



Healing Relationships Between Youth, Their Parents, & Caregivers



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***People who have
been hurt in
relationships
need
relationships to
heal.***

ACRC Position Papers:



Building a
“Relational Skills Toolbox”
aligns with and deepens
all of these best practices.

Is there a line between treatment and programming /milieu?

Can most interactions promote healing?

Can we widen the “lens” from focusing on the youth’s behavior to include his/her network of relationships?

Can frontline care staff be viewed as potential “relational bridges” ?

Context Setting:
What research shows about recidivism in youth programs and why promoting their “capacity for relationships” is critical in successful discharge and re-integration into the community

Research findings on critical risk factors re: recidivism: antisocial attitudes/personality, delinquent peer groups, conflicted/estranged family relationships (common factors?).

Cross-over youth: Not concurrent, but early child welfare involvement is more predictive of recidivism (why?).

Challenging ways these youth present (miscue needs/mistrustful/resist support).

Context Setting Continued: What do we know about challenges for staff working in RTCs?

Restraint	Research findings on Seclusion & Restraint research: “super-users” more likely to perceive threat of violence/aggression and self as victim.
Perception	Research findings about misperception about the ages and needs of children of color: by age 10 judged to be 4.5 years older than chronological age! (Goff and others)
Control	Disrespect & Defiance → Control tactics/coercion. Adolescent developmental strivings for independence and autonomy and the challenges of creating a therapeutic milieu.
Stress	Stress, loss of meaning, burnout, vicarious trauma, compassion fatigue, moral injury contribute to defensiveness, control/coercion, and turnover.



Reflective Supervision

(Shamoon-Shanock &
Geller, 2000)

***An oasis in time,
a place to breathe,
remember, consider,
and plan.***

Best Practices

Successful Transitions

Reflective
Practice

Safe Environments

Staff Retention



Objectives:

- Understand the role attachment security plays as a critical protective factor in adolescent development.
- Understand how various shame-based trauma responses can present challenges to effective engagement and retention.
- Identify potential opportunities to promote reflective functioning in all caregivers.
- Leave with some concrete suggestions of how to incorporate reflective practices into existing approaches.

Does
attachment
even matter to
adolescents?



Secure Attachment in Adolescence

“Safe Haven”

The ability to “***turn toward***” a trusted adult when comfort and aid is truly needed.



“Secure Base”

Believing a trusted adult “***has your back***” no matter how often and loudly the youth proclaims they don’t need it!



Attachment Security as the Critical Protective Factor in Adolescent Development

- ✓ Decreases risk of social, emotional, and mental health problems.
- ✓ Decreases aggressive, violent, and antisocial/“callous” behaviors.
- ✓ Decreases experimentation with substance use and risky sexual behaviors.
- ✓ Promotes capacity for regulation of difficult emotions.
- ✓ Promotes popularity with peers while decreasing the influence of negative peer pressure.
- ✓ Supports effective transitions to high school and beyond into young adulthood.

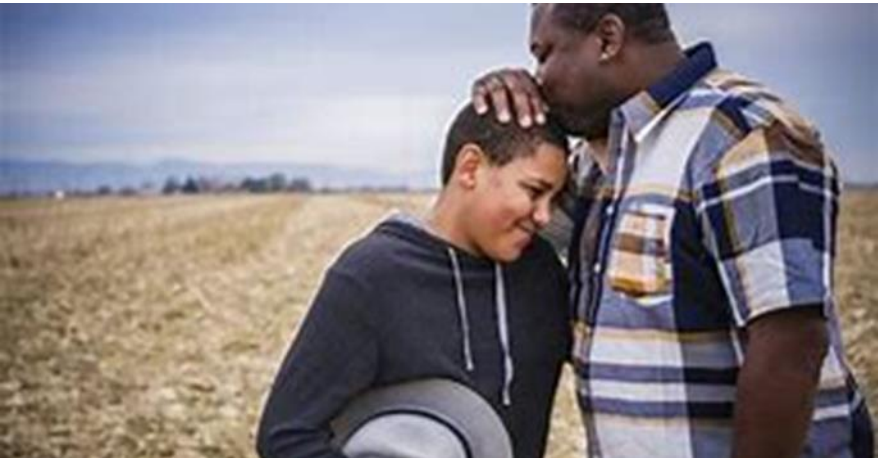


Can attachment security be promoted in adolescents?

