









Therapeutic Parenting

Resource handout for families



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Introduction

This booklet is provided to you as your family are hoping to adopt a child who is currently in the care of Derby City Council, Derbyshire County Council, Nottingham City Council and Nottinghamshire County Council. These four Local Authorities are all part of a regional partnership with Adoption East Midlands

Adoption East Midlands and its Local Authority partners have a commitment to helping all families who adopt a child via our agency and regional partnership to have empathy for the lived experiences of children and an understanding of the impact of developmental trauma on the brain and on a child's internal working model.

It is our expectation that families in inter-agency matches with Adoption East Midlands will have had some form of training on the impact of developmental trauma and in therapeutic and trauma responsive parenting. The information contained in this booklet is designed to support your existing preparation for adoption. The booklet focuses specifically upon therapeutic and trauma responsive parenting and is designed to be informative and generate discussion with your adoption social worker and the child's social worker, as well as signpost you to other resources that will be helpful and relevant.

The child's social worker may wish to undertake some preparatory sessions with you to ensure you understand fully the potential impact of this child's developmental trauma and the need for therapeutic and trauma responsive parenting.

Alongside this Adoption East Midlands and our Local Authority Partners provide a trauma informed pathway for all children and families in the matching process that will do the following: -

- Develop families understanding of the impact of developmental trauma and help them connect to the lived experiences of the child/children they hope to adopt.
- Provide professional adoption support planning, which is trauma informed and therapeutic in its delivery, using strengths-based language.
- Provide tangible and accessible support in early placement via the Therapeutic Parenting Plan

Adoption East Midlands Trauma Informed Pathway includes: -

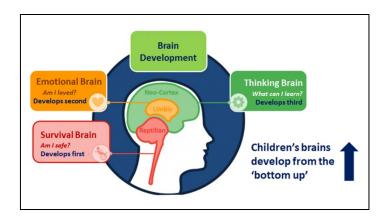
- The Therapeutic Parenting Toolkit (resource booklet for adopters)
- The Adoption Support Meeting
- AEM Adoption Placement Report
- AEM Adoption Support Plan
- The Therapeutic Parenting Plan

You can access further information on our Adopter Hub (<u>Adopters' Support Hub Nottinghamshire</u> County Council (adoptioneastmidlands.org.uk))

The brain

To understand the impact of trauma on children we have to know a little bit about how our children's brains are developed.

Brains aren't just 'born' but 'built' over time based on our experiences. Just as a house needs a strong foundation to support it, the brain needs positive and nurturing experiences to support all future development and this includes pre-birth and early-life.



The survival brain (Brainstem/ Primitve part of the brain)

The survival brain develops first, in the womb. This is our brainstem, maybe think of it as doing our "basic housekeeping". It is responsible for all of the things that have developed pre-birth, that a new-born baby can do: eat, sleep, wake, cry, breathe, urinate/defecate, feel pain, temperature and wetness. This takes shape even before we are born. The primitive part of the brain is also responsible for keeping us safe. It is the part of the brain that makes us runaway from danger, fight for our life or freeze inside. It keeps us alive.

The emotional brain (Limbic part of the brain)

Next we have our emotional brain. This is where attachment, emotions and behaviour are formed. This part of the brain is crucial as it "appraises the meaning of things" for us. It is shaped by experience, even our very early experience, and these experiences contribute to our "emotional maps" – how we relate to and perceive the world.

The thinking brain (Corticol part of the brain)

Finally we have our thinking brain which is the youngest part of the brain. This is where thinking, planning, inhibiting & learning is developed. This enables us to use language and abstract thought. To attach meaning to information and to plan, reflect and imagine.

Developmental Trauma

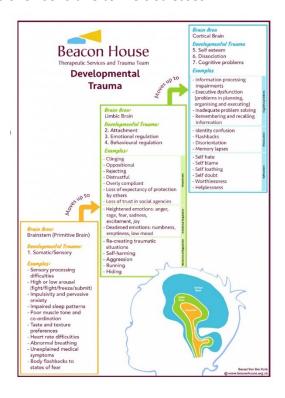
Developmental Trauma is the term used to describe the impact of early, repeated trauma and loss which happens within the child's important relationships, and usually early in life.

