

## ■ kca exercises

# Case Study: What difference does trauma-informed practice make?

Nathan was 13 when he joined his foster family. They knew that his mother had died when he was nine, and that she had used heroin. They knew that he had been at a special boarding school until he was 11, and since leaving that school had been living in a children's home with no allocated school place – they had been told that no school would take him because of his behaviour. They also knew that he had been to visit and wanted to join their family, that he was desperate to go to what he called 'normal school', and that their local comprehensive school had agreed to take Nathan.

They didn't know that before he went to school he had been beaten severely and frequently by his stepfather, and had witnessed serious domestic violence at home. That when he went to school he was regarded as violent and disruptive and had been permanently excluded at the age of five, at which point he was sent to the special boarding school, returning home during school holidays. They didn't know that the boarding school would close down with allegations of physical, emotional and sexual abuse against staff. They didn't know that the children's home where he lived for two and a half years was run by people who were involved in paedophile networking.

They did know, once Nathan came to live with them, that he was a young man who struggled to self-regulate, to process information accurately and to make and maintain relationships especially with adults. Without knowing all his history it was clear that Nathan was a traumatised young person. The foster carers worked with the school to try to ensure that Nathan could feel safe enough at school to manage day to day life.

First they needed to make sure that Nathan knew what they meant by feeling safe, because humans have a tendency to seek what is familiar and to assume that this is what is safe. The home of the local drug dealer was not in fact a safe environment for Nathan, but it did feel familiar. Once he could recognise, even very tentatively, how he felt inside himself when he was genuinely safe, the adults around him became able to talk to him about what, and especially who, helped him to feel like that.

So his foster mother asked him "When you're at school, who do you feel safe with?" At first he said he felt safe with the school receptionist. "What is it about her that helps you to feel safe?" "She knows my name, she's patient, and she helps me sort out problems"

The foster mother asked him to give her an example, and Nathan said "You know you said that when I get stressed I can't remember stuff?" (An important element of trauma-informed practice is teaching the child or young person about the impact of toxic stress on the brain). "Yes." "Well I can go to her and

*'Nathan' (not his real name) has given permission for this adapted case study to be used to promote trauma-informed practice*

## ■ kca exercises

say “Do you know where I’m supposed to be next because I can’t remember?” and she doesn’t say “I gave you a timetable last week” (someone obviously had!) she looks at her timetable and says “You’ve got to be in M2 for English.” And I can trust her, I can say “I can’t remember where M2 is.” (Memory problems can have a big impact on everyday life for traumatised people.) And she goes with me or finds someone to go with me.”

Nathan has found someone who will co-regulate with him, guide him and support him, and the example he gave showed a young man who was arriving at his lesson settled and ready to learn. Without that adult help the picture would be very different – it is much too humiliating to let your mates know you can’t remember simple things, and much more exciting to get them to leave the school site with you, at which point all you need for a good afternoon is a stolen bottle of vodka! And the adults are left with an incident to handle.

Trauma-informed practice starts with identifying at least one person with whom the child feels safe, but moves swiftly to trying to widen the attachment network, which is much more robust. After a while the foster carer asked Nathan “When you are at school who do you feel safe with?” “The school receptionist.” “Who else?” “Well, my Head of Year.” “What is it about her that helps you to feel safe?” “She treats me with respect, she listens to me, and she help me sort out problems.”

At this point the people with whom Nathan felt safe were all women, and he found men frightening – though his male teachers were more likely to describe him as frightening than frightened. Some time later, however, the answer to the question “Who do you feel safe with?” included the Deputy Head, who was a man and who had found plenty of opportunity to connect with Nathan as he was responsible for discipline in the school. “What is it about him that helps you to feel safe?” “He treats me with respect, he’s fair, and he helps me sort out problems.”

Nathan went to that school at 13 having never experienced mainstream education since the age of five. He left at 16 with five GCSEs. In the short term trauma-informed practice had enabled him to survive day to day in the school environment.

But once he left school the picture looked very different. He was then in late adolescence, a period of profound changes in the brain and in life, and he had lost his prime daily motivator of getting through school. His mental health became very fragile, and his behaviour reflected the extreme disruption of his inner world. Before he was 18 he was in prison as a dangerous and violent offender. His foster family were told he was suffering from untreatable personality disorder and would forever be a danger to them, so they should forget him. But attachment relationships are not readily just forgotten, and they let him know they would always care about him. When he came out from prison some years later he was heroin dependent, and went through rehab three times, with long distance support from his foster family.

*‘Nathan’ (not his real name) has given permission for this adapted case study to be used to promote trauma-informed practice*

## ■ kca exercises

It takes at least twenty five years for the brain to reach maturity. Since he was in his mid-twenties Nathan has been free of heroin. He has always been either employed or self-employed. He is now part of a stable and loving relationship and the father of children who show no sign of the childhood trauma that marked his early life. He is kind, and loving, and intelligent, and funny. And when they were on a big family holiday together a few years ago, his foster mother asked him “How can you be this father? You’re such a great Dad.” And he said “I have choice. I can choose who I want to be because of people I knew after I was 13.” And he started to name the people who had made a difference. The school receptionist, the Head of Year, the Deputy Head, his foster family, a particular police officer who, every time he arrested him, treated him with respect, a probation officer who helped him when he came out from prison, and one worker in one of the rehab units he attended.

In the longer term trauma-informed practice has helped Nathan to live a satisfying life.

Apart from the foster family, who had the privilege of staying in touch, these people did not know the good they did. Their trauma-informed practice was largely intuitive, and the outcomes they saw seemed like failure. But when more people in the community are consciously trauma-aware and able to develop their own trauma-informed practice more children and young people like Nathan will be able to recover and develop resilience. And the adults will know they need to take the long perspective, to make sure that the young person knows that someone will go on caring what happens to them, will go on being that internal (and sometimes external) source of co-regulation, guidance and support that we all need throughout life.

*‘Nathan’ (not his real name) has given permission for this adapted case study to be used to promote trauma-informed practice*