

BERRY STREET TAKE TWO

Healing Childhood Trauma



Engaging children living in out-of-home care
in therapeutic services

Contents

Who is this guide for?	3
Support to help you engage	3
Risks of not engaging	4
Understanding what the child has experienced	5
Behaviour as a symptom	5
Key considerations	6
1. Showing that you are worthy of their trust	6
2. Dealing with self-soothing behaviours	6
3. Step out the engagement process	7
4. Provide shorter and more frequent interactions	9
5. Make it enjoyable	9
6. Build cultural identity, belonging and safety	10
How to plan your engagement with the child and their carer	11
Engagement Planning Tool	12
References	15





Who is this guide for?

This guide is for professionals providing therapeutic services to children in out-of-home care.

Approximately
55,000
children aged
0-17

live in out-of-home care or with adults who have been granted parental responsibility by the courts.¹



Support to help you engage

This guide supports you to plan engagement with the child and their carer. It encourages you to consider the child's experiences, their likely challenges and then plan helpful responses.

We have developed an Engagement Planning Tool to help you plan how you're going to engage with children and their carers.



¹ Australian Institute of Health and Welfare 2020. Child protection Australia 2018–19. Cat. no. CWS 74. Canberra: AIHW.



Risks of not engaging

Children in out-of-home care can present with emotional and behavioural issues that make engaging with them challenging. We know without the establishment of a trusted therapeutic relationship, these children (and their carers) are far more likely to drop out of trauma-related treatment².

The way we engage with children and their carers at the start of our therapeutic work is crucial to securing ongoing connection and positive outcomes.

² Yasinski C, Hayes AM, Alpert E, McCauley T, Ready CB, Webb C, Deblinger E. Treatment processes and demographic variables as predictors of dropout from trauma-focused cognitive behavioral therapy (TF-CBT) for youth. *Behav Res Ther.* 2018 Aug;107:10-18. doi: 10.1016/j.brat.2018.05.008. Epub 2018 May 23. PMID: 29800623.



Understanding what the child has experienced

Many children living in out-of-home care have experienced abuse and neglect from parents, family members and other significant adults in their lives. They may have missed out on the reliable and attuned caregiving that is needed for healthy childhood development. This can make them seem younger emotionally and physically³ than their age.

Children who experience abuse and neglect can develop deeply held assumptions about how adults might behave and treat children. These children might expect all adults to be unsafe and untrustworthy. You should expect they may feel this way about you initially.

Responding to childhood trauma is complex and often difficult. As professionals, we must seek to understand the reasons behind a child's behaviour, and our engagement must focus on them seeing that you are safe, trustworthy and reliable. These key considerations inform the engagement planning process outlined here.

Behaviour as a symptom

Children can display complex behaviours as a result of past experiences and relationships. For adults these behaviours can be stressful. Adults can experience these children as being high-risk, resistant and oppositional. These perceptions make it hard to see what is going on inside the child's mind and body, and what they need from adults to help manage their distress and recover.

³ Australian Childhood Foundation; Centre for Excellence in Therapeutic Care, May 2020. Practice Guide, Creating a balance between empowerment and limit setting in therapeutic care.

Key considerations

1. Showing that you are worthy of their trust

Traumatic childhood experiences can make relationships and the world feel unsafe. Children living in out-of-home care have often only had negative or abusive relationships with adults. This can make it difficult for children to engage with us because they may see all adults as potentially threatening and untrustworthy.

Studies show that therapeutic gains cannot begin without the child first experiencing trust in the relationship⁴.

Implications for practice

- When children feel threatened, they learn adaptive behaviours to cope or keep safe. It's helpful to think about the challenging behaviours we see – rejection, anger, withdrawal and even violence – as ways they have learnt to protect themselves from perceived danger.
- We can think about 'resistant' behaviours differently. By understanding that those behaviours, and even characteristics of the child's personality, have evolved to keep them safe from a dangerous world. We can read signs of resistance to forming a connection as indicating the child feels unsafe, and trust needs to be developed.
- It's reasonable to expect children in out-of-home care to have had many professionals coming in and out of their lives. The child – and their carer – might not see value for them in developing a relationship with yet another person. It's up to you to show them how you can help.

