted comprise a **vulnerable** group who are at increased risk of **severe and entrenched mental health difficulties**” (Golding, 2010)
Why this topic?

“Studies point to problems on entering care being compounded by care experience, leading to a complex interaction of past and present experiences”

(in Golding, 2010)

Family Therapy/Systemic ideas to 

overcome the complications

felt by everyone

when a Child/Young Person journeys through the care system
Why this topic?
If I know what works, I can do more of it!

**Theory** and **Practice** of Family Therapy

+ **Common Factors**

= Overcoming dilemmas and enhancing practice

**BUT**

**Common Factors** give little practical guidance (Fife et al., 2014)

**Integrative Approach** – 1 Model only doesn’t work…..which part is working? (Blow, 2012)

Who knows best what is helpful? Researcher, Clinician or Client?

What enables a client to join with us?

What facilitates change (at any level)?
What is Evolve Therapeutic Services

• Queensland program employing a collaborative, wrap around model of care
  – Government services & NGOS
  – Any others involved e.g., Private Psychologists/Psychiatrists, Foster Care Agencies, Residential Care Agencies

• Flexible intervention approach, individually tailored to children and young people in out of home care….presenting with complex and extreme behavioural and mental health problems

• Multiple sites across Queensland
Evolve’s Background

The Evolve Therapeutic Services was developed in response to:-


• Subsequent *Blueprint for Implementing the Recommendations of the January 2004 CMC Report.*
  – Recommendation 7.5 of the Blueprint outlined that, in working with children in care, there is a need that…

“more therapeutic treatment programs be made available for the children with severe psychological and behavioural problems.

*Successful programs should be identified, implemented and evaluated.*”
“The children and young people who will be referred to Evolve will have **extreme and complex needs** and require sophisticated human service responses from multiple agencies.

In such circumstances these agencies will have to **work together** to ensure information is used effectively in the interests of the child or young person”.

“The increased risk of a range of health and education difficulties has focused attention on the importance of mental health, education and social care services **working closely together at all levels**” (in Golding, 2010).
Impact of Child Abuse & Neglect, Attachment disruption and Multiple Placements – Our Clients

Relationships & Socialisation
- Attachments
- Friendships
- Disconnected/overly involved

Emotion regulation
- Mood swings
- Extreme responses

Cognition
- Irrational beliefs, mistrust
- Learning & problem solving

Self-Concept
- Knowledge of self & abilities

Biology & Development
- Growth, Disabilities, Speech

Dissociation
- Concentration & memory

Behaviours
- Aggression, Self Harm, Sexualised Behaviour
- Compliance, resistance to change, avoidance
Model of Service Delivery: Key Frameworks & Clinician’s Work

• Frameworks
  – Systemic
  – Attachment
  – Child Development
  – Trauma (including Neurobiology)
  – Grief and Loss

• Clinician’s Work We Draw From
  – Bruce Perry (neurobiology of trauma)
  – Kim Golding (therapeutic needs of children in care and carers)
  – Dan Hughes (PACE & DDP)
  – Dan Seigel
  – Dave Zeigler
  – Babette Rothschild (trauma stabilization)

“..an ethic of hospitality towards all therapy discourses and the following best practice guideline.” (Larner, G., 2003:211)
Does Evolve Work?

Does Evolve Work?

Findings provided evidence for:

• Effectiveness of interventions
• Significant improvements across a range of problem areas
  – Functioning
  – Adjustment
  – Behavioral difficulties
  – Emotional difficulties
  – Relational difficulties

Statistically Significant proportion of Children and Young People moved from the *clinical to non-clinical* range on both the CGAS and 11 of 13 HoNOSCA items.
Clients and Treatment Systems

- Collaboration & what gets in the way
- Everyone’s important
- What’s possible within the parts of the system?
Collaboration and What gets in the way

• Collaboration: A highly intensity, high commitment relationship between two or more parties that results in the production of “something joined and new”

• Interagency Collaboration:
  – A challenging, highly intense process
  – Potential to more effectively address problems of families with multiple and complex issues, as well as complex, intractable problems

“Meeting a range of difficulties that can occur concurrently is helped when services are coordinated, with multidisciplinary training to facilitate effective joint working” (Ward et al., 2002)

ARACY, 2009 in AFRC Briefing, 2011
...And yet...

• Whilst it has been recognised for some time that multi agency work and better communication improve outcomes for children in care ....

