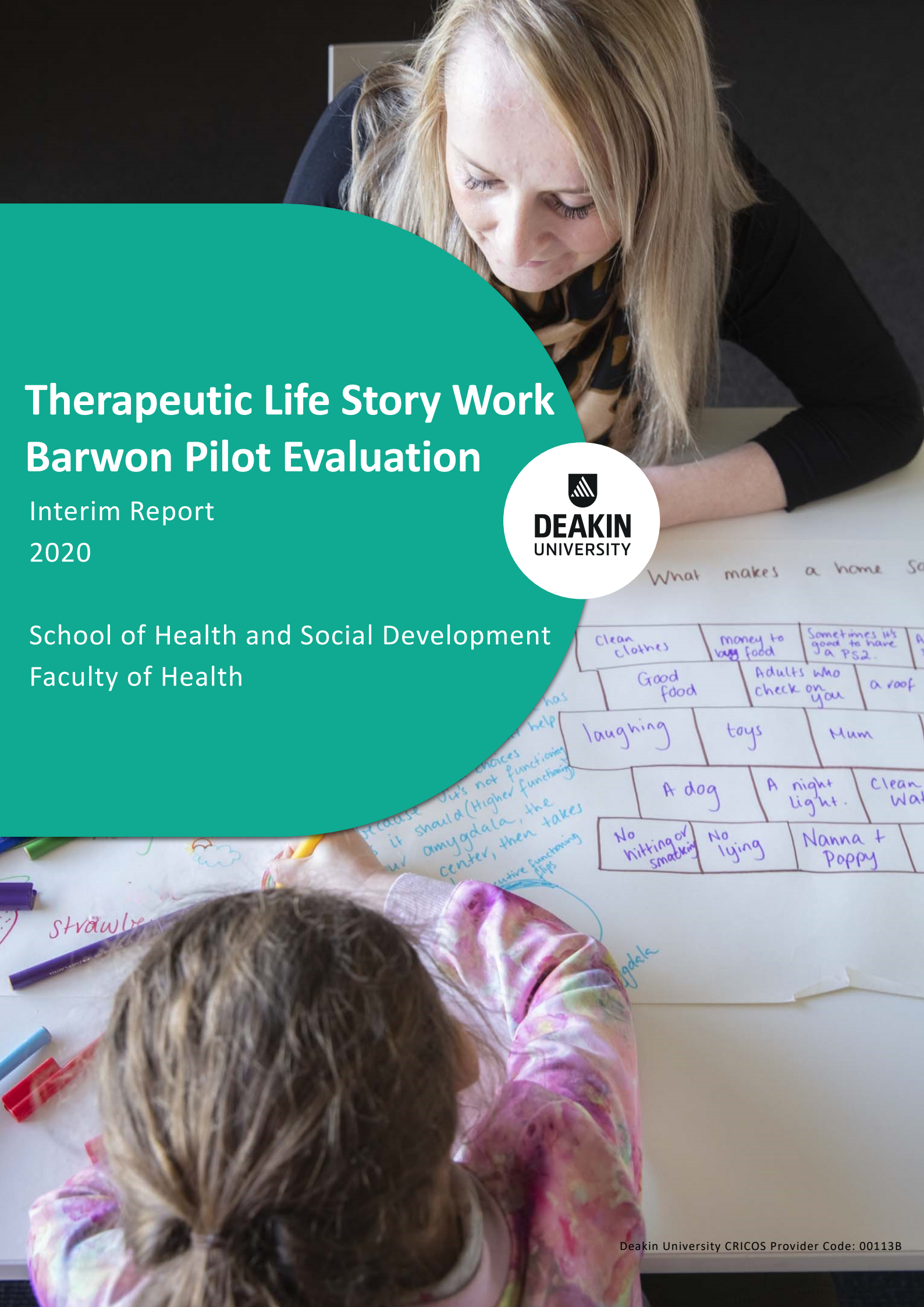


Therapeutic Life Story Work Barwon Pilot Evaluation

Interim Report
2020

School of Health and Social Development
Faculty of Health



What makes a home so

Clean clothes	money to buy food	Sometimes it's good to have a PS2.
Good food	Adults who check on you	a roof
laughing	toys	Mum
A dog	A night light.	Clean water
No hitting or smacking	No lying	Nanna + Poppy

because it should (Higher functioning amygdala, the center, then takes choices that help it function better)

strawberry

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Cover Photo: Used with permission from MacKillop Family Services.

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Background

Mackillop Family Services' Out of Home Care Programs

Mackillop Family Services' (Mackillop) Out of Home Care Program (OOHC) currently includes foster and residential care in the Barwon region. As of November 2020, Mackillop is responsible for the care of 24 young people across five residential care homes and 90 children and young people in foster care.

Mackillop offer a range of therapeutic programs specifically designed to support children and young people in OOHC, for example the Seasons for Growth Program and the Respecting Sexual Safety Program. The recent addition of Therapeutic Life Story Work (TLSW) is intended to complement these program offerings.

Therapeutic Life Story Work (TLSW)

The relational bond between a caregiver and child, that is their attachment, is critical in the early years of a person's life as these relationships set the foundation or template for how we relate to others, ourselves, and the world around us. Children and young people in OOHC have often experienced trauma, loss, and grief as a result of abuse and neglect that in turn has negatively affected their ability to form a secure attachment with caregivers (Rose, 2012; Jones, 2017). With secure attachment, the infant/child understands the caregiver to be someone significant to which they can return for care, safety and comfort (Bowlby, 2005). Instead, as Jones (2017) stated, "their story is often fragmented, discontinuous and characterised by confusion, misconception, blame and shame" (p. 275).

In response, Rose (2012) developed their Therapeutic Life Story Work (TLSW) program to support children and young people in exploring the significant life events that they and their wider family experienced that contributed to their coming to be in OOHC. Rose's TLSW is trauma-informed and underpinned by theories of attachment and loss and grief (Neimeyer, 1999). The child or young person and their OOHC carer are instrumental throughout the awareness-raising process of examining present "behaviours, feelings and cognitive processes that manifest themselves within [OOHC]" (Rose, 2012, p. 26) and these behaviours, feelings, and cognitive processes are influenced by the child or young person's experiences of trauma, loss, and grief. In particular, TLSW can support the child or young person in improving their ability to regulate strong negative emotions and choose healthy and pro-social behaviours when they feel unsafe or under threat (Jones, 2017; Rose, 2012). With this regulation and awareness, the relationship between child/young person and their OOHC carer is strengthened and a more positive or meaningful future and identity is able to be created (Rose, 2012).

Earlier versions of "life story work" in OOHC care settings provided an opportunity for the child or young person to recount their life story and memories that leads to the creation of a "life story book" (Rose,

2012). In contrast, TLSW actively involves the child or young person and their OOHC carer working with an accredited TLSW Clinician, with an explicit focus on supporting children and young people's recovery and healing from their trauma and loss experiences as well as strengthening their relational bond with their primary caregiver (Rose, 2012, 2017). While there are benefits for the child or young person (Rose, 2012; Jones, 2017), it is pertinent to note the broader social advantages of TLSW such as: "improved outcomes for children/young people in care, reduction in intergenerational trauma, improved stability of placements, and increased retention of carers" (Jones, 2017, p. 282).

The TLSW Barwon Pilot Program

The TLSW Barwon Pilot program at MacKillop is an adaptation of Rose's (2012) TLSW model and is a relational therapeutic outreach program for children and adolescents aged 6-17 in OOHC in Victoria's Barwon region. The program is facilitated by a trained TLSW clinician who encourages the child or young person to ask questions about their past, present and future in a safe and secure environment. Through taking a narrative approach, with the integration of creative and play therapy techniques, the program supports children and young people in OOHC in making sense of their past trauma and loss experiences and how these experiences have influenced or continue to influence their present thoughts, feelings, and behaviours. A process of sense- or meaning-making is then used, along with the strengthening of the child/young person's emotional, social, and behavioural skills, to enhance the child or young person's resilience and ability to (re)construct a meaningful identity. It is hoped the child or young person will have gained the awareness and skills to enable development of quality social and community relationship for the future. MacKillop's TLSW Pilot Program is the first of its kind in the Barwon region and has been possible due to philanthropic funding (Give Where You Live Foundation).

