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A Systemic-Relational Approach to Working with Children and Families Involved with Foster Care

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Goals of Workshop

- Expand understanding of complex trauma
- Develop understanding of the historical, contextual, and systemic factors that contribute to case stagnation and long-term foster care placement
- Develop understanding of interventions that improve flow of information and create movement in cases
- Develop understanding of interventions that help parents and children repair and build attachment bonds

Definitions of Trauma

Trauma: “Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the response of catastrophe” (Judith Herman, 1992)

Trauma

- Reactions to overwhelming psychological stressors can be viewed as residing on a complexity spectrum –
  - At one end are the responses to a single incident traumatic event that occurs in individuals with no prior history of trauma and no pre-existing mental health conditions
  - At the opposite end are responses to early onset, multiple, extended, and sometimes highly invasive traumatic events, frequently of an interpersonal nature, often involving a significant amount of stigma and shame, that occur in individuals who, for a variety of reasons, may be more vulnerable to stress effects (Briere & Spinazzola, 2005)

Definitions of Trauma

- The term complex trauma describes both a [person's] exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure (NCTSN.org; The National Child Traumatic Stress Network)
- Post traumatic slave syndrome: a syndrome that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutionalized racism today (DeGruy, 2005)

Examples of Traumatic Events

- A serious threat or harm to one's life or physical integrity
- A threat or harm to one's children, spouse, or close relative
- Sudden destruction to one's home or community
- Seeing another person injured or killed as a result of accident of physical violence
- Learning about a serious threat to a relative or a close friend, being kidnapped, tortured or killed
- Stressor is experienced with intense fear, terror and helplessness
- Stressor and disorder is considered to be more serious and will last longer when the stressor is of human design

Symptoms of PTSD

- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
- Physiological reactivity on exposure to internal or external cues
- Marked diminished interest or participation in significant activities
- Restricted range of affect
- Sense of foreshortened future
- Irritability or outbursts of anger
- Difficulty concentrating (Joy DeGruy, 2005, pp. 114-115)

The Brain

- The brain from the bottom up:
  - Brain divided vertically into three main sections
    - The brain stem: the oldest part of the brain, which regulates body functions, including breathing, heart rate, digestive system
    - The limbic system: the “emotional brain”, Includes the amygdala, which is responsible for the fight/flight/freeze response
    - The cerebral cortex: the “thinking brain”, can modulate and manage the amygdala

Emotional Processing: The Low Road and the High Road (Saxe)

- The low road: circuits go directly to the amygdala that prepares the body for emergency responses (fight, flight, freeze)
- The highroad: circuits travel to the cortical areas (the sensory cortex, the prefrontal cortex, and the medial temporal lobe memory system) which assesses the stimuli's degree of threat and transmits signals to the amygdala regarding whether the stimulus signals safety or danger

Dr. Joy Degruy on Black History

- https://vimeo.com/116031345

The Foster Care and Adoption Project's (FCAP) Organizing Beliefs

- A family's presenting problems are inextricably related to contextual factors
- Institutional racism and poverty contribute to foster care placement and the breakdown of families
- Foster care is traumatic for all members of the family
- Systemic advocacy is a part of family therapy
- Parents are doing the best they can
- Parents and children nurture bonds through connection and experience (not parenting classes)

Historical Context

- Before the Civil Rights Movement, black children were disproportionately excluded from openly segregated child welfare services that catered mainly to white families (Roberts, 2013).
- By 2000, black children made up the largest group of children in foster care.

Foster Care Statistics

- In 2015, over 640,000 children spent time in foster care
- 24% of the children in foster care are African American, double the percentage of African American children in the U.S. population
- More than half of children entering U.S. foster care were children of color (childrensrights.org)

Institutional Racism

- *The racial disparity in the child welfare system reflects a political choice to investigate and blame mothers for the cause of startling rates of child poverty rather than to tackle poverty's societal roots. Child welfare philosophy became increasingly punitive as black children composed a greater and greater share of the caseloads. Since the 1970s, the number of children receiving child welfare services in their homes has declined dramatically, while the foster care population has skyrocketed. As the child welfare system began to serve fewer white children and more minority children, state and federal governments spent more money on out-of-home care and less on in-home services* (Dorothy Roberts, 2013)

- Our society has paradoxical, crazy-making policies regarding children and families

- we are a society that is "…willing to pay billions of dollars a year on maintaining poor children outside their homes, but begrudges spending a fraction of that on supporting families." (Roberts, 2002)

- Because the child welfare system sees parental failings, rather than societal failings as the cause of abuse and neglect, state interventions to protect children are punitive in nature (Roberts, 2002)
- "Americans' compassion toward poor children has always existed in tension with the impulse to blame their parents… Racism has consistently led to a resolution of this tension that refuses adequate social support for families and hurts Black families the most (p.173)."

FCAP's Principles of Practice

- We work to stay grounded in a respectful, non-pathologizing therapeutic stance
- We keep historical and contextual factors front and center, so as not to collude with the parent-blaming endemic in the system
- We hold institutions, systemic players, and contextual factors accountable for their part in the placement
- We believe parents should parent

Systemic-Relational Family Therapy

Individual meetings with parents

Individual meetings with children

Meetings with foster parents and birth parents

Meetings between birth parents and children

Meetings between foster parents, birth parents and children

Meetings with workers and parents

Letters to judges, phone calls, etc.

Questions that guide session sequence

- Who needs to talk with whom about what, to keep the flow of information going?
- Who needs to meet with whom to nurture connections, repair ruptures, relay information?

