Attachment-Based Therapeutic Parenting for Adoptive Families

Presenter: Dafna Lender

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An Overview of Theraplay:
Helping Parents and Children Build Better Relationships
Through Attachment-Based Play

Definition and Uses
Theraplay® is a method of enhancing attachment, engagement, self-esteem and trust in others. It is based on the natural patterns of healthy interaction between parent and child. It is personal, physical, engaging and fun. Theraplay is a type of parent-child psychotherapy used in a variety of settings. Group Theraplay and Sunshine Groups are used by therapists and educators. The Theraplay attitude or philosophy can be taught and practiced in child intervention and prevention programs and parent education.

Background
Theraplay was developed in the late 1960’s by Dr. Ann Jernberg, a clinical psychologist, to meet the mental health needs of young children in the Head Start program in Chicago. Since that time, Theraplay has been used successfully in early intervention and parenting programs, day care and pre-schools, special and regular education programs, and residential, community mental health and private mental health practice. The typical age range of clients is from birth to 12 years, although the method has been adapted for teens and even for the elderly. The Theraplay Institute trains and certifies professionals in this method. It is now being practiced throughout the United States and also in Canada, Finland, Sweden, Germany, South Korea, United Kingdom, Botswana, Australia, Japan, Israel, Latvia and South Africa.

Research demonstrates that early sensitive caregiving and joyful interaction nourish a child’s brain, form the child’s view of self, others and the world and have a lifelong impact on human behavior and feelings.
Parent-child relationships are the primary focus in Theraplay. We work to ensure that the positive connection between parents and children that is the basis of mental health is firmly established. If a family has experienced loss, trauma, or separation, we work on re-establishing the connection. Because of its focus on attachment and relationship development, Theraplay has been used successfully for many years with foster and adoptive families. Theraplay is a useful therapeutic program for children with a variety of social and emotional difficulties. It also serves as a preventive program to strengthen the parent-child relationship in the presence of risk factors or the stresses of everyday life.

Distinctive Characteristics of Theraplay
- Theraplay is modeled on “good enough” parenting, the kind that leads to secure attachment.
- Treatment involves emotionally attuned, interactive, physical play.
- Nurturing touch is an integral part of the interaction.
- The focus is on the here-and-now, not on what happened in the past, interpretation of symbolic meanings or pretend games.
- Treatment is geared to the child’s emotional level and therefore often includes activities that might otherwise seem more appropriate for a younger child.
- The Theraplay therapist takes charge, carefully planning and structuring the sessions to meet the child’s needs.
• Parents are actively involved in the treatment to enable them to take home the new ways of interacting with their child.
• The therapist and parents work together to engage the child in a healthier relationship.
FAMILY THERAPLAY®

Theraplay® is a structured play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others and joyful engagement. The sessions are fun, physical, personal and interactive and replicate the natural, healthy interaction between parents and young children. Children have been referred for a wide variety of problems including withdrawn or depressed behavior, overactive-aggressive behavior, temper tantrums, phobias, and difficulty socializing and making friends. Children also are referred for various behavior and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. Because of its focus on attachment and relationship development, Theraplay has been used successfully for many years with foster and adoptive families. Please see the foster/adoptive treatment plan comments on page three.

With this method, family interaction patterns have changed and schools and pediatricians have reported improved behavior and reduced symptomatology in the child. Essentially the same treatment techniques extending over a longer period of time are used with children with developmental delays, pervasive developmental disorders, or autism. It has been our experience that even in the rare cases where parents/caregivers cannot be involved, Theraplay is still of benefit to the child.

Theraplay was first developed in 1967 at The Theraplay Institute in Chicago, IL. The method has been adapted for use in groups as well. It is used in many therapy, childcare and educational settings throughout the U.S. and abroad. The Theraplay Institute provides assessment and treatment to families, consultation to social service and child welfare organizations, and training in Theraplay for professionals.

Basic Treatment Plan

Families come to The Theraplay Institute for a series of 18-25 weekly sessions with four follow-up sessions at quarterly intervals over the next year. The first session is an information-gathering interview with the parents. The second and third appointments are observation sessions using the Marschak Interaction Method (MIM), in which the child and one parent perform a series of interactive tasks together. The interactions are videotaped and later analyzed by Institute staff in preparation for a fourth session with the parents. In that session the staff and parents discuss their observations of the interaction and together agree on a plan for treatment.

Sessions five through twenty involve direct Theraplay with the family, duplicating (regardless of age) the kind of playful behavior and fun games which parents and young children naturally engage in together. The interaction includes structuring, engaging, nurturing and challenging activities in combinations geared to the specific needs and problems of the individual child and his/her family. After every 3 family sessions a session is scheduled for the therapist(s) and the parents to meet without the child to discuss progress and goals.

