Growing Home

Supporting Indigenous Youth with Foster Care Stories

CARMEN EKKELENKAMP, R. PSYCH

Carmen Ekkelenkamp

Registered psychologist and foster mom.

I am the granddaughter of Dutch immigrants. I was born on the land of the Anishinaabe, also known as the People of the Three Fires. I have grown up on, and now live, work, and play on Treaty 6 and Metis Region 4 territory.

I approach this work from the Western way of seeing, but with deep respect for the Indigenous way of seeing. My hope is that these perspectives can be woven together.

I acknowledge that I have privilege and bias, and I welcome your wisdom and correction.

“

This whole idea of ‘it takes a village to raise a child’ is exactly how we’re supposed to live.

HELEN FISHER

“First Nations children in Canada are removed from their homes and placed into the child welfare care system at a rate of **17 times** that of non-Indigenous children during a child welfare investigation. First Nations children in Canada enter the child welfare system at a younger age, stay longer, and have a history of being placed in homes that aid in the removal of their cultural identity.”

As of March 2026, of the children and youth receiving intervention care from Alberta's Child and Family Services (CFS), **71%** were Indigenous. Of the children and youth *in care* (a form of intervention), **78%** were Indigenous.

As of April 2021, Indigenous children make up less than **10%** of the child and youth population in Alberta.

As of 2020, in Alberta, the maximum age to continue receiving care from CFS is 22 years old (or 24 years old with the Transition to Adulthood program). Through Indigenous Services Canada, youth can receive support until 26 years old.

As of 2019, in Canada, “**80%** of Indigenous youth that age out of care do not graduate high school and experience high rates of suicide, homelessness, substance misuse, incarceration, and continued involvement with the system.”

1

What can we realistically **expect** from youth who have experienced attachment disruptions?

2

How can we **connect** with these individuals in practical and empowering ways?

3

When are these individuals most in need of our support and care, in order to **prevent** further intervention?

What can we realistically **expect** from youth who have experienced attachment disruptions?

How can we **connect** with these individuals in practical and empowering ways?

When are these individuals most in need of our support and care, in order to **prevent** further intervention?

DIAGNOSES

Pathology or adaptation?

PTSD

c-PTSD

DTD

RAD

FASD

ADHD

OCD

BPD

Anxiety

Depression

Bipolar

Trauma is not what happens to you. It is what happens inside of you as a result of what happens to you. (Gabor Mate)

Any event that overwhelms the ordinary human adaptations to life. The event leaves us powerless or helpless with losses of control, dignity, sense of belonging or meaning. (Judith Herman)

Trauma is anything the body perceives as too much, too fast, too soon. (Resmaa Menakem)

DEVELOPMENTAL TRAUMA

Experiencing or witnessing

overwhelming events or ongoing stressors

that threaten (or are perceived to threaten) one’s safety or the safety of another

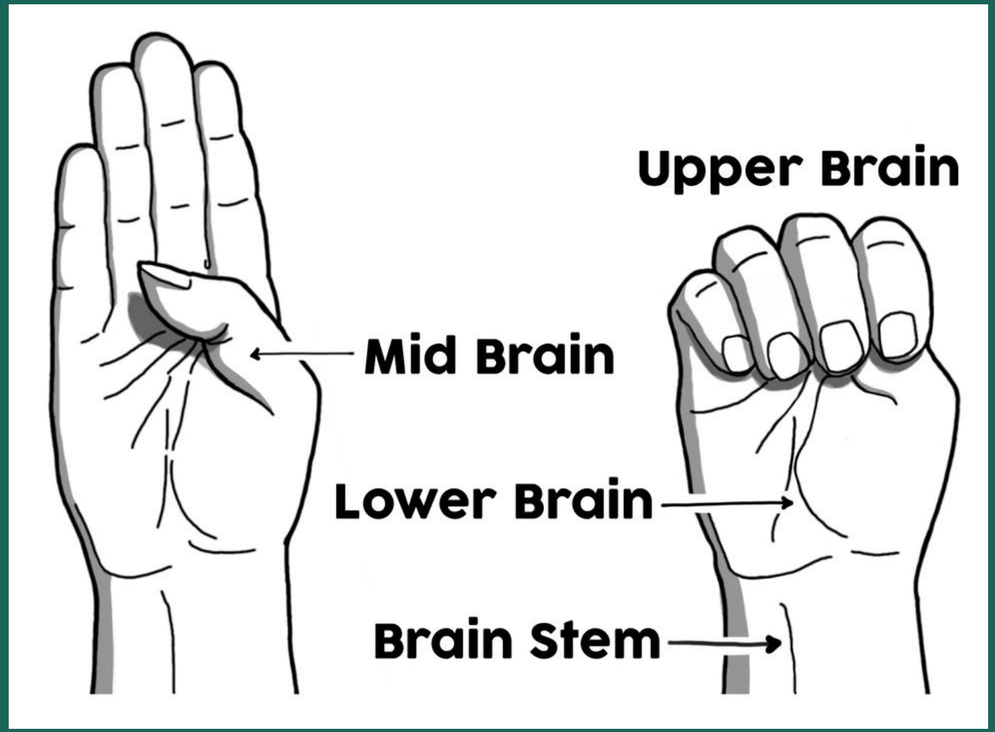
without sufficient support (protection, intervention, attunement, attachment, presence, etc.)