Checks and Balances that Help us Maintain our Practice

Am I listening to the person in front of me?

Are my actions and words punishing or empowering?

Are my actions facilitating or controlling?

Am I balanced or activated?

Viscous Cycle's of Interaction Between Foster Care Workers and Birth Parents

Typical worker experience:

- Foster care system is punitive and litigious with excessive paperwork and complicated legal demands
- Stories of parents neglect and/or are front and center
- Case worker is the point person for birth parent's frustration, anger, sadness, confusion
- Keeping children safe is the mandate – creates on-going state of anxiety
- Unmanageable caseload, overwhelming stress

Typical biological parent experience:

- System experienced as punitive & litigious
- Parent feels de-valued, de-elevated as the foster parents and caseworkers take over their roles
- Parent feels confused by unclear and constantly moving expectations
- Traumatized by foster care placement and lack of control
- Case worker who is supposed to help you is also tasked with concurrently planning for possible TPR

Relationship Building with Parents

- Trust is not expected as a pre-requisite for work – trust is earned
- Anger, avoidance, aggressiveness, hostility, defensiveness, viewed as acts of survival
- Parents' reactivity to system players and experiences seen as traumatic reactions
- Therapy sessions are opportunities to try and understand the experiences of the parents, the worries they have for their children, and the actions they can take on their children's behalf

Systemic Interventions

Advocate for biological parents to be as involved as possible in all parts of child's life during the foster care placement -

- How many activities may involve the parent?
- How much contact can be allowed?
- How many decisions about the child can be left to the discretion of the biological and foster parents, working together?

(taken from Colapinto's *The Patterns that Disconnect*)

Systemic Interventions

- Advocate for biological parents to be given clear, concrete information about what they need to do to get their children out of care
- In our experience, clarity is rare, and the bar keeps moving
  - Why does the worker, judge, lawyer want you to come to family therapy? What are they wanting to see change?

Work With Foster Parents and Birth Parents

- Treat parents as parents
- Use self-restraint when it comes to solving problems: parents (foster parents and birth parents) need to be encouraged to work together to solve problems dealing with the child
- Help parents keep focus on meeting the needs of the children, even when they are given separate tasks of self-improvement (ie. parenting classes, drug treatment program, individual therapy)
- Include birth parents and foster parents in the therapy
- Encourage birth parents and foster parents to share information about the child directly, even if it is uncomfortable
- Prep parents for contact with one another before meetings

Children and Trauma

- Many children in foster care may have learned that their emotional and physical needs will not be met on a consistent basis – internal working models of caregivers might be one of: "you will not always keep me safe"
- Double whammy: a child with a probable insecure attachment experiences the trauma of having the insecure attachment disrupted
- Children then placed with a care-giver (foster parent) who is often unprepared and/or misinformed about what the child needs, how the child might have atypical responses to typical requests

Children and Trauma

- When a child comes into care, foster parents meet someone who often-times exhibits “bad” behavior (ie. children who steal, lie, are angry, depressed, ungrateful, clingy, needy, moody, aggressive, etc.)
- Child will most likely have great difficulty managing affect, regulating internal states, trusting others, soothing self
- The children are not “bad,” ungrateful, disrespectful, rather they are struggling to manage their internal states
- Children on high alert for signs of attack – stress response working overtime

Children and Trauma

- If the child's brain picks up that there is something in the environment that is not safe (a smell, a dark room, a loud voice, a negative comment) the child will move into a protective/defensive mode - happens on a physiological level
- The limbic system (amygdala) has picked up on a cue that there is danger– sends the child into fight, freeze or flight mode
- The parents may see a child yelling, screaming, cursing, stealing, lying, shutting down etc.

Session Structure

- Brief check-in with parent to plan session
- Warm-up ritual
- "therapy time" or therapeutic activity
  On-going flexibility to make room for connecting "fun time" – as therapy frequently counts as a family visit
- Closing ritual

Work with Biological Parents and Children

- We develop collaborative treatment plans with parents (and with children if old enough) – including goals the agency has for the family and goals the parent has for the family
- We work to create moments where children feel known and understood by their parents
- Worker attunes to the parent, encourages the parent to tune-in to the child

Parent-Child Work

We are mindful that parents typically feel they have been mistreated, not their children

- Family sessions/meetings/visits bring up many complicated and overwhelming emotions –anger, loss, confusion sadness
- Continuous state of not-knowing anxiety provoking

Activities to Help Children Make Sense of Foster Care

- Time line/House line (including names of people in homes, descriptions of people, description of memories)
- Genogram with houses
- Life book (including pictures of important people, descriptions of past homes, descriptions of family members, happy memories, scary memories
- Ven diagram (differences and similarities)
- Difference and Similarities List

Connecting and Calming Activities

- Relational questions game
- Simon says
- Hide the cotton ball
- Grounding to the senses
- Throwing while talking
- Copy cat
- Chip eating contest/feeding one another
- Blowing bubbles
- Freeze frame dance party

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- The following websites/links provide information on the most up to date research/clinical work with children and trauma:

- www.childtrauma.org (includes work by Bruce Perry)
- The Trauma Child Traumatic Stress Network, www.nctsn.org
- www.traumacenter.org (includes work by Bessel Van der Kolk)
- www.child.tcu.edu (includes work by Karyn Purvis)
- www.dulwhichcentre.au.com - Michael White's website on Narrative Therapy
- www.colapinto.com - Jorge Colapinto's website on Structural Family Therapy
- http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/foster-care.html
- www.childrensrights.org