

Module 1: Establishing Trust and Developing a Healthy Foster

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Introduction



Why is Attachment Important?

- Children entering homes through adoption or foster care bring with them a complex past, often involving loss, grief, and complicated family dynamics. Foster care adds additional layers of uncertainty in child's life

Child trauma is defined as "any act of commission or omission by a parent, caregiver, or another person in custodial care that results in harm, potential for harm, or threat of harm to a child."

- Centers for Disease Control

- Trauma can result from various factors, including abuse, neglect, poverty, adoption, and more

Complex trauma is defined as "prolonged exposure to psychologically distressing events that involves intense fear, terror, and hopelessness."

- Examples of complex trauma include physical and sexual abuse, neglect, exposure to tragedies like war and natural disasters

Why is Attachment Important?

- A particular event may be experienced as traumatic for one individual and not for another
 - a. a child removed from an abusive home may experience it differently than their sibling
- Children with traumatic histories may exhibit a wide range of attachment styles influenced by their past experiences
- Attachment styles play a crucial role in understanding a child's social and emotional development. It affects their ability to:
 - a. form relationships
 - b. regulate emotions
 - c. and even engage in daily activities

Healing is possible for children with even the most traumatic histories through conscious and intentional caregiving with compassion for the child's history



Goals of this Module

1

Assist caregivers in understanding the impact attachment history has on child behavior specifically related to food and around mealtimes

2

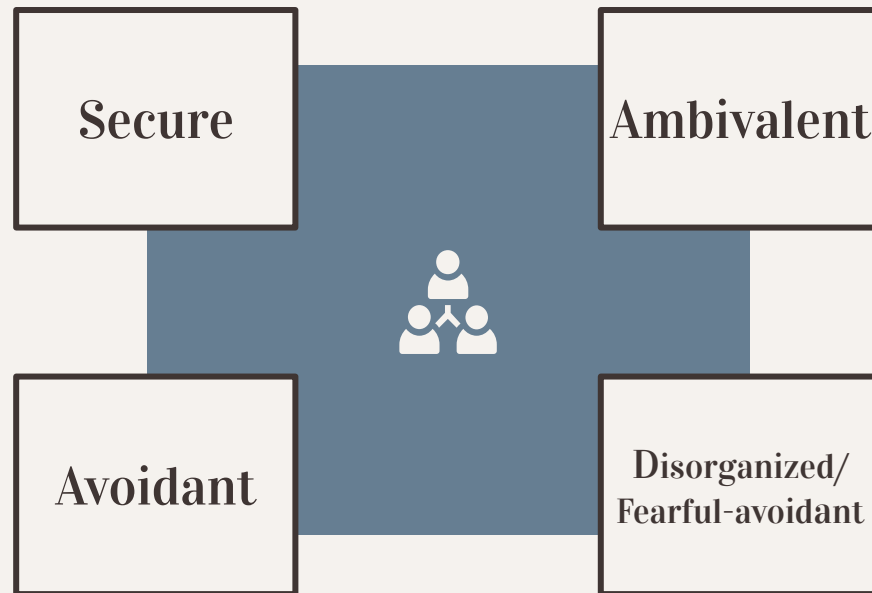
Understanding coregulation and strategies to food and around mealtimes

3

Fostering trust and felt safety for your foster/adoptive child



Types of Attachment



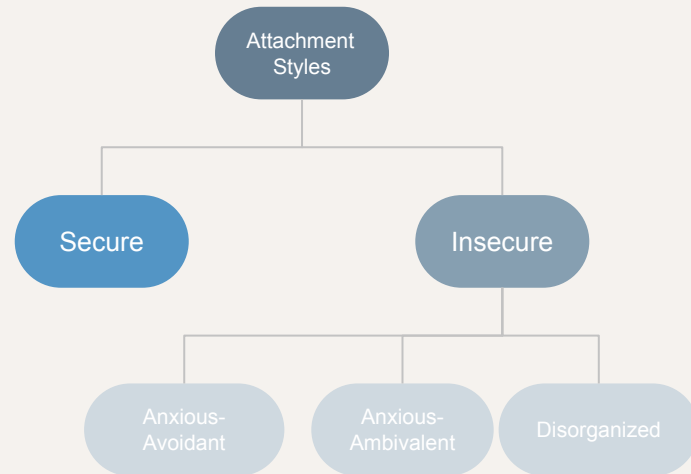


Secure Attachment

A healthy **secure attachment**:

- Develops when caregivers consistently respond affectionately to an infant's needs.
- Facilitates a child's self-regulation or ability to calm self allowing them to manage emotional outbursts and tantrums.

