



# Commentary: Therapeutic Reparenting: What Does it Take?

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The Circle Program is a therapeutic model of foster care in Victoria. Oz Child has delivered this model of foster care in partnership with The Australian Childhood Foundation and the Department of Human Services over the last four years. Therapeutic foster care is designed to assist children entering care to heal from the affects of trauma and abuse. A significant benefit of therapeutic care is the provision and emphasis on a supportive therapeutic environment for the child in everyday interactions with the carer. It is through the child's relationship with the carer that healing can begin. In order to provide such an environment carers are trained, assessed and accredited to have a working understanding of the impact of trauma and abuse, and are provided with tools and strategies to therapeutically re-parent these children. Carers are an integral part of the team and work alongside placement workers and clinicians to understand the impact of trauma and abuse. Together they develop strategies and interventions that are therapeutic and address the impact of trauma on all aspects of the child's development and wellbeing. While considering outcomes for children within a therapeutic model it is crucial to identify particular interpersonal and parenting characteristics held by carers. This commentary will consider the defining characteristics required to be a therapeutic foster carer.

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In recent years, as noted by Brouwer (2010, p. 26):

the objectives of the out of home care system in Victoria have broadened beyond meeting a child's basic accommodation, food, health care and schooling needs. Legislation and policy direction has begun to acknowledge the complex and differing needs of at risk children and children in out of home care arising from common experiences of trauma and neglect.

One of the ways in which the Victorian out-of-home care system has sought to address and respond to the complex needs of children presenting in out-of-home care, is to pilot the 'Circle Program' statewide. OzChild commenced working in partnership with the Australian Childhood Foundation (ACF) and the Department of Human Services (DHS) in 2007 to deliver The Circle Program in the Southern Metropolitan Region (SMR).

The OzChild Circle Program currently provides placements for 13 children at any one time. To date, 26 children have been involved in the program. This therapeutic care program provides a care environment for children and young people who have experienced abuse-related trauma. It addresses the impact of the trauma on the child's emo-

tional, psychological, behavioural and social functioning. Upon entry into the program a thorough trauma and needs assessment is conducted. This forms the basis of a therapeutic care plan which, in turn, informs the care team's work. The care plan is also regularly reviewed, through the care team meetings, to ensure that it is modified as needed in response to changes in the child's development.

The relationship the children have with their carers is considered crucial to the provision of a healing experience. To enhance their capacity to provide children with a healing experience, all prospective Circle Program carers attend two days of specific training delivered by the ACF. The purpose of this training is to:

- assist carers to understand the needs of children who have experienced trauma and disrupted attachments
- understand how the Circle Program operates

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- develop a beginning understanding of how to respond to children therapeutically through their day-to-day interactions.

After attending training, the carer's capacity to provide a therapeutic environment, and their ability to integrate the learnings of the training into practice is further assessed. An accreditation panel made up of OzChild, DHS and ACF managers reviews the application and determines whether the carers should become part of OzChild's Circle Program. In addition to this specialist training and strong agency support, carers are reimbursed at a higher rate in recognition of the extra requirements of the program for carers. Carers are required to attend additional training, be available for care team meetings and engage with home visits which are, initially, on a weekly basis.

In the four years OzChild has delivered this program it has become evident that some carers are more successful in providing an enriched, therapeutically intentioned environment. It appears that there are particular personal carer attributes that are more likely to enable them to successfully participate in the Circle Program and provide the stability and excellent placement outcomes for children that we have begun to observe. While none of the following characteristics are unique to Circle carers, it is our experience that all are needed for the Circle Program model of therapeutic care to be effective.

Hughes has proposed that what might be 'good enough' parenting for one child is often insufficient for a traumatised child (Hughes, 2004). The OzChild Circle Program often uses the term, 'reparenting', to describe the parenting experience that our carers are providing. The word reparenting gives an indication that the task is not only to parent the child, but also to provide the child with an experience of being parented that is different to their previous experience, which usually entailed abuse and/or neglect.

To reparent requires the carer to recognise and seek to understand the impact of past abuse and trauma on the child — it starts where the child is at. It requires an understanding of children and how they perceive their world, which may be vastly different from the carers' perceptions. Each carer is supported to develop this understanding by the therapeutic care team consisting of an OzChild home-based care worker, an ACF therapeutic specialist and, whenever possible, a Child Protection worker. The care team meets regularly to support the carer to provide a healing experience in which a child can develop secure attachment and healthy internal working models. While we are aware that it is possible for carers without specific therapeutic training and support to provide therapeutic reparenting, the Circle Program is designed to deliver a considered and deliberate approach that recognises the 'premise that the daily contact carers have with the child in their care offers countless opportunities for therapeutic moments' (Murphy & Callaghan, 1989, p. 13).



