Take Two – A Partnership to Develop a New Therapeutic Program for Children who have Experienced Trauma and Disrupted Attachment due to Child Abuse and Neglect

This presentation supported by the Creswick Foundation

- What is Take Two?
- What is the partnership approach?
- What is the underlying framework?
- The first year

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So what is Take Two?

Take Two is a developmental therapeutic service for child protection clients who have suffered trauma and disrupted attachment due to their experience of abuse and neglect.

As such we provide a statewide, intensive therapeutic service to those clients who have been severely abused or neglected and are at risk of developing or already demonstrate emotional and/or behavioural disturbance.

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The Take Two Target Group

- Clients of Child Protection who exhibit, or are at risk of developing, severe emotional or behavioural disturbance caused by abuse and/or neglect.
- Clients of Child Protection who are subjects of substantiated significant and/or very severe harm.
- Aged 0-18 years
- May be living at home, with relatives, or in out of home care.

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AIMS OF TAKE TWO

The Take Two program aims to respond to the child's needs for:

i. Safety

ii. Attachment and connectedness

iii. Recovery from trauma

iv. Promotion of development, health and wellbeing

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CORE COMPOENTS OF TAKE TWO

- SERVICE COMPONENTS:
  - Regional Teams
  - Aboriginal Team
  - Secure Welfare Team
- RESEARCH AND EVALUATION
- TRAINING AND DEVELOPMENT

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Take Two Locations
Mildura
Horsham
Wangaratta
Bendigo
Seymour
Ballarat
Flemington
Campbellfield
Box Hill
Secure Welfare
Dandenong
Geelong
Morwell

Partnership

Previous research highlighted that placing these children in out of home care was not enough to keep them safe or to enable them to work towards recovery.

It was agreed that neither Child Protection, out of home care, nor therapeutic services were enough on their own to achieve the desired outcomes for these children

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Partnership

Take Two is a partnership of the service systems of mental health and child welfare and the academic fields of psychology, psychiatry and social work.

Each of these bring different areas and approaches to research, therapy and focus.

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Take Two is auspiced by Berry Street Victoria [Child Welfare agency] in Victoria, Australia in partnership with:

- Austin Health Child and Adolescent Mental Health Service (CAMHS),
- La Trobe University, Faculty of Health Sciences, School of Social Work and Social Policy, and
- Mindful (Centre for Training and Research in Developmental Health).

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Partnership approach is demonstrated via:

- Process of applying for the tender
- Ongoing auspice arrangements
- Ongoing advisory relationships (CPAG, T2RAC, RAGs, TAC)
- Secure Welfare partnerships
- Aboriginal partnerships (eg VACCA)
- Partnership approach to referral and intake with Child Protection
- Partnership of clinical service/training/research
- Daily reality for research and training components (co-location, supervision, joint initiatives, all hands to the wheel)
- Some clinical service co-locations
- The establishment of regional relationships with other services
- The exploration of new partnerships, such as through speech and language, neuropsychology, Aboriginal Research officer

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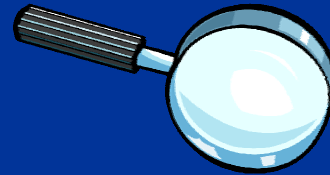
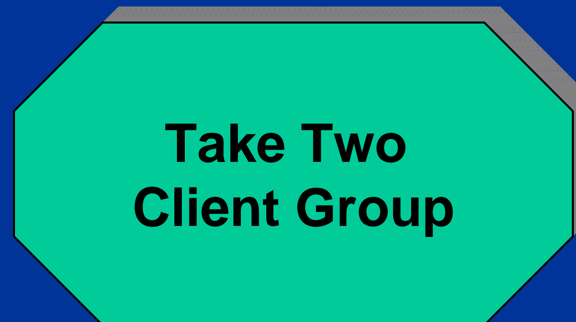
Literature: Understanding Take Two Client group



Literature re: Child Maltreatment

Literature re: Trauma and Attachment

Literature re: Child and Adolescent Mental Health



Literature re: Child Protection & Care

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“Trauma arises when the child cannot give meaning to dangerous experiences in the presence of overwhelming arousal.” (Garbarino & Kostelny, 1996, 39)

Harris, Putnam and Fairbanks (2004) concluded that five of the seven highest risk groups of children for traumatisation were in relation to or significantly overlapped with children in the child protection and care system.

These high-risk groups were children who had been maltreated; children in out of home care; children who witness family violence or violent death of significant others; children in the juvenile justice system; and children who require psychiatric hospitalisation for problems such as suicide and absconding.

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"We know that children in care are more likely to have experienced significantly more risk factors which predispose young people to develop mental health problems." (Lindsey, in Richardson & Joughin, 2003, 7)

"The most pernicious trauma is deliberately inflicted in a relationship where the traumatized individual is dependent – at worst, in a parent-child relationship." (Allen, 1995, 7)

"The response to traumatic stress is not within a child's control. Trauma overwhelms even the most healthy and well-developed capacity to regulate stress." (Hellett & Simmonds, 2003, 75)

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“A primary issue to consider when providing therapy to a maltreated child involves the need to address the ecology of the maltreatment experience. Even when a therapist is providing individual child psychotherapy, it is important to remember that the child does not exist in isolation, but continues to be affected by the home, school, and broader community.” (Cicchetti & Toth, 1995, 556)

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The First Year

While it is too early to provide outcome data, the statistics for Take Two in 2004 show a number of trends at the time of referral and provide a rich description of the client group

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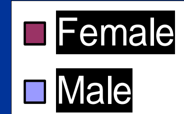
Age and Gender of Take Two Clients - 2004



Age Group of Take Two Clients	Male	Female
0-<3	6	12
3-<6	22	10
6-<9	32	15
9-<12	46	19
12-<15	48	41
15-<18	37	32

Number: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100

Age Group of Take Two Clients

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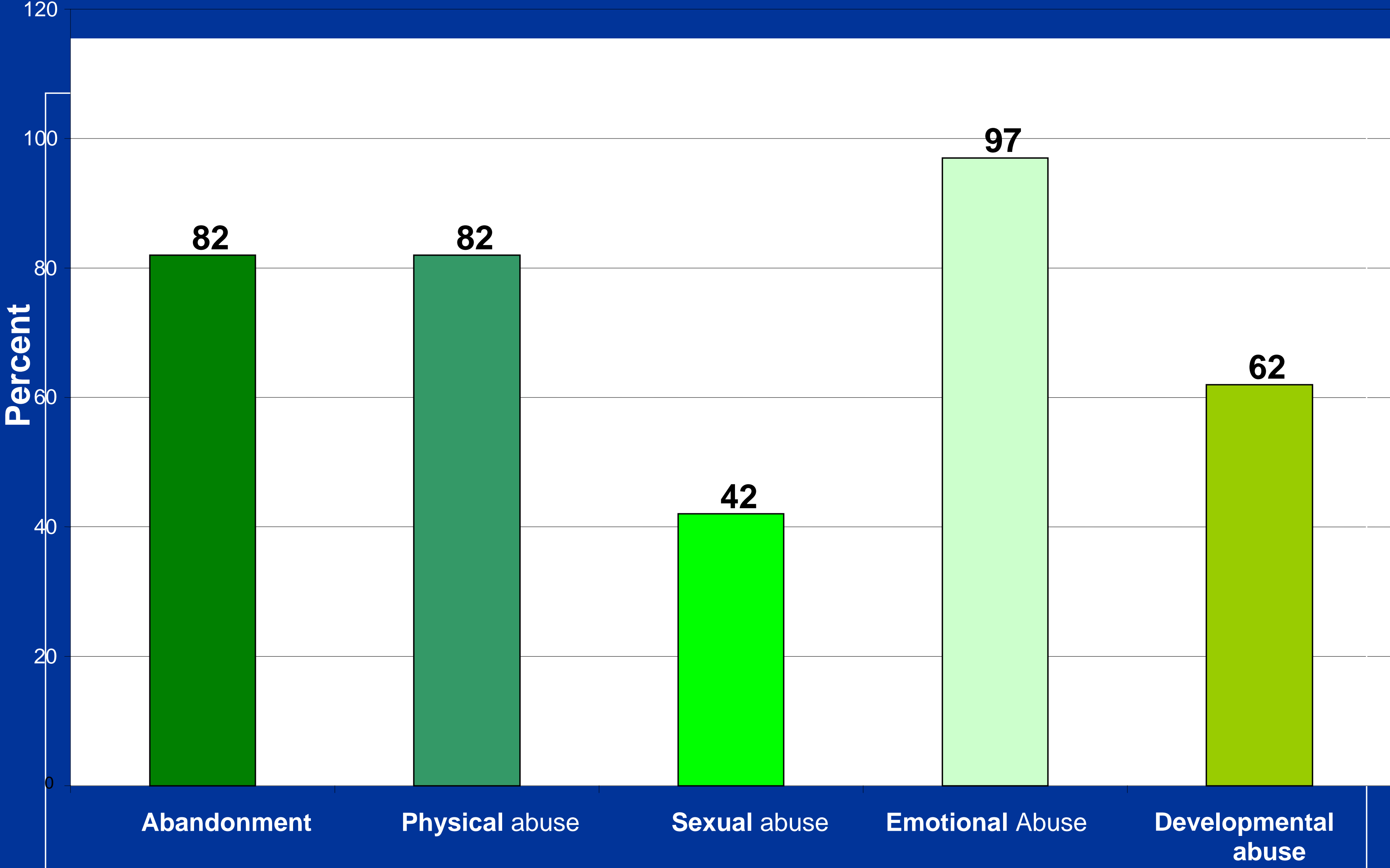
Type of Child Maltreatment Experienced by Take Two Clients - 2004



