Stability at School:
A Trauma-Informed Approach
to Students in Foster Care

Kelly Zinn, DSW, LMSW

Abstract

Children in foster care are a vulnerable population facing adversity in the form of trauma and attachment issues. This at-risk group may benefit from special consideration in school systems, as educational achievement— and lack thereof—is tied to life trajectories. School may be the only stable area in a foster child's life, and school staff members have the potential to have a lasting positive impact on foster children. The author proposes a relational treatment approach, utilizing trauma-informed practices through an attachment theory framework, to address the needs of fostered students (fostered students referring to students who are residing in foster care placements) in the school setting. A trauma-informed approach may assist these students as they navigate their academic environments, and an attachment theory framework is vital to the therapeutic relationship with foster children. School-based mental health professionals have the opportunity to become a secure base for fostered students, as well as assist these children in the development of healthy relationships. The author posits that providing healthy and secure relationships for fostered children is a prerequisite for academic achievement, and without attention to the relational trauma foster children have experienced school personnel cannot expect academic growth. A trauma-informed approach puts the need for safe and stable relationships first and foremost. This paper includes a review of the literature and a case example to illustrate how this approach was utilized in an urban school.

Keywords: foster care, education, trauma-informed care, school stability

According to the Children's Bureau Adoption and Foster Care Analysis and Reporting System (AFCARS) Report (2020), more than 672,000 children were served by the foster care system in 2019. The majority of these children enter the foster care system as a result of traumatic circumstances including abuse, neglect, and loss (Conradi et al., 2011). Foster care placement may put children at risk for various negative outcomes (e.g., mental and physical health issues), and one of the most prevalent of these problems is a decline in academic achievement (O'Higgins, Sebba, & Gardner, 2017; Pears, Kim, Fisher, & Yoerger, 2013). In a comparison study about the effects of family structure on academic achievement, researchers determined that children in foster care placements perform worse than children living in two-parent, one-parent, and homeless households (O'Malley, Voight, Renshaw, & Eklund, 2014). Poor academic achievement is associated with a number of negative outcomes throughout the lifespan, such as mental illness, criminal justice involvement, and substance abuse (Forsman, Bränström, Vinnerljung, & Hjern, 2016). However, early intervention to increase school engagement has the potential to positively influence educational outcomes for this population (Pears et al., 2013). Given children's experiences of trauma prior to entering the foster care system, as well as the attachment-based trauma that may result from their involvement in this system, these children may benefit from support and intervention on the school level in an effort to minimize the potential for negative educational, emotional, and social outcomes.

The purpose of this paper is to illuminate ways in which school-based mental health professionals (SBMHPs)— such as school social workers, school counselors/guidance counselors, and school psychologists—can use trauma-informed practices to assist fostered students in increasing their ability to attach and, thereby, improve academic performance. To do so, the author presents a case example that focuses on underprivileged elementary school students struggling to meet behavioral and academic expectations in school as a result of foster care placement. Before presenting the case example, the author provides context with a review of the literature that outlines what a child may experience before and during foster care placement, identifies the inequities present in the foster care system, and reviews the policies in place for this population. The aim of this paper is to inform practice, programming, and policies for SBMHPs presented with children in foster care.

Literature Review

The Experience of Foster Care

The most recent AFCAR Report (2020), produced by the Children's Bureau, revealed an increase in the average time spent in placement over the two years prior, even as the total number of children served by the foster care system is declining. This report also indicated a reduction in the number of children with plans for reunification with their biological parents; in 2017 this number was 242,800 (56%), the number fell to 236,323 (56%) in 2018 and was only 226,724 (55%) in 2019 (Children's Bureau, 2020; Children's Bureau, 2019; Children's Bureau, 2018). Additionally, the number of children that exited care to be reunified with their biological parents decreased from the prior year; in 2019, 117,010 children (47%) exited the foster care system to return home, while in 2018 that number was 121,631 (49%) (Children's Bureau, 2020; Children's Bureau, 2019). These numbers are important because they represent a growing trend of greater lengths of stay in foster care, coupled with lower prospects of reunification with biological parents. Children in foster care tend to enter the system as a result of one or more traumatic events, and each additional transition after removal from the home (e.g., a change in foster home or school, inconsistent visits with biological parents) can precipitate further trauma (Conradi et al., 2011). Conradi et al. (2011) emphasized the importance of child welfare agencies addressing the traumas that often accompany placement in foster care, which may include attachment problems stemming from separation from the family of origin, negative experiences in foster placements, and uncertainty about the future.

