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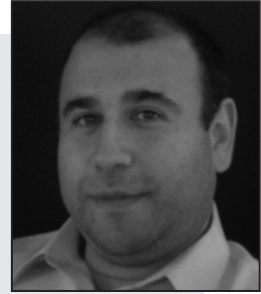
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THE THERAPEUTIC FAMILY MODEL OF CARE: AN ATTACHMENT AND TRAUMA INFORMED APPROACH TO TRANSITIONAL PLANNING

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Introduction

The transition from adolescence to adulthood is considered one of the most challenging periods of human development. For young people in care, this challenge may be further compounded by a history of abuse, neglect and broken attachments which has impacted on their overall development. In recent years, with the increase in the number of children and young people in care, and the negative long-term outcomes for those transitioning out of care, there has been a shift towards gaining a greater understanding of what needs to be provided in programs to ensure better outcomes for young people. This paper examines what can be done to ensure a successful transition into adulthood for young people in care, exploring the theory and practice of the Lighthouse Foundation Therapeutic Family Model of Care™ (TFMC™).

The TFMC™

The TFMC™ is an integrated model of therapeutic care for homeless young people who come predominately from a background of long-term neglect and abuse. Young people are encouraged to be active in education, work and personal development, and participate in programs to address their psychological wellbeing. The support and access to these programs from within the home and beyond, sometimes over many years, ensures that a sense of belonging within the community is maintained and strengthened, providing the foundation for a successful transition into adulthood. There is evidence that demonstrates that if traumatised children and young people are offered a safe and consistent physical living environment with positive parental role models and therapeutic support services, they can (re)build their sense of self, learn new ways of trusting and relating to others, and develop pro-social skills (Tomlinson, 2004; Becker-Weidman & Shell, 2005; Bowlby, 1969; Dockar-Drysdale, 1990; Perry & Szalavitz, 2006; 2010).

Theoretical underpinnings of the TFMC™

The following section will explore the

three major theories that underpin the TFMC™. These include Attachment, Object Relations and Psychological Wellness theories.

Attachment theory describes the biological and psychological need to bond with and relate to primary caregivers as fundamental to the survival of human beings (Bowlby, 1969; 1979). The ability to trust and relate to others is established in infancy to childhood, through the quality of the infant/primary caregiver relationship which shapes development and behaviour in later life. The TFMC™ provides young people who have experienced severe disruptions in their attachment relationships with the opportunity to develop an attachment with a carer. The attachment to a carer assists the young person to develop confidence in relationships (Becker-Weidman & Shell, 2005; Bowlby, 1969; 1979; Bretherton, 1997; Hardy, 2007; Sonkin, 2005).

Object Relations theory suggests that a prime motivational drive in every individual is to form relationships. The style of relationship that develops in early childhood becomes part of an internal blueprint or a learned way of relating, which is replicated when we establish and maintain future relationships. Young people who have experienced trauma in infancy and early childhood may have difficulty in forming and maintaining constructive and healthy relationships (Barton, Gonzalez & Tomlinson, 2012; Dockar-Drysdale, 1990; 1993; Winnicott, 1953; 1990). This will have a significant impact on their ability to develop the skills to successfully transition into independent forms of living and maintain stability into adulthood.

Psychological Wellness is a psycho-ecological concept that highlights the importance of promoting favourable conditions that nurture the personal (individual), relational (group), and collective (community) wellbeing of individuals (Prilleltensky & Nelson, 2000). It is important to support young people to develop wellness in all these areas, as the young person's overall wellness depends not only on their individual wellbeing (emotional, psychological and physical) and their internal resources, but also the quality of relationships they form with their networks of family, peers and the wider community.

