



:practice

The Role of the Therapeutic Specialist in Therapeutic Care



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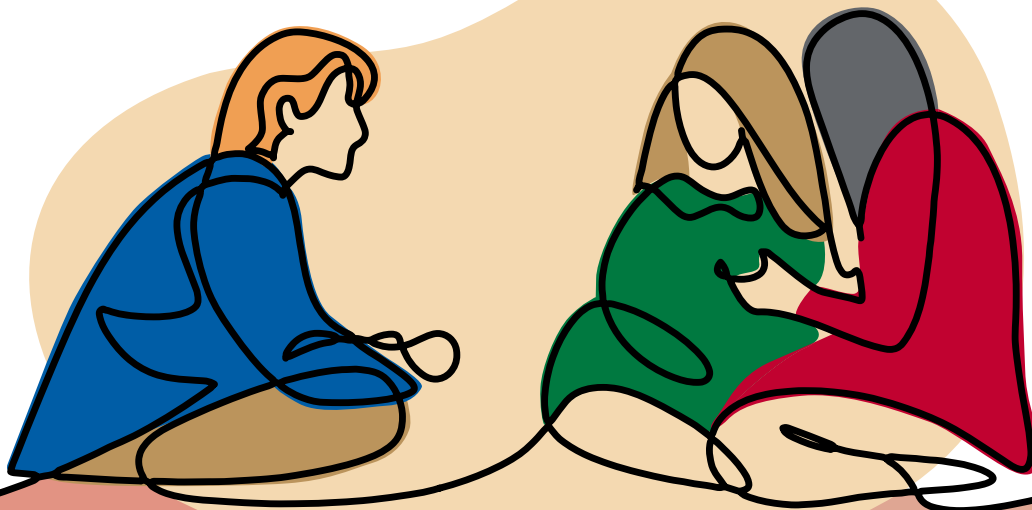
Suggested citation: Mitchell, J. and Macnamara, N. (2022). Practice Guide: The Role of the Therapeutic Specialist in Therapeutic Care. Centre for Excellence in Therapeutic Care: Sydney NSW (2nd edition).

The Centre for Excellence in Therapeutic Care is a division of the Australian Childhood Foundation.



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● ● Purpose of this guide

This guide has been developed to describe and support the enactment of the role of the Therapeutic Specialist.

The guide provides an overview of the role of the Therapeutic Specialist and the critical function as an enabler in the delivery of effective therapeutic care. The guide will help all staff in the Therapeutic Care system and key external stakeholders to understand the specialist clinical and practice leadership provided by Therapeutic Specialists to staff and key stakeholders in the care and support of children and young people.

● ● Introduction

The Therapeutic Specialist role is a key element of therapeutic care. The centrality of the role in the delivery of effective therapeutic care is experienced through bringing together of specialist knowledge, assessments and therapeutic planning with the engagement of staff, children, young people, families and other agencies involved in their care. In this sense, the Therapeutic Specialist is a critical enabler of the provision of high quality therapeutic care and congruence planning for children and young people both within the care setting and across other key environments (eg school, child protection and family).



OTHER THERAPEUTIC SPECIALIST ROLE WILL

- Not generally work directly (clinically) with the child or young person, but rather will have a focus on equipping and supporting staff in their caring role, including facilitating Reflective Practice sessions, and collating and reviewing outcomes measures.
- Provide knowledge of the application of relevant theoretical approaches that underpin the provision of therapeutic care services.
- Provide expert case consultation and advice to other professionals, particularly attachment and developmental assessments.
- Offer leadership and direct service in the clinical assessment and treatment of children and young people.
- Contribute to assessing appropriate placements, and considering the optimal client mix in each unit to best support maintenance of a safe, healing environment for all.
- Carry a primary responsibility for developing Treatment Plans, informing Care Plans and other targeted plans such as Behaviour Management Plans.

The role of Therapeutic Specialist is unique in its provision of therapeutic leadership across all aspects of service delivery within Therapeutic Care - with staff and managers, with internal and external stakeholders, with the children and young people themselves and family members where appropriate. The Therapeutic Specialist must hold multiple perspectives – the individual needs of children and young people, the group dynamics between children and young people, the therapeutic milieu within the care environment and the congruence of the support of children and young people across environments and in relation to critical transition points.

