

What do we mean by Trauma Informed?

NEWFOCAS has an ambition of becoming a trauma-informed organisation. The implication of this is that, as an organisation and as an individual working with this organisation, you will understand the following key concepts:

- A. Trauma**
- B. Trauma and children**
- C. Trauma and behaviour**
- D. Trauma and us**
- E. Trauma and organizations**

A. TRAUMA

Definition of Trauma

The Complete Oxford Dictionary definition of trauma is as follows:

- I. A Deeply distressing experience
- II. Emotional shock following a stressful event which may lead to long term neurosis
- III. (in medical terms) A physical injury which may lead to long-term neurosis.

The origins of the word is from the Greek word for wound and it is our belief, backed by research, that the children that we care for are wounded or traumatized by the deeply distressing events that they have experienced. These events have produced an emotional shock, which leads the self-defence to manage the event

B Trauma and children

Traumatic experiences can leave an indelible impression on those involved; one, which the person may suppress or re-live with destructive and troubling consequences. For many traumatized individuals, the essence of their trauma is deeply emotional: terror, anger, anxiety.

Research now shows that children exposed to trauma run the distinct risk of developing future mental health and behavioural problems. Our aim is to ensure that trauma does not become an ongoing situation, with no closure, but is understood, processed and reflected on so that the child can make progress.

The trauma of abuse, and other painful experiences, has a profound effect on the whole child. It affects the child on many levels of biological functioning. When the infant child, and later, as an older child or young person, is threatened by events of sufficient intensity, frequency and duration, e.g. neglect, abuse, dysfunctional attachment, an alarm reaction, known ' Freeze, Fight, Flight ', is triggered. This is an instinctive response to danger, real or perceived, and is the normal response to acute stress.

During infancy and childhood, when children are able to process feelings, and think, they can be injured through these events because the triggering of prolonged alarm reactions can alter the

neurobiology of the brain and central nervous system. Therefore, these early life experiences have a disproportionate influence on the brain development, leading to an increasing likelihood of impulsive, overactive and violent behaviours that further hinder attachment and nurture. The damage resulting from the exposure to overwhelming fear and horror is emotional trauma and leads to developmental delay and trauma when emotional needs are unmet

The majority of children placed with **NEWFOCAS** have experienced such trauma. Carers who accept placements to work with children who have been severely traumatized need to understand that the behaviours that child displays are not simply 'naughty' but are part of a much more complex set of emotional responses.

Traumatized children haven't bonded, or 'attached' healthily, and are unable to trust. They have learned that the adults in their lives are untrustworthy. Trust hasn't worked for them. Without trust, there cannot be love, and without love they are emotionally underdeveloped. Instead of love, rage has developed within them. In the first few years of life, at a time even before they have learned to speak, they have learned that the world is a scary place, and that they cannot rely on anyone else to get them through it.

Normal parenting doesn't work with traumatized children and neither does traditional therapy, since these therapies are dependent upon the child's ability to form relationships that require trust, something that is at the root of the problem. This is why being a '**Trauma Informed Carer**' is so crucial to the way you care for such a child or young person.

Childhood is a period of rapid development. Early experiences have a major impact upon the development of brain systems. For our emotionally or developmentally traumatized children, that effect is disproportionately negative. The child is often left in a state of hyper arousal / hypersensitivity because of the trauma involved. This results in poor impulse control, screaming and excessively disproportionate reaction to small events. The child cannot regulate their emotions and is immediately defensive and unable to distinguish between positive or negative reactions and can misinterpret emotionally even the most positive intervention. They have not experienced it before and are therefore confused and stressed. As a result they are unable to learn, listen, enjoy friendships or concentrate, play or problem solve.

C Trauma and behaviour

Children exposed to such trauma, use a range of defence mechanisms to survive and it is a fight for survival for them. They can be difficult to engage with, or very rejecting, and the key is for you, as a carer, to provide safety and containment, from which they can re learn, and experiment safely.