in childhood and/or adolescence (most impactful ages 0 - 6 years).

BRAIN DEVELOPMENT

Brain development has three stages:

1. Low/Brainstem: regulation, sensory/motor input and survival
2. Midbrain/Limbic System: attachment, emotions, memories
3. Upper/Cortical brain: thinking, learning, language, inhibition, executive functioning



THE EFFECTS OF TRAUMA

(MODEL FROM BEACON HOUSE)

1. Low/Brainstem
    - Sensory Development
    - Dissociation
2. Midbrain/Limbic System
    - Attachment Development
    - Emotional Regulation
    - Behavioral Regulation
3. Upper/Cortical brain
    - Cognition
    - Self Concept and Identity Development

BRAINSTEM

Brainstem development can be interfered with by traumatic, very early life experiences:

- Impairments to regulatory functions
- Alterations to survival responses

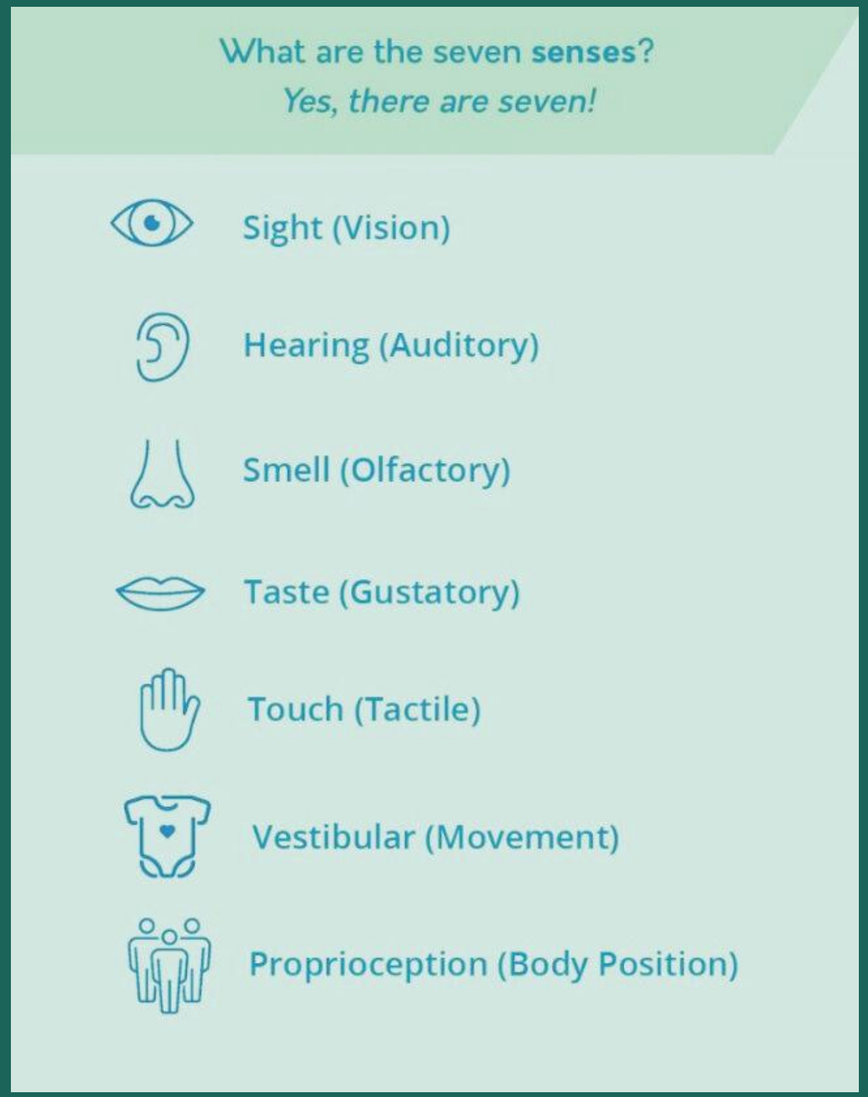
SENSORY DEVELOPMENT

Pre-verbal memories are sensory information:

- Hypervigilant to sensory cues
- Difficulty filtering input
- Easily overwhelmed

Regulatory behaviors are unusual:

- Over or under reactions
- Difficult to soothe or regulate



SENSORY DEVELOPMENT

- Difficulty with concentration and attention
- Jumpy, restless, hypervigilant
- Difficulty recognizing bodily cues (hunger, temperature, toileting)
- Overwhelmed by large sensory experiences (volume in the room, bright lights and colours)
- Impaired motor skills (coordination, balance, speech, feeding)
- Seeking sensory stimulation to support regulation
- Avoiding sensory stimulation to prevent pain/discomfort
- Self-soothing with unusual/unaccepted strategies (chewing, sucking, biting, rocking)
- Shutting down/zoning out (dissociation)

BRAINSTEM

DISSOCIATION

Dissociation is a survival strategy commonly used by children:

- Brainstem perceives danger
- Disconnects consciousness from environment

Protective behavioral responses can still occur, but without conscious intention.

Dissociative responses are often confusing, misunderstood, and judged.

DISSOCIATION

- Unfocused
- Vacant gaze
- Inconsistent abilities
- Academic underachievement
- Appearing not to listen
- Forgetfulness and confusion
