Therapeutic care for foster families with unaccompanied minors

Conceptual framework

Co-funded by the European Union

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Conceptual framework

for the EU-Project
Therapeutic foster care for unaccompanied minors and their foster families (FORM)

November 2024

Published by: Odisee

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1. An introduction: the specificity of therapeutic foster care in the context of the FORM project

The aim of the FORM project (Fostering Refugee Minors) is to support foster care workers in providing specialized - 'enhanced', 'treatment' or 'therapeutic' - foster care to families with unaccompanied refugee minors. The FORM project has been funded by the Erasmus+ programme and brought together six partners from Belgium (Odisee University of Applied Sciences, Brussels; Foster care East Flanders, Ghent), Germany (University of Kassel), Italy (Salesiani Per Il Sociale, Rome; and Cyprus (Hope For Children Policy Center, Nicosia) and ENSA European Network for Social Authorities, Veneto.

As an effect of flight-related vulnerability and injuries, (cumulative) loss experiences or man-made trauma, and as a result of complex loyalties to their biological parents they are separated from or have left behind in the country of origin, it is neither natural nor easy for unaccompanied minors refugees to develop new attachment and bonding relationships within the foster family. In some families, this difficult challenge, which many of the young people and their foster parents have to face and that many also manage to solve well, is becoming more of a problem, when a minor refugee has difficulties in re-establishing and/or maintaining attachment relationships in their foster families (Suarez-Orozco, Yoshikawa, Teranishi & Suarez-Orozco, 2011; Bamford, 2015; Hettich & Meurs, 2021. In this case, tension increases and the foster care placement comes under pressure or in danger.

In the text before us, the conceptual model, we present the building blocks for a developmental phase-specific and trauma-sensitive approach that also takes into account the dynamics of culture change and exile (a culture-sensitive and exile-specific approach), as well as the specificities of foster care and of foster families and foster contexts in different European countries (some unaccompanied minors are in foster families, other in communal foster homes; some are in kinship families).

To this end, we will successively describe in detail the building blocks of this conceptual model, including what exactly is meant by therapeutic foster care, and how the development of unaccompanied refugee minors can be under pressure due to cumulative experiences of loss, traumatic experiences and other vulnerabilities related to flight, cultural difference and racism. The building blocks of the conceptual model make it possible to understand the difficulties faced by certain unaccompanied refugee minors in foster care and the dilemmas faced by foster parents in these cases. We do this in order to then describe how foster care workers can

address the parental questions and – in some cases – the parenting difficulties of foster parents, taking into account the specific vulnerabilities of unaccompanied refugee minors. We will also describe how foster care workers can be supported in dealing with the attachment problems and behavioural and emotional difficulties of foster children with an exile history. A reflective space where foster care workers can meet and discuss their work can help them to set up and maintain a mentalizing stance while working with parents in these foster families. This is especially true when dealing with less familiar aspects of exile-related dynamics or wounds, but certainly also when dealing with foster families where the foster child is suffering from the traumas of unmourned loss, cumulative separations and dehumanisation experienced along the way. As one will notice, foster care workers and services are central to our FORM model of therapeutic foster care, and it is precisely for this reason that it is important not to leave foster care workers alone with these complex dynamics; education (conceptual tool), training (practical guide) and supervision aim to support them as best as possible.

In addition to a conceptual model with building blocks for understanding the situations in these families, also a practical guide has been developed which clarifies the role of intervision and supervision for foster care workers, draws attention to certain themes that can be addressed in these foster families and indicates ways in which certain skills can be learned for the (mentalization based) mediation or intervention in these families. Mentalisation has its origins in the psychodynamic conceptual model, is evidence-based (there are many studies of the effects of mentalisation-focused interventions, especially in cases of trauma and life history disruption) and, as a result, has found its way into prevention and integrative treatment models in recent years, as well as in contextual thinking and in attachment focused or attachment reparative interventions (Fonagy, Gergely, Jurist & Target, 2002). Both a conceptual model (a theoretical perspective) and a practice guide (a practical application) are needed to provide foster care workers with a frame of reference and with the tools to work in these foster families, where the complex backgrounds of refugee youth can create difficulties.

In the conceptual model we will mainly describe the building blocks, which will also be illustrated with small examples. The practice guide that concretizes this conceptual model will focus much more on the practical applications or translation of the conceptual model. The tools for foster care workers to work with foster families with unaccompanied minors are mainly described in the conceptual model; the concretization of these tools in the form of tips and tricks or in the form of guidelines and exemplary interventions and approaches of these foster families is to be found in the practice guide.

In other words, the theoretical approach of the conceptual model provides the conceptual underpinning for the practice guide in which the framework of the conceptual model of enhanced or therapeutic foster care can be translated or transformed into concrete guidelines for foster care work in families.

Through this approach, the FORM model of therapeutic foster care brings a breath of fresh air to the existing literature on therapeutic foster care. In previous models, the enhanced foster care aspect consisted of adding trauma-specific psychotherapy for the foster child and/or foster family. In FORM, the foster care worker becomes the central figure in the network around foster families and foster children. This strengthened position of foster care workers and foster care services or organisations requires training (both, theoretical background and skills training) for these foster care workers, as well as support for them (supervision and intervision should ensure that foster care workers are not left alone in this central position). In FORM, they are the coordinators of the network of care around the foster families, in which they can intervene when foster families indicate they have questions or in case of conflicts and imminent termination or breakdown of the placement. In order to be able to do this, the foster care workers need a practical guide or a training: through the acquisition of knowledge and skills, as well as through supervision and opportunities for mutual reflection on their work, they are able to accompany and intervene in the foster families and they will form a learning network of local, regional, national and European support services that will share experiences and strengthen each other's knowledge and skills. The foster care workers are therefore the first and direct target group of this FORM project; the foster families themselves, who benefit from the knowledge and skills training of their foster care workers, are the second or indirect target group of FORM.

The emphasis on current mentalisation-focused counselling allows for a continued focus on inner experiences or inner psychic images and feelings around relationships that are present in foster children and their foster parents. When it comes to conflicts in the foster family, the foster children and their foster parents are temporarily in conflict with each other and can no longer understand each other as people with an inner world of feelings, expectations, thoughts, deep motivations and also sometimes similar anxieties and wishes, etc. In the practical guide we will give several examples of what mentalisation and focusing on inner worlds and inner expectations of relationships means in the context of refugee trauma and cultural differences, in the specific developmental stage of adolescence, in foster families who (at least in certain European countries) may have family ties with their foster child's biological parents (kinship foster families). This mentalisation-focused therapeutic foster care makes it possible to restore connectedness and mutual understanding in foster families and thus to

reconnect with a perspective of hope, a necessary antidote to the despair and hopelessness that has been co-fuelled by flight-related experiences of trauma and loss in unaccompanied minors and possibly in their foster parents too.

By giving mentalisation thinking so much space, we translate principles developed and proven effective in a psychotherapeutic context, to a much broader counselling and guidance context, in this case to the actions of foster services staff in their preventive, problem-solving (mediating) and coordinating role around and within foster families. The introduction of this modern psychodynamic thinking into the work of foster service workers does not necessarily replace the older model of therapeutic foster care (with trauma-sensitive psychotherapy for the youngster and/or the foster family), as it can still be offered in a lot of cases as an additional offering for the young person in difficulty. The introduction of mentalisation thinking around foster families makes it possible to approach such a family and their foster child from a broader network perspective and in a reflective way, paying close attention both to the inner suffering from which these people are in danger of losing sight of each other and to the inner strength and drive from which these people are important to each other.

Where we are now, at the end of this FORM project, the story can continue, for example, as foster care workers continue to learn from their practical experiences in implementing this model. Surely this is a very nice perspective to end the first three years of this FORM project: the further learning and professionalisation on the basis of the FORM project, a future perspective that can take place in the follow-up project to FORM.

"Enhanced fostering, often called 'therapeutic fostering', 'therapeutic foster care' or 'treatment foster care', is the type of care needed for children that have experienced a high degree of trauma and/or abuse in their life. This trauma is often compounded by the fact that they have been through several failed placements – often both fostering and adoption. As well as developmental difficulties and attachment disorders, this trauma often manifests itself through a variety of mental health problems. Giving care to our most troubled young people is an extremely challenging job, which is why there is an increasing demand for foster carers to undertake the additional training necessary to become therapeutic foster carers."

(Social Care Training Solutions, 2022)

(https://www.socialcaretrainingsolutions.com/therapeutic-fostering), downloaded on 20.02.2023)

1.1. The emergence of therapeutic fostering

In the quote on the Social Care Training Solutions website, therapeutic or adapted/enhanced foster care is associated with children with severe trauma histories and the repeated failure of their new attempts at attachment in foster homes, foster families and /or adoptive families. This subgroup of foster children in need of therapeutic foster care have developmental, mental health and/or attachment problems. In such cases, fostering is a particular challenge for both foster parents and foster care workers. In order to meet this particular challenge, foster care workers are advised to undertake additional training to become therapeutic foster care workers. What exactly this means is one of the core questions of the FORM project: What are the specific traumas of the young people, in this case unaccompanied minor refugees (UMR), that lead to difficulties in their foster families? What background knowledge and training do foster care workers need to be able to support foster families with these children in the best possible way?

1.2. The evolution of therapeutic foster care: from early complex relational trauma to exile-related trauma.

We describe first from what need the idea of *therapeutic foster care* – sometimes indicated as *treatment foster care* or *enhanced foster care* – arose. This idea has been worked out for the first time in the nineties in the context of certain foster families and their foster children, outside the context of exile and unaccompanied minors. Therapeutic foster care has been developed as an adaptation, or rather a complement, to foster care as usual, especially for those foster families who are trying to find a way forward with foster children who have been so damaged in their primary attachment relationship with their biological parents that the integration and re-attachment of these children in a fostering context is not sufficiently successful or is repeatedly broken down or disrupted (as is the case in approximately 30% of the looked after children in a foster context). So, therapeutic foster care has originally been developed in the context of certain traumas in the primary attachment relationship that prevent foster children from reattaching in a foster (family) context.

These early traumas in the context of the family of origin have now been given a specific name in the research literature: attachment trauma (Allen, 2013) or complex relational trauma (Cook et al., 2005) (for completeness, they are sometimes also referred to as developmental trauma (van der Kolk, 2006) or type III trauma (Terr, 1991; Solomon & Heide, 1999), a conceptual issue to which we will return later in this conceptual model).

The origins of the difficulties that can prevent unaccompanied refugee minors from reattaching in a foster (family) context mostly are of a different nature from other foster children. Unlike children who have experienced abuse, neglect, sexual trauma, belittlement or violence with their biological parents and are placed in foster care for protection, most unaccompanied refugee minors (with a few exceptions) have not been traumatised in their primary attachment relationships. However, they have had to leave these primary attachment relationships in very threatening circumstances and may have been abused in confidence by other adults to whom they had entrusted themselves on the way into Europe. Both the painful departure, the loss of the (direct) bond with the primary attachment figures, the possible de-humanizing experiences with new 'confidants' along the way, the impossible mourning of the changed relationship with the parents and relatives who stayed behind, as well as the unbreakable loyalty to the biological parents that have stayed behind and the enormous guilt over one's own survival while other relatives are still in danger, cripple new attachment opportunities. The effects of these exile-related experiences (cumulative loss, possible abuse and dehumanization in relation to adults on whom one was dependent along the way) on the

capacity for new attachment relationships in foster care contexts are the same as the effects of attachment trauma in relation to biological parents. So the origin of the problems in foster care for unaccompanied minor refugees is different (the problems have a different etiology and follow a different developmental trajectory), the effects are similar (symptoms of complex relationship trauma and complex post-traumatic stress disorder). It is precisely for this reason that current thinking on complex relational trauma is very useful in understanding the difficulties of these fostered young people and their foster families.

Unsurprisingly, there is a strong demand among the foster care professionals working with unaccompanied refugee minors to rethink the therapeutic foster care model in relation to this target group. Therapeutic foster care has emerged to develop interventions to address the later effects of trauma that children bring into foster families and prevent them from taking advantage of new attachment opportunities in these families. Such therapeutic fostering is not needed for all foster children, but only for those where past attachment trauma is preventing new attachment opportunities. Therapeutic foster care is also needed in foster care for unaccompanied refugee minors, for that sub-group of them who also need enhanced or adapted foster care due to the traumatic effects of cumulative loss, unbearable guilt, frozen loyalties and deep breaches of trust in humanity. The FORM project therefore aims to provide a conceptual model and a practice guide for foster care workers to understand and deal with this flight-related form of trauma.

Therapeutic foster care was originally developed to address the behavioural and emotional difficulties as well as the attachment problems of some children and youngsters within their foster families, due to the effects of early relational or attachment trauma in their family of origin. It is a kind of foster care that has been developed for foster families with children that have persistent difficulties to build up new attachment relationships to the foster parents. For these children, the regular foster care they received within the foster family proved to be insufficient. Therefore, it was thought that these children and their foster parents are in need of an additional offer or an additional and different perspective of fostering, called *enhanced foster care, treatment foster care* or *therapeutic foster care* (www.socialcaretrainingsolutions.com). In the literature on therapeutic foster care it is mentioned that this form of foster care is often brought into practice for children who have experienced some form of trauma in their early years, not infrequently in relation to primary care figures. Further on in our conceptual model, we will describe the specificity of complex relational trauma or attachment trauma that children can suffer early in life when the primary caregivers from whom children should expect care, protection and love are also the individuals who threaten, neglect, abuse or aggressively treat them without sensitivity to the needs of

their young children. Their symptomatology sets us on the path to understanding the problems of unaccompanied refugee minors as well.

This original idea of therapeutic foster care is well transferable to foster care specifically for refugee minors: they suffer from similar attachment problems in their foster families, although mostly the origin of these problems is not attachment trauma with primary care figures. However, experiences of involuntary separations, cumulative loss, unresolved mourning processes, traumatic bereavement or the traumatic effects of war and persecution impinge on their ability to re-attach in foster families (Kessler et al., 2008). The effects of life-threatening experiences in a context of war or persecution, reinforced by additional difficulties such as unbearable guilt towards the biological parents who were left behind in insecurity in the country of origin, the deep loyalty towards those that were left behind, or the mere fact of having had to leave the family of origin as a young person in order to survive or to fulfil a task imposed by the other members of the family, at a time when one's development still requires the proximity of parental figures, contribute to a situation in which foster children with a refugee history feel prohibited from re-attaching in a foster family; they were no longer able to rely on their biological parents when they needed them as adolescents in their search, and from there they struggle with new dependencies on adults, on foster parents. As a result, from time to time they experience themselves as strangers in the foster home, and sometimes even in the new life that has become an arduous survival.

So, while the effects are similar in both groups of foster children, the dynamics that led to these similar effects may be quite different in the two groups. Both suffer from complex long-lasting trauma effects that hinder new attachment relationships in a foster family; in the one group this problem originates from an attachment trauma, in the other group from a war trauma that led to a distancing in the relationship to the primary caregivers and to the cultural lifeworld the unaccompanied minor belonged to before fleeing. And even if the causes that lead to complex trauma symptoms are different for the two groups mentioned above, we can still say that at the origin the cause is man-made trauma, for foster children without a history of exile due to very inadequate care in the family of origin, for foster children in exile due to the effects of political instability, persecution, threats, the loss of direct contact with family members and the loss of security in the society in which they grew up.

From a developmental psychological perspective this state of affairs can also be referred to as 'equifinality': Achieving similar results (difficulties in re-attaching in the foster family) along very different development paths or starting from very different experiences (on the one hand, early attachment trauma, on the other hand a mixture of elements such as the breakdown of

basic trust in human beings, the survivor guilt, the un-thinkable war trauma and threats, inextricable loyalties).

1.3. Understanding and supporting foster families coping with complex and exile-related wounds: the aim of the FORM project

In the FORM-project we are working on the building blocks of an intervention that is situated in the actual line of thinking about cross-cultural and exile-specific mediation (rather than intercultural therapy). In mediation, the main idea is to support foster care workers in a short, focused and solution-oriented way to resolve crucial complex questions, specific crisis situations and serious bottlenecks they encounter within foster families with unaccompanied minor refugees. The abovementioned mediation therefore has two target groups: the foster families with whom foster carers work in a demand-driven way, but also the foster carers themselves who are part of a learning network of foster care services, other care providers and researchers and who want to learn how to implement this demand-driven approach in foster care within the families they work with.

The FORM project aims to provide foster care workers with, on the one hand, a model to better understand the challenges faced by foster parents and their unaccompanied minor refugees, on the other hand, tools and abilities for guidance and counselling work within these families. For this reason, the project has chosen to develop both a comprehensive conceptual model, in which the background of the FORM project is described in detail, and a shorter and practice-oriented practice guide, in which foster care workers are trained and helped on the issues they face in their practice with foster families of unaccompanied refugee minors. ‘Therapeutic’ foster care is guidance and mediation in the context of a supportive health care and social support network around foster families; this kind of foster care is contextual or family-oriented in nature, with the aim of developing within foster families a renewed kind of connectedness, strength and resilience in the midst of challenges and, eventually, crisis.

The term 'therapeutic' in 'therapeutic foster care' is therefore somewhat misleading at first sight. What is meant is the addition of an aspect to fostering as usual: an additional offer in the form of a 'mediating intervention within families' which has a healing potential for the whole fostering system. It is not about 'fostering as usual plus the use of a specialist-psychotherapist or the offer of psychotherapy for one of the family members or for the family system’. This could also bear fruit and be part of FORM, but what is meant here primarily in the FORM project is a qualitative surplus for foster care by training the foster care workers themselves (‘training the trainers’), as they are the essential parts of a network of partners

around the foster family. Foster care workers need knowledge and training about the additional challenges of caring for unaccompanied refugee minors and how this knowledge and training can be used in an intervention in a foster family. The trained foster care workers can then, in turn, begin to share these concepts and skills within a network of colleagues and, in this way, train other colleagues.

Specifically, within the conceptual model we are describing what a foster family with a potentially vulnerable unaccompanied youngster needs in challenging moments or in crises. These foster parents are at times stuck with an adolescent who, by trial and error, is trying to find his or her way within the foster family and the country of reception, and who also maintains a relationship with the primary caregivers at a great distance, a relationship that has been changed in a particular way by the unaccompanied flight of the young person. In some European countries an unaccompanied minor refugee is admitted in a so called 'familial network foster family', i.e. a family that is part of the extended family network of the youngster (a so-called network foster placement), in other countries an unaccompanied minor refugee will be living within a foster family that has no links with the extended family network of the unaccompanied minor refugee. (We leave aside for the moment the possibility of an unaccompanied refugee minor living in a foster home with several peers, accompanied by educators, because in this project we are talking about foster *families,* although it cannot be excluded that some foster families may have to work closely together with such foster homes for these young people, for example if a full-time stay in a foster family is not sustainable.)