- Research findings from foster care studies.
- Research findings in juvenile justice with youth assessed with antisocial (e.g., “emotionally callous”) characteristics.

Conclusion: enhanced caregiver sensitivity and reflective functioning can promote greater attachment security in adolescents, even those who have learned self-protective trauma responses.





What promotes attachment security?

- ✓ Safe and supportive adult who is accessible, dependable, and takes the initiative in connection.
- ✓ Feeling “seen” by that adult.
- ✓ Support in making sense of past relationship experiences.
- ✓ Becoming aware of and able to challenge old negative thoughts and patterns.
- ✓ Being able to take risks in emotional vulnerability and observing and learning how to repair ruptures in relationships.



What might **Earned Security** look like for adolescents?

Barriers

Youth:

- Miscuing adults about their needs and feelings.
- Misperception of other's feelings and intentions.
- “Compulsive Self Reliance”.
- Self protection → turn away.

Caregivers/Parents:

- Perceiving youth's behavior as defiant and disrespectful.
- Feeling hurt and rejected.
- “Here we go again”/ ineffective/hopeless.
- Self protection → turn away.



Attachment Suitcases

- We all carry our attachment histories with us.
- Our “suitcases” are full of feelings, memories, beliefs, and expectations.
- We can’t “empty out” the negative experiences, but we can add positive experiences and help kids make sense of those earlier experiences.
- *Caregivers: Maybe it’s not about me??*

(Moretti, MM, Ostling, O, & Pasalich, D.S., *Connect for Foster Parents: An Attachment-Based Parenting Program.*)

Bringing a
Trauma-
Informed and
attachment-
focused lens to
understanding
behavior





Continued Evolution of Trauma-Informed Care

- ***“When we know better, we do better.”***
 - The journey, not a destination.
 - The power of paradigms.
 - The paradox: Those who most need our support can be the most difficult to engage.
- The role of SHAME

Getting “Under” Behavior



*Curiosity opens
us to connection*



Under the iceberg called **BEHAVIOR**

- Feelings
- Thoughts
- Needs
- Beliefs
- Perceptions
- Intentions

Feelings, thoughts, perceptions, beliefs → BEHAVIOR

**Youth with histories of abuse tend to over
perceive expressions of anger**

(Pollak & Cicchetti, 2000)



