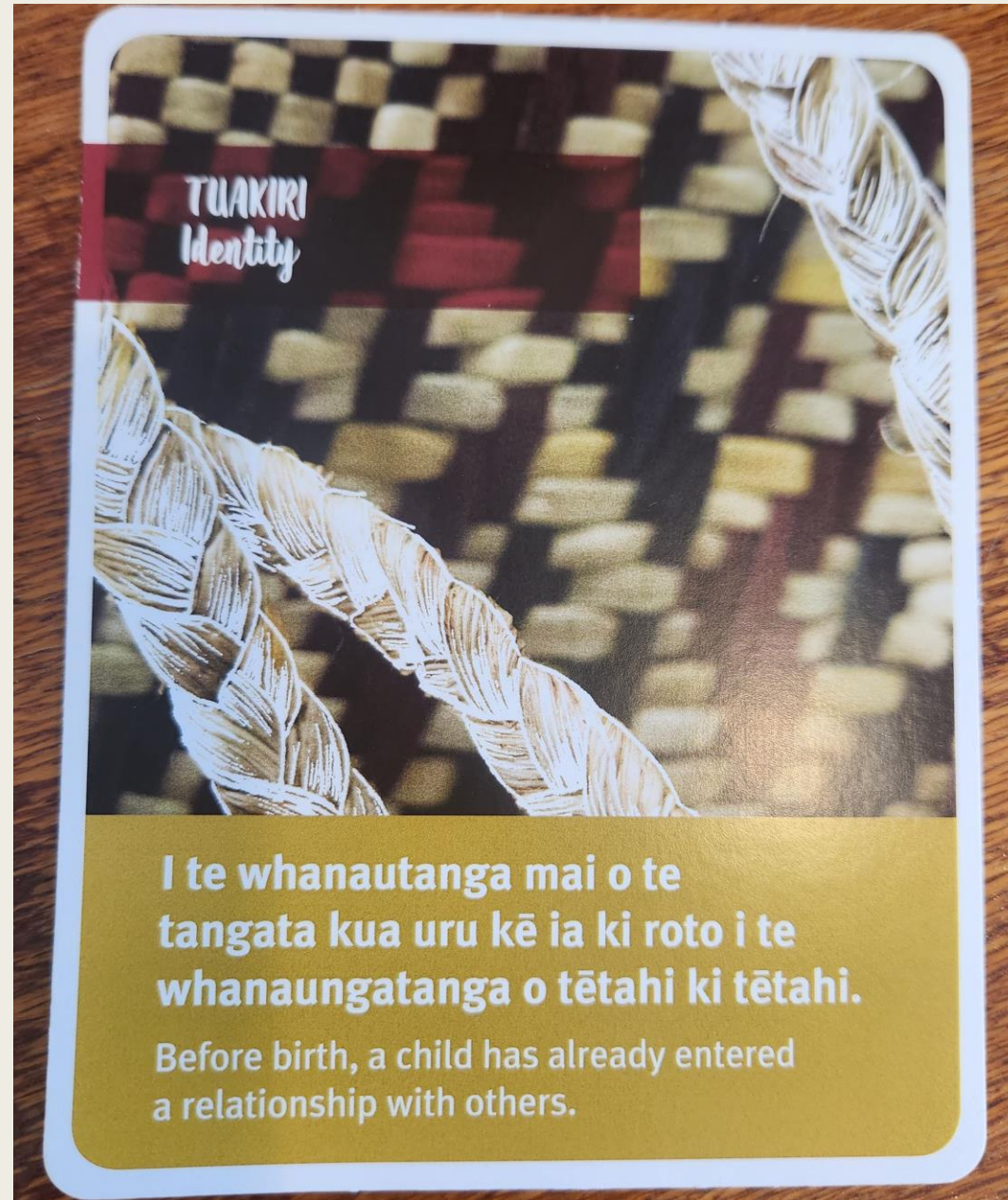




The role of ‘significant adults’ in a child’s healing

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Whakatauki



**I te whanautanga mai o te
tangata kua uru kē ia ki roto i te
whanaungatanga o tētahi ki tētahi.**

Before birth, a child has already entered
a relationship with others.