2. A psychodynamic and context-based perspective

We approach the need for therapeutic foster care from psychodynamic perspective that is based on actual trauma research on the one hand, and that focuses on the context of foster families as systems hosting an unaccompanied refugee minor with complex wounds and vulnerabilities, on the other hand

2.1. Complex relational trauma

In order to develop our guidance and practice guide within the FORM-project, we have taken a theoretical concept from actual trauma research - complex trauma - and applied it to this group of youngsters: as already mentioned before, complex trauma for them is not necessarily about attachment problems (trauma) with primary care figures, which afterwards can then be transferred to or projected onto foster parents and cloud the relationship with them. It is about very complex relationships with primary caregivers who may still be very present in the mind and in the loyalty of the unaccompanied youngster and through this are still very influential in these young people's lives, but who are no longer present or emotional available nearby these youngsters. As a result of this, these youngsters have to deal with impossible and complex mourning processes, feelings of (survivor's) guilt, a loss or an interruption of the relationship to the parents as it was before going in exile, and, possibly, unbearable traumatic experiences before and during fleeing or even after arrival in Europe, leading to an exile-related loss of trust in human beings more in general. All of these difficulties, together with the dangers that are associated to having fled alone (the loneliness and solitude), can in some cases overshadow the actual and growth-enhancing attachment relationship with the foster parents. Where foster placements of unaccompanied minors become difficult, mostly complex man-made traumas and/or cumulative separations and losses in the lives of these unaccompanied minor refugee adolescents play an important part. These cumulative experiences of adversity lead to confusion in self-representation, great difficulties in addressing the identity question typical of adolescence as well as to an inability to fall back on anyone in the new living environment, including foster parents, due to a very insecure and wounded sense of self. The consequences of these traumatic separations and cumulative losses are described in the current empirically supported research literature on (complex relational) trauma.

2.2. Actual psychoanalytical perspectives: mentalization based intervention (MBT), epistemic trust and dynamic interactive therapies (DIT)

In the psychodynamic model of treatment, we find a number of concepts that enable us to transfer these research findings in a meaningful way into foster care practice. Indeed, there is always the question of how to translate the principles outlined above into the work-related contexts in which foster care workers are involved. Some key psychodynamic principles are helpful to find ways of translating the findings of the trauma literature into the context of the (familial network) foster family around the unaccompanied young person and to think about the intervention (the mediation of foster care workers within the foster family) from multiple perspectives: the perspective from the young unaccompanied person, as well as the perspectives of the foster parents, the (internalised) biological parents who have stayed behind in the country of origin, the society, the school, the foster care workers, the teachers, etc.

Once this conceptual model has been worked out, foster care workers still need to be given a set of tools to work with this conceptual model. Specifically, how do you prepare foster parents for the difficult moments that are likely to arise in the fostering of these children? What can you do as a foster care worker to foresee and be prepared for these difficult moments? If the foster family has run even more in trouble and the placement is in danger of crisis, what can you do? And what can you do when the foster family is in the midst of a crisis? These elements will be worked out in the practice guide, the practical translation of the conceptual model.

To be specific, we draw on certain current and promising psychodynamic models in the conceptual model, such as the dynamically interactive therapy (DIT) models (Abrahams et al., 2024), in which the impact of trauma-related internalised images and relational expectations on current relationships is made intelligible, and in which these current relationships form the here-and-now from which future change becomes possible. These dynamically interactive models have a place within the broader orientation of Mentalisation based Modelling and Techniques (MBT) (Fonagy et al., 2002), which emphasises working with the inner stories people tell themselves. The inner stories people tell themselves can increase, but sometimes inhibit or prevent, opportunities for closeness and attachment.

The concept of epistemic trust (Fonagy & Campbell, 2017), the ability of people to see the information and help offered to them by social others as meaningful and helpful for their own lives, also fits into this framework. It is one of the deepest disappointments of some foster parents that they feel they cannot do anything for their foster child because the foster child

does not want to take anything from them due to a lack of epistemic trust, a lack of profound belief in the goodness and usefulness of the social other. Another aspect that we address further on in this counselling model is Erik Erikson's psychodynamic life-course model (Erikson, 1956 and 1968), interpreted from a clinical-psychological perspective, where the developmental tasks of adolescence become very clear and conceivable, what the challenges are in the development of exiled youngsters, especially traumatised refugee youth. Dynamic interactive models, mentalisation-oriented models, epistemic trust and the very useful updating of Erikson's psychoanalytic developmental psychology... these are just a few aspects of the vibrant developments within the psychodynamic framework that allow us to work contextually and attachment-focused with refugee-related trauma in young people in what are already complex developmental stages.

2.3. The need for a containing network around foster families

Therapeutic foster care is primarily about the creation of a containing network around foster families, a containing network in which the foster care worker has a central part, eventually supplemented by specialised psychotherapy for the foster child and/or foster family.

As already mentioned before, enhanced foster care – also described as therapeutic foster care or treatment foster care – has originated in the finding that, in some cases, foster care *as usual* is not enough to create the developmental context in which a foster child can benefit from the opportunities within the foster family. In first instance, this has led to the idea that foster care needs to be enhanced – i.e. supplemented - by a more specialized therapeutic intervention for the foster child and/or the foster family (www.socialcaretrainingsolutions.com).

An alternative point of view considers enhanced foster care in the context of a broader network of specialized and adapted foster care that is created around a foster family in which a foster child with his specific vulnerability is growing up. Enhanced foster care doesn't necessarily mean supplementary psychodynamic, behavioural or systemic therapeutic intervention; it means looking from a broader ecological or contextual angle – a network perspective – in which several layers are involved: foster child, foster parents, foster care workers and foster care services, the school and other organizations with which the foster family and the foster child are in contact[1]. It is this wider network around the foster family

[1] As we will show, a (trauma-sensitive) psychotherapy or a therapy with a specific focus on flight-related problems is potentially very useful, but only in connection with the approach of the foster family within a

that, together with the foster parents, takes on the joint responsibility and shared care of a foster child with an exile background: shared responsibility through joint care for the child by the foster family and the network of foster care workers and other services. This vision of therapeutic foster care therefore differs significantly from the original vision in which therapeutic foster care mostly meant 'ordinary foster care supplemented by a psychotherapeutic offer'. Our newer vision in the FORM project involves foster care provided by a specially trained and educated wider network of caregivers (among which foster care workers as a central part of that network of caregivers), installed around a foster family; within this kind of foster care a certain trauma-sensitive, culturally-sensitive and flight-sensitive intervention in the form of mediation is provided. This newer form of enhanced foster care does not exclude that certain parts of the foster family receive additional therapeutic services, e.g. the foster child for its developmental or attachment problems as a result of exile-related trauma, the foster parents for their difficulties in parenting this foster child, the foster family as a whole for the dynamics that have arisen in it, but these additional therapeutic services are not the core of the therapeutic foster care that we want to offer in the FORM project. In our FORM conceptual model we will outline the various components and backgrounds of this newer vision of therapeutic fostering; the practice guide will then concretize these aspects for use in the workplace. FORM's specialism lies in the professionalization of foster care workers, who constitute the support network around a foster family, coordinating the foster family and the social workers and services or other professionals involved. More than before, the care of a foster family comes into the hands of more strongly supported and supervised foster care workers, who help pave the way for specialist psychotherapy. Above and beyond this psychotherapy, the foster care workers continue to coordinate and maintain the care for the foster family from the network, in a longer-term perspective.

Therefore, a central aspect of this network perspective on foster care is the training or professionalization of foster care staff about exile-related mental health issues of unaccompanied minors who are experiencing great difficulties or failing to attach in the new foster care context (how to work with the child and parents in a way that promotes attachment

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reflective network in which the foster care worker plays a central role. In order to fulfil this function, both by keeping the network around the foster family together and by pointing the foster family itself in the direction of unblocking or disentangling the problematic issues, in this FORM project we are writing out the outline of training modules for these foster care workers: both the background in research and literature that needs to be taken into account, and the practical skills that are needed to create an opening in a foster family that is in trouble. Incidentally, it is also this supportive work of connecting with and actively holding/containing foster families that creates a potential space for psychotherapy when the foster family is prepared for it, through the preparatory and persistent work of the foster care workers.

in the new foster care context, taking into account the breakdowns of relationships and of trust, the multiple loss experiences and possible trauma of the young people in these families).

In that way, *enhanced foster care is a broader network approach* that converges with actual evolutions within health care in a community-oriented approach, organizing supportive and collaborative networks around vulnerable children and their families as well as around the (foster) care workers and services that are confronted with very complex questions of these foster families or with very complex cases more in general (Bevington et al., 2013). Within this network, the foster care worker has a central position: the foster care worker mediates (offers mediation) in order to resolve crises and creates opportunities for 'moments of meeting' (Stern) that are also moments of re-attaching within the foster family that will lead to more chances or opportunities for all involved. He/she supports the family through difficult moments and works to (re-)build relationships within the foster family and between the foster family and external organisations that are important for the foster parents to fulfil their parenting role with the unaccompanied refugee minor.

This network-building approach has been worked out, for example, by the research group at the University College of London around Peter Fonagy. Within psychodynamic literature this approach is indicated by the abbreviation "AMBIT" – *Adolescent Mentalization Based Integrative Treatment*, also called *Adaptive Mentalization Based Integrative Treatment* (Bevington *et al.,* 2013). This network approach shifts the centre of therapeutic foster care from the psychotherapist, who provides a specific additional intervention, to the foster carer, who mediates within the foster family and holds together the supportive network around it. This is the first task to be accomplished; only then can the question be asked whether further effects can be achieved for some foster parents and their foster children by the additional offer of psychotherapy. It should also be clear that it is not so much the specialist psychotherapist who is at the center of the treatment of the unaccompanied refugee minor, but the foster care worker who, as an employee of the foster care service, holds together the family, the unaccompanied minor refugee and the various organizations around them. Because of this much more central position of the foster care worker in this new model of therapeutic foster care, it is also necessary to provide more training, guidance, support and intervision/supervision for foster care workers. This too will become an important part of our FORM model, as we will make clear later in this text.

2.4. The need for training for foster care workers

The idea of a network approach in the context of foster families that are confronted with problems in the relationship to their fostered unaccompanied minor refugee concerns two levels: on the one hand, the foster families that are helped by the foster care workers and foster care services, in maintaining a mentalizing and containing parental attitude in the face of the behavioural and emotional symptoms of the foster child that are fuelled by exile-related relational changes, losses and eventual trauma; on the other hand, the foster care organisations and foster care workers that are in need of support and training in order to continue to work with the foster parents and youngsters, especially in times of crisis.

The training for foster care workers is about how foster care workers can help foster parents to regain a supportive and mentalising attitude towards their refugee foster child when first tensions or threatening ruptures in the foster parent/foster child relationship occur. Specially, under the pressure of trauma or of unbearable loss of the emotional availability of the parents that have remained in the country of origin, the relationship between foster parents and fostered children or adolescents can become problematic.

In the course of this document, we will describe the main components for this kind of network approach around foster families with unaccompanied minor refugees. In that network approach foster care workers are supported by training modules that address the perspective of the foster care workers who are the central part of the network around foster families with UMR and who are working hard to safeguard the cohesion and the attachment within the foster family .

The content of this training is based on recent findings on the specificity of the wounds and trauma's that hinder some unaccompanied minor refugees to make use of the developmental opportunities that are offered in their foster families (Bamford et al., 2021). These recent findings that originate in research on children that suffer from the breakdown in primary attachment relationships (Mugisha, 2006; Sleijpen et al., 2022), need to be completed with perspectives on the specificity of the breakdown of basic trust and of a sense of belonging (Briggs, 2015), the specificity also of the effects of dehumanization experiences in a context of exile (Meurs et al., 2022).

Finally, other specific elements in the training concern (1) developmental-phase specificities (unaccompanied minor refugees are adolescents that translate their exile-related inner turmoil into developmental-phase specific symptoms, like for example self-image concerns and identity confusion, depression due to suffering from life's fate, feelings of alienation

(partially due to culture shock), irritation and hyperactivity or aggressive outbursts), (2) culture change specificities (the impact of culture shock and of having to become part of cultural environments that were unknown to the youngsters before), (3) kinship specificities (unaccompanied refugees are, in some European countries at least, often fostered within families that subtly have different dynamics, compared to north-western Caucasian families: kinship foster families consist of an extended family system with an interpersonal identity that can be found in non-western cultures, compared to the nuclear families with an individualized or autonomous identity in north-western family systems; if foster care is organized in an extended family context, the foster parents belong to the broader family of the biological parents of the unaccompanied minor refugee), completed by (4) local/regional specificities (our European project needs to be implemented in (possibly differing) foster systems in different European countries) and, eventually, in the context of team specificities. It is precisely for this reason that it is important to make the model[2] that is promoted by the FORM project, accessible to the various professionals working with foster families in a European perspective: not only psychologists, pedagogues or psychotherapists, but also social workers, educators, pedagogical assistants, family workers, nurses, teachers, etc.

2.5. Defining the target group of the FORM-Project

Therapeutic (or enhanced, treatment) foster care refers to a whole of supportive services and interventions that target families, more specifically foster parents and their foster children with an age range between 0 and 18 years, with special emotional, behavioural or medical needs. In the context of our European FORM-project, we want to empower foster families that take care of developmental and educational needs of foster children and youngsters with a background of exile. We do this by giving foster care workers a central place in therapeutic fostering and by helping them to acquire the skills (or strengthening their existing skills) needed to fulfil this role. The conceptual background described in this FORM project (of trauma-sensitive and culturally sensitive work with unaccompanied minors), the associated skills and methods (of mentalisation-focused work with flight- or exile-related dynamics) and the modules of in-service training for foster care workers are not only important at the

[2] A model which is based on psychological research on trauma and on psychodynamic models of mentalisation-based intervention as well as intercultural mediation.

moment when a placement is at risk of breaking down or when a foster family is in crisis; they are reinforcing for all work in foster care. In this sense, foster careworkers are the first and direct target group of the FORM project; it is for them that the conceptual model and the practical guide have been written. This enables them to intervene and offer guidance more effectively in foster families in general and in foster families with unaccompanied minors, making foster families the indirect target group of the FORM project.

2.6. A therapeutic foster care conceptual model

This conceptual model is based on evidence-based findings in trauma research (van der Kolk, 2014), exile-related and culture-sensitive psychology, psychodynamic and interactive therapy as well as in developmental psychology

The primary aim of our project is to enhance professionals that are working in foster care, by offering them a *conceptual model* as well as certain intervention perspectives and techniques in the context of a *practical guide* that enable them to adapt and optimize the guidance they offer foster parents in general, foster parents of unaccompanied minor refugees more specifically as well as foster parents of those unaccompanied minor refugees suffering from the traumatic breakdown of attachment relationships and basic trust. This traumatic breakdown of basic trust and of a sense of belonging to deeply rooted attachment relationships (Briggs, 2015) is conceptualized in several ways in today's psychological/psychotherapeutic literature: (multiple) complex (relational) trauma (Herman, 1992; Solomon & Heide, 1999), developmental trauma (van der Kolk, 2006) or attachment trauma (Osofsky, 2004).

The aim of our project, then, is to optimize the help that foster families or parents get from their foster care workers and organizations, by enhancing foster care. We aim to achieve this by improving foster care through an in-depth knowledge of (1) the *developmental effects* of the disruption of attachment to biological parents and of the loss of trust in compassion and humanity experienced by some of these young people on the run, (2) the *power of mentalising interventions* and of the foster carer as a central caring figure in the work with and in the treatment network around these foster families (it is firstly the foster care workers who provide the 'enhanced' fostering aspect), (3) the *specific intercultural aspects of mediation* in these foster families, and (4) other specific aspects of this care, such as working with foster parents who are sometimes part of the foster children's extended family, or such as working with adolescent dynamics (such as the search for identity, or the paradoxical developmental task of being forced to separate from adults while at the same time having to reconnect with

foster parents, etc.). So, we want to reach this aim by *offering foster care workers specific conceptual perspectives and practical tools:* additional elements to existing foster care and additional perspectives that create a new understanding of enhanced foster care.

It is not so much the additional trauma-sensitive psychotherapist who is crucial in this form of 'enhanced' foster care, but rather the foster care worker who, with a more specific understanding of these young people's problems, provides mediation or guidance in these foster families and who leads a network of foster care workers and other professionals, of which a trauma-sensitive psychotherapist may also be a part. Of course, because of the central role that this gives to the foster care worker, this foster care worker also needs to be schooled (conceptual model), supported (intervision/supervision) and trained in the specific skills (the practical guide) that are needed to put the central aspects of this model into practice. Therefore, the main questions of this project are:

- how can existing therapeutic foster care be enriched, especially for foster parents who are faced with unexpectedly difficult circumstances due to specific and painful losses as well as exile-related trauma suffered by their fostered refugee minors?

- what specific perspectives and tools need to be considered as additional elements for enhanced foster care within these families?

- what specific elements need to be introduced into existing foster care systems in order to create a working environment, a knowledge base and a training in specific abilities from which professional foster care workers can benefit?

2.7. A research-based perspective on problems within foster care for unaccompanied minor refugees

Approximately one third of fostered adolescents (i.e. in general fostered children, so not specifically fostered adolescents with a background of exile) develop difficulties within a foster family due to the long-term consequences of the breakdown of attachment relationships with their original parental figures (biological parents, the original family in which they grew up, followed eventually by further breakdowns of attachment relationships in former foster homes, foster or adoptive families) (see: Ensink, 2017). The cumulation of losses of attachment figures can be understood as a traumatic experience that cannot be mourned or resolved. This situation leads to traumatic grief or bereavement processes (Barlé et al., 2017), characterized by a threat to the ability to ever trust and bond again after the loss of or the distancing from the relationship with the primary caregivers.

Unimaginable and unbearable losses or breakdowns in attachment relationships (as well as the consequences of these experiences on the functioning and psychological structure of these young people) lead to severe obstacles in taking advantage of the new developmental and attachment opportunities offered within the foster family. The breakdown of trust, belonging and attachment has shaped a deeply rooted internal representation (a schema or script about the self in relation to others) - in terms of attachment theories one might say an internal working model - that is unbearable in the foster child's inner world and threatens to destroy the child from within (Briggs, 2015). As a result, the unbearable internal representation or working model of attachment must be exteriorised in order to survive psychologically (one can hardly survive with only images of loss, painful longing, unattainability, dehumanisation, etc.). The young person then has to get rid of this inner terror and does this through re-enactments, conflicts and the threat of leaving, expressed in the context of the relationship with the foster parents.

