Three things you need to know about the child who experienced trauma at home

And what to do about it!

A short introduction to complementary resources for home and school

By Colby Pearce

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Prologue: *Punishment is Problematic*

People do not act for no reason.

They may act in response to a thought.

They may act in response to an emotion.

They may act in response to a need that requires satisfaction.

They may act in response to something that has occurred in their environment.

They may act because the way their brain developed impairs their capacity to think before they act in the presence of a trigger (stimulus).

If we accept the truth that people do not act for no reason, then we must similarly accept that when we punish a child for their actions without any effort to try to understand why they did what they did, we are essentially communicating to them that their thoughts, feelings, needs, experiences and biological characteristics are unimportant or invalid. Repeated often enough, the child develops the belief that ***they*** are unimportant and invalid.

The consequences of invalidation include behavioural problems, emotional problems, preoccupation with needs and a lack of regard for the impact of one's behaviour on others.

We can avoid perpetuating maladaptive behaviour in children by responding with understanding to the reason for their behaviour and, in doing so, nourish connections that support their self-regulation and adherence to behaviour conventions.

Introduction

Imagine you are at work at 4:45pm on a Friday afternoon. Your supervisor (who is also your mentor) calls you into their office. You are asked to close the door and be seated. Once seated, your supervisor advises you that a serious complaint has been received about your performance and conduct at work. You are told by your supervisor that they are conducting further enquiries into the matter and that a meeting has been scheduled for 9am on Monday morning to discuss the complaint and what action will be taken. You are advised that you are required to attend the meeting.

Hold in mind that you are not aware of any wrongdoing you may have committed. Now, take a few moments to place yourself in the same or similar scenario and think about how you would feel.

How would you feel?

I anticipate that you may feel considerable unease and worry about the matter. You may have a lot of questions about what it could be. The person with whom you would like to discuss your worries is your supervisor/mentor and, unfortunately, they are conducting the investigation. You are unsure who knows about the complaint, who does not, and who among your colleagues to trust. The potential for shame and embarrassment are impediments to approaching close colleagues for support and guidance.

You are heavily committed financially and not in a position to resign. You are not aware of any other comparable jobs that pay at the same level. Effectively, you do not have the option to leave your job.

Now, imagine you are at the Monday meeting, where you learn that it is, in fact, a colleague that has made the complaint and that a further complaint has been received from a second source that corroborates the first complaint.

What thoughts go through your mind now?

Taken together, I anticipate that your thoughts might be summarised as *who can I trust?* You may well be experiencing shock, disbelief and high levels of fear of what may happen next. That is, you might be wondering where the next blow is coming from.

Now, imagine a child who is experiencing a prolonged period of fear and emotional pain with limited or no coping strategies and the person they should be able to rely on for help is the source of their fear. Imagine this happens to the child over and over, though not with any predictability. This is the experience of children for whom Complex Trauma is or has been a part of their life.

Complex Trauma occurs where children experience:

- prolonged and debilitating fear and distress
- as a result of adverse experiences that occur recurrently and/or in combination, and

where the person or person's who are responsible for keeping the child safe from harm and alleviate their distress is/are:

- unable to alleviate the child's distress, or . . .
- are the one's responsible for the child's fear and distress.

The type of trauma being referred to here is also known as:

- *Complex Developmental Trauma* – because it occurs during a period of formative development and shapes all aspects of the child's development;
- *Attachment Trauma* – because it usually occurs in the context of the child's first attachment relationships, where one or other or both of the child's first attachment figure(s) is responsible for the trauma experience;
- *Abuse* – an act of commission that results in physical and/or emotional and/or psychological harm; or
- *Neglect* – an act of omission that results in physical and/or emotional and/or psychological harm.

Hereafter, and throughout this resource, I will refer to the experiences of these children generically as *trauma at home*.

