

Therapeutic Parenting –

Shifting to Heal Children Within Families

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It's long been the prevailing belief that Every Child needs a Family. Child development and neuroscience confirm that healthy attachment to a primary caregiver is the most direct way that a child builds resilience to the traumas of life. Every child needs a family, but traumatized children need a family headed by therapeutic parents.

What is Therapeutic Parenting?

Therapeutic parenting is a term not widely recognized or defined, but encompasses parenting from a purposeful mindset to maintain an environment of safety, structure, regulation and connectedness. Therapeutic parents respond very intentionally to their children's behaviors which they see as communication of what's going on with the child, not something to be punished or extinguished. Therapeutic parenting skills definitely must be learned and often feel very counter-intuitive, especially before the parents have totally shifted their mindset as to "why" this different and more intense level of parenting is needed and "how" to parent therapeutically.

To explore this shift that's at the core of healing traumatized children, I interviewed three wise and highly experienced attachment & trauma therapists about how they assist parents to learn to be therapeutic and to shift their view of parenting and of their children's behaviors. These therapists have combined experience of more than six decades working with traumatized children and families throughout the US.

"The parents do the actual healing in their homes; we're merely the coaches," explains Dr. Peg Kirby of the Attachment Institute of New England in Massachusetts. While "merely" isn't the word I'd use to describe these highly experienced and dedicated professionals, the consensus was that the healing occurs within the family relationship and the therapist's job is that of facilitating



the attachment to the parent. "I explain Rule 167," says Billy Kaplan, LCSW, founder of House Calls Consulting in the Chicago area. "There are 168 hours in a week. So if the child spends one in therapy, the other 167 are on the parents – they must be the ones to carry the load." "The parents must be the attachment figures, the foundation of security. It doesn't work to attach the children to a therapist," echoes Forrest Lien of the Institute for Attachment and Child Development in Colorado.

All three report that their primary goal as a therapist is one of coach and facilitator -- to teach, support and shift the thinking of parents. "It's hard because parents are hurting. It's important to acknowledge their pain and give them lots of empathy. It's not about who is bad – bad kids or bad parents. It's about hurting kids and hurting parents. My job is to form a deep partnership with the parents," explains Kaplan.

Getting parents to not take it personally is very important. The behaviors that traumatized children exhibit are survival behaviors and often trigger the parents' emotions in a big way. Society considers parenting to be a very personal thing, so children's misbehavior is considered a flaw or failing of that parent. Shifting parents out of that mindset and the belief that a child's behaviors are intentionally "out to get you" can be quite a challenge.

Focusing On the Parents' Trauma Histories First

All three therapists use autobiographies and screenings of the parents to help parents identify their own trauma histories and triggers. This may be confusing for parents at first – why the therapist is focused on them and



their backgrounds instead of the child's behaviors and "problems" that brought them to therapy. "I typically see the parents for at least 6 sessions before actually working with the child/family," reports Kaplan. "For many parents the paradigm shift is that we focus so much on the parents and not the child," Dr. Kirby says, "that some become impatient that we're not fixing the child. We teach them that attachment is the goal – and that attachment is with the parents, not us."

Kaplan explains, "As a trained attachment & trauma therapist I have tools that can reach these children, such as Dan Hughes' DDP, but that doesn't really help the child in the long run if the parents and family aren't able to use the tools at home. So when parents ask why so much focus on them, I point out what Dr. Dan Siegel tells us about people who have made sense of their own trauma histories and how that makes them stronger parents."

"By the time families get to our program, the parents may have their own PTSD and are way too defended to be able to parent therapeutically. This is why we use treatment families as a place where children can go to "practice family". Not only does this give parents a respite from the daily care of the child, but it allows the child to be successful in a family setting. Seeing this success often gives the parents a glimmer of hope (and the children a positive success). This hope can be the catalyst for parents to rally and start parent therapeutically," Lien says of their Family Treatment Program.

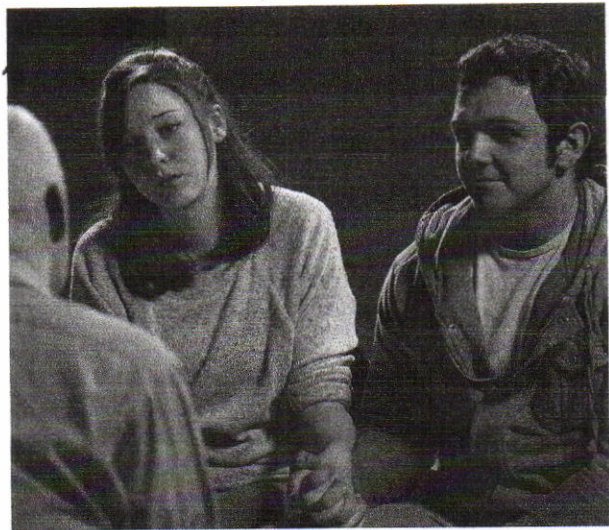
"Not taking the child's behavior personally is really hard."

Forrest Lein, LCSW

What actually helps parents to make this shift?

"Explaining how trauma impacts the brain really helps parents to grasp the 'why' behind the kid's behaviors," Lien shares, "Then it becomes a matter of giving them tools – the more severely impacted a child is, the more tools the parent will need. Many of our families need a whole clinical team around them to support their parenting."

"My experience is that most parents come into our therapy feeling very desperate and the "why" of their



child's behaviors is less important than the "how". They're looking for results and willing to try new approaches," adds Kirby.

The tools these therapists give parents as they learn to become therapeutic are many and varied. But they focus on helping parents to respond, not to react; to "join with the child" instead of staying focused on shutting down the behaviors.

What's the biggest challenge in making this shift?

Each of our interviewees mentioned a different challenging aspect of learning to therapeutically parent.

"Some children need their parents to disengage in a healthy way so they can regulate," Dr. Kirby points out. "Nurturing has to be delivered in a manner that is not threatening to the child. The idea of disengaging when a child is out of control feels counter-intuitive, especially if the child is prone to aggressive or damaging behaviors. Society has trained parents that behaviors must have immediate consequences, but that is rarely true."

"Not taking the child's behavior personally is really hard," Lien shares, "learning how to 'join with the kids' instead having a 'me against you' mentality. Our treatment parents model this for the parents, which helps. They demonstrate how to "go with the resistance" that a child gives instead of shutting down the behaviors either demanding a consequence or withdrawing from the child."

"I'm always checking for the level of shame when