The TLSW Pilot Program at MacKillop consists of six phases. These include: (1) Information Gathering, (2) Relationship Building, (3) "Story of My Past", (4) "Story of My Presence", (5) "Worries, Future Plans and Making Sense", followed by (6) Ending with presentation of the child/young person's TLSW Book. The first phase occurs prior to engagement with the child or young person, whilst Phases 2 to 6 consist of the actual TLSW intervention. The sessions are held at the child or young person's foster or residential care home every week or fortnight. The child or young person drives the timing of the sessions. The content of the sessions involves working on a TLSW Wallpaper and reflects a balance between having structure while also allowing "organic" exploration between the child or young person, their key carer and the TLSW Clinician.

Purpose of this Report

The purpose of this interim report is to present preliminary findings from the evaluation into the process and outcomes of the TLSW Barwon Pilot program. Where relevant, the benefits for the child or

young person's identity, resilience, understanding of their trauma experience and wellbeing will be illustrated through the inclusion of redacted samples of their TLSW Wallpaper. The final evaluation report is due for completion at conclusion of the pilot in 2023-24.

The Evaluation

Aim

The aim of the evaluation is to review the process and outcomes of the TLSW Pilot Program as they relate to the participating children and young people's ability to:

1. make sense of and create meaning from their critical trauma and loss experiences
2. strengthen their emotional, social, and behavioural skills and resilience
3. construct a meaningful sense of identity, and
4. develop quality social and community relationships

Methodology

Ethical Approval

This evaluation has received ethical approval from Deakin University's Human Research Ethics Committee (Project ID: 2020-229) and from MacKillop's internal research committee.

Design

A mixed-methods, multi-phase design was utilised to gain a rich understanding of delivery of the TLSW pilot program, as well as the therapeutic outcomes for the children and young people who participated. The first phase (Phase 1) involves a review of the children and young people's TLSW Wallpapers, or their final TLSW Book where the wallpaper is not available, to review the delivery of the program and the children and young people's responses to the activities involved. The second phase (Phase 2) involves examination of the children and young people's therapeutic progress in the Pilot Program via a series of psychometric scales. The third and final phase (Phase 3) involves a qualitative exploration of key stakeholders' perspectives (e.g., their parents/guardian/carer, teachers, and MacKillop care team), via semi-structured interviews, regarding the contribution of the TLSW Pilot Program to the quality of their relationships with the child/young person involved in the program. Given the interim nature of this report, only the preliminary progress from each Phase is reported.

Participants

Phase 1 and 2: The Children and Young People in Out of Home Care

At the time of writing this report, a total of 14 children and young people had participated or were still

participating in the TLSW Pilot Program. All of these children and young people were invited and provided informed consent to participate in the Program's evaluation. In this interim report, the preliminary findings of the evaluation are presented in a way to protect the individual identities of the children and young people involved.

Phase 3: The Key Stakeholders Involved in the Children and Young People's Lives

At present, a total of six key stakeholders involved in the care or education of the young people in the TLSW program (e.g., the TLSW Clinicians, OOHC Carers, MacKillop OOHC Team, parents/legal guardians, teachers) have been invited to participate of which four MacKillop staff members ($n = 2$ clinicians and $n = 2$ carers) have been interviewed. Additional stakeholders are being extended the opportunity to contribute to the research as the program continues. The COVID-19 pandemic presented challenges (such as workload demands and time constraints) in carer and stakeholders' capacity to participate in interviews at this time.

Data Sources

Prior to providing the following data for the evaluation, MacKillop removed all identifying information and allocated a unique identification code for each child or young people in the Pilot. This code was used to match data across the different data sources and collection points in the pilot. The evaluation team at Deakin therefore, only had access to non-identifiable data. See the Appendices for an outline of the data collection points for each data source.

Phase 1 Data

A series of visual and textual information is completed by the young person and the TLSW Clinician as part of the standard operating protocol of MacKillop's TLSW-PP. A non-identifiable version of these are provided to the Deakin evaluation team for the purposes of evaluating the TLSW-PP and includes:

1. **The young people's TLSW "wallpaper" and/or "book"** created in collaboration with the young person and their TLSW Clinician at the end of their involvement in the pilot program. The content of this book is taken from the young people's TLSW "wallpaper". The young person's TLSW book is provided to the Deakin evaluation team in a non-identifiable form. The evaluation team will thematically code the content of the drawings to ascertain and compare change in their identity and meaning-making associated with the past loss and trauma experiences from the beginning to the end of the pilot program.

Phase 2 Data

Quantitative data from the following psychometric measures are routinely collected by the TLSW Clinician at each major phase of the TLSW-PP in order to track the therapeutic progress of the child/young person:

1. **The “SHANARRI” Scale (Rose, 2012):** A TLSW Clinician administered quantitative instrument assessing the young person’s wellbeing during the process of TLSW across 7 Domains: (1) Achieving and Learning, (2) Attachment to Primary Carer, (3) Physical Health and Development, (4) Emotional Intelligence, (5) How Included the Child is, (6) Identity, and (7) Ability to Concentrate and be Physically Settled. Each domain is assessed and rated by the TLSW clinician on a 5-point scale with varying rating descriptors with higher scores indicated greater attainment in the respective domain.
2. **The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997):** A 25-item quantitative instrument, assessing the young person’s emotional and behavioural strengths and difficulties. Items are rated on a 3-point Likert scale (1 = *Not True* to 3 = *Certainly True*) by the young person and/or their key OOHC carer.
3. **The Child and Youth Resilience measure-12 (CYRM-12) (Liebenberg, Ungar, & LeBlanc, 2013):** A 12-item quantitative instrument assessing the young person’s levels of personal resilience. Items are rated on a 5-point Likert scale (1 = *does not describe me at all* to 5 = *describes me a lot*) by the young person.
4. **The Health of the Nation Outcomes Scales for Children and Adolescents (HoNOSCA) (Gowers et al., 1999):** A 15-item quantitative instrument assessing the young person’s social, emotional, and behavioural wellbeing. Items are rated on a 5-point Likert scale (0 = *No problem* to 4 = *Severe to very severe problem*) by the TLSW clinician.
5. **The Child and Adolescent Needs and Strengths – Comprehensive Trauma Assessment (CANS-Trauma) (Kisiel et al., 2010):** A 110-item quantitative instrument assessing the young person’s social- emotional needs and strengths. The CANS-Trauma is only completed at the beginning and the end of the young person’s involvement in the TLSW program by the TLSW Clinician.

Phase 3 Data

Qualitative data in the form of narratives from the key stakeholders are gathered through individual semi-structured interviews conducted via zoom. The narratives include information about how key stakeholders’ working relationships with the young people in the TLSW program have benefited, changed, or strengthened.

Preliminary Results

These preliminary results are presented in terms of (a) an outline of the young people's TLSW journey according to each phase of the program, (b) the young people's therapeutic progress in terms of changes in reported social-emotional health and wellbeing, and (c) perspectives of key stakeholders involved. It is important to note that all identifying information has been removed to protect the individual identities of the young people and the key stakeholders involved in the program and evaluation. Where necessary, selected images from the children and young people have been redacted of personally identifying information prior to publication.

