



## Iceberg Model trauma-informed guide

# Creating healthy narratives

## Introduction

Narrative is a spoken or written story which recounts a chain of events. As children and young people in care often struggle to make sense of the world and their experiences, they may blame themselves for events that are outside of their control or make connections between events that are unrelated. These beliefs can cause distress and complicate their relationships with caregivers and others. Even if the child or young person does not express the beliefs, they may be holding on to unhealthy beliefs or stories about themselves. For example, a child or young person thinks they behaved poorly on the day that they were removed from their parents' care may come to believe that they somehow caused the removal. They may then carry this belief forward with them causing themselves intense worry about the consequences of their future behaviour. Therefore, narratives that provide an accurate or healthy account of events are important for the child or young person to make sense of what is happening around them and the decisions that affect their life.

## Tip of the iceberg (what we can see)

Children and young people may make comments that suggest their narrative about themselves is not accurate or healthy. They may make comments that suggest they blame themselves for events that were not in their control. For example, they may say *"everyone always leaves me because I suck"* when their case worker changes. Or children or young people may indicate that they think it was their fault that they were removed or that they are responsible for their parents' struggles with alcohol or other drugs, or mental health. At other times, children and young people may express confusion about their experiences or reasons for decisions.

## What is happening underneath the surface?

### Internal working models

Internal working models are a set of beliefs that children and young people develop based on their experiences. Relationships with caregivers strongly influence whether a child or young person will develop a positive or negative working model. Children and young people who experience consistently loving and nurturing care develop beliefs that they are good, capable and worthy of love and care. Through their interactions with their caregivers, they learn that relationships are satisfying and dependable, and that the world is generally a safe and predictable place. Children and young people apply their internal working models to new relationships and experiences. Given this, children and young people with positive internal working models approach new situations and relationships confident in the knowledge that they are likeable and worthy and that relationships are supportive and worthwhile.

Conversely, children and young people who have been harmed by previous caregivers can develop negative internal working models. It is important to understand that in the absence of other explanations that may be too complex for them to understand, children and young people often blame themselves for the harm they have experienced and begin to feel that they are bad and deserve to be hurt. When caregivers behave in ways that are unavailable, unpredictable, or frightening in their interactions with children and young people or if they struggle to understand what the child or young person needs, the child or young person can develop a negative working model where they believe:

**I am** ... bad, unlovable and broken

**Others/relationships are** ... rejecting, scary and unable to protect me and unavailable

**The world is** ... unsafe, scary, lonely and chaotic.

This model demonstrates that children and young people may believe that they live in a chaotic world filled with unpredictable people. They may have come to expect that important things will happen without warning or explanation and they have learned not to even ask questions as they have no expectations they will be answered.

### **Children and young people in care are developmentally vulnerable**

Making sense of life experiences requires the cognitive skill to understand the situation and why it is happening, and the emotional regulation skills to cope with any strong feelings that may come up. Many children or young people in care do not have these skills because they are too young, experience developmental delays, have additional needs related to neurodiversity, or missed out on having a safe, responsive adult to learn from.

### **The child or young person may have been around people who are unpredictable and difficult to understand**

Children and young people in care have often been exposed to adults who engage in behaviours which are difficult to predict or make sense of. Some examples might be adults who experience unmanaged mental health difficulties and therefore appear happy or sad in contexts which do not make sense to the child or young person, adults who use substances which dramatically change their mood or make them behave in ways that appear strange and confusing, and adults with their own histories of trauma who are triggered by things the child or young person can not understand. Some children and young people may also have been directly blamed for their experiences of trauma which has led to them developing inaccurate and unhealthy beliefs about what has happened to them and why. These experiences make it difficult for the child or young person to learn that people's thoughts, feelings and behaviours are usually predictable and are often caused by things unrelated to the child or young person themselves.

### **The child or young person has had big experiences without support**

Most children and young people in care have not had access to a safe and responsive caregiver who can help them understand important things that are happening in their world. Things just seem to 'happen' without much warning and the impact of big changes or events may not be acknowledged or discussed. Children and young people in care may have had this experience many times without the support of someone to help them to make sense of their experiences. Without help from a trusted adult, children are forced to make their own narrative based on their limited understanding of the situation and often placing themselves in a position of blame.

## Understanding narratives in the context of Aboriginal and Torres Strait Islander culture

Storytelling is a vital element of Aboriginal and Torres Strait Islander culture which provides Aboriginal and Torres Strait Islander young people with guidance to make sense of the world and establish their relationships and cultural beliefs. Narratives provide a sense of belonging, identity, and connection to land, ancestors, and community. Narratives can assist to mitigate the trauma of separation and displacement by allowing Aboriginal and Torres Strait Islander young people to recognise their histories and identities. Narratives provide continuity and connection to cultural heritage and are a source of healing, resilience, and identity formation. When writing narratives for Aboriginal and Torres Strait Islander children and young people, potential relevant cultural factors must be considered such as Country, mob, community, Elders, law, totems, and dreaming stories.