Children from historically underserved populations are more likely to enter the foster care system (Eckenrode, Smith, McCarthy, & Dineen, 2014). While in care, there is a greater possibility that these children and their families will not receive the services they need, as Garcia, Kim, and DeNard (2016) documented disparities of service delivery linked to race, ethnicity, and urban living environments. Examinations of the socio-economic and racial disparities present in the foster care system have revealed that poverty, race, and ethnicity influence child maltreatment and foster care placement (DeNard, Garcia, & Circo, 2017; Eckenrode et al., 2014). These findings suggest that poverty and foster care placement are likely to intersect, causing further marginalization and indicating the need for support for children in care. Although it is expected that child welfare agencies will serve as the overarching support for fostered children, DeNard et al. (2017) found that child welfare workers may have biases against their clients, and that these biases may be racially and ethnically based. Further, the system put in place to oversee children during a time of transition may be failing to do so in the area of mental health. When mental health concerns go untreated, they may worsen, which may then have a ripple effect on children and their families, perpetuating the very problems the child welfare system is meant to address (Conradi et al., 2011).

The aforementioned lack of mental health service provisions for children in foster care becomes more complex when emotional and behavioral manifestations of mental health needs surface in the school setting. The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires that steps be taken to ensure children entering, or experiencing a change in, foster care placement remain in their current school (U.S. Department of Education [ED] & U.S. Department of Health and Human Services [HHS], 2016). As a result of this legislation, the school may be the only constant and stable environment in a foster child's life during this transitional period, thus providing opportunities for secure attachment relationships to develop in the school setting. Clemens, Helm, Myers, Thomas, and Tis (2017) conducted a qualitative study with 16 former foster youth that explored the importance of stability and the opportunity for schools to fill this need. As one former foster child stated, "Stability is the biggest issue, because that's your main issue in life and that's the biggest [thing] that you desire. And school is like the most normal it gets for stability" (Clemens et al., p.72, 2017). This assertion, that foster children crave stability above all else, indicates the need for a multi-systemic response to ensure this stability. Indeed, O'Malley et al (2015) advocated for a systems approach to school interventions for all students, and particularly those in foster care.

Educational Outcomes for Fostered Children

Researchers have revealed a pattern of poor academic outcomes for children in foster care and posited causal links between these outcomes and negative life trajectories (O'Higgins et al., 2017; Trout, Hagaman, Casey, Reid, & Epstien, 2007). Policy makers have taken note and addressed these concerns in the recent Every Student Succeeds Act by including children in foster care as a subgroup in need of monitoring (2015). In their review of the Act, Zinskie and Rea (2016) highlighted the addition of a non-cognitive indicator to the state assessment and discussed the importance of including such information in order to assist schools in determining areas for improvement in ways that impact the whole school and the whole child. This addition could be beneficial for children in foster care, as options for the indicator include promotive factors that have proven beneficial to students in foster care, such as school climate (O'Malley et al., 2015) and student engagement (Pears et al., 2013).

The risk that foster care placement may have a negative impact on educational outcomes becomes more concerning when considering that these negative outcomes may extend throughout the lifespan. Researchers have found that children with foster care experiences accompanied by negative school outcomes are at a greater risk for having severe difficulties in adulthood than their peers (Dregan & Guilford, 2011; Forsman et al., 2016; Pears, Kim, & Fisher, 2016). These connections underscore the need for early interventions aimed at improving academic and mental health outcomes for fostered children, as they have the potential to yield lifelong positive results. Indeed, Pears et al. (2016) studied the impact of a kindergarten readiness program for children in foster care and found positive correlations with adaptive behaviors, indicating the potential of school engagement to buffer the risk of developing maladaptive behaviors (e.g., substance use and theft).