The Young People's TLSW Journey

Information Gathering Phase (Session "0")

"Alex" (pseudonym) is a young person who was taken into out of home care in their mid-teens, as a result of the breakdown of stable parent and carer relationships. Alex's family history included issues of emotional, physical and sexual abuse, divorce, death, exposure to family violence, and untreated mental illness. While they had experienced a period of ongoing stability from school age to their entry into care, Alex was placed with their mother by child protection, and this placement broke down within a week. As a result of this, Alex was placed in a Mackillop Family Services residential care home.

During their time in residential care, they had struggled to cope with challenging behaviours of co-residents, which included physical and verbal abuse. Furthermore, they were grappling with many self-care domains, in particular personal hygiene, healthy eating and exercise, and with maintaining friendships with their peers. They were also questioning their sexuality at this time, and were negotiating their dating relationships for the first time.

Alex self-referred to the TLSW program after observing sessions with their co-resident, and after displaying curiosity about their own family history and personal stories. At the time of starting TLSW, the clinician was impressed by their ability to self-regulate their emotions, bravery and resilience in coping with ongoing abusive telephone calls and text messages from their parent. Furthermore, the clinician commended their curiosity and courage into exploring the difficult (and at times traumatic) events in their past and how these events shape how they see themselves now (i.e., their identity).

Since participating in the TLSW program and receiving ongoing support from MacKillop regarding for independent living skills, work readiness, and their ongoing schooling, they are now living autonomously in lead tenant accommodation and continue to attend school.

Relationship Building Phase (Sessions 1-4)

In the Relationship Building phase, the TLSW clinician works with the child/young person to begin developing rapport and understand what they consider important. This is evident through the child/young person sharing things they love in the 'hands' activity (Figure 1), things they value in the 'bricks' activity, features of a positive relationship and benefits of their current living situation in the 'house' activity.

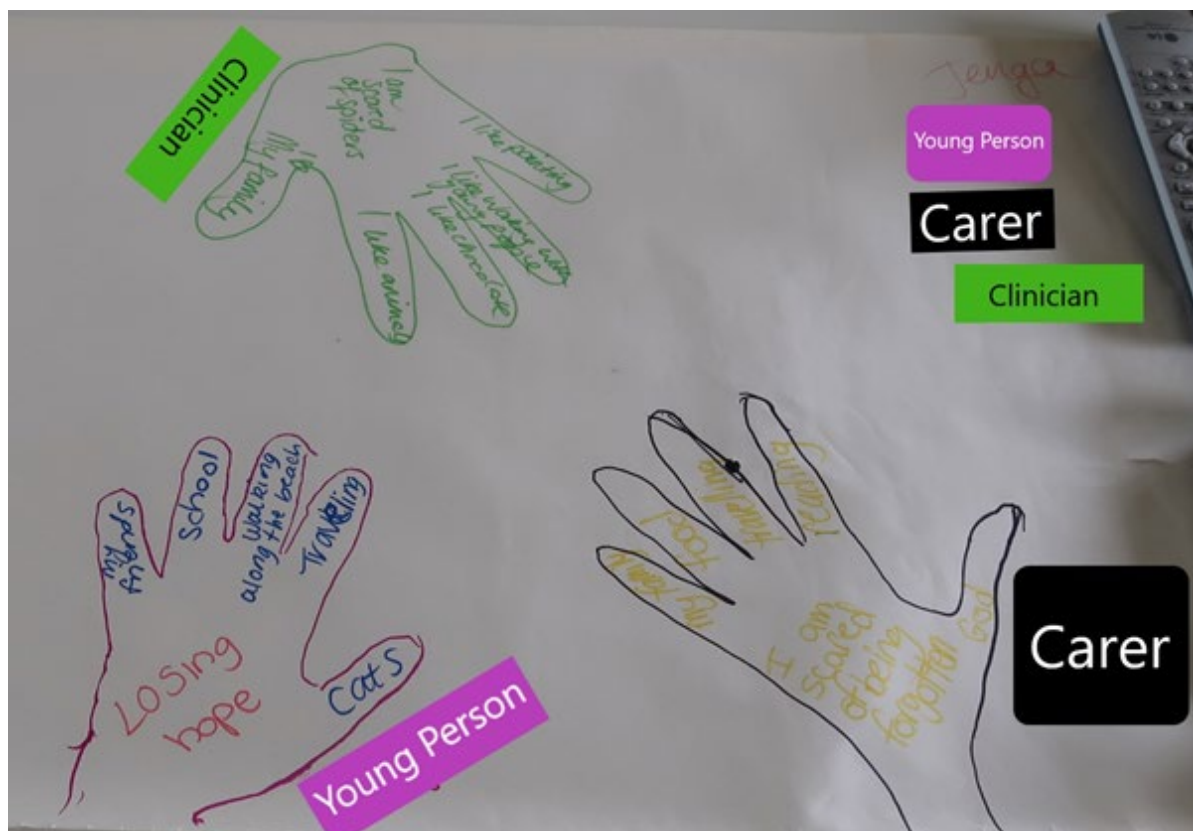


Figure 1. Detail from 'hands activity' on one wallpaper in the Relationship Building phase. The clinician, Alex, and their carer have all recorded things that make them happy or give them strength, with their fears on the palm of the hand. Also recorded in the top right-hand corner is the fact they played a modified version of Jenga, a block-stacking game, in their first session which had questions written on the block for the person who removed it to answer.

In line with a trauma-informed approach, the creation of a safety plan is also a significant component of the Relationship Building phase. The inclusion of a safety plan ensures the child or young person has strategies to implement during the process if they feel triggered or are having an emotional response and require grounding. A clear safety plan for the child or young person is crucial as they begin considering and posing questions they would like the assistance of the TLSW Clinician to answer.

Attachment to individuals and important relationships that have created a sense of nurturing and safety are identified in an ecomap during the Relationship Building phase by the child or young person (Figure 2). This phase also enables the TLSW Clinician to assess the attachment between the carer and child or young person through their interactions and activities such as identifying what they admire about each other.

