ISSUE BRIEF #5

Trauma-Informed Practice with Young People in Foster Care

Trauma-Informed Practice with Young People in Foster Care

Many young people in foster care have experienced traumatic events in their lives, due to exposure to psychological or physical abuse, neglect, and dislocation. It is important for people working in youth-serving systems to understand young people's responses to trauma in order to promote healing and emotional security. Although not everyone who interacts with young people in foster care needs to be a trauma specialist, they do need to engage in trauma-informed practice. Trauma-informed practice involves understanding the impact of trauma on young people's current functioning and recognizing the ways systems are capable of adding to young people's trauma. Trauma-informed practice provides supports and opportunities to promote healthy recovery and optimal brain development throughout adolescence and emerging adulthood.

> "Some helpful things adults did to help me make sense of some of the things in my past was: first to acknowledge that it happened and that I didn't have to do it alone. I was encouraged not to own the 'label' but to keep going and to not let it be a hindrance or roadblock."
>
> —Eddye Vanderkwaak, age 20

What is trauma?

Trauma occurs within a broad context of development, culture, and family that must be taken into consideration. Poverty, race, gender, and sexual orientation can further complicate trauma-related experiences. The definition of trauma has evolved over time. Initially, it was believed that only men experienced trauma after catastrophic wars and physical injury. The definition of trauma, however, broadened in the 1960s to include the physical and sexual abuse of women, children, and adolescents. Following developments in neurobiology in the 1990s and 2000s, we now understand that emotional trauma can result from a variety of occurrences and that traumatizing events can take a serious toll on individuals even in the absence of physical harm.[1] The Diagnostic and Statistical Manual-IV[2] defines a "traumatic event" as one in which "the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the integrity

1 Jafee, Seagal, & Dumke, 2005.
2 American Psychiatric Association, 1994.

"Adults in my life have focused too much on the negative aspects of my past instead of focusing on the good."

—Samanthya Amann, age 20

of self or others." A critical component of trauma is that "the person's response involved intense fear, helplessness, or horror."[3] Three common elements characterize all forms of trauma: the event was unexpected, the individual was unprepared, and there was nothing that the person could do to prevent the event from happening.[4]

When a child experiences stress, the body's stress response system is activated and produces physiological changes in the body and the brain. Some forms of stress are positive or tolerable and contribute to children's ability to develop coping skills throughout their lifetimes. *When a young child's stress response systems are activated within an environment of supportive relationships with adults, these physiological effects are buffered and brought back down to baseline*. Traumatic events can cause stress levels to move past a tolerable level and become toxic, potentially causing physical and long lasting damage to the developing brain. Responsive relationships with caring adults can mediate toxic stress exposure; otherwise, the stress can lead to physical and mental health problems that could last well into the adult years.[5]

What is complex trauma?

Complex trauma describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development.[6] Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary caregiving system. Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and loss of safety, direction, and ability to detect or respond to danger cues—often sets off a chain of events that leads to subsequent or repeated trauma exposure in adolescence and adulthood.[7]

The Adverse Childhood Experiences (ACE) Study is a decade-long and ongoing collaboration between Kaiser Permanente's Department of Preventive Medicine in San Diego, California, and the Centers for Disease Control and Prevention that addresses the way childhood experiences affect adult health. The study has found that harsh experiences such as physical and sexual abuse, neglect, or exposure to domestic violence during childhood result in health problems in adulthood. The study reveals "a powerful relationship between our emotional experiences as children and our physical and mental health as adults." The researchers documented "the conversion of traumatic emotional experiences in childhood into organic disease later in life."[8] The findings of the ACE Study regarding early traumatic experiences in children's lives have important implications for young people in foster care, including the vital importance of trauma-informed services that promote current and future well-being.

3 American Psychiatric Association, 1994.
4 Jafee, Seagal, & Dumke, 2005.
5 Center for Child Development, Harvard University, 2012.
6 National Child Traumatic Stress Network, 2011.
7 The National Child Traumatic Stress Network, 2011.
8 Felliti, 2002.

