Healing from 'Brokenness': The Story of Corinne

By Chad Jackson, PT, DPT, OCS

Children in foster care are often described as "broken" due to the emotional, mental, and physical trauma they've experienced from abuse and neglect.[1-5] Many states lack adequate resources to help these children heal, which perpetuates the effects of trauma.[2,6] However, as a physical therapist (PT) who has fostered and adopted, I have experienced healing when families choose to provide consistent love and support. Karen Purvis, a researcher, and specialist with children who have experienced trauma, described three ingredients for caregivers to provide a healing environment: empowerment, connection, and correction.[4] As a rehab provider, I realize using my clinical skills is important for healing; however, it was through my daughter Corinne's rehabilitative journey that I developed a deep appreciation of the healthcare provider's empathy, empowerment, and connection in the healing process.

Corinne

Corinne was born six weeks early, weighing 4.2 pounds. Her young, petite, blonde-headed mother welcomed her into the world with words of love but communicated to the nursing staff she had been using drugs during the pregnancy. That day, she tested positive for heroin, cocaine, and marijuana, causing Corinne to enter into foster care at birth with symptoms of drug withdrawal and a diagnosis of neonatal abstinence syndrome. Corinne not only endured trauma from drug abuse but also physical abuse as her biological father beat her mother at 23 weeks of gestation. So severe were her mother's abdominal injuries that a two-day hospitalization was required.

Following her birth, Corinne would have much to overcome, facing the challenges of the foster-care system. Children in foster care have been shown to have many negative outcomes, including poor health and significant developmental issues as a result of abuse, neglect, and drug exposure.[7-10] Fortunately, early childhood intervention (ECI), which provides developmental services, has been shown to have a significant positive impact on children in foster care, and on foster families.[11] ECI became involved in Corinne's care due to her prematurity and drug withdrawal at two weeks of age. Her first foster mom provided care, food, safety and, most importantly, love. She also welcomed the assistance that ECI provided. Pam, the occupational therapist (OT)

assigned to Corinne's case, knew that the length of time before Corinne was moved to another home was unknown, because children in foster care often are moved to another foster home for a multitude of reasons. After two months of providing care, Pam arrived at the foster family's home and discovered the next visit would be her last. The family was moving; Corinne would be placed in a new foster home. Pam later expressed that she was concerned for Corinne at the time, and wondered what would become of her. She was soon to find out.

Coming Home

November 1, 2013 was what I call "Gotcha Day"—the day Corinne became my foster daughter. She was a bald, normal-sized baby who had a passive personality. She entered a home filled with love and support from everyone who became a part of her life, but especially from her new foster siblings. Eight-year-old Lorelei was excited and wanted to help with bottle feeding and diapers. Seven-year-old Tanner and five-year-old Reuben provided her toys whenever she was awake. Most important of all was my wife Beth—a mother who would love Corinne as her own.

My 10 years as a PRN ECI therapist allowed me to easily examine her history and perform a developmental assessment. The findings revealed moderate developmental delay. I thought, *We do not need early intervention, as I am a physical therapist and can provide therapy sessions to progress her development! However, as her dad, will I be able to be objective enough if Child Protective Services asks for an official report?* Ultimately, I chose ECI to provide therapy services. Pam, the OT, was excited to see Corinne again and provided empathetic encouragement to Beth and the older children as they worked to implement her suggestions. (They followed through much more than they might have if I were acting as the primary therapist!) As the weeks progressed, Pam thought Corinne would do well to recover from her "broken" past and overcome her deficits.

OT and PT

Corinne continued to progress as each week Pam encouraged, educated, and celebrated the "little wins" with Beth and the kids. However, because she did not meet her gross motor milestones, physical therapy was needed. I thought, *It's great that Pam is involved, even though I'm a PT and can help Corinne. I do see how Beth and the kids respond to Pam; their connection, and the motivation they receive*. After much thought, I welcomed Kathy the PT to our team when Corinne was 7 months old; she immediately invested in Corinne's well-being, and connected with my family.