- Unpredictable regression

- Perceived as disrespectful and/or dishonest
- Difficulty learning from previous experiences (consequences and punishments can be ineffective)
- Changes in social relationships when friends and peers cannot predict or understand them

MIDBRAIN

ATTACHMENT DEVELOPMENT

Attachment sets the tone of relational connections and supports brain development.

Attachment is formed through infant and caregiver interactions (e.g., attunement).

Attachment strategies are adaptively developed to:

- Ensure survival and protect from harm
- Maintain closeness and connection

Secure attachment:

- Feel safe/trusting in relationships
- Have a secure (developing) sense of self
- Perceive caregivers as consistent, responsive, and available

Insecure attachment:

- Struggle to feel safe/trusting in relationships
- Struggle to develop a strong /positive sense of self
- Perceive caregivers as inconsistent, unpredictable, unsafe and/or neglectful

ATTACHMENT DEVELOPMENT

~~ATTENTION SEEKING~~

ATTACHMENT SEEKING

CONNECTION SEEKING

- Severe anxiety or anger upon separation
- Over or under connection and/or expression
- Never asking for help *or* always needing help
- Distressed by relational boundary setting
- Testing boundaries with important others
- Different behavior around different people
- Difficulties in friendships (demanding, inflexible, easily controlled)
- Disrupted by changes/losses/transitions in community

“

Relationships heal relational trauma.

DR. KAREN TRIESMAN

REACTIVE ATTACHMENT DISORDER (RAD)

- Uncommon in the general population, but common among those who have early attachment disruptions.
- Results from severe abuse, neglect, and/or institutionalization in the first five years of life.
- Two presentations:
  - Inhibited RAD looks like extreme resistance to connection and closeness, whether physical or emotional. These individuals reject attachment.
  - Disinhibted RAD looks like indiscriminate, boundariless connection seeking with others. These individuals unsafely seek attachment.

Removal from biological parental care is the most severe attachment rupture.