**Misperceptions of intentions due to Hostile
Attributional Bias (Nasby, Hayden & DePaulo 1980)**



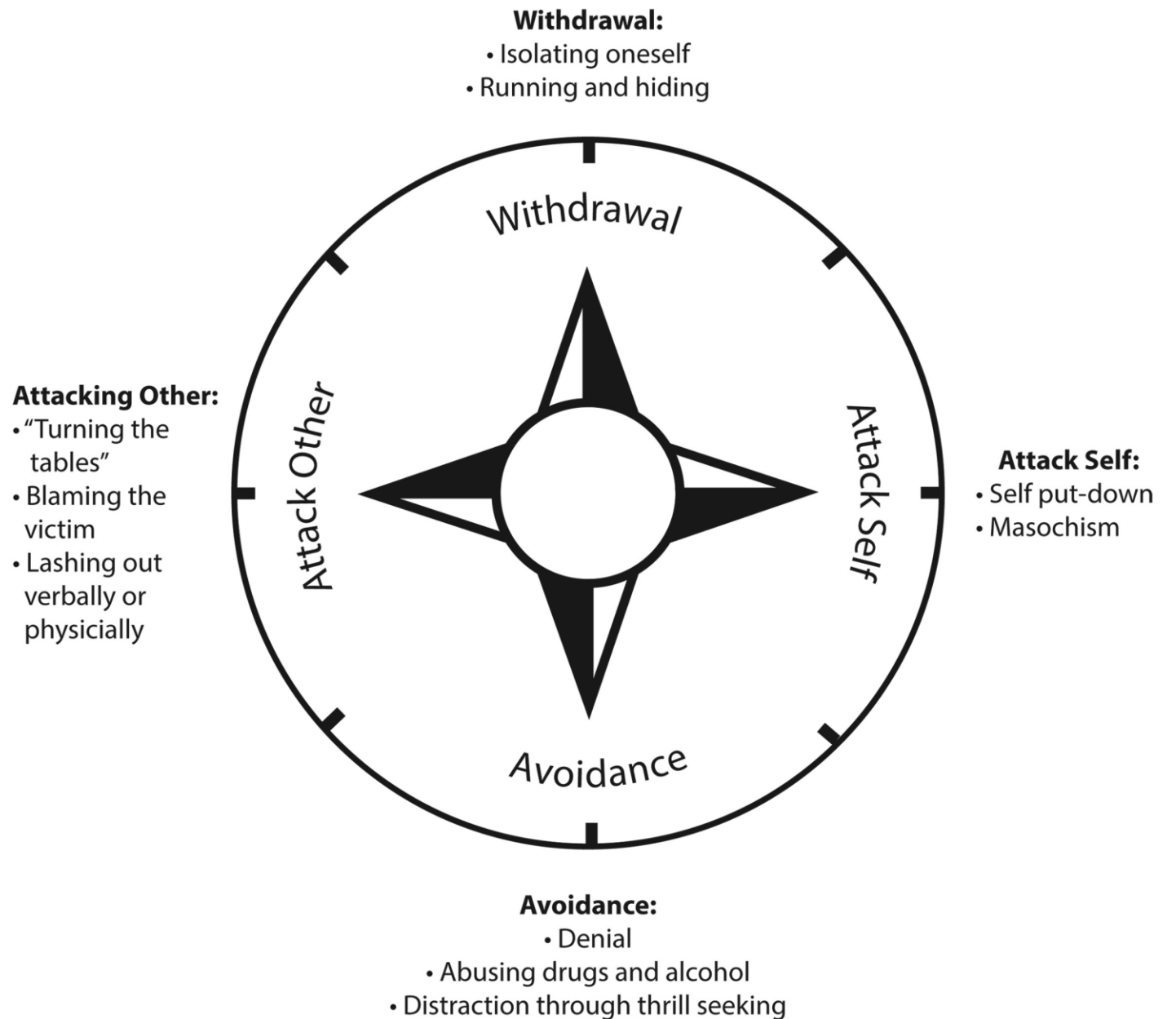
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Continued Evolution of Trauma-Informed Care

- Not just ACEs, but traumas within relationships.
- Experiences that generate SHAME.
- Shame-based coping strategies and challenges to engagement and retention.

Compass of Shame

Don Nathanson
(1992) and Ellison
& Pulos (2006)



Possible Examples of Shame-Based Coping

Youth in Care

- Avoiding connections
- Withdrawal/isolation
- Self-sabotage
- Aggression

Parents and Families

- Missing visits/phone calls
- Disengaging/disappearing
- Needy/self-deprecating
- Blaming youth or staff or system

Additional examples:

Direct Care Staff

- Keeping emotional distance
- Hanging with coworkers vs. engaging with kids
- Struggle with boundaries, doing too much, giving in
- Lashing out verbally or quick to use consequences

Clinical Staff

- Keeping emotional distance; staying strictly in role
- In office vs. out in milieu
- Over-functioning, assuming too much responsibility
- Quick to pathologize and diagnose



So, what do we do?

