



Wrap Around Care

Therapeutic Approach

Children's health, well-being and mind fullness is key to our setting. Children need empathy, nurture and understanding whilst they are developing to give them a sense of a good attachment towards their caregiver and supports a child's brain development. This is represented in our setting with the use of therapeutic parenting towards the children, we use PACE to support the child within the setting and to combat any unwanted behaviour. As adults, we need to remember that children show unwanted behaviour to tell us something or make us aware of something they are unhappy with. It's the job of us as adults to unpick what could be happening, this could be part of their development (for example: turn taking, speech and language difficulties) or early life trauma, maybe even a change in circumstances at home or in the pre-school.

Respond with empathy using the PACE model (playfulness to connect and diffuse a situation, acceptance of the child whilst not accepting of aggression, curiosity to detect your child's need all steeped in empathy).

P- Playfulness

A-Acceptance

C- Curiosity

E- Empathy

What is a Therapeutic Approach?

Therapeutic approach is a highly nurturing way of supporting children, with empathy at its core.

We use firm but fair boundaries and routines to aid the development of new neural pathways in the brain so children may gain trust in adults. And so, their lower brain (survival brain) may connect with their higher brain (prefrontal cortex/thinking brain) so they can link cause and effect.

Using boundaries and routines helps children to understand there is consistency and predictably in their lives (they know they will have breakfast, lunch and tea plus snacks). TA advises that you use visual timetables to support your children with this.

Vocabulary used within the setting to be able to name their need for example: “I wonder if you are feeling cross...” or “ I wonder if you have a wobbly feeling in your tummy?”

- “I Wonder...”
- “I can see you are struggling...”
- “I hear you...”
- “I know you have a good heart...”
- “We can make this right...”
- “I need you to show sorry...”
- “stay close to me...”
- “do you have a funny feeling inside?”

This is to understand what the child is needing and to give them support in an appropriate way and for them to be able to respond, so that you can help resolve their behaviour.

By Sara Naish

Difference #	Description	Why the Child Needs This ‘Difference’
<p>#1 Emotional vs empathic/ conscious response</p>	<p>The TP uses empathy to first establish a connection to the child and to reflect back to them what they are experiencing i.e. ‘I can see you are finding this difficult’.</p> <p>Conscious/ empathic response –The TP practices responding to children in a measured and thoughtful manner, without acting on sometimes overwhelming feelings of anger i.e. Child says ‘I hate you’ empathic response would be; ‘It must be really difficult to feel that you hate me’.</p> <p>Acceptance –The therapeutic parent has to go much further to accept the child, but not the behaviours. The behaviours are more entrenched, more frequent and often very difficult to understand. Using phrases such as ‘I know you have a good heart, so I was really surprised that you.....’, are effective.</p>	<p>In order to connect to the child and ‘shift’ them from dysregulation and overwhelming shame, the empathic connection gets quickly to the heart of the matter without provoking a fight flight response.</p>

<p>#2 Forcing child to admit/ apologise</p>	<p>The therapeutic parent would not have a 'stand-off' with a child to make them admit they had lied. The TP will normally state what they know, state a consequence for the lie (if needed) and move forwards)</p> <p>Saying sorry- the TP would not expect or insist on any kind of meaningful apology from a traumatised child. Instead Making it right/ showing sorry is used. The TP gives the child opportunities to 'make things right' and 'show sorry'. For example: if objects were thrown, the child would be expected and 'helped' to pick them up.</p>	<p>Many children who have suffered trauma find it difficult to tell the difference between truth and reality, cause and effect. Furthermore, a child who lies continually and excessively, may be seeking, subconsciously to engage the carer in a negative conflict cycle. The lie itself is inconsequential.</p> <p>As the child is likely to say 'what the carer wants to hear', without facilitating any fundamental change to the behaviour, saying sorry is an unsatisfactory resolution for both carer and child.</p>
<p>#3 Asking why</p>	<p>The TP avoids asking the child why they behaved in a certain way. Generally, the TP would not be spending long periods of time talking to the child in depth about their behaviour.</p> <p>The TP will always be aware of the child's early life experiences and help them to make sense of the resulting behaviours by 'naming the need' <i>This is explained in the video – Naming the Need</i> http://youtu.be/JMBtepk_MZE TPs can use a third party story where they feel the child would be too overwhelmed by linking current behaviours to earlier specific events.</p>	<p>The child is unable to provide the answers and may feel more fearful and experience heightened shame if they are asked to provide explanations to the TP.</p> <p>Naming the need, gives the child insight and control. They are able to understand and link their own behaviours. This usually leads to a significant change in negative behaviours, often quite quickly.</p>
<p>#4 Rewards praise, and over punishing</p>	<p>Therapeutic parents would avoid punishing a child by removing an important reward or treat. The TP would still give consequences for any</p>	<p>The child's internal working model (IWM) may be comfortable with being 'unworthy' of the treat. The child may therefore attempt to sabotage it, thereby reminding the carer of their 'badness'.</p>