Type of Child Maltreatment

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Examples of Parental Factors relating to Abuse/Neglect – All T2 Clients – 2004

Exposure to parental substance abuse	43%
Exposure to physical harm from family violence	45%
Exposure to family violence	59%
Forcing child to witness violence	12%
Exposure to parental psychiatric illness	26%

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Other parental /family factors impacting on T2 regional clients – 2004

82% had mothers with known trauma histories: examples included 52% with history of child abuse; 40% with experience of rape (other than intrafamilial); 22% experienced significant loss through death of others.

49% had fathers with known trauma histories: examples included 31% with history of child abuse; 9% with experience of rape (other than intrafamilial); 13% experienced significant loss through death of others.

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Examples of Consequences of Abuse/Neglect to Child's Emotional/Behavioural Presentation	Percent of Cases
Ongoing or frequent substance abuse by child	17
Killing or torturing animals	4
Criminal activity involving violence	10
Repeated or dangerous fire lighting	5
Length/continuous absconding	26
Severe changes in affect or mood	28
Suicide attempts	6
Dangerous self harm	13
Repeated and severe violence to others	17
Profound sleep disturbance	10
Deterioration in attention/concentration	21
Deterioration in cognition	8

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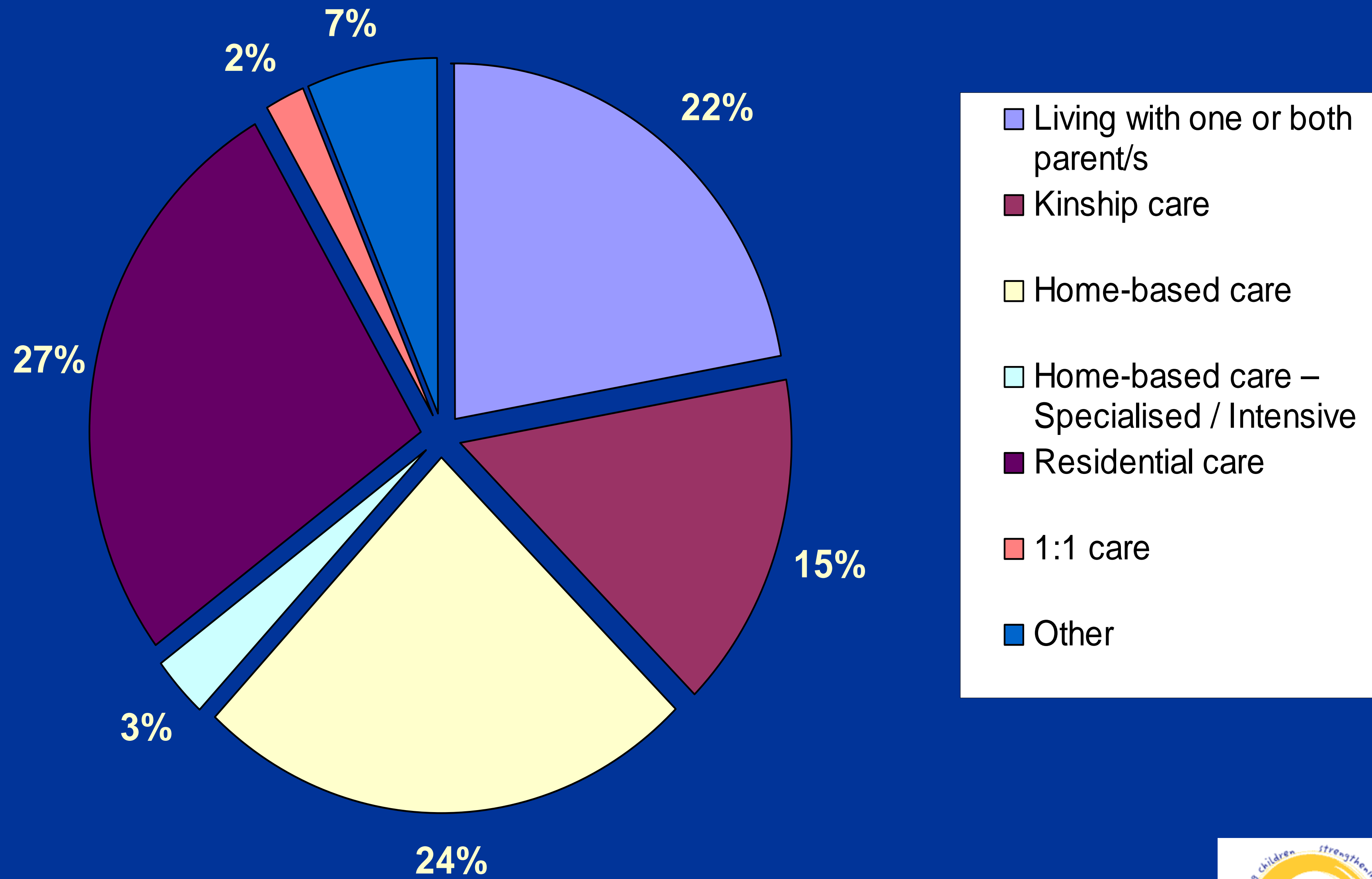
Type of Placement at Time of Referral to Take Two - 2004



Experiences of Loss/Separation - Take Two Regional Clients – 2004

- 36 children (16%) had a parent figure who had died.
- 16 children (8%) had another significant person in their life die (eg sibling)
- 36 children (16%) had experienced major loss of contact with parent figure
- 47 children (20%) had at least one parent figure in gaol during T2 involvement in 2004.
- 57 children (25%) had parent's relationships change during T2 involvement in 2004.
- 177 children (76%) were living in out of home care at time of referral to T2.
- 202 children (89%) had experienced at least one previous placement away from their parents prior to T2 involvement.
- 100 children (44%) had experienced six or more previous placements prior to T2 involvement.
- 117 children (50%) have had at least one placement change since Take Two involvement.

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Other trauma experienced by T2 Regional Clients not including intrafamilial maltreatment (N=204 Cases)	Percent of Cases
Trauma related to parent's difficulties or lifestyle	81.4
Trauma related to child protection and care involvement	77.0
Parents' separation/divorce	14.7
Sexual abuse - not by parent figure	8.3
Confirmed / query sexual assault (not clear by whom)	4.4
Physically assaulted - not by parent figure or unclear	5.9
Trauma related to siblings	9.8
Bullied/ rejected by other children	5.4
Exposed to general violence	6.9
Medical interventions)/serious illness	4.9
Fear of injury/accident/life threatening incident	3.4
Witnessing of death or overwhelming horrible incident	7.4

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“Traumatic life events, like other misfortunes, are especially merciless to those who are already troubled.” (Herman, 1992/1997, 60)

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Title

Take Two – A Partnership to Develop a New Therapeutic Program for Children who have Experienced Trauma and Disrupted Attachment due to Child Abuse and Neglect

Annette Jackson: Research Manager of Take Two, Berry Street Victoria and Creswick Fellow, 2005

What is Take Two?

Take Two is a new developmental therapeutic service based in Victoria Australia for Child Protection clients who have suffered trauma and disrupted attachment due to their experience of abuse and neglect.

Take Two was developed in the context that children who had experienced severe abuse and neglect were in great need of, but had limited access to therapeutic services (Milburn, 2004). Within Victoria, Australia there are well-established services such as sexual assault services and child and adolescent mental health services. However there was concern that these and other services either did not meet the range of abuse experiences suffered by many Child Protection clients or were inaccessible to many of these children due to lack of certainty regarding the child's placement and future planning and lack of outreach capacity of some of these services.

The need for specifically targeted therapeutic services for this client group was articulated in the "When Care is Not Enough" report (Morton, Clark & Pead, 1999):

> "… there are a number of children and adolescents in care, who have suffered traumatic early environments, for whom **care is not enough** to effectively address the aftermath. It is argued that these young people need consistent and high quality care, which offers continuity of positive relationships. However, they also need systemic therapeutic interventions, to assist them to rebuild their lives and address post traumatic states and developmental disturbance associated with the severe abuse and neglect they have suffered".