Children learn to self regulate from their environments and their caregivers through co-regulation (more on this later)

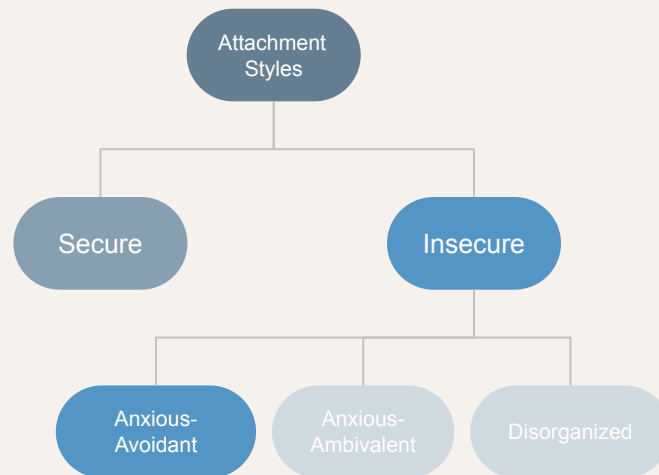


Insecure Attachments

Insecure attachment develops from different patterns of caregivers not responding warmly and or consistently to child's needs.

Anxious-Avoidant

- Caregivers unable to fulfill the infants emotional needs while still providing essential care such as food and clothing
- Child learns to not cry to get needs met and often turn to toys or objects for comfort

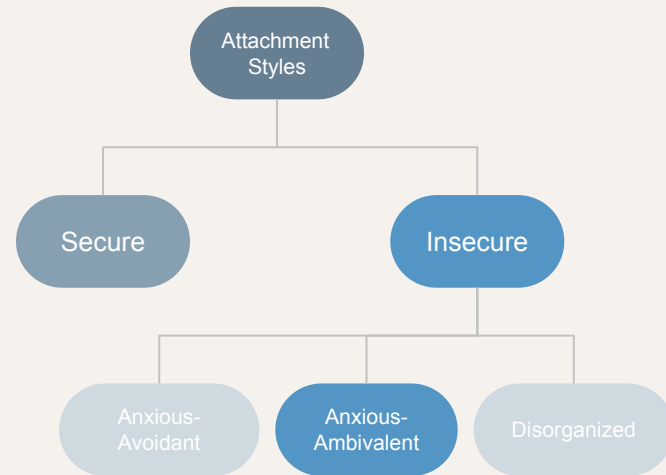




Insecure Attachments

Anxious-Ambivalent

- Caregivers provide emotional support to infants inconsistently. Caregiver may respond affectionately at time and scold child for being fussy at other times.
- Infants are often difficult to soothe in order to maintain caregiver attention
- Can lead to anxiety and uncertainty in social situations



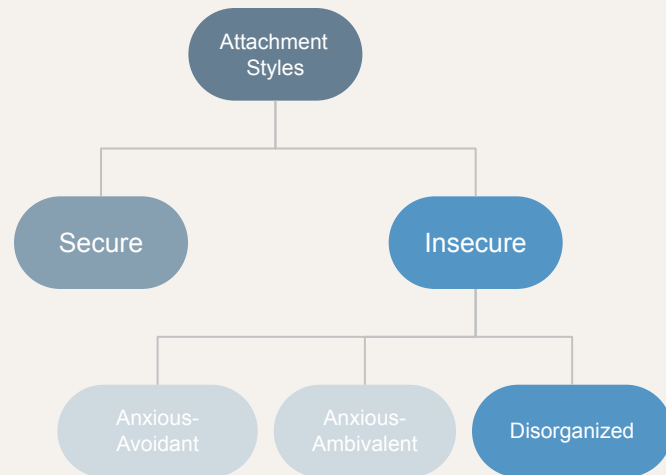


Insecure Attachments

Without conscious awareness, attachment styles at 12 months of age can carry on throughout the child's life