• “This means bringing together different professional cultures, languages, roles and responsibilities, often against a backdrop of historical difficulties between those agencies” (Golding, 2010: 528)

• ....multiagency work “often results in splits, divisions, rivalries and paradoxically, a failure to communicate and conflicting decision between services for vulnerable children, sometimes with devastating consequences

Conway, 2009; Golding, 2010
## A little bit of Theory: Impact of Trauma on the System

(Emanuel, 2002; Gleeson & Fairall, 2007; Conway, 2009; Perry, 2003; Figley, 1995)

<table>
<thead>
<tr>
<th>Impact on the Client: Child/Adult, Couple, Family</th>
<th>Impact on the Therapist</th>
<th>Impact on the Treatment System</th>
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</thead>
<tbody>
<tr>
<td><strong>First:</strong> Deprivation inflicted by external circumstances and is out of the child’s control</td>
<td><strong>Vicarious Trauma</strong></td>
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<tr>
<td><strong>Second:</strong> ‘Crippling defenses’ prevent use of support (e.g., foster parents or therapists)</td>
<td><strong>Compassion Fatigue</strong></td>
<td><strong>Cost of Caring</strong></td>
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<tr>
<td><strong>Third:</strong> “profoundly disturbing primitive mechanisms and defences against anxiety” get “re-enacted” in the system by professionals who are “recipients of powerful projections”</td>
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<tr>
<td><strong>External world</strong> – disintegrated</td>
<td><strong>Unspoken experiences communicated in disturbing ways</strong> (splitting, projection, fault lines)</td>
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<tr>
<td><strong>Internal world</strong> – in fragments</td>
<td></td>
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<tr>
<td>Cannot communicate experiences straightforwardly (circularity of this)</td>
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System: functional ......and not
A “Typical” Stakeholder Group:
Relationships we would like…

- Care Coordinator & Team Leader
- Foster Carer/Youth Workers
- Evolve
- School teachers
- School Principal
- Police
- Child Safety Officer
- CHILD OR YOUNG PERSON
If we are realistic – this is what can actually happen!
Anxiety in the System

...can invite decision making based on **anxiety** and **reactivity**
(Contagious and rapidly spreading!)

**It can invite us to withdraw and give up**

**It can invite us to become rigid and fixed on only one solution**
Anxiety can invite unhelpful and inaccurate polarisation and characterisation

- **Child** = “permanently damaged”
- **Birth parents** = “bad abusive parents”
- **Foster parents** = “rescuers” OR “abusive”
- **Child safety** = “damaging”, “money-focused”, “don’t care about the child”
- **Therapist** = “unhelpful”, “taking sides”
Who is the IP?

- Support Service
- Birth Mother
- Child Safety
- Foster Mother
Who is the IP?

Support Service

Child

Child Safety

Birth Mother

Foster Mother
Who is the IP?

Support Service

Birth Mother

Child

Foster Mother

Child Safety
Who is the IP?

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Who is the IP?

- Support Service
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- Child
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- Foster Mother
Everyone is important – Family/Carers

- Foster Carers
- Child/Young Person (see ReMoved movie)
- Parents
- Kinship Carers
A Parent’s experience (some parts)

• Anger and resentment, “fighting the system”
• Grief and Loss
• Guilt and Shame
• Managing own mental health, substance use issues
• Experiencing domestic violence
• Feeling judged, scrutinized, evaluated
• Standing “alone” in meetings full of professionals
A Foster/Kinship Carer’s experience (some parts)

- A Poem https://vimeo.com/151388947 (3:42)
- Feeling judged, scrutinized, evaluated
- Grief and loss, guilt and shame
- Scared of loving the child knowing you may not keep them
- Feeling powerless
  - E.g., contact decisions, reunification
  - E.g., parenting strategies that worked with previous children not working
- Over or Under serviced (time poor!)
- Juggling transport (e.g., school, contact, appointments) & inconvenient appointment times/locations & waiting times
- Financially stressed
Everyone is important - Systems

- Education
- Child Safety Service Centre
- Placement services Unit
- Child/Young Person
- Foster Care Support Agency
- Residential Care
What do others experience (some parts)?

- **Child Safety Officer/Placement Services Unit**
  - E.g., Conflict with other parts of Child Safety
  - E.g., Stressed system ($, case load, death/abuse of children, available placements, placement matching)
  - E.g., Finds out a child in care is abused by carers

- **Teacher**
  - E.g., Unable to teach the class
  - E.g., Unable to keep other students safe
  - E.g., Caring but not knowing what to do

- **Residential Carer**
  - E.g., Assaulted by the young person
  - E.g., Witnessing self harm
  - E.g., Young person not admitted to hospital

- **Foster Care Support Agency**
  - E.g., Pressured to find more placements for children
Everyone is important – Other Systems

- Youth Justice
- Hospital
- Child/Young Person
- Police
- Ambulance
What’s Possible?

