

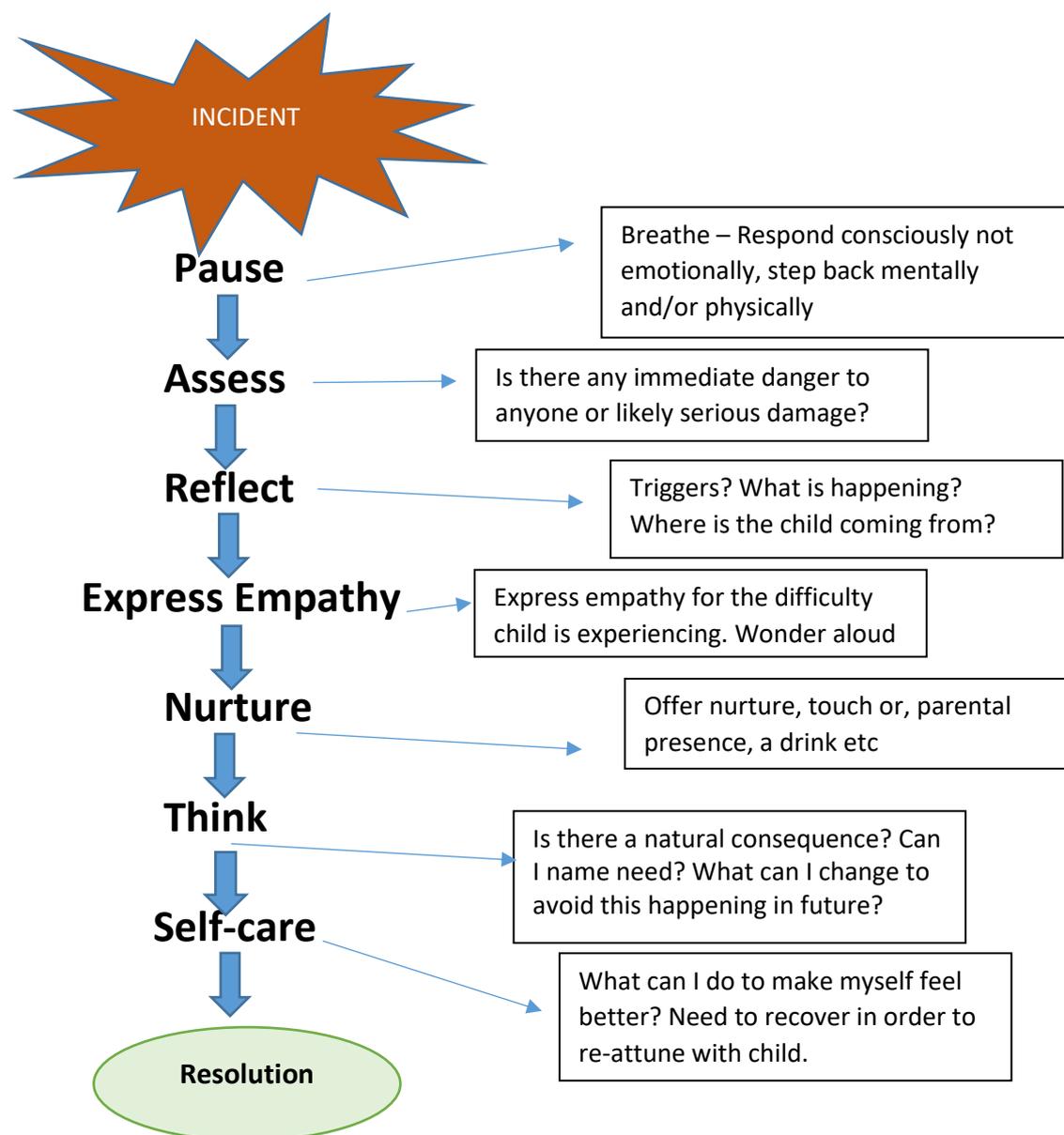


## The P.A.R.E.N.T.S. Model of Intervention for Therapeutic Parents

by Sarah Naish

There are many models of therapeutic parenting, such as PACE and TBRI. I always struggled with the fact that none of the models seemed to give me a process to work through. So I stopped and thought about the IDEAL way to progress through an incident. It's so easy to forget the basics sometimes.

