Reducing the Impact of Loss and Trauma in Children

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The Relationship Between Parent and Child is Primary: Attachment

- Goal-directed partnership – evolutionary purpose of maintaining proximity
- A secure base from which the child develops and explores the environment
- Regulates child's sense of security and physical and emotional well-being
- Central to the child's beliefs about the self

Disrupted Attachments: Childhood Parental (Caregiver) Loss

May occur as a result of:

- Adoption
- Death
- Divorce
- Physical or mental illness
- Acts of betrayal: abuse, neglect, abandonment

Psychological Sequelae of Loss

May include:

- Bereavement (e.g., sadness, longing, anger)
- Anxiety and depression (internalizing symptoms)
- Disruptive behaviors (externalizing symptoms)

Adaptation to Parental Loss: Psychological Concerns

- Loss of parent is experienced as a loss of part of the self
- Unrealistic fantasies, e.g., "bad things don't happen to good children"
- Loyalty conflicts
- Relationship to absent/deceased parent is renegotiated with development
- Experiences of abuse and neglect complicate responses to parental loss

Unhelpful Myths

- Young children can't remember
- Time heals all wounds

When is Parental (Caregiver) Loss Traumatic?

Situational Factors

- Sudden, violent, involves betrayal, results in subsequent abuse, neglect, or inadequate care

Child Factors

- Vulnerability (vs. resilience), external (vs. internal) locus of control

Experience of Child Defines Traumatic Loss

- Overwhelms coping strategies
- Feelings of helplessness, rage, and meaninglessness
- Loss of faith in safety and continuity
- Loss of trust

Traumatic Impact of an Event

- **Degree of exposure**
  - How severe/violent the event
  - Proximity to the event (e.g., exposure spectrum following 9/11)
  - Single vs. recurrent
  - Betrayal (e.g., abuse and neglect)
- **Degree of vulnerability**
  - Other prior trauma
  - History of psychiatric disorders (e.g., mood and anxiety disorders)
  - Absence/loss of supports (e.g., runaway/homeless youth)
  - Developmental issues

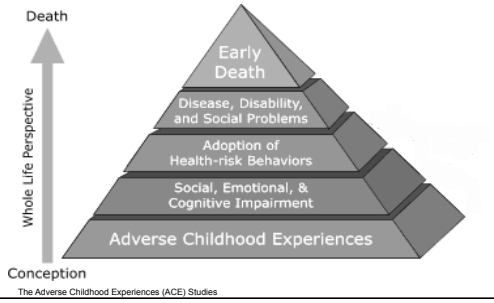
Reactions to Trauma

- **Initial and universal**
  - Fear, disbelief, anger, grief, regression (in children)
- **Long-term problematic states of mind**
  - Rage, mistrust, refusal, withdrawal, despair, numbness, meaninglessness
- **Psychiatric disorders**
  - PTSD, other anxiety disorders, depression, alcohol /substance use disorders, behavioral disorders

Trauma in the Context of Progressive Development

- **Early Childhood**
  - Attachment issues, emerging concepts of self and others, affective regulation, cognitive limitations
- **Middle Childhood**
  - Peer and school-based opportunities/concerns
- **Adolescence**
  - Action in the world (e.g., sexual, occupational), and reliance on internal controls/values

Childhood Trauma Predicts Adult Health



The Adverse Childhood Experiences (ACE) Studies

The Example of Foster Care Placement

- Placement is usually involuntary, most often due to neglect in the context of substance use.
- The paradox: Foster care placement is a time of rescue, but it is also a time of trauma and loss.

Trauma and Bereavement Associated with Foster Care Placement

- Trauma is increased by multiple losses which may include biological parents, siblings, other family members, friends, teachers, school, neighborhood, culture.
- Children need to process trauma and grieve their losses before meaningful new relationships can be formed.

Foster Care Placement: Problems

- The child welfare system often concentrates on abuse, neglect, logistics of placements.
- But children can only develop, function, and heal in the context of relationships.