You need to look past the behaviour, so that the child can process and understand the past. This is essential, but it is done at the child's pace, not ours. In order to move on from the trauma, the child will need the following from you:

- Safety
- Secure attachments
- Ability to listen to what has happened

Sticker charts and behavioural programs don't work because the traumatised child doesn't care what you think about his behaviour. Natural consequences work better than lectures or charts. Structure is a necessity, but only when combined with nurturing.

Leading Therapist, Violet Oaklander, describes the basis of therapeutic work – *“The healthy, uninterrupted development of a child's senses, body, feelings and intellect is the underlying base of the child's sense of self. A strong sense of self makes for good contact with one's environment and people in the environment. Children soon learn that life is not perfect and that we live in a chaotic world, a world of contradiction and dichotomy. Furthermore, parents who are raising their children have their own personal difficulties to contend with. Children learn to cope and compensate. May do quite well in their living and growing and learning –many don't...”*

D Trauma and us

Because the expectations upon you as a Therapeutic Carer are so much higher than Traditional Fostering, your supervision will be more frequent and the expectation is upon you to prepare for your supervision in a professional manner. This means that you will, as your week goes by, make notes to remind yourself of questions to ask of your supervisor at your next session.

As a trauma informed carer you will receive very regular supervision from a NEWFOCAS Supervising Social Worker who will help you find the best ways of managing some of the behaviours that are generated as a direct result of the past trauma's a child has experienced. Your supervision should also look at how you are feeling and will help you reflect and make some sense of this. Part of the **positive** process in the child's healing can be inadvertently undermined if you get drawn into a negative reaction cycle or your responses are not informed by your knowledge of trauma and attachment. Your supervisor will help you reflect and advise you through this to enable positive outcomes rather than the involuntarily being drawn into the child's 'negative games', also known as negative **Transference**. You will recollect from your training that the child's **Internal Working Model** will be at work here, influencing how they respond to you and other situations in your household and life and powerful feelings will be transferred and re-enacted, and this can lead you to feeling deflated (and sometimes defeated). It is at this stage that placement stability is placed at risk and breakdown can occur if not suitably addressed.

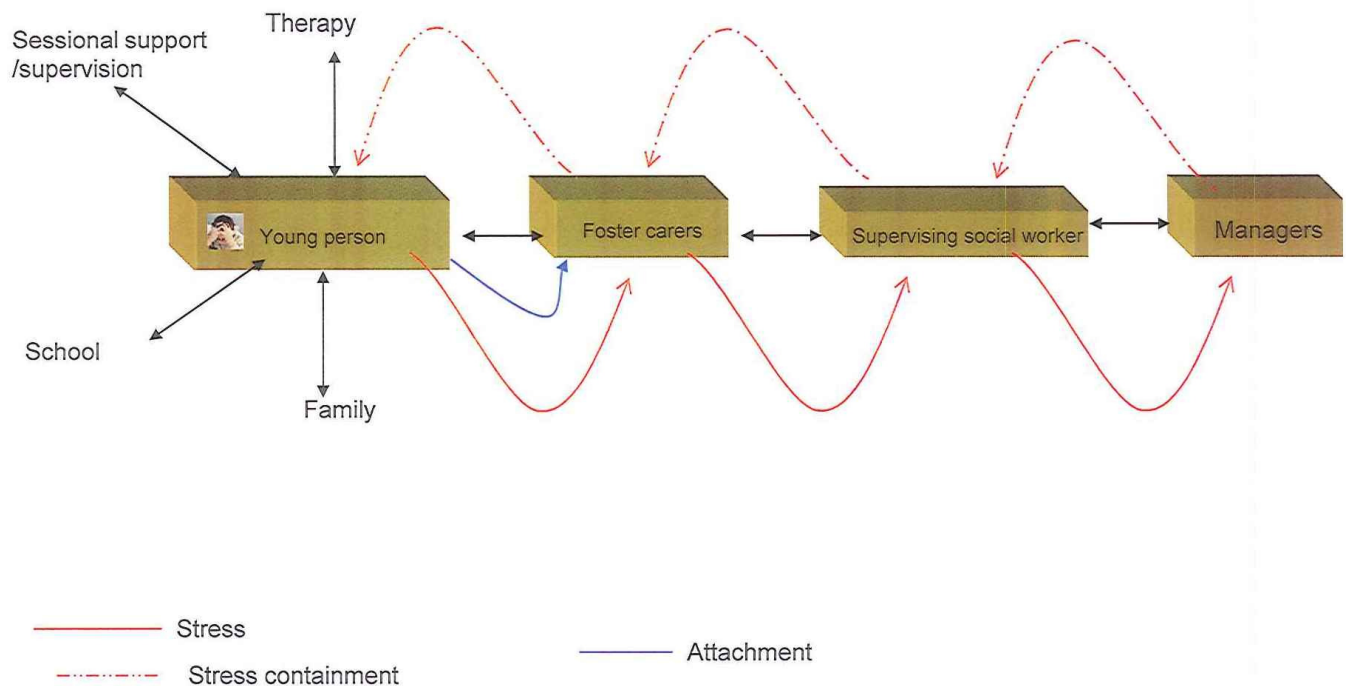
Violet Oaklander describes this – *“sometimes the child functions in his or her life on ideas that do not belong to them, are not rightfully theirs. Children often grow up believing what they hear about themselves, swallowing the whole faulty information about themselves. For example, a child may believe she is stupid, because when her father, while angry, called her stupid out of his own frustration.....Children will often take on and act out the characteristics and descriptions that they have taken on from others.”*

