

---

Theses, Dissertations, and Projects

---

2010

**Foster children in schools : understanding and addressing challenges through trauma theory and systems theory : a project based upon an independent investigation**

Nicole C. Guertin  
*Smith College*

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

---

**Recommended Citation**

Guertin, Nicole C., "Foster children in schools : understanding and addressing challenges through trauma theory and systems theory : a project based upon an independent investigation" (2010). Masters Thesis, Smith College, Northampton, MA.

<https://scholarworks.smith.edu/theses/477>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu).

Nicole Guertin  
Foster Children in Schools:  
Understanding and  
Addressing Challenges  
through Trauma Theory and  
Systems Theory

## ABSTRACT

Foster children face a range of difficulties in the school setting, yet the solutions that are most frequently proposed to remedy these issues place the responsibility for improvement in the hands of child welfare workers and the larger social service system. This thesis suggests a model for understanding, analyzing, and addressing the challenges experienced by foster children in schools through the frameworks of trauma theory and systems theory. Trauma theory is used to consider the trauma-related symptom formation that appears in the school setting with an emphasis on understanding the affect beneath the behavior. Systems theory is used to consider the child's functioning within the influential context of the school and his or her interactions with the members of the school system. The strengths of each of these theories in relation to working with foster children are drawn out to formulate an integrative model for initiating a positive change in both the child and the child's social system. This integrative model highlights the important role that all members of the child's system play in improving the foster child's educational outcome, and points to the necessity of altering internalized beliefs, providing support, facilitating positive communication, and effective collaboration between foster parents and school faculty members.

FOSTER CHILDREN IN SCHOOLS: UNDERSTANDING AND ADDRESSING  
CHALLENGES THROUGH TRAUMA THEORY AND SYSTEMS THEORY

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

Nicole Guertin

Smith College School for Social Work  
Northampton, Massachusetts 01063

2010

## ACKNOWLEDGEMENTS

I would like to extend my gratitude to the foster parents and educators who took part in my 2008 case study; their passion and dedication continues to inspire me. I also appreciate the guidance of my advisor Joanne Corbin throughout the writing process.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I INTRODUCTION .....	1
II METHODOLOGY .....	4
III PHENOMENON: THE CHALLENGES FACED BY FOSTER CHILDREN IN SCHOOLS .....	7
IV TRAUMA THEORY .....	44
V SYSTEMS THEORY .....	82
VI DISCUSSION.....	101
REFERENCES .....	123

## CHAPTER I

### INTRODUCTION

The Massachusetts Department of Children and Families reported that as of December 31, 2008, a total of 8,729 children were currently in out-of-home placements as a result of state protective involvement (Commonwealth of Massachusetts Health and Human Services, 2010). Literature shows that children who have been removed from their biological families by child welfare agencies and placed in out-of-home care often have significant academic, behavioral, and social difficulties at school. Academically, studies have indicated that foster children perform below grade level, score lower than their peers on standardized tests, and are more likely to fail a course and repeat a grade (Shin, 2003). Behaviorally, foster children have higher suspension and expulsion rates than their peers, and often need frequent redirection from their teachers (Kortenkamp & Ehrle, 2002). . And socially, studies have indicated that foster children have difficulty engaging and interacting with their classmates (Jackson, 1994). Because of these difficulties, foster children are often stereotyped as trouble makers or failures in the academic arena.

However, a social work framework for analyzing the issues that foster children face in schools suggests that these children should not be labeled as poor students, but should be understood as a unique population whose trauma history has created obstacles which hinder their achievement within a school setting. All too often, social workers focus on the emotional progress a child is making in the therapy room, and teachers focus

on the academic progress in the classroom, with the overlap between a child's emotional state and their ability to learn drawing little attention. However, school social workers are in the unique position to bridge the gap between therapeutic progress and educational progress by creating an educational system that a traumatized child can positively interact with. Social work interventions can be made at the school-level to ensure that this vulnerable population, which suffers from a clearly established achievement gap, no longer slips through the cracks of the system.

In this thesis, trauma theory and systems theory will be used to examine the difficulties that foster children are having in schools, and propose methods for addressing these difficulties. Trauma theory will be used to explain the effects of the neglect and/or abuse that caused foster children to be removed from their home. This will include a discussion of the effects of trauma on neurobiological development, as well as normal childhood development of skills and capacities. This theory is used as groundwork for understanding the challenges that foster children face due to their trauma, and explaining the underlying reasons for their difficulties in a school setting. Foster children's academic, behavioral, and social difficulties cannot be fully understood without knowledge of the ways that trauma affects children.

Systems theory will be used to understand the child's functioning within the school system. A foster child's difficulties do not occur in isolation, but instead within the context of interactions with school personnel, practices, and policies. Again, a foster child's difficulties cannot be fully understood without considering the ways that the school system may be contributing them. Systems theory provides assessment tools for analyzing the functioning of a system and serves as a guide for intervening in strategic

areas to bring about change. Significantly, systems theory provides a framework for thinking about a school system's positive collaboration, or lack of collaboration, with a child's caregiver system within the context of open or closed, rigid or permeable boundaries. For struggling foster children, this theory is used to consider how a school system can adapt to meet their needs.

In the following chapters, the challenges that foster children face in schools will be identified with proposals for actions that schools can take when working with children exhibiting trauma-related symptoms. The phenomenon of the problems that foster child experience in school will be laid out through a qualitative case study and literature review. Then a chapter on trauma theory will cover the history, related diagnoses and effects of trauma, and implications for treatment within this theory. Following this, a chapter on systems theory will highlight the history, important concepts, and guidelines for intervention within the theory. Finally, a discussion chapter will specifically apply both trauma and systems theories to the functioning foster children in schools with the goal of better understanding the phenomenon and developing ways to address it at the school-level. In the next chapter, the conceptualization and methodology of this thesis will be addressed. This will include a framework for understanding this body of work.



## CHAPTER II

### METHODOLOGY

This thesis will use trauma theory and systems theory to consider the functioning of foster children in schools. These theories were chosen for their applicability to foster children in schools: children are placed in foster care due to the trauma of abuse or neglect that they experience while in the care of their biological parents, and therefore trauma theory is relevant for understanding the symptoms and stories that they enter foster care with; schools can be viewed as systems that children operate within, and interactions between a school and a child can have vast impact on the child's life, making a systemic understanding of the school necessary for understanding a child's difficulties in that setting. These theories offer a framework for examining and understanding the challenges that foster children face in school.

In regards to trauma theory, the key components that will be used to examine the issue of foster children in schools will be the traumatic response, symptomology, or affects associated with the experience of traumatic events. Within the field of trauma theory, there are discernable effects of complex trauma or developmental trauma, which are used to describe how children respond to repeated abuse or prolonged neglect. These effects include impairment in the areas of affect regulation, behavioral control, executive cognitive functioning, and self-concept, among other difficulties including forming relationships with others, somatization, and dissociation. Trauma theory provides an understanding of how these symptoms appear in a school setting, through such

difficulties as aggressive behavior or self-doubt in one's ability to achieve success.

Further, trauma theory recognizes methods of intervening to reduce the presence trauma-related symptoms in children, which can be adopted into a school setting in an effort to relieve foster children of their struggles.

Systems theory provides an understanding of the school as a system, with a defined structure, members, goal, and boundaries. Systems theory includes a framework for assessing and improving impairments in the functioning of a system, such as helping the system to adapt to an environmental change or redefining rigid boundaries. Attention is also given to the process and content of inter-system and intra-system communication. These concepts of systems theory serve as criteria to discuss and interpret the phenomenon of foster children's difficulties within the school context, as well as determine areas within the system where changes need to be made.

The connotations of trauma and systems theories often suggest that they are at opposite ends of a spectrum, with trauma theory being an intra-psychic model of repair, and systems theory focusing on group interactions and repairing the external context to improve individual functioning. The difference in the target for intervention may appear to make these two theories fundamentally incompatible, but instead, it makes them ripe with possibility for synthesis. By combining the understanding and interventions that these theories propose, a holistic model for improving the internal and external contributors to a foster child's academic, behavioral, and social difficulties in schools. Both the child and the child's system will experience changes in an effort to induce wide-ranging repair for past events and future positive outcomes. The two theories will be

presented through an overall discussion of their strengths which can be drawn upon to create a synthesized model for aiding foster children in schools.

Although trauma theory and systems theory were specifically chosen to examine this problem, they represent only two applicable theories in a field of many more. The strength of these theories is their relevance to the school setting; however, looking at an issue exclusively through two theories limits the viewpoints for examining the phenomenon. For example, attachment theory pertains to the lives of foster children due to the severance of ties to caregivers and the effect this has on future attachment patterns in relationships. Yet this thesis emphasizes the belief that foster children's school difficulties are largely the result of the incongruence between trauma-related behaviors and expected, normative school behaviors, and the failure of the child and the school system to adapt to one another.

This thesis approaches the issue through a definition of foster children that includes a trauma history and current difficulties in school. There are certainly exceptions to this generalization of foster children, but this thesis is concerned with improving the outcomes of vulnerable students, rather than focusing on the exceptions or the qualities of highly resilient children. Further, the case study that this thesis was built upon found the foster parents to be dedicated, compassionate individuals, who possessed great strengths as caregivers. This thesis therefore assumes foster parents to be more than competent in their role; however, there are again always exceptions to this generalization. In the next chapter, the case study which served as inspiration for this thesis will be explained, as well as a literature review explaining the phenomenon of foster children's struggles in the school system.

CHAPTER III  
PHENOMENON

*Introduction*

In the summer of 2007, I completed an internship with the Department of Social Services at the Greenfield Area Office in western Massachusetts. As an intern with the department, I worked in the Family Resource Unit, which orchestrates the placement of children into foster homes and acts as on-going social workers for the foster parents. Set in the picturesque Pioneer Valley, Greenfield and the 37 surrounding towns that the area office serves appear to be the ideal, rural New England towns. However, Greenfield historically has one of the five highest child abuse and neglect reporting rates of any city or town in the state (Massachusetts Citizens for Children, 2008). The North Quabbin Area, which the office also serves, has one of the top three rates of sexual abuse in the state (Enough Abuse, 2003). The economically isolated, rural towns are afflicted by poverty and high unemployment rates, and many of the social problems associated with low incomes areas, such as crime. It was in this setting that I met and worked with children who have experienced unimaginably difficult childhoods.

As a new intern with the department, my supervisor sent me out on home visits to talk with foster parents so that they could educate me on the workings of the system and their experiences providing foster care. To truly grasp the work that I would be involved with in the Family Resource Unit, my supervisor felt that it was first necessary for me to meet the foster parents and have an understanding of work that they do. It was through

these conversations with foster parents that I developed immense respect for these truly generous individuals whom cared so deeply about the well-being of children. As my supervisor intended, the foster parents trained me on the intricacies of the foster system and shared many anecdotes with me. However, there was an unexpected pattern within these conversations. The parents would often describe some of the more challenging moments that they had while raising foster children and I began to notice a pattern: the struggles which they described almost always involved the child's education. The foster parents related academic difficulties that their children had, disciplinary problems, trouble fitting in with peers, and unsupportive school faculty. Clearly the foster parents that I talked with were having a great deal of problems with their children in school. I began to wonder if the problems occurred in just these households, or if foster children on a larger scale also had these problems. Thus, the idea for my case study took form and I began to investigate the difficulties that foster children have in school.

For the academic year of 2007 to 2008, I conducted a qualitative case study for Brandeis University. This study interviewed six foster parents identified by the Department of Children and Families Western Massachusetts Regional Office, and six educators in the Orange Massachusetts Regional School District. The participants were asked to describe their firsthand knowledge of foster children's academic achievement and school behaviors. The purpose of this case study was to provide an in-depth look, in the words of those closest to the children, to determine if foster children were in fact faring poorly in schools, and to gain a sense of how parents and educators viewed and explained any difficulties that the children were having. The findings of the study showed that foster children were having great difficulties in school that appeared to be

related to their traumatic backgrounds. The foster parents and educators highlighted and elaborated on specific areas of difficulty that they have witnessed among foster children. Through their narratives, the conclusion was drawn that increased communication and effective collaboration between foster parents, the school system, and the child welfare system was needed to ensure that foster children would have the best possible educational outcomes. In short, the study suggested a community-wide approach to educating this vulnerable population of children that involved the interconnection of many social systems.

However, another interesting issue arose during the interviews and was not explored at the time. The foster parents suggested that the school as an individual system did not have a welcoming or accommodating atmosphere for children that had experienced trauma. The educators also expressed a great deal of ambiguity surrounding approaching foster children as a population with specific needs. This ambiguity, coupled with the foster parents' suggestion that the schools were not always capable of meeting the needs of foster children, seemed to propose the need for a best-practice model for school system-level interactions with foster children. This issue will be highlighted in the following discussion of the case study, and will later be explored using Trauma Theory and Systems Theory to propose interventions that will illustrate a best-practice model for schools working with foster children.

#### *Common Difficulties among Foster Children*

The foster parents in the case study unanimously stated that their children have had extreme difficulties in school. When asked whether the nature of these difficulties were more commonly academic, behavioral, or social, the parents insinuated that it was

not an either/or question, but one that would be best answered by ‘all of the above.’ The parents would then launch into lengthy narratives describing the numerous limitations of their children in school. Likewise, the educators and school faculty in the case study easily recalled working with foster children around a range of difficulties. Their stories of directly working with foster children in a school setting provide a firsthand look at the educational challenges foster children face. The challenges that the foster parents and school faculty members described do not appear to be unique to the region that the case study was conducted in, nor do the instances appear to be isolated and rare. Instead, literature suggests that the struggles depicted within this case study are common to the foster care population and occur at alarming rates. A review of the literature corroborates that foster children are in need of specific interventions within the school system to address their needs and highlights areas that must be addressed.

More often than not, state social service agencies place children in out-of-home care due to physical abuse, sexual abuse, or neglect. According to the Massachusetts Department of Children and Families, the majority of children who come into the system are there as result of abuse or neglect, with over 80 percent of the Department’s cases opened for those reasons (Commonwealth of Massachusetts Health and Human Services, 2010). The maltreatment of a child often stems from parental substance abuse; children whose parents abuse drugs or alcohol are three times more likely to be abused and four times more likely to be neglected (Commonwealth of Massachusetts Health and Human Services, 2010). And unfortunately, the prevalence of childhood abuse and neglect is startlingly high. In 2006, approximately 905,000 children were confirmed to be victims of abuse or neglect, and 1,530 children died from abuse or neglect (Administration for

Children and Families, 2008). Of these instances, over 79 percent of perpetrators were parents of the victim (Administration for Children and Families, 2008).

Due to their traumatic history, foster children often enter the system with emotional, behavioral, or mental health issues. Estimates on the percentage of children who enter foster care with mental health problems vary. Ladnsverk et al. (2007) found between one half and three fourths of all children entering foster care exhibit behavioral or social-emotional problems warranting mental health care, while Leslie et al. (2003) stated that one third to one half of children entered the system with mental health issues. A census of 2996 children currently in the Kentucky foster care system found that 44 percent had emotional needs. The group with the highest percentage of identified emotional need was children ages 5 through 12. The children in this age range whom had been in care the longest had the highest rate of diagnosed emotional need. As a trend, as the number of months in care and the number of prior placements increased, so did the presence of a diagnosed or identified emotional need for the children in those groups (Sullivan & van Zyl, 2008, p. 10).

The most prevalent diagnoses among foster children include Post Traumatic Stress Disorder (PTSD) and abuse related trauma, disruptive behavior disorders (including Attention Deficit Hyperactivity Disorder [ADHD]), depression, and substance abuse (Landsverk et al., 2003, p. 53). Further studies have identified problems associated with foster children ranging from “relational and coping difficulties and school failure to emotional and behavioral disturbances causing moderate to severe impairment, with conduct disorder, attentional disorders, aggressive behavior, and depression being the most common disorders” (Leslie et al., 2003, p. 17). These diagnoses and emotional



difficulties inhibit foster children's ability to function within a school setting, leaving them vulnerable to a range of academic, behavioral, and social difficulties.

### *Academic Difficulties*

#### *Falling Behind*

A problematic area that the foster parents unanimously mentioned was academic or course work difficulties. These difficulties were discussed in terms of their children performing below grade level or simply not being able to keep up with their peers. Often the parents described "gaps" in the children's understanding of a subject or body of knowledge, but stated that they were confident the missing information was not due to the child's intellect or innate ability to learn. The parents suggested that the children in their care did not struggle due to their cognitive ability, but due to circumstances beyond their control, such as past neglect, abuse, or frequent educational disruptions.

Often the life circumstances of foster children translate into academic difficulties. In a survey of 152 foster youth in the Illinois area, those who experienced depression and feelings of "loss of control" in their lives showed a lower level of reading skill (Shin, 2003, p. 8). In this study of youth whose mean age was 17.5 years old, 33 percent had below a sixth grade reading level, and another 31 percent had a reading level between sixth and eighth grade (Shin, 2003, p. 8). Performing below grade level is unfortunately not a rare occurrence, nor is it a new problem. Essen (1976) found that children who entered foster care before the age of seven were at a skill level of almost two years behind their peers in reading and math. Foster children who entered the system after the age of seven were one year behind their peers. A similar study assessed the skill level of foster children in 11 different school subjects and found the majority to be a year behind

their age group on every assessment; in reading they were two years behind (Fanshel & Shinn, 1978). Three decades later this problem has still not been remedied.

Reading levels which were below grade level were frequently mentioned within the case study by foster parents. Miranda, a foster parent for over 10 years who has cared for more than 150 children by her count stated: “I have one now that is turning 11 tomorrow who came to me in the 2<sup>nd</sup> grade and his reading level was pre-kindergarten in second grade.” Shelley, a foster parent for two years who has had fourteen children in her care, discussed a first-grade boy who was facing academic challenges. Shelley explained her suspicions of how her foster child’s previous circumstances still affect his education today.

He has just seen too much. His goal by the end of this year is to be on a kindergarten level although he will be at the end of first grade. So right now he is not even pre-k and his goal is to be kindergarten level by the end of this year and first grade level by the second grade. It is a start because right now he is on no level, which is sad because he is such a smart kid. He remembers everything, but when it comes to that kind of stuff he just can’t focus. And they don’t know if it is because of the domestic violence. That is what we think, because he, aside from the neglect, used to see his mom and dad duke it out and fist fight and just really have bad fights. He is a smart kid and really fun and loveable and everything else but when it comes to doing something he really has to focus on he just can’t get it and we think that is why. He is afraid to let his mind wrap around anything, because when he wrapped it around “my mom and dad are together and this is my family” it got shattered. I think every time he went back and thought it was all together again it just got shattered again. I think now his mind just shuts off whenever he tries to wrap it around anything serious, which is sad because he is a smart kid.

On the subject of academic difficulties, the teachers stated that they often had extremely intelligent foster students in their classroom, but unfortunately, even these gifted students had difficulty completing their work and received low grades. A high school history teacher described one very intelligent foster student who had a great deal

of emotional difficulties and simply refused to do any work; in the teacher's words, the student "didn't like to get it from his head to the paper." The English teacher also saw foster children who performed below their potential. He suggested, "It seems to me that the kids who I can think of that are in foster care, it would seem that if they could work through their emotional stuff, there is enough there that they could – it is not the intellect that is the problem that I see, it is the emotional, to get to a point to be able to work consistently." Like the foster parents, the teachers believed that the students' emotional states were the culprit behind their academic failures.

Understandably, the foster parents struggled with the knowledge that their children were having a great deal of difficulty. They tried to rationalize possible reasons for the difficulties and searched for ways that they can be resolved. However, the foster parents generally came to the conclusion that their children's academic trouble stemmed from their traumatic backgrounds, and that there was no easy remedy. The foster parents routinely referred to the high intelligence of the children in their care. Their children had the ability to succeed academically, but unfortunately, the opportunity to succeed was severely restricted by the contexts of their lives. The idea that the child's background played a central role in their education was continuously mentioned. One foster mother, who took in one foster child and then adopted her, was shocked by her daughter's limited understanding of common knowledge.

But what I discovered over time was that Shauna didn't even know what a kitchen counter was. She didn't know the difference between a living room, a dining room, and a kitchen. If I asked her to go to a certain room to get something, inevitably she would go to the wrong room. She got 'bedroom' quickly, but there was such amazing holes in her understanding.

It seemed obvious to Jenna that Shauna's limited life awareness carried over into education and caused her great difficulties in school. Even as Shauna began to show improvement in school, she was still far behind her peers.

She did do things like learn her multiplication facts, but she got a 28% in math for the year. She failed reading; you know, for a kid that didn't know the difference between a living room, a dining room, and a kitchen, you just aren't going to expect that she understands when she reads a social studies book – something about a percentage of people that were this, that, or the other – I mean she was clueless. She was way out of her element and still is, unfortunately.

Falling below grade level is not the only academic challenge foster children face. Continuous studies reiterate the same facts, suggesting that foster children fare worse than their peers in almost every aspect of education. When compared to the general population of students, foster children have higher rates of grade retention, lower scores on standardized tests, and higher absenteeism, tardiness, truancy and dropout rates (Lips, p. 1, 2007). Foster children were also found to have very low levels of engagement with schools, based on the amount of care and effort they self-reported to put forth on school work, and time they spent on homework (Kortenkamp & Ehrle, 2002). A study of foster children in public schools in Washington State found that on average, they scored 15 to 20 percentile points lower than their non-foster peers on standardized tests (Halpern & Burley, 2001). In addition, foster children were twice as likely to repeat a grade at both the elementary and secondary levels of school (Halpern & Burley, 2001). Of the foster children enrolled in the eleventh grade, only 59 percent would complete their senior year and graduate, compared to the state completion rate of 86 percent for non-foster youth (Halpern & Burley, 2001). Another study similarly found that foster children were more likely to repeat a grade and twice as likely as the general population to drop-out of school

(Vera Institute of Justice, 2004). These well-documented occurrences show that foster children are severely disadvantaged within the school system.

Another well-documented issue among foster children in the education system is their mobility between schools as they move to new foster home placements. These frequent transitions cause disruption in the child's education and are often cited as the primary reason that foster children fall behind academically. On average, a child in out of home care is moved between foster homes more than three times, and these moves are usually accompanied by a change in school (Noble, 2002, p. 26). A study of foster children in New York City found that 42 percent had changed schools within 30 days of entering foster care (Vera Institute of Justice, 2004). These frequent moves often cause important educational information to get lost in the shuffle, with school records either arriving late, incomplete, or not at all. A review of school records in the Los Angeles area found that majority of records which arrive with foster children lack critical educational information. Only 56 percent of the records had the student's grades or transcripts, 38 percent had assessment data, 37 percent had attendance data, and 60 percent had the number of schools which the student has attended (Zetlin, Weinberg, & Luderer, 2004, p. 32). The delay of records and prevalence of inadequate information have serious consequences for the students. Educational coordinators have stated that the delay of records have postponed the school enrollment of some children for up to six weeks (Zetlin, Weinberg, & Luderer, 2004, p. 34). Delayed school entry creates large gaps in the student's education causing them to fall further behind their peers. One study suggests it takes students four to six months to academically recover from a school transfer (Vera Institute of Justice, 2004, p. 5). In addition, high school students lose

credit for courses which they were taking at the time of their transfer, forcing them to repeat the classes, which often causes them to be credits short for their expected graduation date.

