Team Parenting®

and the Treatment of Complex Trauma and Attachment Disorder

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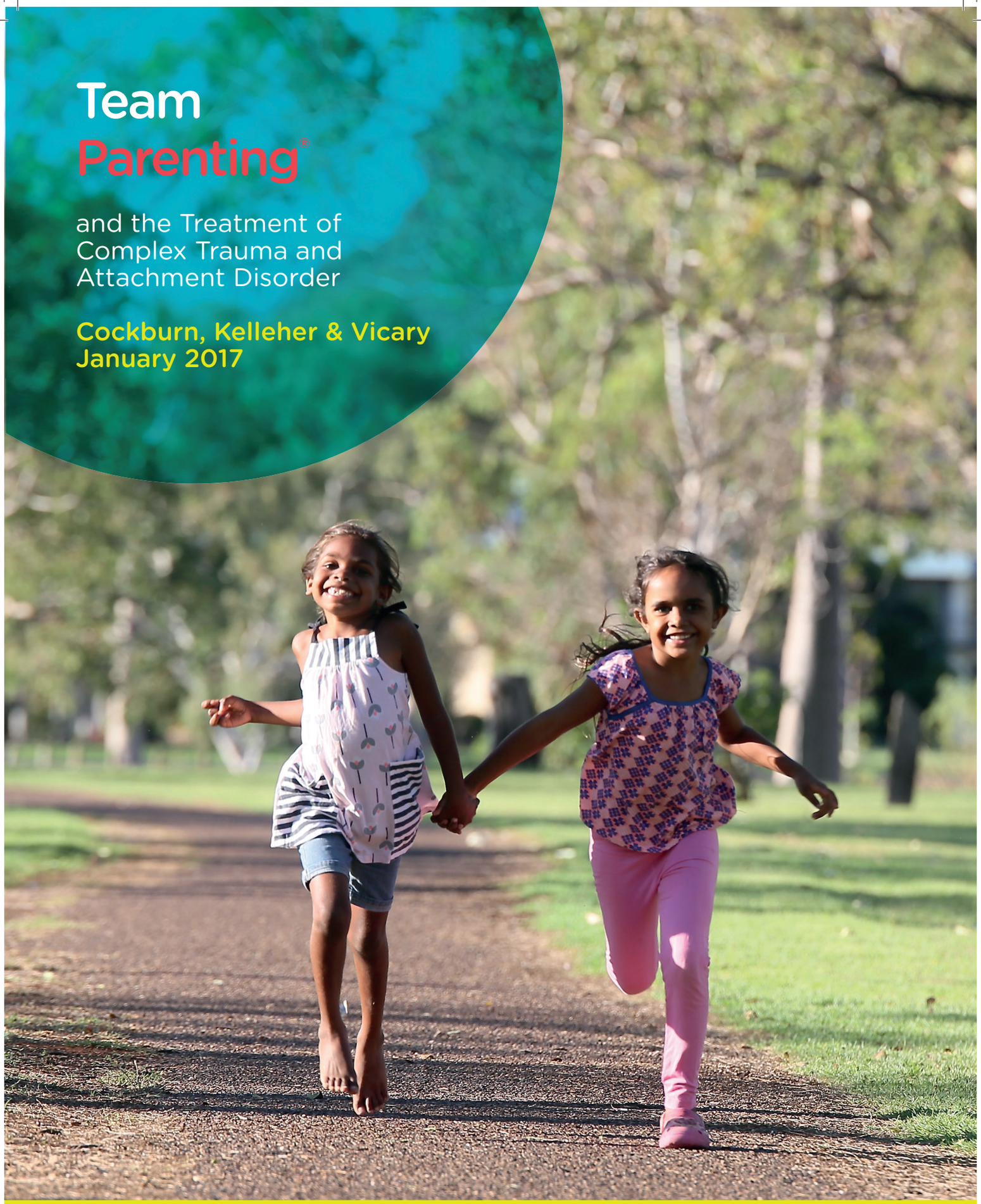

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An Introduction

This publication explains the ethos and methodology of the Team Parenting® Framework. It outlines the basic underpinning knowledge and theory, building upon a decade of Team Parenting® practice in Europe. Its applicability and transferability across cultures and nations is the focus of ongoing research.