The Take Two Target Group is described as follows:

- Clients of Child Protection who exhibit, or are at risk of developing, severe emotional or behavioural disturbance caused by abuse and/or neglect.
- Clients of Child Protection who are subjects of substantiated significant and/or very severe harm.
- Aged 0-18 years
- May be living at home, with relatives, or in out of home care.

Indeed, one of the most significant challenges to Take Two is that it is required to provide therapy to children from such a breadth and depth of situations. Some of these children's placements are uncertain, whilst other children are still at risk of harm.

Some of the questions arising when designing, providing and evaluating therapeutic interventions for this target group include:

- ❑ How can Take Two provide therapy to children who may not yet be safe or have a secure placement?
- ❑ How can Take Two develop a practice framework to meet the needs of such a diverse range of children, including age, placement, abuse experience and current situation?

Aims of Take Two

The Take Two program aims to respond to the child's needs for:

i. Safety
ii. Attachment and connectedness
iii. Recovery from trauma
iv. Promotion of development, health and wellbeing

Key principles as outlined in the practice framework include:

- Abuse and neglect occurs along a continuum of severity and chronicity and occurs within a family and social context which needs to be understood, especially in terms of their meaning to the infant, child or young person.
- Significant abuse and neglect are traumatic experiences for children
- The client's experience of disrupted attachment will be addressed through the promotion of a range of positive relationships, with family, carers, peers, workers and therapists
- The effects of abuse will be understood within both developmental and systemic frameworks
- Interventions will be "whole of person" addressing both the current behaviour and its underlying causes
- Take Two intervention will never be seen as "stand alone", but always delivered through the building of collaborative alliances and integrated service planning with other services and professionals that can help the child or young person

There are three service delivery streams:

1) The regional teams:

- Nine regional teams throughout the state (4 metropolitan and 5 rural)
- Each team has a Senior Clinician and either two (rural) or four (metro) Clinicians
- Referrals are through Child Protection senior management in consultation with Take Two Senior Clinicians in each region.

- The regional teams provide therapeutic assessments and interventions.
- The length of time involved is based on assessment and Child Protection involvement (with no pre-determined finishing period)
- The teams provide consultation to other services where appropriate
- They have input into both research and training

2) The Aboriginal team:

- Currently consists of one Clinician and one Senior Clinician who provide consultation and training to other Take Two Clinicians to enable them to work effectively with Aboriginal and Torres Strait Islander clients
- This team also provides direct clinical assessment and interventions for Aboriginal and Torres Strait Islander Child Protection clients.
- Referrals are made internally through discussion between other Senior Clinicians and the Aboriginal Team.
- They provide consultation and training to other services where appropriate
- They have input into both research and training.

3) The Secure Welfare position:

- Secure Welfare is a state government service providing contained brief periods of stay in secure settings for young people whose behaviour places them at immediate and serious risk. There are two units (young men's and young women's). It has a legislative framework and mandate.
- The Take Two Senior Clinician is located across these sites and provides brief assessment and interventions with young people at Secure Welfare when referred directly. Prior to Take Two there were informal arrangements for mental status examinations with the child and adolescent mental health services.
- Referrals are made via case managers, as senior Child Protection managers make the initial decision to place the young person in Secure Welfare in the first instance.
- The Senior Clinician also provides secondary consultation and support to staff of Secure Welfare and Child Protection through discussions and attendance at meetings when requested and available.
- The Senior Clinician provides consultation and liaison to other workers involved with the client, e.g. community service organisations, child and adolescent mental health services, drug and alcohol services and regional Take Two teams.
- NB: if a regional client is admitted to Secure Welfare, it is usually the regional Take Two clinician who provides the assessment and therapy during the young person's admission.

The Training Component

The Training Manager and Training Officer are based at and supported by Mindful (Centre for Training and Research in Developmental Health). This co-location enables drawing upon Mindful's well-established links and resources due to their focus in training on child and adolescent mental health.

The Training calendar for Take Two staff developed in two components: introductory and advanced across a three year training cycle. There is also an emphasis on training for workers from Child Protection, community service organisations, Education, Child and Adolescent Mental Health Services, Drug and Alcohol services and Aboriginal services.

The Research and Evaluation Component
The Take Two research and evaluation strategy is under the guidance and support of La Trobe University School of Social Work and Social Policy.
There are two core research questions:

- What is the service framework and model which delivers effective assessment and therapeutic interventions to at risk children and young people and which effectively engages the elements of the service system to support those interventions and contribute to more positive outcomes for the child or the young person?
- What are the important elements in the effective implementation of the service framework and model?

The Research and Evaluation strategy addresses these and other questions by:

- The implementation of assessment and outcome measures and the provision of information to assist the development of service models.
- The undertaking of process and outcomes evaluations. The process evaluation will identify the processes of Take Two and the factors which impact on effective implementation of the service. The outcome evaluation will identify if the project meets the aims and the identified outcomes of the service.

As the program is only in its second year of operation, the initial evaluation has been formative. As such, this inaugural evaluation focused on providing a rich description of the client group and the range of interventions used by the program. Subsequent evaluations will include analysis of outputs and outcomes.

Partnerships:

Previous research highlighted that placing these children in out of home care was not enough to keep them safe or to enable them to work towards recovery. It was agreed that neither Child Protection, out of home care, nor therapeutic services were enough on their own to achieve the desired outcomes for these children.

Take Two is a partnership of the service systems of mental health and child welfare and the academic fields of psychology, psychiatry and social work. Each of these brings different fields of knowledge and approaches to therapeutic interventions and research.

This statewide program is funded by the state government and auspiced by a child welfare agency (Berry Street Victoria) in partnership with a Child and Adolescent Mental Health Service (Austin Health) a university (La Trobe University Faculty of Health Sciences' School of Social Work and Social Policy) and a training centre (Mindful).

The partnership approach throughout the Take Two program is shown in a number of ways:

- In the process of applying for the tender for the government funding it was believed that no single organisation could undertake this mammoth task on their own.
- Take Two's auspice is based on a clearly articulated partnership arrangements with the four partners.
- In establishing Take Two, a number of advisory processes were put in place. These included the Clinical Program Advisory Group, the Research Advisory Committee, the Training Advisory Committee and each of the nine regions had a Regional Advisory Group process. There was also a Secure Welfare Reference Group and the Aboriginal Reference Group.
- As the Take Two Secure Welfare position is located within the government Secure Welfare facility, this has required a pro-active and reciprocal partnership approach.
- The Aboriginal Reference Group and in particular a lead Aboriginal agency (Victorian Aboriginal Child Care Agency) have provided consultation and support to Take Two and in particular to the Aboriginal team.
- As both Child Protection and Take Two have a role in decisions regarding which children are prioritised for referral this has mandated a partnership approach to referral and intake.
- The reality of a clinical service being funded to also have a research and evaluation component and a training and knowledge dissemination component is a terrific model of how partnerships can be designed and put in action.
- Both the research and training components are actively supervised and supported by two of the auspice partners. The research team is co-located at La Trobe University and has significant support and guidance from the School of Social Work. Indeed, for many of the research activities it is 'all hands to the wheel'. Similarly the training team are co-located at Mindful, and are supervised and supported by the Mindful Director and other staff. Both of these partnerships add significant academic rigour to the process and

enable practical access to resources such as major university libraries.

- Some of the regional clinical teams are co-located with other services. These include Child Protection, mental health and other community services.
- Each regional clinical team has needed to establish relationships within each region. Some Take Two staff have been new to the regions, whilst others have built on relationships formed in previous roles.
- With this range of partners, Take Two is also placed well to consider other partnerships for specific projects. For example there is currently a research project with Victoria University in relation to neuropsychology and young people in Secure Welfare. There is also active exploration of a new partnership with La Trobe University School of Human Communication Sciences regarding provision of speech and language assessments.
- Another exciting partnership is Take Two, La Trobe University and the Victorian Aboriginal Child Care Agency working together to employ an Aboriginal research officer to assist in developing more culturally appropriate assessment processes for Aboriginal children's mental and emotional health.

The underlying framework:

Take Two aims to respond to the child's needs for safety, connections and belonging, recovery from trauma and promotion of their development, health and wellbeing through intensive intervention, outreach and multi-level interventions. Take Two emphasises the importance of understanding each child and young person and how they experience trauma and disrupted attachment within their life context and developmental stage. It aims to intervene at multiple levels to help the child harness resources available to them.

Depending on the perspective or framework used, the literature says a lot or very little regarding the impact of abuse and neglect on children; the appropriate interventions to use; and what are reasonable outcomes to expect. Within Take Two's review of the literature it concluded that a range of perspectives need to be brought together to understand the Take Two client group. These include the trauma and attachment literature, child maltreatment literature, child and adolescent mental health literature and child protection and care literature.