As many of the foster children exhibited great difficulty in their academic work, they were often referred to receive special education services. However, receiving special services and an Individualized Educational Program came with unique challenges that affected the foster children.

### *Emotional and Behavioral Difficulties*

The foster parents suggested that not only does a child's traumatic history affect their ability to learn, but it also affects their behavior and social lives at school. The parents explained particularly challenging behavioral issues that took place in school that they believed were linked to the children's backgrounds; their backgrounds were not offered as an excuse for negative behaviors, but instead as a viable explanation for the child's difficulties. They believed that their foster children's deviant behavior was either a direct result of their trauma and was a form of emotional release, or it was a learned behavior that came from watching their biological parents who were inadequate role models. A discussion of aggressive behavior was common among the interviews, and the foster parents were able to cite many instances where their children's behavior caused a significant problem in school. Carly, the foster mother of high school boys, recounted:

Dan almost got expelled from school and I did not want to see that. He had anger management problems. I'm trying to remember how it all started. Gym class...guys shoving each other... They were playing floor hockey and they were checking each other, the teacher was either blind to it or whatever. Dan got hit a few times and he finally got angry and he was going to get into a fight. It didn't end up that way, the teacher somehow broke it up before then; I want to say they brought him out in the hall, but some other kid made a comment. So then Dan

made the comment 'I am going to call my friends from wherever and they are going to come down and put you six feet under.' You know, just some stupid comment; I'm like, 'What friends?' That was hard; he was suspended for like 10 days. I went up because the police were going to take him. They called the police because he made a threat to kill so they had to be involved. They had to press charges so we had to go to court over that; it got dismissed as long as he was good for a year after that. But they were going to have to have a hearing before he went back to school. And I was like, please no, this is not what he needs. I was nervous. His social worker came out and we both went to the meeting with him. I think if we weren't there supporting him and speaking highly of him, and if he didn't go to the anger management classes... and he did go to all the classes – everything was fine, they did say that if he had one more problem, we don't know what we are going to have to do. But everything was fine after that; I don't know whether it was the classes or not. Believe it or not, there were a bunch of foster kids in this classroom. So I thought, anger management must be a common thing because they are mad at everybody, I don't know. But they were there, and that's not good.

Another foster mother of a first-grade boy who witnessed domestic violence discussed the violent behavior the boy exhibited, which she felt was influenced by the brutality he had seen.

My Justin, he just turned six and he is kind of a bully because he saw his dad do it for the first three years of his life; if you have a conflict, that is how you solve it, you just start pummeling people... They are always constantly having to redirect him. Even when he is playing, instead of playing cops and robbers it is bad guys and robbers, everybody is a bad guy. And they all get hauled off to jail, and he goes through the whole thing: you are going to go to court, you are going to lose your license... he knows the whole story. Then the teacher will be like, 'But then they got their licenses back and they went back to their family.' And he is looking at her like, 'No, that is not working in my story.' So that is the big problem, that she is constantly having to redirect him.

Children who have been abused often react to the mistreatment by either internalizing or externalizing the anger and betrayal that they feel. Children who internalize their feelings of resentment blame themselves for their victimization. Foster children believe that they were wrong, not their parents, and that they deserved to be abused or neglected (Clausen et al., 1998, p. 285). A child who assumes that they are the

cause of their family's problems may become severely depressed or even suicidal.

Abused or neglected children “often believe – sometimes, unfortunately, assessing their situations realistically – that they are ‘throwaways’ about whom no one cares” (Clausen et al., 1998, p. 288). This mindset diminishes their self-esteem while reinforcing negative views of themselves.

Abused children may also externalize their emotions by displacing their anger onto all other areas of their life. “Paranoid, lacking inner reserves, they are like hair triggers that will fire with minimal pressure” (Clausen et al., 1998, p. 292). These emotional outbursts are often violent in nature and can occur with peers at school, or for adolescents, within the community as criminal behavior. The outward symptoms of abuse vary by the age and developmental level of the child. Landsverk et al. stated that young children (up to age 5 years) are likely to experience generalized fear that can manifest in various ways such as heightened arousal, nightmares, clinging to caregivers, or a startle response to loud or unusual noises. In school children (6 to 11 years), general fearfulness may be accompanied by guilt, aggression, social withdrawal, and loss of concentration. For adolescents (12 to 18 years), symptoms may also include a decline in school performance, rebellion at home or school, eating disturbances, and trauma-driven acting out such as early sexual activity and other types of risk taking. These symptoms are in line with those associated with PTSD as defined by the DSM-IV (Landsverk et al., 2007, p. 55). Tendencies associated with abused adolescents who externalize their emotions include, “running away, being promiscuous, becoming truant, or being aggressive against people and property” (Clausen et al., 1998, p. 292).



However, abused children are not the only ones who exhibit aggressive or delinquent behaviors; foster children, regardless of the reason they were removed from the home, are likely to act inappropriately because disruptions in parental care are related to higher levels of externalizing emotions (Orme and Buehler, 2001). The children who come to the attention of social services already suffer from psychological problems, and unfortunately, these problems may be exacerbated through their involvement with the system. The process of being separated from one's biological parents and moved to a foster home is clearly a distressing and confusing time in a child's life, which brings on feelings of "rejection, guilt, hostility, anger, abandonment, shame, and dissociative reactions" (Clausen et al., 1998, p. 283).

The school faculty in the case study believed that behavioral issues were even more frequently occurring than academic difficulties, and may be an issue of higher importance. Some faculty spoke of the importance of understanding a child's unique background in order to make the proper intervention when it is noticed that the child is struggling, and cited problems that might ensue if their trauma history was not accounted for. An elementary school psychologist stated:

I think that when a child exhibits certain behaviors, I think that is a lot of times when the teacher starts to seek out information or ask for help or support. Then we start gathering more information, asking more questions, and we start to learn more about the child. A lot of times what we find out from their previous history is very helpful in dealing with them. For example, if a child is moved from their biological parents and they are going through some anxiety or post traumatic stress disorder, you are going to see a lot of symptomology that may express itself as ADHD, and someone may think that they have ADHD. Then you look at it and realize that is probably not what it is. Recommending counseling to deal with certain issues once you know what it is the child is going through – it is kind of individualized once you learn more.

Understandably, the foster children often received negative attention from the school faculty due to the externalizing behaviors they displayed. Like the foster parents, some members of the school faculty would consider the child's traumatic background an explanation, not an excuse for their current behavioral difficulties and tried to redirect the students in a manner that accommodated their circumstances. A middle school Dean of Students stated that he preferred to have knowledge of the child's history when he was determining a punishment for them.

My discipline and my consequences, when I look and talk to students may vary. And people will have a hard time with that; they will say, 'You suspended this student for 2 days for this reason, and you are not even suspending this student at all for this.' But I have to look at it and say, 'But you don't see the whole picture, what you are seeing is a snapshot.' What I am trying to look at is: how is this affecting the life of that student not just here, but also at home. So when I look at it for a foster student, I try to see how that situation came about, how did it formulate, what caused the fallout, and find a consequence that matches their need as well as ours...I'll look at a student and say, 'Oh, my goodness, your life so far has been this, this, and this. Here you are coming to terms with all of these different issues and right on top of it, you've had a blow up because of this, and if your life was a little different maybe it wouldn't have happened, so therefore, this is how we are going to deal with it.'

Unfortunately, the literature illustrates the breadth of the behavioral issues among foster children and the rates at which they are reprimanded. A national study asserted that 32 percent of students in out-of-home care between the ages of 12 and 17 were suspended or expelled within a one year period (Kortenkamp & Ehrle, 2002, p. 24). Foster children are far more than their non-foster peers to have emotional difficulties that cause them to act out in school; one study of administrative records found that 13 percent of foster children were categorized by school officials as being "emotionally disturbed" compared to less than 2 percent of non-foster children (George et al., 1992, p. 429). A qualitative study that asked foster children about their school behavior found that the

students recognized that they had been getting into more trouble at school since being placed in out-of-home care. Many students suggested that they did not express their feelings in the foster home and instead brought those turbulent feelings to school, and with no other outlet, took out their anger and frustrations through behaviors that the school condemned (Altshuler, 2003, p. 55). On the subject of a student's behavioral difficulties, a caseworker interviewed in this study stated: "The fact that he is in foster care is going to impact every single thing that the child does during the school day. The teacher is going to have to know that" (Altshuler, 2003, p. 55). Unfortunately, the aggressive behaviors associated with their emotional state frequently cause foster children to act in ways that result in punishment by school faculty.

#### *Social Difficulties*

A study found that a primary reason for foster children staying home from school was "bullying and name-calling by other pupils, which was ignored by teachers" (Jackson, 1994, p. 268). This stigmatizing behavior can emotionally harm foster children, cause them to withdraw from their teachers and peers, and greatly impede their ability to have a healthy social life at school. Foster children tend to have fears of inadequacy and are often ashamed of being in foster care; when foster children are labeled at school it affirms these negative feelings (Vera Institute of Justice, 2004). Additionally, their trauma histories may have impeded their developmental progress of learning to relate with peers and forming peer groups of friends.

The foster parents reported that their children often had difficulty interacting with their peers at schools and frequently did not socially fit in with their classmates; however, most parents did not believe that other students intentionally singled or ridiculed their

children for being in foster care. Instead, they believe that their children are defensive about their foster status and often feel threatened even when there is no need. One foster mother described her foster son's peer relationships by suggesting, "I think sometimes foster kids, I don't think the other kids treat him badly, but I think they sometimes feel like they have something to prove, I am as good as you, even if no one is saying it or not, and he has a big chip on his shoulder." The parents suggested that their children may have internalized their foster status as a personal defect, which then causes them to fight an uphill battle against an imagined enemy to prove that they are worthy and valuable. Their low self-esteem and insecurities are often the cause of their social difficulties, not cruel peers. Another mother said of her adopted daughter:

She doesn't think that anyone likes her because if a couple girls are standing in a group talking, if they don't specifically say, 'Brittany, come over here and join us' she doesn't think anybody likes her. And whenever you see pictures of Brittany with other kids, there will be a group here, and a group here, and Brittany will kind of be somewhere in the middle like leaning towards one group but never actually in it – she is always on the outside looking in.

Although self-esteem issues may be part of foster children's social difficulties in school, the repeated moves to new homes and schools certainly compound the issue. Understandably, the children have trouble adjusting to the new environment, meeting new peers, and forging friendships; this is especially difficult considering their ever-present, underlying worry that they may have to move again and leave these friends.

Miranda discussed this problem:

When one of my girls came, my other 12-year-old, I noticed that she wasn't being friendly with anybody, and she said, 'I am not going to get friends.' And I asked, 'Why is that?' And she said, 'Because every time I do, I have to leave.' She thought it was like this magical little thing: if she didn't get friends, she would stay.

Foster parents were extremely aware of the challenges that their children faced because of their highly mobile lives and they offered numerous stories of children in their care who had been moved repeatedly. One mother stated, “I know he has been in foster care for a year this February and we’ve only had him since June. Between February and June he was in three other houses so he was moved around quickly.”

*Negativity with the Schools and the “Foster Child” Stereotype*

*Behavioral Stereotyping*

The parents reported many difficult interactions with the school system which they felt often exacerbated their children’s problems. They reported that their concerns and questions were often not well received by school faculty, and they were often left in the dark regarding their child’s progress. They also requested a sensitive and flexible approach when working with their children, yet described instances where the school system was unwilling to consider the specific circumstances of an incident, and instead pulled out the rule book and quoted the punishment. They recounted times when they and their children needed help from the school faculty and they did not provide it, nor did the school handle certain situations in ways that the parents felt were in the best interest of their children. They found it frustrating that the school did not seem to understand the turbulence of their children’s lives and pause to consider that their difficulties in school may be stemming from their lives outside of school. Their overall contention, and the aspect which frustrated and angered parents the most, was what they described as an atmosphere of negativity within the school towards foster children.

The negative aura that foster parents believed to surround their children in school was largely due to labeling and stereotyping. The parents felt that school faculty

members have preconceived notions of what a foster child is like. When a foster child enters their school, the faculty expects the worst case scenario regarding the student's behavior based on the negative connotations that surround the term "foster child." Underlying this stereotype is the misconception that foster children, especially adolescents, must somehow be to blame for their removal from their home. This belief causes foster children to be labeled as troublemakers and delinquents; unfortunately, this type of labeling can be rampant within a school system. A study on foster child truancy concluded that a primary reason why students do not attend school is the "stigmatizing and humiliating treatment by teachers" (Jackson, 1994, p. 268). Marsha fervently spoke about the negative labeling she saw take place; she believed that the school held the belief: "If the child is in the foster home, the child is bad. And that's not true; the foster child is in the foster home most of the time because of the parent's inability to care of the child, not setting rules, getting exhausted, and telling them, 'Oh well, just go.'"

The foster parents suggested that school officials assume that their child will be a negative addition to the school and will disrupt the balance of the classroom. From the moment that a foster student walks through the doors of the school, they are regarded negatively. Miranda illustrated this point by stating: "I think that when they have a child come into high school, I think when they know they are in foster care, they immediately look at them as a troublemaker." She then went on to describe an incident which she saw as proof that foster children are labeled as menaces to the school environment. While enrolling an elementary aged foster child in school, she was met with extreme opposition and negativity by the school's administrators. She recalled:

The child had a lot of self-esteem issues anyway and sort of looked at you defiantly – she just had this defiant face, and knowing her history it was understandable. But usually when you bring a new kid into school, they welcome them and everything and then the teacher takes them off to their classroom. But this girl, the principal was there, a teacher, and myself, and she introduced the child to the teacher and then she said the child would be down soon and they sent the teacher out. Then the principal sat there and said, ‘These are the rules: you will not, you will not, you will not, you will not. You will not carry guns, you will not...’ all these things to this girl who was a 4<sup>th</sup> grader at the time. And then finally said, and was very harsh with her, finally said you can go, she called the teacher, and said ‘OK, you can go to your classroom now.’ Well, by this time that kid was almost crying, and she went and left with the teacher – lousy start. And then I said to the principal, ‘What was that all about? This is a child, what was that all about?’ She said, ‘With *those* kind of children, you have to start right in the beginning and let them know who is boss or they will try to run the school.’

### *Academic Stereotyping*

The stereotype of foster children within the school system was not only that of “troublemaker,” but also included “hopeless academic failure.” The school not only anticipated behavior problems from foster children, but the parents reported that they also expected foster children to have low achievement levels that would be impossible to raise, be unable to graduate, and drop-out. Too often teachers, guidance counselors, and other school staff do not expect foster children to excel in school (Vera Institute of Justice, 2004). Foster parents of older youth reported that their children were encouraged to drop-out and pursue a GED because the school believed that the students would never be academically successful. Marsha was greatly disturbed by this occurrence because she believed that it was the school’s job to help students rise to the challenge, rather than be satisfied with low expectations. I had a young man here come here that they told, ‘Why don’t you just quit and go get your GED, you aren’t doing anything here.’” Miranda reiterated this statement almost exactly:

I think the high schools, with foster kids who are older, and might be 16 – older – and still a freshman are too quick to judge. You know when the kid is going ‘I want to go to school,’ the social worker and the school sort of get together and go, ‘Well, he isn’t going to be a success in school,’ especially with boys. They say, ‘He needs his GED,’ and they won’t even let him go to school... He wanted to go to the school because he is finally waking up to the fact that he needs to go to school, he needs to do well; I think he wants to experience being in school with other kids. Instead he is doing his GED, and he has a job at night, and he is not happy.

When the schools take a negative stance and promote low expectations, the students internalize the message that they cannot succeed and their self-esteem is further eroded. The foster parents unanimously stated that the children in their care have an even greater need for encouragement and reassurance than other children. Foster children desperately need the adults in their lives to have confidence in them, yet the actions of the teachers and administrators often inspire self-doubt and uncertainty. One foster mother described a boy in her care that would do his homework every night but would never turn it in the next day. When she asked him why he didn’t turn it in, he replied that there was no point to handing it in because he was just going to get a poor grade on the assignment and fail anyway. This foster child’s academic shortcomings were not due to laziness or disinterest, but were the result of low self-confidence. Schools need to build the self-confidence of their students, not further detract from it.

Unfortunately, the foster parents reported that positive reinforcement is rarely used within the schools. A further example of the negativity that abounds within the schools, parents stated that teachers are quick to tell their children when they have done something wrong, but seldom tell them when they have done something right. In addition, the parents only hear about the problems that their children are having in school and never receive positive feedback. Marsha objected to the school’s practices: “All I get



is negativity – never any positive – and that is what the kids get, too.” Another parent reiterated the statement: “Every time I get a call from the school, I go, ‘Oh no!’” The foster parents appreciated that the teachers would inform them when their child was struggling because it gave them the opportunity to intervene; however, they desperately wanted good news with the bad. They did not want to dread phone calls from the school, but had every reason to when the only calls were negative in nature.

### *Educators’ Response to Foster Child Stereotyping*

On the subject of stereotyping, most of the school faculty interviewed stated that they did not want to have information regarding their backgrounds or status as a foster child in order to avoid labeling the student. Each participant expressed a strong desire to view each child as an individual in the present moment, and for many faculty members, this meant not having knowledge of their histories so that they would not pass judgment on their previous difficulties. The English teacher explicitly stated that he had no desire to know whether or not a new student was in foster care.

You have to be careful giving too much information because then you don’t look at the student, not only as an individual, but as an individual as they stand right now today. Because sometimes kids want to make changes, especially a kid coming to a new place, with new parents, a new situation – they might be wanting to make a clean break from that. So if I go up to them on the first day and say, ‘I know you are a foster child,’ that is just going to be horrible for the kids.

The Home-School-Liaison for the elementary schools continued this sentiment, suggesting that the schools’ policy is to create a caring atmosphere for all students, not single-out some students based on their status as foster children.

A lot of kids are coming from chaotic home lives, or they are moving around a lot, or homeless and in a shelter, or are in foster care, a lot of it just comes down to just setting up a supportive classroom in general and not that a kid is in foster

care and needs something different. We have done a lot of responsive classroom training for teachers, and setting up a positive social/emotional environment in the classroom. Sort of like the AIDS prevention, or the universal hand-washing movement, just make your classroom supportive as possible and not respond to a particular child in a particular way because they are a foster child.

The school faculty also agreed that they should not single out a foster child to receive special attention based on their teaching philosophy of treating all students as equals, and logistically could not single them out for increased attention because of their time restraints. The English teacher was particularly outspoken on the subject of communication with parents, stating, “I don’t go out of my way to make special contact with foster parents.”

Although the faculty seemed to clearly state that a child’s status as being part of the foster care system was irrelevant to standard classroom procedure, and could in fact have detrimental effects if known, the issue became more ambiguous as the interviews progressed. The faculty members began citing instances of school success among foster children, describing them in detail. These success stories were not instances where the school faculty had ignored the student’s foster care status and let the student gradually adjust on their own, but instead, were cases where the faculty had proactively recognized their student’s difficult situation and intervened or changed their standard procedure in some way. Although the history teacher had previously stated that he would not make exceptions for individual students, he then stated:

So in trying to teach them, I also try to – not counsel them, not comfort either – but be a real person and try to understand what they are going through. And try to take it in strides. My job is to have them be academically sound, so I try to give them a comfortable place where they can learn, I try to have an open ear if they need to talk. I try to be understanding about their lives and not put any more pressure on them, and sometimes that might mean to relax some of my requirements in terms of school work, but also set goals so that they will get

better. And that is different for every person; it is different based on who you have and the situation.

The importance of taking the student's context into consideration came up repeatedly when faculty members discussed visits with biological parents that would occur, and that difficulties that the child exhibited that surrounded these visits. The school faculty recognized the inconsistencies and contradictions in their narratives, and some teachers even chose to comment directly on them. The special education director for the elementary schools followed his comments on the necessity of all students being treated equally with the statement: "I think that maybe foster kids are entitled to special consideration given their status." Recognizing the complexity of the issue, he qualified this with, "That is a pretty foggy answer we've got here." The faculty's responses seemed to suggest a great deal of ambiguity within their earnest efforts to provide each child in their classroom with the best possible education.

Interestingly, the foster parents had also commented on this ambiguity. They did not want their child labeled as a "foster child" with the negative connotations that went with it. Similar to the teachers, they wanted the students to have a clean slate in each classroom. However, the parents also cited the most positive outcomes were when their foster status was taken into account and directly responded to by the school faculty. Overall, the case study indicated that foster children were having difficulties in school that both the parents and educators believed were related to their traumatic histories. It seemed that having knowledge of the fact that these children had difficult backgrounds was not necessarily the heart of the matter, but instead, of critical importance was how that knowledge was used. If the information was used to discount the student as a lost

cause and justify not setting goals for the child's growth, the information was clearly being used in a detrimental fashion. However, if the information was used to provide a deeper understanding of the obstacles at play in the child's learning, and to therefore initiate interventions or plans to promote improvement, the information had been used productively. Both the parents and school faculty believed that stereotyping a foster child's behaviors and abilities was harmful to the student. However, the tools to combat stereotyping are education and empathy. By providing school faculty with an education around the affects of trauma on a child, they can more readily understand the underlying causes of a child's troubling behavior or academic difficulties in order to more productively respond to it or proactively intervene.

*Signs of Hope: Success Stories among Foster Children in School*

The foster parents identified many problem areas for their children in school. Their foster children perpetually performed below their grade level and often became extremely frustrated trying to keep up with their peers. Stereotyped as low-achieving troublemakers, the foster children encountered a great deal of negativity from school faculty. Their foster parents attempted to advocate for them; however, their interactions with the school were also characterized by negativity. The parents who recounted the most instances where the schools had let them down alluded to the fact that they were jaded and had lost their faith in the education system. The numerous difficulties that the parents described offered little hope of improving the relationship between schools, foster children, and foster parents. When it came to schools and foster child interactions, the negative far out-weighed the positive, which illustrates the dire need for action to remedy the situation. Fortunately, these discouraging anecdotes were only part of whole story.

The parents who described immense difficulties were also able describe instances that were positive in nature. They stated that they had both good and bad experiences working with the schools and provided examples of such good experiences. They suggested that under the right circumstances, the schools effectively collaborated with them and their children to bring positive results. These examples simultaneously act as models and signs of hope for the positive relationships that could be forged between the foster system and education system. Foster children were able to have positive educational experiences; however, it took a collaborative effort of both the foster parents and school reaching out and listening to one another.