Caring for children with Trauma is hard work, and emotionally demanding. We want the very best and they know that we are different, but they cannot accept it, their inner working model will not allow them to trust. The child psychologist/psychoanalyst Donald Winnicott said:

“We are there to be hated for the original failure”

You didn't come into fostering to be hated, but it is why the children target you and why you need to talk over your feelings with your supervising social worker. It is part of working with trauma - accepting theory, working at processing it and handing it back in a more manageable form. This is why 'Team-working' is so important and that carers use their support network appropriately.

The young person cannot manage their stress so carers need to take it and sift it and give back in digestible form. Their stress they need to pass on to their supervising social worker who in turn passes it on to the managers.



Child cannot manage own stresses so foster carers need to take it sift it and give back in digestible form.

Foster carers pass stress on to the social workers and the social workers pass this on to their line manager or other supports given by the agency.

The traumatized child can have a dramatic effect. Dan Hughes, a psychologist, said in 2007:

“The troubled child can pull you in one or more directions

- Make you angry
- Make you give up on them
- Make you feel awful/ashamed
- Make you feel scared of them “

Caring for such a troubled child will be different to the ‘norm’. Reflect that it is likely to take a long time for the child to accept and believe that the love and care you have to give, is real, will continue, and will not fluctuate or disappear. The natural response from you as a carer would be to feel hurt, rejected, uncertain and unwanted and a mixture of the emotions described by Dan Hughes. The way for you as a carer is to recognize these feelings and use your supervision with your social worker. The feelings are not wrong, it is not recognizing them or denying them, that is. What we do with the feeling that are given to us, is absolutely key to the maintenance of successful placements and to the emotional nurture the child needs.

In 1962 the psychoanalyst Chris Dare said:

“It is not what children do; it is what they make you feel, that decides if a placement ends”

The same is true today as it was then.