Through the foster child's re-enactments foster parents are confronted with problems that essentially are not part of the relationship between them and their foster child. The foster child's problems have their origins in earlier, very painful losses of attachment and basic trust, or in the experience of unbearable guilt at having left primary caregivers behind in a life-threatening situation (survivor's guilt). However, the new family context of the foster family is the place where these unbearable wounds and unimaginable attachment or war traumas, as well as the lack of epistemic trust associated with these losses and traumas, wreak havoc.

Without therapeutic foster care for these foster parents, possibly supplemented by specialized exile and trauma-specific therapeutic care for the unaccompanied minor refugee they are fostering, the relationship between the foster parents and the foster child in some cases cannot be freed from the burden of the previous wounds, losses and breakdowns in the life of this child. In this project we will not deal with the element of psychotherapy for young people with trauma as a result of de-humanizing experiences specific to exile. We will mainly describe how foster care workers can be trained to help the foster family with whom they work.

On the basis of culturally and trauma-sensitive mediation as a central element of therapeutic foster care for the foster parents, these parents can begin to perceive and think about the problems they face in a different way: they can understand the fostered child's problems from the perspective of his or her inner turmoil, or inner world dominated by loss and trauma; they can begin to understand the problems within the family in a different way than by thinking that these problems are intentional or the result of the child's bad will or lack of gratitude. This mentalising attitude on the part of the parents is also referred to in the literature as Parental

Reflective Functioning (Stuhrmann *et al.,* 2022), an aspect that has been shown to be effective in the context of complex clinical cases. Parental reflective functioning represents the ability of parents to reflect on their own and their child's mental states, and how these mental states may influence behaviour. Rutherford and colleagues (2013) have shown that parents' problems in maintaining a reflective stance are relationship specific, in this case specific to a foster parent in relation to a fostered child with a background of exile.

The life histories of looked after unaccompanied minor refugees can be compared with those of other looked after children, but also show some differences. The consequences of their attachment trauma can be quite comparable, although it can be interesting to understand some of the different pathways that have led to these comparable developmental outcomes. Unaccompanied refugee minors do not primarily or necessarily have a background of breakdown of attachment relationships (these primary , attachment relationships can remain very strong even over distance), but rather they are victims or direct witnesses of humiliation and breakdown of trust in human relationships as a consequence of the hardship and loneliness of being an unaccompanied young refugee and being left alone on the flight without family members for protection. They go through these experiences at a developmental stage when young people are normally trying to separate from their parental caregivers and at the same time need their support in taking the first steps towards a new sense of identity.

The core anxiety resulting from an early breakdown of primary attachment relationships, as we see in fostered or adopted children without a background of exile, or from a later massive breakdown of basic trust in the goodness of life and the loss of trustworthiness of human beings and humanity in general, as we see in fostered unaccompanied minor refugees, is the same: a fear of abandonment, a fear of no longer belonging to a family (the fear of losing a sense of belonging), a feeling of being beyond any kind of human connection. This fear of abandonment does not cause comparable damage to all fostered children, nor to all unaccompanied minors in care. However, for some fostered children, as well as for some unaccompanied minor refugees, this fear of abandonment and loss of belonging becomes almost the only window to new relational experiences. The new opportunities for development in the foster family are then overshadowed by the past traumas and cumulative losses with which they are confronted. It is with these unaccompanied refugee minors and their foster parents that foster care workers will experience the greatest complexity. Especially in these cases, there is a need for an evidence-based model (the conceptual model) and support for foster care workers in the form of intervision/supervision and training in specific skills to deal with this complexity. The FORM project aims to address these needs of foster care

workers. With this conceptual background and practical training in more difficult cases, foster care workers also gain a lot for their work with foster families in general.

2.8. Towards a(n) exile-related trauma-specific foster care and training for foster care workers

For an unaccompanied minor refugee, growing-up in the context of a foster family offers a lot of new chances for further development, but can also lead to complex behavioural, mental health, and developmental concerns as a result of past trauma, cumulative loss or abusive situations. Until now, research doesn't show the exact numbers of problematic developmental pathways unaccompanied minor refugees. We usually only hear about it from case discussions with foster care workers themselves. It is a reality that exists in foster care, a problem that is not rare, but at the moment we remain somewhat uncertain about the rates of these problems in foster care for unaccompanied minors. In these cases, a specific approach to foster care is required. Not only some of the hinderances for new attachment relationships need to be lifted (f.e.: conflicts of loyalty the fostered adolescent feels between the biological parents and the fostering parents (Dansey *et al.,* 2018), but also a more difficult work needs to be done, mainly about the defects in the ability to ever trust again or in the ability to become part of a network of more intimate family relationships. This dis-ability is brought about by traumatic loss of and guilt feelings over the original family or by betrayal and inhumanity during the experience of fleeing. Even with the best intentions and with good-enough parenting skills, the foster parents can collide with their foster child, in the sense that – in some cases – they will feel an insurmountable wall to reach their foster child, in other cases they will witness the active repetition of the breakdown of human attachment relationships between them and their foster child, in a kind of scenic reproduction of what has been experienced before by the child in the position of a powerless victim. In this dynamic, the foster child begins to withdraw emotionally from the foster family and becomes unreachable, or challenges and tests the foster parents to prove that these parents can persevere and will not give up. This latter pattern can sometimes go very far, to the point where the foster parents are close to despair. In foster families that are part of the young person's wider family network, there is also the fact that failure in fostering is taboo because the foster parents feel an obligation to the young person's biological parents to succeed in fostering the young person. It may also be taboo for the young person to talk about the situation because of feelings of guilt towards the parents who were left behind and towards the foster parents to whom the parents entrusted the care for their child.

In some cases of fostered children with a background of exile, the child is too hurt and needs foster- and exile-specific guidance or treatment to make use of the developmental opportunities the foster parents offer. As already described in the beginning of this text, we do not understand this specific guidance or treatment in the context of the FORM-project only as an additional offer of specialized individual or systemic therapies to the foster child and/or the foster family, but in creating a collaborative (trauma-sensitive and mentalizing) network around these families. In this network the foster care workers have a decisive part in helping the foster parents develop more reflective functioning, thereby mentalizing the exile-specific, developmental-phase specific, trauma-specific and culture change-specific psychodynamics that hinder the foster child to profit from the opportunities in the foster family.

Parents who have started their fostering project with the best of intentions will initially not understand what prevents their fostered adolescent from making use of the opportunities in his new environment. They, too, as foster parents, need specific guidance on the long-term consequences of the unmourned loss of the presence of their fostered child's biological parents, on the lingering effects of a deep and indescribable traumatic breakdown of humanity, possibly complicated by elements such as survivor's guilt, identity confusion over multiple cultural references in the young person, as well as other experiences such as racism or difficulties in expressing oneself in a different and unfamiliar language.

These aspects and experiences have an impact on crucial developmental domains of adolescents, such as the capacity for self-regulation, narrative sense of self, capacity for attachment, capacity for mentalisation and the search for identity. The training of foster care workers needs to focus on these elements and processes. Our FORM project therefore needs to clarify how these foci can be trained with foster care workers and how they in turn can work with these foci in the context of a foster family.

2.9. Trauma-specific, exile-specific, developmental phase-specific and kinship family-specific topics within a training program for foster care workers

In our literature research on the more general principles of therapeutic foster care, we discovered that several interesting models already exist, mainly in the Anglo-Saxon literature, for about 10-15 years. The idea of this specific type of foster care was developed to find answers for foster families who had difficulties in reaching their foster child and to offer these children the supportive family environment they need for their further development. Some of these fostered children were clearly suffering from the sudden changes and breakdowns within their first attachment relationships, leading to an inability to make use of the new

support they received in the foster or adoptive family. In the last decade these children have come to be described as children with trauma histories, making fostering or adoption a potentially very conflicted situation, not infrequently beyond the capacity of 'normal average' foster parents.

Within the trauma literature there has been a further differentiation in the description of types of trauma. Since then, there has been a growing body of literature on complex relational trauma within early (and sometimes broken down) attachment relationships or in the context of human relationships on which one is very dependent underway into exile (e.g. the relationship with smugglers on whom these young people depend to continue their journey to Europe, relationships that are very manipulative and not at all trustworthy; or the abuse and aggression that these young people face in circumstances of mere survival, with no attachment or caring person around). These traumas have been described as complex relational traumas that are man-made and not infrequently are experienced repeatedly in the context of relationships on which one depends for survival. These man-made traumas are usually not one-off events; they happen more than once to the fostered children involved and become internalised in the self-image of these children and young people. These children and young people no longer build images of loving and trusting relationships, or they still have these images but cannot use them because these positive images have been buried under the crude relationship images they have now absorbed.

The knowledge of complex trauma or attachment trauma becomes a core element for the unaccompanied minor refugee's environment (the foster parents and foster care workers) to understand the very conflicted attachment patterns these youngsters are struggling with. In addition, this knowledge also points to ways of providing guidance to foster parents and a framework for fostering services and teams to support these foster families. This knowledge needs to be shared within an ongoing network of counselling and therapeutic care for these children and their foster parents.

In the context of today's FORM project, we need to take this knowledge about complex attachment trauma (= knowledge about foster and adoptive children in general) and apply it to the situation where the foster child is a minor refugee, an element that adds complexity to the fostering situation. Thus, not only is knowledge of complex relational or attachment trauma and its impact on the child's development and relational capacities within a foster family important, but also the history of exile and the exile-specific vulnerabilities that young people experience before, during and after flight. In addition to the trauma-specific aspect, there is also the exile-specific aspect and, in addition, the developmental phase specific aspect

of being an adolescent: as much as they need new attachment possibilities, these youngsters are also adolescents with a developmentally rooted contrast in their behaviour: they need the support of foster parents, but at the same time they want to distance themselves in order not to lose their autonomy. For young people who have been on the run, this is compounded by a sense of loss of autonomy. They do not want to give up the autonomy they have experienced when they arrive in foster care, so they will want to protect this new sense of autonomy as much as possible within their foster family. This can be difficult for foster parents. The background of keeping distance and protecting autonomy as much as possible by these minors must then be discussed in parental guidance, as we will also specify in the practice guide, among many other aspects.

To summarise some of the key elements that we have discussed so far, we can say the following: by therapeutic foster care in this FORM project, we mainly mean that foster carers are trained and guided in specific elements and skills that give their work with these families and young people a healing - and in this sense therapeutic - quality, in the face of a complex educational and developmental situation. More specifically, this FORM project involves a type of counselling that pays particular attention to:

- (a) the impact of complex trauma and unresolved grief processes due to family separations, cumulative losses and man-made trauma,
- (b) the loyalties to family members who have remained over there,
- (c) the complex relationship with family members who may be fostering the child in Europe, or,
- (d) the re-experiencing of highly threatening to dehumanising experiences that occurred before or during the flight, which may be reactivated by experiences of discrimination and racism after the flight.
- (e) A missing link in the training of foster care workers in this FORM project until now is the focus on cultural sensitivity in this type of therapeutic fostering. Culturally sensitive practice in therapeutic foster care can be emphasised in several ways and includes the following points: culturally sensitive aspects of trauma-informed counselling; cultural models of normality and pathology; working culturally sensitive also means being aware of intersectionality; understanding that universal elements (such as parental challenges and children's developmental tasks) can be culturally coloured; the desire to remain connected to the cultural world of origin alongside the orientation towards integration; being aware of aspects of majority-minority power dynamics in the relationship with a foster family.

3. From general principles of enhanced foster care to the specifications of the FORM therapeutic foster care model

The question is, firstly, what has been developed in the context of therapeutic foster care in general over the last 15 years or so; secondly, what does this tradition need to integrate from the literature on complex attachment trauma in fostered and/or adopted children; and thirdly, how do we need to integrate the specificities of an exile/refugee perspective, a developmental perspective and a kinship family element into the training of foster families and their fostering services and foster carers?

And, perhaps as a kind of additional element in our research endeavour, how to integrate the specificity of foster care support for the smaller[3] group of unaccompanied adolescent refugees into the knowledge of foster care services in general and into the knowledge of UMR, the majority of whom do not even live in a family context (they rather live in communal reception centres or homes)? How can our findings be integrated, by means of a feedback loop, into the literature on UMR living in institutions and community homes and/or living alone, guided by a social worker or educator? In other words, the experiences (and what we learn from these experiences) with fostered unaccompanied minor refugees can give us an additional perspective on some of the difficulties of fostering in general and some of the difficulties of managing unaccompanied minor refugees in general.

Some of the early literature on therapeutic foster care reflects the idea that for successful placement of children who have experienced past relationship trauma, the foster family needs more support: (a) for the child the family needs to be a more supportive yet structured home in which the unaccompanied refugee minor can live, (b) care and supervision 24 hours a day, 7 days a week, (c) long-term support or guidance for the child within daily life situations, in order to function in an adaptive way in the community (mainly guidance within the family and at school, sometimes also in hobby clubs, peer groups, etc.), and (d) specific psychotherapy, in addition to the daily life in the foster family (child or adolescent psychotherapy for these foster

[3] Approximately 1 of 7 adolescent refugees is unaccompanied, yet, the bulk of literature on child and adolescent refugees is about this smaller group. Research and projects are mostly not about the majority of the accompanied minor refugees.

children and parental guidance for the foster parents). The basic idea was that the problems of these families could be solved by intensifying the general foster care, i.e. more of the same offer that other foster families receive, or the same offer plus additional therapy that other children and their parents can receive.

As already has been mentioned, since several years there is a clear recognition for the fact that some fostered or looked-after children – mainly the fostered children with a life-history of trauma - need another kind of foster care, called treatment foster care or therapeutic foster care. Therapeutic fostering can be considered as a specialist type of fostering, designed to support children and young people who have experienced trauma prior to being placed in care.

(https://ispfostering.org.uk/about-fostering/therapeutic-fostering/

In recent years we have seen more emphasis on the content of the issues to be addressed in this particular type of foster care: some therapeutic foster care centres emphasise and address attachment and mentalisation issues (e.g. by offering attachment based family therapy or dynamic interactive mentalisation therapy), others emphasise knowledge of child development following loss and trauma (e.g. by offering trauma sensitive approaches).

These recent changes in emphasis within the therapeutic fostering literature make it possible to build bridges to current publications within the trauma literature, a bridge that is absolutely necessary because of the recognition of the link between the need for therapeutic fostering and the traumatic background of the young people involved. What is at stake is the way in which (1) complex relational trauma, (2) exile-specific loss of basic relational trust, (3) difficulties with loyalty and delegation of roles and tasks within an extended family network, and, (4) identity confusion of exiled adolescents can hinder more successful outcomes of foster care placements.

So, in the most recent literature and in this FORM-Project, a qualitatively different approach within foster care is advocated, in which the support the foster family gets is not so much `more of the same', yet `additionally specific support'. This additional support used to be mainly for the flight traumatised child, which is still possible in the current FORM model, but it is still mainly the foster care workers who are placed more at the centre of this FORM model. They are empowered by updating their knowledge and being trained in specific skills to work with flight-related dynamics in foster families. We will see that this specific support for foster care workers is organized around several topics within modules. These topics, then, need to be concretized or translated into a training program or training modules. Describing the

specific topics and concretizing them, is the central aim of this European project on therapeutic foster care for families with unaccompanied minor refugees.

3.1. Helping the foster child and foster family within a three track model of intervention

What is needed, then, is a three-track therapeutic approach to fostering: work with the individual fostered child, work with the foster parents, and work within a network of fostering and other support services.

In the past, clinicians and foster care workers believed that an additional individualised, specialised therapeutic approach could provide sufficient movement in the fragile developmental trajectory of a traumatised fostered child. In recent years, however, research literature and foster care practice have consistently shown that while this individual model of intervention may be important in addressing some of these children's regulatory and attachment issues, it is not sufficient for these children and that collaboration with the child's immediate and extended environment is essential for therapeutic effectiveness. In this collaborative network, the foster care worker has a central and leading role.

The involvement of the network of fostering services, foster care workers and educational services (school) is very important as the behaviour of these children causes problems in a number of different contexts. For example, regular round-table discussions with the services involved provide a forum to reflect on how best to provide the child with a supportive environment in which vulnerable development can be set and maintained on the most constructive track. It is essential to create a "common project" with the best possible alignment and coordination of all relevant parties and organisations. The African saying "it takes a village to raise a child" applies to all children, but even more so to vulnerable children. It is important for foster parents that the resulting agreed treatment plan is a hopeful one in which their concerns about their child's clear signs of developmental risk are carefully listened to and acknowledged by the fostering agencies and other people in their network of fostering, health and educational support.

3.2. The impact of survivor guilt, loneliness, and dehumanization on unaccompanied minor refugees

The traumata of the foster children that are in need of therapeutic foster care, have been understood, first of all, as having been derived from difficult starts in life. A lot of children in foster care have been experiencing abuse, neglect, or severe disruption of primary bonds/attachments relationships, leading to developmental problems that can exacerbate in adolescence, eventually leading to developmental breakdowns (Laufer & Laufer, 1984) within that period of life. The foster parents in that cases experience a kind of powerlessness, due to their inability to offer good-enough parenting to these children. These foster parents hoped that a normal commitment and a loving home could go a long way, but they experienced that some looked-after children needed extra – i.e.: specific - care.

In the literature on therapeutic fostering, mainly in the literature or websites of the fostering organisations, this additional care has initially been translated into more general statements that everyone in the fostering field can agree on, statements that are general principles but not specific enough when it comes to the therapeutic fostering that is necessary for families with unaccompanied minor refugees.

As an example of these more general principles, we find on the website of ISP Therapeutic Fostering (the founding organisation of therapeutic fostering in 1987) an emphasis on the importance of fostering work for identity formation, affect regulation and maturity, as well as relational (attachment) skills:

“We believe that therapeutic foster care should enable children and young people to get to know who they are, so they can grow to reach their emotional, social and educational potential, and live in harmony with themselves and others.”

We achieve this by:

- Placing the child or young person at the center of our foster care model and tailoring care and treatment plans to their specific needs.
- Surrounding them with an integrated team of adults, including foster parents, therapists, social workers and educational experts.
- Working together to ensure the child is getting the right treatment to support their psychological, emotional and behavioural development.

This enhanced level of therapeutic **support for children in care** gives every young person the opportunity to lead healthy, happy lives.

Therapeutic Foster Care - What is Therapeutic Fostering? (downloaded from: https://ispfostering.org.uk/about-fostering/therapeutic-fostering)

This statement is true, but it's not specific or concrete enough and, as a result, it doesn't provide enough support or grip for the very specific needs of complexly traumatised children with an additional background of exile. Of course, we hope for healthy, thriving and happy lives for these children, but the road ahead for their foster parents in trying to create a little more optimal developmental opportunity is long and bumpy. What foster parents need is good and specific guidance to help them not lose hope and to guide the unaccompanied refugee minor in their family along this bumpy and often conflicted road.