### *Communication*

The reoccurring theme that all foster parents addressed was the importance of communication between the school and themselves. A key component of communication was initiative by the school to contact foster parents and inform them of what was happening during the school day. This included updates on the foster child's progress, but even further, it showed the foster parents that the school had a genuine concern and interest in their child. The proactive communication signaled to the foster parents that the school was committed to meeting the child's needs. Although Shelley stated that her children had immense difficulties in school, she found that her children's teachers made great efforts to meet their needs. Even though her children struggled in school, her children's proactive teachers made their educational experience a positive one. She discussed her positive relationship with her children's teachers:

Their teachers were just the greatest teachers on earth – calling the house to say, 'John had a rough day today,' or 'I just wanted to let you know this, or this happened today just to keep you aware.' Because a lot of times little kids won't

come home and say I had a bad day today... So they will call and tell me, 'Is something going on with John? He had a bad day today.' So the communication has always been top notch.

The foster parents reported that when the school reached out to them, contacted them about the difficulties their children were having, and showed a genuine interest in what they had to say, any situation could be resolved in positive manner. When there was a problem, foster parents not only wanted to be informed, but they wanted the opportunity to be a part of the solution. Marsha reported that she had a great deal of success working with a particular vice principal on behavioral issues because they were "phone buddies." He would inform her of anything that happened with her foster children, and if it was necessary for him to have a meeting with them, he would invite her to be present at the meeting also. Marsha suggested that her involvement with the administration often lead to a flexible solution that benefited the child, rather than a rule bound, punitive outcome. "I would go to the vice principal and say, 'Talk to me; this child is really showing great promise, they were in a different situation before and are in a new situation now, do we need to punish them?'" By informing her of her children's difficulties in school, the administration would allow for an open dialog on the best way to approach the problem; this dialog would more often than not result in a creative and effective approach that satisfied the school, the parent, and the child.

### *Flexibility*

Foster parents reported that a flexible approach was vital when dealing with foster children. Jenna discussed her experiences with teachers and stated, "Whenever someone takes a stance that is rigid, that is always a predictor that things are going to go poorly."

Another mother stated that she believes that rules are not made to be broken, but they should be bent when the situation and child warrant it. She complained that when she ran into trouble with the school system, it was often because, “They think that you can rule with an iron hand and that is not how you raise kids.”

Positive outcomes would occur when the school would address children as individuals within the context of their specific circumstances, rather than open the rulebook and quote the punishment for the offense. A specific instance that necessitated flexibility was when a high school aged girl in foster care had failing grades and behavioral problems the previous semester, but wanted to try an extracurricular activity. The school’s policy did not allow her to participate, but the foster mother and the girl sat down with the administration and discussed it. “We came up with a plan and a contract: if there was no absenteeism, skipping classes, and the grades were good, you can try your sport. The contract was between me, the child, and the school, because the school was saying ‘no,’ I was saying ‘yes,’ and the child was saying ‘please.’” The extracurricular activities proved to be the motivation and encouragement she needed to become more engaged in school, focus on her academics, and even improve her behavior through the positive social connections she was making through the activity.

#### *Receptivity to Foster Parent Involvement*

Foster parents not only requested that the school reach out and contact them, but the parents also wanted the school to be receptive to their efforts to initiate conversation; essentially the parents desired a two-way street of free flowing information regarding the progress of the child. If the foster parent observed a troubling behavior at home, they

wanted the opportunity to discuss it with the school and have them also watch for signs of the behavior. If the behavior was carrying over from the home into the school, the foster parents especially appreciated the ability to discuss it with school faculty to create a coordinated intervention. Miranda described a sensitive situation where she initiated a conversation with the school about a particular issue and there was a collaborative response.

Well, one of my girls had been molested a lot before she came here and she had a lot of issues when she first came – didn't want anybody looking at, horrible hygiene issues. She didn't want to be looked at or stay clean and it was becoming a problem. Other children didn't want to be around her. She didn't want to talk to anybody... I talked to the teacher about it, not the reason that she was that way, but that she was that way because of past experiences. And the teacher suggested that we talked to the school psychologist...the teacher worked with me and the school psychologist and Allie has therapy, so we were able to – I contacted her therapist and connected her with the school psychologist and we came up with new ways to help Allie and raise her self-esteem... We, along with the school and the therapist and everyone, worked at praising her and catching her doing something right and praising it. She really took off and now she is really happy with herself, she thinks she is pretty good, which is important... If the school hadn't worked with me, if the school therapist wasn't willing to work with the therapist at home and Allie so that we can support her all the way around, she never would have done as well as she has.

Foster parents readily praised teachers and administrators who were receptive to approaches. They were extremely thankful when the school faculty took the time to listen to their concerns and were willing to address them. Jenna described one teacher who eventually made an enormous impact on her daughter's education because she had been willing to listen to and discuss one of Shauna's emotional triggers.

I went to the school to pick up Shauna and she had been upset; and this was maybe the second week in, and said that Mrs. K had been upset and thrown a book at the desk, and that she didn't like her, and that Mrs. K was mean – mean is one of those key words that when I hear mean from Shauna, it means that the person isn't really mean, just that there is something she can't relate to or figure out and she is personalizing it. So when I picked her up and she was saying that,



it just so happened that Mrs. K was coming down the hall; and I hadn't been formally introduced to her yet, so I initiated the contact. Then I told her as gently as I could, because I was in Shauna's presence as well, that it seemed like there had been an uncomfortable moment that day and Shauna was expressing some discomfort about it, so I wondered if it was OK for us to talk about it. And the woman was wonderful; most teachers don't want to sit down with a parent like that. But she came and sat down, and I don't remember all of the conversation but the part that I remember so clearly was when I said to Shauna, 'You know, Mrs. K is really here for you, and of course she cares about how you feel.' So it was important for her to hear this because Shauna really didn't believe me and she was really resisting that and feeling angry. Then Mrs. K herself spoke up and said to Shauna, 'Do you think it would be alright if I hold your hand for a minute?' which was incredibly insightful, because it was that contact that would make it OK for her to listen to her. And Shauna very, very courageously held out her hand and Mrs. K took it and said, 'Your mom is right, I am here because I really care about you and I didn't mean to hurt your feelings. I didn't know that I had hurt your feelings, and you are very brave to tell me; and what we are going to have to do is make an agreement, because I didn't know that I had hurt your feelings. So now if something bothers you, you are going to have to tell me, and I will do everything in my power to make it right.' And it was the one thing that that little girl needed to start the year off right. So every single time that something was bothering Shauna, and Mrs. K is a saint, I mean good heavens, every time something was bothering Shauna, she could tell Mrs. K.

Foster parents who had children in their care with severe emotional disturbances or extremely traumatic backgrounds found it to be very important for teachers to be receptive to the information that they had to offer. These foster parents found it useful to inform teachers about the child's life at home so that they would have a more complete representation of the child and their difficulties. The parents' theory was that if the teachers had knowledge of the problems that went on at home, they would not be caught off guard and would be more equipped to deal with such a problem if it occurred in school. Danielle described her foster daughter, Brittany, who she later adopted, as having Post Traumatic Stress Disorder, Reactive Attachment Disorder, and Bipolar Syndrome. Brittany would often have emotional breakdowns at home, which Danielle felt her teachers should know about. Brittany's teachers were receptive to this information

because it allowed them prevent a problem by preemptively addressing it, and it helped them handle her changing needs.

By listening to the concerns of the foster parents, the school treated the child as individual and as a priority, not simply part of the mass of students. The communication between the parents and the school made it impossible for the child to slip through the cracks and their difficulties to go unnoticed. Shelley stated: “I am always like, ‘I am sorry I am calling again’ and they say ‘No, no don’t worry, call anytime.’ It’s nice not to get lost in the shuffle.” The personalized, one-on-one attention that teachers gave foster children and their foster parents significantly contributed to the success of the child in school. Foster children with emotional disturbances often needed this extra support and some schools were happy to provide it. Danielle described her daughter’s teachers as going “above and beyond” to help her make it through the school day which could be extremely trying for her. The school then made every effort to carefully monitor her to guarantee that she would remain stable. With the incredible amount of attention that the school paid to her daughter, Danielle worried that the other students may be neglected. When she expressed this concern to the school, they immediately allayed her fears. “They give her all the support she gets, and I was always worried: is she taking away from the other kids? And they told me, ‘You don’t even need to worry about that, that is our department, she is entitled to a fair, free education and we will do what we have to do.’”

Although some parents suggested that the schools treated foster children with disabilities or special needs as burdens or lost causes, not all schools ascribed to these beliefs. Some schools saw the challenge of a difficult student as being an opportunity to

help a child in need. Part of the negativity foster parents discussed was feeling as though their children were labeled as problem students that the faculty would rather not have in their school. They also felt that as foster parents, they were labeled as being less involved or less concerned than biological parents with the progress of their children; they described the school as brushing them off or giving them the “typical foster parent treatment.” Therefore, foster parents were extremely grateful when the school faculty was warm and welcoming to them and their children beginning at the enrollment process into the new school. One mother described the process that the school administration went through to welcome her and her foster daughter into the school. They gave them a tour then sat down with them for a meeting and answered all of her daughter’s questions; she stated that this welcoming was the most positive action the school could have taken.

The foster parents’ narratives told of children that were not able to function well within the school setting. These children were bright, intelligent, caring, and warm, yet had repeated difficulty in school. The best case scenarios were when faculty noticed the children’s difficulties and set up supports to improve the situation, rather than reacting punitively. The parents valued flexibility and understanding within the school, and were discouraged by rigidity and negativity. The parents’ stories illustrated that foster children are a unique population of students with needs that cannot be ignored.

#### *Improving the Educational Outcomes of Foster Children*

Foster children face tremendous obstacles on their path to adulthood and unfortunately, many are not able to successfully overcome these obstacles. One quarter of foster children have been found to suffer from PTSD at the age of 18, when they age out of the system; this is a higher prevalence than among returning war veterans (Vacca,

2008, p. 3). As adults, former foster children are more likely than the general population to be homeless, unemployed or working at low-skill jobs, be dependent on welfare, and convicted of a crime and incarcerated (Lips, 2007, p. 2). Women who were in foster care have higher rates of teen pregnancy and are more likely to have their own children placed in foster care (Lips, 2007, p. 2). How can we help foster children transition into successful adults? Lips (2007) asserted that providing a high quality education to these at risk youths may place them on the right track to triumph over their troubled background. However, the mental, physical, and behavioral problems that foster children are weighed down by often cause them to flounder rather than flourish in school. We must address the difficulties that foster children are having in school in order to aid their achievement as adults. “A concerned teacher can be a critical external support contributing to the resilience of a child facing negative life events” (Zetlin & Weinberg, 2004, p. 4). And providing a positive school environment can allow the child to use the school as an anchor, where the rest of their life has been uprooted (Altshuler, 2003, p. 61). Schools have incredible potential to be a safe haven for these children and the faculty members have the opportunity to positively influence their lives. How can we ensure that the education system lives up to its potential to promote the best possible outcomes among these vulnerable children?

Some challenges facing foster children have been well-researched with many proposed remedies. Particularly, the issue of frequent school transfers that interrupt a child’s education has been analyzed. Most often, collaboration between the schools and social service agencies is called for. All too often studies illustrate that the child welfare agency responsible for enrolling the foster child does not have a positive working

relationship with the school. Cross-training between school faculty and child welfare workers has been proposed to bridge the gap between the two systems. Additionally, various regions of the country have implemented programs designed to ease the transition for foster children to new schools. New York City's Agency for Child Services began placing caseworkers directly in the schools to improve communication and collaboration. Other school and state social service systems have created new employment positions of liaisons, whose sole responsibility is to facilitate a working relationship between the two institutions (Vacca, 2008, p. 3). "Passport" programs mandate that caseworkers maintain a standardized and regularly updated record of a foster child's medical, behavioral, psychological, and educational status (Vacca, 2008, p.3). In 2001, New Hampshire amended a state law so that it would specifically allow foster children to remain in the school that they previously attended whenever possible, and as a growing trend state welfare workers are taking educational planning into consideration when making foster placements, where this had previously been an unnoticed issue (Vacca, 2008, p. 4).

### *Conclusions*

Although foster children are removed from their home due to traumatic abuse and neglect, they face unique circumstances associated with foster care which go beyond traumatic experiences. "Children in placement are doubly traumatized: first from their severe abuse or neglect: then from the added experience of separation trauma" (Morrow, 1987, p. 148). The act of being physically separated from their biological parents, removed from their homes with only a few belongings, often separated from siblings, relocated to a new town and school district without friends or familiar faces, and placed in the care of strangers is traumatic in its own right, regardless of their previous abuse or

neglect histories. Once in foster care, their transience continues as they are often rapidly moved between temporary foster homes and endure limited, brief, emotionally-trying visits with their family, only if visits are allowed. Gil (2006) described foster care:

Although the intent of foster care is to provide children with necessary temporary caretaking in a protective home, many children experience years of multiple placements with varying degrees of stability, contentment, or conflict. In addition, many decisions that are made for children may be perceived by them and nonsensical, confusing, or punitive. Children who are removed from their families may not understand the separation easily or well. They may remain worried about their families, and they may experience significant feelings of loss.  
(p. 18)

The current events of foster children's lives coupled with their past makes them an extremely vulnerable population. Therefore when working with foster children, it is important to take the "culture of foster care" and the unique etiology and experience of trauma into consideration, along with the "common sources of trauma for this population, its prevalence and manifestations, and the likelihood of co-occurrence with other disorders" (Maher et al., 2009, p. 559).

In this light, interventions aimed at improving the well-being of foster children often focus specifically on the child welfare system for easing the traumatic transitions within the system. For example, changes have taken place within the system to prioritize permanency planning to limit the number of moves a foster child experiences. Systems theory is often used to consider changes that can be made to the child welfare system that

the children find themselves in and the policies of this system that directly affect them. Systems theory has highlighted the need for collaboration between the child's separate systems, relevantly the child welfare system and the educational system. Studies such as Jonson-Reid et al. (2006) have indicated that too often child welfare workers and the school system faculty have difficulty collaborating due to factors such as high caseloads, making the delivery of services out of sync, and hindering the ability of the systems to meet the child's needs. The call for improved collaboration between the systems has been widely expressed.

However, what can be done at the school level when a school faculty member is working directly with a foster child whom appears to be exhibiting difficulties relating to traumatic experiences? As strides are being made to address this particular challenge for foster children, how can we best address the other obstacles that inhibit the educational success of foster children? Even when a transition goes smoothly for a foster child into a new school, they still arrive to a place that often cannot accommodate the issues that arise do to their sensitive emotional states derived from traumatic experiences. What interventions can be made within the school system to allow for more positive learning environments for foster children who are experiencing emotional difficulties due to severe neglect or abuse? An exploration of trauma theory will be used to discuss how trauma affects a child, and how those affects make it difficult for a child to function in a school setting. An exploration of systems theory will be used to discuss how school systems are generally organized as difficult settings for children with trauma histories to function in. Together, these two theories will provide a basis for intervention suggestions that will assist educators working with foster children who are displaying particularly

challenging issues related to trauma histories within the school setting, and therefore help these children to flourish.



CHAPTER IV  
TRAUMA THEORY

*History of Trauma*

In the late 19<sup>th</sup> century, trauma was emerging as a field of study throughout the medical world of Europe. Physicians began recognizing extreme emotional reactions to physical accidents and injuries, particularly in the context of railway collisions. Erichsen, a German physician, described the symptom response of fear and shock following a train accident as assuming one of four classifications: traumatic hysteria, neurasthenia, hypochondriasis, or melancholia (Keiser, 1968). These responses were said to generate from a concussion of the spine that occurred during the accident. Oppenheim concurred with the conclusion that emotional responses from accidents were physically determined and suggested that they were due to electrical processes in the central nervous system which caused molecular changes (Keiser, 1968).

However, not all physicians ascribed to the physical response explanation, and a debate formed with the opposing view suggesting that emotional reactions to injuries were psychological in nature and due to anxiety and tensions (Kleber, 1992, p. 13). On this side of the argument that believed in the psychological nature of injuries, throughout the 1880's, French psychiatrist Charcot studied, documented, and classified the hysteria symptoms of female patients at a hospital complex in Paris that served as an asylum for the lowest level of society, such as prostitutes and beggars (Herman, 1992, p. 10). By focusing on the symptoms of motor paralyse, sensory losses, convulsions, and amnesias,

he demonstrated that these symptoms could be altered through hypnosis. Charcot asserted that the origins of hysteria symptoms were trauma histories (van der Kolk, 2003, 2003).

Under Charcot, Janet explained disassociation responses among hysterical patients. He described patients as being subjected to overwhelming “vehement emotions,” such as intense anxiety or anger, which could not be integrated into the experience, and were therefore kept out of the everyday consciousness (van der Kolk, 2003, p. 174). Rather than being integrated, Janet asserted that these traumatic memories and actions are disassociated, or split off from consciousness, and continue to return to the patient as “re-enactments in the form of intense emotional reactions, aggressive behavior, physical pain, and bodily states” (van der Kolk, 2003, p. 174). Janet also noted that patients would react with physical and emotional responses associated with the traumatic experience when exposed to reminders of the experience.

At this time Freud and Breuer in Vienna drew the conclusion from the case of Anna O., who had recently experienced the death of her father, that hysterical symptoms were “memory symbols” of traumatic events that had taken place at some point in the patient’s life (Kleber, 1992, p. 15). The emotions surrounding the experience were suppressed and converted into the physical symptoms of hysteria. Freud and Breuer then suggested that relief of symptoms could be achieved through expressing the emotions surrounding the trauma. Freud then gradually began to shift his focus from recent traumatic events to long suppressed events that the patient experienced in childhood. This led his work in the 1890’s to focus on instances of sexual abuse that had been experienced by hysterical patients. He hypothesized that hysterical symptoms were the result of childhood sexual experiences; however, he began to doubt this theory, possibly

due to society's or his own reaction to the implications of the widespread occurrence of sexual abuse, and instead formulated ideas on sexual desires and infantile fantasies, suggesting that the accounts of abuse that the patients told were actually fantasies (Kleber, 1992, p. 15).

With the outbreak of World War I, the origins of emotional reactions to traumatic experiences came into question as vast numbers of soldiers had mental breakdowns in reaction to the horrors of trench warfare. Initially "shell shock" became the term to describe this reaction to trauma with its cause related to the physical brain damage from the air quality following the explosion of shells and their concussive effects (Kaiser, 1968). However, as it was recognized that soldiers who had not been in the line of fire also experienced "shell shock," the theories changed but the name remained. It was then postulated that the soldiers experiencing these mental effects, which looked similar to symptoms of hysteria, were suffering due to their own deficits and were deemed "moral invalids" or cowards (Herman, 1992, p. 21). Psychoanalyst Rivers began arguing for a "talking cure" treatment model among military personnel that encouraged veterans to express the horrors of war rather than silence them and his efforts showed a promising recovery rate among his patients; however, his liberal point of view did not become mainstream (Herman, 1992, p. 22). World War I also encouraged new contributions to the field of trauma study with Freud's formulation in 1920 of the concept of "stimulus barrier," with any stimuli strong enough to break through that protective defense warranting the label "traumatic." Then again in 1926 Freud expanded upon his definition by stating that traumatic events were characterized by feelings of helplessness.

Additionally, the war influenced his ideas on the “death wish” or repetition compulsion of reliving the trauma that a patient wishes to forget (Kleber, 1992, p. 17).

World War II saw the naming of war-specific trauma with Kardiner’s 1941 publication of *The Traumatic Neuroses of War* which outlined the clinical features of war-related traumatic responses to real and present threats, which were not caused by underlying personal mental health issues. It became recognized that a combat induced mental breakdown was not due to a personal deficit but could happen to anyone, and the stigma decreased. Psychiatrists Grinker and Spiegel, in collaboration with Kardiner, pioneered “talking cures” for the expression of traumatic war memories through altered states of consciousness involving sodium amytal or hypnosis; this expression of traumatic memory was used to unburden the soldiers so that they could quickly return to active duty, but unfortunately little attention was paid to the men once they returned to duty or home from war (Herman, 1992, p. 26). The treatment of war neuroses was largely forgotten until the Vietnam War.

As World War II mainly focused on responses to trauma during combat and acute stress occurring immediately after, the Vietnam War brought light to the chronic nature of trauma responses that lingered long after the soldier returned home. The organization Vietnam Veterans Against the War spoke out about the atrocities that they were part of, and began forming “rap groups,” with ‘rap’ being used as slang during this time period to refer to discussions, where soldiers could talk about their experiences among groups of their peers. The prevalence of these rap groups pressured the Veteran’s Administration to form a psychological treatment program. “The moral legitimacy of the antiwar movement and the national experience of defeat in a discredited war had made it possible

to recognize psychological trauma as a lasting and inevitable legacy of war” (Herman, 1992, p. 27). As the legitimacy of combat trauma became recognized, it aided other forms of trauma to become areas of national concern.

The physical abuse of both women and children came under scrutiny during the 1970’s, concurrently as the psychological effects of war on veterans were being examined. In 1962, an article entitled “The Battered Child Syndrome” was published in the *Journal of the American Medical Association*. The article was a collaborative effort of radiologic, pediatric, and psychiatric specialists, which asserted that child abuse was a clinical condition existing as an unrecognized trauma (Pfohl, 1977). In 1974, the Child Abuse Prevention and Treatment Act (Public Law 93-247) was passed. As a result of this federal law, a national system for child services was created, which includes state statutes on mandated reporting of physical abuse, neglect, sexual abuse, and exploitation, child protective service agencies to respond to reports of abuse, and state registries of perpetrators and victims (Schene, 1998). The increased action taken to prevent and respond to child abuse resulted in an explosion of the number of reports of maltreatment. Between 1976 and 1993, the number of child abuse rose by 347 percent; in 1994, close to three million reports of abuse were made (Schene, 1998).

The symptoms that children exhibit following a traumatic event were also recognized within the medical community through high-profile cases, such as the 26 children who were kidnapped from a school bus in Chowchilla, California in the summer of 1976. The children were studied from five months to thirteen months following the incident, and displayed early fears of further trauma, including being kidnapped again; fears of mundane experiences; hallucinations; reenactments of the trauma; and repeated

dreams (Terr, 1981). These symptoms were recognized as posttraumatic affects which affected children.

Women's experiences of violence were also being studied, with the notable discussion of the "Battered Woman's Syndrome." The Women's Liberation Movement of the 1970's was brought forth the previously hidden or ignored issues of sexual assaults against women and domestic violence. Burgess and Holmstrom (1974) initiated a study of the psychological effects of rape, through interviews of 92 women and 37 children who sought medical attention at the Boston City Hospital emergency room; they noted a "rape trauma syndrome," which included insomnia, startle responses, nightmares, and dissociative symptoms that resembled the effects of combat trauma. Extensive studies began to show the prevalence of female assault, with one in four women having been raped, and one in three sexually abused in childhood (Herman, 1992, p. 30). As violence against women became a clear issue in the form of attacks carried out by strangers, the women's movement was able to expand the issue to include violence which took place within relationships, such domestic violence. Lenore Walker's "battered woman symptom" used a cyclical model violence to explain the learned helplessness response that made it difficult for women to escape abusive relationships, as well as the forms of self-defense that survivors utilized.

