Starting from a shared understanding of therapeutic parenting

THE POTATO GROUP:
ETHOS

POTATO: Starting from a shared understanding of therapeutic parenting

By the time adopters join Potato we have served a long apprenticeship, understanding the histories and needs of our children, and reading and learning about attachment and developmental trauma. We have learnt as we have gone along, not only managing the everyday difficulties that arise from parenting our children, but also difficulties with schools, our wider family, and other parents who may not understand our adoptees' hidden disabilities. Many of us will also have faced challenges from generic professionals in education, health, and social services, and from those specialising in adoption whether from CAMHS or from adoption support teams who may lack the depth and breadth of training in developmental trauma needed to support our families.

Most children adopted today have been removed from their first families due to abuse and neglect. Our children carry with them a legacy of trauma starting before birth.

- First parents with genetic risks of learning difficulties, chromosomal anomalies, autism or mental health conditions.
- In-utero risks from cortisol (e.g. the birth mother may have faced threat including domestic violence), alcohol or illicit drugs.
- Traumatic experience in the early years whether a depressed emotionally unavailable carer, no stable carer (e.g. passed between a number of friends, family or casual acquaintances).
- Neglect, regularly left hungry, cold, in wet nappies and without comfort.
- Witnessing domestic violence, the sounds of anger, smashed windows, police sirens.
- Physical, psychological or sexual abuse
- Either before of after entry to care - no safe base, frequent and unpredictable moves

These experiences will have affected the way the brain wires up and contributes to non- neuro-typical neurobiology, sensory issues, and learning and executive functioning difficulties. These issues present as emotional, behavioural and psychological disturbance. All behaviour is communication.

Exposure to trauma over days, months and often years, especially trauma from your main caregiver on whom you should be able to develop safe dependency, has lifelong effects. The child has to develop survival skills, becoming hypervigilant to their environment and the people in it, easily triggered into 'fight, flight or freeze', or dissociation as an extreme form of self-protection. These skills, which were necessary for their survival, persist even many years after being removed and placed in a loving permanent home. These skills are maladaptive in this setting, with normal parenting being experienced by the child as provocative and abusive. This can lead to prolonged and repetitive daily struggles to adapt to normal parenting, waking and dressing, being ready for school, joining in family leisure activities and sharing a few age appropriate family chores e.g. helping to clear the table or putting dirty laundry in the laundry bag, and a 'biggy' - being unable to settle to sleep. Being constantly hypervigilant is hard to switch off and scary things may have happened in bedrooms. Deprivation of sleep for child and carer impacts on other areas of life and affects physical and mental wellbeing.

Parents and professionals may listen to these behaviours and say 'all children do that'. All children may do any one of these things occasionally or for a short time during a period of stress but in many adoptive families all these behaviours occur most days accompanied by rapid mood swings, ranting, swearing and emotional dysregulation with threats/or actual damage to property or to persons especially the mother. Few professionals understand the level of resilience adopters show managing these stressful behaviours, their children's distress, and the reactions of others, every hour, every day over months and years.

Our members have experience of school exclusion, child to parent violence, police involvement, grooming for sex or to sell drugs, and some of our members 'parent from a distance' when the complex needs of the child are not met by complex packages of support.

As a common starting point we feel it is helpful if all adopters and all services who aim to help and support us have an in depth understanding of:

- Developmental trauma disorder - Bruce Perry, Bessel van der Kolk
- The need for developmental reparenting - to emotional age, including the use of PACE (playful accepting curious empathetic) - Vera Fahlberg, Dan Hughes
- Theraplay parameters of structure, nurture, engagement and challenge – Phyllis Booth
- Dyadic developmental psychotherapy - Dan Hughes
- Understanding the behaviour - Bryan Post
- Sensory and arts therapies - to address pre-lingual trauma
- The frequently overlapping diagnoses of a complex PTSD, Attachment Disorder, ASD, ADHD, FASD and more
- CPV child to parent violence

In our experience, adopters are frequently more knowledgeable about these issues than the professionals whom they approach for support. Whilst the Adoption Support Fund (England only) has made possible funded specialist adoption therapy for some families, this alone will not lead to better support. There is a need for greater understanding and support from a wide range of services including education, social services, the health service, and the wider community.

