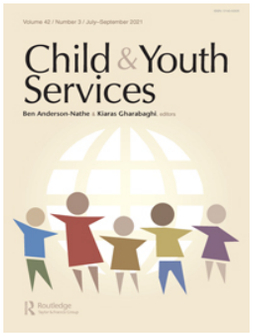

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Experiences of Becoming Emotionally Dysregulated. A Qualitative Study of Staff in Youth Residential Care

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ABSTRACT

Trauma informed care (TIC) emphasizes the importance of professionals maintaining an emotionally regulated state. We interviewed eight staff members in a residential care unit for children and adolescents where TIC had been implemented, about situations wherein they experienced difficulty regulating their own emotions. We identified three major narratives in informants' descriptions: (1) "Are we doing the right things?", (2) "My childhood issues surfaced", and (3) "Missing togetherness with trusted others." The narratives illustrate the emotional strain that can be evoked when working in residential child welfare settings, and within TIC frameworks, and point to potential challenges to resolve when implementing TIC in similar organizations.

KEYWORDS

Co-regulation; residential care; staff emotion dysregulation; trauma-informed care

Introduction

Toward the end of 2018, 1111 children and youth in Norway were living in residential child welfare units (Statistics Norway, 2019). Residential housing is considered the least preferable placement option and is typically selected after the foster parents are unable to fulfill the needs of the children or adolescents (Lehmann & Kayed, 2018). As a consequence, those entering residential programs often have a history of trauma and neglect (American Association Of Children's Residential Centers, 2014; Dovran et al., 2012; Jozefiak et al., 2016). Studies have shown that childhood trauma and neglect may interfere with normal childhood development and cause dysregulation and functional problems in terms of behaviors, emotions, and thoughts (Teicher et al., 2016; van der Kolk, 2014), thereby resulting in

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high-risk behaviors, such as aggression, delinquency, or substance abuse (Zelechoski et al., 2013).

To address these problems, stakeholders focus on the ability of staff members at child welfare residential care units to regulate the aforementioned effects by managing their emotions, avoiding feeling upset, and avoiding retaliation toward negative or provoking behaviors (Lillevik & Øien, 2012). Staff members are encouraged to use the relationship and their embodied actions and reactions as the modality of therapeutic change. This involves conscious use of their body posture, eye-contact, tone of voice, physical touch, and mindful presence (Blaustein & Kinniburgh, 2019; Smith & Spitzmueller, 2016).

On the other hand, emotional dysregulation implies stress-responses of the autonomic nervous system to the level wherein rational thinking is modulated and impaired (Porges, 2011). This may involve various emotions, such as frustration, anger, fear, shame, or sadness. The concept refers to normal experiences and reactions, instead of psychopathology or traumatic stress reactions (Pynoos et al., 1999). Staff in residential child welfare institutions are exposed to stressors with a dysregulating potential. They typically work long hours for a relatively low pay, and have been found to earn less appreciation, compared with other workers in the human service field (Seti, 2008). In addition, they are exposed to the stress related to facing children and adolescents' challenging behaviors, such as noncompliance, aggression, suicide attempts, self-harm, or attempts to run away (Bath & Seita, 2018; Hodgdon et al., 2013; Loughrey et al., 1997). Some staff members have also perceived that superiors do not listen to their input or value them as employees (Decker et al., 2002). Several studies have noted that the context of this type of work implies an elevated risk of burnout, secondary trauma, and compassion fatigue (Brend & Sprang, 2020; Kind et al., 2018; Lakin et al., 2008; Seti, 2008; Tullberg & Boothe, 2019).

Such stressful conditions may influence not only the well-being of staff members, but their work performance as well. Hodgdon et al. (2013) noted that reduced emotional self-regulation among staff may lead to less effective interventions. In a study examining ten residential care programs in Canada, Anglin (2002) found that staff reacted with insensitive and punishing responses when triggered by challenging behaviors from the youth in their care. In a study focused on secure units in Sweden, Andersson (2020) described that narratives of "the violent youth" persisted among the staff, thus potentially justifying coercive interventions. Bath and Seita (2018) further observed that traumatized children and adolescents tend to respond to emotional distress with screaming, threatening behaviors or other expressions that easily dysregulate caretakers and potentially lead to emotional outbursts or harsh reactions.

