



Higher National Unit specification

General information

Unit title: Attachment and Trauma-Informed Practice in Residential Child Care (SCQF level 9)

Unit code: HG31 36

Superclass: PN

Publication date: August 2016

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

The purpose of this Unit is to enable learners to examine and critically reflect upon the impact of attachment issues and trauma on their practice in residential child care. Research shows that trauma and attachment issues are a feature of almost every child and young person in residential child care. The ability to understand and reflect upon the impact of attachment issues and trauma must form a part of everyday practice. The Standard for Residential Child Care says that practitioners need to 'demonstrate a critical understanding of adversity and trauma, their effects on children and young people, and children's responses to them.' They are also required to 'have a developed knowledge and a critical understanding of the range of developmental impairments and disabilities that children and young people may have'. In addition, the standard asks that practitioners use 'relevant theories, including contrasting theories of attachment and adolescent development' within their practice (Standard 3.2.).

The Unit will provide underpinning knowledge about the interplay between early life trauma on attachment and subsequent adolescent development and trauma, as well as exploring the impact which these have on practice. Some of the common behavioural challenges associated with children affected by attachment issues and trauma will be examined. Successful completion of the Unit will enable learners to understand and critically reflect upon the impact of attachment issues and trauma on the lives of children and young people in residential care, and what they can do as practitioners to alleviate some of these.

Higher National Unit specification: General information (cont)

Unit title: Attachment and Trauma-Informed Practice in Residential Child Care (SCQF level 9)

Outcomes

On successful completion of the Unit the learner will be able to:

- 1 Critically examine theories definitions and research on attachment and trauma as it features in the lives of children and young people in residential child care.
- 2 Critically evaluate models of adolescent development and how they interact with attachment and trauma.
- 3 Critically evaluate trauma-informed practice interventions.

Credit points and level

1 Higher National Unit credit at SCQF level 9: (8 SCQF credit points at SCQF level 9)

Recommended entry to the Unit

In order to access the PDA level 9 Residential Child Care award learners must be able to demonstrate appropriate experience of working in a residential child care setting and have gained 120 credits at SCQF levels 7 and 8 which are recognised as meeting the requirements for registration with the Scottish Social Services Council in residential child care.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

Equality and inclusion

This Unit specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website www.sqa.org.uk/assessmentarrangements.

Higher National Unit specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Outcome 1

Critically examine theories definitions and research on attachment and trauma as it features in the lives of children and young people in residential child care.

Knowledge and/or Skills

- ◆ Theories and definitions of attachment and attachment issues
- ◆ Definitions of trauma
- ◆ Effects of disability on conceptualising attachment and trauma
- ◆ Prevalence and effects of attachment issues and trauma in residential child care

Outcome 2

Critically evaluate models of adolescent development and how they interact with attachment and trauma.

- ◆ Models of adolescent development
- ◆ Psychological features of adolescent development
- ◆ Emotional features of adolescent development
- ◆ How attachment and trauma manifests in adolescence

Outcome 3

Critically evaluate trauma-informed practice interventions.

- ◆ Trauma-informed practice
- ◆ Trauma-informed practice interventions

Evidence Requirements for this Unit

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

- ◆ critically examine theories and definitions of attachment and trauma.
- ◆ critically evaluate research evidence in relation to the effects of attachment issues and trauma affecting young people in residential child care.
- ◆ critically analyse the relationship and interaction between disability, attachment and trauma.
- ◆ critically evaluate how two psychological and two emotional features of adolescent development interact with attachment issues and trauma.
- ◆ critically reflect upon the meaning of trauma informed practice in residential childcare.
- ◆ critically analyse one trauma informed intervention.



Higher National Unit Support Notes

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Unit Support Notes are offered as guidance and are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

The Unit is concerned with attachment and trauma-informed practice. When the learner has completed the Unit, they should have had an opportunity to examine the concepts and meanings of attachment, trauma, adolescent development and trauma-informed practice. They should also have had a chance to reflect on research findings and some of the common behavioural challenges associated with children affected by attachment issues and trauma, and to reflect on interventions which may support young people affected by attachment issues and trauma. For ease of understanding, this set of support notes has been divided into three Outcomes.

Outcome 1

The first Outcome forms the foundation for the Unit. An exploration of terminology and attitudes is necessary. Learners should be familiar with attachment theories and the types of insecure and disorganised attachments that are prevalent in children and young people in residential child care. It will be helpful to briefly revisit these understandings with learners.

