

Re-parenting Tool Kit

Faye Hall and Jeff Merkert

Re-parenting Background Information, Resources & Statistics

Re-parenting?

Each year there are 900,000 identified cases of abused and neglected children in the USA, 36,000 will be violent criminals (Health and Human Services Dept., & Widom, C.) Today's adoptable children are at risk for developing various psychosocial and academic problems (Brooks, Allen, & Barth, 2002). They are more likely to be ethnic minorities, have special needs, and have a history of neglect and/or abuse (Zirkle, Peterson, and Collins-Marotte, 2001). These are the children many of us have taken into our homes. Because families are not prepared to parent these traumatized children (primary intervention-preventive), adopted and foster children are being returned to the system more frequently than ever.

Stages families go through when seeking services:

1. They notice that something is not right with their child/family.
2. They decide to seek assistance. Some parents stop here because of obstacles.
 - a. Parents believe or are told the child cannot be helped
 - b. Parents believe the agency will remove the child if the parents show they are not capable of taking care of the child.
 - c. Parents are not equipped to find the answers
 - d. Parents discover the lack of or inappropriate services
3. Parents question, seek answers but may not know who to ask or what to ask.
4. Answers families find may: misdirect, delay, minimize, patronize, blame, or they are unable to find answers
5. Time is wasted, problems increase, children may be placed into ill equipped facilities
6. Services are a final attempt to prevent disruption; parents may lack the energy to continue.

Identified problems which prevent seeking help or treatment: (Secondary interventions-during)

1. Prospective adoptive parents may discount negative information about the child they are considering for adoption.
2. Agencies may avoid jeopardizing the placement by minimizing potential future problems.
3. As the family begins to recognize the severity of the child's behaviors that they were unprepared for, the family may not have the skills to understand, access and utilize services for the treatment.
4. Parents and professionals may not present an accurate picture of themselves or the child that may hinder the family from receiving effective services.
5. Parents may not know a service or resource is available or may not recognize its usefulness.
6. At placement, parents' interest in information may be overshadowed by the excitement of adding the new child to the family.
7. After placement, the parents' drive and determination may prevent them from receiving the needed assistance.
8. The illusion of successful parenting gives the impression the family has no additional needs until a crisis occurs.











Service models to avoid are those focused on crisis intervention as a final attempt to prevent disruption. The parents may lack the energy to continue at this point. (Kramer et al., 1998)

Any evidence that the parents are less than “super parents” suggests that the agency was wrong in evaluating this family.

Professional journal articles supporting re-parenting:

1. Bernstein (2002) noted the aim of limited **re-parenting** is for corrective emotional experiences within appropriate boundaries. Other important aspects of re-parenting by a therapist are reliability, consistency, and guidance to support healthy, responsible choices.
2. Parental calming of children is probably central in the child's learning to soothe him- or herself. Therapy, as a kind of **re-parenting**, sometimes provides a second chance at learning this lesson, too. (Schwartz, 2002)
3. Ryan, (2002) identified the necessity for **re-parenting** a child with attachment issues. The research has identified problems with therapist re-parenting; parents feel disempowered, a split between parents and professionals.
4. Hedges, (2002) provided a history of **re-parenting** beginning in the mid-1970s. He documented that virtually all approaches to long-term, depth psychotherapy had advocated techniques that featured empathic attunement, holding and containing, re-parenting, or a conjunction of subjective worlds. Emotionally connecting techniques had been recommended on the supposition that lower-level narcissistic and borderline clients had experienced various kinds of emotional neglect, abuse, and/or abandonment in the structuring of their early psychological bonding or self-consolidation experiences. The "trust me, I can be there for you" approach therapists often take is generally effective when the internalized fear is of emotional abandonment or narcissistic injury because such fears can be soothed and worked through in an empathetically holding and containing atmosphere. (Hedges, 2002)
5. The intensive and intimate relationships that are developed between the therapists and family members, in particular, the caregivers, could be perceived as attachment relationships in which the therapists **re-parent** the parents. As in studies by Olds and his colleagues (1998), empowerment in MST may be reparative of caregivers' experiences with their own caregivers, thus changing caregivers' internal working models. In turn, the parents **re-parent** their adolescents, changing their internal working models. (Keiley, 2002)
6. **Re-parenting** has been used by therapists to treat self mutilators by providing a nurturing authoritative therapy. (Levenkron, 1998)

