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Home Should Be Where Your Story Begins

Theresa Fraser

Abstract

This article discusses the importance of, as well as the differences between, Life Book and Life Story work. Child and Youth Worker students can gain an understanding of the therapeutic value of these interventions by engaging in the reflective experience of completing a Life Book about themselves. They also learn that a Life Book is one of the tools utilized in the process of Life Story work with young people.

“Home is where your story begins”

This sign is posted in the front lobby of the Treatment Foster Care Agency where I provide service by opening my home as a treatment foster parent. The team of caregivers, child and youth workers and case managers, all value the important memories that begin in the home milieu. They also know that sometimes children in care have the opportunity to “begin again” after surviving the experiences that brought them into care. New beginnings can be therapeutic especially if there is an acknowledgement and processing of the experiences that came before.

One method of helping children in care to process previous life experiences is the utilization of Life Books. The adults who support children in care need to ascertain how and when it is useful to introduce Life Books and who is most appropriate to work with the child who is ready to begin this therapeutic process.



“Children in care are vulnerable given they are often parented by a committee of people (some of whom they have never met) who are responsible for perhaps day to day events or important decisions that impact them. However, these same individ-

uals may not be able to help children know or share their stories because they are not privy to day-to-day details of the child’s Life (Polkki, Vornanen, Pursiainen, & Riikonen, 2012).

According to the National Youth in Care network, there are roughly 1 in 50 Canadian children in the care of Canadian child protection agencies.

It is common that children in care experience multiple placement disruptions. This means that each time a child is moved, they lose not only their current caregivers but also the relationships they have with other siblings (foster/adoptive/full/step/kin), peer relationships, and school relationships. Additionally, children in care often experience case-worker changes. The multiple changes in caregivers, environments, and other key

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relationships may predispose children to invest minimally in relationships given that the expectation of impending movement to a new family (Martin, 2000; Fanshel, Finch and Grundy, 1990 as cited in Mapp and Steinberg, 2007).

Children who live in foster care and group homes often experience multiple placements and numerous service workers (Ministry of Children and Youth Services, 2009). Child Protection workers report that the decision to move a child is not easy and it's often a matter of necessity. Perhaps the match isn't good, or the parents lack the skills to parent their foster child. The referring agency may be unable or unwilling to provide the additional supports required to maintain the placement. In some cases an allegation has been made so the child has to be moved in order to address protocol or to move the child from harm's way (Schatz, Horesil, 1991).

Some would argue that the alleged perpetrator should be moved as (occurs in-group care) when staff can be given a paid leave of absence. This is not reasonable nor possible in a foster home setting given service is usually being provided in the foster parents own homes. Additionally:

placement instability has been linked to several characteristics of children including but not limited to age, behavioural problems

and pre-placement history of emotional abuse. Placement stability can be promoted by child welfare practitioners through placing children with siblings, in kinship placements, with foster parents with adequate training for behavioural needs, community supports and supports for the child and caregivers (Ekins, 2009, p.4).

However, all working in child welfare agree that changing placements adds to the list of potentially traumatic experiences and creates yet another attachment disruption for the child, as illustrated by the research on the experiences of youth in care:

At times these children are coming in and moving around the "system" at an extremely young age. They may not remember who the caregivers are as they develop but they remember the moves. Elizabeth was brought into care by age 3. She was placed in a foster home and was relatively happy there. When she was four she went to sleep one evening in her room and woke up the next day in an entirely different home. She was very upset and cried for about an hour before anyone came to talk to her about the move and why she was moved. They believed that she was so young that she wouldn't remember the move and that it wouldn't

affect her. As a young woman today of 22, she still vividly remembers the confusion and the hurt. She was told that the reason she was moved in the middle of the night was to spare the foster mom and dad from seeing her cry when she left (National Youth in Care Network, 2005, p. 1).

Dr. Bruce Perry, in Brief, shared that a child protection worker was moving a little boy from his foster home. She sat in the car while he knocked on the door with his laundry in hand stored in a garbage bag. The worker suggested to the little boy that he knock on the door of the residential treatment centre and ask where he could do his laundry as this was preferable to telling him ahead of time that he was changing placements (Perry, 2013).

Current brain research confirms that a child's early life experiences create templates that help them predict if not anticipate what future human contact will involve (Szalazitz & Perry, 2010). Therefore, children who experience persistent transitory relationships and placements will continue to expect that these will be the norm in their lives.