Harris, Putnam and Fairbanks (2004) concluded that five of the seven highest risk groups of children for traumatisation were in relation to or significantly overlapped with children in the child protection and care system. These high-risk groups were children who had been maltreated; children in out of home care; children who witness family violence or violent death of significant others; children in the juvenile

justice system; and children who require psychiatric hospitalisation for problems such as suicide and absconding. Harris and colleagues (2004) study is just one of many studies that highlight the value of using trauma theory in building understanding and therapeutic approaches for these children.

> "Trauma arises when the child cannot give meaning to dangerous experiences in the presence of overwhelming arousal." (Garbarino & Kostelny, 1996, 39)

Whilst there was earlier debate as to whether children or adults were most affected by trauma, it has become widely understood that children are more likely to be vulnerable. Their age and naivety is not a buffer but a higher risk factor for the mediation of the impact of trauma (Wraith, 1994; Terr, 1990; van der Kolk, 1989; James, 1994; Herman, 1992/1997; Putnam, 1997; Johnson, 1998; Bloom, 1999; Maercker, 1999; Osofsky, 2004; Lieberman & Van Horn, 2004).

> "Even though children may not understand the total context of what is happening to them and around them, they are nonetheless sensitive to and aware of changes in their world and respond to changes in significant people, to changes in the familiar environment, to changes in routine, and to changes in the emotional climate." (Wraith, 1994, 103)

This vulnerability is heightened when the trauma occurs within the family and perpetrated by those responsible to protect children from harm.

> "The most pernicious trauma is deliberately inflicted in a relationship where the traumatized individual is dependent – at worst, in a parent-child relationship." (Allen, 1995, 7)

Attachment theory and trauma theory are therefore interrelated in understanding children who are traumatised within the confines of their own home. Humans are outstandingly ill prepared to care for themselves when they are very young (Carlson & Sroufe, 1995; Bloom, 1999; Kagan, 2004). Children's relationships with adults who are there to protect and nurture them are the cornerstone of attachment theory and when this goes awry it can equate to relational trauma (Schore, 2003).

> "Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains and we are particularly ill-suited to having the people we are attached to also be the people who are violating us." (Bloom, 1999, 2)

Regardless of whether or not children are more or less likely to be diagnosed with PTSD there is a growing awareness that when exposed to significant trauma they are at risk of showing certain clusters of PTSD symptoms. Perry (1999) wrote that children are often misdiagnosed with other disorders rather than PTSD. Examples of these alternative diagnoses include ADHD, depression or conduct disorders.

There are many implications when applying trauma theory to understanding child maltreatment. They include the insights in relation to the neurobiological consequences of child abuse and neglect (eg van der Kolk, 1996a; Perry, 2000); the similarities and differences for child abuse victims with others who have been traumatised such as war veterans and rape victims (eg Herman, 1992/1997); and the understanding that much of the child's response is not within their control (eg. Hellett & Simmonds, 2003).

> "The response to traumatic stress is not within a child's control. Trauma overwhelms even the most healthy and well-developed capacity to regulate stress." (Hellett & Simmonds, 2003, 75)

One of the other main learnings from trauma theory is the understanding that those who have been traumatised are trying to survive, even if their behaviours and presentation appears contrary to this. They will often adapt their lives in order to gain some sense of control, albeit fleeting. These behaviours may include substance abuse, suicide, self-harm, violence to others and withdrawal (van der Kolk, 1996b). Hellett and Simmonds (2003) wrote that children living in traumatic environments learn to do whatever is required to survive. They seek mastery over their situation, even if it is ultimately futile.

> "Children living in these circumstances are not free to learn, play and explore the world like other children – they respond to the world as a dangerous and frightening place where they get hurt. They become primed to look for and protect themselves from these threats." (Hellett, et al., 2003, 76)

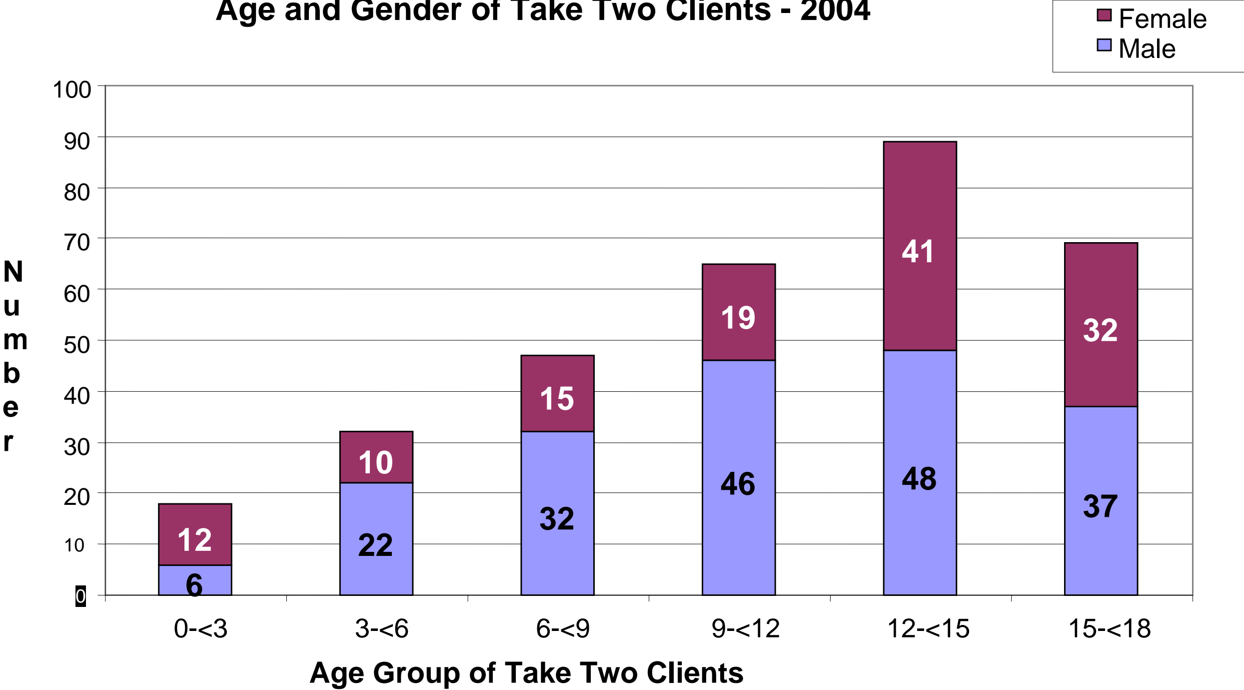
The developmental psychopathology perspective emphasises the need to provide therapy to maltreated children in order to address the ecological context of the experience.

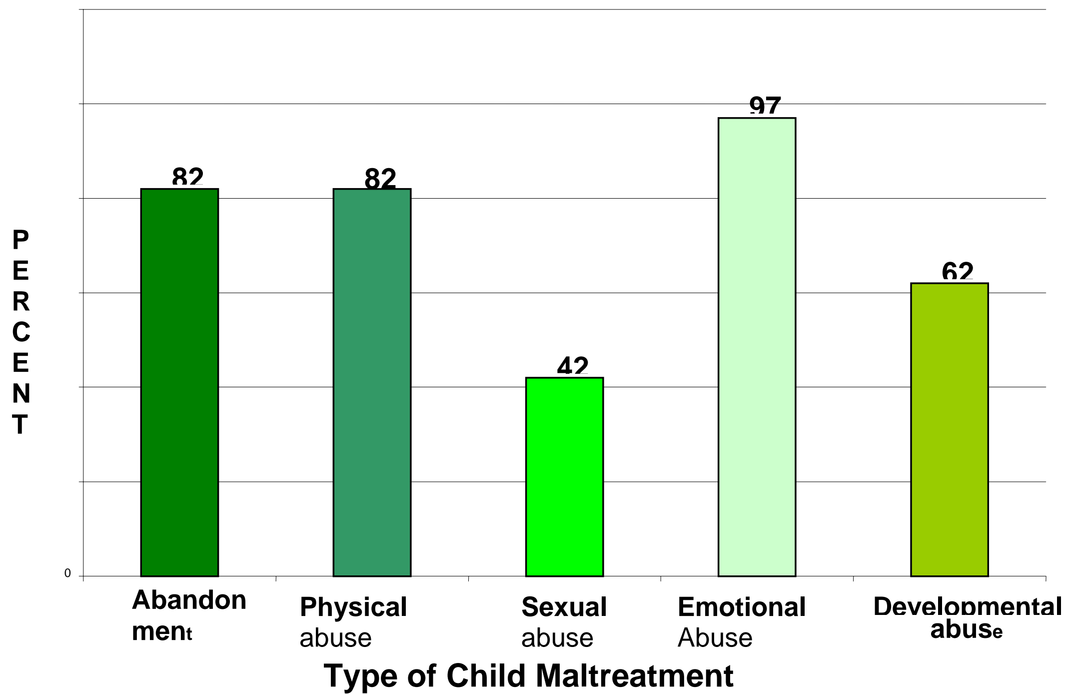
> "A primary issue to consider when providing therapy to a maltreated child involves the need to address the ecology of the maltreatment experience. Even when a therapist is providing individual child psychotherapy, it is important to remember that the child does not exist in isolation, but continues to be affected by the home, school, and broader community." (Cicchetti & Toth, 1995, 556)

Cicchetti and Toth (1995) also note the need to respond to the broader systemic forces surrounding the child, as these can be very powerful. They highlight the need for services to be coordinated and for interventions to be unified and comprehensive.