## Strategies to promote healing

### Use simple, straightforward language

It is important to tailor language to the child or young person's developmental age but, in general, children and young people respond more positively to simple, straightforward narratives. It can be tricky to explain complex, adult concepts in simple language so it is important to take some time to practice and find the words which feel right. There should be no blame within the narrative. Instead it should focus on the child or young person's safety and needs. Careful consideration should be given to how the child or young person expresses themselves and the kind of language they use. Taking a pause at each step of the narrative to make sure that part has been understood before moving to the next part is crucial to support the child or young person's understanding.

### Acknowledge the hard things

Acknowledge the parts of the narrative that probably feel difficult or hard for the child or young person to understand. They have already lived through the hard things you are trying to put into words and ignoring them or not talking about them will not take that away. Instead, it can be a great relief to hear their experiences said out loud which also reinforces the idea that there is nothing too big or scary for their caregiver to manage or support them with.

### Be honest and do not make false promises

It is important not to say things that are not true just because it may make the child or young person feel better. Broken promises or false information may significantly damage the relationship between a caregiver and the child or young person and undermine the child or young person's sense of trust in adults around them. It may also lead to false or unhelpful beliefs about the situation. Providing overly optimistic information about their parents' capacity to change may also prompt the child or young person to develop unrealistic expectations which may lead to disappointment. Children and young people need support to develop accurate narratives about their parents and their capacity to care for them to prevent them from developing either unrealistically positive perceptions or overly negative or blaming narratives about their parents.

### Help the child or young person cope

Talking with children and young people about their history and family is likely to lead to some distress (especially when having these conversations for the first time). It is important to understand that some escalation in their behaviours during or in response to these discussions is to be expected when the child or young person is trying to make sense of their past experiences. Caregivers should stay

with the child or young person, validate their emotions, and remind them that although bad things have happened to them, it was not their fault and they are safe and now. If the child or young person is displaying an excessive or severe trauma-response (for example, they completely shutdown or are very distressed for hours at a time), conversations should be paused and advice should be sought from the child or young person's case worker.

### **Accept and validate the child or young person's feelings**

Children and young people have a fundamental need to be understood and accepted by their caregivers. This means accepting the child or young person's feelings. Examples of accepting statements include *"I hear that this is really hurting you"* or *"You don't want to go to school but that can't happen and you're so angry about that."* Validating feelings means showing understanding about and acceptance for how they are feeling. It does not mean you agree with their beliefs or that you have the same feelings. Examples of validating statements include *"It makes sense that you think ....."* or *"Wow. I think lots of people would feel that too."*

If the child or young person is struggling to express themselves, caregiver can use "I wonder" statements to give them support. For example, say *"I wonder if you feel angry because you wish mum and dad had tried harder to care for you"* or *"I wonder if you feel like mum and dad don't love you or that you're bad because they couldn't look after you"*. If you believe that the child or young person blames themselves, say *"I wonder if you feel guilty because you told people what mum and dad did to you and then you got taken away. I wonder if you feel like it's your fault."* It would be important to follow this up by emphasising that the child or young person did the right thing, was really brave and that you are proud of them. Being curious about the child or young person's feelings in this gentle, nonjudgmental way helps them become more aware of their own feelings and to then communicate their needs and experiences to others.

### **Create hope for the future**

While it is important to acknowledge hard things that have happened in the past (or are happening right now), it can be helpful to end a narrative by building some hope for the future. Examples include reflecting on the progress the the child or young person has made, share positive thoughts about them or reflect on some meaningful future goals they have shared.

### **It is okay if you do not have all the answers**

If you do not know something, it is okay to be honest about this. Tell the child or young person that you do not know but will do your best to find out if it is important to them. Where appropriate, use common sense reasoning to wonder with the child or young person about questions we do not have (and might never have) answers to. For example, you might not know why the child or young person's parent physically harmed them but you could wonder about whether no one had taught their mum or dad to safely express their anger so they lashed out. Caregiver should follow this up with a reminder that it was not okay and that the child or young person did not deserve to be treated in that way.

## Be prepared to repeat yourself

Depending on the child or young person's developmental ability, caregivers may need to repeat important narratives several times before they are able to really absorb what you have said. Children and young people may ask for narratives to be repeated because they find them meaningful, soothing or helpful to hear. At times, having narratives in different formats (like a book or a video) can be helpful especially for younger children or those with additional needs. Children and young people like to hear stories about themselves, especially in relation to their past. Be patient if the child or young person asks to hear their stories over and over again.