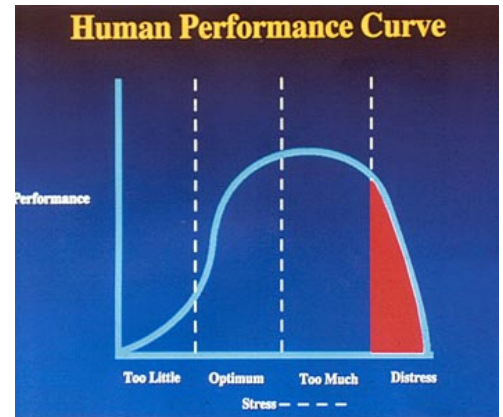
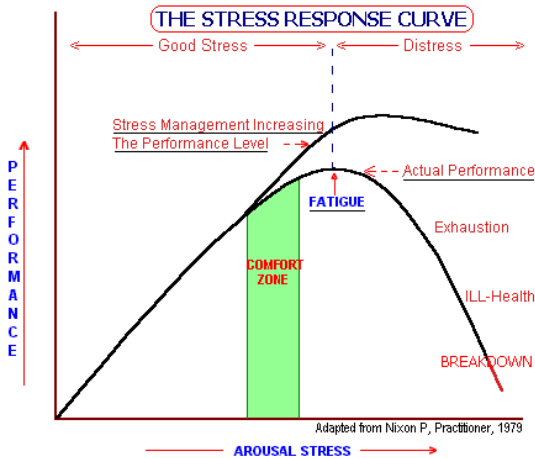
E TRAUMA AND THE ORGANISATION

Just as you, as Carers, are exposed to trauma, so the Social Workers and **NEWFOCAS** are exposed to trauma. Our increasing understanding of both Post Traumatic Stress Disorder (PTSD) and Secondary Traumatic Stress Disorder (STSD) has helped us to recognize that people who care for traumatized children are vulnerable to Secondary Traumatic Stress disorder (STSD)

STSD is the stress resultant on caring for someone traumatized and recognition that this can produce stress/injury similar to the primary trauma. This cannot always be prevented and can affect both foster carers and social workers as the ripples of the stress generate outwards from the traumatized child, a bit like dropping a pebble in the water and watching the displacement generate outwards.

As an agency, therefore, we have a duty of care towards you as a carer, and to staff to provide you with the widest range of support, training and supervision. It is NOT a sign of weakness to use these services, rather a sign of strength and self awareness. It is often easier for an objective outsider to see the symptoms of stress and help you to interpret them effectively, than for the person caught up in the cycle of trauma.

If we do not use these services then both our performance (increased mistakes, missed appointments, exhaustion) and morale (decrease in confidence, disaffection, negativity) increase and this leads to increased risks of unsafe caring and ultimately, allegations.



These stresses impact on the whole organization and our aim is to seek to manage the stress. The starting point is the recognition that it can happen / is happening and this recognition begins the process.

We will work with you through groups; monitoring and training to offer you support, but also offer a knowledgeable and trusted challenger, because the biggest problem is colluding. Collusion is a form of denial. We may all collude together as a form of denial and end up helping no-one, hence the importance of the support structure available, where social work staff can also discuss situations with their manager to offer an objective and challenging viewpoint. It is important to this organization that all parts of the organization,