A little about START...and me

- We just celebrated 35 years of service.
- We work with children, youth and adults who have experienced sexual violence, as well as with their families through our counselling and consultation services.
- We provide education sessions for . . . anyone that asks 😊. NGOs, Schools, OT, Police, Courts, Health, ECEs....But don't tend to work directly with clients in this way.
- We are funded via contracts with Ministry of Social Development, Oranga Tamariki and Accident Compensation Corporation (ACC) as well as various community and philanthropic grants.
- We have 22 part-time staff/contractors made up of counsellors, psychologists, psychotherapists, social workers, a manager, an administrator, an assistant and a cleaner..
- I'm the clinical practice manager



Today's talk will explore...

- The important role of the significant adults in the healing journey of their children/young people
- What gets in the way of this seemingly simple idea?

**THATS
WHAT I'M
TALKIN'
ABOUT!**

Caveats



- This is a huge topic and today's talk is only a tiny slice!
- Acknowledging the wisdom in the room
- Different opinions are normal. Make space for them
- I've simplified things. I know it can be more complicated than this, but it can be useful to start simple and build from there
- A BIG SHOUT OUT to you all. You all do an amazing job and it's only getting more complicated.....



Let's start at the very beginning



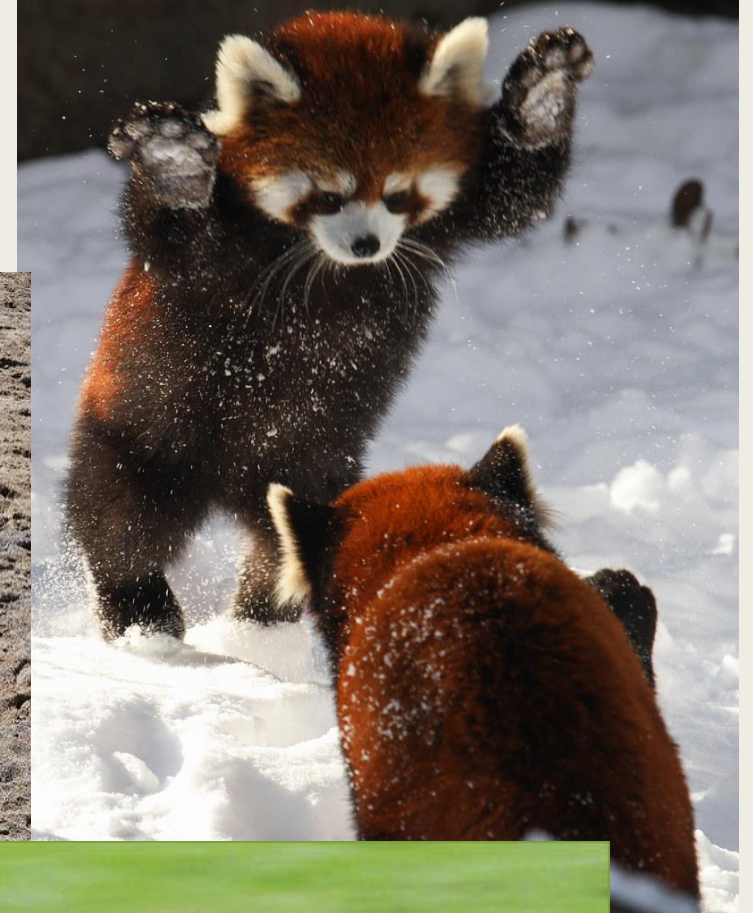
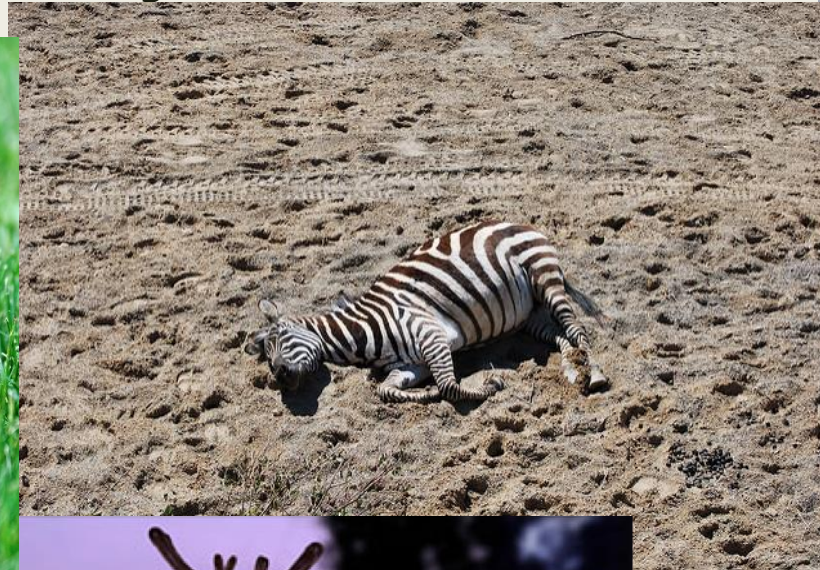
The Body has it's own natural drive to protect itself