Parents observe all Theraplay sessions and eventually enter the room and join in Theraplay directly. We often have two therapists, one who interacts with the child and one who works with the parents. When two therapists are present, the parent therapist observes with the parents and discusses the rationale for the activities, e.g., encouraging the development of trust and self-esteem, building a sense of self as lovable, developing confidence, permitting pleasurable experiences, encouraging intimacy, developing a positive body image, strengthening perceptual motor-coordination. This discussion includes ways in which the parents can implement these ideas at home. If one therapist is present, these discussions take place with the parents at the end of each session, by phone, or at a separately scheduled time.
The final session ends with a good-bye party. Four follow-up sessions are scheduled at quarterly intervals, with parents and child, over the next twelve months. A typical Theraplay program of twenty five sessions (4 assessment, 21 treatment & discussion) is summarized below:

<table>
<thead>
<tr>
<th>Session</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Initial interview with mother and/or father.</td>
</tr>
<tr>
<td>2</td>
<td>One parent and child participate in Marschak Interaction Method (MIM), a structured technique for intensive observations of the ways parent and child typically interact with one another. Theraplay staff members observe and videotape this interaction.</td>
</tr>
<tr>
<td>3</td>
<td>Same as 2, except that other parent participates.</td>
</tr>
<tr>
<td>4</td>
<td>Feedback session with mother and father.</td>
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<tr>
<td>5</td>
<td>Parent Theraplay demonstration Session</td>
</tr>
<tr>
<td>6, 7, 8</td>
<td>The therapist interacts with child while parents watch. Explanations are given to parents ahead of time as to what will take place. Questions are answered after the session and parents are encouraged to try Theraplay techniques at home. Parents enter the session towards the middle or end of each session.</td>
</tr>
<tr>
<td>9</td>
<td>Meeting with parents only to go over videos of sessions/review progress/discuss issues with child at home.</td>
</tr>
<tr>
<td>10-12</td>
<td>Same as 5-7, with parents gradually becoming the focus of interaction with child with therapist’s guidance.</td>
</tr>
<tr>
<td>13</td>
<td>Meeting with parents only to go over videos of sessions/review progress/discuss issues with child at home.</td>
</tr>
<tr>
<td>14-16</td>
<td>Same as 9-11, with parents gradually taking more of the lead role in interacting with child with therapist’s guidance.</td>
</tr>
<tr>
<td>17</td>
<td>Meeting with parents only to go over videos of sessions/review progress regarding therapy goals/discuss issues with child at home.</td>
</tr>
<tr>
<td>18-20</td>
<td>Same as 13-15, with parents gradually taking more of the lead role in interacting with child with therapist’s guidance.</td>
</tr>
<tr>
<td>21</td>
<td>Meeting with parents to evaluate therapy goals/decide on end date/refer for additional treatment</td>
</tr>
<tr>
<td>22-24</td>
<td>Theraplay session wherein parents are actively involved in planning and leading the sessions.</td>
</tr>
<tr>
<td>25</td>
<td>Final “goodbye Theraplay party” or additional sessions as needed.</td>
</tr>
<tr>
<td>26</td>
<td>Final meeting with parents to review goals achieved and areas for future work if necessary.</td>
</tr>
</tbody>
</table>
FAMILY THERAPLAY CONTINUED

Treatment Plan for Families Created Through Foster Care or Adoption

Different types of psychotherapy may be helpful to the child and family across the life span to deal with adoption/foster concerns. At the time of the initial information gathering and assessment, the focus will be on the child’s and family’s immediate needs and determination of the most appropriate treatment plan. These needs may be met at The Theraplay Institute, or appropriate referrals will be made.

Theraplay may be an appropriate early treatment to work on strengthening relationships; this is especially true for children ages birth-7, but also may apply to older children. In recognition of the typically greater needs of children who have experienced separation, loss, trauma, multiple caregivers or institutional care, the treatment period is extended in length and intensity. Treatment may begin with the Theraplay plan as outlined above and gradually incorporate elements of processing the child’s history and adaptation to the current family. Sessions may be extended to 1.5 hours or scheduled twice weekly to allow for this processing. A treatment period of 9-18+ months is common. A significant aspect of the treatment is parent education/support in order to assist the parents in responding to the child and managing the child’s environment in therapeutic ways.
The Basic Assumptions of Theraplay

From the beginning the Theraplay® approach shared many assumptions with interactional theories of development, particularly those of Self Psychology and Object Relations Theory. Over the thirty years of its clinical practice, an increasing body of research in the fields of child development, attachment theory, and brain research has given further support to many of Theraplay's tenets.

- The primary motivating force in human behavior is a drive toward relatedness. Personality development is essentially interpersonal. The early interaction between parent and child is the crucible in which the self and personality develop.

- When things go well in the relationship, the infant develops an inner representation of himself as lovable, special, competent, and able to make an impact on the world; of others as being loving, caring, responsive and trustworthy; and of the world as a safe, exciting place to explore. In other words, he begins a process of learning about himself and the world that is positive and hopeful and that will have a powerful influence throughout his life.

- When things do not go well, the child develops an inner representation of herself as unlovable and incompetent; of others as uncaring and untrustworthy; and of the world as unsafe and full of threat. In other words, within an insecure or disorganized attachment, the process of learning about one's self and the world becomes negative, full of shame, and hopeless. Many behavior problems of older children can be traced back to their beginnings in insecure or disorganized attachment and in the consequent negative views of themselves and the world.