Team Parenting® – in context

Team Parenting® Framework is the result of empirical research and practice wisdom.

Initial evidence stems from foster care (see Foster Care Associates; www.thefca.co.uk/) in the United Kingdom (Selwyn, Saunders and Farmer, 2008) and has now extended to a number of international jurisdictions.

Team Parenting® is a response to the unique requirements of children and young people at risk of or entering the out of home care system – particularly foster care. It recognises that a large number of children and young people entering care have significant histories of interpersonal trauma and may also experience attachment difficulties which can complicate and compromise their placement.

Team Parenting® provides a Framework that facilitates a systemic approach to stabilising a foster placement (Caw, 2006). Once having established a secure and stable placement appropriate resilience based therapy can be undertaken in conjunction with educational and/or vocational interventions.

The Team Parenting® Framework is strengths based and effective in positively impacting trauma related disturbances.

Complex trauma - what is it?

Complex trauma can develop from children's exposure to traumatic events. Complex trauma can result from sexual abuse, physical abuse, emotional abuse, neglect, family and domestic violence that began early in childhood (Cook, Blaustein, Spinazzola and van der Kolk, 2003).

The three defining characteristics of a traumatic event (or situation) are that it was: 1) unexpected, 2) the victim was unprepared, 3) there was nothing the victim could do to prevent it. Exposure to trauma can impact on children's lives in the short, medium and long term (Cook, Blaustein, Spinazzola and van der Kolk, 2003).

Frequent exposure to traumatic events early in life can result in a range of symptoms which may include: 1) failure to self-regulate, 2) attachment, anxiety and affective disorders (in childhood), 3) addictions, 4) aggression and 5) eating disorders (Cook, Blaustein, Spinazzola and van der Kolk, 2003). Additional symptoms may also include 6) metabolic, 7) somatoform, 8) physical health (e.g. cardiovascular), 9) dissociation and 10) sexual disorders. Some young people with histories of complex trauma may be re-victimised.

Psychiatric diagnoses may not incorporate all of the issues experienced by traumatised children and young people (Pearlman and Courtois, 2005; Cook, Blaustein, Spinazzola and van der Kolk, 2003).

For example, Post Traumatic Stress Disorder (PTSD) is a common diagnosis that does not account for the pervasive impact of chronic trauma exposure upon the developing child - particularly early brain development (McCain and Mustard, 1999; Mustard, 2006). There is significant comorbidity in PTSD including post traumatic psychopathology.

Other commonly used diagnoses can include: attention deficit hyperactivity disorder (ADHD), conduct disorder, depression, self harm, anxiety, oppositional defiant disorder (ODD), generalised anxiety disorder (GAD) and reactive attachment disorder (RAD) (Cook, Blaustein, Spinazzola and van der Kolk, 2003).

Generally psychiatric diagnoses do not take into account a holistic overview of the child or young person's experience (Pearlman and Courtois, 2005). Instead diagnosis tends to focus on the presenting behaviour or issue - often neglecting the causal effect(s).

As a consequence interventions may focus on a particular behaviour rather than the core issues underlying the presentation of complexly traumatised children and young people.

The range of attachment traumas and disorders

1 Attachment disorder may result from early childhood experiences of neglect, abuse, abrupt separation from caregivers, frequent change of caregivers, excessive numbers of caregivers, or lack of caregiver responsiveness to the child's communicative efforts (Lubit, Maladonado-Duran and Bram, 2009).

2 The term attachment disorder refers to the absence or distortion of age-appropriate social behaviours and interpersonal relationships with adults and peers.

For example, a young child with attachment disorder may stray from familiar adults in a new environment. Other children with attachment disorder might engage in excessive friendliness with and inappropriate approaches to strangers (Lubit, Maladonado-Duran and Bram, 2009).

