

Preface

This book has evolved as an answer to questions from clinicians who train with me: How and when do we bring parents into the treatment process with their children? My answer, after 25 years of practice, is as follows: We want to include parents as partners in every instance in which it is clinically sound to do so. The science seems clear enough; inviting parents into the therapeutic process can maximize treatment gains, but how and when in a course of treatment? This is where the art of therapy is required, the nuanced responding of curious and compassionate clinicians who can shift fluidly between work with various parts of the system as they ask the question “What can the system hold?” I am the creator of a treatment model called TraumaPlay, a flexibly sequential play therapy model for treating trauma and attachment disturbances. The TraumaPlay therapist functions in three roles with families: Safe Boss, Storykeeper, and Nurturer (all terms that will be unpacked in this text). We are always working to help parents grow into these roles over the course of treatment. In most cases, helping parents shift their paradigms about a child’s big behaviors, expand their ability to hold hard stories, support their skills in co-regulating the child with more attunement, and delighting in their child more frequently maximizes treatment gains. In some cases, caregivers need much supportive work for themselves prior to being able to step into these roles in their child’s treatment. In the saddest of cases, a caregiver is simply unable or unwilling to participate in a helpful way in the child’s therapy. A core TraumaPlay value is following the need of the child. As we apply this to the family, we are working to follow the need of the system. This requires a responsiveness that can flexibly move between individual sessions with children, individual sessions with parents, dyadic sessions with one parent and a child, and potentially full family sessions. While there is broad-reaching support in the literature for the incorporation of parents into the therapeutic work of children with a wide range of mental health concerns,

there is overwhelming research support for the enhanced efficacy of treatment when we include parents in treatment specific to complex trauma and attachment disturbance.

We have a treatment center called Nurture House in Franklin, Tennessee. It is a single-family dwelling that has been refurbished to offer a multitude of safe spaces to help families and children heal. Attached to Nurture House is the TraumaPlay Institute. We train clinicians on-site, doing practicums in the treatment rooms of Nurture House; we provide online continuing education; and we offer trainings all over the world. The TraumaPlay model is an umbrella of evidence-informed treatment components, each supported by a series of interventions, both directive and nondirective, that are developmentally sensitive and help families move toward healing when hard things have happened. The TraumaPlay treatment flowchart is shown in Figure P.1.

Although this flowchart looks linear, we offer our trainees a graphic that frames the goals within a pinball machine (see Figure P.2), because the fluid nature of the model relies on the clinician making nuanced choices that follow the child's need along the way. While the TraumaPlay model has been written about in depth elsewhere (Goodyear-Brown, 2010, 2019), this volume is focused on how we help parents become partners in their child's therapeutic healing. Notice that the TraumaPlay component focused on soothing the physiology has two substreams. The first involves enhancing self-regulation for the child, but the second arm involves enhancing the role of parents as soothing partners. Chapter 5 will focus specifically on the set of SOOTHE strategies that we offer to parents as we help them increase their ability to co-regulate their children. The other area in which a parent plays a key part in treatment is as a child's Storykeeper. Clinicians understand that we are only in a child's life for a period of time and we want to create coherent narratives of hard things within the family. Parents are welcomed and incorporated into any or all of the key components of treatment. Part of the clinician's ongoing role with the family is gauging when and if parents are ready to be involved in treatment. Are they big enough containers to hold the story? Are they regulated themselves? Will the parent add to the corrective emotional experience of a child in any given session? When are collateral sessions best, and when are conjoint sessions the most effective way to bring delight back to the system? We provide a combination of *in vivo* session work with parents and children together, parent coaching and reflection sessions for parents themselves, and sessions with just the child or teen.