CELCIS produced an attachment practice mapping exercise in 2012 which looked at the importance of attachment, how it is defined and some case studies of existing practice which reflects placing attachment at the centre. This can be accessed at <https://www.celcis.org/files/4814/3817/9734/Attachment-Matters-For-All.pdf>

There is also a very helpful paper which looks at attachment informed practice available from IRISS (2011) which was written by Judy Furnivall in behalf of Scottish Attachment in Action. This can be accessed at http://www.iriss.org.uk/sites/default/files/iriss_insight10.pdf

Trauma is a physical or emotional shock, damage or hurt that may have severe long-term effects. It can be caused by traumatic experiences or situations that can range from being exposed to domestic or criminal violence, being abused, being in an armed conflict, fleeing violence or terror and coming to a new country as a refugee. In residential child care the most common type of trauma is complex trauma. Complex trauma occurs when terrifying experiences, caused by someone who should be a figure of trust, are the norm in children's lives. For an excellent discussion of the impact of trauma on children in residential child care see The IRISS insight *Trauma sensitive practice with children in care* which can be accessed at <http://www.iriss.org.uk/resources/trauma-sensitive-practice-children-care>

Higher National Unit Support Notes (cont)

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Attachment and trauma in disability is an area which is often overlooked. The child's disability becomes the over-riding identity and any behaviour or developmental issues becomes defined by the disability. This can lead to inappropriate interventions. It is important for learners to examine this. Some research seems to show that insecure attachments are more prevalent in children with disabilities (Clements and Barnett, 2002). Howe (2006) examined the literature on associations between children with a disability and insecure attachments. He examined the dynamics that affect a child with a disability's attachment classification and also their risk of being maltreated in terms of a transaction between both parental and child factors. In the case of children with certain types of disability, he found that unresolved parental states of mind with respect to attachment are seen as a risk factor for maltreatment. There are unique challenges for the 'dance' of attachment between a child with disabilities and his or her close carers. This can be even more complicated by parents who are not psychologically available in the first place.

Learners should be asked to look at the research in attachment, trauma and residential child care. They should also reflect on how this research links to their own experiences of working with children and young people in their own Units.

Outcome 2

It is often during adolescence that the damaging consequences of trauma and attachment issues first become apparent and troubling for those beyond the child's immediate social circle. The transition from the relatively small, socially- and emotionally-containing environment of a primary school classroom to the bewildering, demanding and ever-shifting social and learning experience of a secondary school can overwhelm the fragile coping mechanisms achieved by children with attachment difficulties and push them into extremely challenging behaviours. In addition, hormonal and physiological changes combined with social expectations and lack of secure attachments to adults may lead young people to try to meet their emotional regulatory and attachment needs through peer relationships. Whether this is through early engagement in sexual behaviour, shared experimenting with alcohol or drugs, truanting from school or becoming involved in anti-social behaviour, these types of responses are likely to evoke punitive reactions from adults rather than understanding. In mainstream residential care, adolescents make up the bulk of the population, so it is important to put attachment and trauma in the context of adolescent development.

Learners will be familiar with child development models but it may be helpful to refresh this. Learners should then examine the Biopsychosocial Model which was discussed by Sales and Irwin (2009). This integrates many aspects of adolescent development which will then help learners to critically examine how adolescence links with trauma and attachment. In particular, they should examine the challenges of distinguishing between normal adolescent behaviour and behaviour linked to trauma and attachment issues.

Higher National Unit Support Notes (cont)

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Outcome 3

An understanding of trauma and how this informs practice is important in effective interventions. The work of Bruce Perry has been seminal in this area. His work on neurosequential development and the effect of trauma on the developing brain should be examined by learners (See Perry, 2005, for an excellent discussion on the effect of trauma and some images of the traumatised brain).

A review of residential child care in Northern Ireland (SCIE, 2007) identified the importance of a therapeutic approach when dealing with trauma. The following points were highlighted:

Trauma informed practice using a therapeutic approach is used to mean ways to help staff understand:

- ◆ How trauma effects children and young people.
- ◆ How and why their ways of coping with this trauma might be maladaptive.
- ◆ How and why agencies and staff respond in the ways they do.
- ◆ How some of these ways are not adaptive, and how they might change.