School stability has been noted as an important factor in academic success for foster children (Conradi et al., 2011; ED & HHS, 2016). However, researchers have suggested that this stability is elusive (Clemens et al., 2017; O'Higgins et al., 2017). As a result, students in foster care experience higher levels of emotional and behavioral difficulties, disciplinary consequences, and lower academic success—including higher rates of grade retention and special education identification—than their non-fostered peers (Forsman et al., 2016; O'Higgins et al., 2017; Scherr, 2007). The Fostering Connections to Success Act ensures that children in foster care remain in the same school, even when there are placement changes, to provide one stable environment during this time of displacement from the home (ED & HHS, 2016). This legislation is notable, as some of the difficulties students in foster care face may be directly related to changes in school placements. Conradi et al. (2011) discussed how difficulty in school can be traced back to problems in the foster home and potentially disrupt the foster placement. There is an irony to this predicament since the foster care system is intended to provide a stable respite for youth, yet the cyclical nature of placement and school problems can actually provoke instability (Conradi et al., 2011). As a result, there is a call among researchers for inter-systemic collaboration among schools, foster parents, and child welfare workers (Miller, 2011; Romano, Babchishin, Marquis, & Fréchette, 2015). While the need for collaboration across agencies is well documented, Day, Somers, Darden, and Yoon (2014) revealed that school personnel may not be engaging with foster families, caseworkers, and community agencies for a variety of reasons including lack of awareness of foster placement, lack of knowledge and experience with foster care, and confusion around the ability to release information. This is an area in need of improvement, as increased communication across systems could lead to more positive educational outcomes (Day et al., 2014), which may extend to improved outcomes across the lifespan (Forsman et al., 2016).

Considering that children spend a great deal of their time at school, the school system represents an arena with strong potential to address mental health concerns (President's New Freedom Commission, 2003). Researchers have identified several ways in which schools can work to address mental health concerns, such as collaboration with community partners (Cappella, Jackson, Bilal, Hamre, & Soule, 2011) and targeted teacher development (Cappella et al., 2011; Pears et al., 2013). Cappella et al. (2011) found that if mental health is prioritized through partnerships between low-income schools and community agencies, then positive change is attainable for at-risk children. Weist and Paternite (2006) purported that providing mental health services in schools may contribute to a number of desirable outcomes, including easier access to services, a reduction in stigma since counseling is provided in school rather that in the community, and a decrease in problems such as bullying and disciplinary action in schools.

However, these services are often seen by school policy makers and administrators as inessential to the academic goals of schools (Nadeem & Ringle, 2016). Therefore, Cappella et al. (2011) suggest that school mental health professionals, especially those in high-poverty schools where the level of student need often exceeds the resources available, focus their efforts on developing teacher competency in supporting student mental health. This may be accomplished through targeted teacher training and psychoeducation. Additionally, researchers agree that the teacher-student relationship is of utmost importance for academic success and school engagement with foster children (Cappella et al., 2011; Pears et al., 2013). This finding has implications for the role of SBHMPs in advocating for fostered students, as it emphasizes the need to support teachers as they work with these students, who may be exhibiting disruptive behaviors.

The Role of Trauma-Informed Care and Attachment Theory with Fostered Children
The intersection of trauma and instability experienced by foster children indicates the necessity for focused clinical interventions with this population. A trauma-informed approach is an important starting point for these children, as Kolko et al. (2010) identified that foster children are at a higher risk for developing post-traumatic stress symptoms than their non-fostered peers. Berardi and Morton (2017) noted that fostered children are susceptible to disciplinary action in response to behaviors that may actually be trauma reactions. Therefore, they suggested teaching foster children coping skills to deal with anxiety in school, as these skills may restore

feelings of safety (Berardi & Morton, 2017).

