



NATP
NATIONAL ASSOCIATION
OF THERAPEUTIC PARENTS



Centre of Excellence in
CHILD TRAUMA

Blocked Care (Compassion fatigue)

When foster carers are caring for a child with insecure attachment behaviours and lack positive reciprocal interactions it places these carers at risk for gradually responding in a defensive manner.

When the child consistently does not respond to their caregiving it means that the carer is not 'rewarded' by caring for the child and therefore the carer is at risk of developing 'child-specific' blocked care.

The carer begins to feel ineffective, powerless; their sense of failure is extremely stressful, they feel hopeless and helpless and to protect themselves, they go into self-defence mode and feel, rejection and anger.

When carers are experiencing blocked care, *'they are likely to experience little empathy for their children as they are not able to maintain a positive, reciprocal and satisfying relationship with the child. The carers approach, reward system is suppressed, and they eventually begin to focus on behaviour from a judgemental, critical stance'* (Hughes and Baylin 2012, p.133).

The Neurobiology of Blocked Care

Our sensory information (what we see, hear and touch) goes through our Amygdala (reptilian brain connected to our limbic system) and this is our 'fight/flight' centre where we can make quick decisions of whether the incoming information is safe or dangerous.

The **Amygdala** sends the initial information from our senses on through the **Hippocampus** and the **Cingulate** (Anterior Cingulate Cortex) which are in the mid-brain region.

The **Hippocampus** – essential for storing memories (implicit and explicit), learns new things and regulates stress. The hippocampus is VERY sensitive to stress. If the Hippocampus is working effectively then the Cingulate can function.

The **Cingulate** is the brain function essential in caregiving. This needs to be 'switched on' for us to feel grounded and put things into perspective. Stress causes this to 'switch off' to protect ourselves.

When the traumatised child is causing the carer stress and their Amygdala is on high alert, the carer's 'fight/flight' and limbic system switches on (causing heart and bodies to get ready for action).

In carers who have to play defence during much of their day to day lives (due to behaviour from insecure and traumatised children in their care) their threat detection system becomes heightened. Their Amygdala's become sensitive and their defence system works overtime.

This stress 'BLOCKS' access to the middle and higher brain regions which include the Cingulate and the **Pre-frontal Cortex**.

The **Pre-frontal Cortex** is essential in problem solving, reflection, emotional regulation and empathy.

This means the carer has no capacity to see beyond their defensive reactions.

When carers experience despair, *'they have little energy and even less motivation to do anything, so the day-to-day responsibility of caring for the child may seem like moving a mountain. Sadness that borders on depression tends to shut down the thinking brain, making parenting an ordeal'* (Hughes and Baylin p.160)

The carer experiences what is happening as highly PERSONAL, it is happening to THEM, it is about THEM. Therefore it is so difficult for carers to deal with rejection from the child, it feels personal. The carer might say..... 'what's the point', 'This is endless', 'The child doesn't care about me'

'Recent studies using brain imaging show that the experience of feeling rejected activates the same pattern in the brain as feeling physical pain' (Ochsner et al. 2008, Social Cognitive and Affective Neuroscience)

Overcoming Blocked Care

Blocked care is a treatable condition as it is the 'suppression of caring feelings' which can be 'awakened' with sensitive, brain-based intervention.

In order to begin the process of 'unblocking' the carer's brain, they need to feel safe, understood and not criticised for the feelings they have.

If carers do not find comfort, we cannot calm their Amygdala and restore access through Hippocampus, Cingulate and Pre-frontal Cortex which = regulation!

To calm the carers Amygdala and awaken the Cingulate they need to be open to receive comfort (empathy) which means feeling sadness. As the carer has been in defence mode for so long this feeling of 'vulnerability' may take time.

Oxytocin – is an important part of the healing process as this promotes bonding and trust. Good caregiving stimulates oxytocin, calms the Amygdala, and makes us feel safe.

Compassion helps shift the carers brain from defence mode which allows them to access higher brain functions, enabling them the capacity for empathy and self-regulation once again.

Information taken from **Brain-Based Parenting, The Neuroscience of Caregiving for Healthy Attachment, Daniel Hughes, and Jonathan Baylin 2012**