Layers of Healing Care

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Abstract

With growing pressure on child and adolescent mental health teams to meet the needs of young people in care, alongside limited resources, there is an increasing need for care settings to consider their role in providing trauma-informed, healing care environments. This article describes the process of developing a therapeutic framework within a small residential care setting in Scotland. The framework encapsulates the importance of attending to the needs of the organisation as a whole in order to provide a safe, attuned and responsive environment, highlighting the fundamental layers of care necessary to provide a foundation upon which the healing journey can begin.

Keywords

Therapeutic framework, healing care, psychology in residential care, layers of care

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The Development of a Framework to promote Healing Care in a Residential Care Setting

With growing demands upon child and adolescent mental health teams and limited resources to respond, the need for the residential care environment to provide an environment that meets the psychological needs of young people is paramount.

Children in care are more likely to experience adversity and trauma in childhood, such as neglect, physical, emotional and sexual abuse, loss and the effects of substance misuse. In addition to this, all too often their experience in care can reinforce feelings of loss and abandonment, blame and shame. These experiences often result in feelings of insecurity, difficulty making and sustaining relationships due to a fundamental mistrust in adults, emotional dysregulation and disengagement from education.

Recent studies on the impact of adverse childhood experiences (ACEs) suggest that there is a cumulative relationship between adverse childhood experiences and psychological wellbeing in adulthood (Hughes et al., 2017). In a recent Scottish Public Health Network report, 'living in care' itself is considered to be an adverse childhood experience under the category of household adversity (Couper and Mackie, 2016). Having developed an interest in the experiences of young people in care, it became clearer to me that there was much support that could be offered to these environments in an attempt to improve young people's experience of care, developing resilient teams that can offer the nurturing care and containment required for young people to grow and develop.

If our environments shape the people we become, then we have to consider that the answer to healing lies too within our environment. Originally, there was much demand for me to see young people individually for therapy, to support them to acknowledge and 'work through their traumatic life experiences.' From a trauma informed perspective, however, I was well aware of the fact that to explore traumatic experiences with a young person they have to feel safe, both physically and emotionally, be stabilised in placement, having built an

attachment to at least one trusted adult, and have some degree of self-regulation. It became clear that I had a responsibility as a clinician to explore these factors with staff teams in order to focus on the development and sustainability of the healing environment.

In a document entitled 'Key Ingredients for Successful Trauma Informed Care Implementation', Menscher and Maul (2016) talk about two factors that are essential to consider when developing trauma informed care provision, namely, organisational factors and clinical factors. Considering the environment or culture of a care setting is vital in the process of providing quality care experiences for young people.

Kim Golding's Pyramid of Need (2007) has been a model I have returned to over and over again within child and adolescent mental health services, to support systems to recognise the foundations required before a young person is likely to engage in a formal therapeutic relationship.
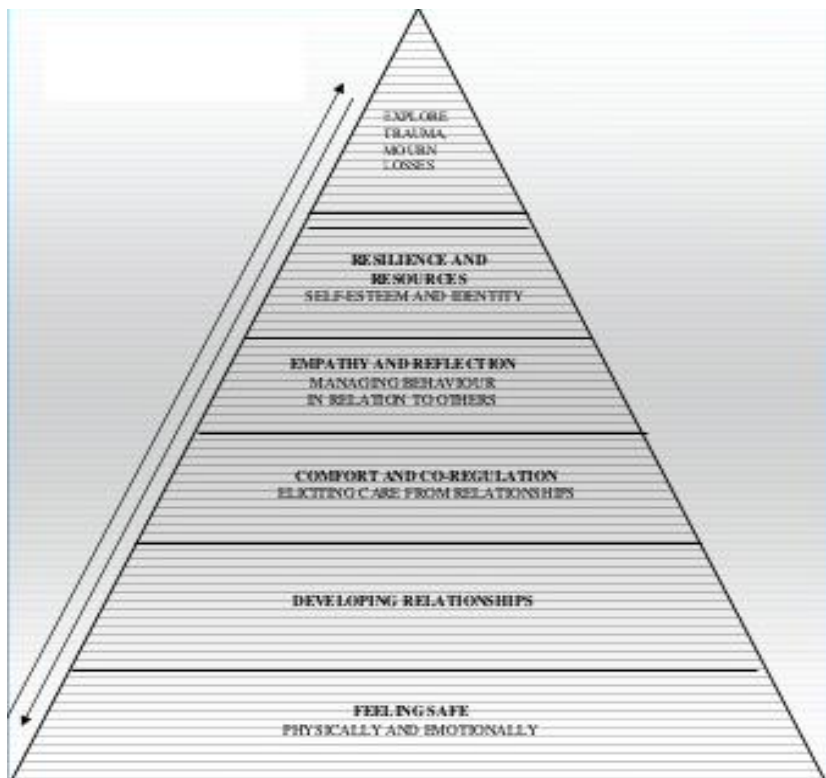
Figure 1: Pyramid of Need, Kim Golding (2007)

