Therapeutic transitions in out of home care

Jennifer McIntosh

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This paper sets out a series of principles for minimising the trauma of transitions experienced by children in out of home care. It is based on a child centred approach that has as its goal making transition bearable and psychologically useful for each child who must go through it, creating a space where even previous transition wounds might heal. The paper concentrates particularly on the complexities of helping children to move between foster care and permanent care placements.

Dr. Jenn McIntosh is a Melbourne based clinical child psychologist and family therapist. She works privately and consults extensively in training and research matters related to disrupted attachment experiences in childhood.
Address for correspondence:
PO Box 5130, Alphington, Vic 3078.
Ph and Fax: (03) 9497 3015
E-Mail: jennmc@netspace.net.au

THERAPEUTIC TRANSITION

The term therapeutic transition may sound contradictory, even altruistic in view of some current practices where it can be standard practice for children to experience not just one but several transitions in care, which are rapidly effected, with little thought for the child's experience.

Something can be said to be therapeutic if it makes complex or traumatic experiences more bearable, more thinkable. For fostered children, therapeutic transition is about providing a space and a pace whereby the potential for trauma is minimised and where children are enabled to do something with feelings of confusion and anxiety evoked by all placement moves, rather than be inwardly overwhelmed by the experience.

DETERRENTS TO CHILD FOCUSSED PRACTICE

To see transition through a fostered child's eyes is something we often don't do, won't do, or can't afford to do. Personally, it is a confronting and painful experience. Administratively, resource, training and funding issues rear their heads concurrently when we begin to contemplate the processes and practices that would really ease children through placement transitions. Often professionals are so relieved that a good link has been found, and can lose sight of the fact that 'a good link' means nothing to a child who has not had a part in the decision and who must leave what has been a safe and familiar home.

There are myriad systemic factors that frequently seduce us into focussing more on the needs of carers and professionals than on the unique needs of the child who is making the transition. This paper is written in full knowledge of the constraints we experience as adults involved in out of home care (our time-lines, our policies, our legislation, the limits of our training, our needs, our own unspoken psychological agendas) and makes no apologies for neglecting them. It presents instead a picture of transition governed by the needs of children, based on the meaning of transition to them.

TRANSITION – PART OF EVERY FOSTER EXPERIENCE

By definition, transition is at the core of foster care, just as much as care is. All children in out of home care experience at least one transition, the unlucky ones experience more than they or our files can remember. All fostered children move from birth parents to some type of out of home placement. It rarely ends there. They may then move:

- from emergency to short term/reception placement;
- from short term to long term care;
- from long term care to permanent care;
- from long term/permanent care to short term;
- from family based care to group home care;
- from group home to family based care;
- from out of home care to birth parent/s;
- from foster care to adoption;
- from adoption back into foster care, and so on.

It is common for children in long term care to experience at least three transitions and many professionals know of cases with horrific transition histories (for example, recently the author encountered a six-year-old girl who had already experienced 31 placement transitions).

TRANSITION AND TRAUMA

The attachment literature of many decades enlightens but disturbs us with the knowledge that repeated and early loss of significant care-giving relationships poses an enormous threat to a child's emotional well-being and general development. Research shows that in some cases, loss of personalised care poses a trauma so severe that lasting impacts on the young child's ability to process information have been identified (Hartman & Burgess, 1993). In essence, profound and repeated attachment loss can threaten a child's neurological development. Fortunately, studies such as the classic Robinson and Bowlby (1952) research show clearly that the impact of loss for children can be mitigated by the quality of care-giving they go on to receive and the manner in which their transition in care occurs.

McIntosh (1997) showed that transition is the most vulnerable point in a child's foster care experience, and it can create profoundly traumatic experiences that compromise children's adjustment to even the best of placements. From this study, children's discussion and drawings about transition illustrated their experience of losing 'pieces of self' in placement moves, not merely doona covers and school jumpers. Children lose a sense of themselves as being wanted, connected, lose all sense of familiarity, self-agency, capacity to be soothed, and any sense of being in control. Even moving into very supportive permanent placements, dominant feelings during transition are of feeling isolated, confused, frightened, disoriented and persecuted. For particularly damaged children with long histories of placement moves, transition can lead to dissociative responses and profound depression.

PRINCIPLES OF TRANSITION

Is it possible to stem the tide of psychological trauma that comes with moving a child through foster placements, or is upheaval inevitable? While every case is absolutely unique, there are a number of principles based on attachment theory that, if followed, can serve to protect children from unnecessary aspects of transition trauma.