**FIGURE 1**  
Therapeutic carer characteristics.

The OzChild Circle Program is considered by professionals as being successful in terms of placement stability and positive outcomes for children. A review of the program was conducted to ascertain what has contributed to this success. Quantitative data analysis shows that the OzChild therapeutic carer pool presented very similarly to that of the general carer pool in terms of age, education and household characteristics. The differences and likely predictors of positive placement outcomes were more likely to be connected to the carers' personal attributes; and would be a more productive avenue of study. Who and what does it really take? Different people for different children of course, but the following nine characteristics appear to be present consistently among our Circle Program carers.

## The Attributes of Circle Carers

There are a number of attributes that were found to be of utmost importance and these are discussed below and shown in Figure 1.

### Willingness and Capacity to Learn

It is necessary for Circle Program carers to have a willingness and capacity to learn and to be able to integrate the learnings from the additional therapeutic training that is provided. Understanding of the theories relating to trauma and attachment is needed to allow the carer to appreciate the child's experience and why they behave in the way they do. This allows the carer to have realistic expectations of the child and to implement parenting strategies best suited to the individual child in their care. Carers who are open to ongoing learning ensure the many opportunities for personal growth in both the child and the carer are effectively used. This also results in carers with a strong repertoire of skills to have in their parenting toolbox.

### Flexibility

Carers are providing care for children whose needs and behaviours are likely to be very different from those of their own children. This calls for carers to be flexible and to be able to think and respond differently. They need to be able to challenge their own traditional parenting styles and to implement strategies based on counterintuitive thinking when needed. By the latter we mean the ability of the carers to work in opposition to their intuition, to do something that may not feel natural and might even feel uncomfortable or scary.

### Commitment to Claiming Children Unconditionally for the Length of Time Required

Our out-of-home care system often does not provide carers or children with certainty around the length of time a placement is needed. For both carers and children this can create a situation of vulnerability and uncertainty. Within the Circle Program there is an emphasis on a carer's commitment to claiming child/ren unconditionally for the length of time that is required. Our experience to date is that this may be as short as 3 weeks or as long as 4 years. The capacity of the carers to include the child as a family member, despite this uncertainty, allows the child to have an experience of connectedness and belonging so that they can learn that they are lovable and loved, however destructive their previous relationships may have been. This is what has become known as the 'hang in there' technique.

### Empathy

Empathy is the carer's ability to understand the child's terms of reference. Carers require an understanding of the child, or at least a capacity to imagine the child's experience, in order to demonstrate empathy and assist in healing. They need to be attuned to the child, and this requires keen observational skills and an ability to pick up on verbal and nonverbal cues from the child. Being attuned and feeling empathic is only the beginning. Carers also need to translate their understanding of the child and their empathic feelings into affect and behaviour that can, over time, be interpreted and understood by the child as safety and care. A carer who is able to assist a child in naming emotions or feelings for themselves or others helps that child to understand self and others around them and the impact behaviours can have.

Hughes (2004) suggests that demonstrating empathy allows the child to feel that their inner world is accepted, understood and important. This, in turn, assists the child to understand and communicate their own inner world and fosters an attachment between the child and carer. The provision of boundaries and discipline with an 'empathic hand' can assist the child to feel safe within their new home, as well as to understand discipline and boundaries as a form of security and safety rather than perceive it as abuse or rejection.

Carers who are insightful and aware of any negativity in themselves about the child, but who are able to manage it and maintain the positive dynamic, are in a position to achieve better therapeutic outcomes. However, Noel MacNamara, Manager of Therapeutic Services at the ACE, has pointed out the risks when a carer's empathy for the child begins to erode. This can shift the dynamic from a healing environment to a blaming environment. Carer negativity about the child can become the predominant way of thinking and colour the responses to the child. It is important for professionals to be alert to this situation.

### Secure Sense of Self

A carer needs to have a secure sense of self that enables insight into their own attachment style and trigger points when parenting children who have been abused or neglected. All carers have their own life history, background and current day-to-day stressors that are brought into the fostering experience. The art of providing therapeutic care requires an awareness of one's own vulnerabilities, because the child entering their care almost certainly will find the hot buttons to push or the weak spot that might hurt. Carers need to be able to give of themselves to the child, without expectation of receiving back in the same way.