The above quote from the ISP Therapeutic Foster Care Organisation gives some indication of the specific help needed to neutralise the specific wounds and vulnerabilities of these unaccompanied minor refugees: a network of professionals around them and their foster families to help them (the UMR) to find out who they are (the task of finding identity in adolescence), to grow towards emotional maturity (and thus to realise the affective potential they have within them), to develop more harmonious relationship patterns (helping them to overcome the experience of betrayal in relationships and the negativity that infiltrates their hope).

Growth at the level of attachment relationships, affect regulation and maturity, and sense of identity are identified as crucial developments in overcoming the problems faced by foster parents. In a later part of this text we will look in more detail at how these aspects can be brought about.

Another tendency in the literature on therapeutic fostering is the assertion that those children who don't do well in foster care need to be assessed and treated psychologically, as an additional arrangement, in parallel or alongside the regular fostering they receive. What we will try to do in this FORM project is to go beyond the idea of 'more of the same' or 'a specialist intervention in addition to the usual foster care'. Again, an additional psychotherapeutic offer can be a good and adequate intervention, but what we need first of all is a specific translation of our knowledge about complex trauma and about cultural changes and exile-related problems into the foster family, and perhaps even earlier into the professional network around the foster family.

To remain concrete enough: foster care services that offer their counselling to foster families can appeal to psychotherapists, but what is needed above all is a foster care service that is well informed about the specificity of complex trauma in the context of exile, about the developmental consequences of complex trauma and about exile-related vulnerability and its developmental expressions; in this list of themes, a foster care service can find the core elements for therapeutic foster care for unaccompanied minors and for the training that the foster care service offers to partner organisations within the network of foster care organisations and other institutions around these families and minors[4].

In these aspects, foster carers will not only be able to train the trainers (i.e. guide their fellow foster care workers), but also to provide more comprehensive guidance to foster parents who are struggling with the trauma and exile, as well as with the developmental and family network challenges they face.

If, in a particular case, an adolescent psychotherapy is integrated into or added to the therapeutic foster care, it will be necessary to address the deeply wounded internal attachment representations of these children that are preventing them from forming new attachments. In traumatised children this may be the internal images of aggressive, abusive, neglectful and manipulative caregivers. In exiled children there are different kinds of representations. During their flight, unaccompanied minors have built up internal representations of attachment relationships that have lost their usefulness or validity due to the harsh circumstances of fleeing alone, without the possibility of turning to attachment figures as a safety net in the background. The attachment representations they built up in relation to their parents before fleeing are still there, but cannot be activated or recalled in the new context in which they live, in a completely different part of the world and after a dehumanising experience before and during (and sometimes even after) the flight.

These attachment orientated approaches will be very useful for the foster parents who are desperately trying to bond or stay in touch with the unaccompanied minors in their care. An additional psychodynamic approach will target the inner conflicts and ambivalences about new attachments and loyalties in these young people, these underlying elements that remain hidden for quite some time, but which are very important in helping us to understand why these children are prevented from thriving and investing new attachments in their new living

[4] Training in therapeutic foster care is dedicated to foster care workers that can distribute their experience and knowledge towards parents, teachers, youth care workers, social workers, other foster care colleagues, etc.

conditions. The latest mentalisation-oriented therapies will target: identity processes in the way they see and understand themselves, the ability to construct narratives about the self in relation to others, affect regulation strategies, relational skills in order not to be trapped in the emotional withdrawal and 'locked-offness' that some of these young people have needed to survive on the road, on their journey to Europe, or on arrival, in order not to feel the emotional pain, shame and guilt of having left loved ones and relatives behind, in the country of origin, in danger.

3.3. Reaching the core developmental domains that have become problematic in the aftermath of the exile-related trauma of dehumanization and profound loneliness

Children with complex trauma histories have a range of unique, challenging and overlapping conditions that affect their daily lives. These include learning disabilities, sensory impairments, physical disabilities, medical problems and/or mental health problems. They need a lot of additional or specialist support to live healthy, fulfilling lives.

Unfortunately, many children in care with complex needs have behavioural and emotional problems that are misunderstood: it is often overlooked that it is the underlying open wound in the area of emotional regulation, communication and mentalisation that prevents them from understanding themselves and/or clearly expressing their needs. (see: https://thefosternet.org)

In this description from the Foster Network we find a first indication of the developmental domains touched upon by attachment and exile trauma: the development of self- and affect-regulation, the development of a narrative self and, consequently, of identity. This perspective gives us a clear indication of the specific areas that need to be targeted with tailored interventions: the ability to form attachment relationships, the ability to speak about the self in narrative form, the ability to mentalise and regulate. This will therefore be a focus of training for foster care workers who will be in contact with these families and their fostered children.

3.4. A backpack filled with overwhelming experiences

Optimal development requires an appropriate regulatory approach on the part of the caregivers that is attuned to the specificity of the regulatory capacities of the adolescent unaccompanied refugee. Caregivers (foster parents) can act as the most powerful defence against harmful stress in the lives of these fostered children. Normally, an interaction pattern of match, mismatch and repair (understanding, misunderstandings and finding ways to

understand each other again; being in contact, losing contact and regaining contact) would develop between the foster parents and the fostered child. Mismatches and misunderstandings can be repaired almost automatically by subsequent corrective experiences. Good care within a foster family can compensate for earlier traumas experienced by the child. However, similar to some children in foster care with a life history of early relational trauma, some unaccompanied minors, after a dehumanising experience, begin to develop patterns of expectation that form a kind of blueprint for subsequent new relationships. This is the 'backpack' that these children and young people carry with them. It is likely that these young people had already developed more positive inner working models of caring relationships earlier in their lives, but the dehumanising experiences before and during flight have had such an impact that these earlier more positive models can no longer be activated by the young fostered person. This does not mean that a return to a more constructive or healthy developmental path is impossible, but the experience of exile has clearly increased vulnerability and developmental risk. As a result of the trauma underway and the tremendous loneliness and isolation on and after arrival, there is an internal representation of relationships in which regaining contact and understanding and reconnecting with others is no longer at stake.

In normal development, during the first years of life, children build up an internal representation of what caregivers are like. The succession and repetition of countless caregiving experiences leads to internal representations of adult caregivers as available and caring persons. However, there may be circumstances early in life when the normal but crucial experiences are missing. The child then develops a different image of the caring adults. Complex trauma undeniably has an immense impact on attachment and subsequent personality development, so much so that some authors speak of 'attachment trauma'. This trauma is not easily resolved for the younger children in foster care after early relational trauma, nor for the unaccompanied minor refugee in a foster family after an exile-related traumatic destruction of basic trust and of the sense of the goodness of life. If the child experiences early in life that the attachment bonds it makes are broken very soon, or, if it grows up with adults who are preoccupied with their own worries and problems, the child will build up troublesome internal representations of caregivers. The same happens if a young person has the experience of being on the road without a really reliable person to turn to, or is confronted with manipulating, self-centred adults who have no real concern for the youngster. As a result of this, an unaccompanied minor may begin to develop some patterns and inner working models of insecure attachment.

After such man-made trauma, children and young people can begin to develop their own mechanisms for surviving this hardship, mechanisms that play a role in the development of insecure (or even disorganised) attachment. These insecure attachment styles make it clear that the child wants his or her foster parents to 'always be close to the child' (in a clinging, demanding way, with often intense emotional reactions when the child fears a new separation from the attachment figure) or 'be rather close to the child but at the same time with much or enough distance' (closeness is feared as a sign that the other can become threatening again to the vulnerable child; the fear of losing oneself to the other). Other traumatised children have absolutely no idea how close they want their foster parents to be; they live without a healthy sense of closeness and distance. Because of this problem, these children and young people can react in unpredictable ways. Unaccompanied minor refugees who have been through traumatic experiences can suffer from this dynamic: very demand/clinging, very distant and aloof, or very unpredictable and disorganised.

In the seclusion of the attachment relationship with a new foster parent, these very traumatised and disorganised behavioural dynamics can emerge from time to time. Foster parents often hope that these insecure and challenging attachment patterns will fade into the background over a period of time. But for some fostered children, especially if they have been in a foster family for some time and are beginning to develop a new attachment relationship to the foster parents, this trauma-related pattern will surface with great intensity and can cause problems in the foster family to the point where the foster placement is questioned. The trauma-driven pattern overshadows the incipient new attachment relationship for fear of being abandoned again anyway.

What is needed at this moment is a reflective network of fostering services that can help parents to think about their fostered child in the hope that they can come to a different perspective on their child that can offer the child new opportunities. What foster care workers need to do in these situations is to help the foster parent to reflect on the background to the problems: the problems arise in the context of the relationship between the foster parent and the foster child, but they do not originate in or belong to that relationship. They have their origins in the threats and man-made traumas that preceded or occurred during the young person's flight. But they are expressed in the context of the new opportunities for attachment in the foster family.

The child's sense of self develops through the understanding and mirroring responses of the caregivers. These parental responses are described as social biofeedback, helping the child to understand what is going on inside and giving words or other expressions to the child's inner

world. In this way it becomes clear to the child that these inner experiences can be communicated or symbolised and understood. Through these processes, children learn to recognise and experience their own feelings and sensations, they learn to regulate them and they learn to distinguish their own inner feelings (e.g. fear) from the outer world. Being understood is like holding a mirror up to the child so that they can understand who they are.

If children do not experience the influence of wiser and more mature adults early in life, this will interfere with the development of attachment, the development of mentalisation and regulatory skills, and the development of a coherent sense of self (as a basis for identity). These children will also be more difficult for their parents and other carers to understand or read emotionally. It remains unclear what they are experiencing in their inner life: they have not had or have lost the experience of a caregiver to give words to their inner life, they remain at a constant high level of stress in their inner life, and they may lose their curiosity about the psychic life because they don't want to be confronted with the terrible psychic life of the abusive, self-centred and manipulative adults around them. What they have experienced in contact with others is something they do not want to think about, let alone understand.

Unaccompanied refugee minors, who probably had a better start in life than other foster children, can also resist mentalisation. On the way into exile, they had to hyper-mentalise in order to survive. In the aftermath, in foster care after exile, they are no longer able to mentalise, because this ability has been compromised on the way to Europe. They live with completely unprocessed or unthinkable experiences that go far beyond the difficulties they learned to mentalise before, in the relationship between them and their biological parents. The most traumatic experiences occurred during the time they were alone on the road; their biological parents could not prepare themselves for the kind of dehumanising trauma on the road, the foster parents can't imagine or don't want to hear about what happened on the road.

The aspect of not being able to process the pain of exile as well as the experience that new wounds can be created in exile (e.g. due to racism, discrimination, acculturation difficulties or simply the fact that the foster parents also have unresolved wounds due to their own unspoken experience of exile) has the consequence that without specialised help some of these young people will not catch up with the mentalisation and regulatory capacities they had before. As a result, these unaccompanied minors have less reflective capacity to think about who they are and what they are experiencing. For those around them (e.g. their foster parents) they are more difficult to understand, for themselves they experience emotional rollercoasters. Whereas children who grow up in normal circumstances become relatively

regulable as they develop, parents of children who have experienced complex trauma face much longer and more intense dysregulation and unpredictability.

Whereas in the past it was thought that difficult attachment development could be compensated for by providing a child with sufficient 'emotionally corrective experiences' to make up for what was previously lacking, the emphasis has increasingly shifted to the importance of reflective parental functioning skills as crucial in raising children who have experienced complex trauma: Parental reflective functioning and mentalisation is helpful in re-establishing a constructive relationship between the fostered child and the foster parents, as well as between the fostered child and the environment and the external reality in which the child lives (school, teachers, peer group, etc.).

Unaccompanied minor refugees can require more than good-enough parenting: a special kind of sensitivity and responsiveness to their needs. When it comes to a child who has experienced complex trauma, it is only partly about 'catching up on what they have missed'. It is much more explicitly about creating opportunities to help understand the deeply ingrained patterns that have helped them to survive during the period of inadequate care, in order to develop more communicative and constructive relationship patterns within the foster family. In other words, it is about creating space to dare to try out new ways of approaching care and dependency, distance and proximity, as well as, finding other ways to manage emotional and relational challenges.

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However, this will not be possible without the foster parents being caught up in the affective and relational rollercoaster of their foster child, who may be in overdrive or emotionally distant. The extreme anxiety experienced by the unaccompanied refugee minor spreads and affects the foster parents themselves. Due to the unpredictability or volatility, interaction with the unaccompanied minor can sometimes feel like a minefield, where a seemingly small level of frustration can lead to intense conflict. As a result, foster parents in these moments are at risk of chronic stress. Nevertheless, the path to recovery for the child and a liveable balance

for the foster family lies above all in the endless rediscovery and recovery of the parents' mental capacities. But this is not the task of the parents alone, and this is where the network of foster care workers and services comes in, in order to help foster parents with this complexity and, in some cases, in the moments of crisis.

3.4.1. Kinship-specific challenges

Another aspect that can complicate the situation is the fact that in some countries these unaccompanied refugee minors can be fostered within their extended family network. In many cases, a family member of the biological parents of this young person will take over the care and parental responsibility for this young person in Europe. Within wider or extended family ties, which are different from the core families of north-western European families, these family ties bring with them certain duties and loyalties: the unaccompanied minor refugee is delegated to look for better opportunities in Europe and eventually to help other family members to turn to Europe. They often have a duty to succeed (e.g. through education) as well as an underlying duty to enable family reunification. The part of the family already living in Europe and caring for the unaccompanied minor has the task of providing the best possible development opportunities for the family member being cared for. While a common background - both familial and cultural - can help the child or young person to feel connected and understood, the specificities of kinship care can also lead to different challenges for the unaccompanied refugee minor and the foster parent(s). For some young people, there is a fear of losing their own autonomy in Europe in the face of the expectations of foster and/or biological parents or other relatives (such as siblings) who have remained in the country of origin. On both sides, the unaccompanied minor refugee and the foster parents, the emergence of developmental problems can cause a lot of stress, guilt and other difficult feelings. As a result, it can be quite difficult to recognise that a problem has arisen, to talk or think about it, and to seek and accept help.

The difficulties of being an unaccompanied minor can also reactivate previous traumatic and exile-related experiences of the foster parents who fled some years ago. These are experiences that they have managed to live with, but which can be painfully reactivated by the mere presence of the unaccompanied minor in their family. On the other hand, a non-kinship foster care environment may make the child feel like a "stranger" within the foster family due to a different language and culture (e.g. a different religion). These specific foster family structures need to be taken into account by foster care workers when reflecting on the needs and vulnerabilities of a foster family dynamic and when providing guidance.

3.5. The need for a trauma-sensitive network around the foster parents or the kinship foster family

A child or unaccompanied refugee minor who has experienced complex trauma needs much more than the usual foster care from his or her foster parents. For this very reason, caregivers of a traumatised foster child deserve a trauma-sensitive support network. This network includes both the informal context (family and friends) and the professional institutions involved (school, foster care services) as well as the care providers (foster care workers, therapists, statutory youth care services and their social workers, etc.). When the reflective capacity of these children's foster parents is taken into account, the children themselves are also taken into account. More than in other cases, parents caring for a young person who has experienced complex and exile-related trauma should be able to draw on a supportive network of family, friends as well as foster care services, teachers and other mental health care teams and providers.

In addition to the increased need for support from the informal network of family and friends, foster parents of a traumatised child have more frequent contact with professionals working with their child (in school, in foster care organisations, in psychiatric wards of mental health centres, etc.) within services external to their family. There is a significant need for trauma-sensitive mental health care for the many reasons discussed above. For example, it is important that the problems of complex trauma are recognised by mental health professionals and by foster care staff, so that children are not treated for one complaint and symptom/problem after another, as it is precisely the volatility of their behaviour and the multiplicity of symptoms and problems that is so characteristic of their way of functioning. Parents feel this need even more acutely when their traumatised adolescent expresses his or her confusion about identity and "belonging somewhere" in an intense, unregulated and dramatic way (e.g. by running away from home or in other acting-out behaviour, by expressing gender identity doubts or transgender wishes, etc.). Foster parents express that they experience a lack of understanding for their traumatised child's behaviour at such vulnerable or sometimes frightening moments. They also feel left alone, judged or even thwarted when it comes to discussing their parental attitudes or doubts about their parenting skills.

3.6. When exile-related experiences are too intense and repeated too often to be held and integrated into a narrative stream

In everyday life we search for words and images for the thoughts and feelings we experience. The need for words can be great, especially when the experience is emotionally intense. When it comes to good news, we sometimes can hardly wait to talk about it. With negative experiences, words are sometimes desperately needed to give these experiences a place; we often tell the story several times before we feel the excitement dissipate. 'Telling is healing'...

However, not all experiences are stored in conscious verbal memory as 'narrative experiences'. Some experiences are so overwhelming that they leave a person speechless and searching for words, which are experienced as hopelessly inadequate. This is true for adults, but even more so for young children whose verbal and narrative development is still underway, or for young people who have experienced the fear of loneliness, the threat of dehumanisation and the repeated threat of humiliation and great uncertainty on their flight to Europe. There are probably no words for some of the experiences they have had on their journey to Europe.

An exile trauma that is too intense to bear will not become part of a narrative stream and will remain present in a person's body and mind as a source of disturbance that can suddenly appear: 'pop-up jammers' that confront them in a dream or nightmare, in a physical or sensory sensation, or in a sudden annoying or disruptive act. In order to properly integrate traumatic experiences into a life story or a self-narrative, these young people need adult caregivers who are knowledgeable about the nature of these exile-related traumas and who are able to give words to these 'pop-up' experiences so that they gradually gain a place in the narrative. Young people who have suffered complex exile-related trauma have an overflow of intense, negative experiences, which usually require particularly good narrative skills in order to integrate the traumatic experiences into the flow of the story. With such overwhelming exile traumas, these young people remain with a stressed mind and in a dysregulated state in which thoughtful thinking is too difficult a task. Precisely because such experiences cannot be held in words and images (psychic representations), they will control behaviour and overshadow relationships. Daily experiences that are 'ordinary' in the eyes of the observer - such as being confronted with the limits set by foster parents or just being present at a family reunion - can have a disturbing meaning in the child's mind, triggering all sorts of survival mechanisms, such as remaining hypervigilant to a minor form of criticism or acting as if one had been abandoned again. Suddenly and unexpectedly, painful and traumatic experiences break through the protective shield: the unaccompanied minor refugee finds himself or herself in a flashback or re-enactment. If they are caught off guard for a moment, they can suddenly express something

of what they are desperately trying to keep in a closed box. These moments can be triggered by a simple sensory experience (a smell, a sight or a gaze that reminds them of horrible smells or gazes). Without being able to pinpoint exactly what is going on in their fostered child, foster parents feel that something 'unusual' is happening at such moments. The fostered child's psychological apparatus is overloaded at that moment, leading to a complete short circuit.