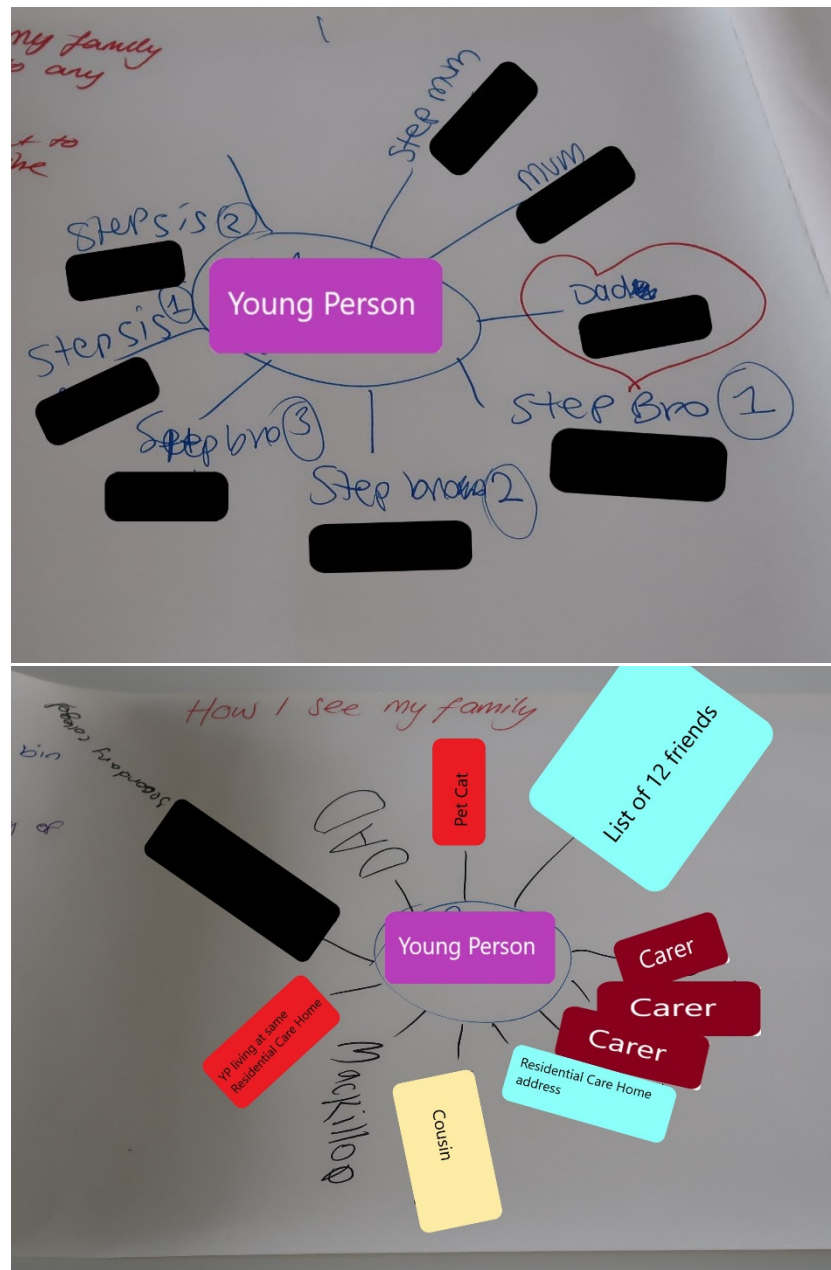


Figure 2. In this case study, Alex was able to identify members their family through the ecomap and describe a deep attachment to their father. This is illustrated by the heart around him. In the first ecomap (top image), the young person states despite identifying them as family, they are not close to them. Furthermore, the young person's inclusion of a second ecomap (bottom image) outlines how they regard their family as including their dad, cat, the residential home carers, the other young person in their home, their cousin and friends.

“Story of My Past” Phase (Sessions 5-8)

In this phase of the TLSW pilot, there is an exploration of the child/young person’s life prior to birth, including presenting information to the child or young person about their grandparents and parents. This process allows the opportunity for reflection on generational trauma and provides as grounding point for the young person to begin to understand that their story began before they were born. Given this focus at this stage of the young person’s TLSW journey, there appeared to be a need to be flexible in how they approach and explore the story of their past.

This flexibility involved allowing the young person to safely move between their past, present and future, with the Clinician offering relevant psychoeducation and meaning making activities (e.g., the behaviour tree activity and the Fact, Fiction, Fantasy, and Heroism activity) focused on building skills, strategies and knowledge about the links between Alex’s past, including their emotions and trauma responses, with their current circumstances and wellbeing. This focus on psychoeducation offers strategies for managing the emotions and their resultant behaviours in the more intensive process of recalling and recording Alex’s personal history. Examples of the psychoeducation and activities provided are shown in Figures 3 and 4 below.

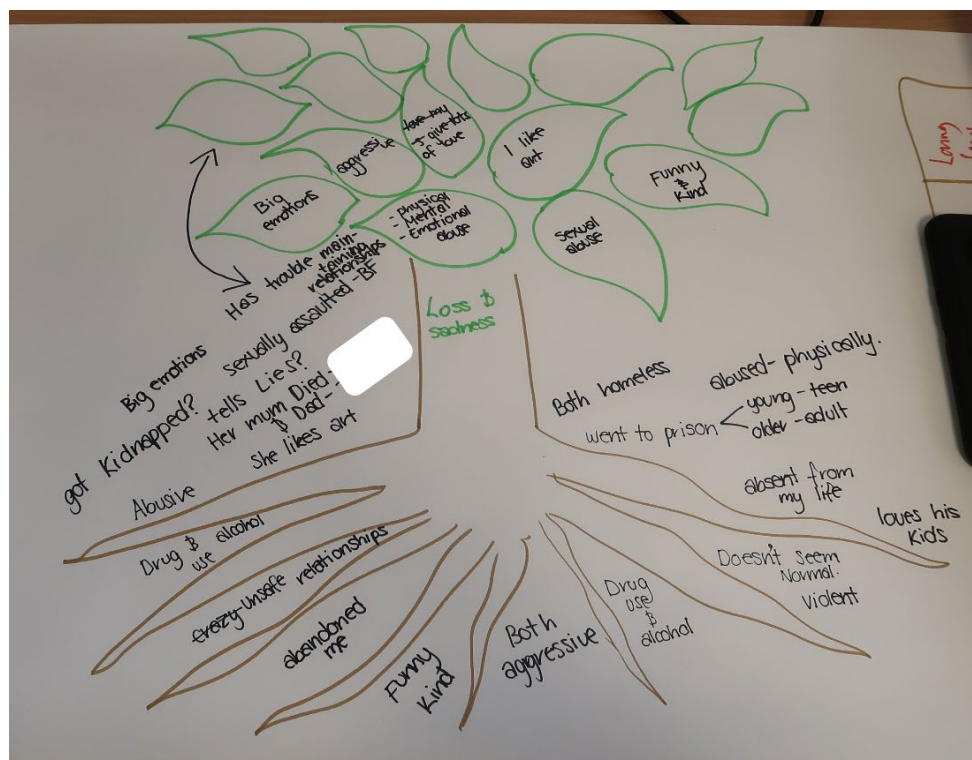


Figure 3. In the Behaviour Tree activity, adapted from the Tree of Life activity (Denborough 2008), the child or young person considers their current behaviour in the context of past events in both their lives and their family’s lives. The roots of the behaviour, such as traumatic events, likes and dislikes are visualised as the roots, and linked to present behaviours (visualised as the leaves) by grief and loss, in this exercise visualised as the trunk of the tree.

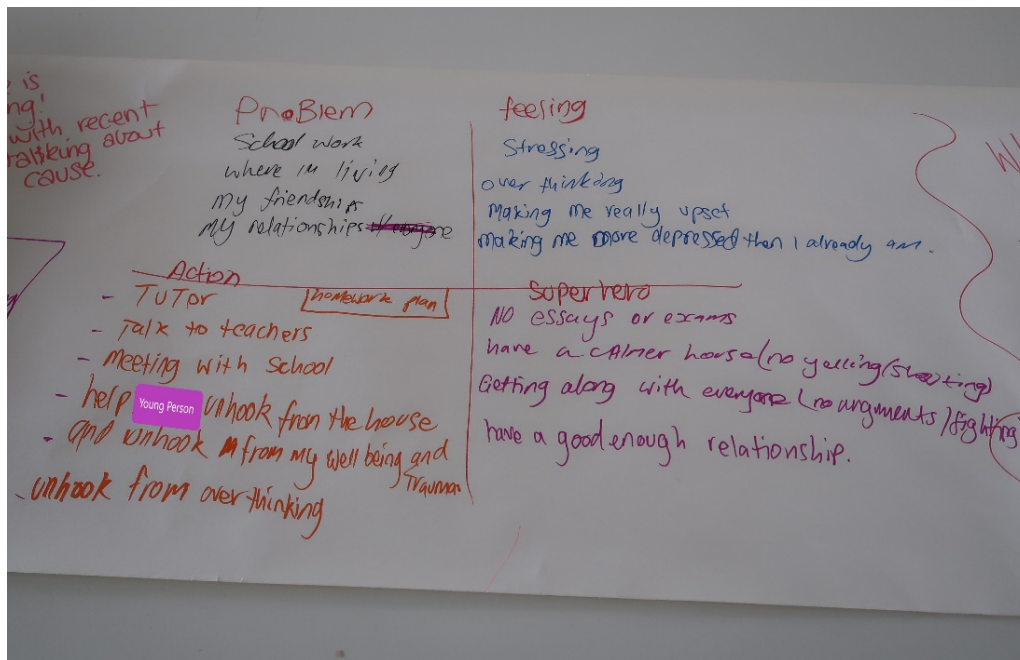


Figure 4. Here we see Alex's adaptation of the Fact, Fiction, Fantasy, Heroism activity. The activity is a problem solving technique designed by Rose (2017) to help the child or young person understand that there will be differing viewpoints and understandings of the same event. The activity as designed asks the child or young person to write (1) facts that are true about their lives, (2) fictions or perceptions that the child or young person may have told themselves that may not be true, (3) fantasies, dreams or aspirations that the child or young person may hold, and (4) heroes, or identifying those around who can assist in supporting and advocating for them. In this example, Alex reinterpreted the activity to understand and develop coping strategies around the emotional difficulties they experienced at school and home, using the headings of Problem, Feeling, Action and Superhero.