The social action decade of the 1970's brought fourth new recognition of wide-reaching affects of psychological trauma that were often forgotten in the absence of war and carved out a substantial mental health field to address it. In 1980, the American Psychiatric Association made psychological trauma a diagnosis in its manual under the

title of “Post Traumatic Stress Disorder,” and since this time, continuous attention has been paid to trauma related issues.

*Trauma Today and the Diagnosis of PTSD*

Allen (2001) stated that trauma is the “enduring adverse impact of extremely stressful events” (p. 4). In order to come to his definition of trauma, he cited the Webster Dictionary and Oxford English Dictionary, which both define trauma as a subjective experience of emotion or shock that has a lasting effect. According to their definitions, Allen asserted that trauma is not a terrifying event, such as a tornado, but the emotional result of that event. By this definition any extremely stressful event can produce a traumatic response if the individual experiences it in such a way that there is a lasting impact. In this light, his definition of trauma is more broad than the definition of trauma within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (APA, 1994), which defines trauma through the diagnosis of Post Traumatic Stress Disorder (PTSD). The PTSD diagnosis lays forth the criteria of an objective event that poses a threat or actual injury that must take place in order for an individual to subjectively experience a trauma response. The criteria for this traumatic event states:

A. The person has been exposed to a traumatic event in which both of the following have been present:

(1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others (2) the person's response involved intense fear,

helplessness, or horror. Note: In children, this may be expressed instead by disorganized or agitated behavior. (APA, 1994)

Therefore, objective criteria as well as subjective criteria must be met in order to earn a diagnosis of exhibiting symptoms of trauma.

Many individuals experience horrifying events, but not all individuals develop enduring adverse impacts. The diagnosis of PTSD highlights the most common symptoms that develop and endure following a traumatic event. The clinical presentation of PTSD defined by the DSM-IV has three key components: re-experiencing of the traumatic event, avoidance of reminders of the event, and increased or hyper-arousal. These symptoms must be present for longer than one month and must be significant enough to interfere with social, occupational, or other areas of functioning.

The DSM-IV states that in order to meet the criteria for PTSD, the traumatic event is persistently re-experienced in one or more of the following ways:

- (1) recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. **Note:** In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
- (2) recurrent distressing dreams of the event. **Note:** In children, there may be frightening dreams without recognizable content.
- (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). **Note:** In young children, trauma-specific reenactment may occur.



(4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event. (APA, 1994)

Normal memories among adults are verbal, linear, include a narrative, and are organized within the ongoing context of one's life story; traumatic memories on the other hand are encoded as vivid sensations and images, fragmented, without context, frozen in time, and with a heightened sense of reality (Brett & Ostroff, 1985). These intrusive memories can occur with or without a specific related or symbolic reminder of the event and are often accompanied by extreme physiological or psychological distress (van der Kolk, 2003, p. 171). Nightmares also have fragmented qualities that exhibit exact pieces of the event, reoccur unchanged, give the appearance of the event occurring in the present moment, and can be experienced as an attack that warrants a hostile reaction (Herman, 1992, p. 39). At times individuals will also re-experience the trauma event through their conscious or unconscious actions that cause them to recreate the event, at times as a fantasy to change the outcome. This can be concurrent even with the avoidant symptoms highlighted by the next PTSD criteria.

The DSM-IV highlights avoidant symptoms included in the PTSD diagnosis and with the criteria as stated:

Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

- (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
- (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
- (3) inability to recall an important aspect of the trauma
- (4) markedly diminished interest or participation in significant activities
- (5) feeling of detachment or estrangement from others
- (6) restricted range of affect (e.g., unable to have loving feelings)
- (7) sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span) (APA, 1994)

These symptoms highlight a withdrawal from everyday life, the inability to experience joy or pleasure, and may become the dominant symptoms experienced as the traumatic event moves further into the past (van der Kolk, 2003, p. 171).

The third set of symptoms experienced within the PTSD framework is exemplified by hyper-arousal. The DSM-IV states:

Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

- (1) difficulty falling or staying asleep
- (2) irritability or outbursts of anger
- (3) difficulty concentrating
- (4) hypervigilance
- (5) exaggerated startle response (APA, 1994)

This state of increased arousal causes individuals to become easily distressed by unexpected stimuli, and can be triggered by seemingly unrelated stimuli, indicating their involuntary fixation and connection to the past within the present moment (van der Kolk, 2003, p. 171). It feels as though the danger may reappear at any moment, so as a self-preservation technique the individual remains constantly on alert, ready to react in a “fight or flight” response (Herman, 1992, p. 32).

The DSM classification of PTSD has undergone notable changes since it first appeared in 1980 in the DSM-III, with revised edition, the DSM-III-R, published in 1987. The DSM-IV was then published in 1994, with the revised addition appearing in 2000. From its conception to current use, the criteria for the traumatic event became more inclusive (Freedy & Hobfoll, 1995). The terms “witnessed” and “confronted with” were added to the criteria, which allowed events such as witnessing a violent crime or domestic violence, or learning of a family member’s sudden death, fall within the classification. In addition, the subjective experience of the individual as experiencing “intense fear, helplessness, or horror” was added to emphasize the importance of the individual’s subjectivity. Also, the traumatic event was no longer classified as “outside the range of usual human experience.” These changes were made to the DSM-IV following research and field trials. Kilpatrick, Edmunds, and Seymour (1992) conducted a field trial to determine the symptom criteria that would be included. The study illustrated the prevalence of traumatic events in the lives of 528 adults (15 or older), 400 currently seeking treatment at outpatient clinics, and 128 from the community in Arlington, Virginia. Participants were asked the occurrence of completed rape, other

sexual assault, serious physical assault, other violent crime, homicide death of family members or close friends, serious accidents, natural or man-made disasters, and military combat. The study reported that 86.4 % had experienced at least one traumatic event in lifetime and 64.3% reported more than one event over lifetime; 74.5% had experienced first traumatic event before the age of 18. With these prevalence rates, it appeared that traumatic events were unfortunately very much within the realm of normal human experience.

### *Risk and Resiliency*

Studies have endeavored to understand why some individuals develop PTSD responses to traumatic events while other individuals remain free of lasting impact. With both the objective and subjective experiences of trauma playing a role in the development of symptoms, there are numerous accounts of risk and resiliency factors that have been identified.

In respect to the objective occurrence, various types of traumatic events have been categorized and examined for correlations to the development of PTSD symptoms. These categories of events commonly include natural disasters, violent crime, military service, medical trauma, sexual assault, loss of loved ones, and political violence, among others. Human responses to these events are often studied within these specific categories, with findings such as rates of PTSD increase as direct combat exposure increases, being the best predictor of the development of PTSD among military personnel (Freedy & Hobfoll, 1995, p. 121). A “dose-response curve” has been documented, where the greater the exposure to traumatic events, the greater the rates of PTSD response (Shore, Tatum, & Vollmer, 1986). Other factors which focus on the specific nature of the

traumatic event have found that there is a “gruesomeness factor,” or witnessing grotesque death or injury, that is correlated with a more traumatic response (Wright et al., 1990). Overall, if the event is severe enough, personal characteristics will matter little in one’s ability to cope with the event, making the intensity of the stimuli, which can be measured in harm, duration, or number of people affected, the most important predictive factor (Green, Grace, Lindy &, 1990).

However, the subjective response illustrates generalizable characteristics among individual’s experiences which affect the likelihood of developing PTSD symptoms. In stress research, Lazarus (1966) found that individuals who did not anticipate the event or did not know that it was coming exhibited more symptoms following it. It has been shown that when an individual is aware of the upcoming event, they are able to prepare themselves in a way that allows them to better cope with the horror or life changes that the event produces. This has been researched in the area of medical patients going in for surgery (Janis, 1971), partners who have lost spouses (Glick et al., 1974), and concentration camp victims (Cohen, 1953). The degree to which one perceives their life to be at risk during a traumatic event also impacted the development of PTSD symptoms, as does the perceived level of threat to serious bodily injury (Kilpatrick & Resnick, 1993). Resnick et al. (1993) illustrated this finding with victims of criminal acts; 19 percent of individuals who did not perceive a threat to their life or body developed PTSD, 26.6 percent who perceived only a threat to their life, 30.6 percent who perceived a threat of injury, and 45.2 percent who had perceived both a threat to their life and of injury developed PTSD. Foa, Rothbaum, and Zinbarg (1992) also found that a loss of control

and feelings of helplessness correlated to PTSD symptoms in that unpredictability and uncontrollability lead to intense fear.

A triad of personal characteristics is associated with resiliency: “active, task-oriented coping strategies, strong sociability, and an internal locus of control” (Herman, 1992, p. 59). Individuals who exhibit these characteristics in the face of a traumatic event make use of opportunities for action rather than becoming paralyzed by fear and “freezing,” they believe in their personal agency to affect the outcome of the event, and they have connections with others. Bart and O’Brien (1985) highlighted this triad in their study which found that among women who experienced rape, those who remained calm and fought to the best of their ability, even when their efforts failed to thwart the rape, had less symptoms than those who were immobilized. The sociability aspect of resiliency emphasizes the importance of social support following a trauma, where a supportive response can lessen the impact of the trauma and a hostile response can compound it (Herman, 1992, p.61). This point is commonly expressed in military trauma studies which show the importance of close bonds with other soldiers as a mitigating factor of PTSD symptoms, and also rape victims have been show to recover more quickly from their assault in correlation to the quality of intimate relationships within the woman’s life (Herman, 1992, p. 63).

Unfortunately, just as close relationships can positively affect an individual’s response to a traumatic event, relationships can also have a negative impact by increasing the severity of an event. Allen (2001) asserted interpersonal trauma can be particularly traumatic due to the nature of deliberate malice that is inherent within it. Allen then explained that those feelings of terror, pain, or helplessness inflicted by another human

escalate when the individual that inflicted those feelings was a trusted relation. Attachment trauma, or trauma that occurs within an attachment relationship, is significantly detrimental to the individual because it undermines the feelings of support and care that the individual expected to receive within the relationship. According to Bowlby's attachment theories, the primary functions of an attachment are to provide protection and a sense of security. When trauma is evoked within the context of a relationship, those feelings are shattered, with greater impact on the individual's sense of powerlessness, isolation, or fear.

### *The Mind and Body's Trauma Response*

#### *Neuroscience*

Advancements in science have led to new understanding of the neurobiological effects of PTSD and the way that trauma impacts brain functioning. Van der Kolk (2006) compiled this research in order to explain key points of understanding for clinicians working with patients diagnosed with PTSD. The limbic system and neocortex are largely responsible for maintaining homeostasis by monitoring and assessing incoming information to determine what is dangerous, significant, or irrelevant and filtering it accordingly in order to respond. This process is disrupted by a trauma response.

Van der Kolk (2003) explains the functioning of the left and right hemispheres of the brain. The right hemisphere of the brain is devoted to the expression and comprehension of emotional, non-verbal communication. In this hemisphere, the amygdala, as part of the limbic system, assigns emotional significance to incoming stimuli, which helps to regulate the response to the stimuli. The left hemisphere of the brain controls verbal communication, organizes problem solving tasks, and processes

information sequentially. Neuroimaging studies found that when PTSD patients were exposed to trauma related scripts, perhaps not surprisingly, the right hemisphere showed heightened activity, including in the amygdala which is involved with emotional arousal. However, the left hemisphere of the brain showed decreased activity, particularly in the left inferior frontal lobe, or Broca's area, which is associated with turning experiences into communicable language. These findings seem to explain the emotional flooding that trauma victims feel, which is simultaneously occurs with the inability to form a narrative or talk about the event (van der Kolk, 2006). While concurrently activating the area of the brain involved in emotional responses and deactivating the section involved in logically inhibiting emotional responses, this appears to be a factor in the intense and uncontrollable responses that victims emit to reminders of the event.

Human behavior is flexible and can respond to stimuli and make choices because the neocortex integrates information, attaches meaning to the information and the physical urges that it evokes, and then applies logic to determine the effects of any actions that are carried out in response. Neuroimaging has shown that highly emotional states cause increased activation in the subcortical brain regions, while reducing blood flow to the frontal lobe; this appears to provide an understanding for the tendency of individuals to have difficulty organizing a modulated behavioral response (van der Kolk, 2006).

High level stimulation of the amygdala can also interfere with hippocampus functioning (van der Kolk, 2003). The hippocampus is associated with evaluating and categorizing new experiences in order to integrate them as whole memories. Without proper hippocampus functioning, the experiences would be stored as fragmented sensory



imprints. Hippocampal volume has also been shown to decrease in individuals suffering from chronic PTSD; the decrease in size may be associated with the inability to process new arousing information in a way that it can be integrated and learned from, and instead, may cause the information to be perceived as a threat that warrants an aggression or withdrawal reaction (van der Kolk, 2003). With this biological model of PTSD symptoms, pharmacotherapy is often used to address the neurochemical imbalances to help with the correlating behaviors and emotions; however, drugs are not able to correct the difficulties beneath the behaviors and emotions (van der Kolk, 2006). Selective serotonin reuptake inhibitors (SSRIs) have been shown to help patients gain emotional distance from traumatic stimuli and emotions, yet clinical therapy still is useful to help these individuals find ways to understand and communicate their experience (van der Kolk, 2003).

### *Integrating the Traumatic Experience*

The neuroscience research which discusses the difficulty of the brain to integrate the incoming emotional experience with a logical narrative mirrors the non-biologically based theories on the difficulty of integrating the emotional experience with the story of what occurred. The core of trauma theory states that recovery from a traumatic event entails forming the intense emotional memories and experiences into a cohesive narrative that can be expressed.

The developmental process leads children to form a body of knowledge about the world and the way that it works. As guided by Piaget's developmental process, children will take action and notice the consequences of those actions. This repeated process with new actions and new objects begins to form a knowledge base for the child. The child

begins to anticipate that certain consequences will occur in response to certain actions and takes them for granted. The child can then continue further exploration of more complex patterns of actions and responses. This process and body of knowledge leads to the formation of a schema as an adult. Schema is the framework of thought that includes expectations and beliefs that have been built up through an individual's development and expanded overtime. They are rules that are so self-evident that they rarely verbalized and generally taken for granted; for example, a light is expected to turn on when a switch is turned, and if this response does not happen, it causes surprise because it is so engrained. "The concept of schema refers to general constructs about the self and the world, which guide individual thought and action and help to comprehend the world" (Kleber, 1992, p. 1992).

Horowitz (1979) expanded upon the ideas of Lazarus and Janis regarding extreme stress, in order to develop the concept of the schema coping with a traumatic event. "Negative stress stems from experience of loss or injury, psychological or material, real or fantasized. If action cannot alter the situation, the inner models or schemata must be revised so that they conform to the new reality (Horowitz, 1979, p. 244). Traumatic events upset the schema and the previously held expectations, notions, and opinions about oneself and the world no longer apply. "A vast amount of information, to which the person cannot adequately react, disturbs the entire process of thinking, feeling, and acting" (Kleber, 1992, p. 137). The traumatic even overwhelms the individual's previously held beliefs or directly contradicts them. The individual can no longer be grounded in the world by their schema because of this foreign information. Therefore, new beliefs about oneself and the world must be formed in order to cope with the

troubling information. For example, Janoff-Bulman (1989) stated that individuals generally hold three beliefs: the world is a benevolent place, the world is meaningful and comprehensible, and the individual is competent, decent, and worthy. Trauma has the ability to shatter these beliefs; after a traumatic event an individual may feel that the world is a dangerous and terrifying place, or that they are a damaged and unworthy person. In order to cope with trauma, the individual must reconcile these vastly diverging beliefs into a new schema.

Horowitz (1979) described a process by which traumatic events force an individual to create new beliefs as the previous beliefs no longer seem to adequately represent the world and one's self. New opinions, ideas, and expectations must be formed; however, the preexisting beliefs that were developed in childhood still remain. Rather than being erased, these old images must take on new meaning through the integration of the new traumatic information and the reality it represents. "People have a need to harmonize new information with the presuppositions and notions, based on earlier information" (Kleber, 1992, p. 138). Individuals strive to fit the old meanings cohesively together with the new reality of their lives. Horowitz called this need "completion tendency."

Unfortunately, the process of integrating the previous schema with the newly created schema is not easily achieved. In order to integrate the traumatic experience into one's schema, memories of the event are relived. These memories occur repeatedly in an effort to process and integrate the information. "The events are re-experienced each time, until finally, the reality and the inner models are adapted to each other" (Kleber, 1992, p. 138).

Horowitz (1986) used the concept of active memory to discuss this process. Active memory is similar to short-term memory in that the event is still present in the forefront of one's mind. Normally, daily memories are taken in, understood, and sent on to the passive memory for storage. However, the intense change that a traumatic memory represents in one's life causes it to remain in active memory because it cannot be easily processed and sent along, and is experienced as an active memory again and again. According to Horowitz, the process of coping with an event is complete when the memory can be stored without re-experiencing it.

The rate of occurrence of this re-experiencing of an event is controlled by the defense mechanisms that are used to block out painful memories. Denial will stop the event from being re-experienced but will therefore also stop it from being processed, while an absence of defenses can lead to constant re-experiencing of an event, and the individual may be flooded by affect. To effectively cope with a trauma there needs to be a balance of processing the memories (Kleber, 1992).

The process of coping with trauma is often characterized by a search to find meaning and reassert control. Often victims ask the question "Why me?" as an effort not only to find meaning, but also ascribe a cause to the event, which would allow a measure of control. (Kleber, 1992, p. 155). As a victim's traumatic response entails imprinted, fragmented memories and intense emotions; helping them to form a cohesive narrative of the event which includes these fragmented emotions and memories allows them to find meaning and assert control. Allen (2001) emphasizes that simply talking about a traumatic event is not enough to bring about healthy functioning; instead one must emotionally engage with the material in the face of discomfort and assimilate and

accommodate the trauma into one's view of the self and the world (p. 329). Foa (1997) argued that the three components of successful treatment of trauma were engaging emotionally with the traumatic memories, organizing a narrative of the trauma, and modifying the beliefs about the self and the world. From this view, treatment entails a combination of exposure and cognitive restructuring. Although the treatment of trauma can take various forms such as prolonged exposure, cognitive behavioral therapy, or eye movement desensitization and reprocessing (EMDR), the various treatments have core ingredients: psychoeducation, self-regulation techniques, cognitive interventions, and a supportive psychotherapeutic relationship process (Allen, 2001, p. 337).

Herman (1992) also synthesized the recovery process and treatment of trauma as a three part process of establishing safety in the therapeutic relationship, telling the story of one's trauma, and moving ahead forward into the future by reclaiming one's place in the world. The process of telling one's story entails constructing a narrative of the trauma that incorporates the emotions of the event, but also finds personal answers in the questions: Why? And why me? (p. 178). This process will help the survivor rebuild their shattered assumptions, but Herman's model of treatment includes important aspects which go beyond PTSD symptoms. Herman stated that as the core experiences of trauma are "disempowerment and disconnections from others;" therefore, healing must consist of the "empowerment of the survivor and the creation of new connections" (1992, p. 134). Likewise, van der Kolk et al. (1996) acknowledged that often individuals did not seek treatment for PTSD symptoms, but other feelings such as depression, self-blame, distrust or feelings of shame and the maladaptive coping methods that individuals have adopted to deal with these difficult feelings. This highlights the possibility of comorbid diagnoses

along with PTSD, or other presenting problems that hide the trauma. While the underlying trauma clearly must be treated, it is important to recognize other areas of the self that are damaged due to trauma that go beyond PTSD symptoms. Allen (2001) refers to this as the “traumatized ‘I,’” or subjective sense of self that may feel worthless, unlovable, or fundamentally damaged (p. 79). In this respect, trauma treatment must foster a gradual change away from this negative view of the self by “increasing the tolerance for moments of feeling good about the self” (Allen, 2001, p.97). The effects of trauma are more far reaching than a list of PTSD symptoms, and the therapeutic process and relationship must address these issues as well on the road to recovery.

### *Childhood Trauma*

#### *Attachment Relationships*

As Allen (2001) noted, trauma in attachment relationships is specifically significant because forming attachments to others that provide a sense of safety is a deeply rooted biological need; when trauma occurs within that attachment, not only is there extreme distress, but the capacities to regulate that stress have also been undermined. Unfortunately, attachment trauma overwhelmingly defines the experiences of traumatized youth, with studies showing a relatively low prevalence of childhood exposure to non-interpersonal traumas such as accidents compared to exposure of intrafamilial traumas (van der Kolk, 2005, p.1). It is reported that 80 percent of the people responsible for a child’s trauma are their own parents (van der Kolk, 2005). When childhood trauma occurs within the family such as domestic violence, or is perpetrated by the primary caregivers in the case of abuse or neglect, the child is faced with a developmental crisis. The family unit which they depend on for safety is

recognized as being either unable to meet their developmental needs or dangerous or frightening. The child's behavior is no longer geared toward healthy development, but instead, survival.

Parental abuse and neglect have substantial adverse affects on the child's attachment style and patterns. As Bowlby (1988) stated, a child-caregiver attachment allows the child to feel a sense of security and provides a "secure base." Just as Piaget and Horowitz described internalized schemas of the world and the way it works, children are learning to create these schemas within the context of attachments to primary caregivers. Bowlby stated that beginning in infancy, children develop an early working model of relationships based on how they have been cared for and responded to by parental figures. The child develops internalized expectations for how relationships work, how effective they are at communicating their needs and having those needs met, how valued they are by others, and how worthy they are of receiving care. This helps the child to form an image of themselves and self-esteem. This working model becomes unconscious and the child begins to use it to organize and appraise new situations and determine ways of interacting with others; by the age of three, the model is stable and the child will apply it to other relationships (Davies, 2004, p.23).

A child that has formed a secure attachment and developed positive working models for relationships will benefit in four key areas. First, the child will have a sense of safety in the world. Second, throughout the attachment, whenever the infant was distressed, they were able to draw upon assistance from the caregiver to help them regulate their emotions. Overtime, this allowed the child to develop self-soothing capabilities. Third, the child learns to express feelings and communicate through the

caregiver's attunement; in moments when the caregiver and child are not perfectly in sync, the child learns to tolerate the misunderstanding and recognize that it can be repaired. Fourth, confidence in the attachment translates into confidence exploring the world and venturing beyond the child's immediate comfort zones; the child can participate in new, autonomous experiences with the understanding that the caregiver is still present and able to provide support and comfort if needed. However, when a child is unable to form a secure attachment because the caregiver is too preoccupied, distant, unpredictable, punitive, or distressed to provide nurturing, these basic developmental processes are inhibited. Studies have shown that up to 90 percent of maltreated children form insecure attachments (van der Kolk, 2005). Specifically, maltreated children's patterns of attachment fall into the disorganized category, characterized by "increased susceptibility to stress (e.g., difficulty focusing attention and modulating arousal), inability to regulate emotions without external assistance (e.g., feeling and acting overwhelmed by intense or numbed emotions), and altered help-seeking (e.g., excessive help-seeking and dependency or social isolation and disengagement)" (van der Kolk, 2005). Essentially, children develop patterns of having difficulty relying on others to help them, but also have not learned to regulate their own emotions.