In my work with Simon, I had to take considerable time to build a safe relationship prior to beginning Life Book work or Life Story work with him. Twelve-year-old Simon was referred for individual work regarding affect regulation and

feelings expression. At the intake meeting, group home staff indicated that there was little known about Simon's past as he was privately adopted by a family friend and the records were sealed. His child protection worker did report that his biological mother left him with a family friend while she went to the store. She didn't return and he didn't get to say goodbye. It is suspected that older adoptive siblings and their friends sexually abused him. At the age of 11, he was taken to his local emergency room and kept for observation. He was placed on the adult psychiatric ward and never picked up again by his adoptive mom. She never said goodbye. After being apprehended by the child welfare authorities he was placed in a foster home. After being in this placement for almost six months, he arrived home from school to see his worker waiting for him in her car with all of his belongings in the trunk. His foster family was going on vacation and he was not going with them. By the time Simon came to therapy, he was angry, mistrustful, and highly defended.

There was no information available about him prior to coming into care. I suggested that permission be obtained to review his Ontario School Record (OSR). It was here, that we could identify old school names and letters were sent out asking if any staff knew of this little boy. They were asked to write a letter noting events or connections that he shared

with members of the school community. Pictures were also requested, given that every annual school photo is copied for the educational file. Letters came in and the annual school photos were shared. With this information we had the beginnings of a Life Book. However, the Life Story process couldn't begin until Simon felt relationally safe. Creating a therapeutic alliance with a child who has a complex trauma history takes time. Once the Life Story work began Simon was able to connect his feelings of anger as well as separation and loss with his current behavioural reactions to caregivers in his group home.

While we hope that these stories are the exception, they support the therapeutic value of involving children and youth in their placement changes. Children benefit from preparation when moves are imminent. Simple courtesies such as an explanation that the move is happening as a result of adult issues are essential. We also need to acknowledge and maintain the connections with previous caregivers where possible, including the biological family. Foster parent training often includes helping foster parents learn the importance of biological parents involvement in the child's adjustment to being in foster care as well as the rights of the biological parent and the role of the foster parent in facilitating or supporting contact whether this be via phone, supervised or

community based visits (Schatz & Horesil, 1991).

Contact with the biological parents needs to be in the child's best interests but also sensitive to foster parent's safety concerns. Though current practice in Ontario is to have foster parents facilitate contact where possible, this may be inappropriate in some cases. For example, having biological family members visit the foster home may contribute to some or all of the children feeling unsafe. Additionally, if biological family members are aware of the foster home location and subsequent parental rights are terminated the children could ultimately be moved due to concerns about future safety. In such cases, other team members may need to support or supervise biological family contact given there is great benefit to children and youth in maintaining such contact.

One benefit is that the stories can be shared directly by parents and indirectly via caregivers. Also children will see adults model that relationships do not need to be transitory.

Polkki et al (2012) reported that children in care consistently seek information regarding:

- when they can return to their biological parents
- incidents that led to or the reasons for placement
- their own life story or life phases

“It is difficult to grow up as a psychologically healthy adult if one is denied access to one’s own history.”

- why social workers are involved in their life and visited their home
- themselves and other aspects of their lives
- plans related to future phases in the placement process.

Children in care who do not have familial ties often do not have anyone to fill in the blanks of their narratives. Their stories may need to be researched and shared by a child protection worker who may be new to the file. While children are not sure who can provide them with this information:

....every individual is entitled to his/her own history. It is difficult to grow up as a psychologically healthy adult if one is denied access to one’s own history. Traditionally, the family is the repository of knowledge about the child. Children separated from their families of origin do not have daily access to this source of information about their personal histories. It becomes more difficult for them to develop a strong sense of self and to understand how the past influences present behaviors (Fahlberg, n.d., n.p.).

A Life Book serves to keep a record of the people in the child’s life and the events they have experienced. It should be a collaborative project between child, caregiver, and child

protection worker that is an ongoing resource and process. All working with the child need to be mindful that this can be exciting, sad, or emotionally triggering for the child, since particular events can be a reminder of experiences the child had or was deprived of. Life Book work beginnings are credited to Mary R. Horn of the Children’s Bureau of Los Angeles in the 1960s who defined a Life Book as something that includes a “photo album or scrap book with mementos, snapshots, drawings, and memories of life experiences (Aust, 1981.p536)”.

Some Life Books are elaborately printed books where one can upload photos to an online publishing company and a glossy colour product is returned in a short period of time. Other Life Books can be held in a three ring binder where the items are stored in plastic page protectors. The latter format ensures that as artifacts (report cards, certificates, valentines, drawings or marked tests) come home that they can be immediately put in the page protectors. Scrapbooking equipment is useful if the child finds these helpful in expressing their creativity; however, it needs to be stressed to both child and clinician that the importance of this activity is the process, not product.