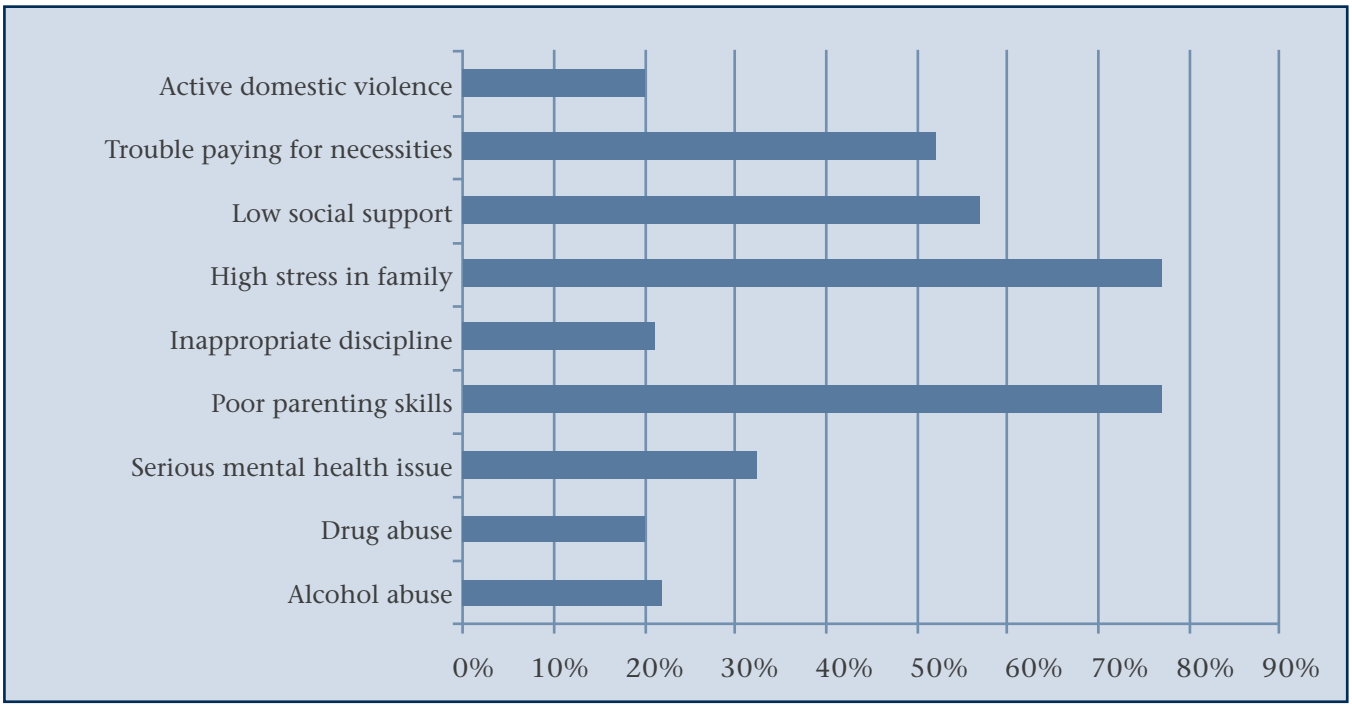
To what extent have young people in foster care experienced trauma?

Researchers and service providers have concluded that the great majority of young people in foster care have experienced trauma in some form as a result of maltreatment and foster care placement.[9] As Figure 1 shows, data from the National Survey of Child and Adolescent Well-Being (NSCAW) indicate that high percentages of the caregivers whose children have entered foster care experience significant stresses in their lives which, in turn, impact the psychological well-being of their children. The foster care experience itself may cumulatively add to the impact of these traumatic events by further traumatizing young people: as they are removed from family, school, and community, these multiple moves contribute to the loss of important relationships and bonds.[10] Many of these losses are ambiguous losses, which differ from ordinary losses. With ambiguous losses, young people can't be certain whether parents, siblings, former caregivers, or friends will return to their lives. Ambiguous loss freezes the grief process, prevents closure, and adds to young people's feelings of insecurity and confusion.[11]

9 Dozier, et al., 2002; Schneider & Phares, 2005.

10 Bruskas, 2008.
11 Boss, 1999.

FIGURE 1. CAREGIVER PROFILE FOR YOUNG PEOPLE INVOLVED IN THE CHILD WELFARE SYSTEM



Source: Casanueva, et al., 2011.

"Young people do have a lot of questions but don't know how to ask them. Caseworkers need to take initiative and open up discussions."