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Principles of transition management

1. As few transitions as possible.
2. Thoughtful, planned placement.
3. A well researched match with the new carer.
4. A transition needs assessment completed for each child.
5. Pre-transition conference.
6. Effective transition strategies utilised.
7. Prior carer maintains contact whenever this relationship has been a source of security to the child.
8. Monitoring child's adjustment.

Many of the above principles speak for themselves. Some need elaboration.

Well researched match with the new carer

In an ideal world, children would be placed with potential permanent carers from entry into foster care whenever the viability of the child returning to birth parents was in question. In the Australian context, legislation continues to mitigate against the likelihood of this happening. In the face of this, minimum good practice would be to ensure that children's match with long term carers is based on an assessment of the child's developmental needs and their attachment style, linking them with carers whose own attachment history and care-giving capacities fit uniquely with these needs.

CASE EXAMPLE

Susan, a little girl of eight years, presented with a history of 14 placements in foster care. Most recently she had resided in a group home after foster carers of two years went overseas and permanency issues remained unresolved. On their return, they learned that the little girl had not been placed and approached the worker about the possibility of permanently caring for her. By this time, the girl had settled into the home and the group home reliever also offered to permanently care for her. How does one choose between two competent carers with whom the child is familiar? An assessment of Susan's attachment style and developmental needs provided the answer. It was evident that she was highly anxious and dependent, preferring close proximity with her carers and tending to become very regressed when under stress. The personality and caring style of the reliever were such that she handled Susan by jollying her along and not accepting baby-like behaviour. The attachment style of the relieving carer and her own children was avoidant of emotional intimacy, tending to minimise their own need for support with a robust, 'grin and bear it' approach to life. In this context, Susan was expected to cope with the rough and tumble of the busy group home and indeed Susan showed fewer regressed behaviours there. However, in turn she became ill more frequently and developed terrible headaches and dizzy spells, for which she was hospitalised many times.

In contrast, the approach of the previous foster parents was to respond to the regressed behaviour, to cuddle Susan, reassure her and ease her through situations as much as she needed. If she behaved like a one year

old, they responded accordingly. They were quiet, softly spoken people with secure attachment histories, who had time to deal with Susan at the level she was at.

The disruption of transition back to their care was weighed up against the long term gains of receiving care that would fit with her attachment style and might assist her developmental recovery. Susan transitioned successfully back to her previous carers. She displayed a burst of regressed behaviour, they responded consistently in a containing, patient way and over the next year, Susan had gained more developmental ground than she had in years.

The relieving cottage parent was soon matched with a young boy whose own attachment history made it extremely difficult for him to tolerate closeness. He needed someone who was nurturing in a more distant way, who did not need the rewards of cuddles and dependency and who could allow him space to come forward at his own pace.

Transition assessment and pre-transition conference

A coordinated, carefully thought out, non-reactive transition needs to be planned and discussed by all professionals and carers involved. Assessment by the child's foster care worker in particular needs to address the meaning of the impending move for that child in light of their history and the kind of relationships they have formed in foster care.

The idea of a pre-transition conference is to create a supportive forum which permits the sharing of this information, and allows also a forum for monitoring the success of the transition. If this were to become standard practice, we would doubtless see fewer placement breakdowns due to poorly handled transitions. We would see a sensitive drawing together of information about the child, including:

- the child's relationship with the current and previous carer;
- the child's specific attachment behaviours and patterns of response to care;
- the child's developmental needs and appropriate pace of transition;
- the meaning of the move for this child;
- communication between carers, addressing any obstacles to cooperation;
- indicators that the move is going well for this child;
- the roles of all professionals;
- the role of birth parents.

Preparation and move appropriate for age

The meanings of transition to a child are complex and often beyond even an adolescent's capacity to articulate. When children are at a developmental stage that permits them some cognitive understanding of the move and its logic, they can be supported with strategies such as question and answer, reasoning and reality testing, although these techniques mean less in the absence of meaningful care. Verbal children find evidence of care in words as well as deeds and the conversations which are possible with latency children and adolescents are short cuts to helping relationships grow.

For pre-verbal children and pre-schoolers, transition takes on new complexities. Time becomes the chief tool. In order to minimise psychological damage for any child, it is imperative that they have evidence that they are not being 'dropped', that they are not unwanted , that they are being thought about. Words don't achieve this for a pre-verbal child, only experience. Ideally, a relationship must build slowly with the new carer, or in the case of home release, must be re-established slowly before transition happens.