Re-parenting goals

-  to learn to form reciprocal relationships
-  to increase acceptance of authority
-  to form a positive belief system
-  to develop a principled conscience
-  to allow for healthy regression
-  to stimulate developmental progress
-  to motivate and develop self-regulation
-  to stimulate object permanence
-  to lessen emotional responses
-  to increase cognitive processes

Resources:

- Bernstein, D. (2002). Cognitive therapy of personality disorders in patients with histories of emotional abuse or neglect. *Psychiatric Annals*, 32(10), p618-632.
- Brooks, D., Allen, J., & Barth, R. (2002). Adoption services use, helpfulness, and need: A comparison of public and private agency and independent adoptive families. *Children and Youth Services Review*, 24(4), 213-238.
- Hedges, L., (2002). False accusations: Genesis and prevention. *American Journal of Psychotherapy*, 56(4), 494-510.
- Keiley, M. (2002). Attachment and affect regulation: A framework for family treatment of conduct disorder. *Family Process*, 41(3), 477-493.
- Kramer, L. & Houston, D. (1998). Supporting families as they adopt children with special needs. *Family Relations*, 47(4), 423-432.
- Levenkron, S., 1998. *Cutting: Understanding and Overcoming Self-Mutilation*. New York, Norton.
- Ryan, E., 2002. Assessing sibling attachment in the face of placement issues. *Clinical Social Work Journal*, 30(1), 77-93.
- Schwartz, W. 2002. From passivity to competence: A conceptualization of knowledge, skill, tolerance, and empathy. *Psychiatry*, 65(4), 338-346.
- Widom, C. State University of New York at Albany
- Zirkle, D.S., Peterson, T.L., & Collins-Marotte, J. (2001). The school counselor's role in academic and social adjustment of late-adopted children. *Professional School Counseling*, 4(5), 366-370.

Statistics:

Attachment statistics (*Child Development-a Thematic Approach* Bukatko, D., Daehler, M. 1995, Houghton Mufflin, Boston)

1. (Carlson et al., 1989) 80 percent of maltreated infants fit the disorganized/disoriented attachment category
2. (Lyons-Ruth, Alpern, & Repacholi, 1993) 71 percent of preschoolers who showed high level of hostile behavior toward peers had been categorized as having disorganized attachments during their infancy
3. (Main, Kaplan, Cassidy, 1985) 6 year old children diagnosed with disorganized and/or disoriented attachments tended to be depressed, disorganized in behavior, and even self-destructive in response to questions about their parents or family life
4. Abused children experience fear, an emotion that leads them to seek comfort from the caregiver but also makes them wary of further abuse. Thus the tendency to seek proximity to the caregiver is counterbalanced by the tendency to avoid that same person. The resulting behaviors, such as freezing and appearing dazed, are characteristic of children in the disorganized/disoriented attachment category.
5. Locus of control

(healthy) Internal locus of control- have strong mastery orientation, a belief that success stems from trying hard; failures, these children believe, are usually conditions to be overcome by working harder or with greater effort. The child will have a sense of having the ability to do well in a variety of situations.

(distorted) External locus of control-feel that luck, fate, or others have an inordinate influence on what happens to them. As why one cannot catch a ball, the answer will be that the pitcher throws it too fast. Learned helplessness is caught in a vicious cycle of self-fulfilling events, anticipating failure and rationalizing that they have little control over what happens, even if they have displayed competence in similar situations, they expect failure on tasks found difficult in the past and avoid such tasks when given the opportunity to work on them.



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*Re-parenting Resources
Available from
Connection Resources, LLC.*

Re-parenting 23/7

Our desire is to provide the tools for committed parents and professionals to facilitate the healing of children with Reactive Attachment Disorder

Is your library full of professional resources but you still struggle with daily parenting? Reading, digesting, organizing and applying the content becomes an overwhelming task especially while parenting in the trenches. To further complicate matters, families must use the same resources to educate their immediate community to form a supportive network.