All of these questions are addressed in supervision, and, at Nurture House, parents are pretty frequently and fluidly moving in and out of sessions with their children. We also do an enormous amount of parent coaching sessions and sessions that involve Reflective Attachment Work (RAW) with parents on their own. Our team sees families in every kind of distress. We see many adoptive families in which parents are raising children with complex trauma histories. We see parents who are trying to figure out the best way to parent an anxious child, a child of divorce, a child who struggles with impulsivity and focus. While specific skills sets may need

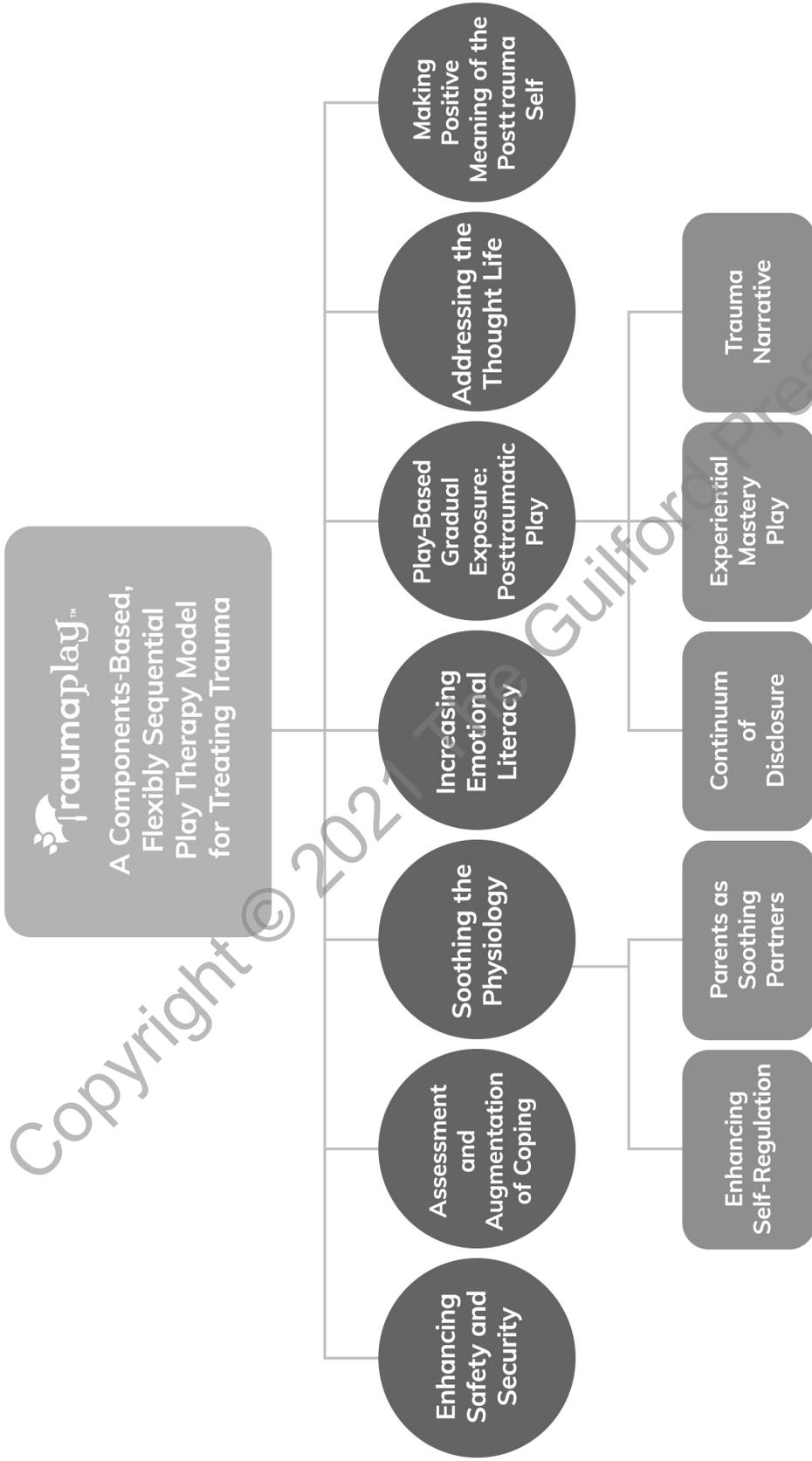


FIGURE P.1. Key Components of TraumaPlay.