- The playful, attuned responsiveness of caregivers is essential to the development of a secure attachment, which leads to the capacity for emotional self-regulation, the capacity to understand and empathize with others, and to feelings of self worth.

- The essential force for change lies in the creation of a more positive relationship between a child and his parents.

- Because the roots of the development of the self, of self-esteem, and of trust lie in the early years, it is essential to return to the stage at which the child's emotional development was derailed and provide the experience that can restart the healthy cycle of interaction. Parents are encouraged to respond empathically to their child's regressive needs. The goal of treatment is to change the inner representation of the self and others from a negative to a more positive one.
Theraplay dimensions

Structure
- Safety
- Organization
- Regulation

Engagement
- Connection
- Attunement
- Expands positive affect

Nurture
- Regulation
- Secure Base
- Worthiness

Challenge
- Support Exploration
- Growth & Mastery
- Competence & Confidence
Structure

• In the Infant-Parent Relationship: Adult helps baby become physically regulated. Focus on the body. Even play activities have a sequence and rhythm. Basic safety, caregiving and play routines set up predictable sequences of organized interaction.

Structure in Theraplay

• In Treatment: Adult is in charge = Reassurance, Safety, Creation of Order, Co-regulation. Teaches child to be in control of self. Assures child of order. Addresses inner and outer disorder.

• Helpful for:
  – children who are overactive, undirected, overstimulated, or who want to be in control;
  – parents who are poorly regulated or disorganized, have difficulty setting limits/being a confident leader, rely on verbal/cognitive structuring, or are over or under stimulating.
Engagement

• **In the Infant-Parent Relationship:** The parent is attuned to the baby’s state and responds in a way that helps the baby regulate and integrate physical and emotional states. Parent focused on baby in an exclusive way providing sensitively timed soothing and delightful interactions.

Engagement

• **In Treatment:** The therapist focuses on the child in an intensive and personal way using what the child says and does to maintain engagement. Child is enticed and drawn out.

• **Helpful for:**
  – Children who are withdrawn, avoidant of contact or too rigidly structured
  – Parents who are disengaged, preoccupied or inattentive, out of synch with the child, rely on verbal/cognitive engagement, who do not enjoy the child
Nurture

• In the Infant-Parent Relationship:
  Activities are soothing, calming quieting, & reassuring, such as rocking, feeding cuddling, and holding. Makes the world feel safe, predictable, warm, secure. Child develops the expectation “people will take care of me” and “good things happen to me”

Nurture in Theraplay

• In Treatment: Meets the child’s unfulfilled younger needs, helps the child relax and allow his or herself to be taken care of, build the inner working model that the child is lovable and valued

• Helpful for:
  – Children who are overactive, aggressive and pseudomature
  – Parents who are dismissive, harsh, punitive or have difficulty with touch and/or displaying affection

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Challenge

• In the Infant-Parent Relationship:
  Activities that help the child extend him or herself a little bit, appropriate to the child’s level of functioning. Also, allows child to master tension arousing experiences (extend finger to grab, peek-a-boo, Soooo Big)

Challenge in Theraplay

• In Treatment: Activities that require a partnership, not done alone. Encourage the child to take mild age appropriate risk. Promote feelings of competence and confidence. Also used to redirect resistance.

• Helpful for:
  – Children who are withdrawn, timid or rigid
  – Parents who have inappropriate developmental expectations, are competitive
Attachment Disruptions for Older Adopted/Foster Children

For foster or adopted children, early attachment may not have gone smoothly.

In all cases of foster care or adoption, attachment has been disrupted because the child is no longer with the biological mother, who they came to know in utero.

Trauma (abuse, neglect, exposure to violence), whether in utero or during childhood, can have a profound and lasting impact on a child’s ability to trust caregivers, and thus on their ability to attach in healthy ways to caregivers.

- Many of these children did not experience affective attunement in their early lives
  Children who have not experienced affective attunement often:
  - Lack joy, sense of humor
  - Lack reciprocal enjoyment
  - Lack eye contact
  - Lack selective attachment (indiscriminately charming-attach to everyone)
  - Lack empathy
  - Lack guilt and remorse
  - Lack appropriate communication
  - Lack inner-state language (cannot name their feelings)
  - Lack cause/effect thinking
  - Lack awareness of bodily functions
  - Lack appropriate physical boundaries
  - Lack a continuous sense of self

- These children can feel defective and their shame reactions are easily triggered
  Children who experience excessive shame often show:
  - Excessive need to control
  - Oppositional defiant behaviors
  - Intense negative affect-rage; terror and despair
  - Hurting others and self; emotional and physical
  - Poor response to discipline; frustration, responsibility
  - Lies, excuses, blaming
  - Good/bad splitting
  - Sense of entitlement; demanding
  - Victimhood identity
  - Destructive behaviors, stealing, hoarding
  - Manipulative affect and behavior
  - Dissociation and/or hypervigilance
Strengthening Family Attachment:  
Activities That Promote Close Relationships and Foster Attachment

Two important aspects of parenting are crucial to the development of secure attachment in the child:

- responding empathically to the child's signals, feelings and needs,
- engaging in mutually enjoyable social interactions within the context of a warm, intimate and continuous relationship with a parent figure.