My name is Colby Pearce and I am a Clinical Psychologist with almost thirty-years-experience as an applied researcher, clinician, writer and trainer in child and adolescent mental health and child welfare. For almost all my working life I have offered professional services to children and young people who have experienced trauma at home, and adults who interact with them in various roles (including parents, foster carers, kinship carers, residential carers, adoptive parents, teachers, social workers, youth workers, and judicial officers). I am the author of the Triple-A Model of Therapeutic Care, which is entering its fourth year as the primary therapeutic model of care among TUSLA (Child and Family Agency) general and relative foster carers in County Donegal, Ireland. I am also the author of the CARE Therapeutic Framework, which is currently being implemented in the Department for Child Protection (DCP) Kinship Care Program in South Australia.

In my working life I have observed adults in various roles struggle to consistently meet the significant needs of children who have experienced trauma at home. Notwithstanding the best intentions and efforts of these adults, relationship breakdowns and changes in care and/or education placements are all-to-familiar experiences for the children. Frequently, these children are denied basic fundamentals, such as a stable home and education placement.

Though there is no shortage of information that describes the impact of trauma at home on the developing child, this knowledge either does not translate well into practical and feasible care and management practices or there is an apparent reluctance to deviate from widely-implemented, conventional care and management practices. This led me to develop practical, user-friendly and back-to-basics approaches for the care and management of these deeply hurt and, often, troubled children that are confined to conventional aspects of caregiving and relating and address the impacts of, and support recovery from, trauma at home.

After reading *the expanded resources* you can expect to have a conceptual framework for understanding the impact of trauma at home on the developing child and be able to develop and implement a plan to support their recovery based on familiar aspects of caregiving and relating. You will also be able to problem-solve in relation to ongoing behaviours of concern and implement practical steps to address them. Further you will be able develop and implement a practical self-care plan that supports your best efforts on behalf of children and young people who have experienced trauma at home, and positive outcomes for them.

Throughout the resources I mostly refer to *child* or *children* for ease of expression but would have you keep in mind that the information and strategies contained therein are applicable to *children and young people* – including teens.

I wish you well in your endeavours and hope that the resources:

- confirm and validate what you already know and already do; and
- enrich, in some way, your knowledge and approach to the care and management of children who have experienced trauma at home.

Colby Pearce
March 2019

If you can't explain it simply, you don't know it well enough.

- Albert Einstein

Part 1: Three things you need to know about the impact of trauma at home

Trauma at home adversely impacts three key factors that play an important role in the developing child's approach to life, learning/development, and relationships:

- Attachment (or, how the child thinks about, and interacts with, themselves, others and their world);
- Arousal (or, the psycho-physiology of performance, emotion and behaviour activation systems);
- Accessibility to needs provision (or, what the child has learnt about the accessibility and responsiveness of adults in a caregiving or caretaking role).

Attachment refers to the dependency relationship an infant develops to his or her primary caregivers during the first year of life. Our knowledge of attachment derives from Attachment Theory. Attachment Theory was initially developed in the 1940's, in part to account for observations that were being made of institutionalised children and those who experienced prolonged separation from their primary caregivers; including by reason of lengthy hospital admissions and those children displaced from their families during World War II[1]. Since its early development, Attachment Theory has been the focus of an enormous amount of research and has become widely used in child protection as it offers an explanatory framework for differential outcomes for children based on caregiving practices. In addition, Attachment Theory informs us about a child's relationship with themselves, others and their world.

Relationship with:

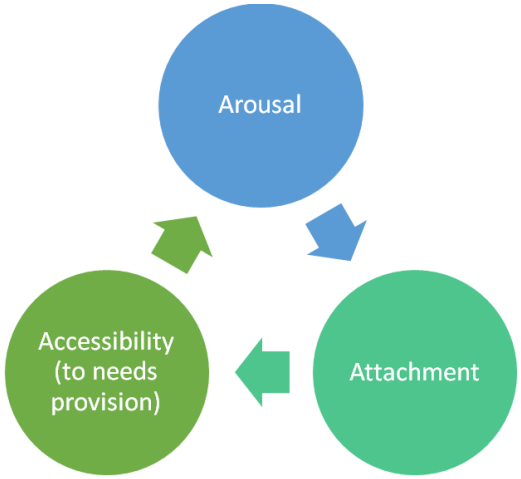
- Self
- Other
- World

- Performance
- Feelings
- Behaviour

Arousal refers to the level of activation of the nervous system. From a psychological point of view, arousal is significant for (at-least) three reasons. Firstly, arousal affects how well we perform tasks, and activities more generally. Secondly, arousal is implicated in how we feel. Thirdly, arousal is implicated in how we behave, including our approach to life and relationships. In particular, arousal is implicated in the behaviour activation system that is activated when individuals perceive a threat to themselves or someone close to or close by them and their associated feeling of anxiety (known as the *fight-flight-freeze response*).

Accessibility to needs provision refers to what children have learnt about the reliability and predictability with which their needs will be addressed by adults in a caregiving role, and learnt behaviours that serve to reassure the child that their needs will be satisfied. Accessibility to needs provision is based on Learning Theory and the Operant Conditioning paradigm[2, 3].

What children have learnt



In combination, I refer to these three factors as the "Triple-A Model"; or "Triple-A" for short[4]. In the expanded resources, and in my training programs[5], I explain each factor further and how it is impacted by trauma at home. Thereafter, I present practical strategies and a plan for supporting a child's recovery from trauma at home.

For more information about the Triple-A Model, click here.

[1] Bretherton, I. (1992) The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology,* 28: 759-775.
[2] Skinner, B. F. (1938) *The Behaviour of Organisms: An Experimental Analysis*. New York: Appleton-Century
[3] Ferster, C.B. and Skinner, B.F. (1957) *Schedules of Reinforcement*. New York: Appleton-Century-Crofts
[4] Pearce, C.M. (2010) An Integration of Theory, Science, and Reflective Clinical Practice in the Care and Management of Attachment-Disordered Children: A Triple-A Approach. *Educational and Child Psychology (Special Issue on Attachment),* 27 (3): 73-86
[5] The Triple-A Model of Therapeutic Care; The CARE Therapeutic Framework

Part 2 – Addressing the impact of trauma at home

The connection we have with others, and their connection with us, is a powerful form of influence over behaviour. When a person feels connected to others, the expectations and standards of those others exert a powerful influence over the person's behaviour. The stronger the connection, the stronger the influence. The same applies to a sense of connection to groups, and to society. The more connected and integrated a person feels in their society, the greater the influence of the society's rules and norms over their behaviour.

Connection influences more than just behaviour. In a 2012 survey of 14,500 young people in Ireland aged 12-25 years, those young people who did not report having at-least one person in their life who listens, can be relied upon, and is trusted to help in times of difficulty (often referred to as *One Good Adult*) reported higher levels of:

- Depression and Anxiety
- Anti-social behaviour
- Risk of suicide . . .

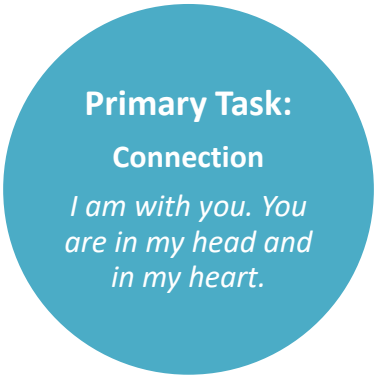
. . . than those young people who reported having at least one adult that they can depend on[6]. *Connection matters*!

Sadly, many troubled children who have experienced trauma at home are growing up without making and maintaining close connections with others; especially adults. As such, they are at increased risk of emotional and behavioural problems that adversely impact functioning and adjustment. We can facilitate improved life outcomes for these children by making connections with them that support them having *at least one person in their life who listens, can be relied upon, and is trusted to help in times of difficulty*. We can all be that One Good Adult that makes a difference to the developmental and life trajectory of a troubled child.