In addition, this phase provides the young person with certainty around memories, with memories that are real but have been placed in the incorrect context or timeline can be both validated and corrected. This context, in itself, can result in additional memories surfacing, which also prepares the child or young person for the final stages. A focus on the young person's individual needs and experiences of the young person was important here.

In Alex's case their past was not extensively covered at first, as the clinician could not access information from key people involved in Alex's past; nonetheless sessions in this area covered key recollections and events that related to the Alex's birth through to their entry into out of home care. While they had a level of insight into these factors, they had not been afforded the opportunity to reflect on these factors in a safe, trauma-informed space. Alex was keen to investigate and understand these questions, as they self-referred to the TLSW program (as is common in the pilot program to date) with questions about their early childhood.

“Story of My Presence” Phase (Sessions 9-14)

In this phase an exploration of the child or young person’s life commences and is worked through for each year of their chronological age. The TLSW Clinician uses child development theory, attachment theory, grief and loss theory and various art therapy and play therapy interventions to support the child’s reflection and understanding of their experiences. This crucial element of the work allows the child to make sense of why things have occurred for them and why their experience may be different to others.

Alex was able to recall a variety of events in their history of both a positive and adverse nature. Memories relating to their relationship with both parents were recounted throughout the timeline and whom they resided with at different times in their life as shown in Figure 5.

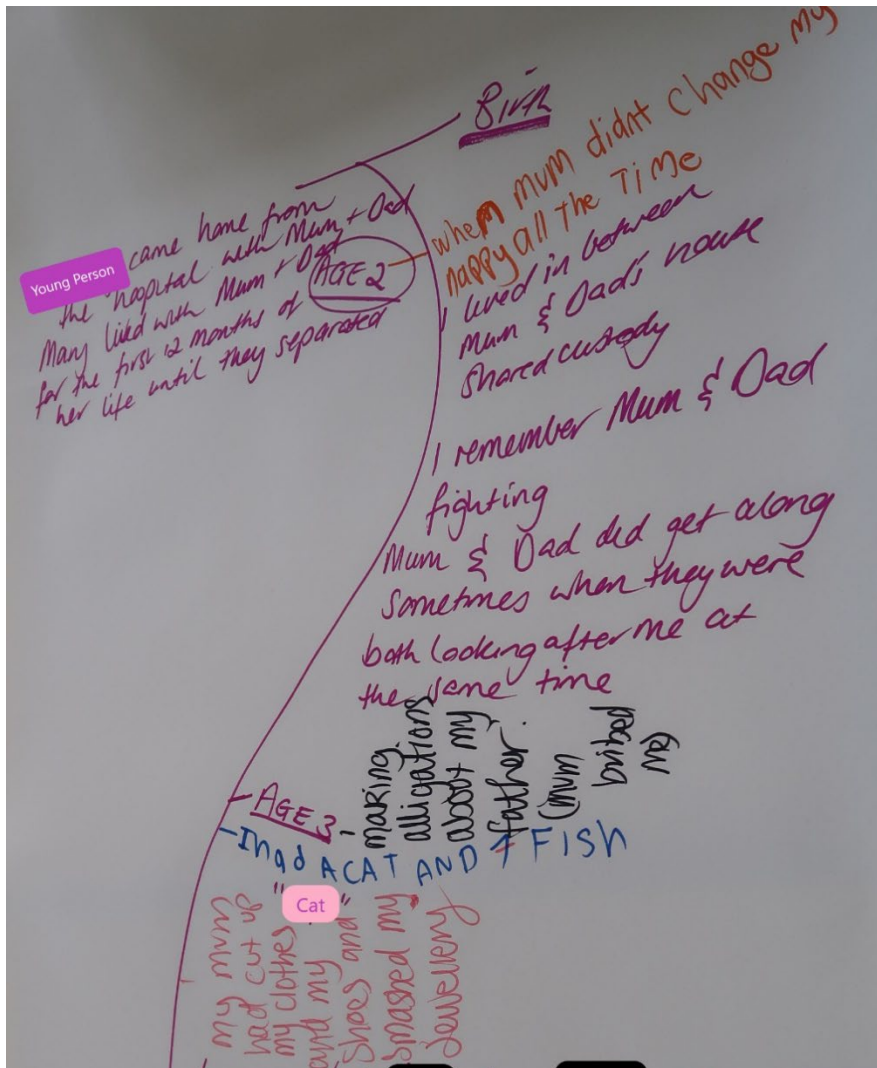


Figure 5. Alex was able to recall a number of adverse childhood experiences and trauma from their early childhood including neglect, emotional abuse and exposure to parental conflict.

The use of drawn timelines in this phase of the TLSW program captures detailed experiences of trauma, loss and grief in the child or young person's life. This may be illustrated through entering care, loss of relationships with family and friends, illness, death and bereavement, for example as shown in Figure 6.