The importance of the self-regulation capacity of staff members has been particularly emphasized within trauma-informed models of residential care. In Norway, trauma-informed care (TIC) is primarily based on the works of Howard Bath (2008, 2015), who has endorsed the importance of co-regulation around an emphasis on *safety* (feeling safe, physically, emotionally, relationally, and culturally), *connections* (with caring adults, the normal community, and cultural roots), and *coping* (with inner stress and internal challenges) (Bath & Seita, 2018). Co-regulation involves a process wherein the adult caregiver recognizes the stress and inner turmoil of the child and provides a soothing and calming experience through presence and support. The child learns to regulate their own emotions by experiencing the responses of the adult. Over time, the child internalizes these experiences as their own self-regulation capacity (Bath & Seita, 2018; Blaustein & Kinniburgh, 2019).

Similar to other trauma-informed models, Bath's approach represents a mindset or a conceptual framework, instead of a method. The level of operationalization is intentionally low, because it is expected to be combined with more trauma-specific interventions (Bath & Seita, 2018).

The current study is part of a research process involving several stages. First, we designed a qualitative research project that was conducted alongside the implementation of a TIC program in a residential child welfare unit in Norway. The first author was involved throughout this process. The aim of the project was to derive insight regarding the experiences of staff working within a TIC framework and their interpretation of TIC in practice. Results related to the research project are published elsewhere (Steinkopf et al., 2020; Steinkopf et al., 2020). Through the process, we noted that the staff experiences in situations they encountered on a daily basis had the potential to be emotionally dysregulating and further the potential to disrupting their adherence to the TIC model. We administered a new wave of interviews, targeting specific narratives of situations or contexts that may threaten the self-regulation capacity of staff members. We address the following research question: "What factors characterise situations, contexts, and interactions that elicit, or threaten to elicit, emotional dysregulation among staff in this particular Norwegian residential child welfare unit?"

Method

Our qualitative approach is situated within a hermeneutic-phenomenological paradigm (Alvesson & Sköldberg, 2017). The phenomenological aspect is related to our interest in the subjective experiences of participants, and led to the use of individual semi-structured in-depth interviews as the data collection method (Kvale & Brinkmann, 2009). The hermeneutic aspect is

related to the method through which we, as researchers, engaged in the meaning-making process with participants. The final descriptions evolved through a back-and-forth process between the descriptions provided by participants and our interpretations. As recommended by Riessman (2008), to truthfully represent this process, we present the findings in the Results section as a combination of the participants' descriptions and our interpretative reflections (see also Binder et al., 2012).

The concepts of "co-regulation","emotion self-regulation", "and emotional dysregulation" are complex and comprise several layers. In this study, we describe and investigate these concepts through the use of a narrative lens. Bamberg (2012) noted that narratives are "portals into the realm of experience" (p.85). They provide meaning and coherence to life experiences, as well as an understanding of practices as consequences of discourses (Bruner, 1986; Ricoeur, 1992). The description of experiences may in turn lead to future actions and understandings (Riessman, 2008). Therefore, the use of a narrative lens enables the perception of staff being involved in constructing various representations and positions of themselves, their coworkers, the youth, and workplace, as part of their self-regulation project. Moreover, as noted by Kleres (2011), emotions are embedded in narratives—storytelling makes them visible and comprehensible.

Participants

The study location is a public child welfare residential institution in southern Norway, wherein the residing adolescents were aged between 13 and 18 years. When interviews were conducted, the residents had documented histories of trauma and neglect, and the typical length of stay was approximately 12 months. The institution had four adolescent residents with a staff-adolescent ratio of 1:2.

The study participants were all staff who were available at the time scheduled for the interviews, and the total sample comprised of eight staff members—five women and three men. The age range of the participants was 24–65 (mean age 41 years). Six participants had ten years or more of social welfare experience, whereas two participants had less than two years of relevant experience. Seven participants were social workers by education, whereas one was educated as a police officer.