	<p>negative behaviours but would make the child aware that they thought them 'worthy' of such a reward, even though the child was 'doing their best' to have it taken away.</p> <p>The TP avoids 'over praising' the traumatised child. For example, if the child produced a drawing, the carer would not say it was 'wonderful' and place it in a position of pride. This may well lead to the child destroying the picture. The TP gives a muted interested response, such as, <i>'That's an interesting picture, what is that bit there?'</i></p> <p>Generally, the TP would avoid reward and star charts. This can cause conflict where they are widely used in a child's school.</p>	<p>Over praising can cause conflict with the child's internal working model. This may lead the child to feeling that the carer is lying or unsafe.</p> <p>If the child's IWM is comfortable 'in the wrong', star charts are an unhelpful daily reminder of irresolvable conflict.</p>
<p>#6 Strong routines and boundaries</p>	<p>The TP will implement a strong routine from the outset. This strong routine is largely inflexible.</p> <p>The TP is unlikely to act spontaneously as routine and predictability are key to the child's feelings of security, i.e. meal times are normally very fixed with everybody sitting at the same place at the table. Children would also have their own cutlery and crockery assigned to them.</p> <p>Boundaries will also be very firm. The TP cannot allow a child to do something today, which he was not allowed to do yesterday, or vice versa. Any changes to boundaries need to be done slowly and carefully as the child develops.</p> <p>Surprises and spontaneity are avoided.</p>	<p>This allows the child to feel safe and to be able to predict their life events, maybe for the first time.</p> <p>Having an identified 'place' means this child is able to identify their space in the world, and the fear of 'invisibility' lessens. Having strong boundaries lessens the children's stress response, keeps their fight flight 'smoke detector' response under control, and ensures a safe predictable environment.</p> <p>A 'surprise' would normally lead to higher levels of cortisol, resulting in fear and dysregulation.</p>

<p># 7 Re attunement</p>	<p>The therapeutic parent will find new ways to help their child to 're attune'. They will not wait stubbornly for the child to make the first move.</p> <p>One method used is the playful response. Playful response to re attune – Most parents will be playful with their children at appropriate times. The therapeutic parent, purposefully uses a playful response where they notice a child is dysregulated.</p>	<p>The attachment disordered child can feel 'frozen' or may entirely lack the ability to make a 'first step' to re attune with the parent.</p> <p>The child can not feel fear and joy simultaneously, so by instigating a joyful response the fear, underpinning the dysregulation is diminished. Playfulness in this way is NOT about 'playing' with the child. It is a spontaneous, unexpected 'silly' intervention.</p>
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Early life Traumas that affect children and babies:

Witness to domestic abuse	Abuse, including sexual, physical, emotional	Abandonment or neglect	Death or a loss of a loved one
Severe natural disasters	War, terrorism, military or police actions (including media images)	Witness to community violence	Personal attack by another person or animal
Severe bullying	Medical procedure, surgery, accident or serious illness	Living in chronically chaotic environments	Traumatic birth, Separation at birth for long periods of time