In order to develop an attachment with a foster or adopted child, the same two aspects of parenting are basic to the process. Responding empathically to an older child's younger needs is not always easy—we get caught up in thinking that the older child should be able to take care of himself. Being playful, engaging, and nurturing with an infant comes naturally to most of us; finding ways to engage and nurture an older child is often more difficult. However, even though your child is older, she still has the emotional needs of a younger child and may surprise you by responding to many childlike games and activities. We have prepared this list of activities to help you get started. Once you get the hang of it, you can add your own ideas as well.

The goal of these activities is to help your child learn to share fun and love. Most of the activities are designed for one child and one or two adults. Some of the activities are for your whole family as a group. The activities will help your child learn to accept structure and adult direction in the context of playful games, to engage in joyful interaction, to accept nurturing experiences so that he can begin to know the comfort of being taken care of, and to enjoy challenging games so that he can experience himself as competent and successful. We recommend that you schedule special Mommy or Daddy or Family Times to play these interactive games.

**STRUCTURE**

The adult sets limits, defines body boundaries, keeps the child safe, and helps to complete sequences of activities. These activities relieve the child of the burden of maintaining control of interactions and help him accept adult direction.

**Cotton Ball Hockey**: Lie on the floor on your tummies (or sit with a pillow between you on your laps). Blow cotton balls back and forth trying to get the cotton ball to your partner. You can increase the complexity by saying how many blows can be used to get the ball across the pillow, or by both trying to blow at the same time to keep the ball in the middle.
"Mother, May I?": Parent gives instructions to the child to do something, for example, "Take three giant steps toward me." Child must say "Mother, May I?" before responding to the command. If the child forgets to ask, she must return to the starting line. The goal is to have the child come to you and get a hug on arrival.

**Toilet-Paper-Bust-Out**: Wrap child's legs, arms, or whole body with toilet paper (crepe paper is stronger and therefore better for older children). On a signal, have her break out of the wrapping into your arms. To let a hesitant child know what is in store, have her hold her arms together in front of her body and wrap them first.

**Stack of Hands**: Put your hand palm down in front of child, guide child to put his hand on top. Alternate hands to make a stack. Take turns moving the hand on the bottom to the top. You can also move top to bottom. This can be made more complicated by going fast or in slow motion. Lotioning hands first makes for a slippery stack and adds an element of nurture.

**Three-Legged Walk**: Stand beside your child. Tie your two adjacent legs together with a scarf or ribbon. With arms around each other's waist walk across the room. You should be responsible for coordinating the movement. For example, you can say "inside, outside" to indicate which foot to use. You can add obstacles (pillows, chairs) to make this activity more challenging.

**Additional ideas for use throughout the day**: Maintain structure through your physical and emotional presence by working along with your child on difficult tasks, keeping your child close to you when she is not behaving as you wish, and using hands-on assistance and demonstration rather than just verbal directions.

**ENGAGEMENT**

These activities are designed to establish and maintain a connection with your child, focus on your child in an intense way and surprise and entice him into enjoying new experiences.

**Foil prints**: Using aluminum foil, shape a piece of foil around your child's elbow, hand, foot, face, ear, and so forth. It helps to place a pillow under the foil and have the child press her hand or foot into the soft surface to get impressions of the fingers and toes. Another parent may be called in to guess which print goes with which body part. This is also a structuring activity since it defines body shapes and boundaries and makes the child more aware of her body and your pleasure in it.
**Hand clapping games:** Children of all ages enjoy these games very much. They can be simple (Patty Cake) or complex (elaborate rhythmic clapping patterns) and can have a variety of chants, for example, Miss Mary Mack or the Sailor Went to Sea. Clapping games help a child learn to play in sync with others.

**Free Throw:** Using cotton balls, marshmallows or crushed newspaper balls, each player throws his balls at the other trying to get rid of all the balls on his side. Players may set up a "shield" with pillows and throw from behind the shield. This can become chaotic, so be prepared to settle things down by asking the child to aim at a particular body part, for example, your shoulder.

**Special hand shake:** Make up a special handshake together, taking turns adding new gestures, for example, high five, clasp hands, wiggle fingers, and so on. This can be cumulative over several weeks and can be the beginning or ending ritual of your special times together or just your way of greeting each time you see your child. You can create a special family handshake that distinguishes your family from all others.

**Mirroring:** Face the child, move your arms, face, or other body parts and ask child to move in the same way. For a very active child you can use slow motion or vary the tempo. Take turns being the leader.

**Additional ideas for use throughout the day:**
Create a family whistle or calling signal--for gathering family together in crowds.
Do household chores together. Create fun games as you go.

**NURTURE**
These activities carry the message that your child is worthy of care and that you will take care of her without the child even having to ask.