Developmental trauma can arise from things happening that shouldn't have happened (e.g. abuse, separation, medical interventions), and from things that didn't happen that should have happened (emotional and physical neglect). Neglect is often invisible, because children whose parents are emotionally unavailable and cold for example, do not know any different and have no 'incidents' to disclose to adults.

Neuro-scientific evidence has shown us that unborn babies can suffer trauma to their developing mind and body when they are in the womb; for example, if their birth mother:

- Was in a violent relationship with a partner, friend or family member
- Used alcohol and substances
- Has a history of trauma herself
- Suffered serious mental health problems or toxic stress

This research has shown us that a history of severe trauma in the parents can even change the unborn baby's genetic makeup; and trauma during pregnancy means that the baby is born hardwired to be over-sensitive to life's stresses.



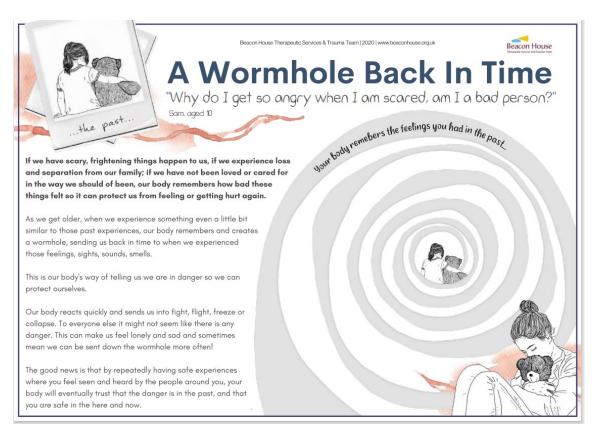
<u>Find out more here: - https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf</u>

Sensory Memory

Traumatic experiences that happen during pregnancy or within the first four years cannot be explicitly remembered by the child, but these very experiences shape their later development and well-being. The body remembers, even when the mind cannot. These are often referred to as **Sensory Memories**

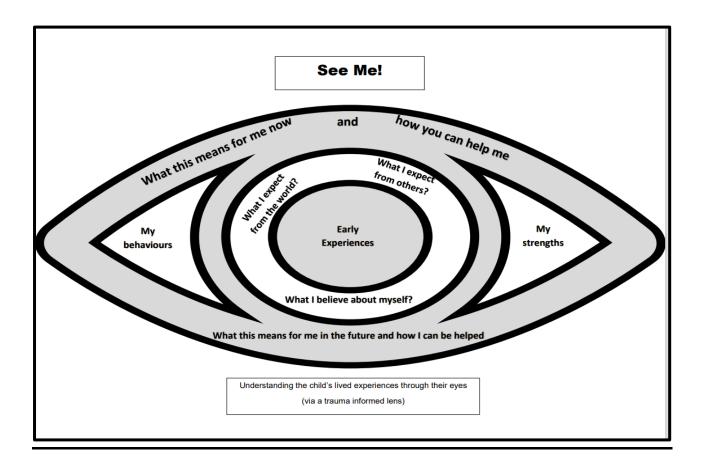
The reason we need to understand a little of how our children's brains develop is that for children who have experienced trauma are developmentally stuck in their 'Survival Brain' and very little information can get passed up to the higher parts of their brain; the 'Emotional Brain' where attachment and empathy happens and 'Thinking Brain' where reasoning and rationalising happens.

For children living in a dangerous environment, their Survival brain will constantly be on high alert, ready to keep them safe and to prevent danger. It does its job extremely well. These survival responses do not turn off and can be present even when they transition into a safe and loving environment. When a child is continually in survival mode, even small, everyday things (like moving from one classroom to the next or a slightly raised voice) signal 'life or death danger' and this can result in 'Fight Flight Freeze' responses.