—Beamer Aston, age 24

Studies confirm that young people who have been in foster care, by virtue of their pre- and post-foster care experiences, are vulnerable to a range of emotional and behavioral issues, with the most severe being post-traumatic stress disorders (PTSD).[12] The NSCAW measured post-traumatic stress among children ages 8 years and older in foster care. Using a clinical scale,[13] the researchers found, based on children's self-reports, that 11.6 percent of the children and adolescents scored in the clinical range for post-traumatic stress, almost double the percentage (6.7 percent) of children in a normative sample.[14] The Northwest Foster Care Alumni Study found rates of PTSD in young people formerly in foster care to be more than twice that of U.S. war veterans.[15]

12 O'Donnell, Creamer, & Pattison, 2004; Racusin et al., 2005.
13 The scale was the Post-traumatic Stress Scale from the Trauma Symptom Checklist for Children (Briere, 1996). This scale evaluates post-traumatic symptoms in children and adolescents, including the effects of child abuse and neglect, other interpersonal violence, witnessing trauma to others, major accidents, and disasters (Briere, 1996).
14 Casanueva, et al., 2011; Briere, et al.,1995.
15 Pecora, et al., 2003.

How do young people respond to trauma?

Adolescents, in general, respond to trauma as do adults, with a variety of internalizing and externalizing reactions (see Table 1).

The NSCAW found that a significant percentage of young people in foster care, between the ages of 11 and 17 years old, exhibit internalizing and externalizing behaviors, with 11- to 13-year-olds and 14- to 17-year-olds showing higher rates of externalizing behaviors than internalizing behaviors (see Figure 2). The Administration for Children and Families reports that the presence of trauma and mental health symptoms increases with age for young people in foster care (see Figure 3).[16]

The effects of trauma are cumulative. When young people are chronically exposed to trauma, their risk of developing symptoms and disrupting their

16 Samuels, B. (2011). Trauma and treatment in child welfare practice. Presentation at the Society for Social Work Research Conference. [Citing Griffin, McClelland, Holzberg, Stolback, Maj & Kisiel, 2011). Retrieved April 20, 2012 from http://www.sswr.org/SSWR%20(1-13-12).pdf

TABLE 1. ADOLESCENTS' REACTIONS TO TRAUMA

INTERNALIZING REACTIONS		EXTERNALIZING REACTIONS
Emotional numbing	Somatic complaints	Interpersonal conflicts
Avoidance of stimuli	Sleep disturbances	Aggressive responses
Flashbacks and nightmares	Academic or vocational decline	School refusal or avoidance
Confusion	Suicidal thoughts	Substance abuse
Depression	Guilt	Antisocial behavior
Withdrawal and isolation	Revenge fantasies	

Sources: Adapted from Perry, et al., 1995; Perry & Pollard, 1998; Perry, 2009.

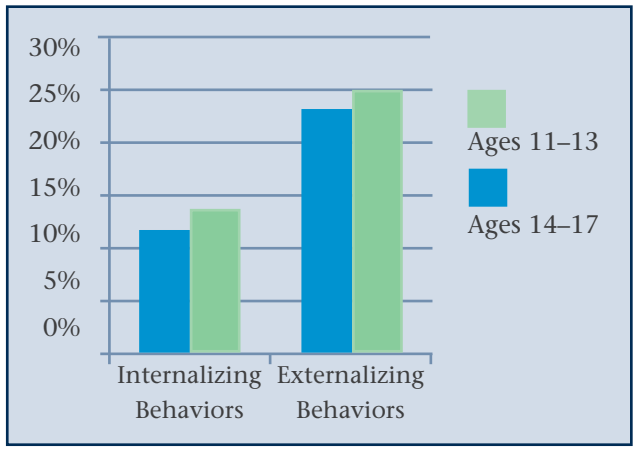
"I don't want to be perceived as a foster care youth. I want to be known for me."

—Lameisha Hunter, age 21

development increases.[17] Repeated exposure to trauma may result in a situation-specific "state" becoming a more established "trait"[18]—that is, there may be an ongoing neurobiological adaptation, rather than an adaptive response to a specific situation. However, just as the brain can become "wired" to expect a traumatic environment, it can be "re-wired" through trauma-informed services and positive relationships with caring adults to accept and expect safety and security.