- First priority



! SAFETY FIRST !

The 5 F Alarm system



What happens if we actually get hurt...

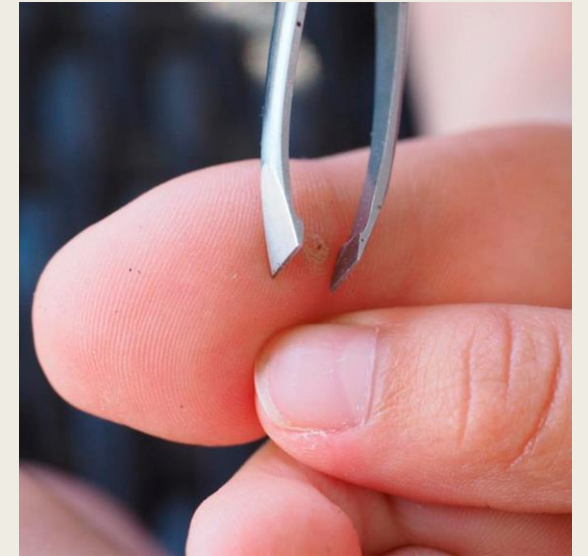
- If we get hurt while still not safe, mechanisms kick in to allow body to keep trying to get us to safety.
- Once physically safe, goal of body is to rest up and recuperate so that resources can be built up for the next stage...healing.
- If we remain unsafe or unable to recuperate...then goal stays to protect, and healing is unable or more difficult to start



With these things in mind....

Effective intervention needs to

- Enhance **safety**
- Allow for **rest/recuperate**
- Remove barriers or do things to speed up natural **healing** process



This is true for both physical and emotional pain



What's happens with Trauma

- By definition, Trauma is when the person is confronted by an overwhelming or life threatening experience and so normal safety, rest and healing mechanisms can get stuck.
- Protection can end up over-riding healing when natural responses don't get a chance to be completed or are avoided.



Trauma intervention follows same path as other 'hurts'

- Create actual and emotional **safety**
- Support ways to **rest, recuperate and regulate**
- Enhance **healing** by supporting 'completion of necessary and natural processes' and support people to 'lean into' and explore experiences rather than avoid
- This allows some different meanings to be made as trauma memories can go from specific/disorganised details, associated with intense emotion to becoming a 'WISE LESSON'.
- Once out of protection mode, the brain can get into 'growing mode' as energy and resources are freed up.



The therapist can be key to this process as they provide knowledge, time, space, safety, a plan, scaffolding, ideas for creative expression, permission, validation....



But they aren't enough

- Nature designed us to look to others to know how safe we are...not just for an hour a week in therapy, but across the day/week/life time.
- This is where parents and those significant adults in the lives of the child/young person come into play.
- Ultimately healing is enhanced within relationships that are safe.

In fact it has been found by Bruce Perry that....

High doses of affirmation and connection create better outcomes than 1 hour of therapy a week



Let's take a step back



- Born with innate stress response...in fact born 'knowing' dysregulation.
- Alongside it's role in keeping safe (FFF), it's also important for building awareness that we have hit up against boundaries of knowledge/skills, facing change etc.
- Great system, but not born with instructions or skills to run it properly.

Why?



- To adjust to environment and to do all the learning that is required...we needed a lot of raw material and a whole lot of potential.
- Evolution had a plan to protect us while our higher cognitive functions were doing the important job of building connections and pathways...