A child who has experienced trauma needs to establish safety, security, acceptance, belonging and trust before developing relationships (Ziegler, 2002). The challenge for the carer and the care team around the child is to celebrate the child's progress and achievements, no matter how small, throughout these different stages of placement. Therapeutic carers do make mistakes, just as all parents do. These mistakes are often opportunities for repair and learning for both the child and carer. Therapeutic care requires the carer to have a capacity to openly reflect with others about their mistakes and to continue to be open to learning alternative strategies without feeling like a failure. The care team needs to create an environment of safety and learning for the carer.

### Playful Environment and Humour

For children in out-of-home care, both fun and love can be difficult experiences to understand or even tolerate. It can be uncomfortable, unknown and scary to be cared for and the child may feel that they do not deserve such experiences. A playful environment and humour can assist children to begin to tolerate these positive experiences. Regular, positive play time between a child and their carer can begin to teach the child the wonder of mutual enjoyment — to teach them what it is like to have fun and experience laughter within their everyday life. Taking time to play and enjoy the moment with a child may sound simple, but in the business of fostering and day-to-day life this is often overlooked not only by carers, but also by a lot of parents. It is often difficult to get traumatised children to believe they are worthy of fun, whereas they will happily participate in watching TV, playing computer games or controlling and dominating the

games of others. A therapeutic carer seeks out opportunities for enjoyment and laughter every day and in an unconditional way with the child in their care. Humour and fun are also important aspects of self-care for carers. Sometimes a carer's ability to laugh at themselves or situations will make all the difference in terms of being able to stick through the difficult times.

### Active Participation in Care Team

The ability for therapeutic carers to actively participate as a member of the care team is a crucial element of the Circle Program. This requires carers to have a voice and be confident enough to engage with a number of professionals in identifying the therapeutic needs of the child for whom they are caring. Carers need to have sound communication skills to advocate effectively for the child and themselves. Within the Circle Program carers open their home to members of the care team and aspects of their daily life are detailed to the care team for discussion and reflection. This requires a degree of openness and a willingness to learn from others. The care team model is designed to allow the responsibility of parenting to be shared among its members for the purpose of ensuring the creation and maintenance of a healing environment for the child. A carer needs to be able to use care team meetings to help make decisions for which a parent might otherwise take responsibility, despite the fact that they carry out most of the day-to-day parenting tasks alone. Carers also need to have a willingness and openness to work alongside birth parents, if appropriate, as a member of the care team.

### Carers Require Patience

Traumatised children need the experience of carers being attuned, empathic, playful, committed, flexible and communicating well with them to be repeated over and over again. Through repeated positive experiences relationships can be built and the brain begins to change. To be able to do all of this, as well as accommodate the frustrations of the system, carers require patience. Patience in therapeutic parenting requires the carer to go at the child's pace and for the child to be parented at their developmental age. Patience is the enabler of counterintuitive parenting. What it requires is for the carer to stop and consider the most appropriate interaction, rather than just reacting without thought.

### Ability to Self-Care

Our final characteristic is a vitally important one — the ability to self-care. Bearing witness to a child's pain is dif-

ficult and the impact of a child's trauma, let alone their challenging behaviours, can have significant impacts on those who parent and care for them. Secondary or vicarious trauma, which means to participate in the trauma of others, can impede a carer's capacity to remain empathic and attuned to the child and respond in a counterintuitive manner. To prevent this, carers need the capacity to monitor and identify their own stress. They also require a kit of self-care strategies that may include rest and leisure time and respite from the caring role.

Carers also need to be able to access the support of the care team, who can assist them in understanding and articulating how caring for a traumatised child may be impacting on them or their families.

Having an understanding of the theory of trauma and attachment can provide a buffer for carers and an anchor when things are tough. Informal supports through family and friends provide a protective factor for carers, enabling them to share the joy and pain attached to caring for children with traumatic experiences as their backdrop. A strong ethical belief in what they are doing and what their motivation is can also buffer carers from secondary trauma, as does an awareness of its signs and symptoms.

In conclusion, we have focused a lot on 'what it takes' from carers to create a healing environment for children who have suffered abuse or neglect prior to coming into their care. Alongside all that is required by carers, the professionals working within the out-of-home care system and the Circle Program also require a large dose of willingness to learn, empathy, attunement, commitment, flexibility, patience, an ability to laugh and self-care. It is only when this is achieved at every level that children will have the greatest capacity for healing.

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