This is your *primary task*[7]; or that one thing that you need to get right in order to have the best chance of success in your endeavours.

Making Connections

Connecting with a troubled child who has experienced trauma at home involves facilitating, for them, the experience that they are in your head and in your heart. That is, you are thinking about them, you care about them, and you are there for them.

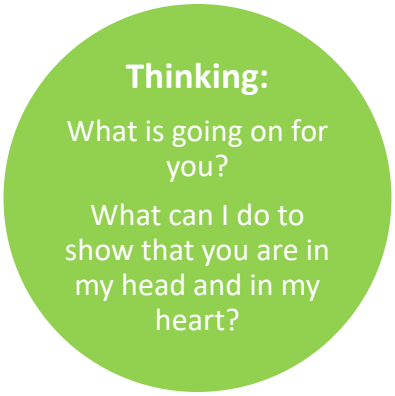


Making connections starts with adopting a certain mindset:

- That nobody does anything for no reason;
- That behaviour is communication;
- That it is not what a person does, but why they do it, that is important;
- That we learn from experiences (and it is from new experiences that new learning occurs); and
- It is the relationship we share with others, and their relationship with us, that is the most powerful form of influence we have over their behaviour.

This mindset gives rise to required thinking:

- What is going on for you?
- What can I do to communicate that you are in my head and in my heart?



The answer to what is going on for the child who has experienced trauma at home lies in part one of this resource; that is, their behaviour is likely to be under the influence of one or more of:

- Their thoughts about themselves, others and their world;
- Their arousal level; and,
- What they have learnt about accessibility to needs provision.

In terms of what to do to address the performance and adjustment of children who have experienced trauma at home, I recommend that you implement a CARE[8] Plan:

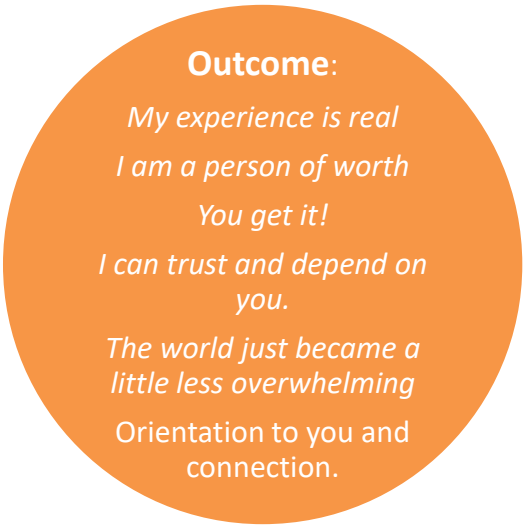
- Consistency
- Accessibility
- Responsiveness
- Emotional-Connectedness.

In the expanded resources, and in my programs, I take you though the development and implementation of a CARE Plan in a step-by-step way. Further information about CARE and the implementation of a CARE Plan can be found in A Short Introduction to Attachment and Attachment Disorder (Second Edition).

The CARE Plan

By implementing a CARE Plan you will have five strategies for supporting the child's experience of connection. Anticipated outcomes for the child are thoughts that:

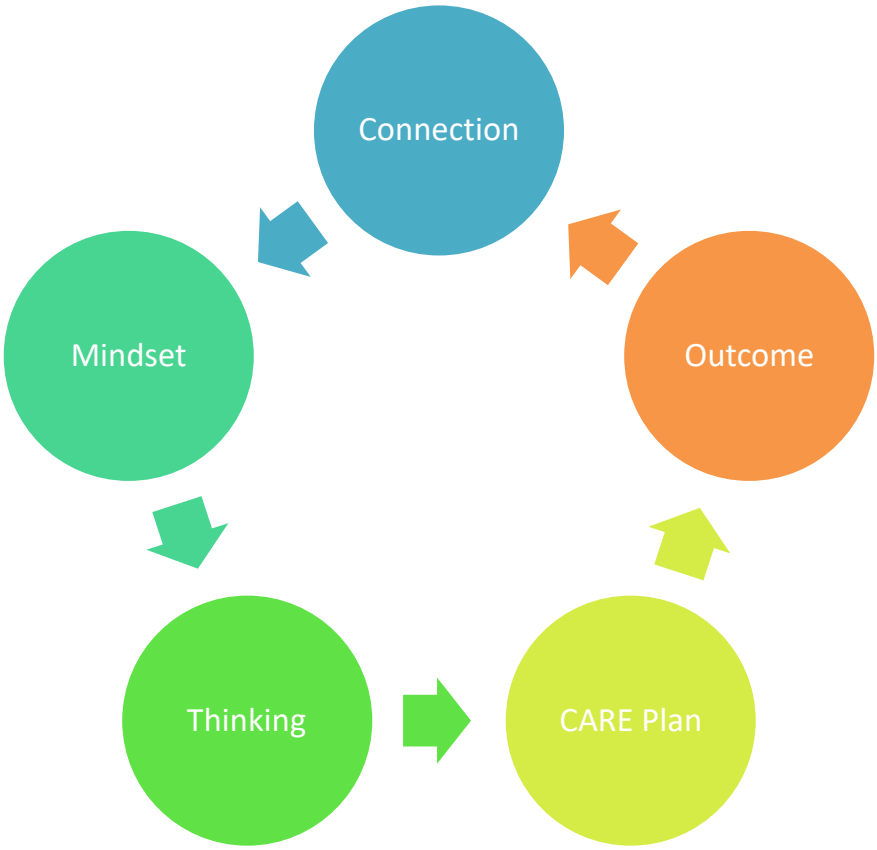
- Their experience is real
- They are a person of worth
- You get it
- I can trust and depend on you,
- The world just became a little less overwhelming.



Implemented consistently, the strategies recommended in the CARE Plan promote secure attachment representations, optimal arousal for performance and wellbeing, and trust in accessibility to needs provision. In the expanded resources, and in my programs, I show you how.

Implemented consistently, the child who has experienced trauma at home will connect back with you, with the result that their functioning will increasingly be regulated by a concern for their relationship with you and with being and remaining on good terms with you.

Relationships are the most powerful form of influence we have over the behaviour of children. Where deficiencies in care created the problem, enriched CARE will address it!



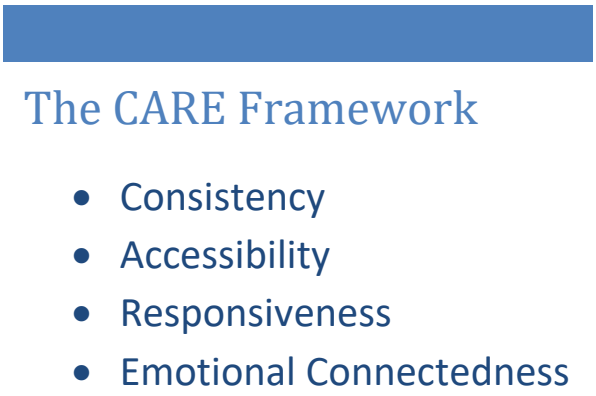
[6] *My World Survey*; Dooley and Fitzgerald (2012)
[7] Kahn, W. A. (2005) *Holding Fast: The Struggle to Create Resilient Caregiving Organisations*, Hove and New York: Brunner-Routledge.
[8] Pearce, C (2016) *A Short Introduction to Attachment and Attachment Disorder (Second Edition).* London: Jessica Kingsley Publishers

Part 3 Addressing Behaviours of Concern Using the CARE Model

Though I consider that, most often, the frequency, intensity, and duration of behaviours of concern will decrease as a result of implementing a CARE Plan, it would be unrealistic to expect that simply by doing so there will be no more behaviours of concern exhibited in your home.

So, what do I suggest for addressing behaviours of concern, as they arise, and following implementation of a CARE Plan?