SUPPORT NEEDS

Potato, alongside other groups supporting adopters, foster carers, special guardians and kinship carers hopes to raise awareness of the support needs of all families providing permanent homes for children unable to live with their first families.

- kindness, honesty, empathy and respect
- psychological, emotional and practical support for adoptive parents
- peer support e.g. POTATO
- Adoption allowance to compensate for reducing working hours, to enable the provision of a consistent safe base for adoptee
- knowledgeable and empathic professional support available 24/7
- adopters regarded as the core of any team supporting their child, setting priorities and selecting from specialist adoption therapies or services on offer
- support and training for family, friends and neighbours who can provide support without undermining the adopters' parenting e.g. supporting NVR (non violent resistance)
- support and understanding secondary PTSD and compassion fatigue and the need for trauma-aware workers to be an additional adult in the home when needed and respite in home or outside home to be available if required
- a strong professional advocate for meetings with school, CAMHS or other services to discourage these services from imposing non-trauma and non-adoption informed strategies such as zero tolerance behaviour policies.

BLAME

Many adopters find themselves blamed, for being too strict or not strict enough, for failing to implement inappropriate strategies advised by professionals such as star charts etc. with no- one considering the child's trauma-nurture timeline and the many **Adverse Childhood Experiences (ACES)** which shaped this child's brain often long before they joined their adoptive family.

Follow this link to consider your child's ACE score and your own.

https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz- and-learn-what-it-does-and-doesnt-mean

But it is not your fault.

It is the fault that:

the birth parents were not helped and supported in their families of origin, their vulnerabilities were not assessed and supported during pregnancy

there was not intensive parenting support available to birth parents as they tried to parent their first child when health visitor/social worker/police became involved there was inadequate analysis/sharing of concerns/practical helpful resources put in place to make a difference for the child

there was insufficient management supervision so there was drift and the severity and chronicity of the problems underestimated, leading to more harm for more time for the children

that on removal into the care system, there were moves of foster carer and changes of social worker leading to further delays and further trauma

there was insufficient assessment of each child's needs so too little therapy and practical support for foster carers

adoption preparation did not adequately prepare adopters for the severity and long-term nature of the child's difficulties on placement

that when you asked for help the children's problem was minimised and it was seen as you having a problem, not the child bringing trauma into the family

that the adoption support available was too superficial and transient for the holistic lifetime needs of your child

then there is a chance that our much loved children have to re-enter care and we will have to parent at a distance. . .

but it was not your fault

Potato believe the only way forward is through building positive relationships and promoting family stability

Considering the child's inner world - often filled with fear

Anticipating situations with which they will struggle - putting 'scaffolding' in place

Maintaining 'non-anxious presence' in the face of meltdowns - giving space, quiet, calm

Recognizing the child in meltdown may have no access to frontal cortex, are not in conscious control of their actions, and may have poor recall of what happened

Work to restore emotional regulation first - theirs and yours (this is not ignoring or rewarding 'bad behaviour' - this is doing what works)

Interactive repair - you, the adult can say 'sorry' (for not having been able to avoid that build- up) and be kind. It may not be realistic to discuss the incident in any way until the next day.

'What could I have done to help?'

'I will always try to help but I don't always know how you are feeling inside.'

It is hard work trying to reflect and not react 24/7 – build in time for self-care and offload to other Potatoes who will understand.

POTATO: As well as providing peer to peer support, we share research and trauma informed practice to our members and via our website and twitter to other adopters and a wider network of carers and professionals

https://thepotatogroup.org.uk
@ThePOTATOgroup

REFERENCES

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- Bessel van der Kolk : Developmental trauma disorder https://traumaticstressinstitute.org/wp-content/files_mf/1276541701VanderKolkDvptTraumaDis.pdf
- Dan Hughes PACE https://ddpnetwork.org/about-ddp/meant-pace/
- Theraplay https://theraplay.org/index.php/what-is-theraplay-parents
- Bryan Post: The Great Behaviour Breakdown https://postinstitute.com Many Bryan Post videos available on You Tube
- Young Minds https://www.youngminds.org.uk/

Mair Richards, February 2018
For POTATO