Ethics

The study was approved by the Norwegian Center for Research Data (NSD, ref. number 57112). All participants received written information about the aim of the study and signed a letter of consent. They were

informed about their right to withdraw from the study at any time and that they may not be guaranteed full anonymity, due to the small sample size.

Procedures

The interviews were conducted in-person in a quiet room at the institution. Each interview lasted between 28 and 41 min (mean = 39). Participants were asked to describe situations, events, or interactions that were likely to provoke emotional reactions and potentially produce emotional dysregulation. Furthermore, they were invited to describe the strategies they applied to avoid becoming emotionally dysregulated, and circumstances wherein they experienced inadequacies in these strategies. Following Riessman's (2008) principles of narrative inquiry, coherent stories were facilitated through active listening, vocal and non-verbal prompts (such as "Tell me some more" and "What was the reason?") or by simply repeating the last sentence stated by the participant. All interviews were digitally recorded and later transcribed into Word documents.

Data analysis

The narrative inquiry was based on the overall assumption that storytelling is the primary method of creating meaning and coherence in life (Bruner, 1986; Ricoeur, 1992), and that stories or narratives are a potent method of connecting events in a manner that is consequential for later actions (Riessman, 2008). Analyses were based on Riessman's approach to thematic narrative inquiry, which structures analysis around the content of the stories, instead of linguistic properties or sequential composition. We applied the categorical content mode of reading texts (Lieblich et al., 1998), guided by four analytic steps. The first step is selecting the subtext, which involved reading interviews to identify sections directly related to the research question. Through this step, we identified 29 narrative passages. The second step is determining content categories, wherein passages identified during the first step were categorized into seven categories related to the research question. The third step is sorting the categories into themes, wherein we allocated the seven categories into the following three broader themes: "Are we doing the right things?"; "My childhood issues surfaced"; and "Missing togetherness with trusted others." We selected excerpts for each theme that captured the essential content and meaning of the themes (Kvale & Brinkmann, 2009). The fourth step is drawing conclusions from the results, which involved elaborating on the content in each theme to understand

how staff narratively positioned themselves in relation to the question of emotional dysregulation.

In the current study with a phenomenological and hermeneutic entry, reflexivity is a crucial factor of the research methodology (Alvesson & Sköldberg, 2017). We aimed to derive a self-critical stance throughout the analytic process in which the entire research team took part, voicing critical opinions and questioning interpretations and methods of organizing data. The first author participated as a supervisor for the TIC implementation process at the examined unit and has extensive experience with similar work. Such experience may lead to numerous preconceptions and hypotheses about factors that one would expect to find. Through discussions regarding this issue, the research team identified expectations that participants would become more easily dysregulated by interactions that triggered challenging emotions, as well as interactions where they did not experience social support. Such preconceptions were scrutinized by the group to minimize their potential to affect the interview process and data interpretation.

Moreover, we used respondent validation (Torrance, 2012) as a form of triangulation, wherein preliminary findings and interpretations were regularly discussed individually with participants. During this process, our understandings of participants accounts were clarified, and they could add supplementary Information. Participants expressed confidence in the process through which the study findings were analyzed and interpreted.

Results and discussion

We will organize the results section based on the three overarching themes: (1) "Are we doing the right things?," wherein participants' narratives of emotionally dysregulating experiences were focused on doubt and emotional strain. (2) "My childhood issues surfaced," wherein informants linked emotionally dysregulating experiences to their prior life experiences. (3) "Missing togetherness with trusted others," wherein narratives focused on experiences relating to lack of support in challenging situations or interactions with adolescents. In the first theme, the experiences of all eight participants are represented, whereas the second and third themes represent descriptions from five participants. The narratives presented are excerpts from longer responses to the questions from the interview guide described above. Pseudonyms have been used to refer to participants for the sake of confidentiality.

Are we doing the right things?