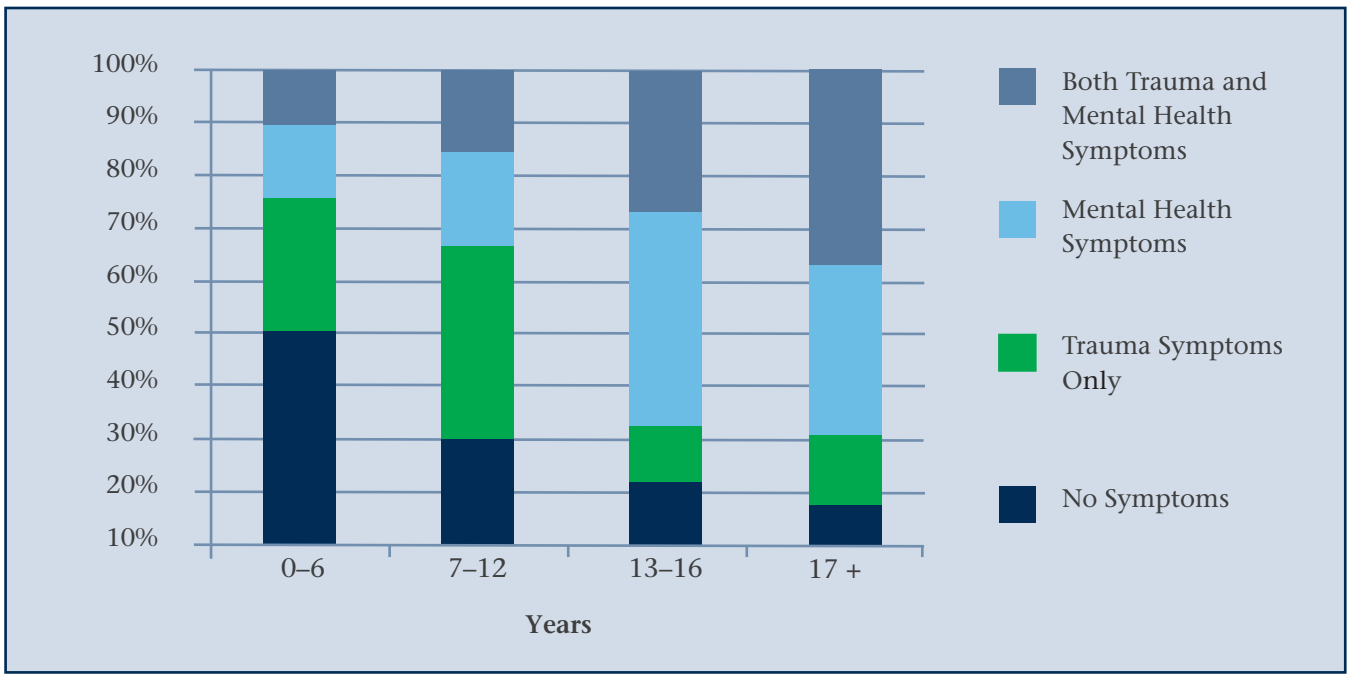
17 Perry, et al., 1995.
18 Perry, et al., 1995.

FIGURE 2. BEHAVIORAL ISSUES AMONG ADOLESCENTS 11 TO 17 YEARS OLD IN FOSTER CARE: BY ADOLESCENT REPORT



Source: Casanueva, et al., 2011.

FIGURE 3. PRESENCE OF TRAUMA AND MENTAL HEALTH SYMPTOMS IN CHILDREN AND ADOLESCENTS IN FOSTER CARE BY AGE



Source: Samuels, 2011.

How can trauma-informed services benefit young people in foster care?

Trauma-informed services for young people in foster care can enable young people to move beyond functioning that is largely the result of unconscious processes focused on basic survival. In addition, trauma-informed services free young people to learn, develop, and build relationships with supportive and caring adults.[19] These relationships serve as conduits for healing and growth and build a foundation for young people's social capital[20] that supports them throughout their adult lives. Many adults interact with adolescents in foster care who have experienced trauma, but few understand the developmental impact of trauma on young people. Young people frequently encounter adults who are unable to support them in their journey of healthy development, healing, and building resilience that cannot begin until trauma has been addressed.