“The best way out is always through”.

Robert Frost
(1874-1963)
Maintaining An Ethic of Hospitality
(… to change the “Dance”)

• **Psychoeducation**
  – E.g., diagnosis; impact of trauma, removal, and multiple placements; neurobiology and plasticity, felt safety
  – Reframes
  – Reduces anxiety → Responding Vs reacting

• **Skills Training (Child/Young Person)**
  – E.g., Trauma Stabilization; mindfulness; distress tolerance (DBT)

• **Skills Training (Parents/Carers/Schools)**
  – E.g., PACE (Daniel Hughes); Behaviour Management for traumatized kids

• **Mentalization**
  – Child/Young Person; Carer (so the can mentalise the child), Treatment System
Considering Bowen and McGoldrick

- **Assessment**
  - E.g., Genograms and Timelines

- **Genogram Work**
  - E.g., Family structure
    - Foster, kin, residential, blended etc
  - E.g., Family life cycle (FLC)
    - Launched prematurely?
    - Tasks of adolescence (e.g., identify)
    - FLC stage of carers?
  - E.g., Triangulation (in the family/care family and the treatment system)
  - E.g., Genogram of Carers – reasons for becoming a carer; family stories, values and beliefs about children and parenting

- **Map the Treatment System (& use relationship lines)**
  - Understand & plan interventions e.g., triangulation, balance
  - “Contain the system to contain the child”

You asked me my story …instead of finding out about me on paper

When you said you didn’t have it figured out….

You considered the whole family

My FOO lead to my parenting lens
Being Strategic

- **Rules of the game**
  - Working with constraints and finding “wiggle room”
  - Understand the “rules” of different systems & help others understand
    - Promotes empathy and compassion
    - Being effective Vs being “right”

- **Positioning**
  - 1 up or 1 down; or both.....

- **Individual and Conjoint Sessions**
  - ….for the Treatment System

- **Timing and Staging**
  - E.g., Play therapy & Carer providing updates → Carer Sessions → Dyadic Developmental Psychotherapy/Family Therapy

- **Manouverability**
  - What’s possible? With whom? At what stage of intervention?
  - Where to “land the helicopter”?

I didn’t know I could ask for that

Seeing the success with returning to school makes me want to find out more about this
With thanks to Jacqueline Readette
Positioning: Maximum Manoeuvrability

Does it matter where you intervene? Circularity
Using Structural Family Therapy Ideas

• Roles and boundaries
  – Role clarity and shared understanding
  – Contracting … “anywhere, anytime and often”
  – Overfunctioning/Underfunctioning

• Hierarchy and Power
  – E.g., In the home – family, foster family, residential family
  – E.g., In the treatment system
  – Invoking your hierarchy…and/or the hierarchy of others

• Consider the Family Structure
  – E.g., Foster Family
  – E.g., Kinship carers (Aunts, Grandparents)
  – E.g., Residential Settings
  – E.g., Blended e.g., Step-Grandparent Kinship Carer

Well that makes sense now..I can’t be her mum
Going Postmodern

- **Narrative Therapy**
  - Developing alternate storylines
    - E.g., Absent but Implicit
    - E.g., Responses to Trauma
    - E.g., Reauthoring – survivor, courage to persist, fighting to regain life
  - Externalizing to mobilize a different (and united) response
    - The person is not the problem!!!!!!
    - With individual clients
    - With the client’s carers
  - Working with trauma safety

- **Solution Focused Therapy**
  - Goal setting
  - Exceptions
  - Moving forward when the past is too much to think about
  - Working with visitors……who have visited a lot of different therapists!!!!

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Client: This is a weird conversation..
Therapist: Is that okay?
Client: Yes I like it

I kept every single letter you every wrote me....

Yeah I guess that does take courage – I hadn’t thought of it that way before

Metro South Health
Common Factors and Beyond


• A meta-model
  – Describes the relationship between 2 common factors (therapeutic alliance + interventions)
  – Proposes a new factor – therapist’s way of being
    – foundational for effective therapy
The Therapeutic Pyramid

Fife et al., (2014)

Skills & Technique

Therapeutic Alliance

Way of Being

You took the time to see me as a person

You came back

You got it half wrong
What I’ve learned (theory + experience):
A therapists’ job is to **survive** & be **thoughtful**

What I’ve learned (theory + experience):
The goal is the process

Thank-you for listening.

Comments? Reflections?

Questions?
References