**Caring for hurts:** Check your child's hands, feet, face, and so forth, for scratches, bruises, hurts or "boo-boos." Put lotion on or around the hurt, touch with cotton ball, or blow a kiss. Check for healing each day.

**Face painting:** Paint flowers and hearts on cheeks or make the child up like a princess. Mustaches and beards are interesting for boys and their fathers. A variation on this is to use a soft dry brush and pretend to paint the child's face, describing her wonderful cheeks, her lovely eyebrows, and so forth as you gently brush each part.
Feeding: Have a small snack and drink available for your special times together. Take your child on your lap or arrange your positions so that you can look at each other. Feed your child, listening for crunches, noticing whether he likes the snack and when he is ready for more. If it seems appropriate for your child, give him his juice from a baby bottle. Encourage eye contact and make sure that the child is aware of your pleasure in being able to feed him something he likes to eat.

Lotion, paint or powder prints: Apply lotion or powder to your child's hand or foot and make a print on paper, the floor mat, or on a mirror. If you make a lotion print on dark construction paper, you can shake powder on it and then blow or shake it off to enhance the picture (take care to keep the powder away from your child's face).

Blanket Swing: (Requires at least two adults) Spread a blanket on the floor and have the child lie down in the middle. The adults gather up the corners and give a gentle swing while singing a song. At the end bring him down for a "soft landing." One parent should be able to see the child's face. If the child is fearful of being lifted off the floor, rock him gently back and forth, or move him in a circle while he remains in contact with the floor.

Additional ideas for use throughout the day:
Bake cookies together. Share licking the bowl.
Make up or read bedtime stories.
Wake child up with a special hug and greeting.
Surprise your child with a hug and a kiss.
Tell your child that you love her.
Send loving notes to school in his lunch box.
Write loving messages on your child's back as you put her to bed.
Stay with your child when he's upset. Comfort him and help him calm down.
Respond to even minor hurts with caring attention. Convey the message that you want her to be well cared for.
Take advantage of nighttime waking to provide needed care as you would for an infant.

CHALLENGE
These activities are designed to help your child feel more competent and confident. They should be set up so that the child can be successful.

Balance on pillows: Help child balance on pillows, starting with one and increasing as long as the child can easily manage. Once the child is balanced, tell him to "jump into my arms (or down to the floor) when I give the signal."
Bubble Tennis: Blow bubbles high in the air between you and the child. Choose a bubble and blow it to child. Child blows it back. Continue until it pops. If you add glycerin to Bubble liquid, the bubbles will last longer.

Newspaper Punch, Basket Toss: Hold a single sheet of newspaper in front of your child. Have child punch through the sheet when given a signal. You should hold the newspaper so firmly that it makes a satisfying pop when the child punches it. To extend the activity, you can add a second or third sheet of paper, have child use the other hand, and vary the signals. For the basket toss, crush the torn newspaper into balls. Have your child toss a ball into the basket you make with your arms.

Seed Spitting Contest: Feed your child chunks of watermelon or orange or tangerine with seeds. You should eat some too. Both save your seeds. Have the child spit her seed as far as she can. Try to spit your seed as close to it as possible.

Family Tangle: Standing in a circle, the first person reaches across the circle and clasps the hand of someone else. That person reaches across the circle with his other hand and clasps the hand of someone else. Continue this process until everyone is holding the hands of two other people and you have created a tangle of hands. The group then carefully untangles the circle without breaking the handholds. It is okay to slide hands around in the grip or to face different ways when untangled. It adds to the fun to put lotion on everyone's hands first.

Additional ideas for use throughout the day:
Find ways to make games cooperative rather than competitive.
Be very positive about your child's efforts. Tell her, "I really like the way you did that."
Theraplay for Foster and Adoptive Parents:

Unit III - Complex Trauma & The Brain

Bottom to Top Organization
From simple to complex:

- Neocortex
- Limbic
- Diencephalon
- Brainstem

All Sensory Input Enters Here

- Abstract Thought
- Concrete Thought
- Executive Function
- Attachment
- Sexual Behavior
- Emotional Regulation
- Motor Regulation
- Motivation
- Arousal
- Sleep
- BP/Heart Rate
- Respiratory Drive
- Body Temperature

Perry, 2006
Window of Tolerance

Hyperarousal

Window of Tolerance

Hypoarousal

Window of Tolerance

The Freeze or Surrender Responses

Numb, robotic, non-reactive, daydreaming

Normal window of tolerance

Hypo-arousal

“Staring off into space with a glazed look”
The Role of Shame

- A child raised by parents who do not repair breaks in their relationship does not learn that it is possible to reconnect after a shame experience.

- This confirms the child’s sense that they are unworthy and deserving of all bad things that happen to them.