Life story work uses the Life Book as a therapeutic tool to help the child understand the events as they were experi-

enced. The predisposing, precipitating, and perpetuating factors surrounding each event are explored to create the story or understanding that accompanies an artifact. Therefore, though Life Books provide details of the child’s history, they may not provide information that helps the child have an understanding of his or her history. This is important so that the feelings of loss are connected to specific events rather than transferred to new experiences:

Many children in the child welfare placement system experience non-resolution of their losses. Although endeavoring to mourn, they find minimal consistency or validation to support this mourning process. As a result, there is an increasing intensity of their unexpressed feelings and behaviors, deepening depression and the progression of protest into anger and ultimately rage (Henry, 2005.pg 202).

Though both products (Life Book and Life Story Work) begin with when the child was born, clinicians often begin the process of working with the child in the here and now. This begins the work from a safe and strengths based perspective as the child independently is usually able to provide information in the here and now. Information can include school and recreational activities, where they live and whom they

live with, favourite meals, and special family traditions. Specific page themes can be pre-created to work from a strengths based perspective for individual clients.

For example, if a child is involved in scouting or gymnastics, a page can be created to reflect these interests. If a child experiences the death of a pet or loss of a friend moving away, these too can be added. Then journal entries could also be placed along side artifacts to add context. Additions such as journaling, elevates the process from working on a container of memories to an understanding of the connectedness of memories.

When first engaging the child in the process, the clinician needs to focus on creating a therapeutic rapport and also be mindful that: "the pacing of the therapeutic process must therefore be in accord with the child's sense of psychological safety and his/her integrative capacity" (Lowenstein 1995, p. 894). This means that the child will need to first feel safe in the therapeutic alliance created and this can take time. Simon needed to have many sessions dedicated to relationship building before enough safety was created to identify important events and much later we moved to feelings.

The child and clinician can then journey backwards to the child's most recent placement, then previous placements, and ending with information about their birth, birth statistics, birth-place, etc.

Life Story work can include positive and negative time lines as well as information about important people in the child's story. Additionally, experiences or resiliency as well as supportive people in the child's life are important to add. I will sometimes add an ecomap or genogram (Hartman, 1978) to help the child recognize current or prior support systems.

The Tree of Life activity (Denborough, 2008) is also a powerful expressive process to underscore for the child how their roots, resiliency factors and future goals interconnect by asking the child to first draw their tree and then discuss their tree as a metaphor of their life., relationships and experiences. The following description of this narrative activity has been slightly adapted from the source activity. The activity begins by asking the child to draw a tree with roots, a trunk, branches and leaves. The roots are identified as predisposing life factors that support resiliency. What did the child's biological family give to the child; including the child's name, religion, language, and culture? The ground represents where the child currently resides, the home or geographical location. The branches represent current skills and attributes that the child possesses. The branches represent people (past and present) who support this child. Finally, the child is asked to note items representing hopes and dreams for the future on the leaves. This activity can be

utilized as a pre and post qualitative assessment of the efficacy of an intervention to ascertain if the child's view of self, family or resiliency factors has shifted or as a stand alone activity that helps the child recognize resiliency factors past, present and future. This activity can therefore be an excellent one to begin with prior to even gathering pictures. Such a narrative activity assists the clinician and child to identify coping strategies, self-care strategies, and relational strengths that can be called upon should the process become more than participants anticipated.

In my work, the activity was particularly poignant with a sibling group (placed in their fifth foster placement) who were asked to complete this activity and then share their trees with each other. It was an emotional sharing as children became aware of how important they each were to the other as part of their successes (both past and present).

Life story work is therefore more involved than Life Book work. Collecting meaningful artifacts are important, but building on this assists the child to:

- develop a realistic account of early events in order to dispel fantasies about the birth family and to link the past to present in order to help both the child and the adopter understand how early life events can

- continue to impact future behaviour,
- acknowledge issues of separation and loss,
- enable adoptive parents to understand and enable empathy,
- enhance the child's self-esteem and self worth,
- help the child develop a sense of permanency and safety,
- promote attunement and attachments (Reese, 2009, p.12).

At some point an honest yet respectful account of why the child came into care needs to be added. In Ontario, this information should be found in the child's social history already written by the child protection worker. The clinician needs to be mindful that, in order to:

enable client's to deal effectively with their feelings, activities related to coping strategies are incorporated into the scrapbook. It is important to equip children with appropriate coping skills in early sessions so they can better manage their distress as issues arise in the course of therapy (Lowenstein, 1995,p.897).