This guide explores the critical functions of the Therapeutic Specialist.



● Meaning makers of children ● and young people's experience

Therapeutic Specialists undertake a comprehensive gathering of information about the history of experiences of individual young people and compile it into a formal assessment that is used as the basis for therapeutic plans involving them, care staff and the relationship networks around children and young people. In this assessment process, children, young people, care staff, family members (where possible) and professionals in their network are provided with the opportunity to provide input.



Therapeutic Specialists ensure that the narrative that is told and retold about children and young people includes their strengths, their wishes, and their descriptions of their lived experiences.

The assessment and documentation process is a meaning making endeavour that generates deep insight into the needs of children and young people that remain unattended to because of their experiences of violation or neglect. It also enables children and young people to be viewed compassionately in ways that inject delight and hope into their relational experiences.



Therapeutic Specialists use this integrated narrative/ assessment about children and young people to interpret their behaviour so that the impact of their history is always incorporated into explanations and descriptions about them.

Anglin (2002) coined the phrase 'pain-based behaviour' to describe behaviours arising from traumatised reaction of children and young people in residential care. This concept highlights the importance of residential workers making sense of children and young people's behaviour in order to respond more effectively to their emotional needs. Interpreting their behaviour requires a preparedness to "look behind the behaviour and know where that behaviour is coming from in terms of motive, intent and context" (Anglin, 2002 p. 119).

Using their understanding of the developmental impacts of trauma and adverse life experiences, the Therapeutic Specialist holds a critical interpretive lens over the meaning of children and young people's trauma-based behaviour, framing behaviour as a form of communication that most often expresses an unmet need. The Therapeutic Specialist seeks to reveal the meanings behind the behaviour and supporting care staff and others to address the needs that are expressed through the behaviour, not just responding to the behaviour itself.

● Resourcing therapeutic environments of care and support



The routines of daily life are not routines at all, but opportunities for learning and growth. (Brendtro, 2019, p 10)

The philosophy of therapeutic care must be clearly articulated, understood and applied consistently by the Therapeutic Specialist and all staff. The Therapeutic Specialist is the 'holder' (Verso, 2011) of the therapeutic approach and guides staff to operationalise the underpinning philosophy into the care experiences of children and young people. Referring to the critical importance of therapeutic relationships in the everyday, Wineman, as noted in his foreword to *The Other 23 Hours*, refers to the need to maintain an allegiance to the needs of young people (Trieschman et al, 2017).

As early as 1998, Bullock and colleagues noted the advantages of a therapeutic milieu based approach in residential care where progress for a child or young person is not viewed as linear and progressive, but reflects the experience of healing as processes of developmental flux and changing needs. This is the very reason that the therapeutic plan is central to the orientation of children and young people's network in their interaction with them. Therapeutic specialists help to provide strong leadership that keeps carers and others committed to a clear and congruent culture within the program. The therapeutic milieu is also reflected in Hewitt's (2007) principles for a therapeutic residential care environment and Ward's (2003) notion of a 'holding environment' such that the therapeutic milieu/ environment should foster a culture of:

- **belonging** providing an element of 'giving' and tolerance in relationships, so that children and young people felt genuinely cared for and looked after
- **safety**, providing suitable boundaries for behaviour and the expression of emotion so that strong feelings can be expressed but do not get 'out of hand'
- **openness that works towards clarity in communication**, thus avoiding or dealing promptly with misunderstandings or confusion
- **participation and citizenship**; and
- **empowerment**

The therapeutic environment provides a safe space that is rich with social opportunities and immediate feedback from caring staff. The therapeutic space is not static but it is flexible and features normalising and developmental perspectives that use common structures intended to be familiar to all children and young people, such as daily routines, consistent rules and activities. Hughes suggested that a care environment must create



...an atmosphere that is one of mutual enjoyment and respect, diverse interests and opportunities to develop and clear, calm firm expectations for the child's behaviour...

(Hughes 1997, p.194).