Improving outcomes for young people leaving out-of-home care

A focus on better outcomes for young people leaving care needs to be a major priority for out-of-home care providers. Barber and Delfabbro (2004, as cited in Australian Institute of Family Studies (AIFS), 2007) reviewed 21 Australian research studies that looked at meaningful outcomes for children and young people in out-of-home care and identified five main outcomes: wellbeing, placement stability, placement permanency, educational needs, and family contact. It was found that children in care experience a range of complicated mental, physical and health problems and an enormous amount of instability in their placement. Across the board, the studies showed a positive correlation between time spent in care and the worsening of their problems.

A study by Barnardo's, Demos and Loughborough University in the UK analysed outcomes for children living in residential care (Hannon, Wood & Bazelgate, 2010). One of the major determinants of outcomes was the way young people's transition from care was

planned. Factors that improved outcomes for young people included the age of the person leaving care; the speed of the transition; planning and preparation before leaving care; the support provided after leaving care; and the maintaining of stable and secure attachments after leaving care. Additionally, Stein (2006) claims that improving quality of care, providing a flexible and gradual transition from care, and making after-care support accessible are essential elements of successful transitions.

In an effort to improve the outcomes achieved for young people leaving care, a nationally consistent approach informed by Mendes, Johnson and Moslehuddin (2011), CREATE Foundation (2010), and Maunders, Liddell, Liddell and Green (1999) is currently being developed by the Department of Families, Housing, Community Services and Indigenous Affairs and the National Framework Implementation Working Group (FaHCSIA) (2011).

Developmental focus
Research indicates that when children have experienced trauma throughout their lives, their development can be slowed down or even stunted. The brain development of a traumatised child can be severely impacted (Gordon, 2010). It is unrealistic to expect young people who have experienced years of neglect and abuse to be developmentally equivalent to their chronological age, or to expect young people leaving care at 16 or even 18 years old to live independently despite limited internal and external resources and support networks in the community (Barton et al., 2012; Hannon et al., 2010). Johnson et al. (2010) identified that young people leaving out-of-home care aged 15-17

years face an increased risk of returning to homelessness due to the complex challenges associated with their developmental readiness. The expectations placed on young people leaving care are out of touch with societal norms, with the average 'home leavers' age rising due to cultural, economic and societal factors (Newman & Newman, 2011).

*"I was coming to the age where DHS couldn't look after me anymore. I was going to be old enough in state terms to look after myself. This really wasn't the case. I was old enough in legal terms to look after myself but not emotionally, socially or financially. I was still completing high school." (*Carol, Care Leaver) (Barton et al., 2012)

Attachment relationships
We discussed earlier the importance of attachment in human development. The need for attachment and parental acceptance is universal, regardless of culture, age, gender or ethnicity (Bowlby, 1969; Tomlinson, 2004; Barton et al., 2012). Many of the young people who are in care have experienced unhealthy attachments, such as abusive and/or neglectful primary relationships in infancy, a number of broken placements, and relationship breakdowns in their extended family and community networks. This is a damaging process that can have detrimental effects on the overall development of the child.

Policies on leaving care differ between states and territories in Australia. The system lacks continuity and consistency in its approach to care (FaHCSIA, 2011). The level of support offered to young people leaving care is not yet determined by best practice guidelines, despite evidence that indicators of

positive outcomes for young people leaving care include: 'felt' security; continuity in care; and having a range of social support services available (Cashmore & Paxman, 2006). According to Barton and Gonzalez (2011), the current short-term nature of care, multiple movements, placement breakdowns, provision of unsafe and sub-standard care that may be developmentally inappropriate, and a lack of consistent understanding in the system about attachment and trauma has a harmful effect on the developing self of the young person and their ability to trust in relationships. The system as it stands does not promote attachment, and in some ways actually promotes detachment from relationships, as the insecure internal working model of the young person is reinforced by the system. Without the opportunities to form attachments it is difficult for a young person to develop healthy relationships in their lives, and to be active members in the community.