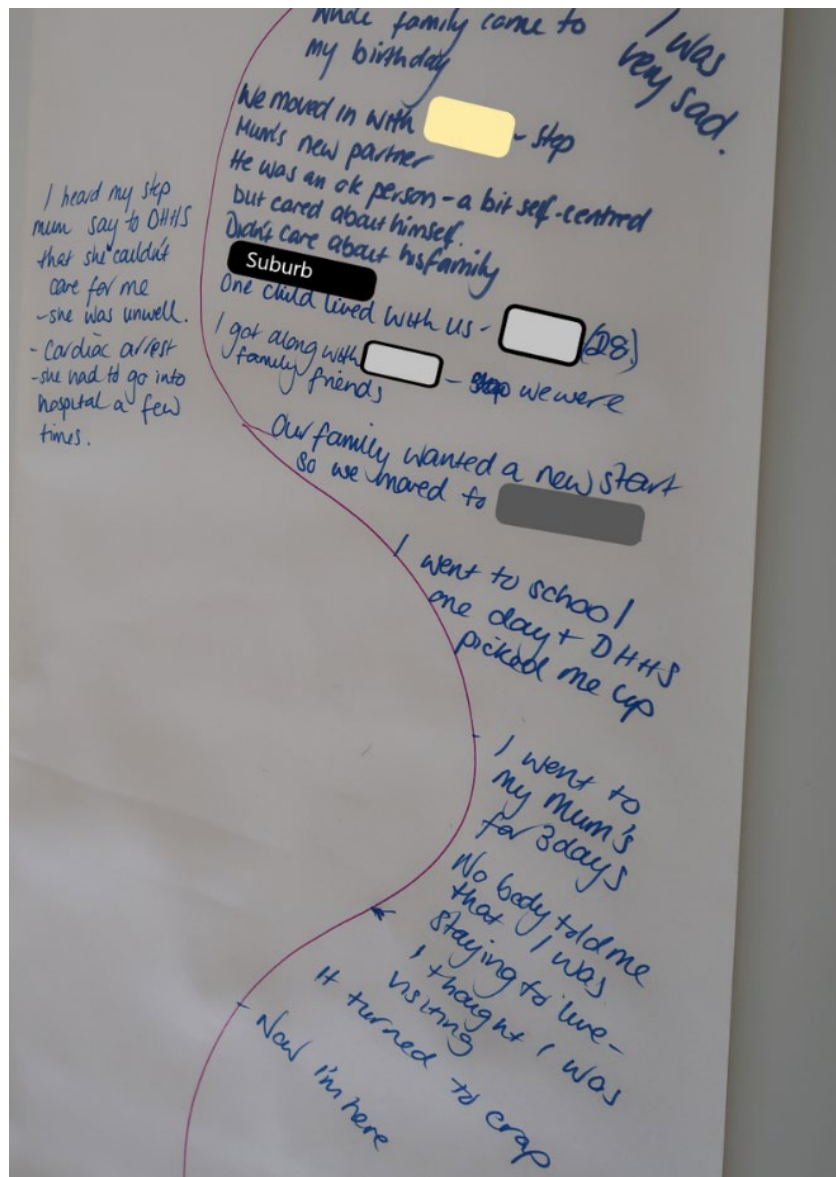


Figure 6. Alex's recollections between their early to mid-teens details their parent's terminal illness and subsequent death. The parent's death had a significant impact and this is shown through their comment, "I want to think about it but can't" indicating the distress this continued to cause for them. This change in their life ultimately led to Alex entering residential care once their step-mother relinquished care and they were returned to the care of their biological parent, which resulted in breakdown.

Clinician reflection regarding “The Story of my Presence” identified this phase can be a confronting or distressing experience for the child or young person as they make links between their current circumstances, their past trauma and loss experiences, and the negative or unhealthy behavioural patterns that have developed as a result. As a consequence, the TLSW Clinicians have required to pause activities and support the child/young person in applying emotional regulation or “self-soothing” strategies learnt in the earlier phases of the program. This phase also permitted the exploration of safe and unsafe relationships in the child or young person’s past and present life.

“Worries, Future Plans, Making Sense” Phase (Sessions 15-17)

This phase offers the child or young person the opportunity to raise any concerns or issues that have continued to bother them or that they have not fully understood. This also allows the child or young person to develop a sense of future and plan for how they want their lives to continue. This stage in the process brings all of the reflections and learnings together and allows the child or young person to cement their sense of identity in the context of trauma and loss that they feel most comfortable with moving forward. For example, Alex brings concerns about their present and future to for discussion in TLSW, and we see the young person use Maslow’s hierarchy of needs to both understand their personal and family history, as well as contextualising their own current situation and future goals. We see the young person has created the first hierarchy based on discussions with the TLSW clinician. The second hierarchy is however, one that Alex devised for themselves, taking the theoretical knowledge and reinterpreting this in a personally meaningful way (Figure 7).

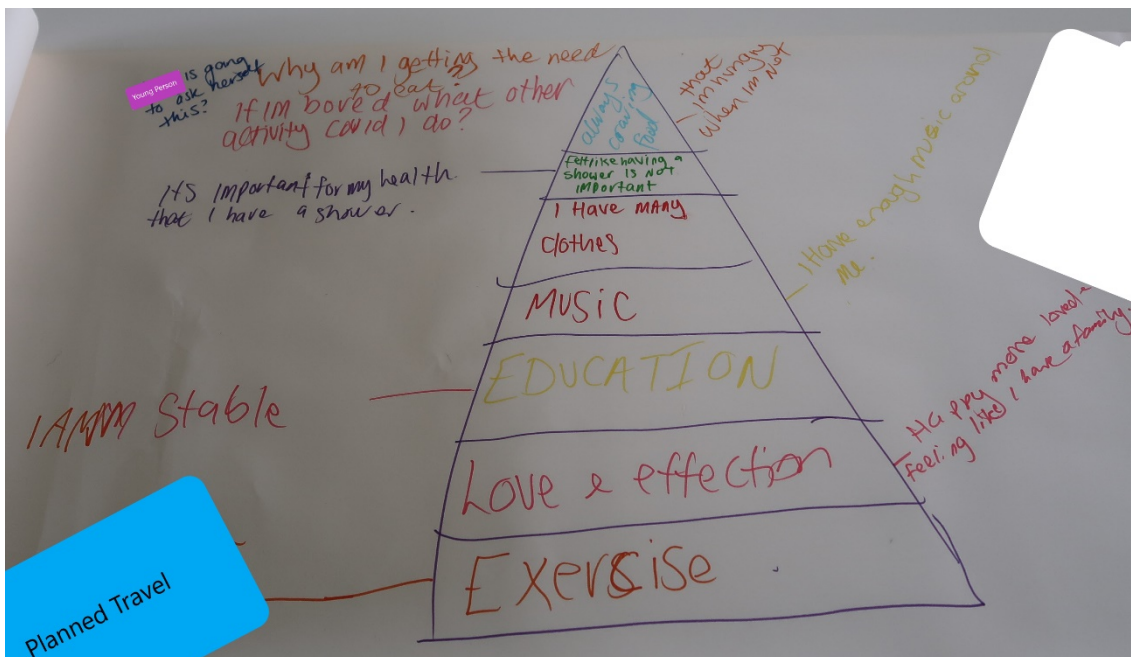
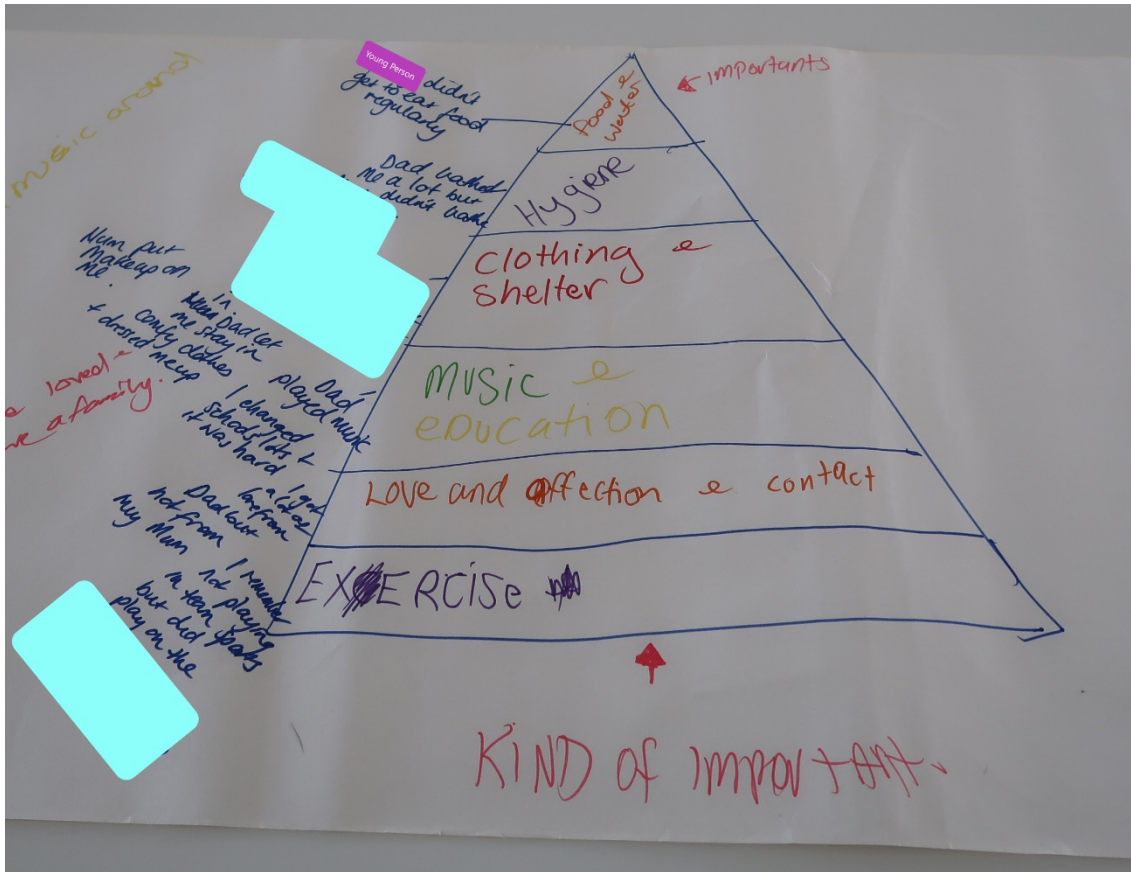


Figure 7. Alex is introduced to Maslow's Hierarchy of Needs, and in the first image, they connect areas in their past where these needs were met, or times where they weren't met. The second image is the young person's re-imagining of Maslow's hierarchy for their own situation, highlighting areas that are personally important or meaningful.