3 Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR (2000), defines Reactive Attachment Disorder (RAD), as requiring etiologic factors, such as gross deprivation of care or successive multiple caregivers, for diagnosis:

- In inhibited RAD, the child does not initiate and respond to social interactions in a developmentally appropriate manner. It is a disorder of non attachment and is related to the loss of the primary attachment figure and the lack of opportunity for the infant to establish a new attachment with a primary caregiver.
- In disinhibited RAD, the child participates in diffuse attachments, indiscriminate sociability, and excessive familiarity with strangers. The child has repeatedly lost attachment figures or has had multiple caregivers and has never had the chance to develop a continuous and consistent attachment to at least one caregiver. Disruption of one attachment relationship after another causes the infant to renounce attachments. The usual anxiety and concern with strangers is not present, and the infant or child too easily accepts anyone as a caregiver (as though people were interchangeable) and acts as if the relationship had been intimate and life-long.

Responding to complex trauma and attachment disorder in foster care

Children and young people placed in foster care often arrive with significant emotional disturbances, mental health issues, physical health issues, educational concerns, disrupted attachment (breaks in their attachment) and are often victims of disturbing and traumatic circumstances (interpersonal trauma).

Most of the children and young people placed in foster care lack the fundamental experience of positive relationships and secure early attachments which are essential for their development, mental health, resilience, ability to self-regulate and interpersonal relationships.

Unfortunately some of these children and young people are exposed to further trauma and disrupted attachments through placement breakdowns. Others are placed in non family environments (e.g. residential care) where they fail to develop the secure relationships required to assist in their long term successful treatment.

Treatment of complex trauma and attachment through Team Parenting®

The complex trauma and attachment literature illustrates that often a phased approach to treatment is one of the most efficacious ways of delivering change.

One of the fundamentals for the effective treatment of both attachment disorder and complex trauma is the establishment of a safe, consistent, secure caring environment. For children and young people who can no longer live at home, foster care often provides the most appropriate environment for the treatment of both of these complex issues.

Phase one

Stabilising the placement within the agency (this might be with one or more carers over time).

The Team Parenting® Framework has been designed with placement stability and sustainability in mind and has consistently demonstrated success in these areas over the last 20 years.

Phase two

Striving towards stability and security in placement then allows appropriate response to affect to take place.

Appropriate responses to a child or young person's affect occurs through the enhancement of a caregiver or significant adult's ability to focus on the child's emotional distress rather than their behaviour. Care that is trauma informed takes into account the physiological impact of trauma on the developing brain and how to manage emotional distress and behaviours.

The Team Parenting® Framework teaches carers and professionals to respond appropriately to a child or young person's emotional affect rather than with responses that potentially re-traumatise the young person.

Phase three

Modelling appropriate emotional responses allows the foster carer and support team to demonstrate appropriate responses to emotional distress through a process of re-labelling, support and building emotional resilience.

Phase four

Building resilience teaches the child or young person to develop positive, healthy and functional methods of avoiding maladaptive behaviours (e.g. sexualised behaviour and assault) and/or re-victimisation.

During Phase Four the Team Parenting® Framework builds the young person's assets that allow them to become a resilient and functional adult when they leave care (See Key Developmental Assets (KDA), www.coreassets.com).

The Team Parenting® Framework through the four phases provides placement stability, develops emotional control, allows appropriate emotional responses and builds resilience in the young person to allow them make positive choices when given future opportunities. It is responsive to trauma and also allows for the development of longer term healthy attachment relationships.

Team Parenting® Framework
What is it?

The Team Parenting® Framework is premised on the carer being the primary agent of therapeutic change. This does not diminish the work of educationalists, therapists and other professionals but recognises the central importance of the carer to consolidate the changes put in place (or recommended) by other members of the team. For example, a professional may only spend an hour per week with a young person while the carer has full time 24 hour responsibility to care for the young person and ensure plans to maximise positive outcomes are acted upon.

To maximise the placement stability of children and young people the Team Parenting® Framework carers are provided with considerable guidance and advice from a cohesive, multidisciplinary team.

Placement stability allows carers to work effectively with the children they care for to maximise opportunity for change. Set alongside this is the fact that some children and young people may attach to the agency rather than an individual as it is less threatening. The process of attaching to the agency often prepares them to attach to key individuals working within the organisation (support staff, therapists etc.), forming a significant relationship of this type can assist with future attachments.

Achieving change with young people, however small, requires particular skill and experience from qualified and trained social workers, support workers, educationalists, therapists and psychologists. They are integral members of the team working with foster carers and become involved as soon as a placement is confirmed, working closely with colleagues from the outset, to identify placement needs and assist in addressing them.