What foster parents need to learn is that these children tend to keep others at a distance or that they re-enact traumatizing relational experiences, often accompanied by being unreachable or by difficult behaviour towards the new caregiving figures, the foster parents.

Children and young people who have experienced complex trauma often struggle long and hard with regulation issues; even mild stress can cause severe reactivity and dysfunction later in life. They often do not know what to do with their emotions and feel at the mercy of intense emotional swings: their inner world is like an unpredictable emotional rollercoaster. With such a complex inner world, it is very difficult for a child to keep a cool head and behave as a calm and thoughtful individual who can accurately describe what is going on or ask for what they need. This makes these young people unpredictable to those around them.

In the training with foster care workers, it is important that foster care workers gain insight into how to understand their foster child's emotional rollercoaster, how to help the child recognise, experience, tolerate and regulate stress signals and emotions, and how to help the child find meaning so that the intense emotions can be managed, to help them find meaning so that the intense emotions and high levels of stress within the foster family and the foster child can be absorbed into a meaningful narrative and life story that integrates the traumatic exile-related experiences, thereby creating a sense of cohesion within the foster family and a sense of identity and belonging in the foster child.

Traumatised children often think of themselves as 'crazy' or 'naughty' because their behaviour cannot always be rationally explained, because the intensity of their reactions - in the eyes of others - is not always appropriate to the context.

The fact that the affective equilibrium of traumatised children is disrupted so quickly, and that dysregulation is never far away, has everything to do with former life experiences that have made their stress system hypersensitive. Disturbing and overwhelming experiences related to exile had an unbearable intensity for the unaccompanied minor refugee and caused overwhelming and threatening fears. Being an adolescent alone in these circumstances has led to hypervigilance to be prepared for the worst, eyes and ears constantly scanning the

atmosphere in the foster home for the worst, a readiness to react to unexpected intrusive experiences, leading to *fight, flight or freeze* reactions, and a generalised fear response.

This alertness to danger, which was very adaptive in the situation before and during the flight, has become superfluous in the changed circumstances of the new family. It has taken on a life of its own. It undermines the ability to learn from the new experiences the youngster may have in the foster family. As long as the unaccompanied youngster has to invest all its energy in surviving the constant threat of dysregulation, there is little room for learning and growth processes.

Increased vigilance makes the child more likely to switch to an aggressive mode. Always on the lookout for signs of potential danger, they easily overreact and generalise, triggering tantrums for which these children are often referred to health services and foster care. All of this complicates relationships with foster parents, who need to be aware of the intense regulatory difficulties that a traumatised child presents to them.

The uncontrolled outbursts of anger, sometimes followed by periods of emotional withdrawal, have a serious impact on the development of the child's sense of self. Afterwards, these young people may feel overwhelmed by unbearable feelings of shame and guilt, which in turn create additional turmoil in an already turbulent emotional inner world and prevent them from admitting that they have done something that was not acceptable.

The developmental tasks of puberty and adolescence - such as making and maintaining friendships or learning new things (for example, in the context of emerging sexuality and identity formation) - lead to a new tangle of inextricable emotions.

These children can become caught in a *'biopsychosocial trap'*: the biologically anchored overwhelmed stress system and hypervigilance lead to psychological and social difficulties, which in turn lead to more anxiety, stress and threat hypervigilance. The vicious circle is complete (Calhoun et al., 2022).

3.7. Trauma leads to dysregulation

Helping these unaccompanied youngsters to regulate and thereby maintain the relationship is the first aim with which foster care workers should help foster parents. Dysregulation is such a burden on all other areas of development and relationships that it is always a priority in our counselling work. Regaining regulation and thereby restoring the relationship takes precedence over deepening the content or issues that these children talk about in the midst

of crisis. Regulation always takes precedence because it is only on the basis of regaining a minimum level of calm and regulation that we can begin to work on relational issues (and re-establish contact with these young people) and then discuss and reflect on what is going on in the foster child's life. The principle then is: *first regulate, then relate, and finally reason* (= reason means "to start discussing things, to work through difficult issues, to gain insights, etc.") (Perry, 2009; see also: Vliegen and colleagues, 2017 and 2023). But first: help regulate! A hyper-vigilant or hyper-aroused child needs above all an adult who can help him to calm down (to downregulate). Such co-regulation requires a caregiver who, in a moment of complete dysregulation, manages to remain "older, wiser and more reasonable"; a person who does not panic or go into heightened arousal; a person who does not react in a belittling or sadistic way and who continues to help the child to calm down in a noticeable and persistent way; and who knows how to "cool things down in the heat of the moment".

Talking about what has just happened, looking for or insisting on solutions, thinking about ways to repair, a structuring intervention or a moment of talking about setting limits or even about a punishment or a reparative action: all this is for the next phase, when the stress level has dropped to a manageable level. Any questioning in a state of heightened stress will only lead to more arguing, or more stress and arousal in the child, and/or new conflicts. Helping the child to recognise that they are upset (how it is) is much more important than asking what is going on (why it is). To be able to help the foster child, a foster parent) must first be able to calm themselves and keep a cool head, beyond their disappointment that the child is behaving badly again, beyond their fear that they are going to do something really stupid, and beyond their anger that boundaries have been crossed. In this respect, children who have experienced complex trauma require extraordinary caregivers who are not only able to remain calm and find space for reflection, but who are also willing to tolerate the stress and anxiety that is inevitably "done" to them. A child who experiences a lot of anxiety and stress inevitably runs the risk of 'infecting' those around them with a lot of anxiety and stress. When interacting with this child in very stressful moments, the caregivers (foster parents) themselves usually receive a `stress shower': an immersion in the stress into which the child - as is often the case - has been plunged at that moment. This 'shower' often has a toxic effect on the child's environment: it is a painful and threatening surge of stress which the caregiver - in this case the foster parent - experiences first hand and which can leave even well-balanced caregivers badly affected and unbalanced.

With all these things, foster parents may need help from foster care workers; the question of this FORM project is how we can train foster care workers to help foster parents with these trauma and exile specific elements in their foster child.

In a foster family that is part of the child's kinship family network, the loyalty that these foster parents feel towards the foster child's biological parents and the way in which they feel delegated to succeed in their task as foster parents makes it even more difficult to deal with the psychosocial problems and regulatory difficulties of their foster child.

Unaccompanied minor refugees who are under the influence of the trauma of loneliness and abandonment or abuse will experience how much grip or power their struggle with a deep-seated trauma has over them. They will test the relationship with their foster parents to see if it is strong enough so that they don't have to fear being separated again from these new parental figures. Either they remain distant from the new foster parents, trying not to let the relationship become important and thus avoid the fear of being left alone or disillusioned again.

For the lucky ones among us, abandonment is a normal childhood fear that every child experiences only on some occasions, from time to time. It is no coincidence that the child's experience of being abandoned, left behind and taken away is a common theme in fairy tales and stories, and in children's literature that takes seriously the inner world of children. As Bettelheim aptly put it (1976, reprinted 1991), "there is no greater threat in life than that of being abandoned, of being left all alone. (...)". It is this fear that is also central to the inner world of the unaccompanied minor refugee, the fear of being left alone at a stage of development when one still needs the presence of a parental figure, the fear of being alone that they experienced on the difficult journey to Europe. This persistent fear during the flight can be deregulating and can be transferred to the relationship with the foster parents, who cannot understand why the child is experiencing this fear. Without the help of foster care workers, foster parents will not be able to reflect on the background to their foster child's anxiety.

For children who have experienced complex trauma, however, the experience of being left behind remains much more intrusive and real, as something that could happen again. For these children, this fear cannot simply be 'stored away', even with reassurances from foster parents that they will never leave the child.

Nightmares about the permanent loss of a sense of belonging often haunt unaccompanied minor refugees. Children who have experienced complex trauma therefore test the strength of relationship bridges with new caregivers for a long time. If the child has experienced in life that the place where they live is not secure or is associated with life-threatening dangers, they learn that it is not a good idea to rely on anyone for this experience of belonging and

attachment. The unaccompanied minor refugee lives with an inner world in which he has experienced that bridges between people can collapse under his feet...

3.7.1. The `witching hour'

The `witching hour' refers to the moment when unexpected and unforeseen dark thoughts suddenly enter the fostered child's mind (Vliegen et al., 2017 and 2023). Two kinds of experiences in life bring each of us back to how we experienced the solidity or vulnerability of our first relationships. These are moments of separation and moments of intense stress that activate our attachment system. This means, for example, that in the event of an accident, however minor, we usually turn first to our closest attachment figures. Their voice, physical presence or words often bring us the inner peace we need to reflect. For children who have experienced complex trauma related to exile, these moments of separation, stress or threat within the context of the foster family, such as trying to find a new kind of autonomy and separateness from foster parents, or facing discrimination and racism without having the feeling of having someone to turn to, reactivate the former experiences of unpredictable or absent care during the flight: they feel completely left alone again.

The more severe the wounds and threats before and during flight, the more intense the fear of never being able to trust anyone again. Therefore, for children who have experienced complex trauma associated with exile, these very strong fears of not belonging are sometimes felt for a long time even while in foster care. Even more surprisingly for those around them, even a 'cosy' foster family situation can cause a child to feel anxious about whether they really belong there. In other words, what appears to be a nice and pleasant moment in the foster family can be a moment of stress for a child who has experienced complex exile-related trauma, putting them into a state where the 'witches' suddenly fill their mind, the witches being the very negative experiences and inner working models of attachment that can emerge after the destruction of positive expectations and belief in human relationships due to exile-related experiences.

Regardless of how caring new foster parents are in reality, children who have experienced complex (exile-related) trauma sometimes - 'suddenly' - experience them as people who fall short, who are harsh and unsympathetic, and sometimes even as neglectful and abusive. The sudden and unexpected way in which the sequence of more 'ordinary' everyday experiences is disrupted is often very upsetting for both the child and the foster parent: when something suddenly reminds the child of these past experiences or, conversely, when they suddenly realise that they are being treated unusually well and - because of survivor's guilt - may not have 'deserved' it. Not only the child, but also those around him or her have to find a way to

deal with images that can unexpectedly interrupt the normal flow of daily life. Sometimes a seemingly small reason is enough to turn the interplay that existed between a child who has experienced complex trauma and the foster parents into a counter play, a struggle. This negative image overlays the experience and becomes the lens through which the actual experience takes on a negative meaning. This problem fades slowly and sometimes flares up in full force in an unguarded moment, just as witches or ghost images can do. While these ghost images sometimes cause despair in the foster parent, they are always the child's painful and desperate attempt to bring out and communicate something of which he or she has no idea how to deal internally.

It is only in the sufficiently safe environment of a foster family - possibly with the added safe haven of psychotherapy for the child and the holding support of a foster care worker for the foster parents - that a child can begin to see these strange shadows as something from which they can gain some distance and which they can get to grips with. In order to maintain the safe environment of the foster family, the foster parents, who have become the first targets of the foster child's behavioural outbursts, developmental and emotional problems, need specialised guidance from foster care services and foster care workers that are knowledgeable about these dynamics and have the techniques to train foster parents in how to manage these difficult moments within their family.

3.7.2. Anger (rage) and emotional withdrawal (retreat): camouflaging fear and traumatic wounds

The effects of exile-related separations, losses and trauma weighs terribly on the too-young shoulders of these children, some of them resolve it by forcibly shutting off their anxious inner worlds and retreating into a concrete bunker, out of reach of their foster parents. These children protect themselves from disappointment and hurt, but they also risk ending up in a lonely and isolated place. Sometimes children not only encapsulate these heavy feelings of fear and loneliness, but they also wrap their fragile and fearful insides in an angry and heavily armed exterior.

The good news is that these behavioural outbursts or desperate emotional withdrawals are signs of hope. If foster care workers and foster parents can be helped to understand the feelings of insecurity, (separation) anxiety, deprivation and threat, these experiences can gradually find a place and the child becomes a little less at their mercy. They are given the status of feelings and thoughts that are allowed to be there as such; they are no longer the feared realities in the foster family that can happen to the foster child again and again. This gives the child a sense of being in control when these feelings come.

3.8. Complex trauma and the development of identity: in a labyrinth of experiences that are too difficult, one can also lose oneself.

Feeling that you are alive, knowing what is important to you in life, experiencing what makes you tired and what gives you strength and energy - these are experiences we are familiar with in our own lives.

Unaccompanied minor refugees who have experienced complex trauma and who are suffering from unmourned and cumulative losses know little of this fundamentally human experience because 'trauma affects the brain area that communicates the sensorial, embodied feelings of being alive' (van der Kolk, 2014). They sometimes barely know who they are, what is important to them and what energises them. They have often learned to adapt to unfamiliar circumstances and, as a result, have lost touch with themselves, however essential these adaptations may have been for survival.

Their attitude to life is often more reactive: they react mainly to threats (both external and internal) and know less about the experience of thriving in the good-enough circumstances of the foster family. As discussed above, growing up in traumatic circumstances or having to have survived traumatic experiences in adolescence (a sensitive phase of the life course) leads to a high sensitivity for stress and excessive vigilance. The intense focus on potentially unpredictable and negative experiences is often accompanied by feelings of meaninglessness ('I'm worthless', 'Life doesn't mean much to me') and a lack of vitality and affectivity.

One consequence of this is that it is difficult to connect with warm and loving feelings, and from there it is easy to respond by withdrawing into a detached attitude. A lack of vitality and the associated feelings of curiosity, interest, enthusiasm, passion, etc., can lead some children to experience an oppressive sense of emptiness and meaninglessness, as well as a lack of an inner compass to help shape their lives. Such feelings often lead to thoughts such as 'what is the point of living' or 'I might as well not be here'. In therapeutic foster care, we look for ways to help a child regain experiences of vitality ('vitalising interventions', Alvarez, 1992) and to help foster parents find ways to contribute to this vitality and identity. Vitality can help to discover who the child is now, how they became the person they are now, and how they can and want to move on from there.

The problem with shutting down and numbing too many difficult feelings is that it is impossible to shut off part of one's feelings in this way without losing connection to the whole emotional world, or at least creating a major imbalance in one's emotional life. Children who deal with overly strong and negative feelings by ignoring and 'shutting them down' feel 'dead' inside (van

der Kolk, 2014). Such a lack of vitality in a child who has experienced complex trauma is the deepest level of disturbance. When a child struggles primarily with feelings of lethargy and numbness, and regularly or almost chronically ends up in an apathetic and dissociative state, this is often accompanied by a lack of nurturing images. In foster care, and in the therapy that may be part of foster care, there are conspicuously few, if any, images of caring figures. It is then the task of the foster care worker and the foster parent to revitalise the potential seeds of vitality and of positive caring images - which sometimes appear out of nowhere. The therapist and foster parents look for signs or flashes of vitality; small experiences in which a child shows a glimmer of positive affect and hope.

3.8.1. When a person loses himself or herself, he or she loses his or her inner compass

A child's ability to determine things in life for themselves, to take control of things and steer them in a particular direction is sometimes referred to in developmental psychology as 'self-agency' (Stern, 1995).

An unpredictable, insecure or unloving environment leads to a very different basis for self-awareness. The child does not experience themselves as part of a meaningful context, they do not get a grip on their own reactions and as a result they lose predictability in themselves and coherence in their own self-awareness. They find it difficult to concentrate and maintain a direction or focus of attention. They lack the sense that they can work from the here and now and set a course towards a goal. Van der Kolk (2014) refers to this as 'tragic adaptation': in an attempt to shut out frightening feelings, these people lose their ability to feel fully alive (they feel 'numbed').

This then affects their ability to make decisions, as there is no effective `inner compass' to indicate whether a choice `feels good', or is in line with what you really want to achieve, etc.

3.8.2. Colliding or searching conflicts with the world to (re)discover your inner compass

As soon as new opportunities arise, for example in a foster or adoptive family, the child will attempt to resume this self-development. The child will try to make up for the missed developmental opportunities of an adolescence 'on the road to safety in exile'. This process of `adapting' to the new environment with its new opportunities does not usually take place quietly and gradually, as those around the child would hope or expect, but is often accompanied by a violent inner conflict, with intense emotions and often also with relational struggles.

Without the 'inner compass' that characterises healthy early self-development, the child can only get to know and develop itself by colliding with the outside world. The child searches for itself in response to an external world, rather than finding itself through a growing organisation of the inner world. These attempts by a child who has experienced complex trauma to find and discover themselves therefore collide with many reactions from the outside world. In other words, what is a desperate attempt to begin to feel a sense of self in a sufficiently safe environment sometimes ends up in conflict with that environment, reducing the chances of putting this self-development on a healthier developmental track.

The people around the child (for example, the foster parents) will set boundaries that are necessary to make living together possible and to help the child to feel herself and her boundaries. Sometimes, however, the child clashes with the environment to such an extent that he or she is pushed back, punished or hurt, or hurts himself or herself. What was initially an attempt by an injured and traumatised child to gain control of his or her sense of self can lead to a further loss of control.

3.8.3. Developing an identity in trauma and in exile: different chapters in different versions

The ability to construct an autobiographical life story is an essential aspect of identity development. Ideas about what one's life story looks like originate in childhood and adolescence, when the child begins to ask: `Where do I come from? Where were you when I didn't exist?', or when an adolescent asks: 'Who do I look like and what do I want to become? The first brushstrokes of this life story, as conceived in the toddler stage, are only a first version of a story that will be built up, deepened, nuanced, layer by layer, under the influence of changing cognitive, emotional and relational capacities. Later, questions like: Is Aunt Lynn Mum's sister? Or `Where did I get my blue eyes from?' and `Why is Uncle Peter never at Grandma and Grandpa's party?' and so on. For children and young people with a refugee background, questions such as `Why aren't my parents with me?', `Why was I sent to my family in Europe while my parents are still living in a dangerous situation in my country of origin?

Actual and imagined elements are linked together to form a coherent story about who one is, giving a sense of stability to one's sense of identity. However, the story is never 'finished'; it is written and rewritten as life progresses, and cognitive and emotional capacities, as well as life events, give cause to rewrite the story from a new perspective. The desire to know and understand who you are, how it all began and how it grew into what it is now, is part of the lifelong process of identity development.