In the following excerpt, "Heidi" reflected on her thoughts and feelings connected to a specific situation involving an adolescent with unpredictable

behavior. She highlighted her mental and emotional struggles as she experiences feelings of doubt and uncertainty (R = Researcher):

R: Well, this is interesting. Would this be an example of a situation that could lead to … failures?

Heidi: Yes. Yes.

R: So … then we're at the question (of dysregulation).

Heidi: Yes, this is very challenging. I'm looking for answers because I'm so afraid she'll feel rejected. We've built this base, you know, and she's so concerned that I notice everything she does, you know. If she refrains from making a mess at dinner time, and I don't notice, she makes a case of it: "Don't you see, I've stopped … " It's like walking on a tightrope. About this unhealthy intimacy that's an issue now, it centers around my worries that … this intimacy, this closeness, I feel it is a way of controlling me.

When asked about situations or contexts that may lead to dysregulation, Heidi was preoccupied with meaning-making. She wondered if she was using the right methods, or whether she would ruin the relational base that she perceives to have been built between herself and the adolescent. She aimed at being perceptive to determine and respond to the initiative made by the adolescent. If not, she feared that the adolescent would feel rejected and react with anger and aggression. She described the situation as "walking on a tightrope." In the meaning-making process, she also wondered if she is excessively yielding, and whether she is allowing the adolescent to control her in an unhealthy manner. This is further accentuated as the narrative goes on:

R: Mm. According to the model (TIC), you would think that meeting her needs was the right thing to do …

Heidi: Yes, but she doesn't let go of me.

R: What are your thoughts about this?

Heidi: I feel it's … you know, this is very emotional for me. Let me take an example. We've been sitting together, I've been caressing her, you know. She looks at her watch and realises it is close to bedtime (…). Then, even though watching TV is important to her, she starts to tie her hands to my shoelaces to prevent me from leaving her. Then I have to twist my shoes off and become strict, and tell her to let go that it is bedtime, and I will see her in the morning. Then she goes on saying she'll kill herself; I will not see her in the morning, she will overdose, and a whole lot of threats. I just have to repeat what I'm saying. See you tomorrow, I have to go to bed. She runs ahead, bars the door, won't let me pass. You know, we're able to joke about it in the middle of everything, I pass and go to the office to write up the report. She forces her way into the office, and then everything just escalates, and it all ends with a restraint situation. (…) It is so painful, it's … twisting my soul. I go to bed and hear her screaming outside … those situations, it

> just builds up. These situations are so hard, I feel. I keep thinking about the baby child inside her, how do you meet her in a good way? (…) Then she screams at me that she doesn't trust me anymore, everything is lost, I'm a fucking whore… The next morning all is forgotten; I hug her, and all is fine, and we start all over, this dance. It's tough, you know. I feel this is a critical thing about TIC. You have to make yourself so vulnerable, to allow all this to play out. How long can you take it? So many emotions inside me are activated.

The context for this narrative was an adolescent exhibiting behaviors that Anglin (2002) referred to as pain-based behaviors, involving self-harm, suicidality, and acting out in ways that elicited frequent restraint situations. She would quickly shift between mental states, from being calm to becoming agitated, and then back again. In one moment, she would behave in a manner akin to a child younger than her age, displaying apparent childish needs and behaviors, whereas in the next moment, she would act more in accordance with her age. Heidi described the emotional strain involved for staff when they are unaware about whether their actions, interventions, and choices will benefit the development of the adolescents. In such complex situations, staff will be "looking for answers," even though the "right" choice of intervention is not self-evident. Interventions may even be harmful to the youth or oneself.

The emotional strain involved for staff is evident through the following lines: "It is so painful, it's … twisting my soul. I go to bed and hear her screaming outside… those situations, it just builds up…." Heidi connected the experience of emotional dysregulation to fear or anxiety that follows from situations of doubt, unpredictability, and insecurity. She described a situation of being "in the dark," being in unknown terrain without a map to navigate with. Situations bearing such elements are well-known triggers of anxiety. Some scholars have even considered fear of the unknown as the primary essence of anxiety—"the one fear to rule them all" (Carleton, 2016).