2. Dealing with self-soothing behaviours

Children try to make themselves feel better using learned self-soothing behaviours. Dr Bessel van der Kolk – a psychiatrist and author specialising in post-traumatic stress – tells us that when it comes to trauma, 'the body keeps the score'⁵. This means that mistreated children experience danger as sensations within their bodies that they might not understand or be able to describe. They are primed to sense danger even when it no longer exists and will act out emotionally as well as physically.

These children's brains are responding to perceived danger instinctively, without conscious thinking. We cannot rely on just talking to soothe children in a fearful state. We need to think about how we can help them to control or regulate their body's threat-activated responses.

Many children with this type of stress response develop ways of soothing themselves that are problematic. They might use risky behaviours such as aggression, violence, substance use or developmentally inappropriate sexual activity. Others might turn their painful feelings inwards: using self-harm, social withdrawal, disconnection or dissociation as ways of coping.

⁴ Beaton, J, Thielking, M. Chronic mistrust and complex trauma: Australian psychologists' perspectives on the treatment of young women with a history of childhood maltreatment. *Aust Psychol.* 2020; 55: 230–243. <https://doi.org/10.1111/ap.12430>

⁵ Taylor, M (2014) Not in Isolation, The importance of relationships and healing in childhood trauma

These self-soothing reactive behaviours are not a conscious choice, and just imposing consequences won't change them. An important part of engagement is learning how to support the child to self-regulate, so that they can then connect with you and experience safety and trust. Regulation and connection are critical foundations before you can attempt to change behaviour.

The act of meeting a new, unfamiliar adult is likely to trigger a stress response, resulting in self-protective or self-soothing behaviours. These behaviours can be subtle or extreme. Often adults react by trying to stop the child using these behaviours by remonstrating with them and threatening negative consequences. This can do more harm than good. Removing or criticising the child's instinctive self-protective or self-soothing responses at this stage could escalate their stress reactions and make engagement more difficult.

A more successful approach can be to build developmentally matched, sensory-based and rewarding activities into the time you spend with the child. By providing opportunities to engage in physical experiences that activate the senses you can help manage the stress that leads to difficult behaviours.

Where possible, try to ensure that the environment where you meet the child contains resources and activities that match their stage of development and their interests. Things such as toys, art materials and fidget tools are good, and consider including physical activities like walking or playing with a ball. These sorts of experiences provide important sensory input that will help to regulate the child's stress response when meeting with you. They may also help you regulate yourself – a critical element of any effective engagement strategy.

Implications for practice

- Removing or challenging the child's self-protective or self-soothing strategies can result in escalating their stress response.
- Plan developmentally matched activities in a child-friendly space.
- Think about how you can help the child transition into sessions with you or another professional. Options might include: a letter or a photo introducing the professional and working space, their carers coming with them, bringing toys they love, or developing or using a pre-existing calming ritual.
- Think about the sensory needs of everyone involved, provide tools and plan calming transition experiences to try out.

3. Step out the engagement process

It's likely that children who have experienced developmental trauma will go on 'high alert' when engaging with unfamiliar adults, even when it's done in a planned and careful way. There are some brain-aware ways professionals can interact with the child to reduce both the intensity and duration of the 'high alert' response.

We can use a sequenced engagement approach called ‘the three Rs’ – regulate, relate, reason⁶ to first soothe (**regulate**) the threat-focused parts of their brains and reduce fear-based responses.

Once they are regulated, then we can effectively develop a connection (**relate**) with them, which forms the foundation of the therapeutic relationship. As professionals, much of our interaction with these children involves talking, questioning, planning and reflecting (**reasoning**) – all of which require the child’s cortical areas of the brain to be active.

We can’t expect a child who is attuned to danger to think clearly if they aren’t feeling regulated or like they can relate to us. By addressing the needs of the child to soothe their body’s reactions and then form a safe connection first, we can then move to being able to engage with them. This approach – including the systems of the brain involved – is summarised below.