### *Brain Development*

Compounding the difficulties in affect regulation, children's brains are still developing the higher functioning processes needed to cope with extreme distress, and in the absence of these brain capacities, they are forced to rely on primitive and inadequate coping skills. A "bottom-up" model of brain development suggests that the most primitive sections develop first. The limbic system associated with emotional processing



and the cortical areas associated with cognitive functioning develop throughout the first three years. The neocortex and prefrontal lobes continue to develop throughout adolescence (Davies, 2004, p. 40). As children grow, they gradually shift their response to stimuli from the right hemisphere of their brain (emotional responses) to the left side of their brain (language and reasoning). “Under stress, abused and neglected children’s analytical capacities tend to disintegrate, leaving them disorganized cognitively, emotionally, and behaviorally prone to react with extreme helplessness, confusion, withdrawal, or rage” (Cook et al., 2005, p. 393). Trauma experienced while the brain is still developing can impact its growth and functioning, causing further disruptions in the child’s functioning. It appears that early abuse alters the hypothalamic-pituitary-adrenal system, which secretes and releases the neurohormone catecholamine. Catecholamine release is responsible for the hyper-altered appraisal of the environment and physical energy of the “fight-or-flight” response (Davies, 2004, p. 48). When this system is altered by trauma, it appears to go into a “locked-on” position, with children having greater concentrations of stress hormones and a continuously activated fight-or-flight response that behaviorally manifests itself as the hyper-vigilance associated with PTSD (Davies, 2004, p. 50).

### *Complex Trauma*

Briere (1992) identified three stages of childhood abuse impact. The first stage he described as the “*initial reactions to victimization*, involving posttraumatic stress, alterations in normal childhood development, painful affect, and cognitive distortions” (p. 17). In many ways, this stage is similar to that of an adult who experiences a traumatic event, and this stage includes a PTSD framework for understanding the impacts of

trauma. However, the second stage that he described highlights the need to conceptualize childhood trauma through a larger framework than the PTSD diagnosis. He referred to the second stage as “*accommodation to ongoing abuse*, involving coping behaviors intended to increase safety and/or decrease pain during victimization” (Briere, 1992, p. 17). While PTSD symptoms effectively illustrate the response to a specific traumatic event, childhood abuse and neglect is not a one-time occurrence. Instead, it is a chronic problem that requires the child to adapt to an ongoing, hostile environment. Recognizing the difference between a singular traumatic event and continuous or repeated events has led to the classification of Complex Trauma.

The traumatic stress field has adopted the term “Complex Trauma” to describe the experience of multiple and/or chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (e.g., sexual or physical abuse, war, community violence) and early-life onset. The exposures often occur within the child’s caregiving system and include physical, emotional, and educational neglect and child maltreatment beginning in early childhood. (van der Kolk, 2005, p. 2)

Children suffering from complex trauma related issues require interventions that go beyond PTSD treatment in order to ensure healthy functioning in Briere’s third stage: “long-term elaboration and secondary accommodation, reflecting (a) the impacts of initial reactions and abuse-related accommodations on the individual’s later psychological development and (b) the survivor’s ongoing coping responses to abuse-related dysphoria” (1992, p.18).

### *Symptoms of Complex Trauma*

As PTSD symptoms do not encompass the full range of developmental problems that maltreated children are challenged with, these children are often diagnosed with other disorders or difficulties that are not trauma specific. Cook et al. (2005) stated that children with complex trauma backgrounds are frequently diagnosed with “depression, attention-deficit/hyper-activity disorder (ADHD), oppositional defiant disorder (ODD), conduct disorder, anxiety disorders, eating disorders, sleep disorders, communication disorders, separation anxiety disorder, and reactive attachment disorder,” as each of these diagnoses “captures a limited aspect of the traumatized child’s complex self-regulatory and relational impairments” (p.392). The symptom list, as set forth by Cook et al. (2005) is expansive and covers seven domains of impairment among children exposed to complex trauma:

1. Attachment: problems with boundaries, distrust and suspiciousness, social isolation, interpersonal difficulties, difficulty attuning to other people’s emotional states, difficulty with perspective taking
2. Biology: sensorimotor developmental problems; analgesia; problems with coordination, balance, body tone; somatization; increased medical problems across a wide span
3. Affect regulation: difficulty with emotional self-regulation, difficulty labeling and expressing feelings, problems knowing and describing internal states, difficulty communicating wishes and needs

4. Dissociation: distinct alterations in states of consciousness, amnesia, depersonalization and derealization, two or more distinct states of consciousness, impaired memory for state-based events
5. Behavioral control: poor modulation of impulses, self-destructive behavior, aggression toward others, pathological self-soothing behaviors, sleep disturbances, eating disorders, substance abuse, excessive compliance, oppositional behavior, difficulty understanding and complying with rules, reenactment of trauma in behavior or play
6. Cognition: difficulties in attention regulation and executive functioning, lack of sustained curiosity, problems with processing novel information, problems focusing on and completing tasks, problems with object constancy, difficulty planning and anticipating, problems understanding responsibility, learning difficulties, problems with language development, problems with orientation in time and space
7. Self-concept: Lack of continuous, predictable sense of self, poor sense of separateness, disturbances of body image, low self-esteem, shame and guilt (Cook et al., 2005, p. 392)

### *Treatment of Complex Trauma*

With wide-ranging issues of impairment that seem to impact nearly all aspects of a child's life, a holistic treatment model is needed. As with adult trauma, a key intervention in helping an individual recover from trauma exposure is helping them to

narrate, or in the case of young children, creatively express their trauma story. Again, these trauma survivors will need assistance integrating their fragmented and intense emotions and memories into their experiences. This process includes self-reflective information processing and traumatic experience integration, which includes reflecting on the past and present, using executive functioning to create a self-narrative, meaning-making, and traumatic memory processing (Cook et al., 2005, p. 394). Just as adults create new beliefs about the world in aftermath of a traumatic experience, children also display cognitive distortions that they have developed as a trauma response. Of particular importance in the context of children who have been abused or neglected by their parents, is what Briere (1989) called the “abuse dichotomy.” Because children depend on their caregivers for their survival, when the family is the source of the trauma, the children experience a “crisis of loyalty” and are forced to find a way to “organize their behavior to survive within their families” (van der Kolk, 2005, p. 2). In order for children to organize their feelings of loyalty and dependency towards their caregivers with the pain and suffering that is inflicted upon them, they find ways to absolve their parents from blame. Briere (1989) described this process as a child’s attempt to logically understand the abuse in the only way available to them at this egocentric and dichotomous-thinking stage of development. Thus, children draw the conclusion that they are being hurt because they are being punished and deserve what it is inflicted upon them. Their circular thinking suggests: “I am bad because I have been hurt. I have been hurt because I am bad” (Briere, 1989). This internalized line of reasoning clearly has great negative impact on the child’s feelings of self-worth and self-esteem.

As Herman (1992) noted, “Repeated trauma in adult life erodes the structure of the personality already formed, but repeated trauma in childhood forms and deforms the personality” (p. 96). Therefore, recovery for children exposed to complex trauma encompasses building a foundation of skills to foster resiliency. Kinniburgh, Blaustein, and Spinazzola (2005), described the Attachment, Self-Regulation, and Competency (ARC) framework for treating children with complex trauma exposure. This model highlights the need of a bottom-up approach to building resiliency within the context of the child’s life, with individual, familiar, and systemic level interventions. The attachment component recognizes that these children have not had a secure attachment to foster their development, and therefore, the interventions seek to create a safe environment and build connections between the child and caregiver. The self-regulation piece understands that traumatized children are often disconnected from their emotional or bodily experiences and continuously respond to the world as if it is threatening, even when no threat is imminent; the self-regulatory treatment framework seeks to build skills regarding identifying, expressing, and modulating feelings. The final area of the framework can be compared to a childhood version of what Allen (2001) referred to as the “traumatized “I”” within adults. “As children successfully navigate new developmental tasks, they build an internal sense of efficacy and achievement that allows them to continue to approach new challenges with confidence” (Kinniburgh, Blaustein, & Spinazzola, 2005, p. 429). Trauma impacts four domains of competencies: interpersonal competencies, involving building positive attachment and peer relationships; intrapersonal competencies, with an awareness of internal states and the ability to accurately assess one’s strengths; cognitive competencies, including school

achievement and problem solving skills; and emotional competencies, such as frustration tolerance (Kinniburgh, Blaustein, & Spinazzola, 2005, p. 429). By building on children's strengths and improving these competencies, this treatment framework helps children develop a self-concept that includes feelings of mastery, self-worth, efficacy, or an overall positive view of the self, which had been derailed by the trauma.

As children lack the language skills to discuss a traumatic experience verbally, interventions often take the form of creative or expressive therapies. Best practice models for treating childhood trauma include the use of art, music, drama, dance/movement, poetry/creative writing, bibliotherapy, play, and sandplay, often used as integrative techniques in combination with other treatment (Malchiodi, 2008). These creative and expressive therapies include externalization, sensory processing, attachment, arousal reduction and affect regulation. Children externalize trauma experiences through exercises such as play, painting, or movement to contain the experience and shift it from current re-experiencing to a past event. Creative interventions allow children to explore the narrative of their trauma through processing thoughts, feelings, and memories; and particularly action-oriented therapies can help to bridge encoded sensory experiences and implicit and explicit memories. Creative approaches are also used to improve attachments between caregivers and children. Relaxation and self-soothing techniques are found within expressive therapies in order to reduce hyperarousal and stress, while increasing feelings of safety. (Malchiodi, 2008).

Creative interventions can have a vast array of focuses or targeted intentions, ranging from directly addressing the traumatic event to rebuilding damaged self-esteem. "Narrative drawing," or requesting that the child draw what happened, has been shown to

reduce the triggered traumatic responses associated with the event by helping to bring the memory into conscious (Steele and Raider, 2001). Other interventions address a traumatized child's feelings of vulnerabilities, such as the "safety box," where children are asked to make a collage of images of safety, comfort, and protection on the outside of the box, and a collage of their fears, anger, or sadness on the inside; a discussion then processes the child's fears and considers ways to obtain comfort (Loumeau-May, 2008, p. 89). Emotional regulation and an improved self-concept come from an exercise where children make masks which represent and express various emotions, and then try on and change the masks accordingly to tell a story about their emotions (Kruczek, 2001). Additionally, children experiencing family issues can draw a picture of their "family crest," with portions of the crest representing their families' challenges juxtaposed to their families' strengths and resiliencies (Echterling & Stewart, 2008, p. 1999).

#### *Understanding the Effects of Trauma in Schools*

Foster children exhibit great difficulty in schools through academic shortcomings, behavioral issues, and impaired social functioning. However, these difficulties do not represent a "bad kid acting-out," instead they illustrate the symptoms of trauma which are visible within a school setting. The academic, behavioral, and social problems displayed by foster children can be explained by the lingering biological and emotional impact that trauma has on a child.

The academic challenges that foster children face can be understood in terms of traumatic responses. A traumatized child's language and communication skills are impaired in a number of ways through both the effects of trauma on brain development and normal childhood developmental stages, which inhibit their ability to both process



information and express themselves. As a result of abuse and neglect, children have been shown to have impaired abilities applying problem solving and analysis techniques, organizing narrative material, and understanding cause and effect relationships (Cole et al., 2005). Trauma affects the prefrontal cortex of the brain which is responsible for the development of “executive functions” including the ability to set goals, anticipate consequences, and plan for success (Cole et al., 2005, p. 31). The lack of a nurturing and stimulating environment during childhood development affects a child’s perceived agency and ability to make things happen in the world. These impairments can be displayed in forms as diverse as difficulty transitioning to new tasks throughout the day to extracting meaning from a story. Further, a child’s ability to focus and self-regulate affects their learning. For example, a child in a hyperaroused or disassociated state will be unable to process a teacher’s lectures or instructions.

The ability to self-regulate one’s emotional state significantly affects the student’s behavioral record. Traumatized children often display aggressive, controlling, demanding, ambivalent, or withdrawn behaviors which can be troubling to a teacher; however, these behaviors are rooted in fear, a sense of powerlessness, vulnerability, hypervigilance, reactivity, depressions, anxiety or stemming from their trauma history (Cole et al., 2005). “Whether a traumatized child externalizes (acts out) or internalizes (withdraws, is numb, frozen, or depressed), the effects of trauma can lead to strained relationships with teachers and peers” (Cole et al., 2005, p. 34).

A traumatized child that has developmentally delayed social skills or is aggressive and reactive with peers may be ostracized. Children may misinterpret social cues as being potential threats and react based on the perceived offense and their feelings of

vulnerability. Traumatized children that internalize can seem disengaged from their peers, and their peers may not make an effort to include them. In young children, the rigid, repetitive patterns of traumatic play, which serves the function of helping the child work through the trauma narrative, may alienate peers who become bored with the play (Cole et al., 2005, p. 40).

Unfortunately, these academic, behavioral, and social difficulties are often misunderstood, leading to inappropriate interventions or negative labeling of the student. It is vitally important for these symptoms of trauma to be understood as such for the well-being of the child. Teacher training not only needs to clearly explain the ways that trauma responses can be manifested in the classroom, but also make the teacher aware of their own agency to help the child. A traumatized child struggling academically may not need to be placed in a special education classroom and hyperaroused child may not have an ADHD diagnosis, but instead they could benefit from classroom adaptations that respond to their trauma symptoms. Too often, a child's traumatic response is misinterpreted and handled in a manner that exacerbates the problem. For example, a child may "freeze" in response to feelings of fear, and the teacher will attempt to make the child comply with whatever action is being asked of them by using directives; when the child remains frozen, the teacher may issue additional directives that include some type of threat, which only functions to increase the child's fear and anxiety. "The more anxious the child feels, the quicker the child will move from anxious to threatened, and from threatened to terrorized" (Cole et al., 2005, p. 36).

Understanding the meaning beneath a traumatized child's actions impacts the teacher's response. A teacher may believe that a child is willfully acting out; the child

has the ability to control their behavior, but is choosing not to at this moment and deserves punishment. Instead, the child may have adopted this behavior as a coping mechanism, or is exhibiting an uncontrollable response to their emotional state of fear and vulnerability. They may be reacting to a trigger, such as a visual reminder, that the teacher is unaware of. However, without this understanding, a teacher may be forced to restore order to the classroom punitively, when the child is really in need of nurturance. “In cases where trauma is known, an understanding of its effects on learning and behavior will help educators plan the most effective responses” (Cole et al., 2005, p. 41).

### *Conclusions*

Trauma survivors face a myriad of challenges in coping with the impact of their trauma. Their painful and intrusive symptoms impact the daily functioning that most individuals take for granted as part of normal, healthy adult life: holding a job, maintaining relationships, going to sleep at night. They are forced to grapple with impossible questions of: Why? Why me? To make matters worse, historically society has not always been kind to trauma survivors. From labeling veterans suffering from PTSD as “moral invalids” to blaming the victims of sexual assaults, a cultural climate that does not accept the validity of the trauma can be alienating and cause further pain for the survivor. As society has grown more accepting of a variety of trauma survivors, unfortunately, all too often children who have been exposed to complex trauma are misunderstood. “Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress;” however, these efforts often result in “catastrophe” for the children (van der Kolk, 2005, p. 5). When adults in these children’s lives do not “understand the nature of such reenactments, they are liable

to label the child as ‘oppositional,’ ‘rebellious,’ ‘unmotivated,’ and ‘antisocial’ (van der Kolk, 2005, p. 5). Further societal education is needed to foster understanding and empathy for the plight of traumatized foster children.

Of considerable importance in understanding foster children is the wide range of symptoms that traumatized children have been proven to display. These symptoms impact the development of the children, including their ability to focus on tasks, regulate their emotions, and develop positive self-esteem. Understanding the documented effects of trauma and PTSD on the mind and body can explain the difficulties that plague foster children. The foster parents and educators in my case study suggested that the foster children they encountered were intelligent students, yet often could not translate that intelligence into academic success. Foster children’s academic difficulty is not necessarily a sign of limited intellect, but instead can be considered as an effect of trauma. The ability to concentrate on new material and incorporate information as it is being taught is vital to academic achievement; yet a diagnostic symptom of PTSD is impaired ability to concentrate. Further, a child in a dissociative or hyperaroused state in the classroom is not going to be able to absorb and process the educational material.

It takes more than simply the ability to produce academic work to ensure a positive educational outcome. Children must be able to regulate their emotions and behave appropriately in the classroom, and unfortunately, foster parents in the case study stated that they seemed to receive an endless amount of phone calls regarding the children’s negative or anti-social behavior. Trauma theory speaks to the issue of emotional regulation in a variety of ways. Externalized, aggressive behavior and reenactment of trauma are symptoms of PTSD, and the neurobiological effects of trauma

impact the ways that the brain interprets and reacts to stimuli, with key features being extreme reactions to everyday situations as if one faces a threat, and the impaired ability of children to express emotions verbally. The specific effects of complex trauma and trauma inflicted by one's primary caregivers are particularly relevant to foster children and further highlight the difficulties that foster children have regulating their emotions. The ability to regulate one's emotions is a skill developed in an ongoing manner during childhood within the context of the child-caregiver relationship; this developmental period coincides with the time period that foster children experience abuse and neglect and have their relationships with their caregivers severed. Further, the quality of a child-caregiver attachment relationship largely determines whether or not the child will approach future relationships with trust or suspicion, an important concept when considering a foster child's ability to interact with teachers and peers.

An additional area that trauma theory explains is the effect of trauma on the core self, or one's concept of themselves within the world, their identity, self-esteem, and feelings of personal agency. For children, the concepts of shame and blame are particularly important, as traumatized children are highly susceptible to blaming themselves for their victimization, which leads to an internalized sense of themselves as "bad." This has a vast impact on the child's belief in his or her ability to forge a positive life outcome; a child may believe that he or she truly is a bad child that deserves to get into trouble and be punished at school, that his or her teachers and peers will inevitably dislike him or her, and that he or she will fail every test. For example, one foster parent in the case study described a young boy who would do all of his homework but would never pass it in, which he explained with the reasoning that no matter what he did, he

would ultimately fail, so there was no point in trying. The trauma that foster children experienced skewed their self-concepts, which is painfully visible in the school setting where children are called upon to perform tasks which require self-confidence.

Therefore, trauma theory's attention to the issue of a trauma-affected core self is important to the overall goal of improving foster children's general school achievement.

Trauma theory concepts as they relate to foster children's functioning in schools will be further examined in the Discussion Chapter; but first, systems theory will be explored in order to consider the ways that the child's system impacts his or her functioning.

CHAPTER V  
SYSTEMS THEORY

*History of Systems Theory*

*Cybernetics*

General systems theory, and the resulting branches of theory that grew from it, have multidisciplinary roots. Systems theory began as a broad scientific paradigm and eventually integrated into social work theory. Systems thinking developed concurrently with other scientific models for understanding interactions, from parts in a machine interacting to biological organisms. Cybernetics, or the study of feedback mechanisms in self-regulating systems, emerged as an influencing theory that largely contributed to future understanding of human interactions. Cybernetics was developed during World War II by Norbert Wiener, a mathematician who was given the task of improving the ability of antiaircraft artillery to hit its target. To modify the trajectories, Wiener created a system of internal feedback that allowed the guns to automatically regulate their own operations, and named this technological control of feedback cybernetics after the Greek word for “steersmen” (Nichols, 2009, p. 62).

Cybernetics is mainly an analysis of feedback loops, or “the process by which a system gets the information necessary to maintain a steady course” (Nichols, 2009, p. 61). The maintenance of steady course refers to the system’s homeostatic state. A system takes in information regarding its course, the functioning of its parts, and its relationship to the external environment. The information that the system processes is

categorized as either being negative feedback or positive feedback. Negative feedback alerts the system that it has strayed from its homeostatic state and must correct itself to return to its steady course. A common example of cybernetic self-correcting system that utilizes negative feedback is a thermostat; when the temperature in a room drops below the set temperature, the thermostat initiates the furnace to heat the room and return it to the set temperature (Nichols, 2009, p. 61). Positive feedback, on the other hand, tells the system that it is on the right track and provides reinforcing information. Although feedback confirming the trajectory seems to be desirable, in machines it often leads to a runaway process where errors go unchecked, and are reinforced and exacerbated to the detriment of the system.

The concept of feedback was originally discussed in terms of mechanical interactions; however, as early as the 1940's Wiener recognized that the concept of feedback could be applied to individuals who found themselves in reinforcing patterns of maladaptive behavior (Nichols, 2009, p. 62). This application of feedback to human behaviors influenced the origins of general systems theory, and particularly family systems theory through Gregory Bateson's interdisciplinary dialogs with Wiener throughout the 1940's. The field of family therapy evolved around the core concepts of a family attempting to maintain their stable, homeostatic functioning, and their feedback loops through which they interact in response to a problem. Primarily, the application of cybernetics to human functioning was initially concerned with positive feedback loops which took the form of "vicious circles," such as a self-fulfilling prophecy, which exacerbate the problem (Nichols, 2009, p. 62).



### *The Origins of General Systems Theory*

As scientists considered the functioning of mechanical systems in the 1940's, biological units were simultaneously being examined. A common definition of a system was pronounced as theoreticians recognized that any working system – from a mechanical system to an organism – had similar qualities. A system was declared an “organized assemblage of parts performing a complex whole” (Nichols, 2009, p. 64). The founder of general systems theory, Ludwig von Bertalanffy investigated models for systems by combining mechanical systems thinking with biology to form his definition of a system. He defined a system as a “set of elements in interaction” (Bertalanffy, 1968). His model suggested that systems could be anything from a telephone, to a biological entity like an animal, psychological as in a personality, a sociological labor union, or a symbolic system such as a body of laws (Davidson, 1983). However, Bertalanffy specialized his thinking around living systems theory from the standpoint of organismic biology. The foundation of his thinking rested on the understanding that “an organism is an organized thing,” and therefore his general systems theory was concerned with “organization,” “wholeness,” “order of parts and processes,” and “multivariable interaction” (Bertalanffy, 1968). He founded the idea that a system was not equal to the sum of its parts, but instead, inevitably became a new entity. “According to systems theory, the essential properties of an organism, or living system, are properties of the whole, which none of the parts has. They arise from the relationships among the parts” (Nichols, 2009, p. 64). Bertalanffy took biological principles of the creation of an organism from an organized system, and applied it to the social science field.

Bertalanffy acknowledged that all systems, living or non-living, could be examined through three core principles of general systems theory: the structure of the system, the functioning of the system, and its evolution (Stein, 1971). The structure refers to the way that the system receives, stores, processes, and recalls information. The functioning refers to 'behavior outputs' and 'sensory inputs,' or feedback from the environment. And the evolution of the system refers to the ways it became and continues to act as system. Through an examination of these fundamental concepts, it became evident to Bertalanffy that mechanical systems and living systems diverged in key areas.