Thinking about your adopted child through a trauma lens

This is a helpful tool to use with the Child's Social Worker to think about the child's lived experience through a trauma responsive lens.



Think about the child's early lived experiences with an attitude of wondering and curiosity and think about what these experiences may taught the child to expect from the world, from others and what they might believe about themselves.

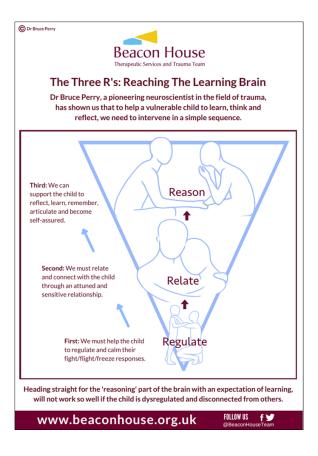
When we think of children's lived experiences this way, we can start the think about what this has meant for them and what they need from their new family.

<u>Theraputic Parenting – The Three R's</u>

Psychiatrist Dr Bruce Perry has developed something called the 'NeuroSequential' Model (aka Bottom up parenting) which provides us with a framework that helps us know how to help children who have experienced early life trauma. This sequence is based on the knowledge that brains are organised from bottom to top.

Whilst children are stuck in their 'Survival Brain', they cannot form secure attachments; manage their emotions or behaviour; think, learn or reflect because they are simply trying to stay alive in a world that is highly dangerous. The key message here is that children's brains develop from the BOTTOM UP, and the higher brain regions do not work properly if the lower brain regions are stuck.

To help a child who has expeienced trauma to learn, think and reflect we first need to suport them to regulate, so the **survival brain / brain stem** can be calmed. We then need to relate and connect to the child and then (an only then) can we support the child to reason, reflect and learn. The sequence is not linear you will need to travel back and forth between the different Rs multiple times.



<u>Find out more here: - https://beaconhouse.org.uk/wp-content/uploads/2023/09/The-</u>
Three-Rs.pdf

Regulation

Soothing the survival brain (Brainstem)



Regulation – Links and Resources



Brainstem Calmers

Brainstem calming activities need to be:

Relational (offered by a safe adult)

Relevant (developmentally-matched to the child rather than matched to their actual age)

Repetitive (patterned)

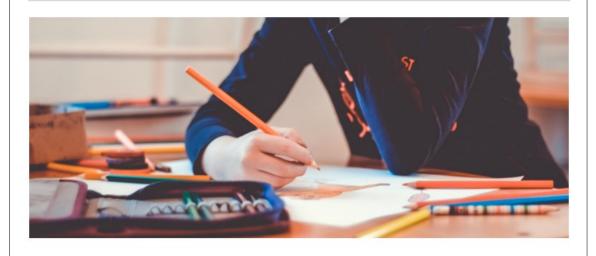
Rewarding (pleasurable)

Rhythmic (resonant with neural patterns)

Respectful (of the child and family)

Below is a list of brainstem calming activities which could be offered across home and school, with the above "R" principles in mind. Examples of how you can translate this into practice are offered.

The best way to use these activities is to weave them into the child's daily routine so that they have them little and often, every day. Many of them can be offered as part of a whole-class activity.



Brainstem Calmers resource here: Resources (beaconhouse.org.uk)

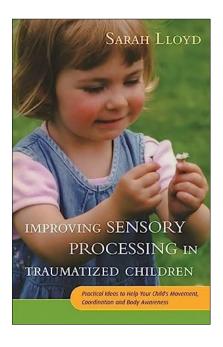
Regulation – Links and Resources

Supporting Sensory Processing

We know that when children have experienced pre- and post-natal trauma their sensorimotor systems are underdeveloped.

Book recommendation:

Sarah Lloyd (2016) Improving Sensory Processing in Traumatised Children: Practical Ideas to Help your Child's Movement, Co-ordination, and Body Awareness. Jessica Kingsley Publishers



You Tube links for BUSS Model suggested activities:

- BUSS Activity Cammando Crawling https://youtu.be/e7AfDx8YQlk
- BUSS Activity The finding game on our tummies! https://youtu.be/ZnVdIji49tI
- BUSS Activity- Bubble Mountain! https://youtu.be/TFyi3wT1u8I

What is a wobble bag?