MIDBRAIN

EMOTIONAL REGULATION

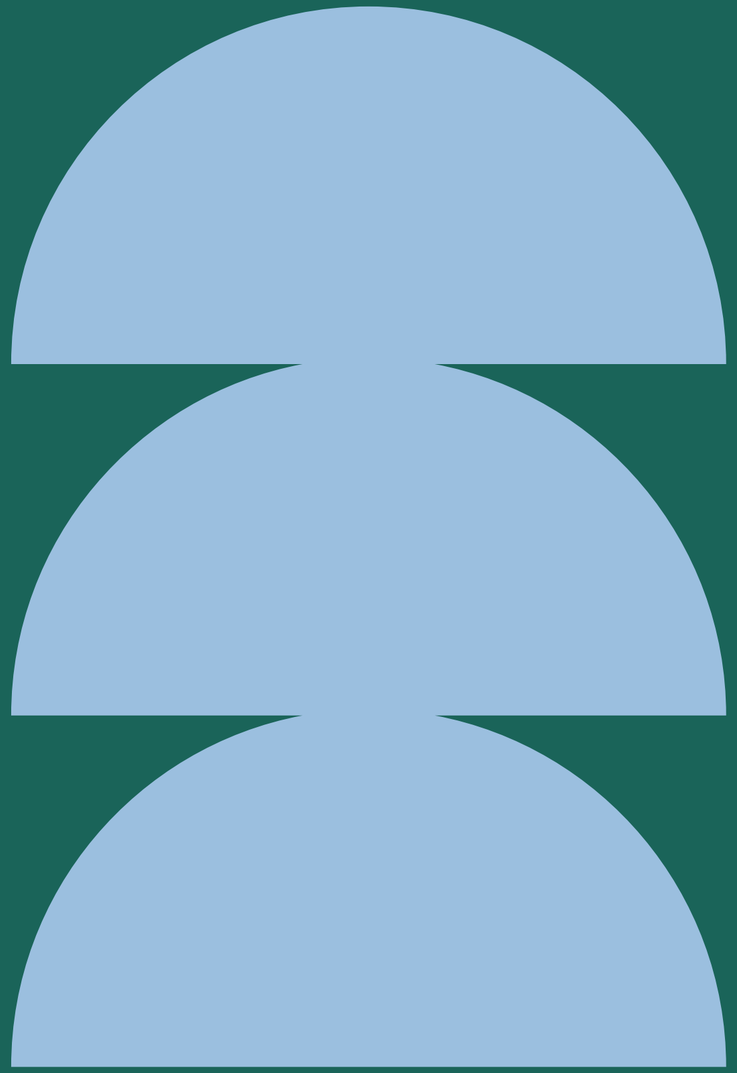
Emotional regulation involves:

1. Noticing
2. Deciphering
3. Expressing
4. Returning

Emotional regulation is learned through:

- Observational learning
- Overt instruction
- Co-regulation

What a caregiver can tolerate, a child can regulate.



If regulatory brainstem functions are disrupted, regulatory skills may be non-existent or insufficient. **Older children and teens still need co-regulation.**

- Misunderstood, judged, prevented, or disciplined
- Intentionally immature, manipulative, or aggressive
- Physically and/or emotionally dangerous

In many cases, they can learn to regulate their emotions!

EMOTIONAL REGULATION

- Outbursts of extreme emotion that seem disproportionate or unpredictable
- Prolonged meltdowns
- Immature social skills (jealousy, possessiveness, sulking)
- Not following rules, routines, or expectations
- Unable to learn due to emotional overwhelm
- Aggression to self, others, and property
  - Biting, hitting, kicking, slamming doors, throwing/destroying things
- Running away and/or hiding
- Poor tolerance for or overwhelm from others' emotions

“

You cannot punish away an emotional problem. Punishment only compounds an emotional problem.

CHILD AND FAMILY SERVICES

MIDBRAIN

BEHAVIORAL REGULATION

Behavior is the expression and communication of feelings and needs.

- Child sends a message
- Adult considers and interprets message
- Adult responds to message, not behavior

Appropriate behavior is defined by social norms and required for social acceptance.

Behavior *can* be intentionally initiated and inhibited, but it can also be “hijacked” for survival.