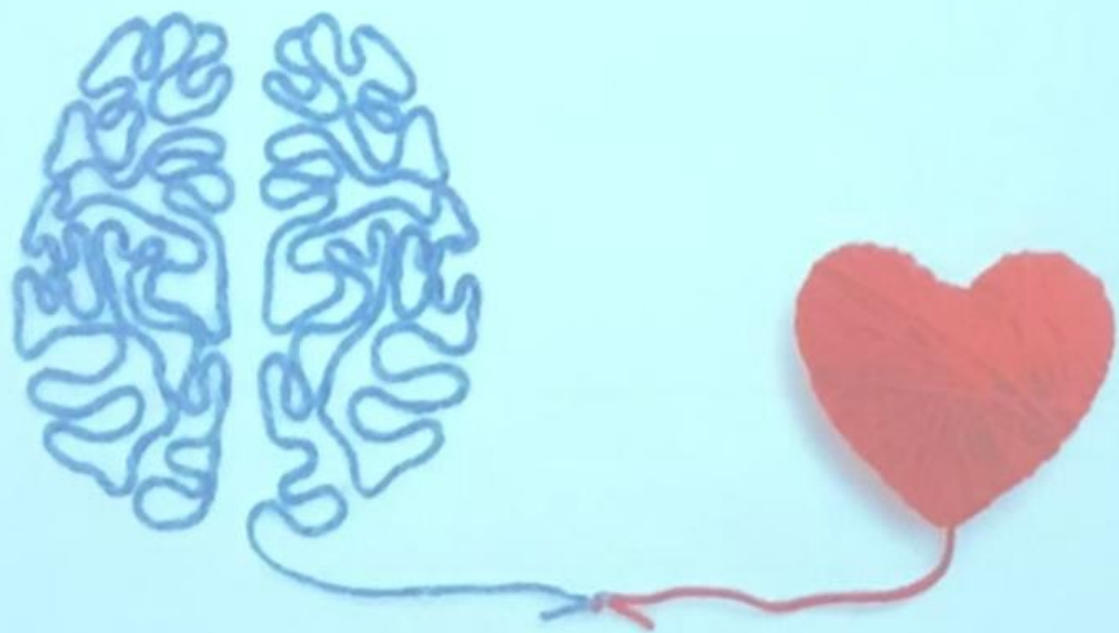
Attachment

The biological, psychological and behavioural mechanisms that operate within the infant/caregiver dyad to create a relationship where safety is created, needs are met, cuddles are given...etc

Need 'our' adults as:

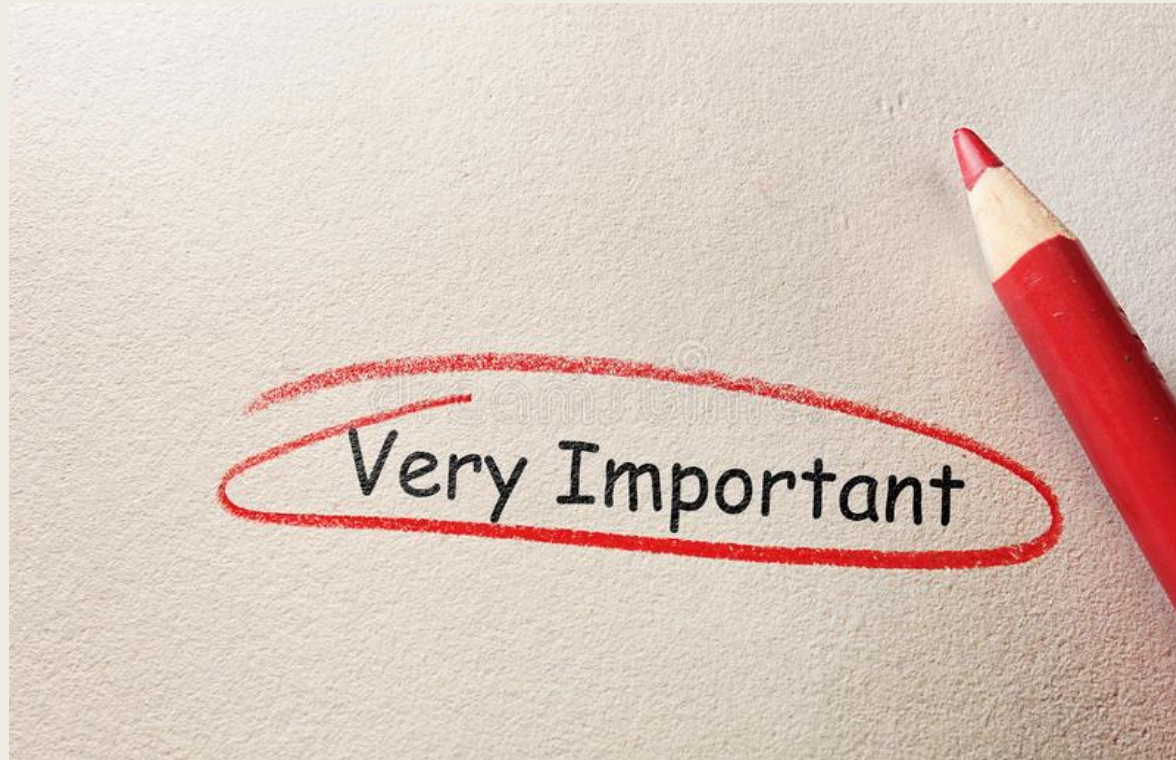
- Source of data (how safe are we??)
- Source of protection
- Source of **regulation**
- Source of modelling
- Source of feedback