## Additional considerations when providing care for Aboriginal and Torres Strait Islander children and young people.

In addition to the strategies mentioned above, the experiences of Aboriginal and Torres Strait Islander children and young people need to be understood within the context of historical, political and systematic disadvantages and the ongoing overrepresentation of Aboriginal and Torres Strait Islander children and young people in the child protection system. When caring for Aboriginal and Torres Strait Islander children and young people, caregivers should ensure that they have received appropriate training and support from their caregiver support agency or the relevant departmental staff. When Aboriginal and Torres Strait Islander children and young people are cared for by non-Aboriginal and Torres Strait Islander caregivers, children are likely to experience culture shock which impacts on their ability to form, maintain relationships and develop healthy narratives. Therefore, caregivers should develop an understanding of the child or young person's cultural background to strive to create a culturally safe and inclusive environment to strengthen their relationship and provide narratives which are culturally responsive and respectful.

When caring for and thinking about the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people, additional factors that may contribute to their needs and behaviour need to be considered. These include cultural and intergenerational trauma caused by harmful practices associated with colonisation such as forced dispossession of land and Country, forced suppression of culture, the Stolen Generations, assimilation policies, and systemic racism and oppression. Aboriginal and Torres Strait Islander children and families may also hold broader notions of wellbeing that include spirituality, community, and interconnectedness with land that must be recognised and supported.

Caregivers should also understand that connection to culture, Country, kin and family are highly important for Aboriginal and Torres Strait Islander children and young people therefore assisting the child or young person to maintain these relationships may help strengthen their own relationship with the child or young person. This can also assist the caregivers to gain an understanding of cultural stories and narratives which are relevant to that child or young person's life.

## Additional considerations when providing care for children and young people from culturally and linguistically diverse backgrounds

Children and young people from culturally and linguistically diverse (CALD) background also have cultural templates and concepts of relationships and narratives which may differ from the caregiver's own understanding of these concepts. Therefore, it is important for caregivers to receive additional information, training and support from their caregiver support agency or relevant departmental staff when caring for children and young people from culturally and linguistically diverse backgrounds.

Caregivers can connect with local CALD organisations to continue to enhance their understanding of the child or young person's cultural background and the impact of it on their worldview.

## Iceberg model in action

### Chelsea in family based care

6-year old Chelsea has been asking her caregiver about why she is in care. Chelsea's caregiver knows that she was exposed to parental substance use and family violence prior to entering her care. Her father is still incarcerated and she has not seen him for a long time. After consulting with the case worker for advice and to make sure of the facts, her caregiver creates a narrative to help her understand the situation.

The caregiver tells Chelsea *"You know Stacey, your case worker? She comes from a place called DCP. Their job is to keep kids safe and making sure there is someone who can give them all the things they need like food, water, clothes and a clean place to live. When you were a baby, mum and dad were putting bad things into their body that are not safe. It made them angry or sad, and put you in danger. Sometimes, dad hit mum and you which was not safe and made you feel sad and scared. That's why dad has to spend some time in a place called a gaol where people teach him how to be safe try to help him do better. He will still be there for another couple of years. When dad hurt mum or you, mum didn't know what to do to keep you safe. She still finds it tricky to do this so even though mum and dad don't live together anymore, DCP think you need to live somewhere else to be safe. DCP sent you to live with me because they wanted you to be safe and learn to be kind, caring and not hurt others. Mum and dad had those troubles even before you were born. They tried to do better but just couldn't. That doesn't mean that they don't love you."*

Chelsea's caregiver presents this narrative to her slowly and offers her comfort and reassurance as they talk. She often repeats the parts that Chelsea needs more help to understand. Chelsea's caregiver also prepares to give her more support with her feelings and behaviours in the next few weeks after these conversations.

### Jack in residential care

15-year-old Jack hasn't seen his mother since he was young and wants to know why he does not have family contact with her. Jack's residential care workers consult with the case worker for advice and to get accurate information. They discover that Jack's mother has ongoing issues with homelessness and substance use which make it very difficult for her to attend contact consistently. They develop a narrative to help Jack make sense of this.

Jack's residential care workers tells him *"I've asked your DCP worker, Max, about family contact with mum. He explained to me that mum is still using drugs and having troubles keeping a house. DCP have a hard time reaching her and sometimes it takes weeks for her to reply. That isn't because she doesn't love you. She just has things going on in her life right now that make it hard for her to be safe and follow through on her commitments. So DCP have decided that it isn't healthy for you to see her right now. I know you might have a lot of feelings about that. I think it would be really hard having a group of people making rules about your family. But I also see where they're coming from and I think it would be hard to spend quality time with Mum if she's not doing well right now. If you like, I can help you talk to Max and tell him what you think or we can write him a note so that he knows how you feel."*

Jack's residential care workers are prepared to help him through some big feelings about this decision for him not to have contact with his mum. They accept and validate Jack's sadness and frustration, and offer Jack some comfort in a way that he will accept (such as going fishing on the jetty together). Jack's residential care workers also follow through on their commitment to help Jack write a note to his DCP case worker that communicates his views about contact.

If you have any further questions, please do not hesitate to contact your case worker for further support.