BEHAVIORAL REGULATION

Humans in danger have the instinct to FLOCK.

Hyper-aroused responses are energy-using: FIGHT and FLIGHT.

Aggression (physical/verbal), shouting, running, animalistic, disruption, fidgeting, squirming

Hypo-aroused responses are energy-preserving: FLOP and FRAGMENT.

Zoning out, low responsiveness, silent, lethargic, distracted, disconnected, numb

The FREEZE and FAWN responses are between the urges to use energy and preserve energy.

Stiff posture, appearing stuck, quiet, overly compliant, extremely helpful, “people-pleasing”

BEHAVIORAL REGULATION

Many behavioral responses are an attempt to overcome the constant sense of being powerless. Behaviors can be power-seeking and/or motivated by the belief that needs must be met by the self.

- Lying
- Stealing
- Hoarding
- Over or under eating
- Perceived defiance/disobedience
- Refusal of school, medication, etc.
- Denial of body needs
- Inflexibility

BEHAVIORAL REGULATION

Many behavioral responses are an attempt to overcome the constant sense of being powerless. Behaviors can be power-seeking and/or motivated by the belief that needs must be met by the self.

- Lying
- Stealing
- Hoarding
- Over or under eating
- Perceived defiance/disobedience
- Refusal of school, medication, etc.
- Denial of body needs
- Inflexibility

- It’s not that they don’t know or don’t care!
- Disappointment, embarrassment, shame, guilt
- Fear of rejection
- Experiences of rejection
- Vicious cycle

CORTICAL BRAIN

COGNITION

The cortical brain is often under-developed.

- Energy (blood and oxygen) directed to brainstem and midbrain
- Missed learning opportunities

Dysmaturity: widening gap between developmental and chronological age, between peers and self.

COGNITION

- Problem solving
- Completing tasks
- Processing speed
- Understanding new information
- Verbalizing thoughts
- Recognizing social cues

- Organizing belongings
- Being mindful of time
- Remembering instructions/directions
- Seeing others' perspectives/reasoning
- Seeing "grey" (black and white thinking)
- Abstract thinking

CORTICAL BRAIN

SELF-CONCEPT & IDENTITY DEVELOPMENT

Self-concept:

- Starts developing immediately
- Largely influenced by experience and relationship

Developmental trauma often causes:

- Extremely negative self-image
- Extremely severe inner critic
- Extremely persistent knowing of self as bad

Identity development is impacted when children are focused on survival:

- Unknown preferences, interests, etc.
- Poor or nonexistent self-identity
- Vulnerable to others' influence

SELF-CONCEPT & IDENTITY DEVELOPMENT

- Socially adrift or social butterfly
- Trouble indicating preference
- Rejecting or uncomfortable receiving care or praise
- Easily set back by “failures”
- Difficulty trying new things
- Very doubtful of own skills or character
- Overwhelmed by shame when given feedback or discipline
- Distraught when attachment figures give attention to others
- Highly self-critical, which can be verbalized

What can we realistically **expect** from youth who have experienced attachment disruptions?

How can we **connect** with these individuals in practical and empowering ways?

When are these individuals most in need of our support and care, in order to **prevent** further intervention?

“

When finding housing for homeless First Nations, Métis and Inuit youth who have exited or aged out of the care system, it is just as important to find reconnection with the self, with kin, with community, culture, and land. Furthermore, it is important to consider how **trust** can be developed in these settings.

MAKING THE SHIFT - ENVIRONMENTAL SCAN

RECOMMENDATIONS

Making the Shift research

- Relationship with Elders
- Non-human relationships (land, water, animals, medicine, etc.)
- Culturally competent workers, transition workers
  - HEART and SPIRIT Training
- Funding priorities: housing, education, employment, and mental health
- Measuring to Thrive Framework
  - “Thriving First Nations children need thriving First Nations communities.”
- Youth in Transition to Adulthood (First Nations Health Consortium, Alberta), Post-Majority Services Toolkit (Yukon)
- Multigenerational housing

ATTACH TO THEM

- Prioritize connection over everything else
- Use the lens of unrelenting compassion
- Be patient and consistent
- Limit expectations of reciprocity
- Model understanding, empathy, and kindness
- When rupture occurs, repair it
- Provide mentorship that is consistent, stable, and personalized

and prove that it’s safe for them to attach to you.