Anglin (2002) distinguishes between care staff reacting (behaviour without thinking) and responding (behaviour after thinking it through) to the needs and behaviours of children and young people. In stressful environments, care staff need support to enact responses to children and young people that may be unfamiliar or different to how they have provided care previously. Under stress it is not uncommon to resort to old patterns of reacting that may not be congruent with the therapeutic approach. The Therapeutic Specialist coaches, mentors and provides advice to care staff in their interactions with children and young people, supporting and resourcing their responses to and strategies for addressing individual behavioural, social and emotional issues, and dynamics between them. Care staff must be able to set limits and maintain boundaries not just with an individual child or young person but with a group of them, all with distinct and, often, competing interests (Konopka, 1954; Maier, 1991; Maluccio, 1991).

Through the support of the Therapeutic Specialist, care staff and others are able to:

- understand the agreed-upon philosophy and practice in the home
- provide a clear rationale for their approach and interventions; and
- have structured opportunities to reflect on practice

● Enabling healing and change through relationships

Children and young people who have experienced trauma benefit from relationships around them which embrace therapeutic intent and hold therapeutic capacity (Tucci et al 2020). These children and young people need attuned and responsive relationships with adults who care for them directly, with adults who are teachers, with their family and with their friends. For healing to occur, some of these relationships need to be purposeful and oriented to being used as resources in transformation. As Bruce Perry noted



some of the most therapeutic experiences do not take place in 'therapy' but in naturally occurring, healthy relationships
(Perry and Szalavitz, 2006, p79).

Therapeutic Specialists provide therapeutic leadership across all the critical relationships around the child or young person in order to develop a shared understanding of their needs as the basis for providing congruent and collaborative trauma-informed responses which are consistent across the settings within which children and young people live, learn and play (Mitchell et al 2020). They broker these relationships into a collective that works to keep the whole child or young person in perspective. They help to establish trust and open lines of communication between these relationships and deal with the dynamics that can arise between individuals, organisations and systems. They support safety in these networks to emerge as qualities between people who engage each other for children and young people. They develop the good will that will allow tension or immobilisation to be addressed and dissipate (Mitchell et al 2020).

In this process, the Therapeutic Specialist adds the therapeutic effort (Tucci and Mitchell, 2019) locating themselves “in-between” children and young people, their relationship community, their past, their present, their restraints, their strengths. Therapeutic Specialists support these relationships to engage in meaning making the co-creation of new stories of belonging, identity and hope with and for the child and young person.



Change and healing for children and young people occurs in a milieu of relational transformation over time

(Tucci et al, in press).

The Therapeutic Specialist supports the integration of therapeutic intent. Using their knowledge about trauma and evidence informed intervention to offer support to the daily interactions between care staff, children and young people. They also facilitate children and young people’s capacity to use these relationships to shift their re-occurring patterns of activated states.

They ensure that network of relationships involved in the lives of children and young people assess, consider and plan to meet their needs over their developmental lifespan in a coordinated present and future focused way. Just like a family does, the collective of key relationships projects into the future examining how the child or young person will change and grow and what needs to be in place to nurture their interests, their talents, their education, their own goals and ambitions.

Therapeutic Specialists also walk alongside the care staff and others in close relationship to the child or young person. They offer carers the intersubjective resource (Hughes, 2007, 2015, 2017; Hughes and Baylin, 2012) that enables them to stay open to the relationships with children and young people, which can in themselves be stressful if not traumatising to care staff. Therapeutic Specialists provide the neurobiological brace that care staff can rely on in the face of the activated states of children and young people and the impact of this on staff, including where these interactions may trigger their own experiences of loss, disruption and even direct experiences of violence and abuse (Mitchell et al 2020). Therapeutic Specialists hold their own relationship with care staff as working templates for the relationship that children and young people need from care staff and other close relationships.





● ● Assessment, Therapeutic Planning and Review

The Therapeutic Specialist leads, resources and supports processes of assessment, planning and review within Intensive Therapeutic Care.

As we all know, trauma has very specific consequences for children and young people as a result of their specific experiences of abuse and neglect. Abuse and neglect causes physical pain and injury to children and young people, exposes their brain and body systems to toxic levels of stress and symbolically communicates messages to them about themselves, the nature of relationships and what is true about the world. The assessment process should seek to understand the challenges, strengths and needs of children and young people within the ways that the abuse and neglect has permeated their lives.