3.8.4. Gaps, leaps and inconsistencies in a life story

The complex trauma experienced by an unaccompanied minor refugee often goes hand in hand with discontinuities in his or her life story. Often people who have played an important role in one's life story are no longer available or prove to be unreliable, not only as caregivers but also as sources of information about who one is and what one has been through. Many unaccompanied minor refugees tend to maintain contact with their parents and other close family members in the country of origin, but these are not currently available to help them and, even if they were, they would have no idea of what their child has been through. It is precisely because of the gaps or inconsistencies in an unaccompanied minor refugee's life story, the absence of their parents and, in some cases, dehumanising experiences and the consequent loss of basic trust in human beings, that they are sometimes more involved in their life story or, on the contrary, prefer to stay far away from it. The looked after or fostered child must be able to reckon with the lack of continuity and tolerate it without getting lost in the void.

The discontinuities in traumatised children's lives and the unavailability of reliable sources of information slow down and prevent them from adapting and adjusting their lives flexibly according to their developmental capacities. This can mean that some trustful childhood experiences or memories fade away because they are not kept alive through images and stories. Information may be lost, overlooked or distorted. Real or imagined experiences or memories are not contextualised because there is no one in the fostered child's life who has knowledge of that time. Thoughts and wishes about what their parents are doing or going through are not gradually adjusted.

3.8.5. The loss of or separation from a parent as a result of flight is so much more than that.

In the event of disruption or discontinuity in life, a child or young person will inevitably grieve the loss of the parent(s) and/or caregiver(s) who cared for them in their early years. However, what an unaccompanied minor refugee leaves behind, is about much more than these trusted and caring people. It's about a complete break with everything they take for granted: their world of rhythms, smells, colours and sounds suddenly disappears. This rupture is profound; few people have to go through such far-reaching events in their lives.

This discontinuity in life may be strongly felt in the adolescent's being, even though the adolescent is unable to find images or words for it; or it may lead to a sense that images and words do not compensate for the disruptive feelings that life throws up. For example, the child

may be overly sensitive to the loss of care, love and approval from others; or may have a deep sense of not belonging; or may not know how they feel at all, but show that they are not going well through severe symptomatic behaviour. In addition, feelings of loss and abandonment often go hand in hand with an image of oneself as worthless and unworthy of love. In addition, in many kinship foster families (= foster families who look after a child or young person from the extended family), the foster parents want to prove that their foster child is developing well. In this context, it is sometimes even more difficult for the unaccompanied minor refugee to feel understood by his environment, including his foster parents.

Difficult inner tensions are more likely to be communicated in indirect or incomprehensible ways, for example, through excessive seeking of approval, endless testing and provoking of caregivers, excessive wanting of love and attention or, conversely, pushing away all love and care; or through symptoms such as depression or aggression towards others or, conversely, towards oneself (self-harm). Sometimes the new carers (foster parents) are treated so aggressively that there is an increased risk of new disruptions if the foster parents are unable to continue within that placement.

Vulnerable aspects of autonomy and self-esteem go relatively unnoticed while the child is still in primary school. It is not until adolescence or the transition to young adulthood - when the challenges of identity development and finding one's own way in life call more heavily on autonomy and self-esteem - that it becomes painfully clear how much the sense of being someone has been strained in unaccompanied minor refugees. In order to cope with this unbearable vulnerability, a child may make choices that strengthen his or her sense of autonomy, but at the same time disrupt the newly formed attachment relationship in the new family (e.g. suddenly leaving the foster family). Finally, for those adolescents who break the bonds with the foster family, the sense of relatedness to others is perceived as a threat to the fragile sense of self that is more appealing in adolescence and young adulthood.

3.8.6. Embracing the inevitable flight-related scars on one's soul as part of oneself

The most unimaginable discontinuities in life have a disruptive effect on an unaccompanied minor. Experiences that have been traumatic in the sense that they have been too overwhelming and/or have taken place without a trusted person at their side are replayed in challenging behaviour. They are expressed in symptoms that reveal what is difficult to cope with.

Finding a way of translating the stress experienced into images and words is crucial to reducing the risk of self-destructive behaviour and dysregulation. For any child who has experienced

complex trauma, it is a challenging task to come to terms with the complex life (and early fate) that has been handed to them. As van der Kolk (2014) aptly states, 'it takes enormous trust and courage to allow oneself to remember' (p. 13). A foster family environment that remains as intact as possible, beyond all collisions and conflicts, and does not allow itself to be drawn into the whirlwind of difficulties, is crucial in this respect ('relate'). It can be beneficial to weave together one's personal life experiences - with the gaps and discontinuities, the moments of pain and sorrow, but also of relationship and happiness - into a personal story. It is very important to keep the different fragments of these young people's experiences together or to connect them and make them meaningful. Foster parents who regularly lose the capacity to be helpful in this task need the help of trained foster care workers (trained in the exile-specific, trauma-specific and age-specific vulnerabilities of unaccompanied minor refugees).

4. Crucial considerations for an exile-related, trauma-specific foster care

4.1. They may not remember consciously, but their bodies do!-

E-related complex trauma has an enormous impact on the development of an unaccompanied minor refugee.In the context of the wide range of developmental domains affected by exile-related complex trauma, these children are primarily affected in their narrative and expressive abilities, their regulatory capacities, their social and relational competencies, and their sense of self and identity.

The neurobiological ability to cope with stress and unpredictability has been too severely tested to be used flexibly afterwards (van der Kolk, 2014). The basic sense of trust in others has been severely damaged. So there is less tolerance for the frustration of 'normal' everyday difficulties and for 'normal' relationship frictions. An unaccompanied minor refugee's self-development and personality have adapted to very unusual circumstances. In the good enough circumstances of a later (adoptive or foster) family, the child suddenly finds himself in an unusual situation and does not always knows how to deal with what are - for other people - normal situations.

4.2. Don't ask `how disturbed is this foster child?', rather ask 'what has this fostered adolescent been through?'

Adolescents who have experienced the complex trauma of dehumanisation and loss of basic trust often exhibit behaviour that is not 'logical' or understandable at first glance, or even understandable at all. For example, the ferocity with which the child reacts does not match the trigger, or the affect does not match the situation at all. However, if such behaviour is understood as a trauma response, it is not incomprehensible at all. Helping such a child to acquire new, more appropriate solutions to life's everyday problems doesn't happen by asking: "Why are you doing that? Rather, it is by asking questions such as 'What have you been through to make this situation so unbalanced?' and 'What do you need to regain balance?

4.3. First aid in case of dysregulation: 'First regulate, then relate, and only then, reason'

Throughout their lives, young people who have suffered exile-related trauma have experienced many moments when stress and affect take over and they lose control of their thinking, feeling and behaviour.

Even when these fostered young people take steps forward in their development, their parents take into account that there may be temporary steps backwards. Appealing too quickly to logic and reason never works: `Why did you behave the way you did before?' In fact, stress and affect have just switched off logic and reason. What these children need in these moments are parents (or other caregivers, such as foster parents) who tolerate the fact that dysregulation is inevitable, and who are willing to take over for a while, again and again. This is only possible if these foster parents are able to keep reflecting, to keep a cool head after countless moments of relapse, to find out what helps the child to calm down again, or what helps the child to stay in contact.

On the basis of countless moments of regulation (first regulate), the bond with the child grows (then relate). Sometimes it is only much later that a parent or foster carer can go back and talk about what happened: Why did you start screaming so angrily back there? What happened inside you when you saw that other boy looking at you like that? At moments when the 'logic and reason button' can be switched on again, thinking and talking can become possible again (then reason).

4.4. Remain compassionate to those who provide care (the foster parents)

While living with a child who has experienced complex trauma, many sensitive parents have become experts at managing intense dysregulation and avoiding too much conflict. They have often learned to pick their battles. Sometimes, without realising it, they provide a quasi-therapeutic environment for the child. They don't comment on every negative outburst, sometimes they endure the violent reactions first and then calmly discuss them later ('striking the iron when it's cold(er)'). For example, they tolerate their foster child staying in its own room for hours during a family visit and occasionally check on him/her, without obliging the child to be with the family during the visit.

4.5. The meaning of stories told by the foster child on the lack of care from the side of the foster parents

It becomes painful when the child attributes the child's problems to the new parents' lack of love, care and attention for the child. The negative perceptions of the first attachment relationships that children who have experienced complex trauma often carry with them also colour their relationships with new caregivers, the foster parents. It is not uncommon for these children to remain distrustful of their new caregivers for a long time as they fall prey to feelings of separation from their parents and feelings of being disadvantaged, even when they are being cared for by their foster parents. When a traumatised young person with a background of unaccompanied exile complains to neighbours or teachers that he hasn't received enough attention from his actual foster parents, this may authentically reflect something of his inner reality, but not necessarily the concrete and actual external reality in the context of the relationship between foster child and foster parents.

4.6. "The pebble in the pond": trauma affects not only the vulnerable fostered child, but also the people around them (the foster parents)

Parents and other people around the child and the family may become 'infected' by the stress their child is experiencing or by the child's emotional withdrawal. Secondary or indirect traumatisation is not inconceivable. When the child's problems come to light, they take up a lot of space in the environment in which a traumatised child grows up. In this sense, the foster parents and other children in the family risk an occasional 'toxic shower', being drawn into situations or behaviours that would not otherwise be part of 'normal' family life. Trauma affects not only those who are directly exposed to it, but also those around them" (van der Kolk, 2014, p. 1).

4.7. "It takes a village to raise a child...":

For some children and young people, it's not enough to have new foster parents; it takes a reflective network of fostering services and foster care workers to help foster parents raise their foster child.

To clash with others, to seek conflict, to argue, but also to become unapproachable and to show emotional withdrawal - as in 'normally developing' children, these are ways of exploring individuality and beginning to feel who one is. However, the deeper the insecurity about a fundamentally positive and coherent sense of self, the harder the collision. This collision also

has an element of checking whether the new environment of the foster family is solid enough to hold or can contain the emotional turmoil that is a consequence of the traumas experienced before, in the land of origin and on the way to Europe. The foster parents are the preferred target. After all, they are the ones 'staying', and you can only take things out on people who are staying. The foster parents often have to pay the price for a difficult life in the aftermath of traumatic exile, with a lot of anxiety, pain and sadness.

This means that for some children who have experienced complex trauma, a network of care outside or beyond the foster family is needed: teachers at school, foster care workers to support the foster family. This network is particularly useful in crises that go beyond the parents' ability to deal with them constructively. It is crucial that this network of supportive figures and services is on the same wavelength, so that they can support parents and children in their search for (relative) balance, rather than overburdening the whole system.

4.8. Beware of quick-fix solutions

Complex trauma involves deep wounds in a wide range of developmental areas, often hidden wounds that are tightly covered up in order to survive. The child will not allow a new caregiver or therapist to enter their reality for fear of being confronted with traumatic experiences again. Supporting a child who has experienced a complex trauma related to exile also means accepting that this child will present in a foster family and eventually in therapy in a kind of trial and error process, with many moments of regression, back to the sense of mistrust that is so common for these traumatised children. Human time is slow, human post-traumatic growth and fundamental change processes require patience.

4.9. Scars: the curse and the blessing

Moving from injuries in the form of raw open wounds to healed scars is a long journey. From the perspective of developmental psychology and therapeutic fostering, moving from raw wounds to healed scars is also quite a step forward. From the personal perspective of the child (and those around them, e.g. the foster parents), the scars form a - sometimes lifelong - vulnerability that can be triggered by any new phase of life or challenge. A new stressor in life, such as a critical teacher at school, the loss of an important new caregiver or a loved one, disharmony in the foster family, can press hard on this vulnerable spot and unexpectedly rip open the wound. Just as the skin loses its elasticity when scarring occurs, so the child who has experienced complex trauma develops less flexibly and robustly than if the development of

basic trust and autonomy had never been broken in the context of trauma on the journey into exile.

4.10. Nurture every glimmer of hope

Life for children who have experienced complex trauma, as well as for their parents, can sometimes seem like an endless chain of problems: as soon as one is solved and dealt with, another one appears. There are many difficult moments to endure, many bridges to cross, many fires to put out and crises to survive. This is where the lives of these children and their parents really differ from those of 'average' or 'typically developing' children. The intense anxiety and despair that are part of the lives of both the traumatised children and those around them are not of the same order as the minor worries and anxieties that all families face.

From time to time, a bird's eye view is needed to see the change of course that is taking place in the child's life amidst so many difficult moments.

It is about strengthening the positive aspect, nourishing and connecting with positive influences. As we accompany children and young people through challenging and difficult moments in their lives, we need to be patient and create an environment where we can find moments of hope and not overlook glimpses of moments where something can be rebuilt that can later develop into a trusting relationship. In a sense, love and kindness are the basis for creating a bond and a sense of belonging for an unaccompanied minor refugee.

5. From a conceptual model to writing a practical guide for those working in the foster care system

5.1. Training for foster care workers and networks

Fostering a child means always becoming a parent of a child with complex needs. In some cases however, there is more then only complex needs, but there are also trauma-related needs, due to the breakdown of or distancing from attachment relationships. (Family Specialist Workers of Westchester; https://www.fsw.org/our-programs/therapeutic-foster-care/foster-care-success-stories-and-videos/)

It will not wonder then, that becoming a foster parent is no walk in the park. It can be an incredibly enriching and rewarding career, yet this point will only be reached after very unusual and sometimes conflictive journeys. This reality requires specific guidance, to be able to come to a point where you'll soon realize that the benefits of becoming a foster parent far outweigh the bumps in the road. Previous work on therapeutic foster care has tended to present this type of foster care from an ideal perspective as we see in the following citation of the abovementioned Westchester Group of Foster Care and Social Workers:

"Here are just some of the incredible benefits of fostering a child with complex needs:

- You become their biggest advocate and supporter
- You help them become more independent and confident
- You help them better understand themselves and the world around them
- You demonstrate what a solid, meaningful relationship is
- You help them discover their interests and passions
- You play a big role in helping them heal from past trauma
- You get to watch them hit milestones and reach their full potential
- You're there to show kindness, love and compassion when they need it most
- You're giving a vulnerable child a chance to succeed in life"

It's important to remember that a foster child has not only experienced the heartache and confusion of being separated from their birth family, but also has their own unique struggles. Their behaviour and the way they express themselves may have been misunderstood and labelled as inappropriate, bad or problematic. Or they simply don't know how to communicate what they need.

That's why therapeutic fostering was created. It's a specialist approach designed to make a child's care more effective. Each child receives an enhanced level of support from an integrated team of professionals, including therapists, foster carers, educational advisors and, of course, foster carers.

Put simply, the art of therapeutic fostering is to look beyond behaviour. Instead, we should focus on the reasons behind it and work with them to influence positive change. *More and more we feel that the addition of a multidisciplinary team to support the fostering service is a necessary condition for therapeutic fostering. But there is more to do! This network should be trained in the dynamics specific to trauma and exile, and techniques aimed at mentalisation and reflective functioning of foster carers are very helpful in this regard.*

The main factor that distinguishes the Therapeutic Fostering Programme from traditional fostering is the extensive training and professional support that our 'Family Specialists' provide to our foster carers, as well as the extensive training that the Family Specialists themselves receive. Helping foster parents is only possible if the foster care workers themselves are trained in the specific issues they need to work on with these foster parents.

Here we could already find a rough framework for our FORM training:

Parents are offered sessions that are as informative and experiential as possible to improve learning outcomes. We'll then encourage people in the room to share their experiences, and we'll share some of our own experiences to bring the more abstract principles of trauma specificity and exile specificity to life. Sessions to create a reflective space to think through the information can be scheduled throughout the programme.

Each workshop is followed by a reflection session. This is an opportunity for the group to review what they've learned and tried out since the workshop, reflect on the impact and decide what to do next.

For children and young people in care to ever find some form of closure and begin to heal, a therapeutic foster carer is required. Our fostering training provides foster care workers and foster parents with the skills to take a therapeutic (=healing) approach, covering issues such as how to cope under high pressure or in stressful situations. A therapeutic approach to parenting is not rocket science, in its simplest form it is parenting and nurturing a child in a way that allows them to grow and mature, taking into account the trauma and behaviours that may have affected them. It's about staying with children when things can get tough, so that they can begin to develop a sense of belonging in the home you share with them.

In a training module for foster care workers and, indirectly, for foster parents we will program several themes and contents for training sessions, that will cover mandatory elements on:

Attachment Theory, Mentalization, Self- and Affect Regulation, the psychodynamics of exile and cultural change, the psychic effects of dehumanization and isolation, trauma theory, complex relational or attachment trauma in fostered (looked after) children, creating narrative skills and the ability to symbolize (images and words) about the exile-experience, parenthood under pressure of trauma and cumulative loss of the foster child, recognizing indirect traumatization and working with feelings of anger and disappointment in foster parents and foster care workers, child development: normal development in adolescence, problematic development in the face of trauma and loss within exile, understanding conflict and distancing as protective attitudes of a wounded child, recovering from complex trauma: from wound to scar, resilience building in traumatized and isolated youngsters.

This training or practical guide aims to build understanding and explore different ways of reaching vulnerable young people with a background of exile-related loss and trauma. The training programme aims to promote sensitive and responsive foster care that helps foster children develop a sense of belonging in their foster family and supports the child's development. This training wants to build understanding, as a way of increasing the level of reflective functioning of foster parents in moments of conflict and pressure.

The aim of our training curriculum is to sensitise foster parents and their fostering service advisors to the intensity with which early traumatic experiences can affect not only the development of these fostered children, but also their family life. It will be crucial to inform foster parents - as well as other key caregivers in youth services and schools - about the inner world of a complexly traumatised child. In a sense, the programme we have developed serves as a guide for the parents and foster care workers of these children and their families.

Part 1: Specificities of complex trauma and its psychodynamics within foster families

In a first part of the practical guide, we will inform about the specificities of these complexly traumatised children and the specific support these young people and their parents need. Complex trauma is a specific type of trauma that can be found especially in foster or adopted children, but also in refugee children, especially unaccompanied refugee minors. As a result of their trauma, there is often a breakdown or collapse of attachment relationships or basic trust in humanity.

In foster care in general, relational trauma has to do with aggression, neglect, humiliation and the breakdown of original attachment relationships; in foster care for unaccompanied minor refugees, one is confronted with the consequences of uncertainty about primary caregivers, the effects of survivor guilt and of cut-off relationships or "very vivid present but also very distant (long-distance) relationships", with the aftermath of dehumanising experiences that the fostered youngster has gone through, usually in a very lonely way (Bistas & Grewal, 2023).