Disorganized Attachment

- Caregivers exhibit frightening behavior or display fear when interacting with the infant
- Infants with this attachment do not have predictable strategies to cope or get their needs met
- This attachment is common in children who come from places of trauma, and/or abuse and neglect such as kids in foster care
- Later in life, this can impact having healthy relationships with others

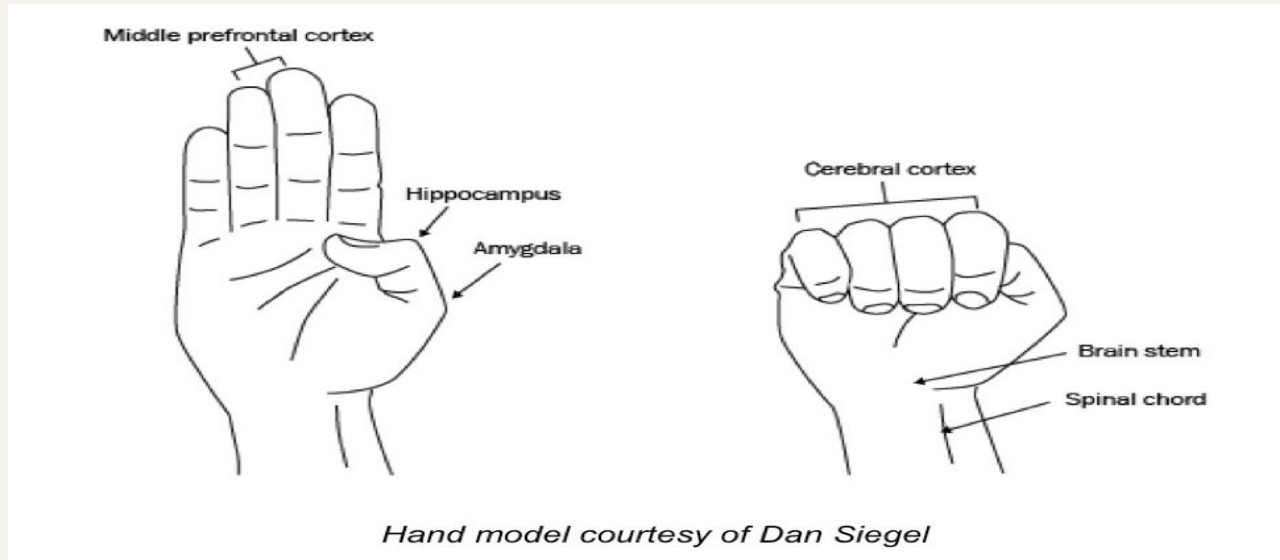




Fear Response/ Survival Mode

Hand Model of the Brain

When individuals experience chronic or prolonged trauma the survival parts of their brain are more efficient and faster



<https://drdansiegel.com/hand-model-of-the-brain/>

Fear Response

- The brain does not differentiate between what is **good** and **bad**
- It learns what is repeated
- The more exposure to a behavior, experience, etc. the more opportunities the brain has to reorganize
- Those with history of complex trauma may have maladaptive patterns more deeply imbedded and may take more time to develop new skills and behaviors

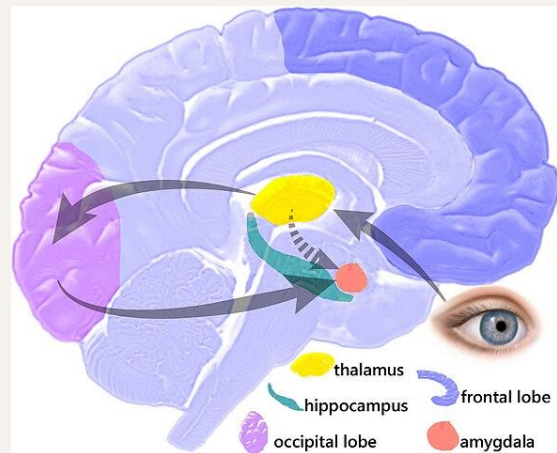


Brain Functions Affected by Trauma

- Amygdala: increased anxiety and fearfulness in a traumatized child
- Prefrontal cortex: difficulty focusing, poor memory, and difficulty with critical thinking
- Hippocampus can lead to impairment of memory and emotional instability
- Sensory awareness is impacted such as in a state of fear our senses become heightened