The First Year of Operation:

While it is too early to provide outcome data, the statistics for Take Two in 2004 show a number of trends at the time of referral and provide a rich description of the client group.


Age and Gender of Take Two Clients - 2004
Female
Male
Number
100
90
80
70
60
50
40
30
20
10
0
12
6
10
22
15
32
19
46
41
48
32
37
0-<3
3-<6
6-<9
9-<12
12-<15
15-<18
Age Group of Take Two Clients



Ninety-six percent of Take Two clients in 2004 had more than one type of abuse or neglect experience, with 83% having more than two types. In addition to actual abuse and neglect, there were related parental factors which were identified at the time of referral as impacting on the child.

Examples of Parental Factors relating to Abuse/Neglect – All Take Two Clients – 2004

Exposure to parental substance abuse	43%
Exposure to physical harm from family violence	45%
Exposure to family violence	59%
Forcing child to witness violence	12%
Exposure to parental psychiatric illness	26%

In addition to what can be seen or inferred from these examples of parental factors, there was also information regarding other forms of traumatic situations which were experienced by one or both parents.

Eighty-two per cent of the regional Take Two clients had mothers with known trauma histories: examples included 52% with history of child abuse; 40% with experience of rape (other than intrafamilial); and 22% experienced significant loss through death of others.

Forty-nine per cent of the regional Take Two clients had fathers with known trauma histories: examples included 31% with history of child abuse; 9% with experience of rape (other than intrafamilial); and 13%

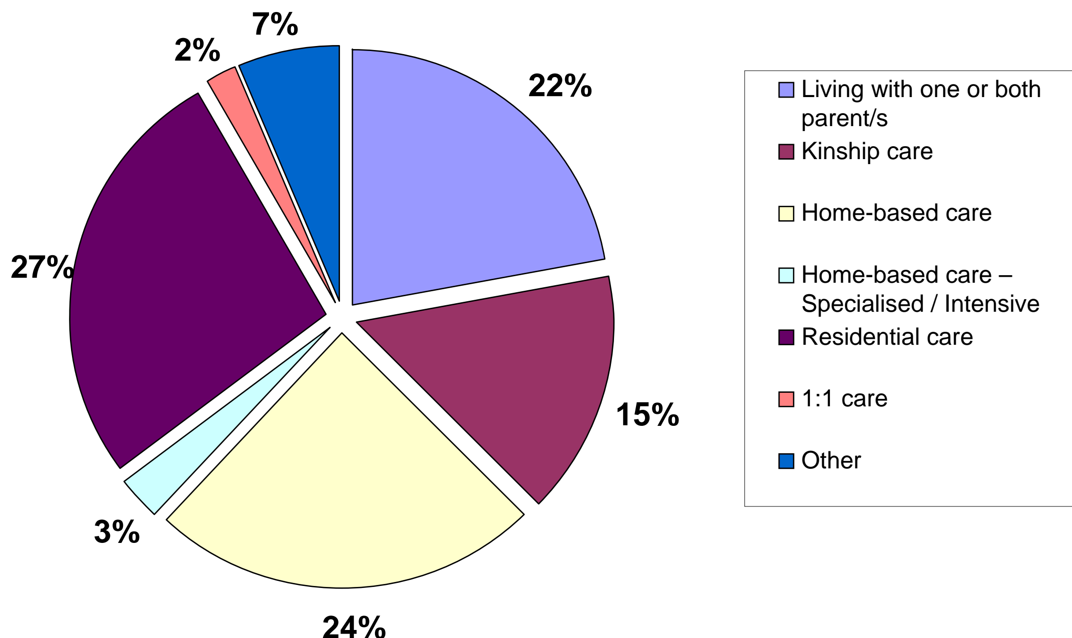
experienced significant loss through death of others. There was however a large amount of missing data for fathers. This data in relation to both parents highlights the existence of multigenerational trauma. It illustrates the complex task in providing therapy for children who are living with or planning to reunite with parents whose own experience of trauma is so severe and often un-addressed.

In terms of the range and depth of consequences to many of these children referred to Take Two in 2004, the following table shows some of the emotional and behavioural consequences assessed by the referrer. The Take Two assessment often showed that these consequences were more serious and more pervasive than initially thought.

Examples of Consequences of Abuse/ Neglect to Child's Emotional/Behavioural Presentation	Percent of Cases
Ongoing or frequent substance abuse by child	17
Criminal activity involving violence	10
Length/continuous absconding	26
Severe changes in affect or mood	28
Suicide attempts	6
Dangerous self harm	13
Repeated and severe violence to others	17
Profound sleep disturbance	10
Deterioration in attention/concentration	21

The Take Two clients came from a variety of placement types ranging from living with their parents (22%), living with friends or relatives (15%) to some form of home-based care (27%) or residential care (27%).

Type of Placement at Time of Referral



One of the most striking findings in relation to the Take Two client group in 2004 was the significant and unrelenting loss experienced by many of them. The following is a list of some of events or situations in their lives that indicate an experience of loss.

Experiences of loss / separation - Take Two regional clients – 2004

- 36 children (16%) had a parent figure who had died.
- 16 children (8%) had another significant person in their life die (eg sibling)
- 36 children (16%) had experienced major loss of contact with parent figure
- 47 children (20%) had at least one parent figure in gaol during T2 involvement in 2004.
- 57 children (25%) had parent's relationships change during T2 involvement in 2004.
- 177 children (76%) were living in out of home care at time of referral to T2.
- 202 children (89%) had experienced at least one previous placement away from their parents prior to T2 involvement.
- 100 children (44%) had experienced six or more previous placements prior to T2 involvement. (73% had experienced three or more previous placements)
- 117 children (50%) have had at least one placement change (and 54 (23%) had more than one placement change) during Take Two involvement in 2004.

This list of loss and deprivation for many of the Take Two clients overlaps with their experiences of trauma. The following table provides some examples of traumatic events experienced by Take Two clients in addition to the experience of abuse and neglect.

Other traumatic/distressing events experienced by T2 Regional Clients not including Intrafamilial maltreatment (N=204 Cases)	Percent of Cases
Trauma related to parent's difficulties or lifestyle	81.4
Trauma related to child protection and care involvement	77.0
Parents' separation/divorce	14.7
Sexual abuse - not by parent figure	8.3
Confirmed / query sexual assault (not clear by whom)	4.4
Physically assaulted - not by parent figure or unclear	5.9
Trauma related to siblings	9.8
Bullied/ rejected by other children	5.4
Exposed to general violence	6.9
Medical interventions)/serious illness	4.9
Hospitalisation	7.8

Witnessing of death or overwhelming horrible incident	7.4

Conclusion:

The Take Two program has established clinical services across the state of Victoria in a relatively brief time. It has also established the training and research components of this program. The various partnerships have been instrumental to such achievements and are essential for continued development of the program. The other clear finding is that Take Two is working with the targeted group of children for whom it was designed. The vulnerability of these children in addition to their experience of abuse and neglect has also been a strong finding.

The data illustrates the point made by Judith Herman of the cycle of trauma that can occur to those already traumatised.

> **"Traumatic life events, like other misfortunes, are especially merciless to those who are already troubled." (Herman, 1992/1997, 60)**

I would like to thank the Creswick Foundation for the opportunity to make this visit to the US and Canada. I would also wish to thank the Take Two staff and Leadership Group, Berry Street Victoria and the Take Two research team supported by La Trobe University, through the guidance of Associate Professor Margarita Frederico and the data analysis work undertaken by Carly Black.

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Title

Take Two – A Partnership to Develop a New Therapeutic Program for Children who have Experienced Trauma and Disrupted Attachment due to Child Abuse and Neglect

Annette Jackson: Research Manager of Take Two, Berry Street Victoria and Creswick Fellow, 2005

What is Take Two?

Take Two is a new developmental therapeutic service based in Victoria Australia for Child Protection clients who have suffered trauma and disrupted attachment due to their experience of abuse and neglect.