I have found this model very useful in supporting adults to identify their role within the healing process. Creating safety for a child is the foundation of any

caring, trauma informed environment. If a young person continues to live in chaos, their resources are ploughed into survival, they retain their defences and return to habits of behaviour that have enabled them to cope within this chaos. A child's safety and security must always come first. We must facilitate their connections with trusted and available adults, work towards building skills to sit with and contain distress, building emotional regulation and social skills, while giving young people plenty of opportunities to achieve. Moving too quickly towards individual therapy risks positioning the problem within the child, as opposed to understanding the role the environment has played in shaping development.

Drawing on these ideas, I have recently been involved in developing a framework to inform the therapeutic culture at Balnacraig Residential School, a small residential setting in Perthshire, Scotland. It was important that this framework was grounded in theory while also being accessible to teams. Having worked for many years with Kim Golding's Pyramid of Need, it became clear to me that, through defining what was required for a young person to be in a position to engage in formal therapy, she had given us a starting point to consider, environmentally, what is required for a young person to grow and develop.

If the environment is going to provide a culture that promotes growth and development, it is important to support the adults to feel empowered in their role. To support them to begin to believe that their role is paramount in creating an experience of stable, attuned, nurturing care from a secure base. During this process, I asked one young person how he would define a 'therapeutic environment', his response was 'warm milk and honey'. He went on to tell me that his favourite foster carer would make him warm milk and honey before bed every night. This was a memory that represented 'therapeutic' care and helped reinforce my belief that small acts of attuned care are the foundations for healing.

Drawing on Golding's Pyramid of Need, and through consultation with the team, we began to build our own model to define the features of a care environment that allows a child to feel safe enough to begin to heal. Fundamental to this

model – and taking on board the importance of cultural factors along with practice factors – is that *everyone* within the environment needs to experience what it feels like to be safe, to have relationships, to experience emotional containment and to build their skills and resilience. Uncontained adults will struggle to provide the level of containment a child requires. As such, in order to effectively look after our young people in care, we must look after our supporting adults and the organisation as a whole. The basic framework is illustrated below:
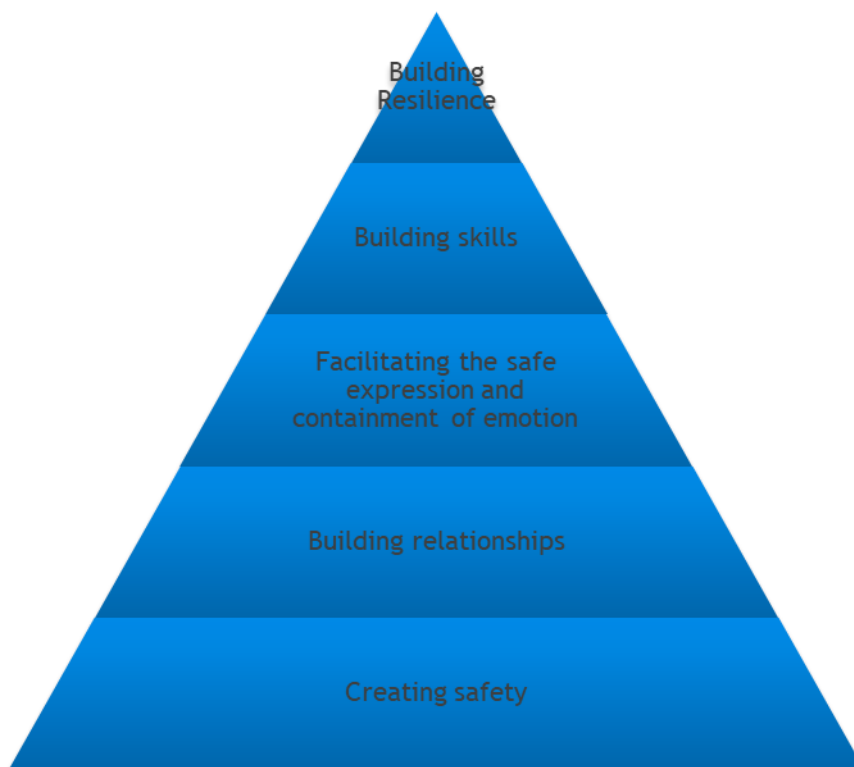
Figure 2: Layers of Care

This framework encompasses a natural developmental progression from building a safe environment through to building the skills and resilience required to support young people and adults beyond the secure base. The assumption being that unless attention is paid to each layer, a child will find it difficult to progress through the levels.

Through consultation with adults and young people, we developed the fundamental features of each stage of the model in terms of practice, but also organisationally. Some of the ideas generated are included in the table below.