Morton, Clark and Pead (1999, p.11) state, "in view of the importance of attachments in addressing the needs of children and adolescents who have suffered severe abuse and/or neglect in early childhood, it is important that their existing relationships with family of origin, extended family, carers, staff, school and community be supported and extended. The young person must be able to develop and sustain relationships that will endure through the process of leaving care and into adulthood."

"I was constantly moved from house to house. This in itself is a form of emotional abuse. Foster care to hospital to secure welfare, I even stayed with some of my extended family for a stint, but this just led to more abuse…

On many occasions I sat in my school uniform wondering when and who I would be staying with that night and if they would be nice to me. At last count I moved fifteen times in two years." (Carol, Care Leaver) (Barton et al., 2012)

A therapeutic relationship is one that heals and enables the young person to recover from trauma. Recovery is more likely if they form a primary attachment to a caregiver, and also have a wider network of positive relationships (Bowlby, 1979; Hannon et al., 2010). The TFMC™ presupposes that new and constructive behaviours can be learned over time by exposing a young person to carers who relate to them and to each other in a constructive, supportive, helpful, respectful, trusting and loving way. This way of behaving towards others is a persistent and consistent feature of the developing therapeutic relationship between a young person and their carer(s).

"So really what I want to say, is that all along it's about relationships and trust and other people identifying the positive in you before you are ready to see it yourself. If no one reflects that back to you – you will never see that yourself and develop the impetus to move forward. It is the mirror thing." (Jacinta, Care Leaver) (Barton et al., 2012)

Opportunities for learning
Young people in care need to have access to activities and programs that encourage personal growth. Many young people in care are involved in programs that do not promote growth, and in some ways prevent the development of a sense of self and proficiency of skills like the sequence and pattern of daily events, how one thing leads to another, as well as the

causes and consequences of events in their daily life. It is important to understand the developmental needs of the young person, and link activities towards reaching developmental milestones. Achievement encourages self confidence in oneself and one's place in the world (Barton et al., 2012).

The TFMC™ approach to day programs is one that sees every event in daily life as a therapeutic opportunity, such as building attachments with carers; developing relationships with peers; learning to give and take in a family group; enjoying new experiences; developing interests; processing past experiences; internalising daily routines; building social networks; making contributions to others; education, training and employment. Many of the opportunities for learning that occur in a healthy family environment are not available for young people in care. According to Perry and Szalavitz (2006), some of the most therapeutic experiences don't take place in therapy, but in naturally occurring healthy relationships. The relationship with carers is a great opportunity for young people to learn through observation, and doing.

There are many opportunities in the daily life of the young people for such spontaneous therapeutic opportunities. For example, a positive experience between a young person and a carer, between other young people and between someone in the community as a whole. Where all staff in the community are attuned to the needs of young people, difficulties that arise also provide the opportunity for something to be worked through. This might be a new and constructive experience for the young person. Through these interactions with a 'parent figure', the

young person is able to absorb skills that will be important for the processes involved in transition, such as developing healthy relationships with others, promoting trust in self and other, feeling settled without the need for intensive external support, and embracing opportunity as a positive experience. Miller (1989) offers the idea of flexible integration into the community through a 'therapeutic membrane', which is adapted in the TFMC™ as the key to promoting readiness for leaving care.

Psychological interventions

Many young people in care have experienced significant trauma, and may present with mental health concerns. According to Hannon et al. (2010, p.103) "given the prevalence of mental health problems among children in care, it would seem obvious that in addition to emotional preparation before leaving, targeted emotional and mental health support for young people after leaving would also be a priority. A rapid break with carers, change of home and living alone may well trigger or exacerbate underlying mental health problems."

The TFMC™ Psychological Wellness Team consists of a team of psychologists providing psycho-therapeutic/educational support to young people. They also play a crucial role in the transition process. The therapist becomes the bridge, or a significant person in the 'moving out' process. The relationship with the therapist often continues beyond 'moving out', providing a sense of security, continuity and a secure base (Barton et al., 2012). It also provides the young person with the opportunity to process the challenges of living inter-dependently in the community, such as anxiety related

to leaving care and the experience of grief and loss. The therapist supports the young person to develop the practical skills necessary to successfully navigate their journey into adulthood.

