Serving Children in Foster Care in the School Setting

Presented by:
Angela Mains, MA, LPC, Registered Play Therapist
Jennifer Travis, LICSW
Objectives

• Understand the factors that contribute to attachment and trauma

• Know how to recognize signs in your students

• Learn how to approach these children in a way that helps them to learn and heal
Every School Professional’s Dream…

Describe your ideal student.
Every School Professional’s Nightmare…

• Describe your most challenging student.
• What drives their behavior?
• What causes each child to act so differently?
A Different World

6 Major Risk Factors to Healthy Development:

- Difficult Pregnancy
- Difficult Birth
- Early Hospitalization
- Abuse
- Neglect
- Trauma

(Karyn Purvis Institute of Child Development)
What is trauma?

- Trauma is anything that a person sees as really scary and makes them worry that they or someone else would be significantly hurt or killed.

- Trauma is in the eye of the beholder: it’s all about perspective.

- It’s not about what happened, it’s about how someone feels about what happened.
Trauma

- Loss=Trauma
- Abuse=Trauma
- Neglect=Trauma
- Separation=Trauma

We want to *minimize the trauma* experienced by these children and *provide continuity of care* for them so that they can perform the role of a child.
Developmental Trauma

• Forms within the context of relationship
• Can occur prenatally or at a very young age
• Often occurs repeatedly within relationships that are supposed to be protective, triggering both the attachment cycle and the stress response simultaneously
• Can result in disorganized/fearful attachment
Top Down or Bottom Up?

Trauma changes the way the brain works:

Neocortex – Rational thinking
Limbic system – Attachment, emotions, compassion; learn through experiences; no past, present, or future
Brain stem – Primitive brain; fight, flight, or freeze responses

*Trauma causes the neocortex to go off-line.
Why does trauma matter?

Trauma changes the way the brain works:

Maxwell, 2014
Why does trauma matter?

Trauma changes the way the brain works:

Maxwell, 2014
Once the amygdala picks up on a threat, it talks to a part of the brain called the hypothalamus, which in turn releases chemicals...

adrenal glands pour out steroids (including the stress hormone cortisol) and adrenaline…to give it more energy.”

http://www.huffingtonpost.com/2013/03/19/body-stress-response_n_2902073.html
Let’s see how this works…

THE BOX
The rush of adrenaline experienced in this case can affect heart/lung functions. You may experience rapid heartbeat and/or breathing.

Cortisol, a “stress hormone”, has been activated. While the fluctuation of cortisol throughout the day is normal, “when children have too little or too much cortisol in their body over an extended period, it can cause serious problems… chronically high levels of cortisol are actually toxic to the cells in the brain.”

(Purvis, Cross, & Sunshine, 2007)
“A confident, well-regulated adult can take a child out of a fire and have less trauma than an anxious, dysregulated adult conveying fear to a child who falls off his bike.”

A caregiver’s response to an event can greatly affect the traumatic impact on a child.
Stages of Psychosocial Development

1. Trust vs Mistrust
2. Autonomy vs Shame & Doubt
3. Initiative vs Guilt
4. Industry vs Inferiority
5. Identity vs Role Confusion
6. Intimacy vs Isolation
7. Generativity vs Stagnation
8. Integrity vs Despair

Increases in Complexity

Proposed by Erik Erikson
What is attachment and why does it matter?

- Basic human need
- Safe haven
- Trust and reciprocity
- Brain development
- Self-regulation
- Core beliefs
- Morality
- Resilience

(Orlans & Levy, 2006)
Attachment Cycle: First Year of Life

**Need**

**Expressed:**
- Arousal/Displeasure

**Gratification:**
- Need met

**Relief:**
- Relaxation
Attachment Cycle: Neurochemistry

Inhibitory Neurotransmitters
- Serotonin
- GABA
- Dopamine

Excitatory Neurotransmitters
- Norepinephrine
- Epinephrine
- Glutamate
- Dopamine
- Cortisol
Attachment Cycle: Second Year of Life

Wants

Caregiver responds appropriately

Caregiver’s Boundaries:
Limit setting “no”

Child’s response:
Accepts, tests, or defies limits
Inner Working Model (IWM)

- Secure Attachment:
  - Self – I am good, worthwhile, competent, loveable
  - Caregivers – They are responsive, dependable, caring, trustworthy
  - Life – My world feels safe, life is worth living
Inner Working Model (IWM)

• Insecure/Compromised Attachment:
  • Self - I am bad, unwanted, worthless, helpless, and unloveable
  • Caregivers – They are unresponsive to my needs, insensitive, hurtful, untrustworthy
  • Life – My world feels unsafe, life is not worth living
• *Egocentric – how you treat them is what they’ll think of themselves
Relational Trauma and Mental Diagnoses

Relational Trauma & RAD

- Posttraumatic Stress Disorder
- Attention Deficit Hyperactivity Disorder
- Depression
- Oppositional Defiant Disorder
- Bipolar Disorder
- Conduct Disorder

(Orlans & Levy, 2014)
Window of Tolerance

Large Window of Tolerance

Small Window of Tolerance (fear threshold)

Ash

Bobby

Adapted from Dr. Daniel Siegel
It is critical that we consider the Reasons, Feelings, and Behaviors that shape the responses of children in care.