Ending and the TLSW Book Phase (Session 18-19).

The final session is used to celebrate the journey that the young person and carer have been on together and is marked by the TLSW, carer and young person all engaging in a special activity together (birthday party re-enacted, dinner, fishing trip, horse riding, picnic in the park). The TLSW Clinician, in collaboration with the child or young person, creates a life story book for the child/young person that captures their information about the work that he has commenced and is provided to the child/young person and their carer. In this way, the carer can add to the book in the future with the child/young person's consent. The TLSW Clinician develops further reports for the Care Team to explain the journey that the child/young person has been on and any further outcomes or referrals that may be required.

At Mackillop, the young person is considered the editor of their TLSW Book, and they are given the opportunity to dictate the font, format and other features of the final book, prior to its creation and presentation at the end of the TLSW journey. The clinician takes photographs of the wallpaper, and uses these alongside typed information and family photographs and news clippings, to provide a rich narrative of the child or young person's life, including upholding their voice through the discussions.

While the clinicians interviewed stated that the aim was to decrease the child or young person's reliance on the therapeutic relationship over time, it was also mentioned that after the completion of TLSW, they would reach out to the child or young person from time to time to express hope for their continued emotional and mental wellbeing, as well as to remind the child or young person that their story is not forgotten (Figure 8).

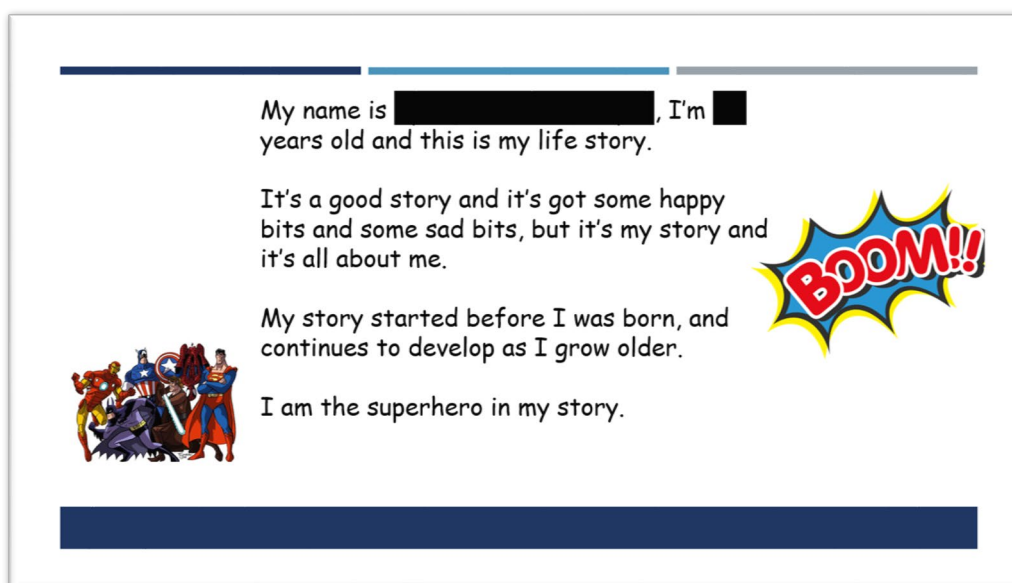


Figure 8: Here we see an excerpt from Alex's life story book. Alex chose the font and style of the book, and the later pages were a collection of the reflections and activities that were undertaken throughout the TLSW process, using pictures from the wallpaper to highlight key pieces of information.

The Young People's Therapeutic Outcomes

The full quantitative data set of therapeutic outcomes was in the process of being cleaned at the time of writing. Preliminary results from the SHANARRI (Rose, 2012) however, was collated and presented in Figure 8. In this figure, there appears to be a trend towards increases in the young people's reported physical health and development, emotional intelligence, how included they feel, their sense of identity, and their ability to concentrate and physically settled. The highest median level of change was reported in relation to the strength of attachment or relational bond between the young people and their primary carer as well as in relation to the young people's educational achievement and learning.

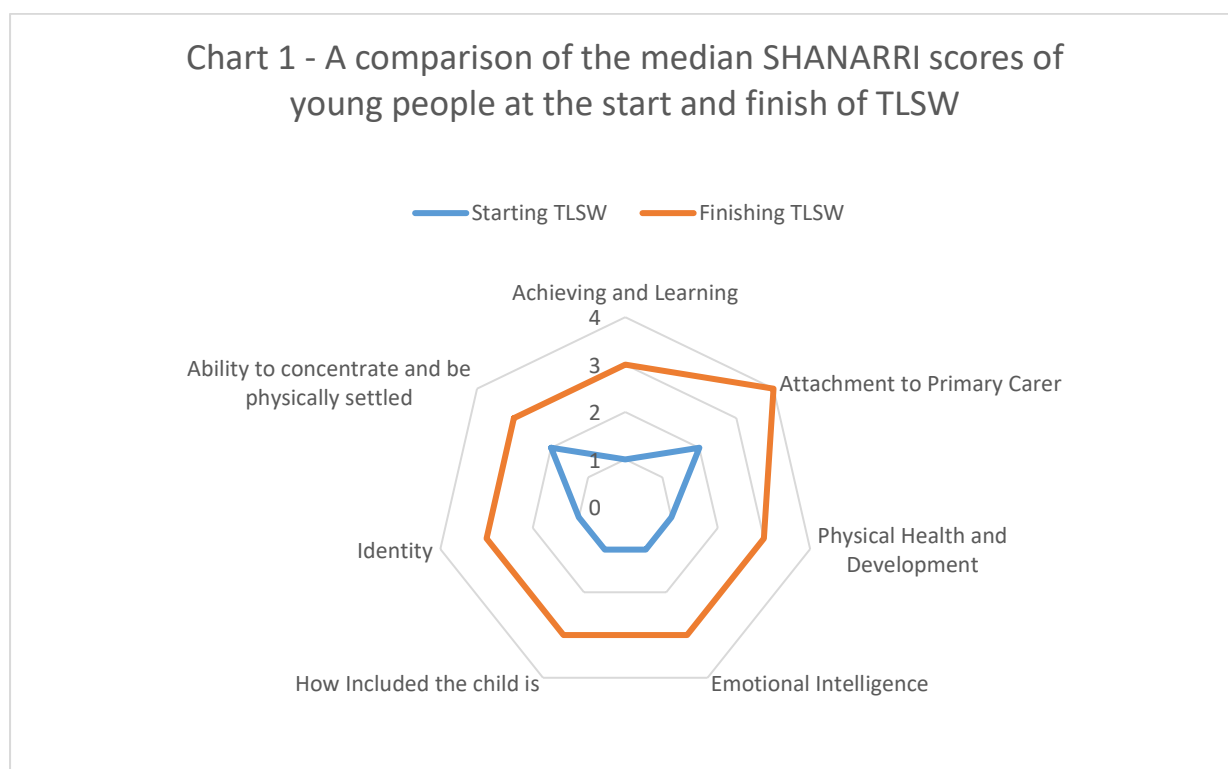


Figure 8. A comparison of median SHANARRI scores for the young people ($n = 3$) who had completed the TLSW pilot program at the time of writing this interim report. The blue line indicates median scores when starting in the TLSW pilot program. The orange line indicates median scores when finishing in the TLSW pilot program. Higher scores indicate greater attainment on each respective domain.