Children who have experienced trauma may have:

- persistent unpleasant emotional states
- sleep issues
- eating issues
- attention issues
- a loss of interest in activities
- and feelings of detachment





Coregulation

Coregulation



- In optimal development: caregiver acts as regulation which then leads to the child learning to self regulate
- Children with histories of trauma learn to get needs met by:
 - Behavioral outbursts
 - violence/ aggression
 - and/or manipulation as a result of their histories



A lack of supportive co-regulation can lead to:

- heightened anxiety
- Impulsivity
- lack of concentration
- and difficulty forming healthy relationships with peers, caregivers, and teachers.



Generational Trauma

Parent Attachment

Caregivers own attachment history plays a role into the type of care they provide to a child

- A caregiver who grew up in a loving and secure family environment is more likely to provide nurturing and responsive care to a child creating a secure attachment for the child
- A caregiver who maybe had a more challenging upbringing with inconsistent caregiving and emotional neglect (anxious ambivalent) may struggle to provide consistent and emotionally attuned care to the child which can impact that child attachment style as well.

Take this attachment survey to learn more about your own attachment style

<https://www.web-research-design.net/cgi-bin/crq/crq.pl>



Reestablishment of Habits, Routines, and Rituals and Strategies for Coregulation

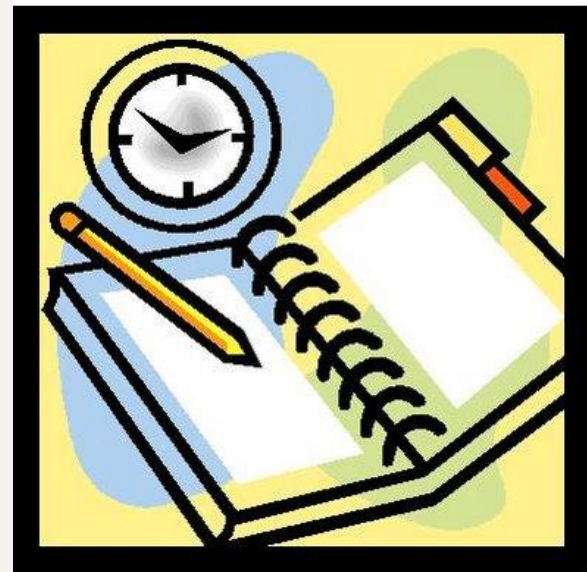
Reestablishing habits, routines, and rituals

Provide a warm, responsive relationship by:

- Communicating with words and actions
- Showing interest in child
- Recognizing and responding to needs and wants
- Providing nurturing care in times of fear/stress

Structure the Environment

- Consistent and predictable routines
- Extra care around transitions. Communicate changes in routine in advance
- Keep world small by limiting extracurriculars in the beginning





Parent Regulation

Children often look to adults/caregivers as models for emotional and behavioral regulation

Strategies for Coregulation

- In stressful situations, first regulate your own emotions
- Maintain a soothing tone of voice and reassuring body language
- Engage in active listening and validate the child's feelings (acknowledge their emotions and empathize with their perspective)
- Get soft instead of matching child's volume
- Be intentional

Take advantage of respite care or safe childcare options to engage in self care and prevent burnout



Best Practices for Mealtime



Attachment and Food Behaviors

Attachment styles can influence an individual's approach to food and eating behaviors

Secure Attachment

- More likely to have a positive/healthy relationship with food
- Less prone to emotional eating or eating as a coping mechanism

Anxious Attachment

- Food as a source of comfort
- Used to cope with emotional distress
- Overeating or reliance on food

Avoidant Attachment

- Disconnected relationship with food
- Using food as way to assert control or suppress emotions





Foster Care's Effect on Food Behavior

Children in care are more likely to exhibit problematic eating behaviors such as:

- Emotional/compulsive eating
- Restrictive eating
- Overeating
- Hoarding food
- Stealing food
- Pica-like behaviors and more

In addition, children in care are also more likely to develop physical health issues such as obesity or eating disorders

I will go into detail on the specifics on these behaviors/disorder in a following module

Family Mealtime

Ritual of sitting down together for a meal can provide a sense of security and belonging

Modeling appropriate behavior at the dinner table can support child in

- Developing healthy eating habits
- Learn about proper nutrition
- Establish positive social interactions
- Aid in problem solving skills
- Reduce problematic eating and behavioral issues



Family Mealtime Continued

1. Set aside 20-30 minutes for the family to eat a meal together

- Can be any meal of the day
- At least once a week or more

2. Remove distractions

- Turn off the TV and set down the phones to make mealtime more intentional
- Proper seating position 90/90/90

3. Get everyone involved

- Have children help prepare by either setting the table or washing fruits or veggies
- For older kids allow them to help pick out the recipe and help prepare it

4. Keep mealtime conversations positive

5. Avoid talking about how much food is being eaten

- Avoid saying "you are eating so good" or "[sibling] is eating so much more than you"

6. Avoid using food as a punishment or bribe

7. Be mindful of your own eating habits

8. Be mindful of your child's social and cultural factors surrounding food and mealtime.

- What was their previous mealtime routine like?

Family Mealtime Continued

Specific mealtime behaviors and strategies will be discussed more in depth in a following module

A child with history of trauma may have unique needs and sensitivities surrounding mealtime

1. Notice Patterns in child's food preference/pattern to try and identify triggers
2. Be patient and empathetic
3. Allow child to have some control over their food choices
4. Initially, serve familiar foods to what they were eating before entering your home

Know when to seek help:

If you have concerns surrounding your child's history with trauma or attachment, consult a professional who can provide specific guidance tailored to your child's needs and circumstances

Professionals to consult with:

- Licensed Professional Counselor or Licensed Marriage and Family Therapist
- Trauma specialist
- Psychologist
- Occupational Therapist



Closing Establishing Safety

Establishing Safety

- **By providing safety and security, caregivers can help their child rebuild trust and develop positive relationships**
- **Trauma survivors need more than physical safety. They need emotional and psychological safety to heal.**
- **Addressing attachment style is essential to promote both physical and emotional health**
- **If you have concerns regarding your child's trauma or attachment history please seek out a professional**





Thanks

Please scan the QR code or return to the main module page to access the link to answer a few short questions. Your input as parents is invaluable in guiding the development of my capstone project. Please take a moment to complete the survey and share your insights. Your feedback will play a significant role in enhancing this education program. Thank you for your active participation!



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Resources

[How to Support Older Youth with Foster Care Experience Through Co-Regulation](#)

Tip sheet for foster families on co-regulation

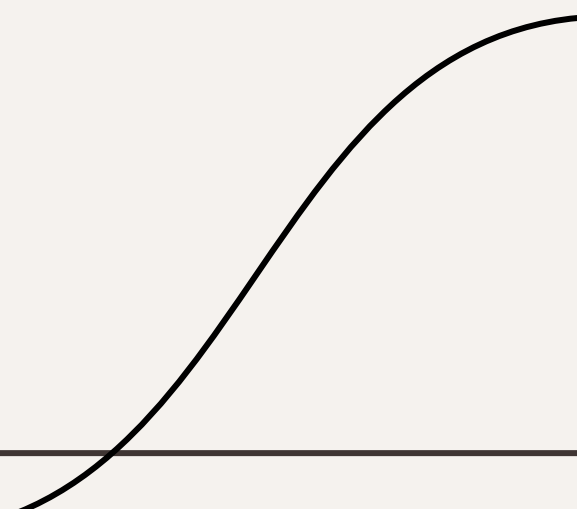
[The National Child Traumatic Stress Network](#)

Information and Resources on trauma

[Dr. Dan Siegel's Hand Model of the Brain](#)

[The Hand-Brain Model! | Self-Regulation Lesson 2](#)

Great explanation of the hand-brain model for children





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