The primary difference that Bertalanffy saw between mechanical systems and living systems was that living systems were open systems as opposed to closed systems. Mechanical systems were categorized as closed systems, and described by the physical science language of having no import or export of any form of energies, such as heat, information, or physical materials, and therefore does not exchange components; for example, a chemical reaction taking place within a sealed container (Stein, 1971, p. 130). On the other hand, an open system has permeable boundaries and exchanges materials such as energies and information with its environment; it has the inherent capacity for growth, elaboration, increasing differentiation, and specialization. In simpler terms, open systems sustain themselves through interactions with their environment, and rather than reacting to stimuli, they "actively initiate efforts to flourish" (Nichols, 2009, p. 65). An open system requires this interchange with its environment in order to survive.

Because living systems initiate efforts to flourish, Bertalanffy rejected the previous cybernetic mechanistic idea which had been applied to living systems: that they use feedback in a limited, cause and effect manner to maintain the status quo or

homeostatic state. He suggested that living systems, and specifically humans, are active and creative, and pioneered the concept living organisms' ability to demonstrate equifinality, or the ability to reach a final goal in a variety of ways (Nichols, 2009, p. 64). This concept demonstrated the ability of human systems to have a 'goal of its own' and achieve that goal through varying methods, independent of initial constraining conditions (Stein, 1971, p. 134). "This concept of man as changing and creative, and as affecting his environment as well as being affected by it, is consistent with social work values and goals (Stein, 1971, p. 134). Bertalanffy's general systems theory began promoting the agency of individuals to effect change and accomplish goals, which made the interdisciplinary theory relatable to the field of social work.

#### *Further Developments of Systems Theory*

Because of the dominance of psychoanalytic social work at the time of systems theory's emergence, systems theory was applied to personality systems within the real the realm of individual therapy. Hollis (1968) viewed systems theory as congruent with the Freudian framework of the id, ego, and superego personality system. However, the 1960's saw the innovation of formal family therapy and systems theory was adapted within this field. The open systems model of thinking about living systems specifically emphasized hierarchic order of systems, which ranged from the molecule to all of society, and the ways that subsystems, systems, and supra-systems were interconnected and related (Stein, 1971, p. 130). "The significance of this is that a change in one part of the system will cause a change in all of them and in the total system" (Stein, 1971, p. 130). This suggested a focus on human systems that was broader than the individual level, and was expanded to human social systems. Cybernetic and systems theory's

assertion that the relationships among parts are vital to functioning became the core of family therapy; the focus began to shift away from looking solely at the individual to considering the individual within the context of their patterns of relationships.

Gregory Bateson was influenced by Wiener in the 1940's and applied cybernetic concepts to families, particularly emphasizing negative feedback and the family system's maintenance of homeostasis. However, by 1972 Bateson had expanded his thinking to highlight one of the central features of systems theory. He suggested that circular thinking be applied to treating difficulties rather than the linear cause and effect model; he suggested that all members of a system are influenced by one another, and therapists need to focus on the patterns that connect people, and particularly their patterns of communication, rather than single events or lone individuals without considering the context of the problem.

Walter Buckley (1968) extended Bertalanffy's open system's model to further emphasize the influences that systems exert and are subjected to. Before Bertalanffy clarified the open nature of living systems, early systemic models of families were constructed around the idea that a family was largely closed off from influence and resisted change in order to maintain homeostasis (Nichols, 2009, p. 65). However, open systems are distinguished by their complexity and ability to change; therefore Buckley (1968) used the phrase 'complex adaptive systems' to accentuate the adaptability of members of a system, and the broad consequences for a system when one of its parts changes. Buckley suggested that "feedback loops make possible not only self-regulation (as in homeostatic systems) but also self-direction or at least adaptation to a changing environment, such that the system may change or elaborate its structure as a condition of

survival or viability” (Nichols, 2009, p. 66). Complex adaptive systems “seek not only to remain more or less stable but also to change when necessary to adapt to changed circumstances” (Nichols, 2009, p. 66). Buckley referred to this quality of systems through the term morphogenesis. In this light, families were seen as subsystems of larger systems, which could affect the families functioning. Families were no longer seen as isolated units, but instead, occurring within a larger context.

### *Basic Principles of Systems Theory*

Sydow (2002) laid forth a seven-point framework describing the basic conceptual points of contemporary systems theory at their most fundamental level. Sydow’s (2002, p. 79) main points stated:

1. Systems can be defined as sets of objects and relations between these objects and their attributes.
2. All parts of a system are interconnected.
3. All systems have some form of boundaries.
4. All systems have internal rules of transformation.
5. Understanding is only possible by viewing the whole.
6. A system’s behavior affects its environment and in turn the environment affects the system.
7. ‘Systems’ are heuristics or metaphors, not real things.

The first and second points can be jointly understood. “The whole is qualitatively more than the sum of the individuals parts because the properties of the whole derive from the properties of the relationships between the parts” (Reder, Duncan, & Gray, 1993, p. 20). Human systems are people coming together to form a group organized

around a common issue, such as a community task force holding meetings, that as a group will address the goal. “Human systems are held together by the desire to meet the needs of its members and fulfill particular tasks” (Reder, Duncan, & Gray, 1993, p. 20). Systems are organized around common goals, and are interconnected in their pursuit of mutually reaching the desired outcome.

All systems are understood as having boundaries; this principle relates to Bertalanffy’s concept of open and closed systems. Human systems are open systems because they are continuously in contact with the environment and occur within larger human suprasystems, such as communities or society. However, the permeability of human systems varies depending upon the system’s context. “It is useful to imagine the boundaries of human systems showing properties along a continuum of openness-closedness, depending on the degree to which members are free to enter or leave and information to be exchanged” (Reder, Duncan, & Gray, 1993, p. 21). Some human systems are organized around a high degree of privacy or confidentiality, such as a doctor’s protection of a patient. However, in circumstances such as suspected child abuse, a doctor must release information to social service workers in order to effectively collaborate for the well-being of the child (Reder, Duncan, & Gray, 1993, p. 20).

Systems are understood as having internal rules that guide the ways that it functions, changes, and transforms. These rules are often unspoken or even unconscious, and identify and control the normative behavior for members within a system (Satir, 1988). Closely tied to these rules, are the roles and rituals that determine the functioning of the system. “Roles define how each individual fits into and contributes to the system. Rituals are sets of actions that symbolize shared connections between system members”

(Buchko, 2005, p. 290). These rules, roles, and rituals create expectations for the standard functioning of the system. In turn, this pattern of standard functioning forms the structure of the system. All systems have a structure that recognizes all of the members within the system, any subsystems within the system, but most importantly, the patterns of interaction between the members. These patterns of interaction, communication, relationship regulation, and authority combine to form a blueprint of the organizational structure of a system (Nichols, 2009, p. 136).

Transformation of a system often occurs in response to tension. Tension is connotatively a negative occurrence; however, systems theory does not attribute tension within a system to be a positive or negative concept but is instead neutral. Tension, strain, or conflict is found within all adaptive systems, but can exhibit constructive or destructive forces (Stein, 1971, p. 131). Tensions may be externally imposed on a system by an environmental disturbance, or can arise from internally within a system through a change in a system member or structural arrangement (Stein, 1971, p. 131). The system must then find a way to cope with tension. While reducing tension or relieving stress is generally the ultimate goal, this transformational period often allows for creativity and innovation (Stein, 1971, p. 132).

As previously described, a system's reaction to tension or a disturbance is discussed in terms of feedback responses. There are times when a system's typical way of dealing with an issue through negative feedback is ineffective at restoring the desired state. This can trigger a positive feedback response, where the action taken to remedy the situation only exacerbates it. The individuals have good intentions, yet they persist in

cycles of behavior that contribute to the continuation of the problem (Fisch, Weakland, & Segal, 1983).

Systems theory suggests that in order to understand these cycles of behavior, one must understand the context of the interpersonal relationships; “attention is focused on the connections (or lack of connections) and relationships rather than on any one individual’s characteristics (Johnston & Zemitzsch, 1997, p. 26). The systems theory concept of understanding the patterns of interactions as maintaining a problem rather than any one individual is called circular causality. Often individuals attempt to understand a problem linearly through a cause and effect model of individual actions which assigns blame (Mandin, 2007, p. 150). From a systems perspective, this would be like trying to imagine a symphony by listening to one instrument (Cooklin, 1999). “Instead of a belief that one individual, A, can cause another, B, to do something (linear causality), the notion of circular causality proposes that A’s behavior receives a response from B, which feeds back to A, who responds to B’s response, and so on (Reder, Duncan, & Gray, 1993, p. 22). This illustrates the point that it is one is only able to understand the system by viewing it as a whole. All members of the system are interacting and exerting circular influence on one another; a family system exemplifies this as the father influences the relationship between mother and child, and the quality of the parental couple’s relationship influences the development of children (Sydow, 2002, p. 79). Because a system must therefore be understood as a whole, with all attention paid to all interactions, even the therapist working with the system is considered to be part of it, and therefore not entirely neutral or objective (Sydow, 2002, p. 79).



The point that a system's behavior affects its environment and in turn the environment affects the system is related to Bertalanffy's concept of equifinality and Buckley's concept of morphogenesis. These concepts highlight the environmental conditions the system and the system's ability to adapt achieve its desired state in a multitude of ways. In addition, this point suggests the similarities between systems theory and an ecological model. An ecological approach states the importance of the interdependence between environmental elements and the system, with recognition that a change in one area or element of the system can lead to changes in other elements and in the overall system (Termini, 1991). Both systems and ecological models understand problematic behaviors in the larger contextual interdependencies which it occurs. However, an ecological approach breaks down the system to look at the micro, meso, and exo levels in order to determine at what level an intervention would be appropriate. Systems theory looks at the whole structural unit of a system to consider changes that can be made. Yet, both ecological and systems theory have been criticized as providing a framework for understanding an issue, but not providing specific interventions to address it, and specifically the lack of interventions for behavioral difficulties (Johnston & Zemitzsch, 1997, p. 26). This leads to the point that systems are units which are metaphorically constructed and defined in order to examine patterns of relationships.

This critique of systems theory has suggested that it be reframed as a 'model' or 'flow chart approach' but not an actual theory, as 'the ideas in systems theory are so general as to be almost meaningless' (Klein & White, 1996, p. 174). Likewise, Holmes (1996) referred to systems theory as a 'metatheoretical perspective,' of "framework for thinking about relationships" (p. 32). This critique of the exceedingly general principles

has existed since systems theory's conception. Hearn (1958) wrote "a very great deal remains to be done before the tangible contributions of general systems theory toward the illumination and refinement of social work practice are clearly demonstrated (p. 73).

However, systems theory's broad base has also been seen as its strength. Systems theory can be considered "the key to a holistic conception of social work practice and the development of social work generalists" (Stein, 1971, p. 147). "Systems theory is compatible with and supportive of the notion that casework is psycho-social, that problems are to be understood in terms of both internal and external factors, and that the caseworker's focus is on the person-in-concept is at the core of casework (and social work) practice" (Stein, 1971, p. 148). Often casework treatment dichotomizes the external and internal dimensions of an individual and tends to focus on the internal pathology and diagnosis. Systems theory can bring the "phenomena and events (internal and external) into dynamic relations to each other" for a holistic approach to the treatment of all aspects of the individual's unique experience (Stein, 1971, p. 149). While casework often focuses on creating a fit between the individual and the environment, this is often done by changing the individual to match the environment. With systems theory, the external environment that is impinging on the individual becomes a system ripe with opportunity to intervene, so that both the individual and the larger system experience change (Stein, 1971, p. 151).

Buchko (2005) offers an example of applying systems theory to complex, a circular issue within an athletic team system:

To illustrate the operation of a system in a sport context, imagine a point guard on a college basketball team who becomes depressed after receiving bad news from

home. She is irritable and “has words” with a forward on the team. Angered, the wing tells several of her teammates, who begin to give the depressed guard “the silent treatment.” The guard retaliates by not passing to the forward as often in play. Teamwork suffers, losses result, and these create difficulty between coaches and between the head coach and the athletic director. Thus, even under normal conditions, distress for one individual can impact the entire system of relationships that make up the team... A clinician who utilizes a systems approach seeks to understand interactions between individuals and the system as a whole and between subgroups and the system. The systemic interventionist “floats between individual psychological and social levels of investigation” (Atwood, 2001, p. 2). A sport psychologist utilizing a systems approach with the basketball team described above would identify the conflict between the guard and the forward that was disrupting teamwork. The sport psychologist would also evaluate the guard’s depression and refer for treatment, if necessary. A team meeting to air issues and build cohesion would address the team’s snubbing the guard. The sport psychologist might also attempt to work with other conflicts (e.g., coach-coach, coach-Athletic Director) within the larger team-athletic department system. (p. 289)

The systemic approach allowed the clinician to understand the multilevel issues at play and intervene with each one. The treatment plan for the team identified and targeted specific subsystems that were impacting the functioning of the entire system. Often the interventions used by systemic clinicians come from the field of family systems theory,

which offers more concrete, applicable models for working. In many ways, systems theory is a more conceptual and less direct theory for practice; however, family systems theory has created innovative ideas for considering social work practice.

### *Systems Theory and Schools*

“Family Systems teaches us that the unit of intervention is not the individual but the social context” (Peeks, 1997, p. 5). For a school-aged child struggling academically, behaviorally, or socially, the context of intervention becomes the school. The interactions between the child and the school become vitally important for understanding and improving the difficulties that he or she is experiencing. The school can relevantly be described in terms of Minuchin’s structural systems theory. Structural theory has three main components: matrix of identity, structure, and adaptation.

According to the concept of the matrix of identity, a family allows children a sense of belonging in the world and helps them to identify family rules, roles, social functioning, while providing a sense of safety and fulfilling their developmental needs. A school system also establishes a sense of belonging, rules and routines, and also provide for the needs of a child throughout their development (Fish & Jain, 1988). Both schools and families also serve the function of helping a child prepare for autonomy and functioning in the world at large. Both schools and families can also be understood as having similar structural components consisting of subsystems and boundaries. Schools have subsystems of students, teachers, and classrooms, and just as in families, boundaries among system members and between the system and the other outside systems can be enmeshed or disengaged. In order for the system to work smoothly, there must be clear communication, expectations, and cohesiveness within the system; a breakdown may

occur when boundaries between a teacher and student are too rigid to accommodate a student's illness or crisis (Fish & Jain, 1988). Finally, adaptation refers to the way that a family, or in this case a school, responds to a change in the environment, developmental growth of the system members, or stress. A school system must respond to the changing needs of a child in order to provide the best possible education. "Providing evening conferences for working or single parents, after school enrichment programs, and educational programs on developmental milestones, such as adolescence or divorce, sexual abuse, and alcoholism, are some examples of the adaptability of the school system" (Fish & Jain, 1988, p. 4).

The matrix of identity, structure, and adaptation of a system can be used as a measure of its positive functioning or dysfunction. Often when a child is having difficulty in school an individual assessment is conducted. However, a conceptual shift to include a systemic assessment would highlight any interactional problems between the child and his or her system, and propose intervention options. An important component within a school systems' assessment would be enactment, or acting out and observing the process of the problematic classroom transaction. Conoley (1987) cited three principles of systemic assessment: "1. Children's contexts become assessment targets as critical to understand as the children themselves. 2. The goal of assessment is to design intervention, not diagnose or classify. 3. Children's transactions with adults, peers, tasks, and objects in their real-life space become as important as transactions with standardized tasks and an examiner" (p. 5). This assessment should consider school organization, climate, policies, procedures, goals, and roles (Conoley, 1987, p.6).

Once a problem behavior in the classroom has been assessed, a common systems theory tool for addressing it is reframing. Reframing can impact family dynamics by changing the meaning of the behavior and therefore altering the perceptions of the behavior (Fish & Jaine, 1988). A school social worker can reframe a child's "acting out" as a traumatic response stemming from vulnerabilities. "When teachers don't understand why a child is acting out, they are likely to focus on the behavior, not on the emotion behind it" (Cole et al., 1995, p. 57). Reframing the child's behavior as an attempt to be resilient and cope with trauma, as opposed to willful defiance, can inspire a teacher to reframe their response.

However, a teacher that attributes behavioral issues of foster children to the abuse they suffered in their biological family homes may respond with anger directed at the biological parents, take a blaming stance towards the abusive parents, and use a linear thought process that asserts "their parents hurt them and now they act this way." Unfortunately, even though the teacher may be trying to empathically respond to the child's situation, there is the risk of falling into hopeless thinking. A teacher may believe that there is no hope of improving the educational outcome of the child because their past was so horrific, and perhaps the teacher will respond by lowering expectations or accountability. "When the impetus of one's energy is focused on what went wrong and who did it, the possibility of change hardly exists" (Johnston & Zemitzsch, 1997, p. 25). Instead, a teacher needs to focus on how the child's difficulties are exhibited in school, and how their interactions can be changed or modified to improve the problems. Teachers cannot become trapped in linear thinking that blames the parents and absolves the school faculty of responsibility or agency to remedy the problem.

Teachers working within a systemic model for aiding traumatized children can concentrate on the present circumstances and ways to immediately instigate change, rather than focus on past events. “In general, the details of how a child became traumatized are usually far less important to a school than an understanding of what the child needs to function and be successful” (Cole et al., 1995, p. 66). This is where systems theory circular thinking can be applied to promote future change by guiding interventions that relate to the child’s current context and interactions. For example, understanding that traumatized children often react based on feelings of vulnerability, a teacher can consider ways of promoting a safe environment to reduce those feelings. Perhaps there is a child who bullies the other students in the class; intervening to prevent bullying behavior or adopting a school-wide zero-tolerance policy can help to avoid triggering the traumatized child.

Elementary, middle, and high schools can be viewed as systems with defined goals, structure, members, and functioning, which affect the students who attend these institutions. Of particular importance when considering foster children within a school system is the systems theory concept of circular causality. This concept asserts that a school must consider its own functioning and interactions with a child having difficulties, rather than assume that the problem can be attributed to the child’s perceived deficits. When considering the difficulties in the context of the school system’s functioning, it makes the system a target for interventions to assist the child, rather than focusing solely on the child as the one in need of change. By putting the school system on the table as a possible contributor to the child’s difficulties, it opens up the system to assessment and systemic interventions addressing its structure.

Systems theory examines structure in the form of subsystems within the system that have the power to affect an individual. For foster children in schools, the quality of supportive subsystems in place within the larger school system can be vital to the success or failure of the child. A foster child's interactions with subsystems within the school, whether in the form of a teacher-student dyad, student subsystem, or administrative subsystem is relevant to the understanding of the child's overall functioning. Further, systems theory asserts that even small interventions to imbalance or redefine the structure of a system can produce rapid positive results. Systems theory often operates within brief models of treatment designed to enact immediate change. Immediate change is necessary when foster children display difficulties that cause them to fall behind in the academic curriculum and grade level functioning.

Within the field of school social work, there has been a focus on utilizing family system approaches. Greene et al. (1996) called for school social workers to function as family therapists. Not only has there been the suggestion that school social workers use family interventions to work directly with families, but also that they consider the school to be a system that the child operates within, and therefore use family system concepts and interventions to consider the interactions among children, teachers, and faculty. A foster parent in the case study suggested that schools were essentially raising children because children spent so much time there and exerted so much influence. This foster parent's comment implies that the school can be looked at as a family structure for a child; this is especially important for a foster child who was abused or neglected and now experiences frequent disruptions in their care: a school and its faculty have the potential to feel like a safe home with supportive caregivers.



Although it is important for a school to conceptualize its role in the life of a foster child as an anchor that stabilizes and supports the child through turbulent times, the school must also hold onto the complexity of the foster child's situation and recognize that the child does in fact have caregivers who can be powerful allies when working to promote positive change in the child's school functioning. This attention to caregivers is relevant to the systems concept of boundaries, as well as the emphasis that systems theory places on understanding communication between members. If school faculty envision themselves as a separate entity or system that does not include the caregivers, then they must consider how permeable their boundaries for open communication and influence from the caregiver system. They must consider how their system fits within the larger system of influential members of a child's life, and the process and content of the communication that passes among these members.

In the next chapter, these systems theory concepts, in addition to trauma theory concepts, will be further examined and built upon to include interventions generated from these two theories. The chapter will discuss the application of systems theory and trauma theory to foster children's functioning within the school system, and propose how these two theories can be integrated in order to implement more holistic model of intervention, which is inclusive of the wide-range of difficulties that foster children face.

## CHAPTER VI

### DISCUSSION

#### *Trauma and Systems Theories Integrated*

Systems theory has been forged with attachment theory to provide greater understanding of the relationships between members of a family (Sydow, 2002). Likewise, Mandin (2007) integrated concepts from object relations theory to a systems casework model. Psychoanalytic ideas have combined with systems theory to create useful theoretical underpinnings for understanding and intervening with the individual and the individual in context. Systems theory and trauma theory can be integrated to provide a framework for systemically addressing trauma. This integration can form a model for improving the educational outcomes of foster children by considering the child's individual needs for resolving the trauma through therapeutic work, offering a more in-depth understanding of the presenting symptoms, and intervening directly with the school system's patterns of interaction with the student and the foster family.

Psychoanalytic models consider the inner ideology of a person, his or her behaviors, and motivations. A systems model considers interpersonal miscommunication and interpersonal change. Systems theory and trauma theory have different epistemology and methodology. Trauma and systems theories have vastly different areas of focus, with trauma theory being an intra-psychic model of repairing the effects of an experience, and systems theory focusing on group interactions and repairing the external context that has impaired individual functioning. If a young child exhibiting troubling behaviors was

known to have a trauma history, a therapist would assess the child through the lens of trauma-related impairments. A frequency scale may be used to gauge the child's reaction to the traumatic event to determine if the child is trying not to think about it, thinking about it frequently despite their best efforts not to, having dreams about the event, or other signs of intrusive thoughts, flashbacks, hypervigilance, or fears. This would help the therapist to diagnose the child and begin to treat the symptom formation. Central to the treatment would be helping the child to externalize or process the painful thoughts, emotions, and memories associated with the event, in order to relieve the symptoms that are impairing the child's life. This therapy would likely consist of positive posttraumatic play therapy to transform the child's experience of the event, or other creative interventions such as narrative drawing in conjunction with grounding and affect regulation techniques.

A systems theory model for assessing and treating a child exhibiting troubling behaviors would look quite different. If there was a known trauma history, a trauma framework would be used to narrate the trauma due to the importance of specifically addressing the event. However, further treatment from a systems perspective would begin with assessing the child within his or her most relevant system of influence, often the family. The child would be viewed as part of the whole, with the therapist observing or enacting the system's functioning to look for impairments. A psychological problem or deficit is not assumed to be causing the troubling behavior, but instead, the interactions among the members of the system are considered to be the primary culprits. The boundaries between members would be analyzed to look for too diffuse or rigid relationships, patterns of communication and the implicit and explicit messages and

assumptions of the system would be considered, as well as the system's ability to adapt to any changes it may have experienced, such as lifecycle events. The treatment would then be based on correcting the issue that was causing the system's impaired functioning, and the intervention would target the system as a whole.