A wobble bag is a soft small bag that can be portable and travel with your child wherever they go and can contain sensory soothing and regulating objects. These will be those things that are bespoke to your child, things that help them sooth and regulate when they are feeling wobbly and dysregulated.

This could be some sensory toys such as playdoh or slime, a soft squishy stress ball, bubbles or a fidget toy or some things to shut out sensory noise like some headphones to connect to music on your phone. It could be familiar soothers like a soft cuddly blanket or toy or it could be food and drink that help your child to regulate such as a box of raisins, a lollipop or a drink carton with a straw.















Relate

Connecting with the emotional brain (Limbic)



Relate - Links and Resources

PACE

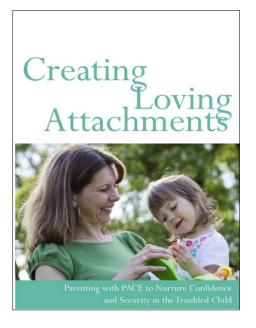
Playfulness, acceptance, curiosity and empathy (PACE) are four valuable elements of parenting that, combined with love, can help children to feel confident and secure.



Find out more about PACE here: https://ddpnetwork.org/about-ddp/meant-pace/

Book recommendation:

This positive book will help parents and carers understand how parenting with love and PACE is invaluable to a child's development, and will guide them through using this parenting attitude to help their child feel happy, confident and secure.



Relational Play / Theraplay

Find out more about Theraplay here: https://theraplay.org/what-is-theraplay/

Links for relational play activities: -

https://www.adoption-focus.org.uk/sites/default/files/2021-03/Examples-of-theraplay-games.pdf

Theraplay Games on You Tube:

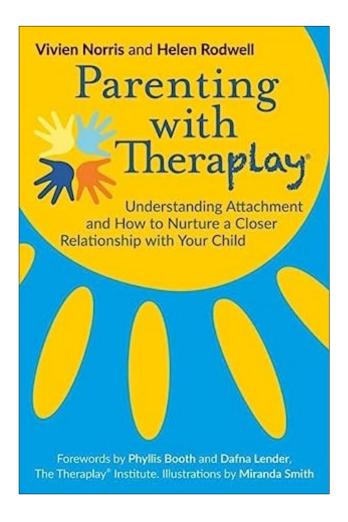
https://www.youtube.com/watch?v=vHUfG-Skbhc

https://www.youtube.com/watch?v=yIK6-UIIClY

https://www.youtube.com/watch?v=9qP_SEwpGgU

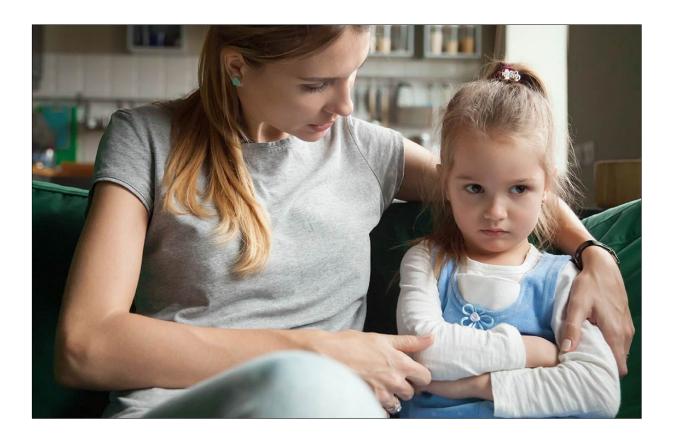
Book recommendation:

Parenting the Theraplay Way – This is a great resource which lists all the different ways you can use games and play to connect with your child.



