

The significance of food when living and learning with children with Developmental Trauma



Authors: Billy Smallwood, Head of Clinical Services at Outcomes First Group.

Introduction

Children with Developmental Trauma have experienced traumatic events and deprivation throughout their life span, most have experienced neglect and abuse from their earliest years. For many of these children there will have been no reliable provision of food, they have needed to go without or source what they can, when they can, through whatever means. For some children food may have been intrinsic to their traumatic abuse, through sexual acts, ritual, punishment, contamination /poisoning or witnessing the abuse of others. These children will have experienced their early years as painful and frightening and their carers as powerfully withholding and cruel.

No wonder then that food, playing such a critical part in the most primitive experiences, remains for many a powerful and emotive issue.

The Importance of Food

Food is essential for our very existence and when we enter the world as an infant, we are completely dependent on others to provide it.

'First we eat, then we do everything else.'

(M.F.K. Fisher)

A primary carer providing food for a child is responsible for the child's actual survival as well as their ongoing physical and emotional development. Overtime as the carer consistently responds to the child's discomfort or hunger, the child begins to experience them as someone able to recognise and eventually remove their distress and anxiety. This cycle of events forms the basis of the Attachment Cycle:



A healthy attachment is fundamental in shaping the child's view of themselves, others and the world around them. This is their Internal Working Model (Bowlby 1969).

Therapeutic Aim

One of the core tasks for therapeutic carers of children with developmental trauma is to challenge a child's internal working model, help them experience that others can keep them safe, provide for them and facilitate their physical and emotional growth and to help the child believe that they are worthy, loveable, special and can achieve and succeed.

Scenario

Imagine if you arrived at a restaurant, the staff ignored you and you had to seek their attention. You were told you could sit where you wanted. The only seats available were next to someone you were frightened of. You were told there was a set menu which was brought to you plated up, you have a small portion and your colleague a large one; both meals looked reheated and yet still cold. You had a small plastic beaker of water handed to you. You ate. You were still hungry. You were offered no second helping. As you finished you were told the restaurant was closing, you were to scrape your plates into the bin and needed to leave now.

All our actions are a communication unconsciously or consciously. In this scenario the messages you may have received might be:

- You weren't expected, or indeed very unwelcome when you arrived; a bit of an inconvenience.
- Your comfort and wellbeing wasn't important.
- You had no choice and had to accept what was given to you.
- Some people are worthy/deserve more than you.
- You are not worthy of fresh, wholesome food cooked especially for you when you are ready for it.
- You cannot be trusted not to break things.
- If you are still hungry, there is no more for you.
- There is no extra time for you, even if you need it.
- Everyone is the same. Clear up your own mess.

As an adult however you would probably believe you were worthy of better and not return there again.

And yet the scenario, more or less, could easily be that of a child living in a residential setting. Not consciously perhaps, however due to staff and time pressures, lack of attention to detail and more importantly to a lack of attunement to the children and little understanding of the possible messages such situations convey.

As a child with developmental trauma you would probably believe the above scenario was because you deserved no better, you were not worthy of anything else and that all adults couldn't and wouldn't care and provide for your needs.

If we attune to the children we care for and think about their Internal Working Model it is likely many would believe:

- What do they want in return?
- Food is contaminated
- There's no room for me
- There will not be enough for me
- I deserve cheap food
- Others deserve it and will have more than me

Positive Messages

In the same way that we can convey negative messages through food, we can also convey positive, healing messages by paying attention to all aspects of its provision; what the food is, how it is bought, stored, cooked, served and disposed of. All of this will be symbolically meaningful. We can use food to convey to a child you are thought about, you are special, there is a place for you, there will always be enough for you, carers can be relied upon to provide consistently for you, you are worth making a special effort for, carers can understand your experiences and attune to your feelings and needs.

Food For Thought: Therapeutic Food Provision:

Buying Food:

- Keep stocked up on the essentials and ensure the cupboards/fridge are full, so food is readily available.
- Buy smartly and purchase a range of products, taking into consideration the child's likes.
- Allow each child to add to the shopping list, so they feel their own opinions and ideas are valued.

- Keep healthy snacks available, so children are encouraged to eat healthily.

Storing Food:

- Let food be seen so children know it is there and it's always available.
- Don't lock food away to ensure children don't feel they have no access/restriction to it.
- Follow the rules for safe storage.

Cooking Food

- Take opportunities for a child to feel special, by addressing their particular likes and dislikes.
- Try to make home-made meals when possible, show the child they are worthy of the time and attention.
- Pay attention to presentation, showing the child the care and attention paid to their food.
- Adopt a 'food experience' as part of key work time.
- Think carefully about children cooking with you, ensure the quality and safety of the food.
- Let children watch you, so they can learn from you and see the positive relationship that we can create with food.

Serving Food:

- Make meal times reliable and consistent through set times and expectations, so children know what to expect and when.
- Make the most of celebrations, showing how food can be used positively and enjoyed.
- Give every child and adult a place at the table; a place of safety. Ensure everybody has their place personalised with their own napkin ring, mug, glass, plate. This will help them to feel that they deserve their place and are always thought about.
- Serve at the table, visibly and to the request of the child, 'how much would you like?', allowing them to feel in control, welcomed and a part of the mealtime scenario.
- Give a sense of plenty to the child by adding a bowl of bread, salad and jugs of water at the centre of every meal.
- Make crockery and cutlery attractive and well kept. This will show the positive ideologies we

- Offer a choice of menu which reflects individual needs, cultures and beliefs, ensuring everyone is catered for.

Conclusion

Therapeutic Parents and Teachers within Hillcrest Children's Services recognise the important therapeutic opportunity food can offer for children with developmental trauma.

By attuning to the children and young people's needs, we ensure attention is paid to their previous and current experience of food which enables us to support the development of a positive attachment and Internal Working Model.

References:

- Living Alongside A Child's Recovery, Therapeutic Parenting with Traumatized Children, Billy Pughe & Terry Philpot JKP 2007.
- Bowlby, J. (1969). Attachment. Attachment and loss: Vol. 1. Loss. New York: Basic Books.
- Fisher, M. F. K. (1937). The Art of Eating (Special Edition). New Jersey: John Wiley & Sons.

Spread the word...

If you found this help sheet useful please feel free to share it with anyone who you feel may benefit.

Our help sheets are produced monthly and written by our clinical team. If you would like us to cover any particular subjects around social, emotional and mental health in future editions then please let us know by emailing info@hillcrestcs.co.uk

The complete series of help sheets can be found on our website:
www.hillcrestchildrensservices.co.uk/clinical/resources