Once the child and clinician have looked to the child's beginnings, then the clinician can assist the child in moving from present day to future planning (Reese, 2009).Life story work is sometimes referred to as resolution scrapbooks. Lowenstein describes

them as being "focused on a therapeutic process aimed at alleviating the emotional distress of the traumatized child and on improving the child's level of psychosocial functioning" (Lowenstein, 1995, p.892). Hence, though resolution scrapbooks maybe initiated in response to one specific traumatic experience, it is likely that other traumatic experiences or attachment disruption experiences will also be addressed given many children and youth in care have complex trauma histories (Steele & Raider, 2001).

Third semester child and youth worker students at an Ontario college are required as part of course work on creative therapeutic programming to create a beginning Life Book. They are instructed early in the semester to begin to gather photos, certificates, artifacts that symbolize their life experiences at various developmental stages. Page titles are pre-scripted using themes such as *how I got my name, where I was born, my preschool years, elementary school years, talents and interests that I had growing up, most positive childhood memories or experiences, and hope for my future*. Each page is to include a few written facts but the focus of the assignment is the concluding reflection where students are asked to address the questions:

- What was the most interesting part of completing the Life Book for you and why?

- What was the most challenging part of completing the Life Book and why?
- What would you want to be aware of when completing a Life Book with a young person?
- What theory would be important to refer to or reflect on when utilizing this intervention?

Usually while completing their own Life Books, students become aware that completing a Life Book activity can be both therapeutic and emotionally triggering. Not everyone has positive experiences that they can reflect on (which for some students becomes an important learning). Some students identify that they cannot complete the task because they are not in touch with family members or struggle with utilizing non-photo artifacts. Students have been challenged in their own process when pictures represent them as a gender that they no longer identify with, or when reminded of days when they were bullied. Therefore time is spent discussing the impact of this activity on the child and how to manage some of the more predictable barriers to completing the activity.

It can be challenging when there is limited photographic information available for children. In my own work, Chantal was a 15-year-old teen with no photos, prior to the age of 8 when she came into care. To create representations of her early life we drove to the

hospital where she was born in a city a few hours away. This field trip involved visiting the neonatal unit and taking photos of Chantal with the nursing staff that were thrilled to be part of the process. We also took photos of her in front of the hospital and got further information about the hospital and community from online sources. Her child protection worker had the address of the family (long since moved) when she was first brought into care so photos were taken of her in front of this house as well as the schools that were noted in her Ontario School Record. These represented her life at a younger age.

Students sometimes state that photos were lost as a result of fire, immigration, or multiple moves. These life events impact young people as well, so students (as a community) brainstorm where other resources could be located to gain artifacts that represent a hometown, early life experiences, or the important people in their lives. Internet photos of the hospital or town one was born in can be just as meaningful as a personal photo. A journal entry identifying an important Grade 8 memory even if it is a sad memory, can serve to ground the teen's ability to understand his/her ambivalence about starting high school.

The Life Book activity is referenced again in future course work with students, so they are able to discern the difference between beginning

with a Life Book and using this as a tool for Life Story Work. The former being the collection of Life experience artifacts and the latter working through these events utilizing a trauma focused approach.

It is equally important to discern which member of the treatment team can facilitate which process recognizing the impact on the child, the connection to their treatment plan and the ability of the appropriate clinician to meet the child's needs. The choice of clinician should not be based on their educational background but rather their understanding of complex trauma and trauma-focused interventions.

Foster parents, child and youth workers, and group home staff in Ontario are advised to begin collecting and maintaining Life Book artifacts and resources on an ongoing basis for children who come into their care. Resources are plentiful online with ideas for Life Book pages or templates categorized under a variety of titles. They are a work in progress and as time goes on digital media may enable the addition of other forms of expression and memories.

A foster home or group home can be where the child's "in care" story begins, however, foster parents, Child and Youth Workers, Social Workers and Therapists can all ensure that the child's whole story is chronicled and honoured (including their transitional life experiences) by including the other

places, people, and events of the child's life that contribute to his/her identity past, present, and future. "Transitions permeate our lives. The capacity to successfully transition from one place to another, one activity to another, one internal state to another is fundamentally related to the capacity to self-regulate (Perry, 2013. p.698)." Life Books can assist children in honouring these transitions so they can see the resiliency factors that have impacted them in each placement.

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