CASE EXAMPLE

Laura was three years old when she was case planned for permanent care. Following many notifications, Laura was removed from her birth mother's care due to neglect through mother's drug addiction and associated behaviour. Two unsuccessful reunifications were attempted, with Laura being put at significant risk on many occasions. Her birth mother then disappeared.

On each occasion that she went into foster care, Laura was placed with the same carers, and altogether stayed with them for eighteen months. She called them Mum and Dad. Laura has a developmental delay which means she functions around the level of a two year old. How do you transition such a child away from her 'Mum and Dad' and into permanent care with strangers? The answer is slowly and carefully.

A good match was found for Laura in John and Agnes, and with a great deal of planning, the transition occurred over seven weeks of intensive visiting. Despite significant geographic distance, the two foster families involved were convinced of the merit of this form of transition for Laura's sake and it occurred as follows:

Laura's transition plan

Week 1: John and Agnes visit Laura. Two visits by Agnes alone.

Week 2: Visit by Agnes, John and their two children. Two visits by Agnes alone, slowly becoming involved in Laura's routine.

Week 3: John, Agnes and children visit. Two visits by Agnes, taking Laura on outings. Workers and foster parents begin to 'talk' to Laura about permanent care.

Week 4: John, Agnes and children visit, bringing photos of their home. Laura visits them at their home once accompanied by her foster parents and Agnes comes to Laura again and visits Kinder.

Week 5: Laura visits the family twice on her own with favourite toys, some of which she leaves there for next time. She is taken and picked up by her foster parents. Agnes takes her to Kinder. That weekend, she spends an overnight visit.

Week 6: Moving more toys and belongings over to Agnes and John's, with visits by Agnes in between.

Week 7: Farewell party at foster parents' house and transition move. Daily phone calls with foster parents.

Week 8: Visit by foster parents. Plan to visit fortnightly, then monthly, then special occasions, with phone contact and cards in between.

Transitions are often governed by systemic time-lines and rarely represent a pace conducive to the emotional well-being of children. Many transitions appear to operate on the principle of 'it will hurt less if you tear the bandaid off quickly.' In a child focussed approach there are a few circumstances under which a transition should happen quickly (for example, within a week):

- firstly, when the relationship with the current carer has been very brief or has been troubled and un-supportive to the child and their new placement is likely to offer more appropriate emotional care;
- secondly, when the child is unduly distressed by the idea of staying with the current carer, knowing a move is imminent;
- finally, when the child indicates their readiness to move ahead of a planned transition schedule.

For pre-schoolers in particular, a child focussed approach suggests a longer time frame than most are accustomed to, particularly moving into permanent care. If the child feels secure in an existing placement, between six to ten weeks would be a minimum period of transition for many pre-verbal children, context permitting. A lengthy transition begins with simple visits over the first month to the child in their own home by the new carer, who takes an increasing interest in the child's acitivities and comes to play a role in their routine. The second month sees outings and day visits to the new carer and only then discussion through drawings and play of the pending move.

Geography often comes into play with the pace of transition. Aside from funding implications to support carers with time off work and travel, a child centred approach suggests that a carer's ability to work through a therapeutic transition should be part of the linking decision in the first place. In a recent case of a four and a half year old girl with a deeply troubled history of physical abuse and multiple placement, a linking committee found themselves in the enviable position of having three appropriate families to select from for permanent care. The decision was ultimately guided by the meaning of transition to her. Several reactive and ill planned placements had delayed this girl's recovery from her initial trauma of violence and rejection by birth parents. The permanent care family were selected on the basis of their ability to effect a slow and careful transition, where from the outset they could lay down a very different pattern of care for the girl.

The art is in making a potentially overwhelming experience more bearable and constructive by utilising sensitive knowledge about the child, time and a uniquely human capacity to empathise with children.

Maximised opportunities for new carer to make links with the child

In the face of strong emotion, children benefit from having connections made for them between what they are feeling and how it can be described in words or in pictures by someone who cares about them. To provide these representations for a child is to show them that we can see, understand and tolerate their feelings, and vitally, that we are holding them in our minds. This is the work of transition, done by the child's carers and those closely involved with the child.

To go further and show a connection between the child's experience and our feelings is the stuff of therapeutic transition and attachment formation, and this is the job of the long term carer.