Engagement approach	Systems of the brain	Practical examples
Regulate – help the child to feel safe and calm	Lower brain, brain stem	<ul style="list-style-type: none"> • Create predictability – let the carer and child know what your time together will look like. • If meeting in your office, describe how they will be brought in and welcomed. • Be conscious of the timing of the session in relation to the child’s routine and attention span. • Meet in a peaceful physical environment that feels safe for the child, with a supportive carer or adult present. • Have access to activities that suit their developmental abilities. • Consider meeting more frequently for shorter sessions, rather than longer sessions less often.
Relate – form a connection with the child	Mid-brain and limbic systems	<ul style="list-style-type: none"> • Explain to the child who you are and what they can expect from you. • If appropriate, engage in an activity side-by-side rather than face-to-face. • Accept their view of the world without challenging their reality. • Be curious about their thoughts, feelings and experiences. • Provide positive feedback by noticing good things about them. • Be honest about what you can and can’t do, and explain expectations.
Reason – help them think and reflect	Upper brain – neo cortex	<ul style="list-style-type: none"> • Depending on the child’s developmental abilities, help them to make meaning of their feelings and experiences using words or play. • Introduce more complex ways of relating that involve paying attention, listening, reasoning and responding.

⁶ Perry, Bruce D., and J. Stuart Ablon. “CPS as a Neurodevelopmentally Sensitive and Trauma-Informed Approach.” Collaborative Problem Solving. Springer, Cham, 2019. 15–31.

4. Provide shorter and more frequent interactions

Interact with the child in frequent, short and pleasurable bursts, rather than long, weekly appointments. Children who have learnt to distrust or fear others have typically developed some ingrained neural pathways. These brain connections can lead to problematic behaviours including avoidance, aggression or even violence that they've developed to keep themselves feeling safe.

We can help them experience other ways of being in relationships and to understand that adults can be safe and trustworthy. By demonstrating this repeatedly, we can help develop new neural pathways in the child's brain. These new pathways help the child feel safe and relate to others better, leading to gradually reducing problematic behaviours.

Implications for practice

- Be patient and persistent in your attempts to engage the child.
- This might mean scheduling two or three shorter interactions a week instead of one longer one.
- These shorter, more frequent bursts⁷ of positive experiences (possibly only 5–10 minutes at a time) are more likely to lead to the longer-term brain changes needed to develop trust compared to lengthy and overwhelming sessions.
- Be predictable and reliable in your behaviour.
- Establish routines for each session, be clear about expectations and boundaries, and always do what you tell the child you'll do, or at the earliest opportunity explain to the child why this might have changed.

5. Make it enjoyable

Providing interactions that are pleasurable for the child is essential to developing engagement.

The child (and their carer) will learn to associate your supportive relationship with a feeling of pleasure or reward. This type of reward is an internal, emotional and neurobiological process that comes from feeling safe, connected and understood.

Implications for practice

- Introduce a choice of games or activities for the child to choose from during sessions.
- Show interest in what the child is interested in.
- Treat the child and their carer with unconditional positive regard.
- Provide genuine positive feedback.
- Use a strengths-based approach.

⁷ Perry, Bruce D., and J. Stuart Ablon. "CPS as a Neurodevelopmentally Sensitive and Trauma-Informed Approach." Collaborative Problem Solving. Springer, Cham, 2019. 15–31.



6. Build cultural identity, belonging and safety

Children benefit from (and are entitled to) engagement approaches that are culturally familiar and safe. This means we must learn about and pay respect to their cultural identity and its significance to the way we engage and connect with the child.

This may require the guidance of someone from the same cultural group as the child. Professionals should consider utilising the knowledge of Elders, carers, staff in community organisations, respected community members or other types of cultural advisers.