We are all born hard wired for connection.

How START 'sees' the role of parents/caregivers in trauma work?

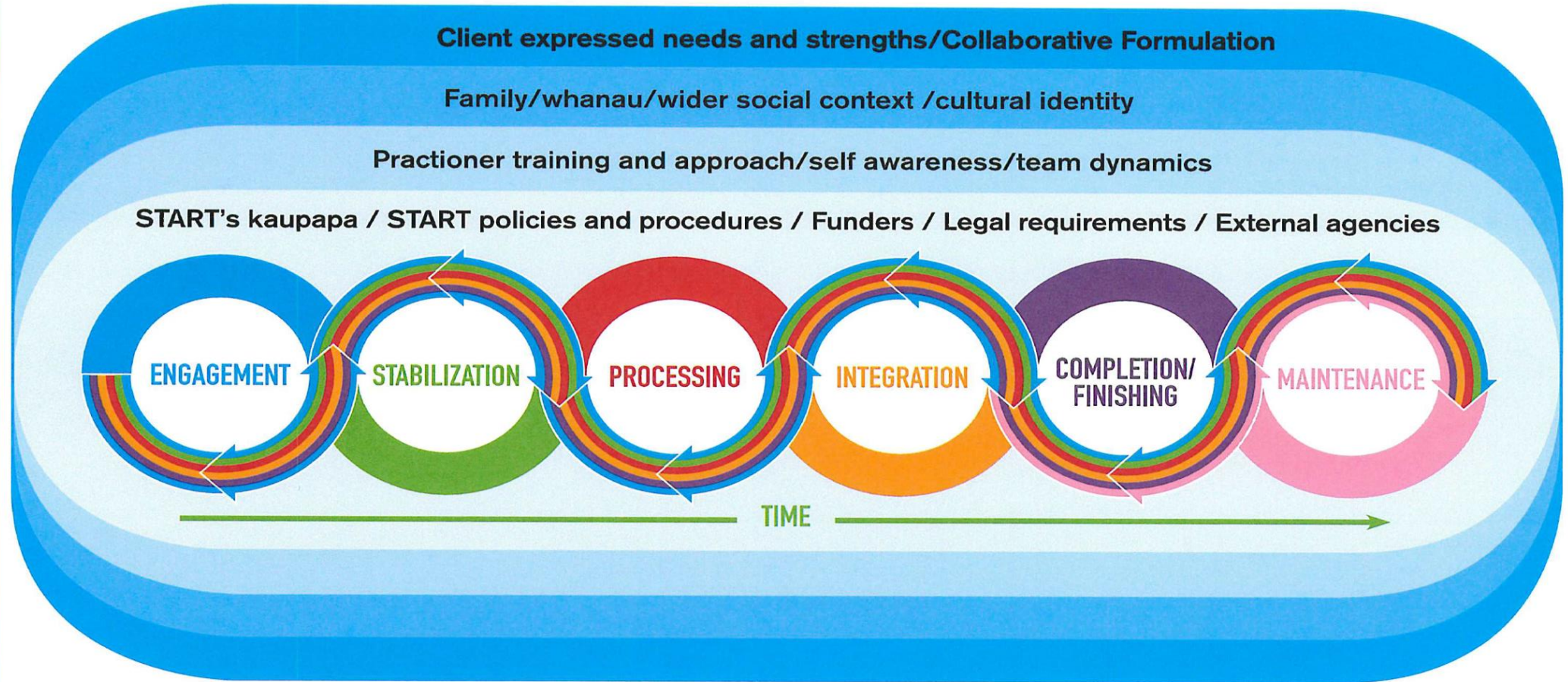


START'S CLINICAL MODEL



SAFETY HAUMARU

CHOICE KŌWHIRINGA



TRUSTWORTHINESS TE PONO • COLLABORATION TE MAHI TAHI • EMPOWERMENT WHAKAMANA

What does this mean in practice?

- From the beginning we communicate that safety and stabilisation makes for effective therapy and it's the responsibility of the 'system', not the child to do this. Most important part of system is parent/primary caregiver and it is them that we meet at the first consult to discuss our criteria.



Our criteria



- Evidential so that care and protection aspects investigated and actual safety prioritised.