Stage of the Model	Practice Features	Organisational Features
Creating Safety	- Understanding attachment and developmental trauma - Creating safe spaces - Building trust - Claiming young people - Creating consistency through good communication, - Creating rituals (warm milk and honey) - Clear expectations and boundaries - Establishing routines and structure	- Job security - Clear expectations in terms of adults' role - Appropriate ratio of adults to young people - Clear processes to manage risk - Building trust
Building Relationships	- Understanding the process of attunement and re-attunement - Drawing on principles of Dan Hughes' PACE - Restorative approaches - Encouraging relationships with the system / family where appropriate	- Creating supportive teams through team building - Recognising supportive teams - Encouraging / supporting conflict resolution - Having fun - Safe sharing / mistake making
Facilitating the safe expression and	Acknowledging and naming emotion with young people	Training on emotional development and the

containment of **emotion**	• Supporting young people to make sense of their own emotional experiences, reducing shame • Being available for young people • Modelling empathy	process of emotional containment • Ensuring opportunities within the system to share feelings and personal traumas, e.g. supervision, reflective practice • Supporting teams to recognise each other's needs • Building confidence to share own emotions
Building Skills	• Opportunities to build life skills, academic skills, social skills • Creating an environment that supports the development of interests	• Annual programme of training • Supporting further education (SVQ etc.) • Opportunities to take broader responsibility
Building Resilience	• Providing positive feedback • Opportunities to achieve • Celebrating successes • Encouraging young people to take responsibility • Goal setting • Providing opportunities where young people can take control • Building connections beyond care	• Celebrating success • Ensuring adults feel valued and good practice is recognised • Appraisals, goal setting • Building connections with other care environments

Figure 3: Features of the Layers of Healing Care

In order to conceptualise how the model informs culture as well as practice, I introduced to the team the analogy of Russian dolls. At the centre is the young

person, psychologically 'held' by the layers of their system. However, in order to provide the healing care a young person requires, each individual adult within the child's system also needs to be psychologically 'held,' experiencing safety in their role, building relationships with each other and the child, and experiencing emotional containment. Essentially, unless the adults within the system feel safe and supported, they cannot provide the safety and containment required by a child in their care.

Developing the framework has been a relatively straightforward task, generating a broader organisational commitment of staff containment and support. The on-going challenge is how the model is applied amidst dynamic challenges. It has offered a shared language within the team and is readily used to structure discussions around challenges faced within the environment, to facilitate reflective practice and supervision and to inform service provision, training and development.

However, not dissimilar to the process of healing, challenges are an inherent part of the process. Balancing the safety needs of adults with the safety needs of young people can prove incredibly challenging, particularly when resources are stretched and turnover is high. Where traumatic experiences have shaped experiences of attachment to others, building and sustaining relationships is not only difficult, for some it can be incredibly frightening. Developing self-awareness is a challenge for us all, but is absolutely crucial within the context of providing a healing environment for young people in care. This requires adults to reflect on their own experiences of care and nurture in order to recognise the complex dynamics at play in their role as carer.

Skilling-up teams to sit with and tolerate difficult emotions, along with traumatic stories, requires a considerable investment in terms of staff support. In addition to this, expectations for success can quickly result in frustration and a feeling of failure across the organisation. Re-framing and acknowledging each small step within the process is crucial for morale. The impact of low morale from one or a small handful of adults, can be catastrophic across the organisation as a whole. Creating a nurturing culture – where senior management are accessible, open and honest, accepting challenges, recognising that mistakes are part of the

process of development and growth, offering containment and encouraging professional development – models the nurturing care response we hope adults within the care setting can provide for our young people.

Bryson et al (2017) highlighted that there are five fundamental factors for implementing trauma informed care in youth (residential) settings: senior leadership commitment, sufficient staff support, amplifying the voices of (young people) and their families, aligning policy with trauma informed principles and using data to inform change. Broadening this framework's application to incorporate some of the factors highlighted in Bryson's paper provides focus for potential additional developments.

Many young people in care are not in a position to respond in a meaningful way to formal therapeutic intervention because the fundamental features of a safe and containing environment are not always available to them. Recognising that, in order to respond to the psychological needs of young people in care, we must focus on empowering carers to consider the layers of care necessary for a healing environment, will provide the foundations of safety and containment a young person requires to build psychological wellbeing, growth and resilience.

About the author

I am a clinical psychologist working independently across residential care environments. Between 2001 and 2015 I worked within child and adolescent mental health services in England and Scotland while developing my interest and practice in residential care. I work with four care organisations within Fife and Perth and Kinross, mainly offering training and consultation. I am particularly interested in how we support and empower care teams to provide therapeutic care, building their understanding of the challenges our young people face while also equipping them with strategies to meet the needs of our young people and support them to heal from trauma.

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