If an assessment is trauma informed, it should detail all of this through the collection and analysis of information about the following:

- What aspects of the child or young person's health and physical development have been impacted by the experiences of abuse and neglect?
- Has it affected his/her body to move freely, balance, sit, and lie down? Do they avoid doing specific activities?
- Are they avoidant of specific sensory stimuli?
- What impact, if any, has the trauma had on the memory functioning? Can they remember simple instructions? Can they remember sequences of events?
- What, if any, trauma based behaviour has the child or young person engaged in? What is the function of the behaviour? How can it be understood in the context of how it evolved in order to survive the threat and danger they experienced arising from the abuse and neglect? What is the impact of this behaviour? How does it promote or restrain others from engaging with the child or young person in meaningful relationships?
- Under stress, how what are the behavioural routines that the child or young person follows? Can you identify any triggers to these responses?
- How does the child or young person respond to a lack of routines or change? How much support does the child or young person need to be able to respond to predictability in their relationships and environment?

- How accurately does the child or young person read social cues in peers? How do they understand the humour of their peers? How effective are peers in settling them when they exhibit signs of stress?
- What is the extent to which they engage in risky behaviour? Have they attempted or engaged in self harming behaviour?
- To what extent do they use alcohol or other substances as a way of feeling better about their experiences of distress or stress?
- To what extent does the child or young person carry with them the worldview of the perpetrator of the abuse and/or neglect? What are the messages they have come to believe about their abilities? What are the messages they have to come to believe about qualities of relationships such as trust, privacy and love?
- How were these messages reinforced? What role did threat, intimidation and fear play a part in confirming the validity of the messages the child or young person has taken on?
- How much did the child/young person believe that they were not a priority for their parents/carers?
- When they feel distressed in the present, how much do these messages become reinforced? How much of these messages act as triggers to dysregulation in the child or young person?
- How able are they to view and access relationships as a source of comfort and support?
- How has the child or young person demonstrated adaptability and flexibility in response to relationships and/or their environment?

These are examples of trauma-informed questions - questions that are inspired and drawn from the evidence of the neurobiology of trauma and attachment. The list is not exhaustive, and more questions are possible depending on the specific circumstances of the child or young person.



An exploration of these issues is part of a comprehensive psycho-social assessment of the child or young person and should have the clear intent of providing a holistic and integrated story about the lived experience of them, the impact of trauma on their developmental trajectory and their developmental needs, vulnerabilities and strengths.

The assessment and Therapeutic Plan must be located within the context of their culture, wishes and interests. The analysis should identify the critical needs, strengths and resources of a child or young person and the relationships around them. It should provide the basis upon which relationships can be configured around the child or young person within which safety can be experienced and healing and change can happen. The formulation should inform the Therapeutic Plan and the need for further assessments. The assessment and planning processes should identify what the child or young person needs from relationships and the environment to feel safe and be safe, to feel calm, to manage distress and moments of dysregulation, to have fun and experience success, to develop connections and a sense of belonging, and begin to experience a sense of who they are and their place in the world. The Therapeutic Plan should seek to resource the meeting of all of these needs, with clarity about goal setting and what change would look like for the child or young person. Clear processes for review must be established to monitor the effectiveness of the plan, progress towards desired goals and outcomes achieved.

The Therapeutic Specialist becomes a key resource to care staff and other key stakeholders in the enactment of these plans across a range of settings or environments and leads the coordination of any required clinical supports for the child or young person.



● ● Resourcing Care Teams

Helping children and young people who have experienced developmental trauma is complex and challenging - no one professional or service has all the resource or answers. These children and young people present with multiple difficulties across many domains and thus are commonly involved with a range of service providers, such as child protection, residential service, youth justice, mental health, counsellors, education. The Therapeutic Plan should address the relational, environmental and other specific needs across all settings within which the child or young person, lives, learns and plays. It is critical that their needs identified through the assessment process are responded to across settings in a manner that is congruent, consistent and becomes predictable, reliable and safe for the child or young person.

Thus effective planning, support and intervention with children and young people in Therapeutic Care requires a multi-system approach that takes into consideration the needs, vulnerability and strengths of the child or young person, working together to remove or reduce the key risks, and strengthen the protective aspects of their life. Such consideration is best resourced by the group of individuals in the network of children and young people who know them the most and are prepared to regularly come together to support and plan for their developmental needs. This group takes a holistic approach to address the issues related to the child or young person's well-being. It is known as the Care Team. The Therapeutic Specialist has a key clinical leadership role to play within Care Teams in the multi-system enactment of the Therapeutic Plan.

