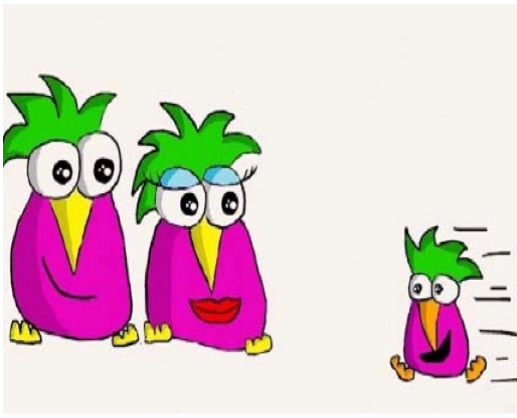




Meeting the Needs of Foster Children with (Complex) Trauma and Their Foster Families: A Recent Initiative in The Netherlands

Hans Grietens
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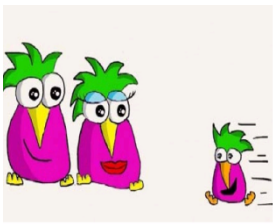


7th International Foster Care Research Network Meeting
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Content

- Trauma paradigm in foster care research
- A study on trauma symptoms in foster children in the Netherlands
- Towards trauma-informed foster care
 - *‘Caring for children who have experienced trauma: A workshop for resource parents’*
 - Evaluation of the training: First results
 - Plans for the future
- Questions or remarks





Trauma Paradigm in Foster Care

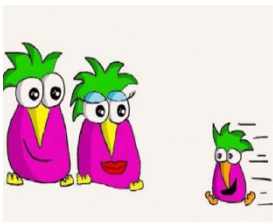
- Trauma theory has entered foster care research
 - mental health/pediatric/psychiatric perspectives on foster care
 - clinical applications of attachment theory
 - neurosciences
- Relational trauma before placement, placement, re-traumatization in care, moving in care, leaving care
- Complex trauma
- Number of empirical studies increases worldwide, e.g.,
 - Germany: Oswald et al. (2010)
 - USA: Greeson et al. (2012)
 - New Zealand/Australia: Tarren-Sweeney (2013)
 - UK: Vostanis (2007)
 - Dovran et al. (2012): *Journal of Child and Adolescent Trauma*





A Study on Trauma Symptoms in Foster Children in The Netherlands

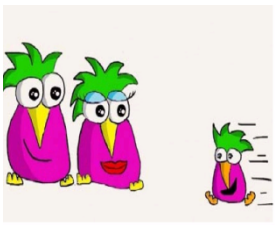
- 98 foster children in Northern provinces of the Netherlands (Grietens et al., 2012)
 - short-term foster care
 - 66 non-kinship, 32 kinship
 - 45 boys, 53 girls
- Stressful life events (foster carers' reports)
 - separation, loss, violence
 - on average more than 8 stressful life events
- Trauma symptoms (foster carers' reports)
 - about 1/5 children score clinically significant on posttraumatic stress; about 1/3 in subclinical or clinical group
 - significant relationship between number of stressful life events and posttraumatic stress
 - significant relationship between posttraumatic stress and behavioural problems

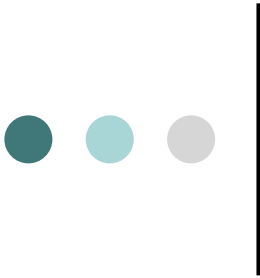




Towards Trauma-Informed Foster Care

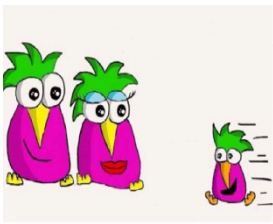
“Perhaps no other child-serving system encounters a higher percentage of children with a trauma history than the child welfare system. Almost by definition, children served by child welfare have experienced at least one major traumatic experience, and many have long and complex trauma histories” (Ko et al., 2008, p. 397)





‘Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents’ (NCTSN, 2010)

- Impact of trauma on foster care process
 - specific behaviors
 - specific needs
 - foster carers do not share history with child
 - trauma often is hidden or unacknowledged
 - lack of coherent narrative
 - child’s trauma may trigger foster carers’ traumas
- Consequences:
 - risk for (early) breakdown
 - secondary traumatization in foster carers
- Child has to recover from trauma in foster family
- Relations in foster family may regulate impact of traumatization