Questions to ask them might include:

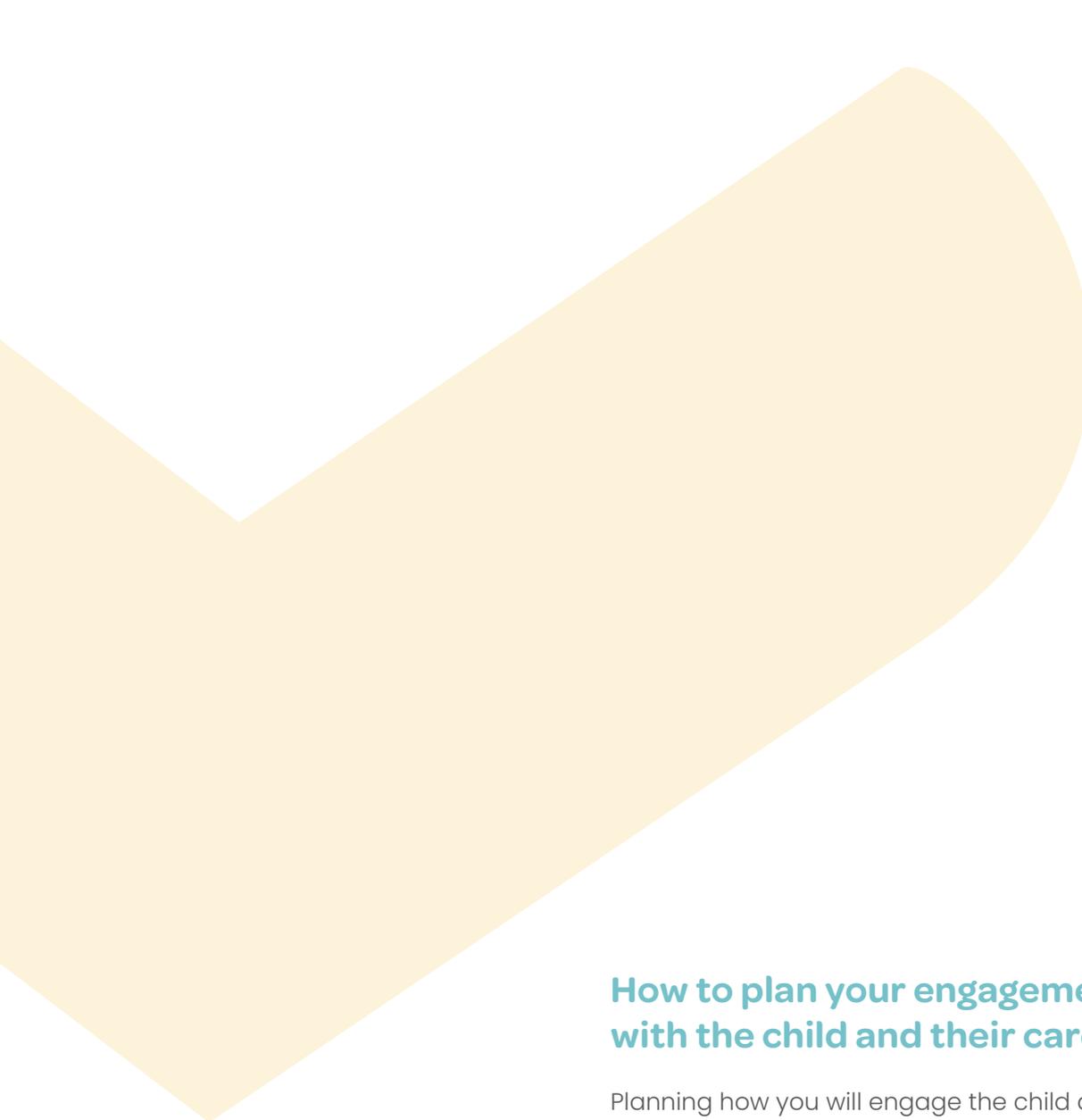
- What is this child's identity?
- What do I need to know about the history of their family, community and country?
- What must I do to be experienced as culturally safe?
- Are there any cultural protocols I should be aware of?

The involvement of carers is an essential part of engagement for a child from any culture. Those children who have the support of an informed, involved and invested carer throughout engagement, assessment and intervention demonstrate more rapid and lasting positive outcomes².