- These children become quite sensitive to shame experiences (window of tolerance narrows).
Shame vs. Guilt

Shame:
- The experience of feeling that you are out of favor that you are bad
- Separates you from others.
- Child needs to experience repair if they are to have a healthy self-concept and connection to others.
- Child cannot feel guilt unless he feels connected to others

Guilt:
- The experience of feeling that you have hurt someone else.
- Flows from concern about others.
- Leads to a desire to make amends

Mediating Factors

- Nature of trauma
- Perpetrator of abuse/neglect
- Frequency/intensity
- Point in child’s development
- Presence or absence of attuned, consistent attachment figure
- Child variables (IQ, disposition, etc)
Shame And Guilt

The distinction between shame and guilt:

- Shame is the experience of feeling that you are out of favor, that you are bad. It separates you from others.
- Guilt is the experience of feeling that you have hurt someone else. It flows from concern about others and leads to a desire to make amends. A child cannot feel guilt until he feels connected to others.

<table>
<thead>
<tr>
<th>Differences</th>
<th>Shame</th>
<th>Guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of evaluation</td>
<td>Global self</td>
<td>Specific behavior</td>
</tr>
<tr>
<td>Degree of distress</td>
<td>More painful</td>
<td>Less painful</td>
</tr>
<tr>
<td>Feelings</td>
<td>Feels small, worthless, powerless</td>
<td>Tension, remorse, regret</td>
</tr>
<tr>
<td>Impact on self</td>
<td>Global devaluation</td>
<td>Minimal</td>
</tr>
<tr>
<td>Primary concern</td>
<td>Other’s evaluation of self</td>
<td>Effects on others</td>
</tr>
<tr>
<td>Motivation</td>
<td>Wants to hide, strike back</td>
<td>Wants to confess, repair</td>
</tr>
<tr>
<td>Degree of anger</td>
<td>Intense anger</td>
<td>Moderate anger</td>
</tr>
<tr>
<td></td>
<td>Blames others, to avoid</td>
<td>Triggers problem solving,</td>
</tr>
<tr>
<td></td>
<td>devaluation of self</td>
<td>relationship repairs</td>
</tr>
</tbody>
</table>

The development and repair of shame:

- For the first year (or until the infant becomes mobile) parents respond contingently and are delighted with almost everything the child does. And this is how it should be.
- At around 1 year, parents begin to “socialize” their child. When he reaches toward the electric outlet, and his mother says sternly, “No! Don’t touch,” the confident toddler suddenly shuts down. He hangs his head, he blushes, he looks miserable, he may cry. He thinks he is bad. He feels shame.
- A loving parent will quickly repair the breach and reconnect. “Oh, I didn’t mean that you are bad. I just can’t let you get hurt.” The child is comforted and regains his self-esteem.
- Successful repetitions of this experience—and there will be many opportunities for parents to correct their exploring toddler—lead to a sturdy capacity for the child to handle shame experiences and a clear expectation of what is acceptable behavior and what is not.
- A child raised by parents who do not repair such breaks in their relationship does not learn that it is possible to reconnect after a shame experience. Every time someone says, “No, you can’t do that,” it confirms the child’s overwhelming sense that he is unworthy and deserving of all the bad things that happen to him. Many children become so sensitive to the experience of shame that they strike back in anger at the least correction.
- When parenting a child whose shame reaction is easily triggered, corrections and reprimands must be delivered immediately, be brief (less than 60 seconds) and be only moderately scolding rather than harsh.
- Parent must then quickly reestablish connection by removing angry expression from face (including smoothing out furrowed brows and wrinkled forehead) and invite the child back into the fold of the family. If time-outs are used, they should be brief and it is the parent’s responsibility to bring the child out of the isolated area.
DISCIPLINE IN THE THERAPLAY SPIRIT

WHAT HAVE YOU TRIED ALREADY?

- Ignoring bad behavior
- Reinforcing good behavior
- Sticker charts
- Taking away privileges
- Punishments
- Time outs
- 123 Magic

Regular interventions to stop negative behavior (punishment, eliminating privileges, taking away toys) and behavior modification (reward charts) won’t work if we don’t know the underlying cause of the behavior.

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A LOOK AT WHY CHILDREN MISBEHAVE

- *Sensory issues – Regulation issues*
- *Mismatch in developmental expectations*
- *Too much discipline v. not enough play and touch*
- *Abuse and neglect issues*
- *Shame*

SENSORY ISSUES

- Hypo sensitive
- Can get overexcited
- Bumpers and crashers
- Touch everything
- Have difficulty focusing
- Exhibits extremely high activity levels
SENSORY ISSUES - HYPERSENSITIVE

- Background sounds (humming of fan), fluorescent lights, itchy tags, lots of movement (playground, lunchroom) overwhelm them
- Movement like swinging or spinning disorients them
- Don’t like being in groups, withdraw
- Irritable
- Tantrummy

- Read: The Out-of-Sync Child by C. Kranowitz

A CHILD’S DEVELOPMENTAL AGE

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A CHILD’S DEVELOPMENTAL AGE

The types of limits/supervision parents provide should be geared to a child’s developmental age, not chronological.