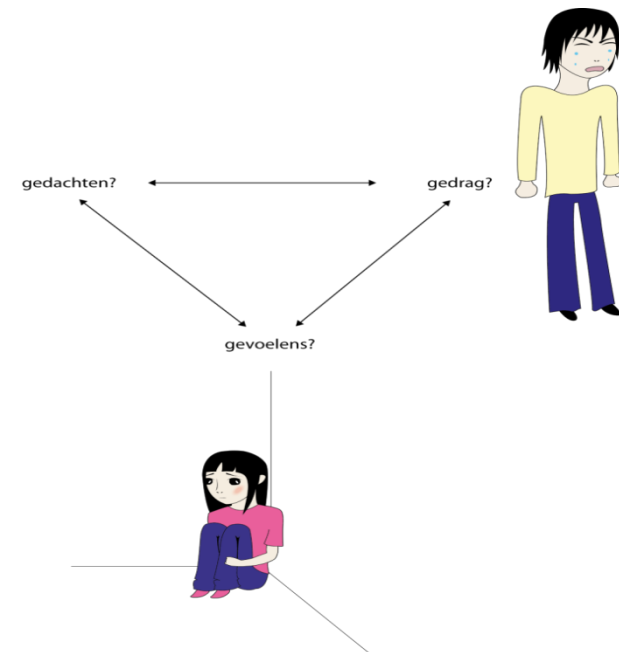


- Translated into Dutch (Coppens & van Kregten, 2012) and used in Top Trauma Reference Centers
- Two months, 8 sessions, group approach, 8 modules
- Viewing foster children's experiences and behaviors through a trauma lens
 - psycho-education
 - creating safety
 - dealing with feelings and behaviors
 - connecting and restoring
 - becoming an advocate for the child
 - caring for oneself





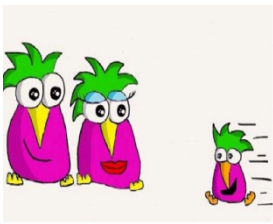
A large number of foster children carry with them an invisible suitcase full of negative thoughts, feelings and expectations





Evaluation of the Training: First Results

- Small-scale study among foster carers who participated at the training
- Demographic/family characteristics, goal attainment (before and after), satisfaction, open questions (remarks, suggestions,...)
- 15 foster parents completed survey (mean age: 48yrs; highly educated; mean age foster child: 10yrs; no training on trauma)





- Goal attainment
 - significant changes in 15 out of 17 goals
 - no change on *'I can create a safe environment for my foster child now'* and *'I can make that my foster child receives the care s/he needs'*
- Satisfaction
 - more than 70% at least *'satisfied'* (14.3% *'very satisfied'*)
- Goal attainment (total) - satisfaction (general): Spearman rho = .54 (p<.10)



- Remarks, suggestions, ...
 - more case material
 - ‘caring for oneself’ module more at the beginning of training
- Conclusions
 - training can be labelled as ‘theoretically evident’ (Veerman & van Yperen, 2007) until now
 - some indications for higher level of evidence (‘indicative’)
 - much more research on effects is needed!



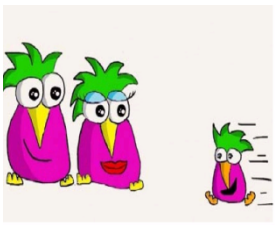
Plans for the Future

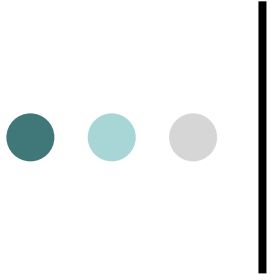
- Evaluating the training in a study with quasi-experimental design and waiting list condition
- 60 foster carers in each group
- T_0 : 1w. before start; T_1 : 1w. after training; T_3 : 3m. after training
- Foster children between 6 and 18
- Self-reports and observations of foster child-foster parent interactions





- Primary outcome measures
 - parenting behavior
 - parenting stress
 - family functioning
 - parental reaction towards child's emotion regulation
 - goal attainment and satisfaction
- Secondary outcome measures
 - problem behaviors and trauma symptoms in child





Questions or remarks?



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