Trauma and systems theories operate from a seemingly immense divergence in views. Trauma theory is often generalized as being concerned with past events, while the timeframe of reference for systems theory is the present moment, current interactions, and patterns which are being enacted now. Even the stance of the therapists executing the interventions varies in important ways. A systems therapist believes in the importance of entering the system, becoming a member of the group to enact change, while distance can be a protective factor for treating a traumatized child, as there is strong countertransference and the potential for vicarious traumatization.

However, there are relevant points where trauma and systems perspectives overlap. It is logical to assess the interpersonal functioning of a child that has experienced complex trauma considering that complex trauma, by its nature, is an interpersonal traumatic experience that often determines attachment style and future relationship dynamics. A trauma therapist would look for disturbances in a child's ability to trust others as a trauma-related symptom. In this light, both systems theory and trauma theory consider the way that the individual interacts with others; however, there is an important distinction. Trauma theory is concerned with the way a past interpersonal interaction affects the way that the individual interacts with others currently in a linear model of thinking. The trauma is thought of as influencing the way that individual approaches relationships with others, but rarely takes into account the interchange of

back-and-forth communication, or the way that the others contribute to an individual's difficulties. For example, trauma theory analyzes the way that a child engages with peers to look for difficulties relating to others, but is less concerned with the way that the child's peer systems responds. In contrast, systems theory looks at interactions in a circular way that invites intervention anywhere within the cycle: individual A interacts with individual B, which prompts a response from individual B, which in turn causes individual A to react, and so forth. Trauma theory contemplates the way that an event impairs interpersonal functioning, while systems theory takes into account the way that interpersonal relationships impair functioning.

Yet there are ways that trauma theory recognizes the context of the individual as being a causal factor in their current levels of impairment or resiliency. Systems theory defines problems through the lens of maladaptive interpersonal interactions of various natures. Trauma theory takes into account the influence of other individuals and interactions in the form of the lack or presence of social networks of support, and messages that blame the victim or acknowledge them as a survivor. An individual that has experienced trauma but is then immersed in a social system of support and positive messages is likely to show more resiliency and less impairment than an individual who receives shaming messages around the experience of trauma, is stigmatized or stereotyped, and receives little support. Both trauma and systems theories consider the ways that an individual's functioning can be impacted by a lack of support and overt negative messages that become internalized, or unconsciously understood and unchallenged.

In addition, in regards to childhood, both models ascribe to the concept of normal child development that needs to take place, but unfortunately can be inhibited. Systems theory focuses on the ability of the system to adapt to changing circumstances. As the child goes through the normal developmental process, the child's system, whether that be the family, school, or any other system, must adapt to the child's changing needs, such as more autonomy or guidance around autonomous functioning. If the system cannot adapt to the child's changing needs, a breakdown in functioning will occur, inhibiting the growth and development of the youth. Trauma theory looks at the location of the trauma in relation to the developmental stages, with specific attention to the age at which the trauma occurs. Trauma inhibits the completion of that developmental stage, which impacts the rest of the normal childhood developmental processes.

Although trauma and systems theories approach difficulties from divergent viewpoints, their similarities can be assimilated into an integrative model that draws upon the strengths and most important points from each theory for working with children in a school context. First, trauma can produce extensive impairment of function in multiple domains, including a child's biological makeup, attachments, affect regulation, behavioral control, cognition, and self-concept. The child's social system has the ability to greatly impact a child's functioning, either positively or negatively, following traumatic events. Finally, change is needed at both the individual and social system levels for the optimal well-being of the child. This final point mirrors the values of social work that emphasize the importance of the person-in-context approach and a holistic framework of intervention.

### *Trauma and Systems Theories Applied to School Functioning*

Systemic interventions are needed to create such a supportive and responsive climate for foster children. Yet the school cannot simply be emotionally-sensitive, it must be trauma-sensitive and foster child-sensitive, with specific understanding and interventions designed to repair the damage caused by developmental trauma. Trauma theory interventions which address the specific needs of traumatized children, coupled with systems theory interventions to ensure positive interactions between the child and school system, are needed to produce optimal coping for foster children. What can be done within the school system to help foster children achieve more positive outcomes? First, possessing an understanding of the effects of trauma on children helps school faculty members know how to approach the problem, which also helps to avoid harmful stereotyping or negative viewpoints. Second, schools can implement systemic changes for interacting with foster children and foster parents.

The wide-range of symptoms that children who have been exposed to trauma exhibit are well known to mental health workers as these professionals are specifically trained to recognize and treat these difficulties. However, a teacher's energy is focused on imparting knowledge to a classroom of children where students may behave disruptively at any moment for a variety of issues that often have nothing to do with a trauma history. When a social worker observes externalizing or internalizing behaviors, his or her mind will register the signs as a potential indicator of trauma, but without this type of training, a teacher may not consider the possibility that the behaviors are trauma-related. A teacher may perceive an aggressive child that does not know how to control her behavior, when the context of the child's life indicates that her experience with

trauma as impaired her ability to recognize and regulate strong affect and she is in need of guidance in this area, not punishment. A teacher may see a student failing a subject because he simply seems unable to grasp the material, but further information reveals that the child has been dissociating in class and needs to be engaged in one-on-one tutoring, not tracked into special education services. Teachers need professional development training workshops specifically on the effects of trauma on a child. These workshops would not be designed to train a teacher diagnose PTSD, but would help teachers understand the sometimes hidden issues beneath a behavior in an effort to build supportive, empathic teacher-student relationships. This information would give teachers the support that they need to intervene with a variety of creative approaches.

Trauma focused creative interventions can be utilized by school social workers in the school setting; however, if a school social worker's ability to work with children in this manner due to a high caseload or any other factor, a referral can be made to a community mental health agency. When referrals are necessary, it is vitally important for there to be a school procedure that ensures that the child will have their needs met. Simply providing a phone number of an agency is unlikely to be successful without proper groundwork of making an initial connection with the agency and follow-up with the child's caregiver (Cole et al., 2005, p. 59). However, there are in-school, trauma-focused treatment options that have been shown to be successful. These are especially helpful considering the lack of community resources in some geographical areas. Children can be on a waitlist for services for long periods of time before being seen by a mental health clinician, or some regions simply lack outpatient services and require a logistically-challenging long drive to the nearest agency. Foster children enter a new



school already behind in the curriculum because of their educational disruptions as they change homes, and they may continue to fall even further behind as they wait for services. In these instances, school-based interventions can provide the most immediate help and prompt the swiftest changes.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is an evidence-based practice which has been proven to reduce PTSD symptoms, as well as symptoms of depression, shame, and behavioral problems in randomized trials (Cohen & Mannarino, 2008). This model has been successfully adapted to school environments through Cognitive Behavioral Intervention for Trauma in Schools (CBITS) to treat groups of students. Maher et al. (2009) outlined the application of CBITS to groups of students in foster care. The 10-week skill-based program for students between the ages of 10 and 15 took place in schools during the day, and was facilitated by child welfare workers in the Foster Care Unit, who specifically understood the difficulties that this population faces. The intervention is comprised of 10 weekly group sessions, individual sessions with the youth, two parent/caregiver sessions, and a teacher session. The teacher and caregiver sessions are designed to introduce them to concepts of trauma, the impact it has on youth, and strategies for helping traumatized children. An outline of the course of treatment includes: education about trauma responses, relaxation training to combat anxiety, linking thoughts to feelings, identifying the degree of emotion present through a “fear thermometer,” combating negative thoughts, education around avoidance and coping, developing coping strategies, exposure to trauma memories through creative techniques of imagination/drawing/writing, practice solving social problems, and relapse prevention.

The main goals of CBITS are to reduce trauma symptoms, build resilience, and increase peer and caregiver support. (Maher et al., 2009).

However, CBITS interventions are rare, and the model is only one possible prototype for addressing the needs of foster children. Coholic, Lougheed, and Lebreton (2009) described a holistic arts-based group for foster children that was not designed as a treatment group to illicit trauma narratives, but instead focused on imparting artistic methods that developed the children's self-awareness and self-esteem. The underlying principle of the group was that children communicate their thoughts and feelings through non-verbal, creative activity. Therefore, art could be used as an outlet for expression for thoughts, beliefs, feelings, behaviors, vehicle to connect unconscious thoughts. Over a six-week period, the group taught children how to pay attention, use their imaginations, understand and practice mindfulness techniques, and develop their strengths. Meditation and guided imagery were particularly utilized in conjunction with mindful, non-judgment exercises. Before and after participation in the group, the children completed a Piers-Harris Children's Self-Concept Scale, and the facilitators also used qualitative interviews with child welfare workers, foster parents, and the children to evaluate the results. They found that the children were coping in more constructive ways, making more positive choices, were displaying new skills that they had learned, were more connected to their feelings, felt more positive about themselves, and were more comfortable in their bodies (Coholic, Lougheed, & Lebreton, 2009).

Emotional regulation techniques have made their way into the general school setting to be utilized by all students as part of an effort to establish an emotionally sensitive school environment. Klein (2008) depicted a relaxation program which targeted

elementary school age children as a preventative measure for the development of anxiety disorders. The program titled “Ready..., Set..., Relax” consisted of a regularly scheduled block of time where the entire school would learn and practice relaxation techniques which included muscle relaxation and imagery set to sedative music. Relaxation techniques are not the only tools designed to help children regulate their emotions that have been incorporated into the curriculum. Page and Page (2000) suggested that classrooms teach a unit on emotional intelligence that included helping children to identify what they are feeling, practice impulse control and delayed gratification, recognize emotions in others, as well as being able to calm oneself (p. 21). Teachers were encouraged to incorporate activities such as emotion diaries and sentence completion with phrases such as “When I am afraid, I feel...” and “When I do a good job on something, I feel...” (Page & Page, 2000, p. 24). Furthermore, as the impact of trauma on a child’s ability to function in a school setting has become apparent, guidelines of classroom management have suggested considerations in teaching approaches that would benefit traumatized children. This includes making the classroom environment a scheduled, predictable, routine as traumatized children often have a chaotic life at home and often exhibit difficulty transitioning and adapting to sudden changes (Cole et al., 2005, p. 61). Additionally, it is recommended that teachers use multiple methods of presenting information and instructions as traumatized children may have difficulty processing the information and may need information provided in both written and auditory form, and with the chance to role-play or repeat-back the instructions. Although these school-wide approaches have the ability to aid all children, when trauma is understood as an underlying need to implement such approaches, they can improve the

school environment for a traumatized child. These school-wide interventions suggest that children's contexts and interactions with social systems impact their functioning and behavior. These school-wide, trauma-sensitive approaches highlight the need for systemic interventions to improve foster child outcomes within the school setting.

When students exhibit difficult behaviors, managing the classroom can be both emotionally trying and exhausting for teachers. Team approaches have been called upon to address challenging student behaviors. One model is the Teachers Assistance Team, where teachers are elected to serve on a peer support team organized within the school. When teachers have an issue in their classroom, they make a formal request for assistance from the team that includes a description of what the teacher would like the student to do that he or she is not presently doing, the student's assets and deficits, what the teacher has already done to help the student, and any information the teacher has about the child's background and test data (Morrow, 1997, p. 238). The Teacher Assistance Team then meets with the teacher and they consider the nature of the problem that needs to be addressed, the objectives and goals that need to be achieved, brainstorm strategies for reaching these goals and determine a plan of action, and finally create a plan for evaluating the effectiveness of the strategy that the teacher has chosen to employ in a follow-up meeting. Not only does this model provide the clear benefits of problem-solving assistance through brainstorming interventions and guidance based on first-hand experience, but it also has the added benefit of peer support which can help teachers maintain their self-confidence, emotional well-being, and avoid burnout.

An additional model for a team approach that addresses severe or chronic problem behavior is the "mini school attendance and review board" (mini-SARB), which was

developed and tested at the Furgeson Elementary school in California (Morrison et al., 1997). The program is labeled a counseling intervention based on the premise that it is in the child's best interest to act appropriately in school. However, rather than focusing on subsystems within the school to initiate change, the intervention forms a "therapeutic suprasystem or mesosystem" through the "interface between family and school systems" (Morrison et al., 1997, p. 123). The program brings together key players in the child's life in order to create a unified front of behavioral expectations; included in the meetings are a family-school coordinator or liaison, a family systems consultant such as a social worker or school psychologist, school administrator, chairperson, the classroom teacher, parents or caregivers, and the student. Along with the addressing the student's behavioral needs, the meeting also is designed to improve the relationship between the school and the family in an attempt to turn rigid boundaries into permeable, open communication between the two systems. Evaluations showed that 77 percent of students who took part in the mini-SARB either completely met their objectives or made observable progress towards meeting them. However, there was a relapse rate where 22 percent of successful students were referred again. Yet the parents and teachers who took part in the mini-SARB meetings felt that it was a valuable tool to improve both student behavior and school-family relationships, as indicated by a follow-up survey ((Morrison et al., 1997, p. 129).

Research has shown that parental involvement in children's lives at school is vitally important to students' success. Parental involvement, in the form of communication with school faculty, has the ability to significantly improve a students' overall academic performance and promotes gains in specific areas, such as reading

ability (Peeks, 1997). Parent-school communication has also proved useful in solving behavioral issues, and educational reformers have advocated that parental involvement is crucial in schools' problem-solving processes (Peeks, 1997, p. 5). "Students should be helped by their parents and school working as a problem-solving cooperative team" (Peeks, 1997, p. 5). A partnership between the school and a student's parents can be a stabilizing force for the child, who will recognize clear and congruent expectations and rules between both systems. Students will also understand the serious nature and importance of their education when they observe their parents' involvement and are convinced that their parents support the educational process (Peeks, 1997, p. 6). Under a systems paradigm, the student is viewed as part of his or her larger system which includes the family; a systems theory focus suggests the larger social unit is critical to the success of the student, and therefore the parents are an integral part of the education process (Peeks, 1997, p. 8). Therefore interventions to improve a child's academic performance or behavior often take the form a team approach that includes parents as key players.

However, this method of linking the school and family systems is often compromised when it is a foster child in need of assistance. Too often schools exclude foster parents from a team intervention based on assumptions, such as the suspected disinterest of the foster parents. Foster parents have coined the phrase of being given the "typical foster parent treatment" to describe the rejection that they have felt from school involvement. They felt as though they were stereotyped as having little concern for their foster children's education, and were treated as bystanders rather than integral members of a team. This disconnection between foster parents and school faculty needs to be addressed in order to provide a foster child with a unified multi-system network of

support. A key component of systems theory is an understanding of the patterns of communication within a system and the implicit messages which are believed or engrained within a system. Foster parents have reported perceiving a “negative aura” that envelops the school in regards to their involvement with educational processes. Systems theory distinguishes between the process and content of the communication which takes place within a school. It is likely that foster parents are not explicitly being told that they are not useful members of a child’s educational team; however, this message has been passed to foster parents. Schools must recognize that foster parents are a valuable resource for aiding a child, and actively engage the foster parents to reconcile negative messages that have been sent and incorporate the foster parents into the problem-solving team. Foster children greatly need the support that a unified network can offer when their lives are characterized by such chaos. Collaboration between schools and foster parents is an opportunity to provide a grounding experience for foster children by offering them a clear example of adults working together for their benefit, when involvement with other systems, such as the child welfare system or legal system, may be viewed with ambivalence, confusion, or distrust. Schools and foster parents working as partners rather than adversaries has the potential to be comforting for a foster child when these two systems come together for the purpose of expressing support.

For foster parents to be truly effective in collaborative efforts with the schools, they need adequate information regarding the child’s progress in school. Foster parents indicated that report cards, test grades, and phone calls home about poor behavior were not the only information that they were concerned with. Although they were concerned with these aspects of their children’s education, they were also interested in their

strengths, abilities, and improvements. When this information was left out of their communication with schools, they described feeling as though both they and their children were not being properly supported. Systems are characterized by the active interchange of support between all members. A system is not a one-way model of effort to meet an individual's needs, but instead a group that works collectively to meet the needs of all of its members. When school faculty members consider themselves to be part of a larger system that includes children's caregivers, those caregivers' needs must also be recognized and supported. There is great potential for schools and foster children to benefit from foster parent involvement, but true collaboration from a systems perspective suggests that the foster parents must also be supported in a true interchange of resources. When working with foster parents, schools must be mindful of their needs, recognize and actively listen to the foster parents' expressed desires, and seek aid them whenever possible. Most often, foster parents are looking for respect from the school faculty; they want their unique insight and knowledge on working with foster children to be viewed as valuable. At the most basic level, schools can support foster parents by genuinely expressing appreciation for the challenging work that they do.

Cole et al. (2005) suggested a training program which specifically educates staff on the on the important role a caregiver plays in helping a traumatized child feel safe; this includes an explanation of communication techniques that promote effective collaboration with parental figures by focusing on the their strengths, listening to their goals for the child, and building trust (p. 51). However, schools can make efforts which go beyond civil communication with foster parents in order to acknowledge the incredible value of the work that they do. Morrow (1987) advocated for schools to



“make a special effort to know foster parents well, and find some way to show appreciation for the nobility of their work, either privately or publicly” (p. 151). Foster parents could be honored by receiving awards from the school which recognize the number of children which they have parented through the school system over the years, or asking foster parents to come into the school and discuss their work when classrooms learn about the various forms of family structures (Morrow, 1987, p. 152). Having foster parents speak to young students would have the added bonus of educating children about this type of family structure so that when they encounter a student in foster care it may not seem so “different,” and perhaps remove some of the stigma around foster care.

However, schools can take their support of foster parents a step further beyond expressing appreciation. Although providing care and a home for traumatized children can be an incredibly rewarding experience, it can also be fraught with difficulties and emotionally draining. Schools may be under the impression that foster parents receive all the support that they need from DCF social workers who manage their cases; however, in an effort to create more permeable boundaries of reciprocal support, schools can initiate efforts to provide concrete resources for foster parents. Under the Individuals with Disabilities Education Act (2004), school districts are responsible for having an operational special education parent advisory council. This council is run by parents of children with special needs, and acts as both a resource and advisor to the school district on issues that pertain to special education, but also as a support network for parents. The parents have the agency to identify areas of interest and bring in guest speakers to address a particular topic, such as hosting a local autism expert to speak to parents about behavioral management techniques in the home. Perhaps schools systems could be

inspired by this format and seek to initiate a foster parent-organized advisory and support group that provides them with the place and opportunity to discuss pertinent issues.

Schools can examine the current boundaries they have in place with foster parents and seek to create more permeable, two-way communication of needs and supports.

The foster parents described receiving negative messages from the school, and times felt hopeless about their ability to change the negative views that the school seemed to hold about their lack of desire to be involved in their children's education. Foster parents described feeling as though the school saw them as disinterested bystanders in the education process. Meanwhile, the school faculty members described receiving negative messages from the foster parents that implied they were not trying hard enough, or doing enough work for the benefit of their foster child. The teachers described having many students with needs, and could not prioritize one student's need over that of another. From a systems perspective, these beliefs affected the interactional patterns of the parents and teachers by forming a positive feedback loop. Because of the beliefs that each party held, they approached one another from an angle of suspicion and defensiveness; this approach and pattern of interaction often caused their collaborative efforts to fail, with each failure functioning to reinforce the distrust between the two parties. This feedback loop, built upon misunderstandings, must be stopped. It is hopeful that systemic interventions that highlight the efforts and expertise of each party through increased dialog and an emphasis mutual appreciation will interrupt this cycle so that new beliefs can be formed and instilled within the system.

This stigma or "negative aura" which foster parents have felt also affects foster children. This largely relates to the stereotypes of foster students, which classify them as

poor students or “troublemakers.” These stereotypes breed low expectations among school staff, which foster parents have described experiencing first-hand, as well as literature which suggests that “all too often teachers give up on foster children; they do not have expectations that the child can learn, and therefore do not offer them the academic assistance they require” (Morrow, 1987, p. 150). An understanding of systems theory suggests that negative expectations can instigate feedback loops of self-fulfilling prophecies. When school faculty members expect foster children to behave negatively or fail academically, the foster children will internalize this message and shape beliefs around their efficacy to succeed accordingly. When a student expects to fail on a test, they likely will, which then reinforces the teacher’s belief that student is academically limited, and reinforces the negative expectations of future failures. From a systems perspective this cycle has created a positive feedback loop where negative messages are perpetuated.

Foster children are more in need of positive affirmations and adults who believe in them, as their self-concepts have been damaged by trauma. Strategic systems assessments incorporate a component of identifying and listing strengths in order to draw attention away from the child’s identified problems and focus on more positive and commonly overlooked attributes (Casey & Buchan, 1997, p.70). Foster children, who have already experienced damage to their self-esteem, need positive reinforcement especially when school related difficulties may be contributing to a poor self-image. The Ford School in Lynn, Massachusetts established a trauma committee that comes together for the purpose of identifying a student’s strengths, talents, or interests in an effort to reach out to students who appear to be having trauma related difficulties in the classroom.

The school faculty would then find ways to incorporate the students' interests or abilities into their daily life at school, for example helping an athletically gifted student join a sports team and then complimenting them on a great play they made in yesterday's game (Cole et al., 2005, p. 46). Schools are often focused on identifying areas of weakness that need to be remedied; however, schools can also make every effort to acknowledge and magnify strengths in order to improve a child's sense of self.

### *Conclusions*

A trauma and systems theories integrative model would employ immediate interventions at the beginning of the school year to set the tone and climate of the coming year. School faculty would receive in-house training on the effects of trauma on children. During this training, foster parents would be invited in to share with the teachers their vast experience and knowledge regarding best practice models for interacting with foster children during tense or confusing moments. This workshop would not be about describing "horror stories" of the worst case scenarios of working with traumatized youth, but instead the tone would be that of collective enthusiasm, support, and respect for the work that each party does; there would be a genuine sharing of information and strategies, but also an informal meet and greet to establish a connection and positive rapport. Foster parents would have the ability to express their needs and desires, and teachers would have the opportunity to prepare for any future difficulties and feel supported by the administration. Frameworks could be established for building supportive classroom environments that are consistent throughout the school, or for developing a Teacher Assistance Team or mini-SARB process. School social workers could describe creative expression groups that they would be running throughout the year

or simply emphasize that they are available for student referrals or consultations with teachers. Most importantly, the school faculty and foster parents would be engaged in systemic thinking and understanding of ways that they all play a role in the success of a foster child in school.