It is critical that young people in foster care are exposed to adults who understand trauma and behavioral reactions that are related to trauma. Young people need adults who can help them make sense of their histories with trauma. When physicians, educators, caregivers, legal advocates, and child welfare staff lack a basic understanding of trauma and development, they are unable to provide the environments young people need to heal and reach their full developmental potential. The lack of understanding of trauma and development can lead to overuse of psychotropic medications, inaccurate labeling in schools, placement disruptions, poor legal representation, and ineffective child welfare services that further traumatize young people. Young people need opportunities to build relationships with supportive and caring adults with whom they can become comfortable discussing where they have been, who they are, where they want to be in the future, and the kind of help they need to get there. Without supportive, responsive relationships with caring adults, a young person's toxic stress response can have a cumulative toll on his or her physical and mental health for a lifetime.[21]

What makes child welfare services for young people in foster care "trauma-informed"?

Trauma-informed services involve the integration of understanding, commitment, and practices organized around the goal of successfully addressing the trauma-based needs of young people in foster care. Trauma-informed child welfare services have the following essential elements[22]:

An understanding of trauma that includes an appreciation of its prevalence among young people in foster care and its common consequences. With this understanding, child welfare staff recognize that a young person's functioning and development are organized around the traumatic events that he or she has experienced. The trauma-informed child welfare professional utilizes comprehensive assessments of young people's trauma experiences and the impact on their

19 Hodas, 2006.
20 Social capital has been described as the value that is created by investing in relationships with others through processes of trust and reciprocity.
21 Child Development Center, Harvard University, 2012.
22 Adapted from Hodas, 2005; National Child Traumatic Stress Network, 2008.

Young people need adults who can help them make sense of their histories with trauma.

development and behavior to guide services. Plans and services incorporate young people's trauma histories and address the impact of trauma and subsequent changes in behaviors, development, and relationships.

Individualizing the young person. Trauma-informed child welfare professionals work to understand the whole young person and not only his or her problems and concerns. Understanding young people also involves understanding their family, social, and community contexts. The trauma-informed child welfare professional provides support and guidance to family, caregivers, and other supportive adults. Recognizing the importance of caring and supportive relationships in supporting young people who have experienced trauma, a trauma-informed child welfare professional works diligently to ensure young people have extensive networks of social capital in each of the critical domains (see *Social Capital: Building Quality Networks for Young People in Foster Care*).[23]

Maximizing the young person's sense of trust and safety. Following traumatic events, a young person may continue to experience both physical and emotional insecurity. A sense of safety is critical for physical and emotional growth and functioning—both at home and within service settings. Trauma-informed child welfare workers provide a psychologically safe setting for young people while inquiring about emotionally painful and difficult experiences. Trauma-informed child welfare professionals appreciate that for young people who have experienced trauma, trust and safety cannot be presumed at the beginning of the work but must be earned and consistently demonstrated over time.

Assisting the young person in reducing overwhelming emotion. Research confirms that trauma can result in such intense fear, anger, shame, and helplessness that young people feel overwhelmed by emotions.[24] Overwhelming emotions may delay the development of age-appropriate self-regulation. Trauma-informed child welfare workers are aware that trauma may be "stored" in the body in the form of physical tension or bodily complaints.

Strengths-based services. Services do not only address trauma reactions—for which trauma-specific interventions may be needed—but also promote young people's understandings of themselves, self-control, and skill building. Strengths-based child welfare practices build on the belief that young people are doing their best given the challenges that they confront in the areas of support, stability, knowledge, and/or skills. The trauma-informed child welfare professional strives to understand young people's individualized strengths and needs, and they build on strengths to address needs. The social worker engages with young people and supportive adults in their lives, listens, partners, and supports a mutual learning process. Through this process, the social worker:

- Helps young people make new meaning of their trauma history and current experiences
- Coordinates with other service systems
- Supports and promotes positive relationships in young people's lives

23 Jim Casey Youth Opportunities Initiative, 2011, available at www.JimCaseyYouth.org

24 Center for Excellence in Children's Mental Health, 2011.

"Digression is progression. Traumatic history shouldn't be looked at as the starting point. It's all part of the journey."

—Jen Ligali, age 24

What should child welfare professionals know about trauma-specific treatments or interventions for young people in foster care?