Occasionally, I attended the therapy sessions and learned new strategies. I was encouraged to see Corinne receiving love, encouragement, and compassion from Kathy and Pam as both joyfully interacted with her every week. They celebrated with us when Beth and I adopted Corinne at 15 months of age, becoming her "forever family". At 18 months, Corinne started to walk, and clearly, her left leg did not move like her right leg. Every week, Kathy arrived with a smile, and Corinne greeted her at the door with a squeal. Kathy continued to encourage Corinne and my family, offering ideas about how to decrease her left-side neglect. When Kathy clapped for Corinne, she was motivated to perform the next task. Occasionally, Kathy would visit when the other

kids were not in school and would teach them activities to do with Corinne. Lorelei, Tanner, and Reuben were hooked! When I came home from the office, they often greeted me with, "Hey Daddy, the PT wants me to help Corinne climb on the playset, and make sure she uses her left leg." Or, "Daddy, watch me set up the obstacle course and help Corinne use her arms and legs!"

When Corinne was 18 months old, she met all of the established occupational therapy goals. Beth recalls Pam, as she said goodbye, describing the joy of observing Corinne overcome much of her past trauma. Kathy continued to provide PT services for the following 4 months until Corinne met her established early intervention and family goals. When departing, Kathy described the joy she had in Corinne's healing journey and how much she would miss Corinne's weekly hugs.

Recovery

Corinne's substantial recovery was beyond what any of us expected. Today she is a humorous, healthy, and fun-loving 4-year-old. Even though the effects of the in-utero trauma are still evident—occasional tremors and behavioral reactions—her joyful spirit has forever changed our family and friends. One evening, Beth told me, "I believe Corinne overcame her issues largely because of the support and encouragement Pam and Kathy provided. They were excited to see Corinne, and she, in turn, wanted to play and perform the activities they thought would help with her recovery." Pam and Kathy communicated that Corinne's efforts, her environment, and the love she experienced allowed her to overcome her delays.

Compassion and Healing

Throughout Corinne's journey, I often reflected on the many people who contributed to her progress, and I filed various thoughts and feelings away. One of my recurring questions was, *Does love, care, and compassion positively contribute to the healing process?* Studies have demonstrated the positive effects of healing when healthcare providers provide compassion, especially when combined with touch.[12] Although Pam and Kathy utilized sensorimotor and developmental activities that have been shown to contribute to a child's developmental progress,[13] it was the authentic display of compassion and caring that seemed to have a major impact on her healing process.[14] Through this reflection, and my exploration of the value of caring in healing, I became a more understanding and effective physical therapist, educator, and father. Additionally, I have a greater understanding and compassion for children and adults who have experienced trauma.

As healthcare providers, we can positively impact the healing process by demonstrating engaged communication and clinical empathy, which I am now convinced is as valuable as the clinical skills unique to our professions.[15] Pam and Kathy were instrumental in Corinne's recovery as they exemplified empathy, compassion, and empowerment, which led to a deep connection with our whole family.

I invite all healthcare providers to reflect on how you are connecting at the human level with those you serve. I believe each of us can fully embrace our chosen vocation by empathetically connecting with our patients to optimize healing. The impact can change your life and the lives of those you serve.

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About the Author

Chad Jackson, PT, DPT, OCS, serves as an Assistant Professor and the Director of Professional Practice Education at the University of the Incarnate Word School of Physical Therapy in San Antonio, Texas. He is currently pursuing an Educational Doctorate in Organizational Leadership through Abilene Christian University. Prior to transitioning to Academia in 2012, he practiced over 11 years at a regional hospital in a semi-rural area including care to the underserved. Through his variety of clinical experiences, he experienced the importance and power of empathy and compassion in the healing process. He places a purposeful effort on students' professional formation, allowing them to look for and reflect upon patient interactions and their role in the healing process. He and his wife, Bethann, have four children and are intentional to embrace their family purpose and God's command to care for widows and orphans. Since May of 2013, they have fostered five children and often share with others that fostering is the most rewarding, difficult, family unifying, and faith growing experience. Today they are active in equipping and supporting those who are fostering in the San Antonio region. Chad wrote this article to display the importance of the humanities being lived out in day to day rehabilitative practice.