Take Two was developed in the context that children who had experienced severe abuse and neglect were in great need of, but had limited access to therapeutic services (Milburn, 2004). Within Victoria, Australia there are well-established therapeutic services such as sexual assault services and child and adolescent mental health services. There is also an established family support, family preservation and out of home care system, which includes both foster care and residential care. However, a number of Victorian state government reports acknowledged the difficulties for Child Protection clients in accessing therapy, especially for those in out of home care (e.g., Morton, Clark & Pead, 1999; DHS, 2002; DHS, 2003). One barrier was where there was uncertainty regarding the child's placement and future planning or ongoing Children's Court action. There was also an acknowledged lack of persistent outreach capacity in many therapeutic services, which it was considered a number of Child Protection clients required in order to engage them in a therapeutic process.

The need for specifically targeted therapeutic services for this client group was articulated in the government commissioned report "When Care is Not Enough" (Morton, Clark & Pead, 1999):

> "… there are a number of children and adolescents in care, who have suffered traumatic early environments, for whom **care is not enough** to effectively address the aftermath. It is argued that these young people need consistent and high quality care, which offers continuity of positive relationships. However, they also need systemic therapeutic interventions, to assist them to rebuild their lives and address post traumatic states and developmental disturbance associated with the severe abuse and neglect they have suffered".

The Take Two Target Group is described as follows:

- Clients of Child Protection who exhibit, or are at risk of developing, severe emotional or behavioural disturbance caused by abuse and/or neglect.
- Clients of Child Protection who are subjects of substantiated significant and/or very severe harm.
- Aged 0-18 years.

- May be living at home, with relatives, or in out of home care.

Indeed, one of the most significant challenges to Take Two is that it is required to provide therapy to children from such a breadth and depth of situations. Some of these children's placements are uncertain, whilst other children are still at potential risk of harm.

Some of the questions arising when designing, providing and evaluating therapeutic interventions for this target group include:

- ❑ How can Take Two provide therapy to children who may not yet be safe or have a secure placement?
- ❑ How can Take Two develop a practice framework to meet the needs of such a diverse range of children, including age, placement, abuse experience and current situation?

<u>Aims of Take Two</u>

The Take Two program aims to respond to the child's needs for:

i. Safety
ii. Attachment and connectedness
iii. Recovery from trauma
iv. Promotion of development, health and wellbeing

Key principles as outlined in the practice framework include:

- Abuse and neglect occurs along a continuum of severity and chronicity and occurs within a family and social context which needs to be understood, especially in terms of their meaning to the infant, child or young person.
- Significant abuse and neglect are traumatic experiences for children
- The client's experience of disrupted attachment will be addressed through the promotion of a range of positive relationships, with family, carers, peers, workers and therapists.
- The effects of abuse will be understood within both developmental and systemic frameworks.
- Interventions will be "whole of person" addressing both the current behaviour and its underlying causes.
- Take Two intervention will never be seen as "stand alone", but always delivered through the building of collaborative alliances and integrated service planning with other services and professionals that can help the child or young person.

<u>There are three service delivery streams:</u>

1) The regional teams:

- Nine regional teams throughout the state (4 metropolitan and 5 rural)
- Each team has a Senior Clinician and either two (rural) or four (metro) Clinicians
- Referrals are through Child Protection senior management in consultation with Take Two Senior Clinicians in each region.
- The regional teams provide therapeutic assessments and interventions.

- The length of time involved is based on assessment and Child Protection involvement (with no pre-determined finishing period)
- The teams provide consultation to other services where appropriate
- They have input into both research and training

2) The Aboriginal team:

- Currently consists of one Clinician and one Senior Clinician who provide consultation and training to other Take Two Clinicians to enable them to work effectively with Aboriginal and Torres Strait Islander clients
- This team also provides direct clinical assessment and interventions for Aboriginal and Torres Strait Islander Child Protection clients.
- Referrals are made internally through discussion between other Senior Clinicians and the Aboriginal Team.
- They provide consultation and training to other services where appropriate
- They have input into both research and training.

3) The Secure Welfare position:

- Secure Welfare is a state government service providing contained brief periods of stay in secure settings for young people whose behaviour places them at immediate and serious risk. There are two units (young men's and young women's). It has a legislative framework and mandate.
- The Take Two Senior Clinician is located across these sites and provides brief assessment and interventions with young people at Secure Welfare when referred directly. Prior to Take Two there were informal arrangements for mental status examinations with the child and adolescent mental health services.
- Referrals are made via case managers, as senior Child Protection managers make the initial decision to place the young person in Secure Welfare in the first instance.
- The Senior Clinician also provides secondary consultation and support to staff of Secure Welfare and Child Protection through discussions and attendance at meetings when requested and available.
- The Senior Clinician provides consultation and liaison to other workers involved with the client, e.g. community service organisations, child and adolescent mental health services, drug and alcohol services and regional Take Two teams.
- NB: if a regional Take Two client is admitted to Secure Welfare, it is usually the regional Take Two clinician who provides the assessment and therapy during the young person's admission.

The Training Component

The Training Manager and Training Officer are based at and supported by Mindful (Centre for Training and Research in Developmental Health). This co-location enables drawing upon Mindful's well-established links

and resources due to their focus in training on child and adolescent mental health.

The Training calendar for Take Two staff developed in two components: introductory and advanced across a three year training cycle. There is also an emphasis on training for workers from Child Protection, community service organisations, Education, Child and Adolescent Mental Health Services, Drug and Alcohol services and Aboriginal services.

The Research and Evaluation Component

The Take Two research and evaluation strategy is under the guidance and support of La Trobe University School of Social Work and Social Policy. There are two core research questions:

- What is the service framework and model which delivers effective assessment and therapeutic interventions to at risk children and young people and which effectively engages the elements of the service system to support those interventions and contribute to more positive outcomes for the child or the young person?
- What are the important elements in the effective implementation of the service framework and model?

The Research and Evaluation strategy addresses these and other questions by:

- The implementation of assessment and outcome measures and the provision of information to assist the development of service models.
- The undertaking of process and outcomes evaluations. The process evaluation will identify the processes of Take Two and the factors which impact on effective implementation of the service. The outcome evaluation will identify if the project meets the aims and the identified outcomes of the service.

As the program is only in its second year of operation, the initial evaluation has been formative. As such, this inaugural evaluation focused on providing a rich description of the client group and the range of interventions used by the program. Subsequent evaluations will include analysis of outputs and outcomes.

Partnerships:

Previous research highlighted that placing these children in out of home care was not enough to keep them safe or to enable them to work towards recovery. It was agreed that neither Child Protection, out of home care, nor therapeutic services were enough on their own to achieve the desired outcomes for these children.

Take Two is a partnership of the service systems of mental health and child welfare and the academic fields of psychology, psychiatry and social

work. Each of these brings different fields of knowledge and approaches to therapeutic interventions and research.

This statewide program is funded by the state government and auspiced by a child welfare agency (Berry Street Victoria) in partnership with a Child and Adolescent Mental Health Service (Austin Health) a university (La Trobe University Faculty of Health Sciences' School of Social Work and Social Policy) and a training centre (Mindful).

The partnership approach throughout the Take Two program is shown in a number of ways:

- In the process of applying for the tender for the government funding it was believed that no single organisation could undertake this mammoth task on their own.
- Take Two's auspice is based on a clearly articulated partnership arrangements with the four partners.
- In establishing Take Two, a number of advisory processes were put in place. These included the Clinical Program Advisory Group, the Research Advisory Committee, the Training Advisory Committee and each of the nine regions had a Regional Advisory Group process. There was also a Secure Welfare Reference Group and the Aboriginal Reference Group.
- As the Take Two Secure Welfare position is located within the government Secure Welfare facility, this has required a pro-active and reciprocal partnership approach.
- The Aboriginal Reference Group and in particular a lead Aboriginal agency (Victorian Aboriginal Child Care Agency) have provided consultation and support to Take Two and in particular to the Aboriginal team.
- As both Child Protection and Take Two have a role in decisions regarding which children are prioritised for referral this has mandated a partnership approach to referral and intake.
- The reality of a clinical service being funded to also have a research and evaluation component and a training and knowledge dissemination component is a terrific model of how partnerships can be designed and put in action.
- Both the research and training components are actively supervised and supported by two of the auspice partners. The research team is co-located at La Trobe University and has significant support and guidance from the School of Social Work. Indeed, for many of the research activities it is 'all hands to the wheel'. Similarly the training team are co-located at Mindful, and are supervised and supported by the Mindful Director and other staff. Both of these partnerships add significant academic rigour to the process and enable practical access to resources such as major university libraries.