(Bayless & Craig-Oldsen, 1991, 1999)
Behavior

The primitive brain’s “fight, flight, or freeze” response can make a child…

- Run away and hide
- Lash out physically or verbally
- Get angry or cry
- Stonewall and become unresponsive
- Try to control the situation

(Purvis, Cross, & Sunshine, 2007)
Framework for Intervention AGGRESSION

Willfully Disobedient
Could if wanted too

Power Struggles
Caregiver/Teacher
Increase Frustration
Enforcing More Rules
Cycle of Conflict Reinforced
Caregiver/Teacher
Child
More Resistive
Oppositional Behaviors Increase
Social Problems (Rejection, Alienation)
PEERS

Survival Behavior
Spontaneous Fight or Flight

TENSION

Developing Personal Safety Through Prevention & Skill Building
Caregiver/Teacher
Child
Affirm Feelings
Create Awareness
Recognition of Fears
Alternative Language/Behavior Expression
Reduce Frustration
Provide Appropriate Expression
Recognize Child’s Limitations
Cycle of Conflict Reduced
<table>
<thead>
<tr>
<th>Reasons for Placement into Care</th>
<th>Corresponding Feelings</th>
<th>Resulting Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Behavior

This creates the framework for how we respond to children’s behaviors. When we come to recognize behaviors as the expressions of needs, then we can try to meet the need instead of react to the behavior.

(Bayless & Craig-Oldsen, 1991, 1999)
Role of a Child

What is the role of a child?
Role of a Child

To play and learn!

When children feel safe, they can learn.
Hierarchy of Learning

Motivation, Learning, creativity, problem solving, memory, curiosity

Self-esteem, self-respect, confidence, respect of others, respect by others, desire to achieve

Friends, teachers, school administrators, counselors, school personnel, family

Physical safety, emotional safety, free from bullies, free from harsh punishment

Breathing, free from hunger and thirst, rested, homeostasis, regulation

Physiological

Safety

Relationship/Love

Esteem/Self-Love

Learning

Forbes, 2012
What does this mean for the school environment?

- Heathy teacher-student relationship
- Regulated environment
- Meeting children’s emotional needs
- Reducing stress that leads to being overwhelmed

Forbes, 2012
Healing Through Relationship

- “A child can be taken out of trauma but not so easily can the trauma be taken out of the child. Past patterns of chaos are now the current framework for navigating his world; he knows no different.”

- “The most effective way to change these patterns come through safe, nurturing, attuned, and strong human connection.”

- Heather Forbes
Creating Felt Safety

- What does “felt safety” mean to you?
- “Felt safety means **adults arrange the environment and adjust their behavior** so children can feel in a profound and basic way that they are truly safe in their home and with us.”

(Purvis, Cross, & Sunshine, 2007)
Tips

Maintain a healing attitude:

• You cannot “fix” the child, but you can create an atmosphere in which the child can change
• Re-evaluate how you label the child’s behavior
• Balance flexibility within structure
• Proactive, not reactive
• Connection, not control
How to Support a Child in Care

- Establish firm boundaries
- Listen to intense emotions
- Interact playfully with your student
- Respect your student’s need for personal space
- Give choices
Emotional Intelligence

- Name Feelings
- Coach children through painful emotions

Tunnel

Cave
Practical Ideas

• Create a daily, predictable schedule.
  • Over communicate with \textit{simple} words and pictures
  • Build in frequent and healthy snacks (every 2 hours).
  • Create moments for physical activity (every 2 hours).

• Allow for free and outdoor play.

• Add in brainstem calmers regularly.
Brainstem Calmers

- Relational
- Relevant
- Repetitive
- Rewarding
- Rhythmic
- Respectful

Examples:
- Walking
- Dancing
- Running
- Skipping
- Jumping
- Drumming
- Tapping
- Singing
- Breathing
- Movement
- Music
How to Support a Child in Care through Group Work

• Consider forming play-based nurture or Theraplay® groups

• 3 Rules:
  • No Hurts
  • Stick Together
  • Have Fun
Groups

- Nurture Group Video – child.tcu.edu
- Theraplay® demonstration – www.theraplay.org
Teaching Self-Regulation

Engine Plates

- Blue
- Green
- Red
Q & A
References


References


• Purvis, K. B., Cross, D. R. (2011, September). TBRI® Professional Training Program presented by the TCU Institute of Child Development. Training conducted at Texas Christian University, Fort Worth, Texas.


• Purvis, K. B. (2015). TBRI for teens – Video clip

• Engine Plate. The Alert Program. Therapy Works Inc

Find more great resources provided by Lifeline Children’s Services at: www.lifelinechild.org