- No contact with person that hurt them at the initiation of therapy, so that time and space allowed for child/young person to sort out how they feel. Also illustrates to child that their safety needs are prioritised with family unit.
- Significant adult who is able to engage in therapy.
- Life is relatively safe and settled.

Involvement of significant adults once child/young person enters therapy

- Initial parent/caregiver workshop - compulsory (ish) for parents to attend.
- Open invite to monthly catch up (run at different times) with different topics discussed.
- First session with therapist.
- Joining sessions with child in variety of ways.
- Separate family/whānau support.
- Support to get own therapy.
- Resources made available.



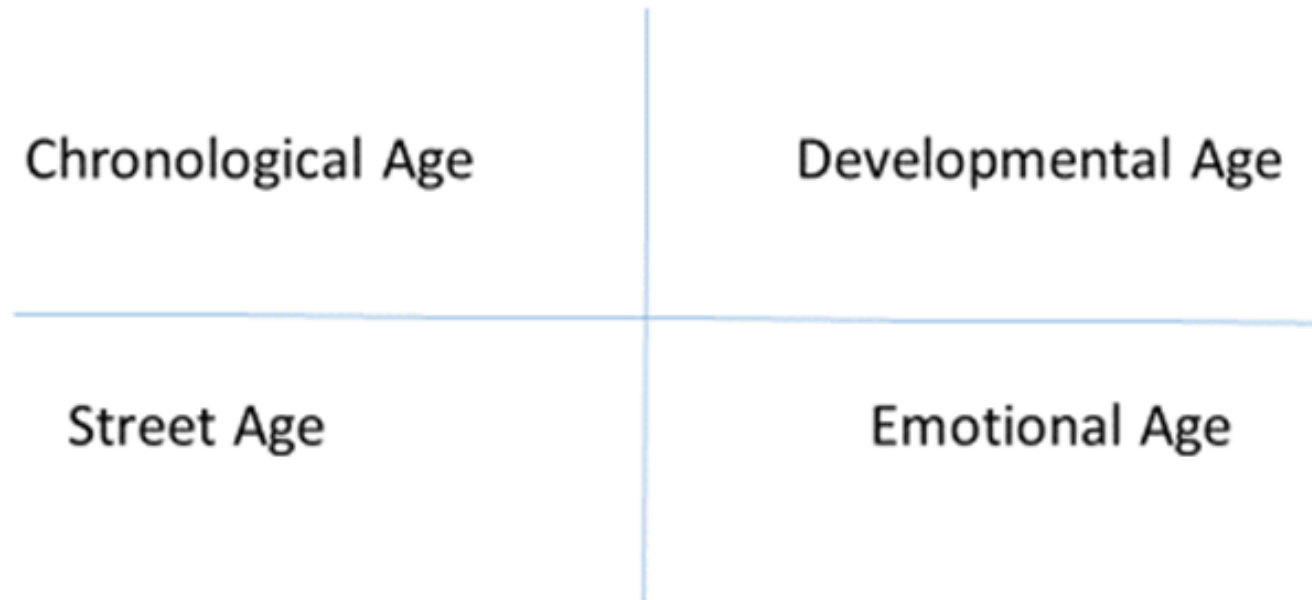
What makes engaging parents/caregivers challenging?