These authors also discussed issues of school mobility, instability, and the resulting absence of consistent adults to advocate for foster children (Berardi & Morton, 2017); indicating the need for school personnel to fill this void for this fragile population. Berardi and Morton (2017) connected these issues to academic difficulties and the gaps in education that present when children are transferred to new schools. Wright (2014) explicated the behavioral manifestations of trauma-responses and identifies specific interventions for teachers, focusing on the importance of developing safe and supportive relationships with children who have experienced trauma. However, due to the relational trauma these children have endured (Treisman, 2017) developing relationships with them carries inherent challenges. An understanding of the way trauma impacts a child's ability to relate to others is, therefore, important for the successful development of a safe and supportive relationship. Wright (2014) suggested that teachers tune-in to a traumatized child's behaviors and the potential root of these behaviors. SBMHPs can facilitate this by working with teachers to process student behaviors. This intervention can also be applied to the SBMHP's interactions with the foster parent, and other school personnel. As part of this trauma-informed practice, attachment theory becomes central to clinical work with fostered children, as these children have experienced disruption of the attachment relationship with their parents (Berardi & Morton, 2017).

Bowlby's (1960) seminal work on attachment and separation anxiety presented the theory that the mother-child attachment extends beyond physiological needs and that continued and prolonged separations from a mother will cause a child distress. Ainsworth (1964) discussed the importance of the attachment figure as a secure base—a safe adult that the child can separate from to explore their environment but rely on to be there as needed—for the growing child. Attachment theory posits the supposition that children will develop an 'internal working model' based on the attachment style they have developed through their relationship with their primary caregivers (Bowlby, 1969/1982); understanding this model is crucial to working with traumatized children.

Hughes (2004) conceptualized an approach to therapeutic work with fostered children that has its basis in attachment theory. Utilization of an attachment framework in school-based mental health services with fostered children—who have experienced disrupted attachments, such as a forced and prolonged separation from their biological parents at an early age—may provide insight into their behaviors and needs. Children in foster care are in need of stable, safe relationships with caring adults, and approaching this need from a framework informed by attachment supports the creation of these relationships (Miller, 2011). Moreover, Jankowska et al (2015) identified a link between avoidant attachment styles, characterized by apprehension toward relationships and an inability to request assistance from others, and externalized beliefs about control over school performance in fostered children. Jankowska et al. (2015) urged SBMHPs to explore the possibility of becoming a secure base for children in care. Therefore, a main focus of clinical work with this population may be to facilitate development of healthy attachments to the stable adults in their lives, and the school setting provides a potential venue for this work. Essentially, for children in foster care, trauma and attachment may become cyclical. Fostered children experience ruptured attachments due to the separation from their family of origin, a traumatizing experience. Likewise, the experience of foster care—including changes to living environments, school placements, lack of consistent adults—can further traumatize these children and disrupt new attachments or make it difficult to form attachments with new caregivers.

Case Example

The following case example will illustrate how SBMHPs can help fostered children navigate the various obstacles that this population may face in the educational setting through school-based counseling. The author demonstrates the utilization of interventions based in theory and trauma-informed practices that are tailored to young children struggling to adapt to school in the face of trauma, poverty, and foster care placement. The case example presented is a composite, created following the guidelines set forth by Duffy (2010), and utilizes pseudonyms.

Case Material

I was in my office when the call came over the walkie-talkie summoning me to the front office, immediately. I walked briskly down the hall. I turned the corner and saw the Dean, but no students. The Dean pointed at a table, shook his head, and said, "She ran out of class again, may be time for another Saturday detention." A pair of school loafers stuck out from under a table. Della, I thought, before I bent down. "Hi," I said, and I took a seat on the floor several feet away from the table. I knew from experience that Della did not like anyone close to her when she was upset. It took a few minutes, a calm and quiet tone of voice, and several prompts, but Della finally came out from under the table and agreed to accompany me to my office. Only after she had

visibly regained composure—face relaxed, shoulders slid down from her ears—did I ask, "What happened?" Instead of speaking Della picked up a crayon and looked at me; I handed her a piece of paper, and she began to draw. A male towered over the other two figures in her picture, both female, and one larger than the other, all with contorted faces. "Tell me about them," I said, and she did. Later, the Dean called me and reiterated his proposed intervention; he wanted to issue a detention. As I wondered how that could possibly help, I began to explain why another detention would not result in the kind of change the Dean desired. In fact, disciplinary consequences may actually exacerbate the problem (Berardi &Morton, 2017). While detention may be an effective consequence for a securely attached child, for Della a detention represented a further breach in the attachment safety that she needed in this environment.