“

I’ve spent 20 years raised as a White person. I don’t know how to find Indigenous ways. I don’t know how to comfortably ask people about it because there’s such a stigma against it.

AMANDA ERVIN, HANNAH ODEKINA, ANIKA DIRK, FATEMEH SALEHI-SHAHRABI, CHLOE LUCK, MARY GREENSHIELDS, JANICE M. VICTOR

TEACH THEM

- Cultural teachings, language, ceremony, story, food
- Give them an opportunity to be culturally competent
- Tailor the teaching to them by making it flexible and accessible
- Share with them all the beauty in their ancestry and inheritance (intuition, wisdom, resilience, connection)
- Share with them the stories of pain and hurt in their family (their history, their loved ones, their inner experiences)

and help them make sense
to themselves.

“Once you have made significant relationships with an Indigenous family, you are considered family regardless of who you are and where you were born. When a Cree person claims you as family, that bond is unquestionable, and you are accepted into the community.”

CHEYENNE GREYEYES, CELINA VIPOND, CYNTHIA PUDDU

HONOR THEIR STORY

- Ask them questions and listen wholeheartedly
- Help them to maintain connections with those they have attached to
- Be curious about those who have shared the journey with them
- Advocate for them (be aware of resources and referral options)
- Support their individual needs, no matter how they are expressed
- Give them opportunities to show their strengths
- Let them guide the way with this work

and embrace all of who they are.

What can we realistically **expect** from youth who have experienced attachment disruptions?

How can we **connect** with these individuals in practical and empowering ways?

When are these individuals most in need of our support and care, in order to **prevent** further intervention?

PREVENTATIVE TIMING

Risk of multigenerational CFS involvement

- 3 - 4 times more likely than the general population

Vulnerable stages

- Exiting care
- Early adulthood
- First time parenthood
    - Prenatal intervention, parenting education, presence

Alberta Family Wellness Initiative - Brain Story Certification
Association for Training on Trauma and Attachment in Children
Attachment and Trauma Network
Beacon House
Center on the Developing Mind (Harvard University)
Changing Our Minds - Naomi Fisher
Child Mind Institute
Co-Regulation Handbook - Linda Murphy
Declarative Language Handbook - Linda Murphy
Healing the Soul Wound - Eduardo Duran
Legacy - Suzanne Methot
National Child Traumatic Stress Network
Relationship, Responsibility, and Regulation - Pete Hall & Kristin Van Marter Souers
The Deepest Well - Nadine Burke
The Pain We Carry - Natalie W. Gutiérrez
The Whole-Brain Child - Daniel Siegel
What Happened to You - Bruce Perry & Oprah Winfrey
Who Holds Your Pain - Philip Andrew

References

Child Intervention Information and Statistics – 2025-26 Fourth Quarter (March) Update.

Ervin, A., Odekina, H., Dirk, A., Salehi-Shahrabi, F., Luck, C., Greenshields, M., & Victor, J. M. (in review). The Indigenous child welfare system and transitions to independence: A scoping review. Children & Youth Services Review.

Greyeyes, C., Vipond, C., & Puddu, C. (2022). What is home? Wisdom from nêhiyawêwin. Radical Housing Journal, 4(2), 9-24. doi: 10.54825/EFRL1374

Guy, A., Larouche, K., & Berthelot, N. (2026, May). Intergenerational transmission of maternal childhood trauma prenatal and postnatal post-traumatic stress symptoms and infant negative affectivity [Poster presentation]. The Symposium on Child & Youth Trauma, Montreal, QC, Canada.

Jaffer, R., 2023. Outcomes for Indigenous Youth Aging Out of Care in Canada: An Environmental Scan, Canadian Child Welfare Research Portal. Canada. Retrieved from https://coilink.org/20.500.12592/j03bvj on 03 Jun 2026. COI: 20.500.12592/j03bvj.

Klebanov, B. (2026, May). Child Protection Across Generations: A Life-Course Scoping Review of Multigenerational CPS Involvement [Poster presentation]. The Symposium on Child & Youth Trauma, Montreal, QC, Canada.