Community connectedness

An African proverb says 'It takes a village to raise a child'. We know that having a sense of belonging to a community is an essential element in human wellbeing. Studies have demonstrated that a sense of community and related factors can result in positive outcomes for individuals and groups (Pretty, Bishop & Fisher, 2006; Sarason, 1974). It is vital that the care program supports the young person to be part of the wider community, and works very closely with the community to ensure that the young person feels a sense of belonging. Each TFMC™ home is supported by a Community Committee made up of local people who live or work near the home. They provide support in a number of areas - local knowledge, mentoring for the young people, financial assistance, networking opportunities, legal matters, maintenance of the home, links to employment, education and training initiatives, and various other supports. The committee also provides practical support to the carers, so that they can be more effective in the therapeutic work that is done in the home with the young people. Strong community supports will result in positive outcomes in areas such as employment, education, social networks and community connectedness (Barton et al., 2012).

Transitional planning

Transitional planning should be holistic and linked to developmental outcomes. In the TFMC™ the Individual Development Plan plays an important role in preparing the young person for the reality of life when 'moving out'. It supports the young person's development across a number of domains such as Learning, Physical Development, Emotional Development, Attachment, Social Development, Autonomy/Life Skill, Relational and Community Connectedness. Each domain has a number of measurable outcomes that include: an ability to make decisions informed by past learnings; healthy sleep routines; ability for emotional regulation; peer attachment; understanding the effects of life story; communication style; and financial management. It is also important that Individual Development Plans are 'child' centred, and that the young person has a sense of ownership, and is able to assess their readiness for transition (Barton & Gonzalez, 2011).

Planning is an important element of preparing young people for interdependent living in the community. It is important that there is a structured transition process to help prevent another unhealthy separation with feelings of abandonment. If the separation is a healthy one, the child develops faith in relationships, and trust that relationships can change over time and separation does not need to be a traumatic experience (Barton et al., 2012). This should begin from when the young person enters the program, and the focus should increase six to twelve months prior to the child 'moving out'. In our work with young people we need to be mindful that the ultimate goal is always a healthy separation. According to Mendes, Johnson and Moslehuddin (2011), transitional planning should start early and well before the young person moves on, and the young person should be an active participant in the planning process.

Assessing readiness for transition

Treatment is described in psychodynamic literature as a process of working through. Working through refers to the "systematic interpretation, observation, confrontation, and clarification of repetitive patterns in the patient's life" (Gabbard, 2004, p.186). The therapeutic process for the child is one of gaining insight into relational patterns and internalising a more positive working model of the world. In assessing readiness for transition, we use the yardstick used in long-term psychodynamic therapy. A young person is perceived to be ready for transition when they have internalised the therapeutic process (Gabbard, 2004). That is, they have gained insight and are now able to autonomously apply what they have learnt about themselves and the relational world in practice. In the TFMC™ the child internalises what it is like to be loved and has thought about what a parent should be like, what a home is like, what a healthy relationship looks like, and so on. Skills development is also an important yardstick. We separate progress into the categories of individual, relational and collective (community) wellness (Prilleltensky & Nelson, 2000). For individual wellness we look at things like physical health and developmental milestones. When it comes to relational wellness, we look at areas including capacity for attachment, healthy relationships and networks of friends. When looking at community wellness it is wise to consider things like access to safe accommodation, community networks, employment and education. It is vital that the young person has developed proficiency across these three major domains to ensure that the transition is successful (Barton et al., 2012).

Life membership

In a family setting, when our children 'move out' there is often a coming and going over the years as they develop a sense of autonomy. They have the opportunity to return to the secure base of their parents and family, as they explore and experiment with the outside world. Winnicott (1990, p.84) explained, "Independence is never absolute. The healthy individual does not become isolated, but becomes related to the environment in such a way that the individual and the environment can be said to be interdependent."