Della, a 5-year-old African American female, was enrolled in kindergarten—her first school experience—in a school where many students contend with issues related to poverty, maltreatment, and academic and behavioral difficulties. Della was living in foster care with her aunt and uncle, which was her third placement to date. Prior to removal from her family of origin, Della was exposed to domestic violence, physical and sexual abuse, and health issues related to neglect; consequently, she was diagnosed with Post-Traumatic Stress Disorder (PTSD). Della has a younger half-brother, who was also removed from the home, but they are not in placement together as he went to live with his biological mother. The siblings had not seen one another since their removal from their home. While her foster parents were responsive and cooperative with the school, they were also frustrated with Della's behaviors. These behaviors included tantrums, refusal to go to class, elopement from the classroom, eating items that are not food, and physical aggression towards school staff. Additionally, Della's aunt shared that her placement was in jeopardy due to these behavioral issues. The risk to placement was paramount, as another move would further traumatize Della and affirm the lack of felt safety.

Della was brought to my attention during the first week of the school year. While it is typical to see kindergarten-students struggle with the transition to school in the first few weeks, Della was exhibiting behaviors that exceeded the norm. Della often refused to enter the classroom, became clingy to certain staff members, and exhibited behaviors that were physically and verbally aggressive towards school staff. Della also had tantrums that could last up to an hour, eloped from the classroom and attempted to elope from the school building, and hid under tables or in small alcoves. When in class, Della only completed work when it was a preferred activity. The classroom teacher could sometimes identify the trigger for her behavior, which was most frequently being tasked with a non-preferred activity.

The role of SBMHPs, such as school social workers, covers a wide variety of domains (National Association of Social Workers, 2012), thus this role may vary from case to case. I often take the initial step of reflecting on an individual case to clarify my role. In this particular case, my role included: provision of school-based therapeutic interventions, collaboration with the community-based therapist, advocacy with the school team, and support to the foster parents. Della's treatment was focused on the following goals: creating trusting relationships between Della and pertinent school staff, increasing time in the classroom, and decreasing incidents of disciplinary action and negative phone calls to the foster parents.

An initial step was to work closely with Della's classroom teacher and the school administration, as they were frustrated with her disruptive behaviors and time spent out of class. Psychoeducational testing and grade retention were discussed by the team as potential interventions; however, neither seemed appropriate. Berardi and Morton (2017) noted that educators are often unaware of the impact foster care and its accompanying traumas may have on children in care, and this lack of awareness may lead to undue consequences. Indeed, I have found that children in foster care are often misunderstood and seen as behavior problems. Trauma-informed practices highlight the importance of psychoeducation for all professionals working with foster children (Berardi & Morton, 2017; Conradi et al., 2011), therefore I worked with school staff to build awareness of trauma reactions. This intervention enabled school staff to understand that Della's negative behaviors may be rooted in her past experiences—rather than a desire to be defiant or avoid schoolwork—which created empathy. This empathy was important as Della's behaviors were often aggressive, and I have found that aggression rarely encourages an empathetic response from school staff. It was also important to emphasize the double impact that assigning a consequence, such as a Saturday detention or suspension, may have on a foster child. When a child receives disciplinary consequences that cause a disturbance to the family schedule, parents often express frustration. For a child in foster care, these consequences may jeopardize a foster placement due to the additional stress the consequence places on the foster parents (e.g., disruption to the foster parents' work schedule, or the financial strain of childcare). When Della's behaviors were at a peak, her aunt deliberated terminating the placement. At this point, it was clear that the school team needed to rethink our strategy for behavior management with Della, especially since she would become extremely

distressed at the prospect of a punitive consequence. One day, Della came running into my office, crying, and shouting, "I'm always getting in trouble! My aunt is going to be so mad at me!" After giving Della a moment to get calm, during which I was prompting her to breathe, I said, "You are safe here in school. I am here to help you." These statements were helpful in reassuring Della that, regardless of her behavior, the adults at school could be counted on to support her. Moreover, this intervention allowed Della to view me as a secure base.