The CARE Plan is drawn from the CARE Therapeutic Framework[9]. The CARE Therapeutic Framework incorporates the Triple-A Model (Attachment, Arousal, Accessibility)[10], which helps us understand the psychological characteristics of all children and young people, including those who have experienced trauma at home. In this section of the expanded resources, and in my programs, I offer a methodology for applying the CARE Therapeutic Framework (and the Triple-A Model) to understanding the reason for behaviours of concern, and formulating strategies to address them.



Part 4: Adopting a balanced view

As a professional who has almost daily interaction with children who have experienced trauma at home, and their caregivers, I strive to find a balance between acknowledging and addressing the ill-effects of trauma at home and promoting a more helpful perception of them. I strive to present opportunities to these children for them to experience themselves as good, lovable and capable; to experience me and other adults in their lives as interested in them, as caring towards them and as delighting in their company; and experiences that the world is a safe place where their needs are satisfied. I strive to enhance their experience of living and relating, rather than dwelling on *repairing the damage* that was done to them. Most of all, I see precious little humans whose potential is still yet to be discovered.

Eyes are mirrors for a child's soul. What do children see in your eyes?

Part 5: Take care of yourself too!

Adults who interact with children who have experienced trauma at home need care too. In this section of the expanded resources, as in my programs, I present a simple self-care methodology based in psychological science in support of your own wellbeing and best endeavours on behalf of children who have experienced trauma at home.

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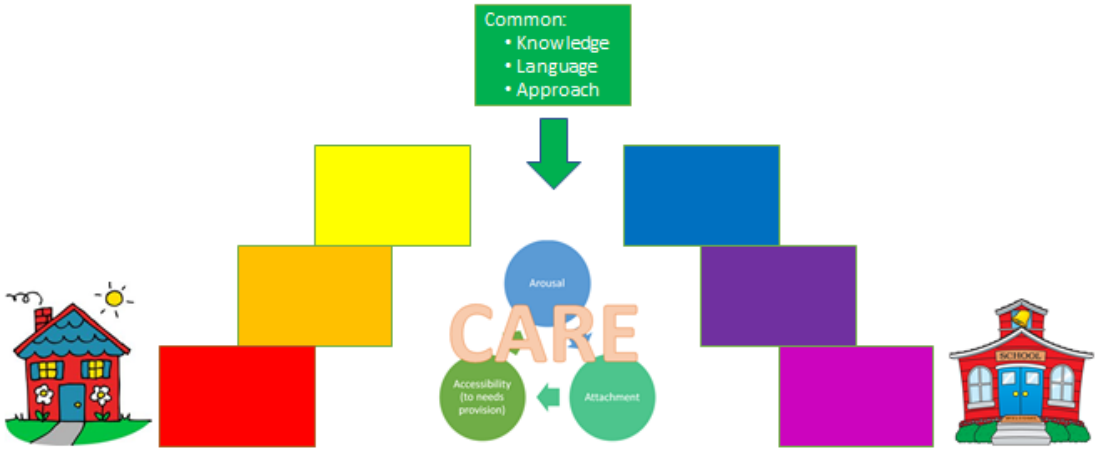
[9] Pearce, C. (2016) *A Short Introduction to Attachment and Attachment Disorder (Second Edition).* London: Jessica Kingsley Publishers

[10] Pearce, C.M. (2010) An Integration of Theory, Science, and Reflective Clinical Practice in the Care and Management of Attachment-Disordered Children: A Triple-A Approach. *Educational and Child Psychology (Special Issue on Attachment),* 27 (3): 73-86

Conclusion

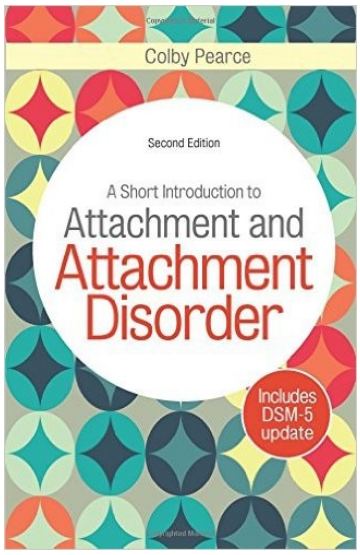
Thank you for taking the time to read and consider this introduction to my expanded resources. To access the resources click the image below or visit securestart.com.au or colbypearce.net.