Reason

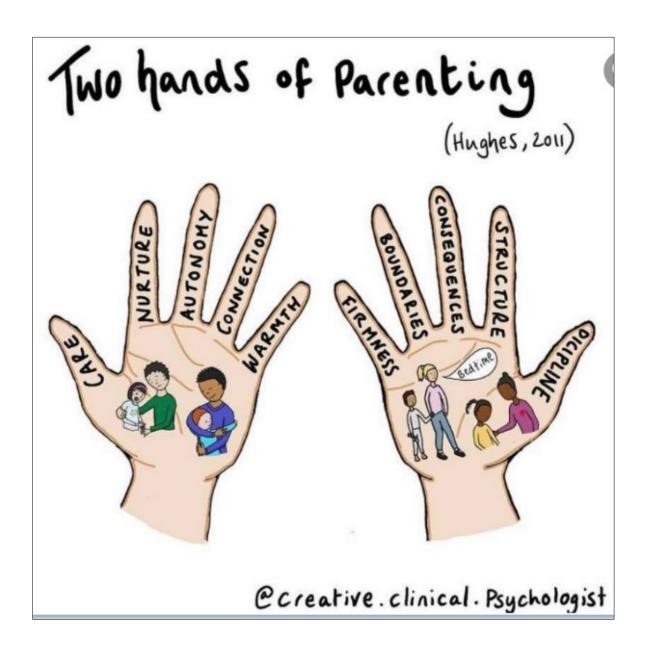
Supporting the thinking brain (Cortical)



Reason - Links and Resources

The Two Hands of Parenting - Connection with Correction Approach Parenting

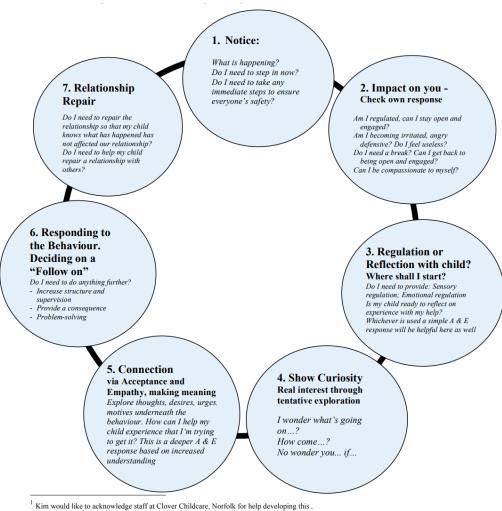
- 1. Routine and Boundaries
- 2. Being alongside with support and empathy (PACE)



PARENTING IN THE MOMENT.

Connection first before responding to behaviour
All with an attitude and atmosphere of PACE
"Two Hands" but always together

This cycle demonstrates some steps that can be helpful to take when parenting a child. By keeping these steps in mind, it can be easier to stay open and engaged with the child rather than becoming irritated or defensive within parenting. This in turn helps to make an emotional connection with the child before providing a response to his behaviour. So easy to say and so hard to do. When a parent does this, their child is more likely to experience acceptance of who they are underneath their outward behaviour alongside experiencing the safety that a combination of empathic boundaries and discipline can provide.



Killi would like to acknowledge stall at Clovel Childcare, Nortolk for help developing

© Kim S. Golding, 2015

Find out more here: -

https://kimsgolding.co.uk/resources/models/parenting-in-the-moment/

Reframing our language around behaviour: The Concept of Hidden Needs



Find out more about how to reframe language here:-

Resources (beaconhouse.org.uk)

Beacon House Resource "What We Say" Comic (A Language Shift Resource)

What-We-Say-Comic-1.pdf (beaconhouse.org.uk)

Beacon House Resource Wounding Words: A Perspective Change

Wounding Words (beaconhouse.org.uk)

Beacon House Resource - Hidden Needs The Iceberg Analogy

https://beaconhouse.org.uk/wp-content/uploads/2019/09/Hidden-Needs.pdf

Why I am Rude...

I am rude because I like the feeling of power and control it gives me, especially as I often feel very out of control on the inside.

I am rude because it gives me an outlet for all my pent-up emotions that I struggle to identify.