Trauma and systems theories can be integrated and applied to create a school-level, systemic response which incorporates trauma-focused interventions into the daily functioning of the school. An integrative model of systems and trauma theory provides schools with the agency to address a foster child's needs at the school-level. When schools have an understanding of the effects of trauma, they can implement systemic responses that take positive steps towards improving the child's functioning that compliment the therapeutic process of overcoming the trauma experience. It is imperative for a severely traumatized child to engage in a process of externalizing the memories, narrative, and affect of the trauma to reduce the trauma-related symptoms. However, schools can recognize ways that they can be more sensitive to the needs of traumatized children. School faculty members can determine how their interaction with the child may exacerbate trauma symptoms and then alter the interactions accordingly. Teachers and administrators can consider the ways that they communicate with foster parents and foster children and actively seek to remedy the negative messages. A change is needed at the individual and school level for true improvement. Even foster children are able to process their experience of trauma, relieve their symptoms, and focus in the classroom, if they continue to be plagued by negativity surrounding their status as foster children, success has not been achieved. If the school changes their perception of the challenges that foster children face, focus on the affect under the action, and even provide

a tutor for the child, but the trauma has not been resolved and the child continues to be depressed or feel shame, then success has not been achieved. True success lies in a holistic model of change.

Unfortunately, interventions in public schools often require the scarce resources of time and money. Trauma-informed systemic changes require large shifts in the current operating of a school system, making those resources necessary. School social workers are an integral part of creating a trauma sensitive school system that works in collaboration with caregiver systems, yet many schools do not have a full-time school social worker on their staff. Continued pilot programs, research, empirical studies, and publicity are needed to prove the efficacy of trauma-related systemic interventions. As programs show the opportunities for improving student outcomes, perhaps grant funding will become available or school districts will chose to allocate funds toward this vital need. In addition, as school social workers take active leadership roles in addressing the needs of at-risk populations, the necessity of their position will be evident, with the hope that this will translate into increased job opportunities for social workers in schools. If a lack of resources make systemic changes impossible, it is important to remember that trauma theory and systems theory are only two possible frameworks for looking at this problem. Other theories would produce different interventions that may be more feasible for a particular school. Overall, the most important point is the goal of improving the educational outcomes of foster children; it matters less what method we use to achieve this goal.

However, individuals with a career dedicated to helping youth can work within their sphere of influence to recognize foster children as a vulnerable population in need of

assistance. Whether this takes the form a school social worker forming a lunch-time social skills group, or a teacher recognizing that a “spacey” child may need a moment in a designated relaxation area of the classroom rather than directives, each individual can positively affect the life a foster child, even if it is only within their individual sphere of influence. The need for foster child interventions has clearly been asserted and deserves attention; foster children often slip through the cracks of an educational system, drop-out at high rates, and fail to get a GED, setting themselves up for negative life outcomes. It has been well documented that foster children experience great difficulties in schools, and school social workers are on the frontline of this battle with incredible opportunities to change the outcomes for many foster children. Trauma and systems theory interventions are a way for social workers to use their areas of expertise to address these needs.

## REFERENCES

- Adler, J. (1968). General concepts in residential treatment of disturbed children. *Child Welfare, 47*, 519-523.
- Administration for Children and Families (2008) Child Maltreatment Summary. Children's Bureau. Retrieved from: [www.acf.hhs.gov](http://www.acf.hhs.gov)
- Allen, J. (2001). *Traumatic relationships and serious mental disorders*. New York: Wiley and Sons, LTD.
- Altshuler, S. (2003). From barriers to successful collaboration: Public schools and child welfare working together. *Social Work, 48* (1), 52-63.
- Amatea, E. & Sherrad, P. (1997). When students cannot or will not change their behavior: Using brief strategic intervention in the school. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.59-67). Illinois: Charles C. Thomas Publisher, LTD.
- Aponte, H. J. (1976). The family-school interview: An ecostructural approach. *Family Process, 15*, 303-311.
- Anderson-Ketchmark, C. & Alvarez, M. (2009). Addressing trauma in schools: An online resource. *Children & Schools, 31* (3), 1-4.
- Bart, P & O'Brien, P. (1985). *Stopping rape: Successful survival strategies*. New York: Pergamon.
- Basham, K. (2008). Trauma theories. In Berzoff, Flanagan, and Hertz (Eds.). *Inside Out and Outside In*. (2<sup>nd</sup> ed., pp. 411-441). United States: Jason Aronson.



- Bertalanffy, L. von (1968). *Organismic Psychology and Systems Theory*. Clark University Press.
- Bertalanffy, L. von (1973). *General system theory*. London: Penguin University Press.
- Bowen, M. (1976). Theory in the practice of psychotherapy. In P. Guerin (Ed.), *Family therapy: Theory and practice* (pp. 42-90). New York: Gardner Press.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York: Jason Aronson.
- Bowlby, J. (1988). A secure base: Clinical applications of attachment theory. London: Routledge.
- Brett, E. & Ostroff, R. (1985). Imagery in post traumatic stress disorder: An overview. *American Journal of Psychiatry*, 14, 417-424.
- Briere, J. (1989). *Therapy for adults molested as children: Beyond survival*. New York: Springer.
- Briere, J. (1992). *Child abuse and trauma: Theory and treatment of the lasting effects*. United States: Sage Publications, Inc.
- Buchko, K.J. (2005). Team consultation following an athlete's suicide: A crisis intervention model. *Sport Psychologist*, 19 (3), 288-302.
- Buckley, W. (1968). Society as a complex adaptive system. In Buckley, W (Ed.), *Modern systems research for the behavioral scientist: A sourcebook* (pp. 490-513). Chicago: Aldine.

- Burgess, A. W. & Holmstrom, L. L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131, 981-986.
- Casey, J. & Buchan, G. (1997). Family approaches to school psychology: Brief strategic family intervention. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.69-73). Illinois: Charles C. Thomas Publisher, LTD.
- Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., & Litrowalk, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies*, 7 (3), 283-296.
- Cohen, E. (1953). *Human behavior in the concentration camp*. New York: W.W. Norton and Company.
- Cohen, J. & Mannarino, A. (2008). Disseminating and implementing trauma-focused CBT in community settings. *Trauma, Violence, & Abuse*, 9, 214-226.
- Coholic, D., Lougheed, S., & Lebreton J. (2009). The helpfulness of holistic arts-based group work with children living in foster care. *Social Work with Groups*, 32 (1), 29-46.
- Cole, S., O'Brien, J., Gadd, M., Ristuccia, J., Wallace, D., & Gregory, M. (2005). *Helping traumatized children learn: Supportive school environments for children traumatized by family violence*. Massachusetts: Massachusetts Advocates for Children.
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeFosa, R., Hubbard, R., Kagan, R., Liataud, J., Mallah, K., Olafson, E., van der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35 (3), 390-398.

- Cooklin, A. (1999). *Changing organizations: Clinicians as agents of change*. London: Karnac.
- Commonwealth of Massachusetts Health and Human Resources. *Annual Data Profiles* [Data File]. Retrieved from:  
[http://www.mass.gov/Eeohhs2/docs/dss/annual\\_data\\_profile\\_cy2008.pdf](http://www.mass.gov/Eeohhs2/docs/dss/annual_data_profile_cy2008.pdf)
- Conoley, J. (1987). Schools and families: Theoretical and practical bridges. *Professional School Psychology*, 2 (3), 191-203.
- Corbin, J. (2005). Increasing opportunities for school social work practice resulting from comprehensive school reform. *Children & Schools*, 27 (4), 239-246.
- Daignault, I. & Hebert, M. (2009). Profiles of school adaptation: Social, behavioral, and academic functioning in sexually abused girls. *Child Abuse & Neglect*, 33, 102-115.
- Davidson, M. (1983). *Uncommon sense: The life and thought of Ludwig Von Bertalanffy*. Los Angeles: J. P. Tarcher.
- Davies, D. (2004). *Child development: A practitioner's guide*. New York: The Guilford Press.
- Echterling, L. & Stewart, A. (2008). Malchiodi, Cathy (Ed.), *Creative interventions with traumatized children*. New York: The Guilford Press.
- Enough Abuse (2003). *Massachusetts: North Quabbin Area*. Data retrieved from:  
[www.enoughabuse.org](http://www.enoughabuse.org)
- Essen, J (1976). School attainment of children who have been in care. *Child Care Health and Development*, 2, 339-351.

- Fanshel, D. & Shinn, E.B. (1978). *Children in foster care: A longitudinal investigation*. New York: Columbia University Press.
- Fine, M. & Gardner, A. (1997). Counseling and education services for families: An empowerment perspective. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.139-155). Illinois: Charles C. Thomas Publisher, LTD.
- Fisch, R., Weakland, J., & Segal, L. (1983). *The tactics of change*. San Francisco: Jossey-Bass.
- Fish, M. & Jain, S. (1988). Using systems theory in school assessment and intervention: A structural model for school psychologists. *Professional School Psychology*, 3 (4), 291-300.
- Flaskas, C. (2007). Systemic and psychoanalytic ideas: using knowledges in social work. *Journal of Social Work Practice*, 21 (2), 131-147.
- Foa, E.B. (1997). Psychological processes related to recovery from a trauma and an effective treatment for PTSD. *Annals of New York Academy of Sciences*, 821, 410-424.
- Foa, E.B., Rothbaum, B.O., & Riggs, D. (1992). A prospective examination of post-traumatic stress disorder in rape victims. *Journal of Traumatic Stress*, 5, 455-475.
- Freedly, J. R. & Hobfoll, S. E. (1995). *Traumatic stress from theory to practice*. New York: Plenum Press.
- Frey, A. J. & Dupper, D. R. (2005). A broader conceptual approach to clinical practice for the 21<sup>st</sup> century. *Children and Schools*, 27 (1), 33-44.

- Gardner, B. Burr, B. & Wiedower, S. (2006). Reconceptualizing strategic family therapy: Insights from a dynamic systems perspective. *Contemporary Family Therapy*, 28, 339-352.
- George, R., Van Voorhis, J., Grant, S., Casey, K., & Robinson, M. (1992). Special education experiences of foster children: An empirical study. *Child Welfare*, 71, 419-427.
- Gil, Eliana (2006). *Helping abused and traumatized children*. New York: Guilford Press.
- Glick, O., Weiss, R., & Parkes, C. (1974). *The first year of bereavement*. New York: Wiley Interscience.
- Green, B., Grace, M., & Lindy, J. (1990). Risk factors for PTSD and other diagnoses in a general sample of Vietnam Veterans. *American Journal of Psychiatry*, 174, 729-733.
- Greene, G., Jones, D., Harper, K., Frappier, C., Klein, M., & Culton, B. (1996). School social workers as family therapists: A dialectical-systemic-constructivist model. *Social Work in Education*, 18 (4), 19-33.
- Griffin, J. M. & Apostol, R. A. (1993). The influence of relationship enhancement training on differentiation of self. *Journal of Marital and Family Therapy*, 19, 267-272.
- Haley, J. (1980). *Leaving home: The therapy of disturbed young people*. New York: McGraw-Hill.
- Haley, J. (1984). *Ordeal therapy*. San Francisco: Jossey-Bass.

- Halpern, M., & Burley, M. (2001). *Educational attainment of foster youth: Achievement and graduation outcomes for children in state care*. Olympia, WA: Washington State Institute for Public Policy.
- Hearn, G. (1958). *Theory building in social work*. Toronto: Toronto University Press.
- Herman, J. (1992). *Trauma and recovery: The aftermath of violence from domestic abuse to political terror*. United States: Basic Books.
- Hernandez Jozefowicz-Simbeni, D. (2008). An ecological development perspective on dropout risk factors in early adolescence: Role of school social workers in dropout prevention efforts. *Children and Schools, 30* (1), 49-62.
- Hollis, F. (1968). And what shall we teach. *Smith College Studies for Social Work, 42* (2), 184-196.
- Holmes, J. (1996). *Attachment, intimacy, autonomy: using attachment theory in adult psychotherapy*. Northvale: Aronson.
- Horowitz, M. (1979). Psychological response to serious life events. In Hamilton and Warburton (Eds.) *Human stress and cognition: An information processing approach*. (pp. 235-263). Chicester: Wiley.
- Jackson, S. (1994). Educating children in residential and foster care. *Oxford Review of Education, 20* (3), 267-279.
- Janis, I. (1971). *Stress and frustration*. New York: Harcourt, Brace, and World.
- Janoff-Bulman, R. (1989). The benefits of illusions, the threat of disillusionment, and the limitations of inaccuracy. *Journal of Social and Clinical Psychology, 8*, 158-175.

- Johnson, P. & Waldo, M. (1998). Integrating Minuchin's boundary continuum and Bowen's differentiation scale: A curvilinear representation. *Contemporary Family Therapy, 20* (3), 403-413.
- Johnston, J. & Zemitich, A. (1997). Family power: An intervention beyond the classroom. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.23-39). Illinois: Charles C. Thomas Publisher, LTD.
- Jonson-Reid, M., Kim, J., Barolak, M., Citerman, B., Laudel, C., Essma, A., Fezzi, N., Green, D., Kontak, D., Mueller, N., & Thomas, C. (2007). Maltreated children in schools: The interface of school social work and child welfare. *Children & Schools, 29* (3), 182-191.
- Keiser, L. (1968). *The traumatic neurosis*. Philadelphia: J.B. Lippincott Company.
- Kerr, M. E., & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York: Norton.
- Kilpatrick, D. G., Edmunds, C., & Seymour, A. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center and Medical University of South Carolina.
- Kilpatrick, D. G. & Resnick, P. (1993). PTSD associated with exposure to criminal victimization in clinical and community populations. In Davidson and Foa (Eds.) *Posttraumatic stress disorder in review: Recent research and future directions* (pp.113-143). Washington, DC: American Psychiatric Press.
- Kinniburgh, K., Blaustein, M., & Spinazzola, J. (2005). Attachment, self-regulation, and competency: A comprehensive intervention framework for children with complex trauma. *Psychiatric Annals, 35* (3), 424-430.

- Kleber, R. (1992). *Coping with trauma: Theory, prevention, and treatment*.  
 Amersterdam: Swets en Zeitlinger.
- Klein, R. (2008). Ready..., set..., relax! Relaxation strategies with children and adolescents. In Malchiodi, C. (Ed.), *Creative interventions with traumatized children* (pp. 302-320). New York: The Guilford Press.
- Klein, D.M., & White, J.M. (1996). *Family theories: an introduction*. Thousand Oaks: Sage.
- Kortenkamp, K. & Ehrle, J. (2002). The well-being of children involved with the child welfare system: A national overview. *The Urban Institute. Series B* (B-43).
- Kruczek, T. (2001). Inside-outside masks. In Kaduson & Schaefer (Eds.), *101 more favorite play therapy techniques* (pp. 70-74). Lanham, MD: Jason Aronson.
- Landsverk, J. A., Burns, B. J., Stambaugh, L. F., & Reutz J. A. (2007). Psychosocial interventions of children and adolescents in foster care: Review of research literature. *Child Welfare*, 88 (1), 49-69.
- Langsley, D.; Machotka, P.; & Flomenhaft, K. (1971). Avoiding mental hospital admission: A follow-up study. *American Journal of Psychiatry*, 127, 1391-1394.
- Lazarus, R. (1966). *Psychological stress and the coping process*. New York: McGraw-Hill.
- Leslie, L.; Hurlburt, M.; Landsverk, J.; Rolls, J.; Wood, P.; & Kelleher, K. (2003). Comprehensive assessments for children entering foster Care: A National Perspective. *Pediatrics*, 112 (1), 134-142.
- Lips, D. (2007). Foster care children need better educational opportunities. *The Backgrounder*. Heritage Foundation.



- Loumeau-May, L. (2008). Grieving in the public eye. In Malchiodi, Cathy (Ed.), *Creative interventions with traumatized children* (pp. 81-111). New York: The Guilford Press.
- Maher, E., Jackson, L., Pecora, P., Schultz, D., Chandra, A., & Barnes-Proby, D. (2009). Overcoming challenges to implementing and evaluating evidence-based interventions in child welfare: A matter of necessity. *Children and Youth Services Review, 31*, 555-562.
- Malchiodi, C. (2008). *Creative interventions with traumatized children*. New York: The Guilford Press.
- Mandin, P. (2007). The contribution of systems and object-relation theories to an understanding of the therapeutic relationship in social work practice. *Journal of Social Work Practice, 21* (2), 149–162.
- Margolin, G. & Vickerman, K. (2007). Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues. *Professional Psychology: Research and Practice, 38* (6), 613-619.
- Massachusetts Citizens for Children (2008). *Child Abuse and Neglect: Protecting Massachusetts Children*. Data retrieved from: [www.masskids.org](http://www.masskids.org)
- Miller, B., Cardona, J., Ruben, P., & Hardin, M. (2007). The use of narrative therapy and internal family systems with survivors of childhood sexual abuse. *Journal of Feminist Family Therapy, 18* (4), 1-27.
- Minuchin, S. (1970). The use of an ecological framework in the treatment of a child. In Anthony and Koupernik (Eds.). *The International Yearbook of Child Psychiatry: The child in his family*. (pp. 41-57). New York: Jon Wiley and Sons.

- Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.
- Morrow, G. (1987). *The compassionate school: A practical guide to educating abuse and traumatized children*. New Jersey: Prentice-Hall, Inc.
- Morrison, J., Olivos, K., Dominguez, G., Gomez, D., & Lena, D. (1997). The application of family systems approaches to school behavior problems on a school-level discipline board: An outcome study. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.117-135). Illinois: Charles C. Thomas Publisher, LTD.
- Mulvaney-Day, N., Rappaport, N., Alegria, M. & Codianne, L. (2006). Developing systems interventions in a school setting: An application of community-based participatory research for mental health. *Ethnicity & Disease, 16*, 107-117.
- Murray, C. (2006). Controversy, constraints, and context: Understanding family violence through family systems theory. *The Family Journal: Counseling and therapy for couples and families, 14* (3), 234-239.
- Noble, L. (1997). The face of foster care. *Educational Leadership, 54* (7), 26-40.
- Nichols, M. (2009). *The essentials of family therapy*. United States: Pearson Education, Inc.
- Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations, 50*(1), 3-15.
- Page, R. & Page T. (2000). *Fostering emotional well-being in the classroom*. Massachusetts: Jones and Bartlett Publishers.

- Peeks, B. (1997). Revolutions in counseling and education: A systems perspective in the schools. In Walsh & Williams (Eds.), *Schools and Family Therapy* (pp.5-12). Illinois: Charles C. Thomas Publisher, LTD.
- Pfohl, S. J. (1977). The 'discovery' of child abuse. *Social Problems*, 24 (3), 310-323.
- Phillippo, K. & Stone, S. (2006). School-based collaborative teams: An exploratory study of tasks and activities. *Children & Schools*, 28 (4), 229-235.
- Raines, J. (2004). Evidence-based practice in school social work: A process in perspective. *Children & Schools*, 26 (3), 71-85.
- Reder, P., Duncan, S., & Gray, M. (1993). *Beyond blame: Child abuse tragedies revisited*. London: Routledge.
- Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Saunders, B.E., & Best, C.L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychiatry*, 61, 984 – 991.
- Satir, V. (1988). *The new peoplemaking*. Palo Alto. California: Science and Behavior Books.
- Schene, P. (1998). Past, present, and future roles of child protective services. *Protecting Children from Abuse and Neglect*, 8, 23-38.
- Shin, H. S. (2003). Building evidence to promote educational competence of youth in foster care. *Child Welfare League of America*, 82 (5), 615-632.
- Shore, J., Tatum, E., & Vollmer, W. (1986). Psychiatric reactions to disaster: The Mount St. Helens experience. *American Journal of Psychiatry*, 143, 590-596.

- Steele, W. & Raider, M. (2001). *Structured sensory interventions for traumatized children, adolescents, and parents: Strategies to alleviate trauma*. New York: Edwin Mellen.
- Stein, I. (1971). The systems model and social systems theory: Their application to social work. In Strean, H. (Ed.), *Social casework: Theories in action* (pp. 123-195). New Jersey: The Scarecrow Press, Inc.
- Stein, P. & Kendall, J. (2004). *Psychological trauma and the developing brain: Neurobiologically based interventions for troubled children*. New York: Haworth Press.
- Strauss, D. (2002). The scope and limitations of von Bertalanffy's systems theory. *South African Journal of Philosophy*, 21 (3), 163-179.
- Sullivan, D. & van Zyl, M. (2008). The well-being of children in foster care: Exploring physical and mental health needs. *Children and Youth Services Review*, 30, 774-786.
- Sydow, K. (2002). Systemic attachment theory and therapeutic practice: A proposal. *Clinical Psychology and Psychotherapy*, 9, 77-90.
- Termini, A. M. (1991). Ecologically based interventions in residential and school facilities: Theory or practice? *Adolescent Problems and Treatment*, 26 (102), 387-397.
- Terr, L. (1981). Psychic trauma in children: Observations following the Chowchilla school-bus kidnapping. *American Journal of Psychiatry*, 138:14-19.

- Terr, L. (1999). Childhood trauma: An outline and overview. *American Journal of Orthopsychiatry*, 148, 10-20.
- Vacca, J. (2008). Breaking the cycle of academic failure for foster children: What can the schools do to help? *Children and Youth Services Review*, 30, 1081-1087.
- van der Kolk, B. (1988). The trauma spectrum: The interaction of biological and social events in the genesis of the trauma response. *Journal of Traumatic Stress*, 1, 273-290.
- van der Kolk, B. (2003). Posttraumatic Stress Disorder and the Nature of Trauma. In Solomon & Siegel (Eds.), *Healing trauma: Attachment, mind, body, and brain* (pp.168-195). New York: W.W. Norton & Company.
- van der Kolk, B. (2005). Child Abuse & Victimization. *Psychiatric Annals*, 374-378.
- van der Kolk, B. (2006). Clinical implications of neuroscience research in PTSD. *Annals of New York Academy of Sciences*, 1-17.
- van der Kolk, B., McFarlane, A.C., & van der Hart, O. (1996). *Traumatic stress: the effects of overwhelming experience on mind, body, and society*. New York: Guilford Press.
- Vetere, A. (2001). Structural family therapy. *Child Psychology & Psychiatry Review*, 6 (3), 133-139.
- Vickerman, K. & Margolin, G. (2007). Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment. *Professional Psychology: Research and Practice*, 38 (6), 620-628.
- Vera Institute of Justice (2004). Foster Children and Education: Meeting the challenges. Retrieved from: [www.vera.org](http://www.vera.org)

- Von Bertalanffy, L. (1968). *Organismic Psychology and Systems Theory*. Clark University Press.
- Von Bertalanffy, L. (1973). *General Systems Theory*. London: Penguin University Books.
- Watzlawick, P., & Weakland, J. H. (1977). *The Interactional View: Studies of the Mental Research Institute*. New York: W.W. Norton.
- Weitzman, J. (2005). Maltreatment and trauma: Toward a comprehensive model of abused children from developmental psychology. *Child and Adolescent Social Work Journal*, 22 (3-4), 321-341.
- Wright, K.M., Ursano, R.J., Ingraham, L.H., & Bartone, P.T. (1990). Individual and community responses to an aircraft disaster. In Wolf and Mosnaim (Eds.) *Posttraumatic stress disorder: Etiology, phenomenology, and treatment* (pp. 126-138). Washington, DC: American Psychiatric Press.
- Zetlin, A., Weinberg, L., & Luderer, J. (2004). Understanding the plight of foster youth and improving their educational opportunities. *Child Abuse and Neglect*, 28, 917-923.