The adolescent's sudden and unexpected shift of state and behavioral mode may lead to an enhanced sense of unpredictability and uncertainty. Heidi described how she and the adolescent would sit together, seemingly having a good time, and the adolescent would suddenly shift from being the "nice person" who appreciates being close, tender, and caressed, into a person who will overdose, kill herself, and scream obscenities at the top of her voice. The situation calls for a state of alertness, wherein staff need to be prepared for a sudden shift at any moment; staff cannot relax and enjoy the happy moments with the youth. Against the background of these experiences of doubt, uncertainty, fear of failure, and unpredictability—the complexity of "the unknown"—Heidís emotional dysregulation is not unusual.

Stress research may deepen our understanding of the dysregulating potential of such situations. Perry (2009) explained that a heightened state

of physiological arousal (e.g., related to situations of unpredictability and uncertainty), reduces connectivity in the prefrontal cortex structure that is crucial for regulating emotions, behaviors, thoughts, and social responses. His term "state-dependent functioning" refers to how the level of physiological arousal dictates the brain areas that are available, and the type of processing that may occur. In situations with high or moderate stress, the brain will be more preoccupied with self-preservation at the cost of reflective thinking and strategic planning (Perry, 1999). Therefore, although the primary task for Heidi is to provide co-regulation for the adolescent through her regulated state, her access to brain areas required for performing this task is at risk of being challenged by the unpredictability, ambiguity, and uncertainty of the situation.

My childhood issues surfaced

In the following two excerpts, narratives about how the staff's own vulnerabilities were triggered are conveyed by "Silje" and "Kari":

R: When it comes to adolescents, who gets you started most easily?

Silje: You mean what category of problems I struggle with?

R: Yes, when you start boiling over.

Silje: I think it must be those who are rude, those who are know-it-alls, better than others, world champions. I work myself up over those (…) I know a bit of what that's about … inside me, why I react so strongly to that category of youth. Those who are so extroverted and know everything, and kind of take control in the group in a way. I struggle with them.

R: You've been thinking about this, and you see why these kids get to you more than others?

Silje: I have. I come from a family where knowledge and mastery were cherished and I have always felt that I was less competent and had less knowledge than others. So, when I encounter these kids who are "know-it-alls," it is not a nice label, but they trigger something inside me, something from my own family.

R: What strategies are useful for you in such situations?

Silje: The most important for me is to express it, talk about it. Then I need not spend so much energy to hide that I … that I feel that way towards these adolescents.

Silje's narrative focused primarily on herself, not on the situation or the interaction with the youth. She attributed her problem of maintaining an emotionally regulated state to personal factors, rather than those within the youth. Kari conveyed a similar narrative:

Kari: Actually, I think it is this patronising attitude when someone looks down at you, commanding … it's degrading, in a way.

R: Yes.

Kari: That's the worst; that's a trigger for me.

R: Someone looking down at you …

Kari: That's a really heavy trigger.

R: (…) Lots of potential triggers, why this one?

Kari: It has something to do with my childhood; my father was very patronising. I guess it's still there.

R: Mm. Mm.

Kari: It's like … during my childhood, there were a lot of shouting, screaming, things breaking. So, such things don't make me feel unsafe, in a way. I've spent a lot of time thinking it over.

R: Yes.

Both narratives express the idea that challenging situations in the present, at the institution-level, are influenced by their own past experiences. Participants describe how memories of adversities serve as triggers for stressful emotions. The first excerpt (Silje) presents childhood experiences of feeling inferior. The narrative also indicates sensitivity to rudeness or disrespect, and promoting oneself at the cost of others; "better than others, world champions, (…) those who are so extrovert and kind of take control in the group." Silje has been reflecting on these issues and has noted an association between these past experiences and a feeling of being "less competent and having less knowledge than others." She described how such memories are evoked by youth with seemingly similar traits or behaviors. Likewise, Kari related a narrative of how memories of childhood familial unrest serve as a buffer against noise, screaming, violence, and threats in the present; "During my childhood, there was a lot of shouting, screaming, things breaking. So, such things don't make me feel unsafe, in a way." On the other hand, her reaction may also reflect a psychological defence mechanism—dissociation or avoidance (Silberg, 2013).