I am rude because people in my past spoke to me or each other that way and I'm used to it.

I am rude because it gets me attention, even if it's negative attention.

I am rude because I know it winds you up and I like to be in control of you, so I don't feel as scared.

I am rude because I'm tired, hungry, thirsty, or just want a cuddle, but don't realise I'm feeling these things.

I am rude because I've got heightened levels of cortisol in my body which pushes me into fight, flight, or freeze.

I am rude because you've done something nice with me or for me and I want to remind you that I'm a bad kid. That's because on the inside I'm filled with shame and have a negative internal working model. I don't believe I deserve good/nice things, so I sabotage everything.

I am rude because I want to illicit the same response from you that I received in my previous/birth family. It feels comfortable when you behave in a way, I expect even though it's not good for me and just proves I'm right and that all adults are the same.

I am rude because you got too close, and I'm scared of attachment I am rude to push you away and reject you before you reject me!

I am rude because I'm perceiving a threat where there is none, this is called faulty neuroception.

I am rude because I can't think before I behave in a certain way or say the wrong thing. I have no internal inhibitors.

I am rude because my higher brain is underdeveloped and offline, I am rude because that's the label I've been given by everyone so I might as well live up to it.

Finally, I am mostly rude because I'm scared!

NB: I don't actually know any of the above. You know it now so please help me to understand it too!

My behaviour is automatic, I'm not consciously aware of WHY I behave this way.

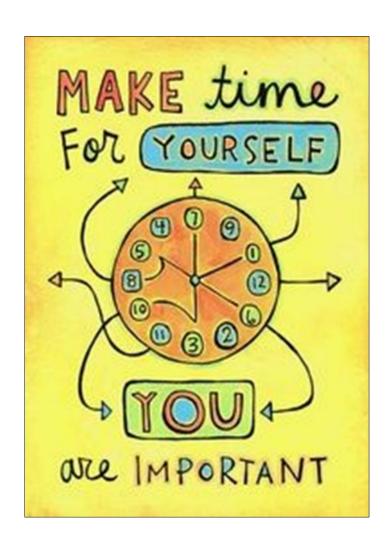
I communicate my distress via my behaviour.

Sarah Dillon © Head of Therapeutic Leads, National Association of Therapeutic Parents Listen to the Poem here:

https://www.naotp.com/post/why-i-am-rude-bysarah-dillon



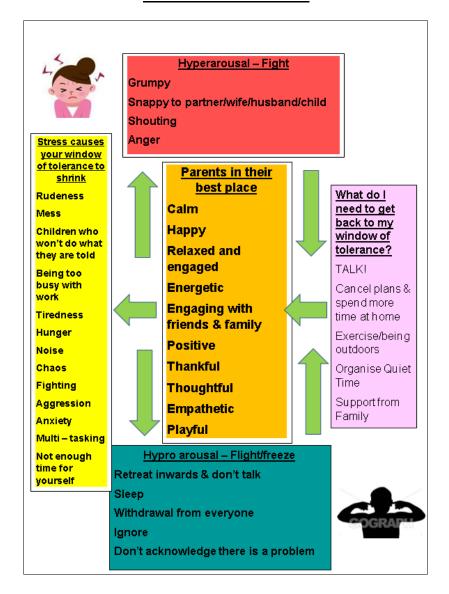
Self-Care



Self-Care

To parent a child who has experienced trauma we need to understand and calm our own survival brains too. How will we respond to our children under pressure? What are our own triggers and why? We need to know these elements of ourselves so that we can self-regulate and parent therapeutically. Looking at your Window of Tolerance can help with this.