The Team Parenting® Framework expects that carers, social workers, psychologists, therapists, educationalists, support workers, management and cultural consultants systematically critically review their own work and its effectiveness. The team should reflect upon this process in their supervision as well as at Team Parenting® meetings.

The Team Parenting® Framework clearly articulates goals for the foster placement based upon the child or young person's care plan. They are measurable (e.g. KDA), targeted and subject to review at regular Team Parenting® meetings.

Team Parenting® - a schematic representation

Team Parenting® Framework

Using the Team Parenting® Framework for children with high and complex needs

The Team Parenting® Framework allows for a holistic assessment to be undertaken of the needs of both the child and the placement.

These needs are discussed at regular Team Parenting® meetings which are convened and facilitated by trained staff.

The needs of the placement and/or child are responded to by stakeholders at the Team Parenting® meeting with the relevant jurisdiction and expertise. For example, if educational issues were identified through the assessment, the relevant authority (the education department) will work with the Key Assets Supervising Social Worker to deliver a programme that meets the identified requirements. This may induce additional in-school support, extension programmes, behavioural management etc.

Another example is the identification of therapeutic intervention needs. These may then be delivered by specialists with the appropriate expertise who would work closely with the foster carer and Supervising Social Worker.

The Team Parenting® meeting serves to identify additional supports required by the placement to ensure sustainability. These may include children and youth support workers, regular supervision for the carers, support groups, involvement in agency wide activities.

Often support of a practical nature is identified at a Team Parenting® meeting. This is essential for the carers so that they can continue to support the placement. This is particularly important when the carers have a family crisis or unexpected event and may include assistance with babysitting, travel support and counselling.

Outcomes and a strategy are mutually agreed by stakeholders at the Team Parenting® meeting. Each individual and/or agency assumes responsibility to deliver on the pre-determined goals. These are then reviewed at the next Team Parenting® meeting to ensure progress and accountability.

Outcomes are measured by the Key Developmental Assets (KDA) tool, developed by Core Assets to track the young persons' progress over time.

Detailed information on KDA can be found at www.keydevelopmentalassets.com

Outcomes and benefits

Developed in the United Kingdom, the systemic and holistic approach provided by the Framework creates a 'carer-centric' therapeutic environment that delivers measurable outcomes.

The Team Parenting® Framework is now used internationally and has proven to beculturally relevant – particularly with first nations children and young people (see www.keyassets.com.au and www.keyassets.co.nz).

The Team Parenting® Framework:

- Provides a mechanism to stabilise foster placements and secure long term therapeutic benefit.
- Builds resilience in both the young person and carer.
- Facilitates improved educational outcomes.
- Enables a stable family environment that encourages children and young people to address therapeutic issues related to complex trauma and attachment.
- Facilitates opportunities for children and young people with attachment issues to develop strong consistent and appropriate relationships with an adult caregiver and their support network.
- Improves the young person's 'connectedness' to community and peer relationships.
- Increases accountability and responsiveness among the professionals that are working to achieve mutually agreed outcomes, through Team Parenting® meetings.
- Provides an opportunity to stabilise difficult to place children and young people in a family environment and provides professionals a window of opportunity to design interventions.
- Provides a community of people committed to the sustainability of the placement.

Summary

The Team Parenting® Framework provides an effective model of intervention for children and young people who have experienced trauma related disturbances and have a comorbidity of complex trauma and attachment disorder.

- The Team Parenting® Framework achieves positive measurable outcomes for children and young people.
- The Team Parenting® Framework builds sustainable futures for children, through building resilience and forming attachments.
- It is systemic and ecological in nature.
- Effective treatment is consolidated via the therapeutic environment created by the carer and supporting professionals.
- The Team Parenting® Framework builds resilience in the carer, their family and support network.
- The Team Parenting® Framework provides structures that facilitate reflective practice which in turn informs knowledge and skill sets.
- The Team Parenting® Framework has been successfully applied across cultures.
- Team Parenting® is a Framework to develop safety and security among members of the therapeutic community who are working together to achieve mutually agreed outcomes.

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