When our children are in crisis, an incident can seem to come from nowhere and catch us unawares. The frequency and intensity can be exhausting and debilitating. So the next time you find yourself in this situation it might be useful to run this checklist in your head for positive therapeutic parenting.





So, let's break it down a little and consider what we mean at each stage:

### **P - PAUSE.**

Therapeutic Parents TRY to respond calmly and consciously to their child. **This is our biggest challenge**, and much easier said than done! Therapeutic Parents need to use their Prefrontal cortex (higher brain) to solve these complex issues we are faced with. When we respond instinctively from our lower brain there is rarely a good outcome! If we can **take a moment to mentally step back**, this can hugely change the outcome. We may even need to **physically step back or step away**, depending on what is happening. Just bear in mind that if you withdraw completely your child is likely to become *more* dysregulated. A good way of creating a pause is to **consciously take a few deep breaths**. This sounds a bit old hat, but actually its incredibly effective due to the chemical changes it makes in the brain. You might even turn away to pretend to do something else so the child cannot see your facial expression. You may need to 'suddenly rush to the toilet'.

### **A – ASSESS**

Sometimes there is an **immediate and obvious danger**, such as a child attempting to jump out of a high window, (or pretending they will)! At these times obviously we are not going to move onto reflection and empathising as we have to take immediate action. It is important however, to consider outside the moment what constitutes danger or potential serious damage to an item. For example, if a child is threatening to smash a plate, or is actually smashing it, personally I would not have reacted to that as an immediate danger or **potential serious damage**. You need to **be clear about your own boundaries**. What you can and cannot tolerate. Think about what has happened in the past and what the outcome was. Sometimes a child will feign an intention to commit serious damage, in order to press your trigger.

### **R – Reflect**

Although we tend to reflect on an incident when it is over, I find it useful to do a **mini reflect right near the start**. Often by trying to quickly identify possible triggers or antecedents, it is much easier to resolve the incident positively. If we try to quickly gauge where the child is coming from its more natural to then 'wonder aloud' and express empathy in the next stage. So for example, if my child came in from school and was very deregulated, angry and acting out, I might be thinking about how she manages transitions, or if something has happened at school.

### **E - Express Empathy –**

It's important to 'get alongside' the child, i.e. to **'stand in their shoes' and try to see the incident from their perspective**. It's very useful to use phrases such as-

- I can see you are finding this difficult
- Wow, you are really angry
- It must be so hard to feel this sad
- It must be tough to feel that way about your mum.



**Wondering aloud, helps the parent to say out loud what they think may be going on** in an empathic way;

- I wonder if something happened at school to make you feel so worried
- I wonder if you are shouting because you are scared I didn't notice you
- I wonder if you are angry because the TV program finished.

Its ok if the child strongly disagrees or shouts back. It's important to watch what the child is *doing*, and not simply react to what they are *saying*.

### **N - Nurture**

Offering **nurture in a timely manner** can help to de-escalate a challenging situation. Often my children would flip from furious rage to tears when nurture was offered in place of reciprocal anger or demands of, 'Why did you do that?'

**Nurture can be offered physically or suggested.** IE.

- It looks like you could do with a hug
- Would you like a hot chocolate?
- I was thinking about you earlier when I washed your fluffy blanket

A simple touch on the shoulder can help the child to feel more grounded. It is important however, to assess how dysregulated the child is, as touch may also inflame a situation as the child may have sensory issues and misinterpret the touch.

### **T - Think**

As the situation begins to calm it's a good idea to **think about the next action** to take. You might be speaking to the child and helping them to regulate, **while thinking about how to proceed**. You may be **thinking there needs to be a natural consequence** for what has happened. You might want to **think about sharing your thoughts** with the child about why you think they behaved the way they did. Sometimes, Therapeutic Parents link this back to an earlier unmet need. We would not do this every time there was an incident, but if there was a pattern of difficult behaviours. Naming the need is used to help the child make sense of their own behaviours and to understand why they do the things they do. You may be thinking about this, but my not come to a conclusion for a few hours or even days. That's ok. Sometimes it's best to share those thought retrospectively on joint reflection.