In addition to the school staff, I also advocated for Della with her foster family. Della's foster parents expressed a great deal of discontent and shared how the placement was putting stress and strain on their biological children and their own relationship. Della's aunt, in particular, was also extremely angry with her brother—Della's biological father—and sister-in-law. As I was working with the entire system, not just Della, it was important to acknowledge all these concerns. I believe strongly in meeting parents where they are and in framing conversations in a way that a parent will hear the message I am trying to convey. Thus, each time Della's aunt would express a grievance I would listen and work with her to process her feelings. I also made a point to provide encouragement and praise for the difficult undertaking of being a foster parent. These small, simple gestures went a long way in the development of a positive working relationship. Additionally, I provided psychoeducation on how Della's early life experiences were shaping her behaviors. Della's aunt shared that it was difficult for her to know whether a behavior was a trauma-response or not, I validated this concern and assisted her in creating a consistent response to negative behavior. This response included a calm voice, reassuring statements about Della's safety and her aunt's love for her, and a reflection on the behavior once Della had returned to a regulated state.

Building a relationship with Della was tricky at times and could be fraught with complications. It can be challenging for children with ruptured attachments and trauma history to trust adults, as they have learned not to count on anyone (Jankowska et al., 2015). Some days she wanted nothing to do with me; if I saw her in the hallway and said hello, she would yell at me or run in the other direction. Other days, I would have a difficult time getting her to leave my office. Displaying consistent behavior is a simple, yet effective, way to demonstrate reliability and build trust. So regardless of her reaction I always greeted Della in the same way, and I outlined the expectations for time spent in my office early on. While these expectations were sometimes not met, and required frequent reiterating, Della was learning that I would respond in predictable ways. At times, Della would exhibit behaviors that indicated an attempt to test whether or not she could trust me. On one such occasion, Della was angry and began to kick me. I calmly, quietly said, "I still like you, even when you are behaving this way. I don't like it when you kick me, but I still like you." Della stopped kicking me immediately.

I made sure to interact with Della daily, which is one of the benefits to school-based mental health services. Being present during the school day gives me the ability to drop in on students at various times throughout their day and see them in multiple settings. If lunch and recess are difficult for a child, I have the flexibility to work with them during those times. During regular conversations with Della's therapist at the community agency, the therapist conveyed that developing rapport with Della was exceptionally difficult. Della refused to participate in sessions, throwing temper tantrums or hiding behind chairs. These behaviors contributed to the increasing frustration of both the therapist and foster parents. In school, we were able to make progress through the use of non-traditional counseling, as Della could have more than one session each day and be seen while upset. This flexibility moved the therapeutic relationship forward quickly.

Approximately one month into the school year, Della was approved for Therapeutic Support Staff (TSS) services—one-to-one behavioral support—which alleviated some of the stress that the teacher and Dean were experiencing and expanded my role as advocate. After a few weeks of working with Della, her TSS expressed frustration and stated her intention to be assigned to a different student. It would have been detrimental for Della to experience any loss at this point, so I increased coaching and support to the TSS. I encouraged her to remain patient and consistent, and reiterated that progress would be slow in this case. Over time Della and the TSS developed a positive, trusting relationship, resulting in observable changes in Della's behavior. Time in the classroom increased, Della was progressing academically, and disciplinary actions and negative phone calls to Della's foster parents had notably decreased. I continued to have daily sessions with Della throughout this period, as well as regular conversations with the teacher to provide support through sharing of pertinent information and ideas. Additionally, Della was regularly discussed at administrative team meetings. For the time being, her foster placement was stable, her behavior was improving, and she was making academic progress.

Although Della was moving forward and achieving academic success, there were a few stumbling blocks along this path that informed practice going forward. For instance, one of Della's teachers—who she happened to

have a very positive relationship with—left the school mid-year. This loss was difficult for Della, as the teacher had become a safe adult that Della trusted, and caused another disrupted attachment. This transition was difficult, and for a time we saw regression of behaviors. During this time, I worked to ensure that Della still saw school as a safe and consistent space, and I also emphasized to Della that the teacher did not leave as a result of anything she, or any other student, had done. Another situation that arose involved a decrease in communication with her family. As Della's behaviors improved, less contact with her aunt was necessary. However, this reduction in contact resulted in the school not being aware of a major change for Della—her visits with her biological parents had ceased due to inconsistency—and when Della was upset about missing her parents on one occasion, I talked about her upcoming visit with them and encouraged her to make a card for her parents as we talked. That day, I called Della's aunt to inform her of how upset Della had been, and she stated that Della had not seen her parents in a month and there were no plans to see them in the near future due to their inability to consistently attend visitation. Reflecting back on this situation, it occurred to me that regular contact with foster parents is necessary. When the child is doing well this can be a brief conversation to check in, as this practice may prevent mishaps and strengthen the relationship with the foster parents.