Deepening practice through Reflective Practices

Reflective Functioning: holding all of this

- One's own feelings, thoughts, needs, & goals
- The other person's feelings, thoughts, needs, & goals
- How trauma, especially interpersonal traumas, and shame may lead the person to miscue what they actually need.
- Attachment-related needs involve both connection and independence/autonomy.





What might that get us?

- More information = more likely to recognize the youth's or other's needs → if we see things differently, might respond differently
- More options to achieve our intentions
- Shifts CONFLICT from something between us to a recognition that it is our needs that are in conflict.

Examples:

What feelings, needs and good intentions might be here?

- **Youth:**
 - Defiant and disrespectful
 - Manipulative
 - Lazy
- **Parents:**
 - Critical
 - Rejecting

Promoting Sensitivity & Empathy

- Helping the other person feel seen and heard and “felt by” you.
- Acknowledges that they and their perspective matter.
- Does **not** mean agreeing with the other’s perspective.
- Opens and maintains communication so that collaborative problem-solving can occur.

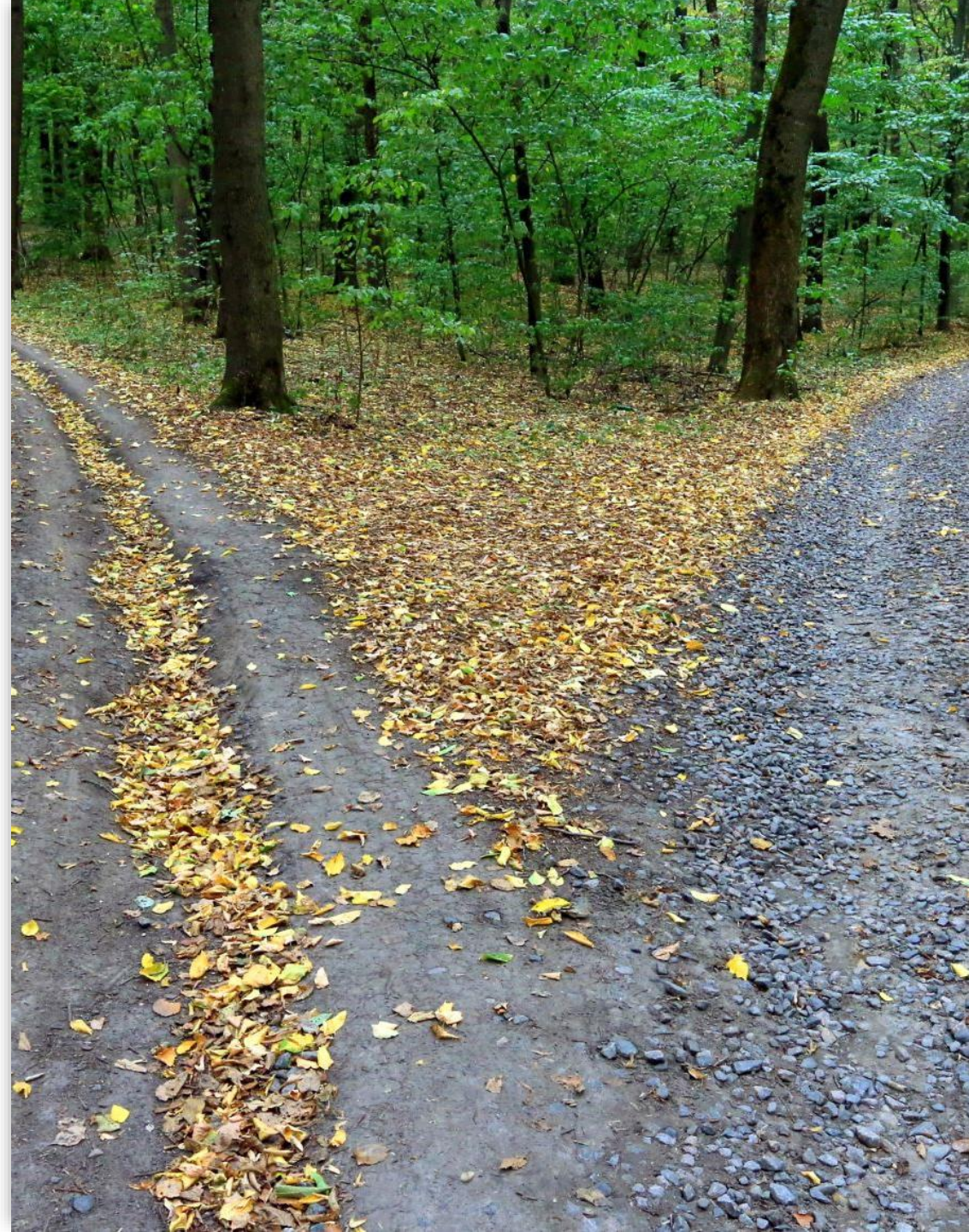
Dyadic Affect Regulation: How co-regulation shapes self-regulation