If an assessment is trauma informed, it should detail all of this through the collection and analysis of information about the following:



- 1. Safety and well-being:**
the safety and well-being of the child or young person is always paramount.



- 2. Child/ young person's voice:**
Child/young person's perspectives are sought and prioritised during all phases of the placement.



- 3. Team Based:**
the members that comprise the care team must have a strong commitment to the child/ young person's well-being.



- 4. Collaboration:**
each team member must be dedicated to the team, the team's goals, and the therapeutic plan. The plan reflects the assessment and a merger of team members' perspectives and resources.



- 5. Culturally Respectful:**
the care team process respects the values, preferences, beliefs, culture, and identity of the child or young person and their community.



- 6. Individualised:**
the Therapeutic Plan is tailored to the needs and wishes of the child or young person.



- 7. Strength-Based:**
the Therapeutic Plan builds upon the capabilities, knowledge, skills, and assets of the child/ young person, carers, family, community, and other team members.



- 8. Persistence and Flexibility:**
there is a commitment to achieving the goals set out despite challenges. The care team persists in working toward the goals included in the therapeutic plan.



- 9. Outcomes Focused:**
outcomes must be determined and measured for each goal established with the child/ young person and care team members as well as for those goals established at the program and system levels.



● ● Facilitating Reflective Practice

Therapeutic Specialists support care staff and where necessary the child or young person's broader relational network. This can provide an opportunity to take a step back from the intensity of caring, educating or being with them in order to reflect the meaning of events in the present and their links to the child or young person's past. This reflective practice orients the network of relationships around children and young people to remain engaged with a higher form of understanding of their 'relational mind'. Such reflective practice draws on a collective mentalising that enables care staff and others in the child/young person's network to have insight into the potential impacts of the relationship with the child/ young person/people on themselves. This in turn will enable them to develop an awareness of their own needs and how these can be met to ensure that they can stay present to the needs of the child or young person and remain open to possibilities of change and creativity,

The practice of reflection is now recognised internationally as key to ensuring that staff are prepared to address the complexities, uncertainties and challenges encountered in contemporary working environments (Dolan et al, 2006; Yip, 2006; Ruch, 2007).

Reflective learning is a process of review, exploration and meaning making which supports understanding and future action.

As Knight (2015) points out,



working in highly pressurised environments like residential care, is not naturally conducive to the idea of pausing, engaging with feelings or staying with uncertainty.

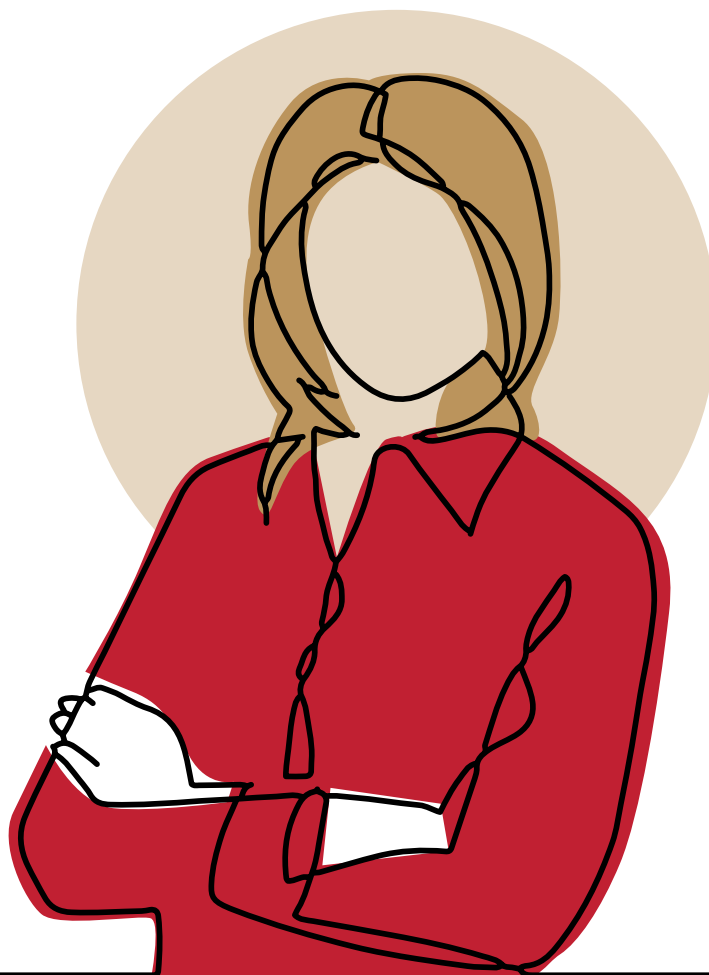
Without some structured support, the focus on self-reflection can be viewed with suspicion and cynicism.

