Trauma-Informed Care

at Marymount Centre

By **Dr. Derek Zheng**
(Senior Psychologist)

During my doctoral training in Educational, Child and Adolescent Psychology at University College London, I had the opportunity to work with children and young persons (CYPs) in the UK and Singapore, supporting their learning needs and emotional wellbeing. Prior to joining Marymount Centre my career was mainly in special education (SPED) schools here, primarily with CYPs with special educational learning needs and disabilities, such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), specific learning difficulties (SpLD) and intellectual and developmental disabilities (IDDs).

In my current role I conduct psychological assessments and deliver trauma-focused therapeutic interventions with vulnerable CYPs who have experienced trauma, abuse and neglect. I also lead the systemic psychological framework at Marymount Centre, namely the Trauma-Informed Positive Behavioral Intervention and Supports (TI-PBIS). There are some similarities with the CYPs I used to work with, as the children of the residential children's homes often experience marked difficulties with school and learning, in addition to their emotional and psychosocial difficulties. I work closely with key stakeholders such as school staff, parents and caregivers and other professionals to help them better understand and support the residents' learning needs and emotional well-being.

PRACTISING TF-CBT AT SGC

By Dr. Derek Zheng

At Ahuva Good Shepherd - Small Group Care (SGC), my work involves delivering trauma-focused interventions with the residents who have experienced childhood or adolescent trauma from abuse and neglect. As a result of their adverse childhood experiences, they often have difficulties coping with strong emotions, such as anger, sadness, and guilt. They may also get into frequent conflicts with peers and have trouble paying attention in class. In addition, they experience grief and sadness about being removed from their family homes. Trauma-focused interventions are aimed at improving their emotional well-being and enhancing personal safety.

A key component of the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) intervention is Trauma Narrative. This process helps a resident create a story of the

traumatic events and experiences in her life; to make sense of what happened to her. This allows her to learn to process and reduce the negative thoughts and feelings that she may have associated with these traumatic events and gain a sense of mastery and control over them.

Over several sessions, the resident creates her own life story detailing the scary, upsetting and confusing events in her life. When the story is completed, I work with the resident's identified safe and calm adult, like a parent, and prepare them to listen to the story and respond to their child in a nurturing manner. Although this process may be difficult for the children, many of them overcome their fears and anxiety and greatly benefitted from completing TF-CBT.

My work with Freya (not her real name) and her mother Evie (not her real name) is a memorable experience. We were preparing for the stories sharing session. Understandably both mother and child were anxious and nervous about each other's reactions. Their worst fear was how it would negatively affect their parent-child relationship. I roped in Freya's mentor. We role-played different scenarios, and possible reactions from her mother when she shared her life story. Separately I worked with Evie to help her better understand her daughter's story and shared tips on how to respond supportively. The preparations helped to calm and reassure both. During the sharing session, Freya shared her difficulties growing up in the family, stories that she had not articulated before. I witnessed how her mother was able to tune in and listened to her in a compassionate and non-judgmental manner. At the end of the session, mother and daughter shared a warm embrace, which was a very heart-warming moment. This parent-child relationship continues to grow stronger. They are better at communicating and sharing their emotions openly with each other.

PRACTISING TI-PBIS IN IPAC

By Nikole

Quinn (not her real name) arrived at Ahuva Good Shepherd - Interim Placement and Assessment Centre (IPAC) in August 2021. Taller than the average 13-year-old, she appeared cool, portraying toughness, but was usually in a low mood. Often, she had to be coaxed to have her meals or just stepping out of her room.

The widely referenced Adverse Childhood Experiences (ACEs) study has been essential in shaping our understanding of childhood trauma and its pervasive impact on an individual's life and development. Quinn's background featured a history of neglect and abuse, parental separation and incarceration, along with early exposures to family violence and substance use. Seen through the lens of ACEs, she posed a greater risk for negative

outcomes. Her profile included engagement in high-risk behaviors such as smoking and drug use, impulse control issues, and poor school performance. Knowing that rapport building was essential in supporting Quinn during her stay with us, my colleagues and I worked to communicate acceptance, understanding, and non-judgment, weaving in the consistent message that we cared.

One evening on her return from school, she retreated to her room and curled up on her bed in darkness. When I checked in on her, she was extremely combative, rebuffed my attempts to converse. Suddenly she let out an exasperated sigh. With her face still buried in her pillow, she muttered, "I'm sorry… I don't know why I'm so rude." My stance softened, relating to the familiar feeling of frustration; often those closest to me knew my wrath. I said, "It's okay, now tell me what's going on…" Learning to attune to her needs, I sat with her patiently, hoping that my colleagues were managing okay with the rest of the children.

For many of the young girls in our care the world they know is a frightening, lonely and unsafe place. I understood the complexities involved in learning to trust.

For Quinn, these haunting moments passed, and she felt safe to rejoin the rest of the group. Compassion and empathy came easily to me. However, this pattern of unreasonable behaviour followed by an apology began to occur more frequently. I processed this with a colleague, who pushed me to consider how I might challenge Quinn further. How might I use the relationship that I had built with the child to incorporate teaching moments, a component of Trauma-Informed Positive Behavioral Intervention and Supports (TI-PBIS) framework. I found this to be far more challenging.

My teammate suggested that in order to help Quinn develop empathy and consideration for others, I could express how her lashing out made me feel. After that we could explore alternative methods of coping and communicating when she felt frustrated. Whether or not I was successful is a story for another day, but this framework recognizes the role of moving beyond compassion, to building upon the resilience and protective factors of children affected by trauma. It seeks to promote an environment that prioritizes the healing and recovery of our youth.

The TI-PBIS approach also calls for a larger system-wide re-evaluation of our procedures and practices. As a team we learned to adopt choices that would prevent a child's further dysregulation and reduce the likelihood of re-traumatization despite how it challenged our notion of fairness. We learned to pick our battles with a child in a situation like that Quinn faced. Our focus shifted to prioritize her healing. I saw team members humbly and courageously step out of the way with the awareness that they might be a further trigger.

Together we are on a journey of cultivating hope and safety, where there is no one-size-fits-all solution. It invites us to embrace a more child-centered, fluid way of supporting our young people in dealing with painful emotions, trauma, and building their resilience.