We also need to **think about what we can change** to try to prevent or minimise this event happening in the future. Think about how much structure there was, was supervision adequate? Has the child been set up to fail?

### **S - Self Care**

The last, (and probably most important), action is to look after yourself. You need to be proactive about this and treat the **self-care aspect as an integral part of therapeutic parenting**. If you do not look after yourself, you cannot meet the needs of others. It is not indulgent, selfish or reckless to build in self-care, support and respite as part of your daily or weekly routine. It is an essential, fundamental requirement. **Self-care helps Therapeutic Parents to stay out of compassion fatigue** and continue to be able look after their children. **Self-care prevents placement disruption and further trauma for all concerned**. Considering that as an alternative reality, it is straightforward to see that denying self-care, ironically, is a selfish act.



Self-care can be a range of ideas ie:

- Deciding you will spend an hour on the phone later with a cup of tea, venting to a supportive friend
- Having an indulgent, lengthy bath
- Saving a sweet treat and magazine for a planned quiet moment
- In a two parent household dividing up part of the weekend so each parent has 'time off'
- Regular planned respite. (Preferably with child remaining in house with regular carer to minimise issues either side of the respite period)
- Attending support groups such as the NATP Listening Circles

### **Application of P.A.R.E.N.T.S – Anatomy of an Incident**

*Child is watching TV, but breaks boundary by jumping around on furniture, not watching programme. After a warning, the parent switches off TV. Child immediately escalates into screaming rage, refusing to move on to bath time etc.*

**PAUSE** – Parent is already feeling annoyed so she says 'I am just going to get my phone.' Steps away for 5 seconds, takes deep breaths, listens to what child is screaming.

**ASSESS** – Parent can see that although the child is very angry and throwing their chair about, it is a small light chair, there is no one else in the room and the danger is minimal.

**REFLECT** – The parent thinks that switching off the TV was a trigger, but then realises that the child was already dysregulated before this happened. Normally they can sit and watch the programme, but today were unable to. The parent is also mindful that transitions are a flashpoint and this is always the last programme before bed time, so maybe there is a worry about going to bed. She also realises she had been absent more than normal during the programme.

**EXPRESS EMPATHY** – The parent says to the child, 'Wow, you are really angry. I am sorry you are feeling so cross.' The parent says this loudly enough to be heard. Child continues screaming, demanding TV is switched back on etc. Parent says, 'I wonder if you are cross the TV is switched off because that means it's time for bed. Maybe bedtime is feeling a bit worrying right now.' Child throws self on floor face down, screams insults and demands, but body language suggests the parent has it right. The parent might also say how they were also sad to miss the end of the programme.

**NURTURE** – The parent strokes the child's back continuing to say out loud how difficult this is. The parent suggests ways that the child might feel better. One suggestion is that the parent tells a bedtime story about the character from the TV programme.

**THINK** – While continuing to stroke the child's back and the parent thinks there would be no benefit in adding in a natural consequence for this situation. The parent decides that when



the child is more regulated, perhaps when reading the bedtime story, they will be able to re visit the strong feelings expressed together in a safe way. The parent realises that she was quite absent during the programme today, whereas normally she sits with the child and watches it, thereby offering higher levels of structure. She decides she will state this to the child later and 'name the need' about missing Mummy, and finding it difficult to concentrate on the programme due to wondering where Mummy was.

**SELF-CARE** – Before going to read the child a bedtime story, the parent goes to her own 'treat box' and decide what she will have for her reward afterwards. She decides on a bar of chocolate. She plans to eat the chocolate in complete silence, alone. Later on she manages to do this, although it takes her longer than planned to achieve it. While she eats the chocolate she thinks about other incidents that happened during the day, and plans some alternative strategies for the following day.

*Sometimes we get it wrong! That's ok, it's not possible to be 100% therapeutic 100% of the time. Just start again next time.*