Both narratives can be perceived as reflecting the complexity of these contexts, where reminders of the worker's stressful memories from childhood may both provoke emotional dysregulation and simultaneously support mastery by providing familiarity with unpleasant situations. Kari proceeded with a narrative of emotional dysregulation related to encounters with youths who look down at the staff or display a patronizing attitude: "That's the worst; that's a trigger for me." Among numerous potential situations or contexts, a patronizing attitude seems to be the most challenging factor for her emotional regulation. Kari connected her sensitivity toward

this attitude to childhood memories of a patronizing father; youths who evoke this memory are the ones who most easily lead to her losing her temper.

Silje then related the strategy she used to avoid becoming dysregulated: "The most important for me is to express it, talk about it. Then I need not spend so much energy to hide that I … that I feel this way towards these adolescents." She was aware that holding back emotions and motivations consumed energy, because feelings of shame are activated, and that expressing difficult emotions through words can reduce their intensity (Lieberman et al., 2007).

Missing togetherness with trusted others

When "Jon" was asked about situations that could dysregulate him emotionally, he immediately started to discuss the team:

Jon: Well, you're not always sure. But what I would be most wary of would be to work together with someone who didn't know TIC well or … then I feel … eh, I think it may be hard.

R: Yes. Yes.

Jon: I've experienced some situations like that and what we did were not according to the model (TIC). It's got something to do with stability, both with those close in your team. I've seen many times that when colleagues are sick, and we get substitutes … and when they are unfamiliar with the model, then that's a challenge.

R: Yes. Yes.

Jon: Then you need to be more alert than in normal circumstances. You can't do it the way you would normally do.

Jon responded with a narrative of missing support from colleagues, attributing his emotional dysregulation to factors embedded in the team. He described that substitute staff may cause insecurity by being new, and staff members with diverging theoretical perspectives may destabilize the team. The context for the narrative is a situation with an adolescent with particularly challenging behavior. In this situation, less experienced staff may call for stricter boundaries and more restraints, whereas regular staff, who are more immersed in TIC, would argue against such measures. These discussions surfaced regularly during sick-leaves and periods of leadership instability.

Another aspect of "togetherness" is presented in the following story, forwarded by "Silje":

R: What would have made it worse? What would have made you lose it?

Silje: It would have been to be all alone. To have no backing. It's essential that I have someone close who understands me, or if I hadn't been working on my problems, if I didn't know of my challenges … then I guess the negative voices inside my head would have won and just continued to tell me what a

> failure I am and how bad I acted in this or that situation. Then I guess I would have lost it. But I feel I've improved since I've been working on it, and became more conscious about it. (…) You know, I have these reliable colleagues who support me when I've been uncertain. We've sat down and talked and discussed what can we do, what are the options …

As outlined above, when Silje was asked about emotionally dysregulating situations, her initial narrative focused on the childhood memories that were triggered. When asked about the factors that would escalate the situation—or cause her "boil over"—her response also turns to a narrative of togetherness, or lack thereof: "It would have been to be all alone." She continued referring to "negative voices" inside her head that would tell her "what a failure" she was and judge her performance. The "fear-of-failure" component can be noted in Silje's narrative. However, she also explained how she was able to cope due to co-regulation with a colleague: "I have these reliable colleagues who have supported me when I've been uncertain," thereby illustrating how co-regulation in staff–staff interactions serve to maintain an emotionally regulated state. She expressed the need for support from colleagues: "It's *essential* that I have someone close who understands me." Using the word "understand," she seemingly referred to something more tangible than professional support. She may have addressed more personal needs or challenges. However, her narrative reflects the fundamental human need to feel emotionally connected to others, and a key factor of this connection is the need to be understood (Porges, 2011). Social rejection, as the antagonist, is a widely acknowledged driving factor of anxiety (Buss, 1990). The emotional content of the narrative is prominent; fear of being a failure, fear of being alone or cut off from "the pack," and shame connected to the negative voices who will nail her to her failures.