A CHILD’S DEVELOPMENTAL AGE

Children with ADHD issues can be as much as 33% younger than their chronological age.
A LOOK AT WHY CHILDREN MISBEHAVE

There is too much discipline and not enough:

- Touch
- Connection
- Playtime

ABUSE AND NEGLECT ISSUES

- Excessive need to control
- Oppositional-defiant behaviors
- Vacillating between being very good and very bad
- Lies, excuses, blaming
- Stealing
REPAIR OF SHAME

- For the first year (or until the infant becomes mobile) parent approves of everything baby does
- At around 1 year, parents begin to “socialize” their child by saying NO! Baby shrinks into shame response
- The parent will quickly repair the breach and reconnect
- Successful repetitions of this cycle lead the child to handle limits without feeling excessively hurt/devastated/despairing

SHAME SENSITIVITY

<table>
<thead>
<tr>
<th>Differences</th>
<th>Shame</th>
<th>Guilt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus of evaluation</td>
<td>Global self</td>
<td>Specific behavior</td>
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<tr>
<td>Degree of distress</td>
<td>More painful</td>
<td>Less painful</td>
</tr>
<tr>
<td>Feelings</td>
<td>Feels small, worthless, powerless</td>
<td>Tension, remorse, regret</td>
</tr>
<tr>
<td>Impact on self</td>
<td>Global devaluation</td>
<td>Minimal</td>
</tr>
<tr>
<td>Primary concern</td>
<td>Other’s evaluation of self</td>
<td>Effects on others</td>
</tr>
<tr>
<td>Motivation</td>
<td>Wants to hide, strike back</td>
<td>Wants to confess, repair</td>
</tr>
<tr>
<td>Degree of anger</td>
<td>Intense anger</td>
<td>Moderate anger</td>
</tr>
<tr>
<td></td>
<td>Blames other to avoid</td>
<td>Triggers problem solving</td>
</tr>
</tbody>
</table>

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A WORD ABOUT LYING

- If you are fairly certain that your child committed the crime, don’t put them into double jeopardy by making them confess.
- It is too high of an expectation morally to expect a child to admit their crime.

![Diagram of moral hierarchy]

REPAIR OF SHAME

| Children who are very sensitive to criticism can develop this sense of shame |
| Children with undiagnosed or untreated learning disabilities can feel chronic shame because of the experiences of repeated failures at school or home. |
| Parents who expect too high of a level of functioning from their child may inadvertently cause the child to feel shame |
| When administering discipline to this type of child, parents should provide a brief (less than 30 seconds), moderate scolding. No intense anger and long lectures |
| Parent must then quickly reestablish connection by removing angry expression from face (including smoothing out furrowed brows and wrinkled forehead) and invite the child back into the fold of the family |

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CONSEQUENCES

Do not up the ante

- Piling on consequences after a child is upset will rarely get you the desired behavior
- Piling on consequences often escalates the very behavior you are trying to stop

CONSEQUENCES

*The use of natural or logical consequences often work*

Make sure the consequence is related to the behavior

Aim for reparative consequences when possible
CONSEQUENCES FOLLOW UP

Key is to empathize without the word “but”

“I know that those were your favorite pants and none of your other pants feel as good to wear.”

DO NOT follow the empathy with “but....”

SCENARIO: YOU’RE TAKING YOUR KIDS TO THE PARK BUT YOUR SON WON’T PUT PANTS ON BECAUSE HIS FAVORITE PANTS ARE IN THE WASH. WHEN YOU OFFER OTHER OPTIONS, HE THROWS A FIT. WHAT TO DO?

• Empathize with the child
• Use distraction
• If still too upset, sit by him quietly but do not discuss incident
• Give him space by walking away but stay in a room nearby. Check on him in 2-3 minutes
• If he doesn’t cooperate, decide to either go to the park without him if possible, or forego going to the park. That is the consequence
COMMUNICATING EMPATHY

- Don’t talk like a therapist! In other words, don’t sound dry and clinical—“I understand you are frustrated.” That will not make the child feel deeply understood—in fact, it will get them more angry!

Match the child’s vitality affect (the intensity of their feeling) but avoid matching their anger. Speak with emphasis, use your whole body (face, arms, hands, legs) to convey “I get you, I believe you.”
TIME IN

- Consider a time in instead. If your child is overwhelmed or disregulated, time outs do not address her issues.
- Simply separating a child from the action, but still near you is often a better solution than isolation.
- Once the time in is over, do not review the bad behavior; focus on the re-engagement.

YOUR BODY LANGUAGE

- As your child is working through his feelings, try and avoid showing frustration through your body language.
- Watch for the following:
  - Sighing
  - Putting hands on face
  - Furrowing brow
  - Arm gestures/motions
A Word About Dangerous Behaviors/Tantrums

- Stop behavior immediately, physically remove child and “corral” into a safer space if needed.
- Provide safe, comforting area
- Do not ask questions or say “calm down”. Rather, use reassuring statements like “It will be ok.” or “You are safe” “You’re not in trouble”.
- Offer blanket or pillows in case child wishes to hide, offer stuffed animal to hold.
- Do not want to tower over child or stare at child.
- Offer cold drink or ice to chew

Once Child is Calmed:

- Use ACE:
  - Accept (does not mean approve of) the child and see them as separate from the behavior
  - Show Curiosity (not disapproval) about why behavior is occurring “Tell me more”
  - Provide Empathy for the child’s motives
Helping Teachers and Other Parent-figures
Understand the Foster or Later Adopted Child

School teachers, religious educators, scout leaders, coaches and other parent figures who are responsible for a foster or later-adopted child often find themselves facing problems that no other child has presented. Whereas most children relate to them directly, choose their relationships selectively, and are able to follow through on tasks, these children look away, act aloof or only pretend to listen, relate to friends and strangers indiscriminately, and have a great deal of difficulty staying focused. Truancy, lying and stealing may also be part of the picture, although these behaviors have quite a different quality from that which we find in non-adopted “delinquents.”