Throughout this process, communication with Della's caseworker was limited. I would reach out via phone or e-mail, but often received cryptic responses or no response at all. On several occasions, other workers came to the school to obtain school records for various court dates. Each time this happened I would meet with the workers and request an update on Della's permanency plan, always to no avail. When I finally reached the caseworker, she explained that Della's parents had given up their rights, and that at the next court date Della would be put up for adoption. The caseworker also stated that Della's aunt had agreed to adopt her. I asked about the plan for informing Della of these changes, and the caseworker stated that there was no plan yet. Thus, it became important to work out a plan with Della's aunt and her therapist. Della's treatment goals were revised to include schoolwork completion, appropriate emotional expression, and social skills enhancement. At the end of the school year, Della was promoted to first grade, psychoeducational testing was not pursued, and her behavior had stabilized.

Discussion

Della's case illustrates how trauma, attachment problems, and foster care placement can intersect and become a barrier to academic success for children. While trauma reactions can vary greatly, a trauma-informed approach can reduce negative reactions (Berardi & Morton, 2017). With Della, the SBMHP utilized trauma-informed interventions based upon an understanding of attachment, such as maintaining physical distance from her when she was hiding somewhere. Della's propensity to hide under tables indicated that she was feeling unsafe and was attempting to regain a sense of security. As a result of Della's trauma history, seemingly ordinary events could trigger a trauma response.

A trauma-informed approach moved the therapeutic relationship forward by respecting Della's need for safety. Extending past the therapeutic relationship, and into the classroom environment, through psychoeducation and support was an important aspect of this work. O'Neill, Guenette, and Kitchenham (2010) discussed the teachers' understanding of the child and their need for safety as paramount to school success. Although the end goal was for Della to feel safe in the classroom, this was not possible immediately. While working towards this goal, the SBMHP advocated for Della by explaining to staff that punitive consequences would not extinguish the eloping behavior. For traumatized children, punitive consequences are ineffective and do not facilitate the desired behavior change (Berardi & Morton, 2017). Therefore, school staff collaboratively decided that when Della felt the need to leave the classroom, she would come to the SBMHPs' office, rather than hide somewhere in the school. This strategy eliminated the demand for a punitive consequence, as Della was now viewed as seeking support rather than eloping the classroom. Utilization of a trauma-informed approach with foster children indicates the employment of natural consequences over punitive consequences (Berardi & Morton, 2017). Choosing natural consequences creates a teachable moment for the child, builds trust, and does not require anything "extra" of the foster parent. With Della, the SBMHP proposed reflective activities that focused on teaching and reinforcing appropriate school behaviors.

Children in foster care have many adults in their lives, often coming from different agencies and with varied agendas. Della's team included her foster family, child welfare workers, case management workers, behavioral health services, mental health services, and educational services. Prior to the change in Della's permanency plan, her biological parents were invited into these conversations as well. The SBMHP has an opportunity to bring all stakeholders together and encourage them to focus on the shared goal of helping the child, underscoring the importance of the SBMHPs' role as advocate. In doing so, the SBMHP may act as a consistent advocate for the child, a role which Berardi and Morton (2017) indicated as lacking for many

children in care.

For a child like Della, who was grappling with disrupted attachments and trauma, school can be a frightening and uncertain space. Behavioral manifestations of these issues can present as defiance and disrespect. Due to avoidant attachment styles, fostered children may experience difficulty relating to adults (Jankowska et al., 2015), which may result in continued negative relationships. By demonstrating a calm demeanor, explicitly stating her safety at school, and providing regular reassurance that the SBMHP's role was to help Della regardless of her behavior, the SBMHP was able to establish herself as a secure base.