- Some of the regional clinical teams are co-located with other services. These include Child Protection, mental health and other community services.
- Each regional clinical team has needed to establish relationships within each region. Some Take Two staff have been new to the regions, whilst others have built on relationships formed in previous roles.
- With this range of partners, Take Two is also placed well to consider other partnerships for specific projects. For example there is currently a research project with Victoria University in relation to neuropsychology and young people in Secure Welfare. There is also active exploration of a new partnership with La Trobe University School of Human Communication Sciences regarding provision of speech and language assessments.
- Another exciting partnership is Take Two, La Trobe University and the Victorian Aboriginal Child Care Agency working together to employ an Aboriginal research officer to assist in developing more culturally appropriate assessment processes regarding Aboriginal children's mental and emotional health.

The underlying framework:

Take Two aims to respond to the child's needs for safety, connections and belonging, recovery from trauma and promotion of their development, health and wellbeing through intensive intervention, outreach and multi-level interventions. Take Two emphasises the importance of understanding each child and young person and how they experience trauma and disrupted attachment within their life context and developmental stage. It aims to intervene at multiple levels to help the child harness resources available to them.

Depending on the perspective or framework used, the literature says a lot or very little regarding the impact of abuse and neglect on children; the appropriate interventions to use; and what are reasonable outcomes to expect. Take Two, in reviewing the literature, concluded that a range of perspectives need to be brought together to understand the Take Two client group. These include the trauma and attachment literature, child maltreatment literature, child and adolescent mental health literature and child protection and care literature.

Harris, Putnam and Fairbanks (2004) concluded that five of the seven highest risk groups of children for traumatisation were in relation to or significantly overlapped with children in the child protection and care system. These high-risk groups were children who had been maltreated; children in out of home care; children who witness family violence or violent death of significant others; children in the juvenile justice system; and children who require psychiatric hospitalisation for problems such as suicide and absconding. Harris and colleagues (2004) study is just one of many studies that highlight the value of

using trauma theory in building understanding and therapeutic approaches for these children.

> "Trauma arises when the child cannot give meaning to dangerous experiences in the presence of overwhelming arousal." (Garbarino & Kostelny, 1996, 39)

Whilst there was earlier debate as to whether children or adults were most affected by trauma, it has become widely understood that children are more likely to be vulnerable. Children's age and naivety is not a buffer but a higher risk factor for the mediation of the impact of trauma (Wraith, 1994; Terr, 1990; van der Kolk, 1989; James, 1994; Herman, 1992/1997; Putnam, 1997; Johnson, 1998; Bloom, 1999; Maercker, 1999; Osofsky, 2004; Lieberman & Van Horn, 2004).

> "Even though children may not understand the total context of what is happening to them and around them, they are nonetheless sensitive to and aware of changes in their world and respond to changes in significant people, to changes in the familiar environment, to changes in routine, and to changes in the emotional climate." (Wraith, 1994, 103)

This vulnerability is heightened when the trauma occurs within the family and perpetrated by those responsible to protect children from harm.

> "The most pernicious trauma is deliberately inflicted in a relationship where the traumatized individual is dependent – at worst, in a parent-child relationship." (Allen, 1995, 7)

Attachment theory and trauma theory are therefore interrelated in understanding children who are traumatised within the confines of their own home. Humans are outstandingly ill prepared to care for themselves when they are very young (Carlson & Sroufe, 1995; Bloom, 1999; Kagan, 2004). Children's relationships with adults who are there to protect and nurture them are the cornerstone of attachment theory and when this goes awry it can equate to relational trauma (Schore, 2003).

> "Children who suffer disrupted attachments may suffer from damage to all of their developmental systems, including their brains and we are particularly ill-suited to having the people we are attached to also be the people who are violating us." (Bloom, 1999, 2)

Regardless of whether or not children are more or less likely than adults to be diagnosed with PTSD there is a growing awareness that when exposed to significant trauma they are at risk of showing clusters of PTSD symptoms. Perry (1999) wrote that children are often misdiagnosed with other disorders rather than PTSD. Examples of these alternative diagnoses include ADHD, depression or conduct disorders.

There are many implications when applying trauma theory to understanding child maltreatment. They include the insights in relation to the neurobiological consequences of child abuse and neglect (eg van der

Kolk, 1996a; Perry, 2000); the similarities and differences for child abuse victims with others who have been traumatised such as war veterans and rape victims (eg Herman, 1992/1997); and the understanding that much of the child's response is not within their control (eg. Hellett & Simmonds, 2003).

> "The response to traumatic stress is not within a child's control. Trauma overwhelms even the most healthy and well-developed capacity to regulate stress." (Hellett & Simmonds, 2003, 75)

One of the other main learnings from trauma theory is the understanding that those who have been traumatised are trying to survive, even if their behaviours and presentation appears contrary to this. They will often adapt their lives in order to gain some sense of control, albeit fleeting. These behaviours may include substance abuse, suicide, self-harm, violence to others and withdrawal (van der Kolk, 1996b). Hellett and Simmonds (2003) wrote that children living in traumatic environments learn to do whatever is required to survive. They seek mastery over their situation, even if it is ultimately futile.

> "Children living in these circumstances are not free to learn, play and explore the world like other children – they respond to the world as a dangerous and frightening place where they get hurt. They become primed to look for and protect themselves from these threats." (Hellett, et al., 2003, 76)

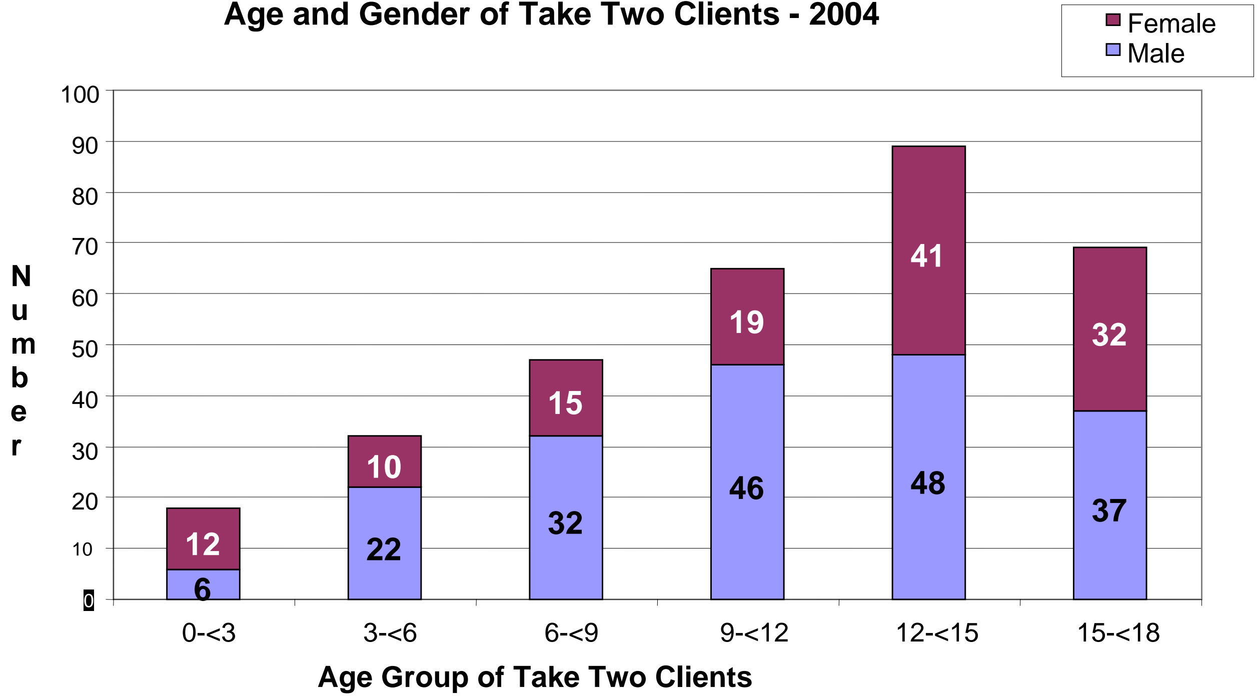
The developmental psychopathology perspective emphasises the need to provide therapy to maltreated children in order to address the ecological context of the experience.