In some cases, young people in foster care will need trauma-specific treatments or interventions for a range of conditions (see box below).[25] Highly skilled clinicians in the community can provide treatment for these conditions. According to emerging neuroscientific findings, trauma-specific interventions can change neurobiology[26] as a result of neuroplasticity and the ability of the adolescent brain to rewire based on environmental opportunities. Mounting evidence supports a number of interventions for childhood and adolescent trauma that capitalize on the ability of adolescents' brains to grow and to repair "faulty connections" caused by trauma. A recent review by the National Child Traumatic Stress Network identified several interventions specifically for adolescents that are supported by clinical and research evidence (see Appendix). Trauma-informed child welfare professionals have the ability to assess young people's needs for trauma-specific interventions and possess an understanding of evidence-based clinical interventions that can be mobilized to promote young people's recovery and healing.

25 deArellano, et al., 2008.
26 Blaustein & Kinniburgh, 2007; Stolbach, 2007.

TRAUMA-RELATED CONDITIONS

- Post-traumatic stress disorder (PTSD)
- Substance abuse (SA) or dependence
- Anxiety/panic disorder
- Eating disorders
- Borderline personality disorder (BPD)
- Dissociative identity disorder (DID)
- Depression
- Medical illness and somatization disorders
- Bipolar disorder
- Self-inflicted violence

Conclusion

All systems that interact with young people in foster care benefit when staff have a solid understanding of trauma, its impact on development, and how caring and supportive relationships with adults help young people build resilience. To improve outcomes for this vulnerable population, programs and services must address the trauma-related needs of young people. By directly addressing these needs, systems that serve young people will be able to provide young people in foster care with opportunities for healing and the caring connections with adults that are critical to their ability to live successful, interdependent lives.

Appendix

EXAMPLES OF TRAUMA-SPECIFIC INTERVENTIONS FOR ADOLESCENTS SUPPORTED BY CLINICAL AND RESEARCH EVIDENCE	
INTERVENTION	**DESCRIPTION**
ARC: Attachment, Self-Regulation, and Competency: A Comprehensive Framework for Intervention with Complexly Traumatized Youth	An intervention designed for young people who have experienced multiple or prolonged traumas with a focus on attachment (the capacity to form and maintain a healthy emotional bond with another person or persons that is a source of mutual comfort, safety, and caring); self-regulation (developing and maintaining the ability to notice and control feelings such as frustration, anger, and fear); and competency (mastering the developmental tasks of adolescence and developing the ability to plan and organize for the future).
ITCT: Integrative Treatment of Complex Trauma	Incorporates specific approaches for complex trauma treatment, including aspects of the Self Trauma model, Trauma-Focused Cognitive Behavioral Therapy, and traumatic grief therapy; when possible, immediate trauma issues (such as anxiety and depression) are addressed earlier in the treatment in order to increase the capacity to explore more chronic and complex trauma issues; complex trauma issues are addressed as they arise, including attachment disturbance, behavioral and affect dysregulation, interpersonal difficulties, and identity-related issues.
SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress	A group intervention specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and are experiencing problems in several areas of functioning (such as difficulties with impulsivity, self-perception, relationships, numbing and avoidance, and worldviews that make it difficult for them to see a future for themselves).
TF-CBT: Trauma-Focused Cognitive Behavior Therapy	Provided to young people who have significant behavioral or emotional problems related to traumatic life events, even if they do not meet full diagnostic criteria for PTSD; designed to improve PTSD symptoms, depression, anxiety, behavior problems, sexualized behaviors, trauma-related shame, and difficulties with interpersonal trust and social competence.

Source: deArellano, et al., 2008.

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ABOUT THE JIM CASEY YOUTH OPPORTUNITIES INITIATIVE

The mission of the Jim Casey Youth Opportunities Initiative is to ensure that young people—primarily those between ages 14 and 25—make successful transitions from foster care to adulthood. We do this by working nationally, in states, and locally to improve policies and practices, promote youth engagement, apply evaluation and research, and create community partnerships. Our work creates opportunities for young people to achieve positive outcomes in permanence, education, employment, housing, health, financial capability, and social capital.

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Related Publications

This and other issue briefs draw from a research base and set of recommendations described more fully in *The Adolescent Brain: New Research and Its Implications for Young People Transitioning from Foster Care*. For copies of these and other resources from the Jim Casey Youth Opportunities Initiative, visit www.JimCaseyYouth.org.

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