This type of trauma-informed practice has been shown to improve life in residential child care. For example, SCIE (2007) reported on staff in Northern Ireland who are trained in understanding trauma and using a trauma-informed approach. SCIE reported that this training had improved their practice, particularly in their relationships with young people and their consistent way of approaching this. Young people in residential child care often noticed an improved 'atmosphere' and the use of fewer sanctions, even if they did not notice that a new approach was being used. The full report can be downloaded at:
<http://www.scie.org.uk/publications/reports/report58/summary.asp>

The types of trauma informed practice models examined by SCIE in their report included the Sanctuary Model, The ARC (Attachment, Self-Regulation and Competency) Model, The MAP (Model of Attachment Practice) Model and the CARE (Children and Residential Experiences) Model. In addition, Dyadic Developmental Psychotherapy (Becker-Weidman and Hughes, 2008) is gaining in popularity. This model focusses on encouraging the reflective function of the caregiver, looking at the two-way relationship in a way that encourages better attunement. It will be important for learners to critically reflect on what is meant by trauma informed practice and to evaluate some of the models used. Trauma informed practice is becoming more prevalent and it will also be helpful to ask learners if any of their current workplaces use a trauma informed model.

References and websites to support the Outcomes

Becker-Weidman, A and Hughes, D. (2008) 'Dyadic Developmental Psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment.' *Child and Family Social Work*. Vol. 13 (3): 329–337.

Clements, M., & Barnett, D. (2002). Parenting and attachment among toddlers with congenital anomalies. *Infant Mental Health Journal*, 23, 625–642.

Higher National Unit Support Notes (cont)

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Furnival, J (2011) Attachment-informed practice with looked after children and young people. IRISS. http://www.iriss.org.uk/sites/default/files/iriss_insight10.pdf

Furnivall, J. McKenna, M., McFarlane, S. and Grant, E. (2012) Attachment Matters for All - An Attachment Mapping Exercise for Children's Services in Scotland. CELCIS. Accessed on 28 May 2016 at <https://www.celcis.org/files/4814/3817/9734/Attachment-Matters-For-All.pdf>

Furnivall, J. and Grant, E. (2014). Trauma sensitive practice with children in care. IRISS. Accessed on 28 May 2016 at <http://www.iriss.org.uk/resources/trauma-sensitive-practice-children-care>

Howe, D. (2006) Disabled Children, Maltreatment and Attachment. *British Journal of Social Work*, 36, 5, 743-760.

Perry, B. (2005). Maltreatment and the Developing Child: How Early Childhood Experience Shapes Child and Culture. Accessed at <http://www.lfcc.on.ca/mccain/perry.pdf>

Perry, B (2006) The Neurosequential model of therapeutics. https://childtrauma.org/wp-content/uploads/2013/08/Perry-Bruce-neurosequentialmodel_06.pdf

SCIE (2007) Therapeutic approaches to social work in residential child care settings <http://www.scie.org.uk/publications/reports/report58/summary.asp>

Sales JM and Irwin CE (2009) A Biopsychosocial Perspective of Adolescent Health and Disease. http://www.springer.com/cda/content/document/cda_downloaddocument/9781461466321-c1.pdf?SGWID=0-0-45-1446024-p1

Tomlinson, P., Gonzalez, R. and Barton, S. (2012). Therapeutic Residential Care for Children and Young People: An Attachment and trauma informed model for practice. Jessica Kingsley 2012.

Scottish Attachment in Action. Has lots of resources and events on attachment. <http://www.saia.org.uk/>

Higher National Unit Support Notes (cont)

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Guidance on approaches to delivery of this Unit

The first Outcome sets the foundation for the Unit. An exploration of terminology and attitudes is necessary at the start of the Unit, as some learners may need to have their knowledge of definitions of attachment and trauma refreshed. It is not expected that tutors spend a long time on this but it is helpful to ensure that all learners start from the same baseline. An examination of the research evidence into the extent and type of attachment issues and the trauma in residential care should be carried out. In addition, an exploration of how disability becomes conflated with attachment and trauma should also be carried out. Some helpful papers to examine with regards to the research in this area are given earlier in the Unit descriptor. However, tutors should encourage learners to identify other research and bring this into the learning setting by presenting short reviews of some of the other research in the area. There are some excellent YOUTUBE presentations on this area, and learners should be encouraged to draw on their own experience.

The second Outcome should help learners make some links between trauma and poor attachment, adolescent development and some of the behavioural Outcomes of this. The Biopsychosocial model of adolescence is a helpful starting point. This could be debated in the learning group and some discussion should be encouraged about how adolescent development differs from trauma and attachment related behaviour.