Discussion

Residential care staff are subjected to various stressors that may challenge their capacity to maintain an emotionally regulated state. In this study, we addressed the phenomenological aspects of dysregulating situations, contexts, and interactions that were dysregulating. We identified the following narrative themes: "Are we doing the right things?"; "My childhood issues surfaced"; and "Missing togetherness with trusted others." These themes are focused on unpredictability, uncertainty, fear of failure, the effects of adverse childhood memories in daily practice, and the importance of social support

Studies regarding the emotional strain on staff at residential care units have focused on various external factors, such as pay, work hours (Seti, 2008), adolescents' challenging behaviors, noncompliance, suicide attempts, self-harm (Hodgdon et al., 2013), and secondary traumatization through the stories of these adolescents (Kind et al., 2018). Therefore, in the current study, the

participants' "self-scrutinising" focus was a notable factor. Narratives about emotionally dysregulating situations for staff may have been expected to be focused on the aggressive, violent, or suicidal behaviors of adolescents. However, the narratives presented in this study are focused on the staff's emotions that they perceived to be difficult to process and cope with. They described feelings of insecurity, helplessness, loneliness, failure, and shame. Moreover, participants did not externalize the causes of these emotions, but instead attributed them to factors within or among themselves. In the first theme ("Are we doing the right things?"), difficult emotions were primarily attributed to the continuous meaning-making processes in a complex work situation, such as that of a residential care unit. Without any clear answers, there is a situation-based negotiation of decisions regarding how can intervene. In the second theme ("My childhood issues surfaced"), staff blamed themselves and highlighted emotional vulnerabilities rooted in their childhood experiences. In the third theme ("Missing togetherness with trusted others"), they blamed their team members, and attributed experiences of becoming emotionally dysregulated to lack of support from other staff.

Participant narratives highlight the emotional strain that can be provoked when working within a TIC framework. Heidi stated that "you have to make yourself so vulnerable, to allow all this to play out." She implied that the trauma-informed mindset requires increased tolerance from staff and this method of working allows room for emotional and behavioral expressions to play out, compared with many other approaches. Because TIC is not a uniform method with operationalized interventions (Harris & Fallot, 2001; SAMHSA, 2014), staff are repeatedly subjected to interpretations and negotiations (Donisch et al., 2016; Hanson & Lang, 2016). The framework is based on the idea that the development of adolescents is facilitated through the ability of staff members to tolerate this complexity and deal with the often unexpected emotions and behaviors through their inner state. Therefore, one may note that TIC models welcome anxiety and emotional dysregulation, by challenging the deep-rooted human needs of predictability and control.

The narratives provided by informants highlight the emotional strain of being regularly exposed to these factors. As more services adapt trauma-informed practices to address the needs of traumatized adolescents (Tullberg et al., 2017; Yatchmenoff et al., 2017), it is increasingly crucial to acknowledge these emotional costs. If not, they may lead to frustration and demands for interventions that promise increased predictability and order (Van Beurden et al., 2013), beyond setting safe boundaries and having consistent routines. To avoid these processes, efforts must be focused toward ensuring that staff are in agreement about the theoretical model being used, and that all stakeholders, including the management and supervisors, commit to the same model (Sundborg, 2019).

Moreover, the participant narratives serve to highlight research that showed the effect of stressful childhood experiences on emotional functioning during later stages in life. Both Silje and Kari noted that emotional vulnerabilities originating from their past led them to become emotionally dysregulated. Many studies have demonstrated strong associations between stressful childhood experiences and a spectrum of social and emotional challenges in adulthood (Felitti & Anda, 2010), including the tendency to become more easily emotionally dysregulated (Cozolino & Siegel, 2010; van der Kolk, 2014). Awareness regarding such mechanisms may be particularly relevant in terms of working in a child welfare residential setting. First, as noted by the study participants, such work involves exposure to encounters that are likely to trigger challenging early-life experiences. Staff in residential care units run a high risk of being exposed to both physical and non-physical violence and aggression in the context of their work (Bath & Seita, 2018; Tullberg & Boothe, 2019; Wilson et al., 2017).