Our family faced this dilemma when we began receiving services from the state's wraparound professionals. They lacked experience and training in working with a family who had a child with attachment issues. The absence of practical materials was the motivating factor to begin writing our own. *Re-parenting 23/7* was written from an adoptive mom's heart in collaboration with a mental health professional with thousands of hours of in-home experience. Child development, trauma, attachment, and relationship models are the manual's foundation. We researched, consulted, and transformed current information into a realistic and user friendly resource.

Discover how to:

- ✓ Assemble your team
- ✓ Design your environment
- ✓ Implement healing interventions
- ✓ Enhance the therapy session

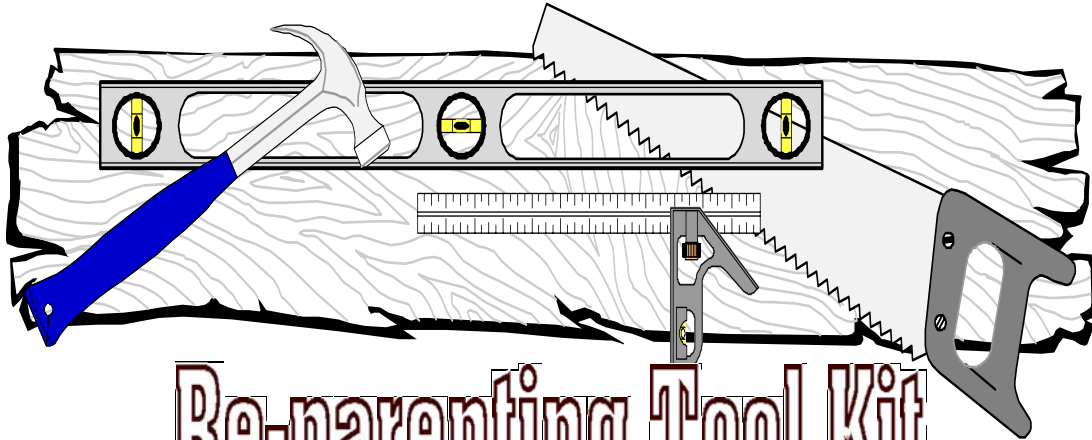
Imagine: having practical guidelines to establish and train a team, designing a therapeutic environment, learning about object permanence, negative working model and other distortions that influence your child's behaviors, and developing interventions to address these behaviors. Coupled with reproducible pages: ways for team members to redirect your child back to

mom, daily planning guides, attachment activities, behavior processing worksheets and so much more! Many of the interventions resulted from attachment therapy sessions with the goal of extending the session throughout the week.

Additional assistance is available via conferences and classes. We have provided training for professionals and birth, foster, pre-and post adoptive parents. Consider us for your next training session. Recently completed, Top Ten Topics, Explanations for re-parenting a child with attachment issues, validates the family, explains re-parenting, and describes typical problem behaviors/interventions.

Please join us as we work together in re-parenting children with attachment issues. The work is intense, the emotional turmoil is, at times, almost unbearable but the treasure of watching a child heal is a blessing.