Key Stakeholder Perspectives

An inductive thematic analysis (Braun & Clarke, 2006) of the four stakeholder's narratives revealed five themes. These themes include: (1) enhanced relationships, which refers to how the key stakeholder's working relationship with the young person involved in TLSW has improved somehow, (2) sense and meaning-making to understand their experiences and reconstruct their narrative, (3) increased emotional, social and behavioural skills and resilience, and (4) positive identity development. Table 1 provides an outline of these key themes with de-identified quotes from the stakeholders.

Table 1

Key Themes Identified from the Stakeholder Narratives

Theme	Description	Stakeholder Quote
Enhanced Relationships	The young person was able to develop connection and trust with the stakeholder	<p>“letting [them] have a vent or talk to me about a problem and help [them] actively work through different ways...and reduce the impact of those challenges”</p> <p>“[The young person] and I still have a strong relationship to this day, although they exited care quite some time ago.]They] still feel connected to [the] house, regularly popping in to visit old carers”</p> <p>“I believe that my relationship with [the young person] grew stronger throughout time in care as we begin to understand one another due to participating in TLSW. [They] entered care with minimal information on the referral given which meant that, as caregivers, we did not understand [the young person’s] trauma background”</p> <p>“...it was really nice to be able to go on the life story work journey with [young person] ... and then [young person] feel comfortable to come to me”</p>
Sense and meaning-making regarding life experiences	Through making sense of their experiences the young person was able to envision a brighter future	<p>“People had never spoken with [them] about it before [adverse childhood experiences]. So, you’re left very curious and questioning the whats and whys and hows”</p> <p>“...and let go of...some stuff you’ve been holding onto and thinking that it was your fault”</p> <p>“help [them] to figure out...what’s the next part of the journey for [them]”</p> <p>“Throughout the process of TLSW work we began to unpack why [they] ended up in care and the journey through [their] eyes”</p>

Table 1 (Continued)

Key Themes Identified from the Stakeholder Narratives

Theme	Description	Stakeholder Quote
Increased emotional, social and behavioural skills and resilience	Through the process of managing their emotions in TLSW, the young person was able to develop coping skills for the future	<p>“Although [their] trauma history is significant, it does not define [them] as a person”</p> <p>“the plan was to deliver the information in a way that [they] could tolerate... but also ... push a little bit and go just a little bit further... but maintain that safety and reflect with [them] afterwards”</p>
Positive identity development	With a supportive base the young person was able to explore her identity	<p>“[they] were surprised to learn that ... other people have a similar attachment style to what [they have], and react very similarly to situations”</p> <p>“But I suppose the biggest changes I noticed was [their] comfortability with [themselves]”</p> <p>“[They] felt...supported enough to explore who [they were] as a person”</p> <p>“And it’s really nice ...when they’re trying to talk about things about their identity, you know about their past, the present, the future, just trying to figure out who they are – which was majority of the life story work with [the young person]”</p> <p>“...be able to put it all on paper...be able to explore everything and find, you know, your own identity”</p>
Healing and Recovery	Healing and recovery is possible through the opportunity to externalise and ask questions relating to their experience	<p>[TLSW was an opportunity to ask] “those ambiguous questions that would have been circling around in [their] thought process for years and years...and the emotional energy that draws from somebody”</p> <p>[TLSW was an opportunity to ask] “those scary questions you’ve been suppressing”</p> <p>“even though there was a placement breakdown...they’ve really repaired their relationship and the connection.”</p>

Discussion

TLSW provides a unique opportunity for children and young people to make sense of and create meaning from their past experiences of trauma, loss and grief. Neimeyer (1999) stated that grief is transformational in that losses are integrated into our personal meaning structures and identity and how we construct our world. Consequently, TLSW uses meaning-making to explore experiences of loss and grief in the context of trauma (Rose, 2012). This is evident in the example of one young person, “Alex”, who identified the death of their parent as a significant event which they explored at various times throughout their TLSW Wallpaper. Although they refer to their parent in the past tense when recalling what they remember, in the ecomap referring to their parent in present tense demonstrates a continued relational bond (Klass & Steffan, 2018) and they may consider the relationship to continue, even after the parent passed away.

A stronger sense of attachment to a caregiver enhances a child’s ability to regulate stress, resulting in an increased likelihood of being able to cope with detrimental life events experiences (Streeck-Fischer & Van der Kolk, 2000). As Rose (2012) argued, TLSW enhances the relationship between the child or young person and their carer and strengthens attachment. Therefore, it provides a valuable opportunity for the child/young person to enjoy a sense of safety, comfort and security that may have been previously missing.

As Rose (2017) stated, “recovery is not simple or straightforward, but it is always possible” (p. 31). Therefore, TLSW provides a process for children and young people in OOHC to reflect and explore significant events in their life in a safe and trauma-informed space. Furthermore, the creation of a safety plan and emotional regulation or stabilisation strategies at the start of the process create a trauma-informed base from which to undertake the intervention without causing further harm. The plan and stabilisation strategies are regularly returned to throughout the TLSW as the child/young person recounts distressing life events, and gains the self-regulation and coping strategies to continue to recount their story.

The Wallpapers in this interim report demonstrate the need for the TLSW to be flexible to the needs and ideas of the child or young person. This is evident in the ecomap, Maslow’s pyramid and the fact, fiction, fantasy and heroism activities. Specifically in the case of the ecomap, “Alex” was asked to recall members of their family. However, they wanted to draw a second ecomap to illustrate who they identify as people they are close to and consider to be like family. This illustrates how children/young people in care may have different ideas about who they consider to be family, based on their experiences where they have found biological family to be unsafe and unpredictable in contrast to the carers.

A somewhat unanticipated factor of the program was the evidence presented of a relatively high level of self-referral into the TLSW-PP by young people, and a high level of engagement of young people throughout the process. A TLSW clinician observed that self-referral by children and young people living in out of home care is not common, however this was a source of approximately 30% of all referrals to the TLSW program. A key factor in driving self-referrals was when children and young people observed other members of the household participating in TLSW sessions, or in speaking to other children and young people in out of home care who were participating in the program. Once young people began TLSW, there was a high tendency for children and young people to continue to remain engaged in the program through to its completion. This may indicate the appetite that many children and young people display of having an opportunity to discover, discuss, and reflect on their past in a safe environment.

Initial Recommendations

Based on the current findings and discussion, the authors make the following initial recommendations:

- As a client-led intervention, TLSW Clinicians should maintain the flexibility to adapt and modify tasks as required in response to the developmental needs or abilities of the child/young person or to ensure activities are relevant and meaningful to their lived experience.
- While the TLSW as outlined has specific phases, practitioners should understand that these phases are not strictly linear and will need to be tailored to the needs and circumstances of the individual child or young person. Likewise, there may be elements of earlier phases that arise in the following stages as a result of new information or occurrences in the child or young person's life.
- Children and young people appear to self-refer to TLSW when they observe or discuss TLSW being conducted with their peers in out of home care. Therefore, encouraging peer discussion of TLSW may be an avenue for interested young people to engage with the program.
- Further evaluation of the process and outcomes of the TLSW pilot program.
- Continue funding of the TLSW Program for the duration of the pilot period, including funding of the external evaluation, to determine the longer-term benefits of the use TLSW in MacKillop's Barwon region OOHC programs.

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