- Our “**buttons**” get pushed
- Can we “**step back**”? Give ourselves options before responding?
- Adult in caregiver role then **takes lead*** to **step forward** to help soothe or comfort in a developmentally appropriate way.
- Model and teach self-regulation skills.
- Remember that adolescents even when they have language may not be able to **put into words** all they are feeling and struggling with. (Note: true for adults sometimes too!).

*Corrective emotional experience that promotes security in attachment.

Critical Skill of Relational Repair

- Rocky road from childhood through adolescence → many opportunities for conflict → relational ruptures.
- Detecting and being able to respond to ruptures is the glue in relationships and the key to maintaining engagement.
- Actions speak louder than words! Small overtures made in a genuine manner make the difference.
- Repair efforts strengthen attachment security, build trust, and promote resilience in all relationships.



Questions that promote reflective capacity


(adapted from Moretti, MM. The Connect Parent Group Program)

Self

- What am **I** feeling, thinking and wanting?
 - Can I step back & manage these?
- What do I need in this situation?
- Am I able to try to attend to the other person's needs and mine?

Other

- What is the **other person** feeling and thinking?
- What might they be needing in this situation?
- How will the way we are interacting impact our relationship?



Weaving reflective
practice into
existing practices

Why this might help:

- Develop front line caregiving staff's professional competence and sense of self-efficacy in their roles.
- Supporting healing milieus by acknowledging the complexity of relationships and strong emotions engendered in this work.
- Deepening skills in creating non-coercive, healing environments.
- Building capacity for more meaningful engagement not just with youth in care, but also with their parents and families.



Building on existing practices

Ways to add to and deepen case conferences

Reflective practices need:

- TRUST—psychological safety
- Regular, reliable, dedicated time –not “on the run”.
- Model curiosity and vulnerability.
- Make sharing feelings ok—different from acting on feelings! Criticism promotes defensiveness not reflection.
- Recognize good intentions even in mistakes.
- Connect to the “Whys”, not just for clients but self.
- Role-playing responses & strength-based feedback.