P.S.: All materials can be ordered from <http://ConnectionResources.com/>



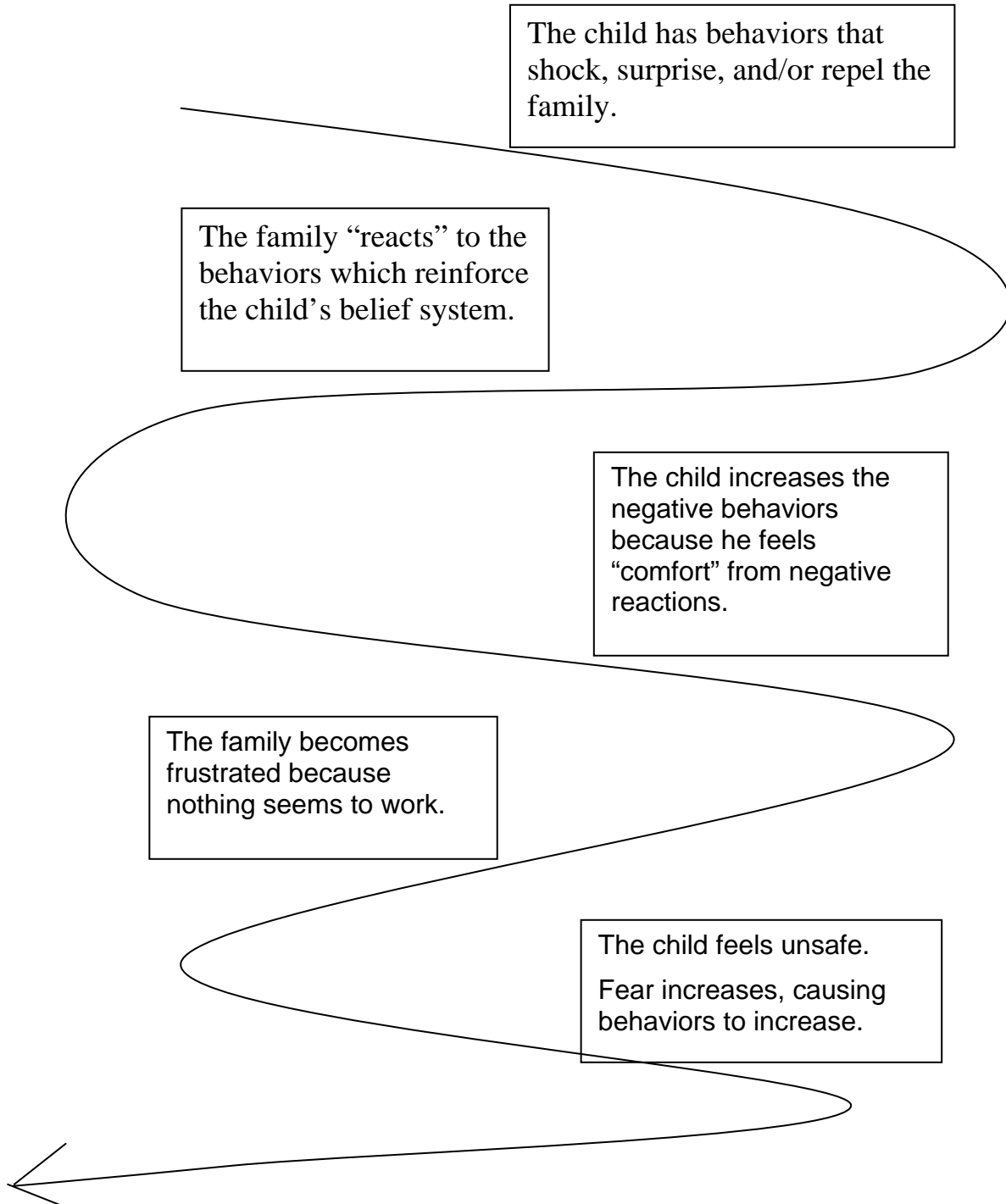
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Sample Handouts

Downward Spiral

Implications of behaviors on an unprepared family



Behavior and Intervention

Behavior:
Who:
What:
When:
Where:

Origin of the behavior (why):

Intervention
Ignore
Time in
Model
Change/adjust environment
Educate team member
Sensory
Paradoxical
Cognitive

Evaluation of intervention:
Changes needed?

Attachment Rubric

		Beginning-1	Developing-2	Marginal-3	Healthy-4
1.	Speaks caringly about family				
2.	Mom's touch is comfortable				
3.	Acts loving towards family				
4.	Has "stranger danger"				
5.	Is loving towards animals				
6.	Makes appropriate eye contact				
7.	Trusts parents				
8.	Asks for help				
9.	Accepts responsibility				
10.	Truthful				
11.	Has age appropriate activities				
12.	Has age appropriate friends				
13.	Feels guilty and makes amends				
14.	Cares for own property				
15.	Cares for others' property				
16.	Is trustworthy				
17.	Shows appreciation				
18.	Shows reciprocity				
19.	Normal eating patterns				
20.	Normal pain response				
21.	Normal sleep patterns				
22.	Normal elimination (bathroom) patterns				
23.	Age appropriate personal hygiene				
24.	Normal emotional responses				
25.	Shares feelings				
26.	Shares age appropriate goals				
27.	Is relaxed and calm				
28.	Has a good sense of humor				
	Totals:				

Use this rubric to evaluate your child's behaviors in light of the attachment spectrum.

This is not a diagnostic tool.