SBMHPs may be ideal for this role, as they often work with a span of several grade levels, ensuring continuous contact with students over a number of years. Utilizing strategies such as tuning-in to a child's emotional state and heeding their nonverbal communications promotes development of a positive therapeutic relationship for fostered children (Hughes, 2004). In this case example, these strategies were generalized to the educational setting by training school staff in how to engage Della. The SBMHP provided coaching, especially to Della's TSS Worker, to facilitate this process. Given the flexibility of non-traditional counseling in the school setting and attachment-based and trauma-informed frameworks, SBMHPs are well-equipped to help children successfully navigate their educational placements.

Implications

This case example explicates the ways in which SBMHPs can intervene to support children in foster care placements; however, it also has implications for SBMHPs working with any student who presents with social and emotional challenges that are the result of traumatic life experiences. Furthermore, many of the suggested interventions work well for any student who is struggling to meet behavioral expectations in school. For example, teaching a child a replacement behavior to meet their needs may have multiple, lasting benefits for both the student and the school staff members, as opposed to utilizing punitive consequences. O'Malley et al (2015) advocated for school psychologists to apply their work with individuals to the entire system, working towards an ecological approach that would facilitate positive change system-wide. This is an appealing factor of the trauma-informed model, as this model works with the whole system to provide interventions that benefit all students. Trauma-informed training for all school staff, from administration to cafeteria staff, provides staff with a basic understanding of the prevalence of trauma, offering new lenses with which to view concerning behaviors.

Operationalizing these strategies may prove difficult in schools where the school-based mental health department is understaffed, which may be the case in economically disadvantaged schools, as these interventions are time-intensive. In such schools, SBMHPs may be most effective by providing training and coaching to administrators, teachers, and other school staff, as purported by Capella et al. (2011). When SBMHPs utilize their knowledge and skills to build capacity in all staff members, as opposed to focusing efforts on working individually with students, the potential for positively impacting all students grows. Administrative support of such initiatives underscores their importance. Administrators may wish to consider shifting the role of SBMHPs to concentrate their efforts on supporting and training school staff in an effort to positively impact the whole student body. Professional development initiatives, such as trauma-informed training and SBMHP-led book clubs, are some options for building these skills. By embedding trauma-informed practices in all aspects of school culture, all school staff members are given the tools to proactively help children in care, as well as the rest of the student body.

Conclusion

This case example has implications for SBMHPs' practice, particularly in economically disadvantaged schools, as Eckenrode et al. (2014) determined a positive link between income inequality and incidence of child maltreatment. Trauma-informed practices and an attachment framework laid the foundation for academic achievement and school engagement. The potential for school stability is an important theme in foster care research and an area where SBMHPs can focus efforts by facilitating collaboration of systems. Doing so may increase the likelihood of school success and stability for this population. Based on the findings of DeNard et al. (2017), it may be prudent for SBMHPs to take the lead on these collaborations rather than waiting to hear from caseworkers. It is important for SBMHPs to identify children in foster care early and work closely with school staff to promote understanding of, and sensitivity to, the special needs of this at-risk population. In a system where the voices of children—especially those who are impacted by the decisions of the adults in their lives in profound and lasting ways—are often not heard, SBMHPs have an opportunity to serve as advocates and strive to create pathways to academic success and positive outcomes throughout the lifespan.

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Dr. Kelly Zinn, DSW, LMSW is a licensed Social Worker and certified School Social Worker in New York and New Jersey. A graduate of the Rutgers University Doctor of Social Work program, Dr. Zinn has been focused throughout her career on working with children and families. In addition to the 14 years that she was employed as a school social worker, Dr. Zinn has also worked as a therapist in a treatment foster care program and served as the coordinator of a support group program for families who have experienced sexual abuse. A part-time lecturer for the Rutgers University School of Social Work, Dr. Zinn currently works in private practice and contracts with school districts to provide mental health services to students. She has presented at conferences on the local, state, and national levels, and has been published in a textbook for clinical students; all of which is a testament to her commitment to the professional development of social workers.