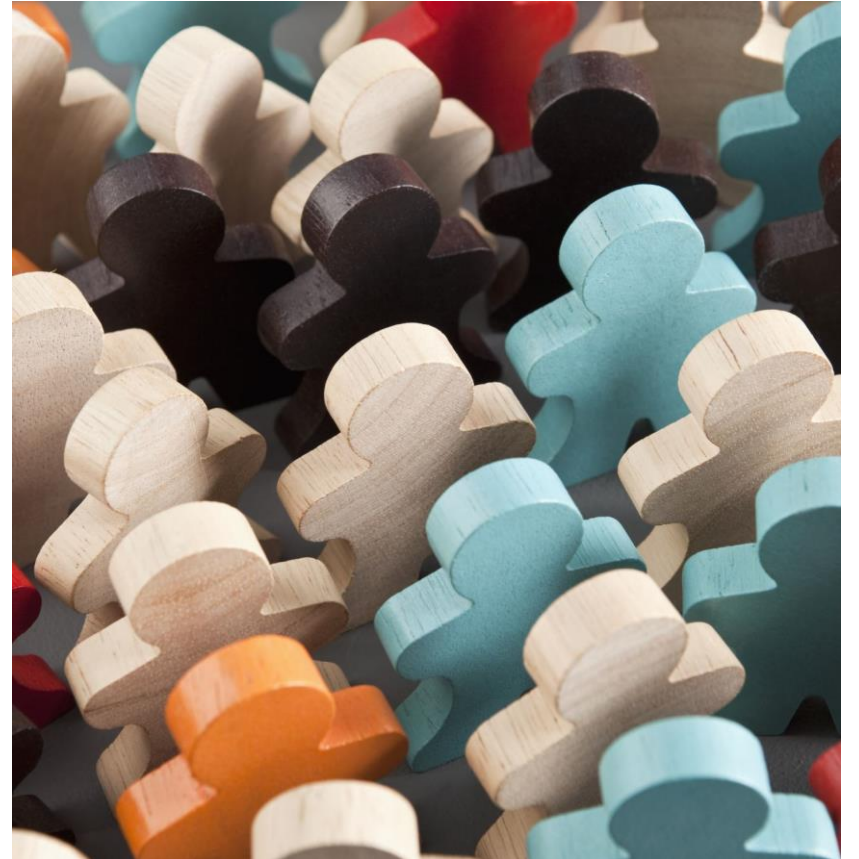


Reflective Practice in Case Conferences

- **Describing:** What behaviors have we seen?
- **Responding:** How do we or others feel and think about that?
- **Exploring:** What might this behavior mean? (Possible needs? Things we might not have considered?)
- **Linking:** Why does that matter?
- **Integrating:** What have we considered? Is it working? Possible unintended consequences?

Parallel Process

- What feelings and thoughts might this behavior stir up in staff? In the youth's parent(s) and family?
- What are staff's good intentions? Parent's and family's good intentions?
- Why does this matter?
- What might increase chances of staff achieving their good intentions? Parent and family?
 - Strategies
 - Self-Care



The Paradox of Acknowledging Feelings:

The words we use recruit feelings!

Reframing as a *self-care strategy*

- **Youth:**

- Aggressive
- Manipulative
- Self-sabbotaging

- Not able to regulate
- Not able to trust get needs met
- Not deserving

- **Parent:**

- Harsh/critical
- Rejecting
- Don't care

- Not able to protect kid
- Not able to care for
- Not important

Reframing Continued:

- Ourselves as helpers:

- Stressed out
- Overwhelmed
- Burned out
- Useless
- Hopeless

- Not as comfortable
- Not as on top of things
- Not feeling empowered
- Not effective
- Not finding meaning in my job

Reframing Continued:

System “Partners” (e.g. CW, JJ, MH, schools, courts, insurance)

- Indifferent
- Dysfunctional
- Bureaucratic
- Broken

- Not able to focus time/resources on individual needs well
- Don't share our mission and role
- Don't always understand our mission and role
- Constrained by regulations and budgets

Reflective Practice Supports Capacity in the Professional “Use of Self”

- a. Acknowledging and considering our subjective experience in relating to a client.
 - b. Recognizing the vulnerability to feelings of compassion fatigue, vicarious trauma, and moral injury.
 - c. Intentionally integrating and using one’s training, knowledge, and experience in ways that are therapeutic in interactions with an individual client or family.
- Helpers as healers! Bridges for connections beyond residential.



Case Example: “Brian”, age 13,
multiple foster homes since age 4,
aggression, stealing, multiple DXs,
“chronic liar”

- Behavioral interventions and point charts failed; escalating behaviors
- Resists staff support and guidance
- His foster mother is described by staff as “difficult” and “resistant”

Thank you!

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