Second, some evidence suggest that residential care workers may have higher levels of adverse childhood experiences (ACEs) than the general population (Hiles Howard et al., 2015). Regardless, even if residential care staffs ACE levels are no lower than the prevalence in the community (Maunder et al., 2010)—given the need for residential care workers in TIC to leverage their emotional experience and expression in the service of the children in their care, and evidence suggesting an association between adverse childhood experiences and psychological distress (Maunder et al., 2010), this warrants more attention.

Against this background, despite being a delicate issue, the participant narratives may support the idea of making past stressful experiences of child welfare staff an explicit theme. Tullberg and Boothe (2019) discussed secondary trauma among child welfare staff, and argued that this must be addressed at an *organizational* level to avoid leaving it to staff as an individual responsibility. They noted that the use of self-care strategies alone are ineffective in terms of relieving secondary trauma symptoms (Bober & Regehr, 2006), and suggested that supervisors and managers must be trained to identify symptoms and address them effectively. The participant narratives are not focused on secondary traumatic stress, nor about how memories or experiences of a traumatic character were triggered. However, their descriptions highlight the importance of addressing different types of prior negative experiences in a coherent and agency-based manner, as part of the cultural practice of agencies.

One such cultural practice may include explicitly attending to the emotional experiences of residential care workers through strategies that promote the development of self-and co-regulation skills into the structural procedures in child welfare residential settings. Although the concept of co-regulation

originates from developmental psychology and primarily refers to the care methods used for infants (Tronick, 2007), the participants emphasized the importance of togetherness as a reminder of the more general relevance of the concept. Research has identified social support as the most central protective factor in times of stress and hardships (Seikkula et al., 2003), thereby indicating that our need for co-regulation continues throughout our life cycle. According to Porges (2011), engaging in relationships is our primary source of emotional regulation and stress management. When we feel upset or afraid, our primary line of defence is to reach out to other humans for self-regulation. If this strategy fails, our brain retreats to more basic defence mechanisms, such as fight, flight, freeze, or submission (ibid.). Moreover, because one cannot constructively regulate others while being dysregulated, such mechanisms reduce the ability of staff to handle the challenging behaviors and emotional expressions of adolescents. The concept of co-regulation is an integral part of the TIC perspective on fulfilling the needs of traumatized adolescents. As observed by Brend and Sprang (2020), the practices embedded in TIC may both address and reduce distress among staff. However, in their article, they referred to secondary traumatic stress, whereas our study focuses on emotional dysregulation in general, and ensuring that general TIC practices that are crucial for organizational and cultural systems of collegial support may serve to integrate the various aspects of TIC (see also Blaustein & Kinniburgh, 2019; Bloom, 2013; Brend & Sprang, 2020).

Strength and limitations

The contribution of the current study is limited due to its sample size and small-scale qualitative analysis. Moreover, interviewees were attuned to having a reflexive attitude toward their own practice due to their TIC training. This may account for their self-scrutinising focus and their awareness of potential influences from their own childhood experiences. However, their TIC training ensures that our study is increasingly relevant for other child welfare systems where such approaches are implemented or in the process of being implemented. The study provides situated, contextual descriptions of real-life challenges for residential care workers partaking in such processes. Along with reports from other contexts, our study results may provide a background for further advances in residential treatment and care.

Conclusions and implications for practice

In this study, situations and contexts resulting in the risk of staff becoming emotionally dysregulated were connected to emotions of insecurity, helplessness, loneliness, failure, and shame, elicited by complex situations and

contexts. Participants also reported emotion dysregulation connected to triggering distressing memories and the fear of being disconnected from others. These narratives suggest a need for cultural and organizational responses to address the prevailing stress involved in day-to-day decision making. Furthermore, although this is a sensitive issue, it may be useful to address the distressing childhood memories of staff members that are triggered by the youth, through organizational practices and routines. These structures may also serve to enhance feelings of connectedness within the organization. Finally, these findings suggest that adherence to TIP models may imply more emotional strain for staff, compared to other models, thus indicating a promising topic for future research efforts.

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