Child/young person stuff



- How safe am I really??
- Was it a 'safe' person who hurt me?
- How revved/reactive up are my significant adults
- Nature of sexual harm and their perception of parent as protective.
- What was the process around disclosure.
- Worries about my 'adult' . Can they handle my upset? Will my upset backfire?
- Overt and covert messages about parent's ability to prioritise the healing process
- Shame and stigma
- Have I grown up getting my needs 'generally met' or have experienced neglect?
- Do I know what I experienced was wrong?
- Developmental stage*

A helpful lens to view the child in front of you



How to work with this?

- Explore nature of relationship...is it safe?
- Involvement isn't going to look the same for all significant adults.
- Pacing is important.
- What 'age' of child/young person are we actually dealing with?

(what 'age' is their adult?)

- Are there other options available within the family/whanau.
- Treat 'no' to parent involvement as comma and not a full stop.
- Explore child's fears/experience and work with these to build safety.
- Model trustworthy communication with significant adult.

E.g. 'I tell mum and dad what we've discussed that I will say'

- Work has been done with significant adult to enhance their ability to safely hear and support what is said .

Parent/caregiver stuff



- Feelings of shame, anger, grief about the abuse.
- Own trauma histories that can impact on adult's ability to be present with the child/young person's process.
- Busyness of life.
- Lack of understanding about trauma and it's effects
- Mental health difficulties
- Avoidance of hard stuff...and this stuff is very hard.
- Other stressors that make it hard to turn up...literally and emotionally.
- Family dynamics such as divorce
- Social stigma around these issues making it hard to access support.

How to work with this?

- Be welcoming and communicate that their role and agency in their child/young person's healing is central.
- Be explicit about expectations from the beginning.
- Be realistic and take time to 'hear' their experience.

Pressure to 'be' what we don't feel we can be makes us ALL defensive. We are aiming for enhancing safety and the ability to be present and support, not establish perfection.

- Provide support and information that makes sense of what they see and explores their fears.
- Notice and explore their own stress response so that they can see what it feels like to be revved up and what settles it down.
- Build the village around the child...and their adult

Ideas continued...

- Provide opportunities for normalization and validation.
- **Empathic confrontation.**
- Maslow's hierarchy. Are other practical and emotional resources needed?
- Communicate the importance of them being as regulated as they can be. If they are in a state of constant 'revs' or have other challenges then they might require their own individual support.



Therapist/system stuff



- The therapeutic model that is worked within.
- Lack of time to work effectively as a team around this child/young person.
- Limited training in working with parents/significant adults.
- High expectations for what a child might need.
- Counter-Transference issues...over identification with child, desire to protect, I can do better.
- Own stress levels and triggers.



How to work with this

- Normalise family/whānau work within workplace.
- Access to training.
- Resourcing through time, opportunities to debrief.
- Use of peer and individual supervision to explore knowledge, assumptions and hurdles.
- Bring in other team members if needed.
- Prioritise regulation in the workplace and self care.
- Reflect on whether this type of work actually suits therapist

PAY ATTENTION!

THIS STUFF IS IMPORTANT!

Self care

Clichés are clichés for a reason!

- It helps you stay ‘well’ in this work.
- It helps you stay ‘well’ in your life!!
- It helps you work more effectively as you are more engaged, focused, flexible, responsive...
- Nervous systems talk to each other and so if you are working with ‘hurt’ people, you need to make sure that yours is in good working order!



Self care

'Easy' self care

- Relaxing and self soothing activities, e.g., exercise, sleep and eat well, connect with people (you actually like 😊). Do things important to you (a challenge if our jobs hold great value).

'Hard' self care

- Do some stuff differently e.g., actually DO the 'easy' self care, stick to boundaries, take a break/time off.
- Check in with yourself and catch how you speak to yourself ...including the tone you use!
- Expect the brain to PUSH BACK.
- Ask for help.
- Realistic expectations of self and others*.



What I think I look like



What I actually look like



A commitment....

- What is one thing that I will do differently or think about as a result of today's talk?



DONT BE CONFUSED



ASK QUESTIONS