In the trauma literature we find a lot of information about type 1 trauma, a single traumatic event. These are overwhelming, short-term experiences, such as an earthquake or a car accident. Most type 1 traumas are caused by nature. Type 2 traumas are overwhelming and repeated events that cause shame in relation to caregivers, such as neglect, sexual abuse or aggression, or other repeated traumatic experiences. Type 2 trauma is man-made trauma, most often, but not necessarily, within one's own family. War trauma is also considered a man-made trauma, as it is usually not a 'one-off' event and undermines trust in human relationships, leading to a profound sense of loneliness, isolation and loss (Terr, 1991).

Complex trauma, or Type 3 trauma, usually has its origins in such abusive and aggressive experiences or neglect in the relationship with biological parents (i.e. in the context of Type 2 trauma) and/or in dehumanising relationships in the context of war. However, they go beyond these Type 2 traumatic experiences in the sense that they lead to a breakdown in the parent-child relationship (when children are removed from the family home or have to leave the family to go into exile) and in epistemic trust more generally (Terr, 1991; Solomon & Heide, 1999). Epistemic trust is a psychoanalytic concept that refers to the ability to experience human relationships in a sense other than as abusive and misleading; I is about the ability to perceive another human being as a trustworthy source of information and social cognition that can be beneficial to the subject (cf. Fonagy & Allison, 2014; Fonagy et al., 2014; Duschinsky & Foster, 2021).

Most children and young people with Type 3 trauma have to cope with the absence of any form of basic trust that was present in the parent-child relationships they left behind when they fled (or didn't even fully develop before they fled, due to the hardships of living with their parents in threatening conditions). In the course of their lives, they have usually experienced repeated losses of new relationships in youth care institutions, in former foster homes or, earlier on, on the journey to survival in Europe.

The relationships they had on their way to Europe became interchangeable and functional, in the service of survival mechanisms. These mechanisms can cause problems when these children have difficulty reattaching after arriving in foster care.

Because of these effects, *Type 3 trauma* (Terr, 1991; Herman, 1992) is also called *attachment trauma* (Allen, 2013) or *complex developmental* trauma (van der Kolk, 2006). Type 3 trauma develops as a result of experiences of cumulative losses, beginning with the loss of the relationship with the primary caregiver, and carries the risk of repetition or reproduction of the relationship breakdown within the foster family. The early attachment traumas and losses experienced by these young people have long-term effects on foster care. Most of the time, these trauma- and loss-related difficulties remain hidden behind closed doors and are underestimated by other family members and caregivers, such as teachers or family health workers. As a result, it is not only the foster children who suffer loneliness, but also the foster parents. Therefore, training to help foster parents and their foster care workers and services to understand the specificity of the fostered child's attachment problems is of paramount importance.

Complex traumas are experienced in a period of life of which the foster child has no concrete memories, or in a later period of life, in the context of overwhelming experiences for which no representation, meaning or words could be found (the traumas experienced by unaccompanied minor refugees cannot be spoken about, sometimes not even remembered: physical punishments, rape, disappearances, being treated in an inhumane way, etc.) and which had to be completely repressed for reasons of survival. These traumas remain unknown until the moment when these children or young people try to form new attachment relationships or relationships of trust within a foster family, or until new developmental steps need to be taken. At this point, the earlier traumas and losses interfere with the formation of new attachment relationships and with the self-esteem that is needed to get along developmentally.

Not surprisingly, the attachment trauma is activated mainly in the context of the turbulent identity crisis of adolescence; then these traumas become apparent in the form of emotional difficulties, behavioural problems, psychosomatic complaints, suicidality, etc. (Laufer and Laufer, 1984; Moro, 2020). These problems can manifest themselves in a purely somatic way, on the physical level, for example in a very reduced ability to cope with stress, in medically unexplained somatic diseases, or in chronical fatigue symptoms.

In addition, in a situation of trauma the early development of the brain or brain is strongly influenced by these early traumas, or, in the case of unaccompanied youngsters the further structuring of the adolescent brain can be compromised by overwhelming experiences during the flight.

Because of these profound physical effects, early complex attachment trauma can simultaneously affect personality, relational skills, bodily self-awareness, brain development and regulatory processes, memory and narrative skills (van der Kolk, 2014). Without good professional care, these attachment functioning traumas will have a negative impact on the future development of the children involved. Because of this developmental risk, the stay of these minors in a foster family or even in an institution for young people should be accompanied or supported by trauma-specific therapeutic care and by exile-related trauma-sensitive training and supervision for foster care workers and those working in the homes of children from exile backgrounds.

Part 2: Self- and affect regulation

In a second part of the practical guide for foster care workers, we will describe how early relational trauma, whether in the sense of a breakdown of primary attachment relationships or in the sense of a breakdown of basic trust in humanity and human relationships, can affect the psychophysiological mechanisms underlying self- and affect regulation (van der Kolk, 2014). Cumulative relationship loss and relationship trauma can lead to emotional dysregulation that can leave the child or adolescent feeling very insecure about their own existence. This basic existential insecurity develops on the basis of the internal narrative about relationships developed during the escape: a narrative that there are no trustworthy adults to support and hold, and that one must rely on oneself to survive.

Because this existential insecurity is based on the early breakdown of attachment relationships, or on the experience of cumulative abandonment and loss of relationships during childhood and adolescence, the child will not be able to integrate these experiences and internal representations of relationships in his or her mind; therefore, these representations will be held in an implicit or unconscious state and will be present in the child's bodily experiences and automatic reactions. Traumas that cannot be remembered become visible in physical vulnerabilities and symptoms that interfere with the child's well-being and relationships with others. Often the threats and traumas of flight can only be expressed in physical symptoms (such as a sub-optimal stress regulation system) or in behavioural and relational symptoms (fight-flight-freeze) (Thompson and colleagues, 2014).

These processes have a cyclical impact on self-image and the developmental task of coping with the identity crisis of adolescence. The core theme of this second part of the training is therefore an understanding of the psychic development of complex relationally traumatised children, with a particular focus on how unprocessed and unintegrated memories of loss,

trauma and dehumanisation influence the ability to form new attachment relationships within a foster family, as well as the ability to overcome identity crises. What is not remembered of these earlier traumatic experiences will remain present in psychic life as a deep wound and will influence the bodily basis of self- and affect regulation (van der Kolk, 2014). These mechanisms will in turn influence relationships with new attachment figures, such as foster parents.

Processing, reflecting and mentalising will only be possible at a later stage in the fostering process. In the meantime, foster care workers need to help the unaccompanied minor refugees and his foster parents to regulate stress and tension, simply because the traumatic experiences of loss and dehumanisation are far beyond the capacity of psychological processing; for a period of time, the child is unable to find words and narratives for these overwhelming stressful experiences and the foster parents do not really know how to understand this problem precisely.

Meanwhile there is a golden rule that we have learnt from neuropsychological research: first regulate (stabilise), then relate (make contact, establish a connection) and then reason (deepen contact, find ways to reflect and work through) (Perry, 2009; see also: Vliegen and colleagues, 2017 and 2023). Much of the work with unaccompanied minor refugees is of a stabilising nature: helping the child to contain their inner stress. The inaccessibility and affective coldness of a foster child on the one hand, and over-adaptation as well as hypervigilance on the other, present difficult challenges for counsellors, therapists and foster parents. These behaviours can be understood as forms of under- or overarousal (=under- or overactivation) that need to be transformed in the context of new attachment relationships: a dehumanised young person has problems finding an appropriate level of activation (arousal) and regulation (Perry, 2009). In the context of exile and trauma specific counselling, we need to look for more optimal ways of regulating arousal and tension.

Part 3: (New) attachment relations

In a third part of the practical guide these developmental perspectives are taken to another level. From attachment theories we have learned that affect regulation is the basis for building (new) attachment relationships. Stress and affect regulation, as well as the sense of belonging – both are important building blocks of attachment - can be damaged by the dehumanising experiences before, during and after the flight. This situation can lead to a feeling of being left alone, abandoned or even destructed. In order not to feel this fear of annihilation (destruction), the child may develop different strategies: the new attachment figure (the foster

parent) is controlled, totally claimed or aggressively attacked, attracted and rejected at the same time. This kind of behaviour serves the purpose of not having to feel one's own fear of being abandoned again and of not belonging.

It can be very difficult for foster parents to understand that their foster child is only being critical and dismissive as a defence against their own fears of being abandoned again, of losing an important relationship again, or of not being able to participate in the new family environment. These foster children are defending themselves against a new attachment opportunity from which they could most benefit for their development; they are defending themselves against the foster relationship they most need to advance their developmental trajectory. Foster children do not allow their foster parents a good closeness or a good distance. The foster child does not have a good sense of how far or how close they can tolerate their foster parents: “too far” activates the fear of being left alone, “too close” activates the fear of losing a fragile sense of autonomy and self-efficacy or self-agency.

We need to ensure that the fostered unaccompanied minor refugee in foster care is protected from new attachment disruptions by helping them to regulate the high levels of stress associated with the steps they are taking to establish new attachment relationships. In the context of therapeutic fostering we will see signs of the trauma of dehumanization and loss or breakdown of attachment relationships appearing again and again in the form of repeated moments of small breakdowns in the relationship with the foster parents: moments of emotional withdrawal as much as moments of excessive claims on or conflicts with foster parents. This can be completely incomprehensible to foster parents who feel it as their duty to give the best to their foster child and in some cases feel very loyal and committed to succeeding in the eyes of their foster child's biological parents, who are part of the extended family or kinship that is left behind in the country of origin.

Part 4: Mentalizing state of mind and self-reflection

In a fourth part of the practical guide, we will look at the importance of a mentalising stance for counsellors/foster care workers. Normally, in child development, children learn to understand themselves in the context of their parents' communications and reactions, which act as a kind of affective mirror. In contact with parents, the child is kept in mind. Self-reflective and mentalising parents have a protective function for their children. In contact with these parents, the child experiences that misunderstandings and conflicts can be mended or repaired. If children are not mentally represented by their first attachment figures, or if the representation of the mentalising parents is lost as a result of cumulative losses and

overwhelming trauma and dehumanisation in the course of the exile experience, there is a risk that subsequent foster parents will also not be experienced as parents who can act in a good enough way. Children and young people with attachment trauma or breakdown, refugee children who have experienced a loss of trust, will pose particular challenges for their foster carers. Because of this risk, fostered children need foster parents who are able to deal with these traumatic experiences. Foster children and their parents also need a network of professionals that is well informed about the dynamics of trauma and dehumanisation.

Reflective parental functioning and mentalising are helpful in restoring the relationship between parent(s) and child and in helping the child to understand his or her inner world, in the sense that overwhelming or unbearable affects and experiences are given meaning through the mirroring function of the parent(s) or the foster care worker. Mentalising can be a helpful 'tool' for the child or young person to work through emotions, to gain a better understanding of what is being felt inside, and to learn that there are ways to overcome overwhelming emotions and to return to a bearable emotional level. Mentalisation is defined as ‘the way humans make sense of their social world by imagining the mental states (e.g. beliefs, motives, emotions, desires, and needs) that underpin their own and others behaviours in interpersonal interactions’ (Choi-Kain & Gunderson, 2008, p. 1).

Part 5: Symbolizing and finding a narrative

In the fifth part of the practical guide of the training, therapeutic care approaches to symbolisation and narrative finding are described. In most cases, traumatised children can be reached by using techniques such as play activities/therapies, techniques in which pictures and/or verbal skills and narratives play an important role. After trauma and dehumanisation, it takes time to symbolise through narrative and to find oneself in a narrative.

We should realise how children and young people can be helped through play, drawing, creating visual materials and writing diaries and narratives to find age-appropriate ways of using words and images to express the more difficult parts of their self-experience and to transform elements and parts of the traumatic and dehumanising experiences that have become part of their identity before, during and after the flight.

Part 6: Getting in touch with hidden expressions of relational losses and dysregulation

In the sixth part of the practical guide we will get in touch with the hidden expressions (some signs or symptoms) of the traumas and deep anxieties of these young people. These signs and

symptoms are usually the expression of an indirect and often incomprehensible communication for which the child can learn to use other expressions, in the form of different and more understandable images and words. In the meantime, however, the child will only be able to communicate in fragments about his most traumatic and dehumanising experiences; these fragmented signs and communications need to be collected and held by a parent, foster care worker and/or therapist in order to give them a first shared meaning. In the course of this process, step by step, the child becomes the one who begins to take charge of his or her life again.

By offering a therapeutic kind of fostering in the sense described, the fostered unaccompanied minor is given the opportunity to find islands or points of better regulation and rest, in which the chaotic inner world is transformed into a different kind of self-awareness. This process is progressive but also involves moments of relapse: from moments of containment to moments of dysregulation on the way to transformation and better psychic integration. We are talking here about young people who may be hypervigilant, who live with a higher level of stress sensitivity, as well as with fight, flight and freeze mechanisms. In the context of this part of the training we will also illustrate how these hypervigilant and highly stressed children come to moments of relatedness in the context of their relationship with new attachment figures, such as foster parents, and how these parents can optimise the opportunity for these transformative moments.

Part 7: Biopsychosocial loops

In the seventh part of the practical guide, we will take a closer look at the biopsychosocial loops involved in complex relational trauma experiences. High levels of stress and heightened sensitivity to stress lead to higher levels of arousal and reactivity to internal and external stimuli. This in turn leads to psychological and social difficulties that increase anxiety and hyperarousal: this loop is called the biopsychosocial trap of the traumatised and dehumanised persons. When a by exile traumatised foster child lives in such an intolerable state of mind, he/she runs the risk of behaving in a controlling, manipulative, dismissive and/or aggressive manner. In the context of therapeutic fostering, the child can learn to recognise this inner turmoil and begin to search for newer ways of behaving and relating. However, any progress towards developmental relationships will be severely tested or thwarted by the ever-present fear of being left alone again. This central psychic theme of the breakdown of relationships and the disappearance of human presence and trustworthiness will or can interfere with the foster care relationship in an overwhelming and uncontrollable way. In these moments, the child seems to be taken over by negative images and expectations about the foster parents, as

if strange ghostly figures were entering the scene (the so-called witching hour, the ghosts in foster care). In these moments, the foster child is full of fear and mistrust, convinced of the malevolence of the foster parents. More often than not, these deep fears will manifest themselves in the form of anger, rejection or other behavioural problems. In the context of therapeutic fostering, it is necessary to train foster carers and foster parents to stay in touch with their foster child in the midst of moments of tension, hypervigilance and mistrust.

Finding words to these issues in the context of therapeutic foster care is also a way of building identity. In the course of traumatic losses, disrupted attachments and dehumanising experiences, these young people have also lost themselves, they have lost contact with their core sense of self. Yet beneath these losses of self, there are elements of vitality and resilience. Foster parents report on these moments and aspects: for example, a certain kind of leisure activity, a hobby, or an area of interest in which these young people feel adequate and capable, an area of interest, for example in school, that they are passionate about. In order to work towards a new sense of identity, it will be necessary in the course of therapeutic fostering to look for such areas and to work through the deeply embedded and trauma-related negative representations of self and others.

In the therapeutic (fostering) process with these unaccompanied minors, it is easy to observe how these young people test the limits of their foster parents. In doing so they collide with the structures and boundaries of these and other carers. Through these confrontations they try to regain a sense of self: the conflicts with the foster parents serve the goals of regaining one's own sense of existence! They reconstruct a sense of self and their own autonomy in reaction to or in conflict with external realities, since they are no longer able - due to the dehumanising experiences of exile - to find and construct a sense of self from their own growing inner organisation.

Part 8: Identity and autonomy

In the eight part of the practical guide we describe in detail the relationship between complex trauma and identity crisis. Complexly traumatised children are faced with the challenge of integrating experiences of disruption and loss of attachment relationships and of inconsistencies or uncertainty/unclarity within their own life history. They are also confronted with many moments of unresolved grief over cumulative and often irreparable losses or separations for which they feel guilty (Barlé et al., 2017). As a result, they are very sensitive to the slightest signs of possible new losses in emotional availability, care and recognition. They are driven by a deep sense of not really belonging or of not deserving the love, generosity and

care of others. In latency - the period of primary schooling between the ages of 6 and 12 - these very painful feelings remain hidden and mostly under control, but in adolescence these painful feelings intensify and it will no longer be possible to keep this psychological suffering under control.

Achieving more autonomy in adolescence means that these young people will try to separate themselves from their parental figures, even if these foster parents have been a safe haven/base after the loss of the relationship with the primary attachment figures that remained in the country of origin. Because of this tendency to fight for autonomy in the relationship with foster parents, the relationship of the foster child with his foster parents can be very ambivalent. It is not uncommon for this to lead to confrontation or questioning of the foster parents in order to have the opportunity to separate from them and find a sense of autonomy. It is important that foster parents can be helped to remain a security in the background, even in moments of confrontation and inner struggle of their foster child.

In the context of therapeutic foster care and/or in the context of a psychotherapeutic process that is part of this therapeutic foster care, young people are in a situation that enables them to recognise and reflect on their wounds and scars, so that they can eventually be integrated as part of their life story. In a psychotherapy or in a therapeutic foster care context, finding images and words for these dehumanising and unbearable experiences, or building narratives, will often act as a dam against deeper fears and threats. Therapeutic foster care can prevent certain tensions and traumas from being reactivated and expressed in the form of somatic stress and other behavioural symptoms in the child. However difficult or complex fostering with these children and their families may be, these are important and consistently effective processes that can create a holding and protective environment that acts as a force against the (unconscious) repetition of attachment trauma (the breakdown of the relationship between foster parents and foster child, the breakdown of foster placement).

Part 9: Developmental psychology

In the ninth part of the practical guide, we will learn how the developmental-psychological and exile-related trauma-sensitive perspective described in the context of this FORM project is a necessary background to the findings of several fostering organisations working in therapeutic fostering over the last twenty or twenty-five years. If we look at Erikson's stage model as a flexible spiral, there is a degree of plasticity in human life, in that it is possible to bounce back from misfortune or stress. This ability to bounce back from adversity and stress is called 'resilience'. However, extreme pressures and traumatic experiences will have a significant

impact on the lifelong development process and the life course in general. In order to support foster families in enhancing the resilience of their child or adolescent in the midst of vulnerable moments, we need to understand how existential pressures (which all of us can experience) and trauma (which only some people go through) affect the developmental process in different ways.