Carers - main and respite

Managers

Social Workers

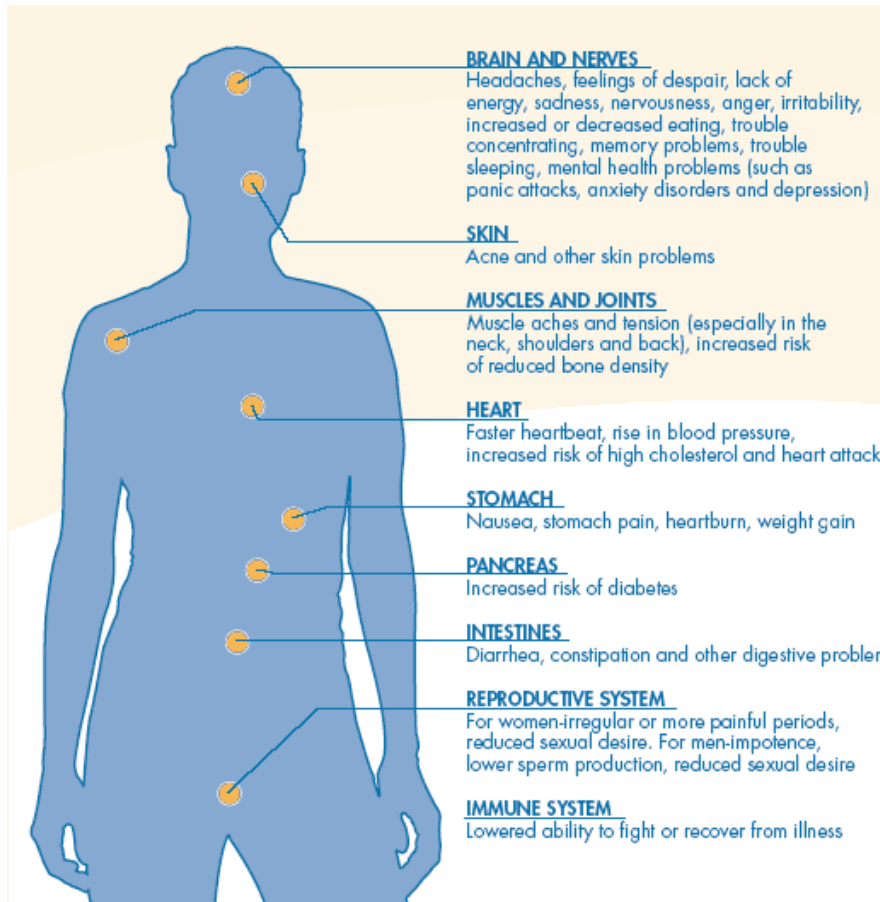
Admin staff

Panel

Sessional Carers

know of the existence of PTSD (Post Traumatic Stress Disorder) and STSD (Secondary Traumatic Stress Disorder) and are open to have their practice examined, their feelings looked at, their risks assessed and managed, so that you can offer a nurturing, therapeutic environment for the children placed, to enable them to 'grow'.

1The trauma informed carer who is aware of STSD, and the trauma informed worker who is also informed and aware of the impact of STSD will be assisting the Foster Carers who are caught up in the impact of that,



to be aware of its existence and some of the pervading symptoms. Being aware also means accepting help, advice and support when you are caught up in this type of transference.

Many of the symptoms will be very similar to any other stressful situations.

However, what those managing the symptoms of STSD may not be fully aware of the extreme nature of the secondary stress, in children who have been severely traumatised.

Children subjected to

PTSD can display seriously disordered attachment patterns, which alone can be difficult to manage. This coupled with their flashbacks, inability to trust or believe that carers are not going to simply repeat the historical model of 'caring' they have experienced from past carers, all places a responsibility on the carers to be much more than just simply caring.

So to list these symptoms and behaviour in yourself simply, when you are displaying some of these behaviours, we will be drawing it to your attention and talking to you about it, as part of your support package from the agency.

- Distressing emotions: - anger, tearfulness, fearfulness.
- Unexplained changes in health: - sleep patterns, eating and drinking, physical illnesses
- Physiological arousal: - jumpiness, nightmares, hyper vigilance
- Avoidance of working with traumatic child: - unable to enter emotional space of the child, or identified with child and sharing child's avoidance.

Additionally -these are signs of a developing STSD: -

Impairment of day to day functioning, leading to such changes in behaviour as -

- Missed or cancelled appointments
- Decreased use of social networks such as cancelling nights out, pleasurable activities.
- Diminished self organization, being late, lacking self care, and so on
- Increased feelings of isolation, alienation and lack of appreciation.

As a **NEWFOCAS** Carer you will receive training in much more detail on this subject and support from trauma aware staff that will help you thought some of the maze of emotions involved. Some of the researched solutions are identified here:

- Training
- Support
- Supervision

Additional ways of treating SD's are:

- Physiological self management
- Psychological therapies
- Other therapeutic interventions

So if a supervisor suggests you explore one of these options, there are sound reason why this is so, and it does not suggest a weakness on your part to have to consider this, it is part of the STSD.

That is a brief run through about us becoming a Trauma Informed Agency. Please also find a link below to the Child Trauma Academy website, based in Houston, Texas where research on the impact of Child Trauma is well advanced. On this site you'll find free online courses that offer creative and practical approaches to understanding and working with maltreated children.

<http://www.childtraumaacademy.com/>