> 'My foster mum cried because I was unhappy.'
>
> 'They were so happy because they could see how much I was enjoying myself.'
>
> 'She was so worried and tried even harder because she knew I was anxious.'

These are examples of times when fostered children felt an empathic connection with their carers, which gave them new evidence that they were cared about, not just cared for. An authentic bond builds over time, but in some respects, the emotional turbulence of transition provides the new carer with opportunity for understanding and responding to the inner experience of the child in their care. Transition is a highly emotional time and can be a good opportunity for new carers to make an early, empathic link with the child.

Prior carer maintains contact <u>whenever</u> this relationship has been a source of support to the child

Like mountain climbing, transition is precarious and one must never let go of a secure footing before the new one is established. Moreover, a child should never be pushed from a secure psychological footing. Gravely misguided notions about attachment formation have led to some case plans that deny a child contact with their previous carer often for some months, in order to give the new carer a chance to form a bond with the child. Such strategies in effect confirm the child's worst fears; that they are unwanted and are not held in anyone's mind.

In a child centred approach, carers need to be supported to handle transition and its meanings to them. One would hope that with preparation and support by placement workers, previous and new carers can work together in a highly cooperative way, enabling the child to form familiarity and a growing bond with their new carer without suffering the trauma of losing their previous carer. Supporting both the relinquishing and receiving carers through transition is as vital to the success of new placements as supporting the child. This includes education around the importance of child focussed transition, attachment and loss and emotional support of carers in order that they can genuinely encourage and be present for the child through the move, rather than being dominated by their own agenda. This is particularly important when the child's move poses a significant loss for the relinquishing carer or the previous carer is somehow seen as a threat to the new carer.

So, far from being the kind of mountain climbing instructors who say, 'Just

close your eyes and jump', *child focussed workers allow the child to hold on to relationships that have held them, while new relationships are forming*. Ideal are cases that move at a pace where the child indicates when they are ready to go to the new carer. Some may find this idealistic, reasoning that no-one should expect a relinquishing carer to tolerate slow transitions because it is too painful for them. A child focussed approach reasons that no-one should expect a child to tolerate a rapid or reactive transition because it is simply too painful and unnecessarily damaging to them. Carers who understand this from the outset of a placement and who are effectively supported with wise case planning can and do protect the children in their care from transition trauma.

Monitoring child's adjustment

How do we know if a transition is going well for a child? Obviously each child will express this differently, but there are some indicators worth looking out for.

Good transition is not equivalent to a honeymoon period, where the child holds itself very tightly in check and gives the new carer little sense of even being there . Research suggests that with quick and poorly planned transitions, this is a time when the child is in a state of shock, feels in a strange, dissociative state, and is somewhat numb (McIntosh 1997). Inadvertently, this can suit adults at times if it means fewer troubled behaviours. However, when a child is really managing the meaning and reality of transition, one has a sense that they are 'present'. They do not isolate themselves, but engage with others to the best of their ability. They express feelings and allow adults to help them to do so, to question and make use of the supports offered them, again to the extent that their internal world will allow. They are able to think a little about the previous placement, expressed in the form of talking or play, and don't need to completely destroy its goodness by making it out to be a bad place they were happy to reject, instead of being the one who was rejected.

CONCLUSION

This paper has no doubt stated the obvious in some areas, hopefully as a useful reminder of timeless good practice concepts. In other respects, there are some emerging ideas based on the premise of child focussed transition planning, with a basis in attachment and developmental theory and psychotherapeutic practice. In essence, this form of child focussed practice advocates that we embrace the potential trauma posed for each fostered child during transition, most urgently when a child is moving away from a placement which has been a source of psychological security for them.

The art is in making a potentially overwhelming experience more bearable and constructive by utilising sensitive knowledge about the child, time and a uniquely human capacity to empathise with children. Such an approach challenges current practice to tackle one by one the systemic constraints which dictate timing and process, to build new infrastructures for transition planning, to insist on good communication between adults involved, in order, above all, to ease the way of the child. □

References

Hartman, C. & Burgess, A. (1993) 'Information processing of trauma', *Child Abuse and Neglect*, 17, 47-58.

McIntosh, J. (1997) *Multiple Loss: a phenomenology of attachment and its felt absence in fostered children*. PhD Thesis, The University of Melbourne, School of Behavioural Sciences.

Robinson, J. & Bowlby, J. (1952) 'The responses of young children to separation from their mothers', *Courrier Centre Internationale Enfance*, 2, 131-142.