It is helpful for these parent figures to understand that foster and later adopted children may be emotionally far less mature than their chronological age, school grade placement, or intellectual functioning would indicate. A group leader of nine-year-olds may suddenly find herself dealing with a child who is emotionally a pre-schooler or younger. Teachers and others can be helped to develop empathy for the child, to understand the purpose of treatment programs, to meet the younger needs of the child as much as possible in the classroom or group setting, and to have patience while the child grows emotionally.

Why are many late-adopted and foster children so different and so difficult? These children would have developed just as the others in their peer group had they not been deprived of a significant life experience: while their classmates were snuggling close to an engaged, responsive, committed parent whom they knew they could count on for the rest of their childhood years, these children were neglected, abused, or perhaps had no consistent caregiver. These children learned to have a negative view of themselves, of relationships, and of the world based on their early experiences.

The following guidelines, developed at The Theraplay Institute, have been helpful to teachers and other parent figures as they work with these children.

• Make it possible for your setting, especially the school setting, to be a stable element in the child’s life. If everything else changes or can’t be counted on, his teachers and group leaders should be there as steadily and predictably as possible. During vacations or when the adult knows she will be absent, it would be helpful if she would give the child a note or small souvenir, perhaps together with a phone call or postcard.

• Beware of in-between times and places, such as recess and classroom changing times or field trips. The greatest traumas for these children have involved being uprooted, so situations that repeat that scene, even for a few moments, are very frightening.

• Be aware of the foster or adoptive parents’ pain and sensitivity. Often they are criticized by their friends and neighbors for not appreciating “such an adorable child.” Often people fail to recognize that these parents are the target of the child’s anger, rejection and mistrust. Often
the parents feel very alone with these feelings. Parent figures should be aware of their own potential anger toward, and temptation to blame, the foster or adoptive parent.

- Be prepared for inconsistencies in the child’s performance and behavior. It is not unusual for these children to have a few great days in a row, and then to fall apart, or to have difficulty accomplishing something that they have already completed successfully.

- Beware of your own feelings of disappointment with a child who looks so beautiful and seems so bright, and still fails to understand or do the work assigned. These children do not fail deliberately, nor do they do it to frustrate you or expose your leadership or teaching inadequacies.

- Don’t feel put off by the failure of these children to get close to you. Do not feel it as ingratitude that, no matter what lovely things you do for them, they are never really there or really engaged with you.

- Be supportive of requests or recommendations to place this child in a younger, emotionally compatible age group or class than his chronological age would suggest.

- Set limits, yet do so, if at all possible, without punishing, shaming, reasoning with, humiliating, bribing, or isolating the child. Rather, help her “do it right,” “do it over,” “do it this way,” “give it back,” but again, only at the level of the child’s emotional development.

- Find ways to make these children feel special and important to you: greet them personally in the morning, ask them for a photograph of themselves, write encouraging messages on their papers.

- Remember that if children are feeling sad or angry they need empathy and compassion. They should not be cajoled or teased into the appearance of a better mood.

Resources for Adoptive/Foster Families

Internet Resources:
www.theraplay.org: Through the Theraplay website you can access information about Theraplay, find a Theraplay trained/certified Therapist, hear about families who have benefitted from Theraplay, and purchase Theraplay books, supplies, and merchandise.

www.nctsn.org: National Child Traumatic Stress Network (NCTSN) brings a singular and comprehensive focus to childhood trauma. NCTSN’s collaboration of frontline providers, researchers, and families is committed to raising the standard of care while increasing access to services. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and dedication to evidence-based practices, the NCTSN changes the course of children’s lives by changing the course of their care.

www.ddpnetwork.org: You can find additional information about Dyadic Developmental Psychotherapy, a treatment approach that has been found to be very effective with children and adults who have trauma histories.

www.beyondconsequences.com: The Beyond Consequences Institute, LLC was created to educate and provide the resources for helping children with severe acting out behaviors. This website has resources for parents, as well as literature and support groups/events for parents and families.

Other Treatments that Can Be Helpful:
- Narrative Therapy: http://www.familyattachment.com
- EMDR (Eye Movement Desensitization and Reprocessing) http://www.emdria.org/
- Sensory Integration: www.spdfoundation.net
  Book: The Out of Sync Child by Carol Stock Kranowitz

Parent-Child activity books:
Recommended Readings