Implications for practice

- Establish the cultural identities of child and carer.
- Be continually curious about the role of culture in a child's life.
- Consult with a cultural adviser about the engagement process.
- Meet with the carer. Explore their involvement and highlight the importance of their role.
- Identify a culturally safe place to meet.
- Be open to adapting your approach to prioritise cultural safety.
- Develop a knowledge of social protocols relevant to the child and carer's cultural identity.

² Yasinski C, Hayes AM, Alpert E, McCauley T, Ready CB, Webb C, Deblinger E. Treatment processes and demographic variables as predictors of dropout from trauma-focused cognitive behavioral therapy (TF-CBT) for youth. *Behav Res Ther.* 2018 Aug;107:10-18. doi:10.1016/j.brat.2018.05.008. Epub 2018 May 23. PMID: 29800623.



How to plan your engagement with the child and their carer

Planning how you will engage the child and their carer can help you think ahead and prepare for challenges you might face.

Our Engagement Planning Tool suggests you:

1. Pay attention to what happened to the child in the past.
2. Think about what past experiences might mean for them in the present.
3. Plan how you can respond by using approaches that build trust and safety.

Engagement Planning Tool

1 Seek information about the child's history of relationships and trauma

Think: Gather as much information as possible about the child's history as you can, particularly their early life (conception to age 4), and their relationships with adults.

Plan: What experiences have they had which might influence how they react to adults? What patterns of behaviour are observed that indicate how they might respond to you? How does this inform your approach? Be clear yourself about your role with the child, and how this will be communicated to both carer and child.

2 Plan your engagement with the carer

Think: How to engage with the carer.

Plan: What is the best way to make contact? Key tasks of this activity – clear communication about your role. Establish their involvement with the process. Provide as much information as possible about how this will look. Establish the best way to engage the child based on their developmental abilities and personal preferences.

Engagement Planning Tool

3 Plan your interactions with the child, thinking about physical, cultural and emotional safety

Think: How will the first few meetings look and how will this be communicated to the carer and child?

Plan: What is the purpose of the meetings? Where should they occur? The physical environment should be experienced as safe with opportunities to engage in developmentally matched activities. How will the child be transitioned into and out of the meeting? What needs to be done to ensure the carer is confident about supporting these transitions? What potential challenges exist?

4 Create predictable and reliable experiences in your relationship with the carer and child

Think: What needs to be done to establish a predictable pattern of interaction that will help with the development of trust and safety?

Plan: How will you provide frequent, short bursts of interaction with the child and carer to establish trust? How will this be communicated to them? Are there routines that can be implemented to help with predictability? Routinely use active listening and reflect back to the child and carer what you are seeing and hearing them say.

Engagement Planning Tool

5 Anticipate challenges and how to thoughtfully respond

Think: Given the child's likely sensitivity to threat, how might they act to keep themselves safe? What challenges could emerge that are experienced as resistance to engagement or inappropriate behaviour? What are the likely reasons behind them?

Plan: How to respond supportively to engagement challenges. What challenges might emerge? How can you respond in a way that maintains boundaries but communicates positive regard of the child? How can damage to the relationship be repaired?

References

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BERRY STREET TAKE TWO

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Berry Street's Take Two program is a Victoria-wide therapeutic service helping to address the impact on children of the trauma they have experienced from abuse, neglect or adverse experiences.

We use clinical frameworks, neurobiological research and evidence-informed approaches to repair family relationships and develop networks of caring adults that focus on what the child needs.

All babies, children and young people deserve to feel safe, loved and valued.

We also provide specialist clinical training and consultancy services.

Berry Street Take Two

03 9450 4700

taketwo@berrystreet.org.au

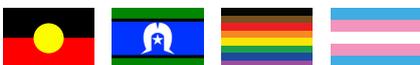
www.berrystreet.org.au/take-two

Berry Street's Take Two Program is a partnership with:



**Berry Street
believes children, young
people and families should
be safe, thriving and hopeful**

Berry Street is committed to the principles of social justice. We respectfully acknowledge the traditional owners of the lands and waters of Australia.



Models appear in our photographs to protect the identity of our clients.
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