

Case Study 7



L is eight years old.

L is eight years old and was admitted to XY children's home in February 2009 following a series of foster placement breakdowns. His early experiences of abuse and neglect have disorganized his attachment, but so many different experiences of caregiving must have compounded this. Organized attachment representation is a product of the child's early experiences of receiving care, and allows the child to predict how to get their needs for comfort and safety met. Familial abuse is traumatizing because it prevents the development of a predictable strategy that can be used in the primary attachment relationship. Without an organized representation of caregiving, discontinuous care is incomprehensible to a child who, as they get older, typically tries to establish behavioural ways of controlling adults in their lives.

His behaviour had deteriorated over his various placements. He was described as having poor hand-eye coordination; he smeared faeces, bit animals, urinated on his belongings, and was afraid of the dark. He would sit and watch DVDs for hours on end.

His final family placement reported that he would make himself sick after meals, urinate over his belongings, cut himself with scissors, and burn himself on radiators. He had no awareness of risk from strangers, and was indiscriminately friendly. His behaviour was described as very sexualized. Although he had limited concentration, he watched DVDs for long periods, seemingly obsessed with certain troubling scenes, which he would endlessly rewind, perhaps representing his attempts to process his traumatic memories.

L was admitted to XY following a further breakdown of family placement. He was becoming more violent and the foster parents no longer felt able to contain him or manage his behaviour. He was also struggling in education. Attempts to sustain the placement by providing individual therapy were not successful. Although L was referred to us for a Family Placement we did, after very considerable discussion and an offer to reduce the fees normally charged persuaded the Local Authority that this would have been bound to fail. XY was identified as a safe, therapeutic environment; where he could attend education and access individual therapy, in preparation for permanent foster care.

He has been traumatized by early abuse and presented an insecure-disorganized attachment. Attempts to sustain his final family placement included individual play therapy sessions, provided by the local CAMHS, but were unsuccessful. XY provides a therapeutic approach to recovery from attachment difficulties, focussed on developing L's ability to organization his attachment representations and process early trauma. In addition, we provide Life Story Work and enable children to access Therapists through Family Care Associates' Therapeutic Services to provide individual or group therapy as indicated by a specific therapeutic need.

L has made considerable progress in placement. The structured therapeutic environment is helping L build an organized representation of himself and others in a relationship. Ongoing work is helping him think about the internal states of others. Violence against others is rare. Self-harm has not been seen for over 12 months. He is sleeping better and there have been few instances of smearing faeces. He is supported to participate in a wide range of activities, and shows developing skills towards autonomy. He can now play alone for short periods, but still requires very high levels of supervision in groups. He attends our own school regularly (he now has 100% attendance for a year); he enjoys the structure and the cognitive demands of school, but still needs to be taught in very small classes.

Although L is young enough to be able to settle into a family placement, his behavioural adjustment will make living in a family problematic. Further, his fragmented inner world is potentially overwhelming to live with. He still lacks both the social-problem solving skills and the organized representation of others that are necessary to develop mutually satisfying and enduring relationships. His growing organization is fragile, but represents the beginning of a secure base for exploring future relationships. Continuity of school and individual therapy will both add to the likelihood of a family placement succeeding, but any prospective foster family would need to be trained in and experienced at working with disorganized attachment and would need to be adequately supported to meet L's long-term therapeutic needs and process the painful experience of caring for a child like L.

The placement was made on the recommendation that a therapeutic approach would develop L's ability to organize his attachment representations and process early trauma. XY is a four-bedded therapeutic home, which provides a therapeutic approach to recovery informed by attachment theory, social and cognitive psychology and social learning theory, and emphasises the importance of the therapeutic alliance that can be built with young people through the process of living alongside their recovery, sometimes referred to as therapeutic parenting.

L remains in XY but will make the transition to foster care.

His Local Authority recently noted:

I have been asked by the Panel members to bring to your attention the outstanding report prepared by Family Care Ass, also all Panel members were impressed with the excellent day to day care and therapy that has been given to L. As a result of the excellent work completed by Family Care Associates, L care plan of long term fostering is now on track.