Window of Tolerance



Learn more about the Window of Tolerance here: -

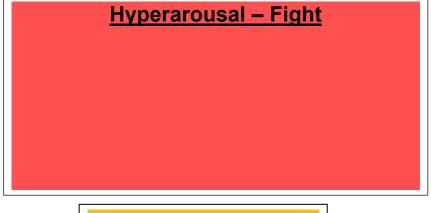
The Window of Tolerance Animation by Beacon House - YouTube

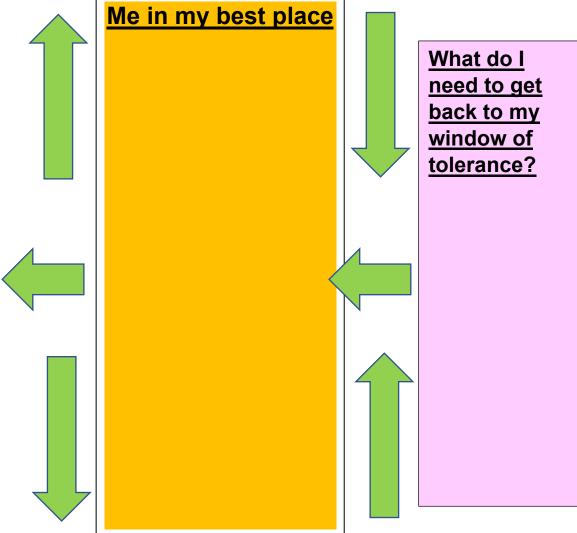
Blank Window of Tolerance for you to complete:



Stress causes your window of tolerance to shrink.

What are your triggers?





Hypoarousal – Flight/Freeze

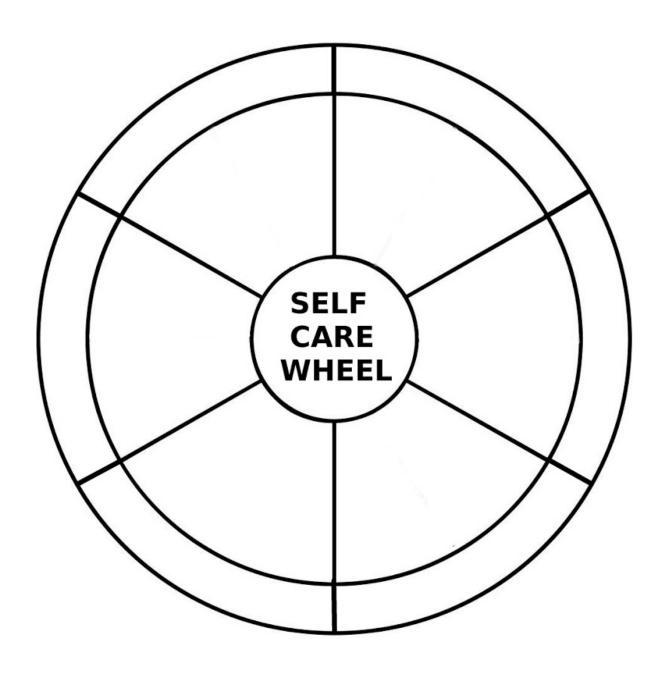


The Self Care Wheel

Embracing the Oxygen Mask Principle means recognizing that caring for yourself is the bedrock of being able to care for others effectively. It's about shifting the narrative from self-care as an act of selfishness or self-indulgence, to seeing it as a critical component of therapeutic parenting.



Plan your own Self Care Wheel



Other recommended resources: -

Learn more about therapeutic parenting here: -

Therapeutic Parenting on the Edge by Sarah Naish - YouTube

What is Therapeutic Parenting? - YouTube

https://www.youtube.com/watch?v=lyqzBDFqLoY

https://www.attachmenttraumanetwork.org/parenting/

Book recommendations:-

- Everyday Parenting with Security and Love Kim Golding
- A-Z of therapeutic Parenting Sarah Naish
- The Quick Guide to Therapeutic Parenting A Visual Introduction Sarah Naish
- What Happened to You? Conversations on Trauma Resilience and Healing Bruce D. Perry and Oprah Winfrey
- The Strange and Curious Guide to Trauma Sally Donovan
- Therapeutic Parenting in a Nutshell Sarah Naish
- A Bad-Tempered Parenting Guide But He looks so Normal Sarah Naish