There are in fact many models of reflective practice to choose from in this area.

A model, preferred by many residential staff for its clarity and simplicity is the REFLECT model devised by Butcher and Whysall, and described by Barksby et al (2015). Although reflection involves looking back through time to past events, it can be argued that for it to be of practical value, it must also contain an element of looking forward. The REFLECT model caters for this by setting any agreed action steps into time.

Guided by the mnemonic **REFLECT**, the seven steps of reflection are:

- R** **RECALL** the event.
- E** **EXAMINE** your responses
- F** Acknowledge **FEELINGS**
- L** **LEARN** from the experience
- E** **EXPLORE** options
- C** **CREATE** a plan of action
- T** Set **TIMESCALE**



The simplicity of this model makes it a useful tool for both personal and professional growth. It is easy enough to remember and can be adapted to the needs of reflective writing and reviewing a critical incident in a group setting.

Therapeutic Specialists need to provide a non-judgmental environment of trust for staff to share experiences they have had with children and young people and each other. During the reflective practice sessions, they identify opportunities to link interactions to the theories of trauma and child and adolescent development. This can support understanding about how carers and staff responses in these interactions and the environments they offer have the possibility to help repair the effects of the trauma.

Conclusion

The Therapeutic Specialist plays a pivotal role in shaping the environment which supports and cares for children and young people in the Therapeutic Care system. They resource meaning making activities with children and young people and between them and those who work with them. Their influence is grounded in their knowledge base and their understanding of children and young people. Collaboratively enacting therapeutic plans, the Therapeutic Specialist promotes the culture of the program so that children and young people experience consistent responses and engage in genuine relationships which have potent healing effects.

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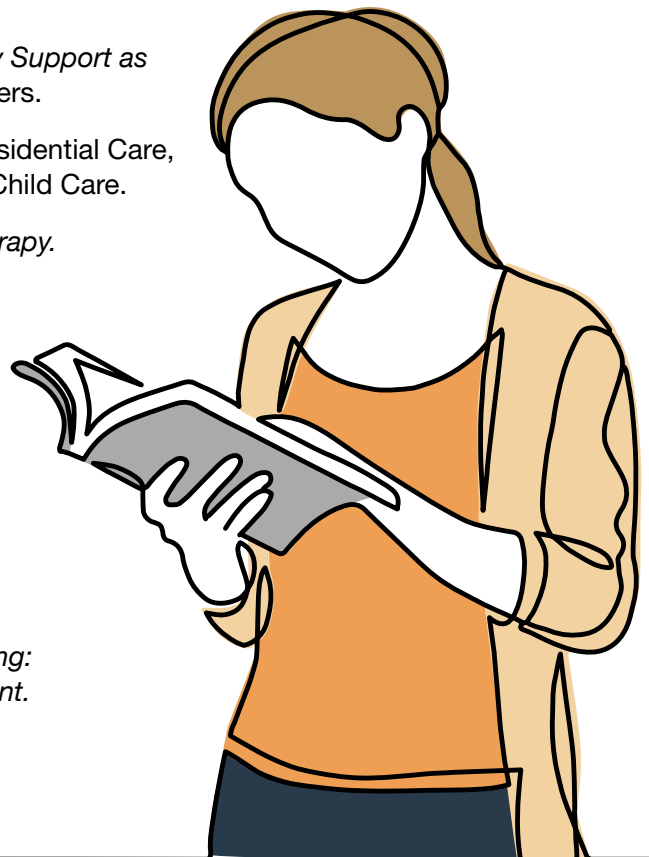
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