> "A primary issue to consider when providing therapy to a maltreated child involves the need to address the ecology of the maltreatment experience. Even when a therapist is providing individual child psychotherapy, it is important to remember that the child does not exist in isolation, but continues to be affected by the home, school, and broader community." (Cicchetti & Toth, 1995, 556)

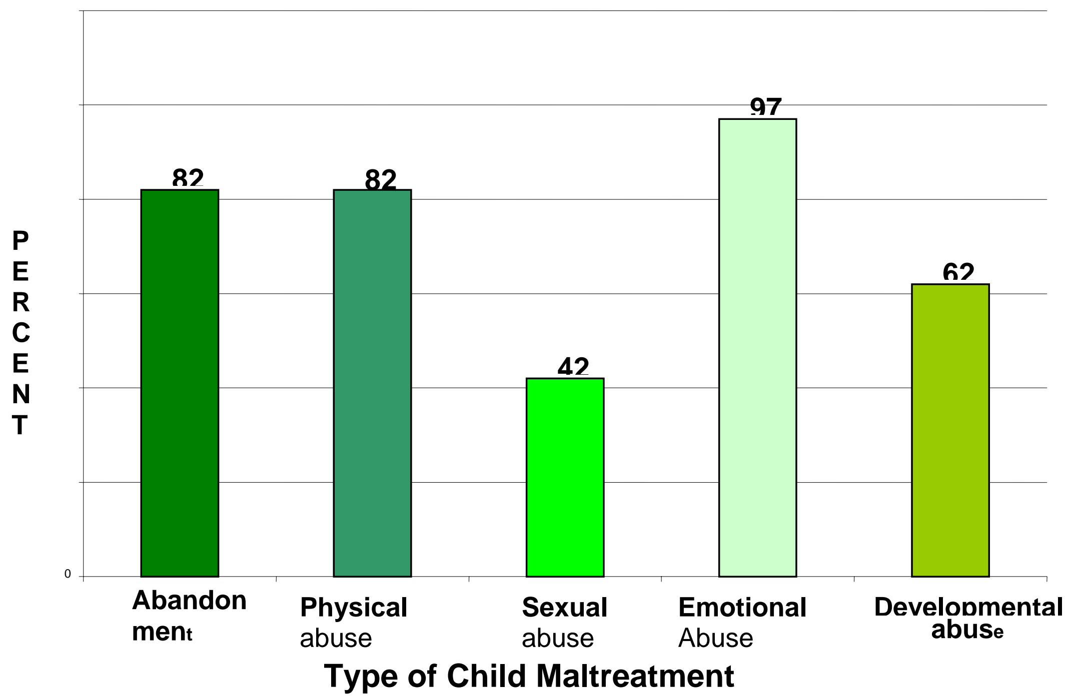
Cicchetti and Toth (1995) also note the need to respond to the broader systemic forces surrounding the child, as these can be very powerful. They highlight the need for services to be coordinated and for interventions to be unified and comprehensive.

The First Year of Operation:

While it is too early to provide outcome data, the statistics for Take Two in 2004 show a number of trends at the time of referral and provide a rich description of the client group.



Age and Gender of Take Two Clients - 2004
Female
Male
Number
100
90
80
70
60
50
40
30
20
10
0
12
6
10
22
15
32
19
46
41
48
32
37
0-<3
3-<6
6-<9
9-<12
12-<15
15-<18
Age Group of Take Two Clients



Type of Child Maltreatment Experienced by Take Two Clients - 2004
PERCENT
0
82
82
42
97
62
Abandonment
Physical abuse
Sexual abuse
Emotional Abuse
Developmental abuse
Type of Child Maltreatment

Ninety-six percent of Take Two clients in 2004 had more than one type of abuse or neglect experience, with 83% having more than two types. In addition to actual abuse and neglect, there were related parental factors which were identified at the time of referral as impacting on the child.

Examples of Parental Factors relating to Abuse/Neglect – All Take Two Clients – 2004

Exposure to parental substance abuse	43%
Exposure to physical harm from family violence	45%
Exposure to family violence	59%
Forcing child to witness violence	12%
Exposure to parental psychiatric illness	26%

In addition to what can be seen or inferred from these examples of parental factors, there was also information regarding other forms of traumatic situations which were experienced by one or both parents.

Eighty-two per cent of the regional Take Two clients had mothers with known trauma histories: examples included 52% with history of child abuse; 40% with experience of rape (other than intrafamilial); and 22% experienced significant loss through death of others.

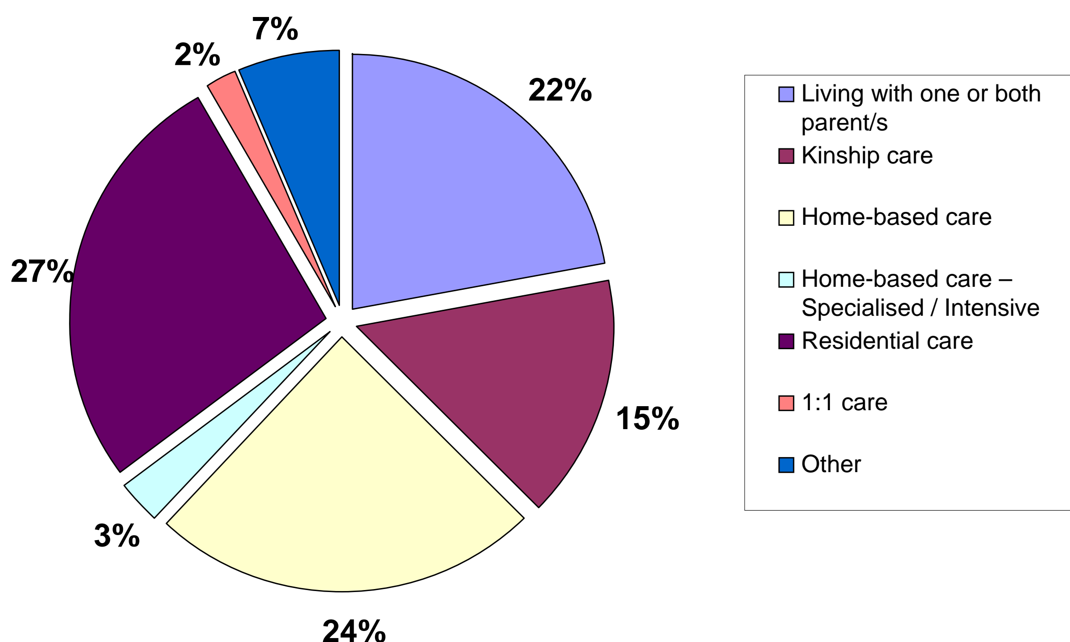
Forty-nine per cent of the regional Take Two clients had fathers with known trauma histories: examples included 31% with history of child abuse; 9% with experience of rape (other than intrafamilial); and 13% experienced significant loss through death of others. There was however a large amount of missing data for fathers. This data in relation to both parents highlights the existence of multigenerational trauma. It illustrates the complex task in providing therapy for children who are living with or planning to reunite with parents whose own experience of trauma is so severe and often un-addressed.

In terms of the range and depth of consequences to many of these children referred to Take Two in 2004, the following table shows some of the emotional and behavioural consequences assessed by the referrer. The Take Two assessment often showed that these consequences were more serious and more pervasive than initially thought.

Examples of Consequences of Abuse/ Neglect to Child's Emotional/Behavioural Presentation	Percent of Cases
Ongoing or frequent substance abuse by child	17
Criminal activity involving violence	10
Length/continuous absconding	26
Severe changes in affect or mood	28
Suicide attempts	6
Dangerous self harm	13
Repeated and severe violence to others	17
Profound sleep disturbance	10
Deterioration in attention/concentration	21

The Take Two clients came from a variety of placement types ranging from living with their parents (22%), living with friends or relatives (15%) to some form of home-based care (27%) or residential care (27%).

Type of Placement at Time of Referral



One of the most striking findings in relation to the Take Two client group in 2004 was the significant and unrelenting loss experienced by many of them. The following is a list of some of events or situations in their lives that indicate an experience of loss.

Experiences of loss / separation - Take Two regional clients – 2004

- 36 children (16%) had a parent figure who had died.
- 16 children (8%) had another significant person in their life die (eg sibling)
- 36 children (16%) had experienced major loss of contact with parent figure

- 47 children (20%) had at least one parent figure in gaol during T2 involvement in 2004.
- 57 children (25%) had parent's relationships change during T2 involvement in 2004.
- 177 children (76%) were living in out of home care at time of referral to T2.
- 202 children (89%) had experienced at least one previous placement away from their parents prior to T2 involvement.
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This list of loss and deprivation for many of the Take Two clients overlaps with their experiences of trauma. The following table provides some examples of traumatic events experienced by Take Two clients in addition to the experience of abuse and neglect.

Other traumatic/distressing events experienced by T2 Regional Clients not including Intrafamilial maltreatment (N=204 Cases)	Percent of Cases
Trauma related to parent's difficulties or lifestyle	81.4
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Conclusion:

The Take Two program has established clinical services across the state of Victoria in a relatively brief time. It has also established the training and research components of this program. The various partnerships have been instrumental to such achievements and are essential for continued development of the program. The other clear finding is that Take Two is working with the targeted group of children for whom it was designed. The vulnerability of these children in addition to their experience of abuse and neglect has also been a strong finding.

The data illustrates the point made by Judith Herman of the cycle of trauma that can occur to those already traumatised.

> "Traumatic life events, like other misfortunes, are especially merciless to those who are already troubled." (Herman, 1992/1997, 60)

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