For young people leaving care, the experience of 'moving out' can be more anxiety provoking and more complex as they are lacking the internal and external resources, and have limited relational and community supports. The response of a loving family when their child 'moves out' is to provide the child with the confidence that they can always come back. This is not available to young people in care, yet they are vulnerable and less equipped to face the challenges of 'moving out'. The internalising of this secure base is the recipe for success. Hence, the work that is done in the home provides the young person with a secure internal working model of the world. This provides them with confidence to develop into an autonomous person which is so vital for a successful transition to interdependent living (Barton et al., 2012).

The TFMC™ provides life membership to all the young people, to replicate the experience of a healthy family. The support provided to young people that transition from the home is varied and based on their individual needs. The nature of it will depend on their individual resilience, mental health, general health, developmental needs, support

networks, relationship with family of origin, and other factors that impact on their ability to manage interdependent living. When a young person has just moved out the support may be more intensive, such as case management and regular counselling, or returning home for respite stays as they continue to build their capacity to manage in the community. Those who have been in the community long-term may come home for a lunch or dinner, or to celebrate birthdays and personal achievements, or for Christmas.

Hannon et al. (2010, p.101) highlights the importance of the concept of returning home, stating that "children leaving care have suggested that care leavers – in line with the experience of children leaving their birth families – should be able to return to a supported environment after they have left care if they feel they cannot cope…About 88 per cent of care leavers felt they should have had the option to return to supported accommodation if a move to independent living was not successful."

"It was hard to make that decision to leave, but if I didn't make the movement of leaving I wouldn't be where I am today. I have succeeded. I have a family…and everything I want. I had to face my fear of failing…But Lighthouse was still there, but they weren't. I was making my journey but they were there if I fell… I thought I might fall on my arse, but I didn't. But Lighthouse was there in case. It gave me a sense of security. I sometimes still visit…Just to say hello." (Jamie, care leaver, (Barton et al., 2012)

After Care Program and Outreach Program
One of the downfalls of the care system is a lack of after care planning and support. Many young people transition into living arrangements that are not developmentally appropriate. This can be particularly challenging if they have not had enough preparation with learning life skills and how to make choices. We discussed earlier the importance of transitional planning, but what happens once a child leaves care and the reality hits that they are now on their own?   The TFMC™ After Care Program provides children with the much needed support when they 'move out'. The program provides the young people with case management in the first six months post-transition and beyond if required.

"After about seven months, I realised my living conditions/situation were out of control. I needed to change and was very unhappy with my situation. I knew I needed to get out of my bad situation but I did not know how to do it by myself. It was Jane (Lighthouse Psychologist) who suggested and supported me to move back into Lighthouse for a little while - to remove myself from danger. I was also ready this time for change…I needed the support of Lighthouse outreach to remove myself from my situation. You can't change if you are surrounded by negativity or patterns you are trying to break in yourself." (Jacinta, care leaver) (Barton et al., 2012)

To provide after care and life membership effectively, an Outreach Program is essential. The support may vary from providing links to education and training, to sending a birthday greeting, to more intensive case management. The program must be flexible in its nature and respond to the needs of the young people living in the community, supporting the young person's reintegration into the wider community.

Conclusion

In summary, there are a number of factors that contribute to positive outcomes for young people leaving care. It is essential that when planning for transition, care programs attend to the developmental needs of the young person, who is given a sense of ownership over assessing their readiness for transition. Preparation, community connectedness, ongoing support, stability and secure attachments which mirror the process of 'moving out' of a family home are crucial ingredients in the recipe for a successful transition into adulthood. A focus on healing, community participation, healthy attachments, a gradual and individually tailored transition plan, access to after care supports and the concept of life membership are how the TFMC™ creates opportunities for a positive and sustainable transition into adulthood.

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