BY KAREN DOYLE BUCKWALTER, MSW, LCSW

The Key To Their *Healing*

Many children in foster care today will need the support of mental health services as a result of the abuse and neglect that brought them into the foster care system. These vulnerable children have often experienced numerous traumatic events and clearly at least one, if not more, disruptions from attachment figures. What may not be as obvious is the critical role foster parents play in helping their foster children heal. With the right training and experience, the 24/7 care a foster parent provides will always trump the 50 minutes a child may spend with a therapist each week — even more so if the therapist is not well informed and experienced in working with children from the child welfare system.

Foster children often present a unique and complex clinical picture and unfortunately, for a variety of systemic reasons, the least experienced clinicians in the field of child mental health are often being asked to address the needs of some of our most complexly traumatized children. The point of this article is not to suggest mental health services are not necessary and valuable; however such services need to happen with parent involvement, and not in isolation, if they are to have maximum impact. So why would a clinician seeing a foster child not involve the child's caregivers?

First, they may have been trained in working individually with children, and simply may not know what to do with caretakers. Even if they have some ideas on how to involve them, the therapist may be intimidated by the foster parent. For example, a young therapist may feel overwhelmed and daunted by trying to tell someone twice their age how to parent a child with challenging and confusing behaviors. This may be especially true if the therapist has no direct parenting experience. In addition, some professionals in the child welfare system still have the outdated notion that foster children should not get "too attached" to their foster parents, and think one way to prevent this is to keep foster parents at arms-length. In other situations, it may be that foster parents, due to lack of understanding and education, do not want to be involved. They may think the child needs expert help and feel inadequate about what they can contribute.

In my early years as a foster care therapist I had many sessions without foster parents involved. I sometimes facetiously referred to this way of conducting therapy as "taxi-cab therapy" meaning the only role the foster parent had was delivering the child to my office. In some of these cases, the foster par-

ent would sit in the waiting area while I met with the child alone. Being in a rural area, and providing a window of time the foster parent had in town without the child, sometimes they used therapy time to run errands or pick up some groceries. Other times a caseworker or someone who transported the children to visits would bring the children in for therapy. Undoubtedly, time is an issue. Involving foster parents in therapy takes more time. Whether it is reading logs they are keeping, as is sometimes done in treatment foster care, talking with them after therapy without the child present, having separate sessions with the parents or maybe making phone calls with the parent between sessions, all of this takes time and spending extra time with parents challenging. Most professionals who work with foster children have high case loads and mountains of paperwork to complete. They are pressed for time. Whatever the reason, in all of these scenarios above, a key person in the child's therapy, the foster parent, is missing.

So what can be done? Although foster parents can be involved to some degree in any type of therapy, by at least updating them on the session and talking with them about the child's behaviors at home, there are some clinical models that are designed to heavily involve caretakers — whether they are biological, adoptive or foster parents. Typically these models have the parent in the child's therapy session and work with the parents outside the therapy session on specific ways to parent the foster child. This is sometimes called "therapeutic parenting." Therapies that involve parents are often called dyadic models of treatment because the parent-child dyad is the focus of treatment rather than the individual child. Children in foster care have been let down by the most important people in the world to them, their parents. The key to their healing lies within the parent-child relationship, be that the foster parent or working with their biological parents or preferably both.

Three specific clinical models that heavily involve parents are Theraplay®, Dyadic Developmental Psychotherapy® and Trust-Based Relational Interventions.®

It is beyond the scope of this article to explain each of these models in depth, but having used aspects of all of these models in practice I will share some ways they involve parents.

In Theraplay, parents are viewed as co-therapists. Initially they will observe therapy for a few sessions and the therapist will meet with them outside the session to discuss what went on in the session, provide psycho-education about the Theraplay model, and hear parents' reactions to the session. Gradually, the parents will become more and more involved in the session until by the end of treatment, the parents are in the lead during the Theraplay session and the therapist is serving as a coach. Parents are also encouraged to incorporate Theraplay principles into their everyday parenting, according to "Theraplay: Helping parents and children build better relationships through attachment-based play" by P.B. Booth and A.M. Jernberg.

Dyadic Developmental Psychotherapy teaches a model of parenting based on the acronym PLACE which stands for playful, loving, accepting, curious and empathic. Parents meet briefly with the therapist before the session to provide updates on what has been going on with the child, and then they are present during therapy with the child. In Dyadic Developmental Psychotherapy sessions, children learn to trust adult caretakers and turn to them for comfort and reassurance, particularly while discussing painful shame inducing experiences in their history and even in current relationships with their foster parents, according to "Building the bonds of attachment: Awakening love in deeply troubled children" from Daniel Hughes.

Trust-Based Relational Interventions® is a family-based model that has application to foster children. In this model, parents learn how to create an environment in their home and relationships that leads to children feeling safe. The model helps parents understand the sensory needs of children and specifics about the neurochemistry of children who have lived in fear for extended periods of time. Parents are taught practical hands-on strategies for dealing with behavioral problems in children, with an emphasis on developing a secure connection with the child before trying to correct the child's behavior, according to the book "The Connected Child" by Karen Purvis, D.R. Cross and W.L. Sunshine.

How each of these models looks with foster parents may be somewhat different than with biological or adoptive parents, but all three offer useful avenues of healing for children. There are also many other useful parenting approaches and clinical models that may be effective with foster children, however foster parent involvement is key. As a therapist I encourage foster parents to educate themselves and seek out as much information as possible, and advocate for being a part of your foster child's clinical team. Your insights, together with your therapist's expertise, may be the key to your foster child's healing. ❁

ABOUT THE AUTHOR: Karen Doyle Buckwalter, LCSW, is director of program strategy at Chaddock, a multi-service agency providing a range of residential, educational and community-based services for youth, birth through age 21, and their families, including foster care services. While at Chaddock, she has been instrumental in the development of an innovative residential program for adolescents, ages 8-16, with disorders of attachment and complex trauma. One of the only programs of its kind serving older adolescents, Chaddock's Developmental Trauma and Attachment Program has served youth from 28 different states in the U.S. originating from 17 different countries.