What happens to unavoidable pressures in life? Looking at the figure below, we can see in a) that vulnerabilities (red dots) can occur at one or another developmental stage (shown as twists) during the life span. None of us has gone through all the developmental tasks in a perfect way; we all have some weaknesses on our developmental path. External pressure (orange arrow), in the sense of obstacles in life, constricts the spiral to such an extent that the spiral is compressed and there is pressure on each stage of development. For example, after a painful loss of a romantic relationship in adult life, a person can be put under pressure and the spiral can be pressed down so that this adult temporarily goes through all these early developmental tasks again: who can I trust? can I still see myself as an autonomous person? can I approach the world in an open-minded and unbiased way? do I still feel capable in social relationships? what is my identity (who am I) after this loss? will I ever be able again to experience emotional and other forms of intimacy with other people? and so on. If the developmental stages and tasks seem to have been resolved well enough in early life (developing basic trust in the first year of life, developing autonomy in the second and third year of life, being able to discover and being curious about the world or to face the world with an open mind in the toddler phase between four and six years, gaining self-esteem by being able to learn well and have friendships in basic school between six and twelve years, surmounting the conflicts of identity in adolescence, developing the ability to be emotionally close or intimate to other young adults in early adulthood, etc.), the person who has lost his or her romantic relationship will be able to bounce back after a normal period of mourning, quite quickly and thus show his or her resilience. The spiral of the life course is no longer squeezed under the weight of the experience of loss but, after a process of coping, is powerfully refocused to move forward in life or to righting itself up (self-rightening tendencies or resilience). But a person who has only partially resolved these developmental tasks early in life will have some weaker points in his personality: the vulnerable points. All of us have one or two of these weaker points, some people (for example, children who were not well-enough cared for) have more of these weak points. The weak points are like rust spots that hinder the movement of bouncing back after a negative life experience. So normally, with just a few small patches of rust, when the pressure fades and the spiral loosens, you will bounce back because of the resilience you have built up in your life. But for some people, bouncing back will be much more difficult and will only be possible with the temporary help of a counsellor or a

therapist. This is the case, for example, when an adult is not getting over a particular experience of loss and learns, in the context of counselling, that certain separations in childhood were also more difficult to deal with, for example in the context of a threatening illness of a parent, a divorce between parents, a period when the parents lost sight of the children for a while because of professional commitments, a parent that was often emotionally unavailable, etc; in short, very human and not infrequent experiences to which one child reacts with more anxiety than the other. Loss in adulthood can reactivate a vulnerability for separations and losses from earlier stages of life. This vulnerability has remained hidden until now in adulthood; people have been able to live with it. But now, after the loss of the love relationship in adult life, this vulnerability that was already there before, is fully reactivated; it is exposed and one struggles to recover. With more time, social support from others, and possibly counselling or therapy, one can heal from the present difficulties also the vulnerability that arose in the past, so that from now on one can deal with separations and experiences of loss differently, and one can allow the joy of life to return. Thus, the current difficulty in coming to terms with a loss experience may contribute to people finally coming to terms with past pain around separation and loss and repositioning those past experiences.

In experiences of loss that we can all experience, such as the breakdown of a love relationship, the spiral is pushed from above: a burden is placed on our shoulders, we feel made small and oppressed and we want to get out from under this painful burden of loss. This power to bounce back is called resilience.

In trauma, however, the spiral is not pushed from above; it is shaken and even broken unexpectedly and unpreparedly from the side. There is a snap in the spiral (the spiral which represents the course of life or the person). The spiral with the snap will also want to straighten up again: post-traumatic growth and resilience. But with a new difficult life event, such as an experience of loss, there will be pressure from above on the snapped spiral. The snapped spiral that has been straightened will now break again. No new trauma has occurred, but a spiral that had become less dynamic and flexible or resilient after the trauma because of the remaining weak spot of the first snap, has now snapped again. No new trauma may have occurred, but the effects of the new loss experience have a traumatic effect on the spiral: a new snapping and breaking of the person in question. This is because, after the initial trauma, the coil is much more fragile and has a much lower load-bearing capacity.

Part 10: How do you work with your network of foster care organizations?

In the tenth part of the practical guide, we will explore how foster parents can be helped in a mentalising stance that enables them to survive the bumpy road of their foster child, leading to better regulation, more moments of encounter or ongoing relationship, and epistemic trust for their fostered child and within their family. For this to happen, foster care workers need safe spaces where they and their team colleagues can reflect on their fostering experiences. Regular professional settings such as team meetings, intervision and supervision provide the space to maintain a reflective stance, to find alternative ways of intervening, to connect with colleagues and other actors or organisations in the fostering network and to experience the feeling of being held as a foster care worker. The final point of the training programme is therefore to emphasize the work of foster care workers within a mentalizing trauma-sensitive network of colleagues.

In addition to providing space for reflection with foster care workers in supervision, these foster care workers also need to be aware of the specific impact of exile-related trauma and of the expectations of foster parents who are taking in a refugee child within their family circle. This involves providing metaphors, words and stories that make these foster children feel that the foster care worker understands the specific trauma: making them feel that one understands what they have been through, that one understands that they need their foster parents but cannot cope with foster parenting at the moment, that one understands that the distance, loyalty (Dansey et al., 2018) or loss of their biological parents prevents them from feeling at home with the foster parents, that one understands that they feel so vulnerable that they do not dare let the foster parents become too important, etc. In the practice guide, these mentalising interventions are made much more concrete: articulating and acknowledging the inner worlds of these children and their foster parents, and how these inner worlds of experience, from which their behaviour becomes understandable, sometimes conflict with each other or remain incomprehensible to each other. In the FORM model of therapeutic fostering, it is the foster care worker who continues to search for expressions and words for these inner worlds in the hope that this will lead to a greater understanding and holding together, rather than a recurrence of conflict between foster parents and fostered child (a recurrence that might even threaten the foster placement). The foster care worker's trauma-sensitive mentalisation interventions with the foster parents or the foster family can break this vicious cycle, in some cases together with some trauma-sensitive psychotherapy specifically for the foster child.

6. Culturally sensitive aspects of therapeutic foster care for unaccompanied minor refugee adolescents and their parents

We now come to a final chapter in this conceptual model of therapeutic foster care, namely the culturally sensitive aspects of this form of foster care.

6.1. Cultural sensitivity as the missing link in models of therapeutic foster care

By therapeutic foster care in this project FORM - as we make clear elsewhere in the conceptual model and practice guide - we mainly mean that foster care supervisors are further trained and guided in certain skills that give their actions towards these families and young people a healing - and in that sense therapeutic - quality, and this in the face of a complex parenting and developmental situation.

Specifically, this FORM-Project involves a kind of guidance for foster parents or foster families in which particular attention is paid to: (a) the impact of complex trauma and unresolved grief processes due to family separations and traumatic losses in the attachment relationships of these young people who have fled alone, (b) loyalties to family members who have remained over there, (c) the relationship to (kinship) family members who may be acting as foster parents for the child in question in Europe, or (d) the re-experiencing of highly threatening and dehumanising experiences that took place before or during the flight and which may be reactivated by experiences of discrimination and racism after the flight. A so far missing link in the learning of these specific skills by foster care workers in this FORM-project, is the focus on cultural sensitivity in this therapeutic foster care.

6.1.1. Aspects of culturally sensitive therapeutic foster care

One overarching aspect of cultural sensitivity in this project has already been mentioned several times: working with exile-related trauma. This is also a form of cultural sensitivity: being sensitive to the forms of trauma specifically associated with flight or forced migration (and in this sense different from difficulties and trauma in other forms of migration and other processes of culture change).

Culturally sensitive practice in therapeutic foster care (O'Hagan, 1999; Waniganayake *et al.,* 2019; Claeys and colleagues, 2022) can be highlighted in several ways and includes several points discussed below.

- Being aware of possible (culturally influenced) stigmas of psychological or pedagogical counselling within the cultural environment of origin of these unaccompanied refugee minors and possibly their foster families, in case they are linked to the same family network (kinship foster family) and culture of origin from which the fostered young person also comes.
- Learning to speak about cultural meanings given to the problems of foster parents and foster youth, as well as being aware that the meaning given to the problems by a foster care worker living in a Western culture is also culturally determined and may possibly differ from the meaning given to it by foster child or foster parents. This may include both the culturally influenced view of the nature of the problem, of the intervention and counselling (therapy) needed, as well as of the cause and what to work towards in counselling (cultural influence on the illness narratives). Working culturally sensitive does not necessarily mean knowing all these other cultural meanings, but remaining aware that foster care worker and foster parent/foster child may have different, culturally influenced views on the origin of the problem (the aetiology), the designation of the problem (the diagnosis) and the treatment or intervention (the therapy).
- Remain aware that thinking about 'disorder' or placing an individual focus on the child or on the foster parents' nuclear family is a cultural Western way of doing things in counselling. Difficulties in parenting and child development are sometimes attributed to or explained by very different concepts in other cultures of origin, not all of which one should or can be familiar with as a counsellor. However, it is important that the counsellor can approach these explanations with an interested and *non-knowing attitude*, without thinking that the Western view is the scientific one and the other view a matter of superstition or mere magic.

6.2. Cultural models of normality and pathology in the context of mental health and child development

- Culture-sensitive counselling does not mean that everything has to be culturalised: cultural signification is a bedding that helps to understand difficulties and to see opportunities. But culture is not everything or the only thing, and certainly not a holy cow. Indeed, it is concrete families and individuals who come to use the cultural signification of the difficulties while bringing up the foster child; it is concrete families and individuals who are leaving out certain cultural meanings and

pushing others forward. In this sense, culture-social group-individual are always intertwined. We should avoid culturalising (understanding everything only from a cultural point of view) or psychologising (not considering other dimensions than the individual or the smaller nuclear family).

- Remain aware that there are culturally different views on 'the self' and the goals one should set in life. Western perspectives stress the autonomous self, other-cultural perspectives are more likely to see identity as socially determined (the relational self). One can emphasize one's own development and achievement (and encourage a foster child to self-develop, 'standing out', being autonomous) but also be mindful of how that foster child is busy 'fitting in', fitting into a loyalty system (loyal to family and culture of origin).
- Also continue to pay attention to cultural norms and interpretations of developmental tasks. What do the supervisors, the foster parents and the foster child expect from the foster placement?
- Also consider shame around difficulties in foster placement. An “honour culture” (Rodriguez-Mosquera *et al.,* 2002) may prevail. Can you question the significance of the foster parents' shame about losing face when they have educational problems, especially when they come from a similar cultural background as the child in question? Can you also talk about guilt of the foster parents when their foster child is not doing well? Or about guilt in the child (survivor's guilt)?
- Emphasise narrative ('storytelling') attitudes by helping them talk about their sense of self, the social roles they play and the views they have about normal and problematic parenting, child development or education.
- In all these matters, remain 'culturally informed' (having an eye for cultural meanings) and non-knowing (i.e.: open and aware of one's own Western position as a counsellor)

6.2.1. Working culturally sensitive also means being mindful of intersectionality

- the foster parents are simultaneously adults, have a religious adherence, are European of a different origin, male/female, parents and/or foster parents, members of a community, possibly also distant relatives of the foster youth, etc. These are very different positions. It is therefore important not to see people only from one point of view, for example only as Muslims from Afghanistan, or only as traumatised and weak. They want to be seen as much more than that, as Muslims who want to find their way in Europe, with all their insecurities, or as people who, despite their traumas, also have a special strength.
- Another example is that the foster parents may be Christian/humanist, Flemish, have a certain idea of foster care, but do not know what the flight-specific trauma and grief processes do to their family and do not know how they should deal with

expressions of belonging to or referring to a different cultural and religious origin in their foster child (e.g.: what does it mean for Christian parents to have a young person affirming himself as Muslim in the family?)

The foster family, like the school, for example, is an important partner in the parenting network around a foster child (the child not only as an individual and a family member, but also as human being that is culturally embedded in a family, in school, in a social group and a cultural life-world)

- How does the fostered youngster speak about the foster family and the school? Does the young person give the impression that the family and the school mitigate or rather compound the problems? Do the foster parents and the fostered child, or also the fostered child and the teachers, see each other from a deficit view (only what one lacks or misses in the other, such as 'they (the foster child) don't understand the way of teaching in European schools', or, 'they (the teachers) are racist and fail a sense of universal humanity') or rather from an assimilation view (the child with a refugee background has to adapt in the family and at school like the other children) being blind to the specificity of the vulnerability of these children and the pitfalls of such foster placements and of the influence exile-related trauma can have on a school career?
- A colour-blind attitude in counselling arises when, for instance, teachers, psychotherapists but also (foster) parents do not want to take into account the specificity of such a child and do not want to make an exception based on cultural origin or flight-specific traumata. Then one keeps expecting the same things from these children at the same time or in the same rhythm as from other children. This creates precisely what one wants to avoid: cultural misunderstandings, more discrimination because one is blind for their specific needs, etc.

Foster care workers understand the foster family from the perspective of universal challenges and developmental tasks, but also feel that these universal elements (may) be culturally coloured

- Unaccompanied minors universally need protection and closeness, but also guidance, a strong hand that leads them and sets limits. Universal is also the perception of parenthood as a source of agency: one wants to give these young people the right upbringing. Yet, a fostered young person may also need a specific approach because of the specific life history of the refugee adolescent, or because of suspicion and excessive vigilance in the child towards authorities, teachers, supervisors, etc.). Universal also means, as a parent, wanting the best for your foster child and, as a child, wanting to make your parents (possibly also your foster

parents) proud. Asylum-related feelings of not belonging can cut across these aspects and create a sense of being inadequate as foster parents or shaming your parents as a foster child.

- Culturally influences are also present in how one sees the relationship between parents and children. Possibly foster care workers and foster parents with a background of exile have a different view of what should happen between parents and child. Culturally influenced is also how these young people cope with the loss of the attachment relationship with their biological parents or with separation from parents. Additionally, there are culturally informed forms of mourning and expression of grief and loss.
- Also known in refugee families are 'silencing' and 'active forgetfulness': people do not talk about the country of origin and what they left behind, in order to keep it bearable here. It is possible that the children and/or the foster parents want them to speak about these aspects. It is good to know that in some cultures these things cannot be talked about just like that, no matter how much need there is. One possibility for the foster care worker then is to emphasize caring for each other: helping each other to bear the loss experiences and traumata in silence with and for each other, at least for a certain period of time, in a kind of silent witnessing.
- Another exile-related theme that may come into play in these foster placements is survivor's guilt and falling short of family reunification expectations
- Social stressors in such cases: discrimination at school, feeling like an invader or intruder and having to conform to the wishes of the outside world, feeling not really taken seriously, the child's feeling of being a stranger in the foster family, and the lingering uncertainty that one will eventually be sent back when growing up or becoming an adult anyway

6.2.2. Attachment to the origins, in interaction with an orientation towards integration

- Coping mechanisms that are framed by the culture of origin: for example, turning to religion rather than a psychologist (as would be expected in a secularized north-western perspective); showing identity through characteristics associated with other religions
- Emphasising continuity and re-valuing the cultural identity of origin can be a sign of attachment to the origin or a desire for interconnectedness with the cultural life-world of origin. This feeling of remaining woven into the cultural life-world one has left can be shown by practicing within the foster family elements of life-style from the country or the family of origin
- Having an eye for hybridisation (hybrid identities) or *métissage*: how does the fostered child intertwine diverse cultural worlds, what succeeds and what fails in coming to terms with these hybrid identities? How is a fostered minor refugee

coming to terms with different cultural influences coming from the outside or from within him/herself?

- How do the adolescent and the parents deal with bicultural identities, or, with affirmation of aspects of identity that are different from those of the parents?
- In what ways are the foster parents and the young person focused on social embedding in Europe? Or, do the foster parents especially want to shield the foster child from being influenced by cultural elements other than those prevalent in the family?

6.2.3. Supporting adolescent development and parenting in foster care: some aspects of multiple cultural influences

- Which elements of youth and identity are well understood and accepted by foster parents, which are not?
- How can a foster care worker help change something between foster parents and foster child, each seeking recognition but also hitting a wall. That wall is there because of trauma, cultural otherness (strangeness), loyalty to the biological parents, shame and guilt about shortcomings along both sides, unspoken histories and expectations
- How can foster care embed a family with parents and a foster child within a network of care, in order to support parenting and provide more opportunities for child development, rather than offering individual child therapy or family therapy for this nuclear family (the latter would be a way of working embedded in North-Western European culture).
- Following on from this point, one can also understand the whole of this FORM project on setting up trauma-sensitive and mentalising (reflective) networks in which foster families and foster children can be held or contained, as a cultural choice: a cultural choice different from the traditional Western emphasis on family therapy and individual therapy. In these more individual therapies or nuclear family therapies, the implicit (and consequently culturally influenced) assumption is sometimes made that parents are responsible for all they experience within their foster families. FORM rather wants to install a community or a network of foster care support around these families, a containing and reflecting network around the foster families. In the FORM-project, the foster care workers themselves are also supported. The latter serves to ensure that, as foster care workers, they are not left alone with these families and can obtain the necessary backgrounds on trauma-sensitive, culture-sensitive, kinship foster family-specific and age-specific foster care as well as the necessary skills mediating or intervening in these foster families with an unaccompanied minor refugee.

6.2.4. Attention to aspects of power dynamics between majority-minority in the relationship with a foster family:

- Sometimes as a foster care worker, from an un-reflected cultural embeddedness in western perspective (Eurocentric) and especially from a WEIRD perspective (western, educated, industrialised, rich, democratic), one can exert undue pressure towards verbalising trauma and unbearable loss, towards individual or system therapy, or by emphasizing deficits of foster parents and foster child. Rather, what is preferable is: (a) respecting silencing and adhering to culturally embedded ways of mourning rituals, (b) embedding the foster family in a development-oriented and resilience promoting network of care and school/education, and, (c) continuing to mentalize about this family. That mentalization ability of the foster care workers can sometimes get lost, which is also why supervision of the foster care workers is so important (intervision, supervision in which the foster care workers are helped to deal with and tolerate moments of not-knowing and of impotence, as well as with the tendency to fall back on mere tips and tricks, for instance when one can no longer find the peace of mind to keep the parents and the foster child in mind in moments of severe crisis in the foster family or in moments of severe work-overload in the foster care worker's scheme).

7. An outlook to conclude this conceptual model of therapeutic foster care: making a bridge from the conceptual model to the practical guide

Most aspects that have now been discussed in detail one by one in this conceptual model will be included back in the practice guide, a guide with certain concretisations and guidelines for use of this FORM model, as a model of mentalisation-promoting, trauma-sensitive and culturally-sensitive foster care that aims to safeguard developmental opportunities of unaccompanied refugees in – kinship or non-kinship – foster families. Through the theoretical perspectives and recent research-based and empirically-supported (evidence-based) findings on complex relational traumas of foster children in general and unaccompanied minor refugees in particular, as well as by the subsequent concretisations in the practical guide, we aim to strengthen foster care workers' knowledge of exile-related loss, vulnerability and trauma and we aim to promote their guiding skills. After all, it is the foster care worker who occupies a central place in the caring network around these foster families. As we showed in detail earlier, that is what is new in this form of therapeutic foster care within the FORM-project.

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Co-funded by
the European Union