Three things you need to know about the child in your care who experienced trauma at home
And what to do about it!
By Colby Pearce



Three things you need to know about the child in your class who has experienced trauma at home, and what to do about it!
A Resource for Trauma Informed Practice in Schools
By Colby Pearce

Further Reading:



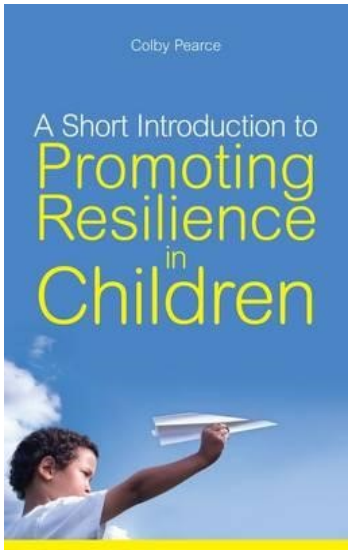
Accessible and jargon-free, after reading this book you will gain:

- A better understanding of attachment theory and how attachment impacts children's development and approach to life;
- A better understanding of what happens when attachment relationships go awry and how to get things back on track;
- A better understanding of the treatment of Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED)

This book is widely-regarded as the ideal starting point for those interested in attachment theory, what happens when attachment relationships go awry, and what to do about it. Written in an accessible style, it is suitable for diverse audiences; including foster parents, adoptive parents, kinship carers, and residential care workers. Highly regarded among teachers and educationalists who interact with children that have experienced complex developmental trauma, it is also rated highly as a resource for mental health professionals, including psychologists, psychiatrists, social workers, occupational therapists, psychotherapists and counsellors.

A Short Introduction to Attachment and Attachment Disorder can be purchased through **securestart.com.au**.

Further Reading:



Throughout our long history, humankind has been remarkably successful at overcoming adversity and thriving on the opportunities presented by world in which we live. You could argue that humans are one of the hardiest species to inhabit the earth. Theories of evolution claim that abilities and attributes that aid in survival are passed on from generation to generation because the individual passing them on lived long enough to have children. Given the length of time humans have been evolving in their present form (roughly 30,000 years), it might be argued that all people have within them the inherited potential to be resilient.

Ensuring that children achieve their potential to be resilient is a universal concern of parents, caregivers and professionals who work with children. A child's capacity to cope with adversity and 'stand on their own two feet' is seen by those who have a caring concern for children as an important part of a child's development and essential in order to achieve independence and success in later life. However, perhaps just as universal is the concern for shielding children from physical and emotional distress. These seemingly competing concerns are a source of confusion and heartache for those who have the best interests of children at heart and have the potential to obscure their vision of what is, indeed, in a child's best interests. I wrote this book in order to provide parents, caregivers and professionals who work with children a clear vision of how to ensure that children realise their natural inheritance to be resilient, without precipitating conflicts and confusion about a child's best interests.

A Short Introduction to Promoting Resilience in Children was written with a general parenting audience in mind. The book sets out an evidence-based model of care in the home, educational and professional care setting that is fundamental to the promotion of wellbeing and resilience in children. Written in an accessible style, it is suitable for most readers and is an obvious companion to those who want additional information about caregiving that promotes attachment security after reading *A Short Introduction to Attachment and Attachment Disorder*.

A Short Introduction to Promoting Resilience in Children can be purchased through **securestart.com.au**.

Additional Resources: **securestart.com.au**

colbypearce.net