Foster Care Placement: Problems

- Children have high rates of pre-existing psychiatric illness (>50%) and may be predisposed to future disorders.
- Placement is associated with superimposed and poorly addressed trauma, grief, and attachment problems.
- It is difficult for most adults to keep in mind foster children's subjective and realistic distress.
- Mental health approaches are essential from the outset, but are usually not well integrated.

Foster Care Placement: Problems

- Many children arrive angry, confused, and refusing of care – refusal is the power of the helpless.
- Rage and refusal alienates caregivers, especially if they are unprepared , receive little support, and / or have unrealistic expectations.
- Mental health approaches that show promise have not been adequately disseminated / adopted.

Foster Care Placement: Problems

- Foster parents are the primary agents of change, but rarely receive sufficient preparation, support, or remuneration.
- Foster parents are often treated as interchangeable.
- Failed placements are common.

Attachment Problems Among Foster Children

- With biological parents as a result of abuse, neglect, and separation.
- With new caregivers due to the traumatic nature of removal and placement.
- Disruption of relationships among those who "age out" of care.

Foster Care Placement: Approaches

Consider distressed behaviors in a child from these perspectives:

- How have attachments been disrupted?
- What is the child trying to communicate?
- How might the behavior be adaptive?
- How can the child's voice be represented in planning / decision making?

Foster Care Placement : Approaches

- Preventive services are essential to reducing negative psychological outcomes.
- Give priority to children's attachments in placement / visitation decisions.
- Provide caregivers with assistance managing grief, anger, rejection, withdrawal, fear.
- Normalize feelings—allow children to first process trauma and then grieve their losses.

Foster Care Placement : Approaches

- Build trauma and bereavement services into systems working with vulnerable children.
- Adapt existing models for providing effective mental health interventions.
- Optimize substitute care; adoption of older children
- Offer children opportunities for mentors, coaches, etc. (e.g., at schools, CBOs)
- Document the cost offset value of these interventions.

Special Concerns About Teen Placements and Adoptions

- Advantages
  - Family living is the norm
  - We all have a lifelong need for family support
- Problems
  - Acquiring new parents is out of step developmentally
  - Teens accustomed to little supervision struggle against new controls
  - Teens have a high rate of placement failure
- Approaches need to be tailored toward teens

U.S. Study of Long-Term Health Effects of Enhanced Foster Care

- Adolescent foster children in model Casey Family Programs were compared to similar children in public foster care in the states of Washington and Oregon
- Casey programs cost 60% more
- Enhancements included
  - Better pay for foster parents/case workers
  - More masters level workers with lower case loads
  - Improved access to ancillary services (i.e., case management, tutoring, mental health counseling, summer camp, etc.)

Study of Long-Term Health Effects of Enhanced Foster Care

- Personal interviews were administered to former foster children 1 to 13 years after leaving foster care
- Outcomes: Casey alumni had more stable placements and significantly fewer diagnoses of major depression, anxiety disorders, substance use disorders, ulcers and cardiometabolic disorders, but they had more respiratory disorders

Further Reflections on Strategies that Can Help

- Investing resources in making the first placement work.
- Recognizing foster parents as the primary agents of change and as "extended family".
- Providing foster parents with adequate and realistic information.
- Recognizing that anger and refusal are often a test – only adults who persist are deemed trustworthy.

Further Reflections on Strategies that Can Help

- Being aware that foster children may be primarily focused on physical survival.
- Assuming unspoken loyalty conflicts.
- Realizing a child perceives your investment even if he/she can't acknowledge it.
- Knowing you don't have to replace what a child has lost – every contribution is a building block and any adult can contribute to a traumatized child's life.

Further Reflections on Strategies that Can Help

- Where possible, integrating the child's relationships with biological and foster parents /families
- Assisting a child in finding a path for creating a life that is more than a repetition of the unhappy past (transgenerational transmission of trauma).
- Highlighting strengths and harnessing assets – e.g., academic, musical, athletic, personality – as stepping stones to the future.