In most settings, learners will have come across some serious behaviours which are linked to attachment issues and trauma. The use of case studies and drawing on personal experience of young people affected may be helpful to examine these issues in reality. Dr Jon Allen of the Menninger Clinic gives a very helpful talk on YOUTUBE which looks at how adolescence, trauma and attachment interact. This can be accessed at <https://www.youtube.com/watch?v=N7gMUMx2tQQ>

The third Outcome looks at trauma-informed practice. Tutors should start by defining the features of trauma-informed practice. Learners should be encouraged to examine some of the models which are used and which apply trauma-informed methodologies. THE SCIE report previously referred to is a good starting place. Learners could be encouraged to give a short presentation on their understanding of particular models and to look at the benefits and problems in implementing them. Learners could be asked to reflect on their own work places and asked if they use any trauma informed practice models. If they do, they should be encouraged to use this for their presentation.

The impact of the physical environment is important when implementing trauma informed practice, given the sensitivities of children and young people who have been affected. Learners should be encouraged to reflect on what makes their residential Unit supportive of trauma informed practice. Clear links have been made between excessive noise levels and the production of the stress hormone cortisol. Learners could reflect on what makes for a peaceful and restful residential Unit for all children and young people.

Higher National Unit Support Notes (cont)

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Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of assessment. The following is a suggestion only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre-devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

It is suggested that the assessment for this Unit is in the form of a written analysis of one of the models of trauma-informed practice. The written analysis should be around 2,000 words.

The analysis guidelines could be as follows:

Write an analysis of one of the models of trauma-informed practice. The following subheadings could be used:

- 1 Critically examine theories and definitions of attachment and trauma.
- 2 Critically evaluate research evidence in relation to the effects of attachment issues and trauma affecting young people in residential child care.
- 3 Critically analyse the relationship and interaction between disability attachment and trauma.
- 4 Critically evaluate how two psychological and two emotional features of adolescent development interact with attachment issues and trauma.
- 5 Critically reflect upon the meaning of trauma informed practice in residential childcare.
- 6 Critically analyse one trauma informed intervention.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Higher National Unit Support Notes (cont)

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Opportunities for developing Core and other essential skills

Assessment of this Unit will assume the development of Core Skills necessary in the performance of work tasks at this level. For example, the assessment is likely to include the use of appropriate information technology. Taking part in the activities of the class will lead to the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

Learners will have the opportunity to develop the following Core Skills:

Communication: Written communications will be developed through learners producing written work in a variety of formats; oral communication will be developed through discussion, debate and evidence of engagement with other professionals and key people.

Working with Others: Will be developed as learners will be required to work collaboratively with colleagues from their own Unit in the preparation and research for their assessment.

Information and Communication Technology (ICT): Learners will develop their *ICT* skills through research and the presentation of the written assignment and case study.

Problem Solving: Learners will have the opportunity to develop their skills through research and evaluation and through relating their learning to their own work practices.

History of changes to Unit

| Version | Description of change | Date |
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General information for learners

Unit title: Attachment and Trauma-Informed Practice in Residential Child Care (SCQF level 9)

This section will help you decide whether this is the Unit for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

The purpose of this Unit is to enable you to analyse and critically reflect upon the impact of attachment issues and trauma on their practice in residential child care. Research shows that trauma and attachment issues are a feature of almost every child and young person in residential child care. The ability to understand and reflect upon the impact of attachment issues and trauma must form a part of everyday practice. The Standard for Residential Child Care says that practitioners need to 'demonstrate a critical understanding of adversity and trauma, their effects on children and young people, and children's responses to them.' In addition, they are required to 'have a developed knowledge and a critical understanding of the range of developmental impairments and disabilities that children and young people may have' In addition, the standard asks that practitioners use 'relevant theories, including contrasting theories of attachment and adolescent development' within their practice (Standard 3.2.).

The Unit will provide you with underpinning knowledge about the interplay between early life trauma on attachment and subsequent adolescent development and trauma, as well as exploring the impact which these have on practice. Some of the common behavioural challenges associated with children affected by attachment issues and trauma will be examined. Successful completion of the Unit will enable learners to understand and critically reflect upon the impact of attachment issues and trauma on the lives of children and young people in residential care, and what they can do as practitioners to alleviate some of these.

You will be assessed by means of a written analysis of a model of trauma-informed practice. The model you choose will be left up to you. In this assessment you will be given the opportunity to explain and critically analyse trauma attachment issues and adolescence and how they interact, and how the particular model chosen by you helps to alleviate some of the negative effects. In the analysis you will be invited to reflect on how effective you think the model chosen by you may be if it could be applied to your own work place.

Successful completion of the Unit will enable you to understand the challenges of working with trauma and attachment issues. You will also further enhance some of your Core Skills in *Communication, ICT and Working with Others and Problem Solving*.