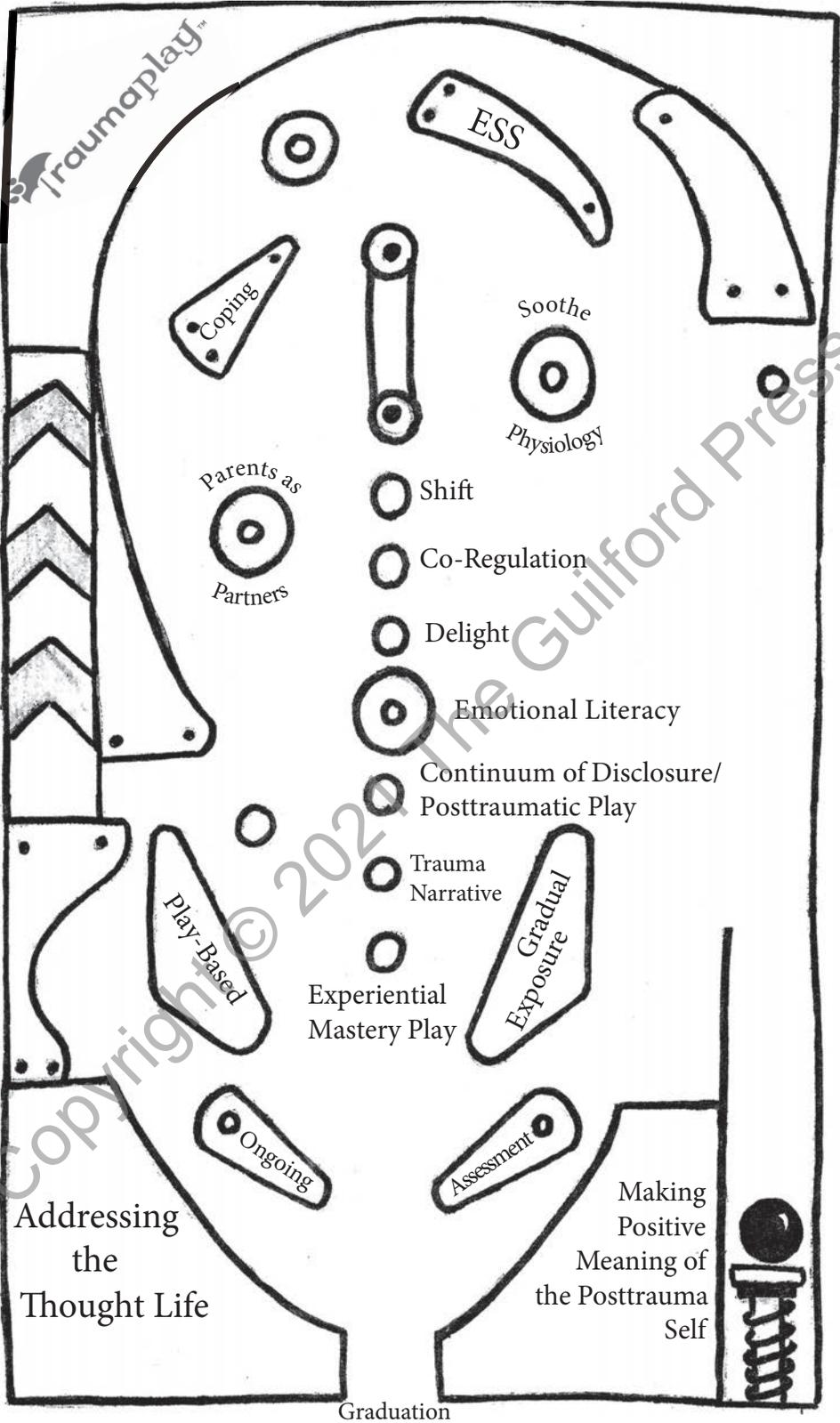


FIGURE P.2. TraumaPlay Mapping Tool: Fluidly Following the Child's Need.

to be enhanced differently in some of these cases, we have found that the essence of the paradigm shift we want to help parents make is that as they stick together with their kids, they can do hard things. Parents have the hardest job in the world . . . and the most rewarding one. Helping parents see their essential value to the tiny humans in their care is one of my greatest joys. Parents often need someone to believe in them, to help them breathe in their power to help their children heal and grow. It is our great privilege to walk with them along the way.

How to Use This Book

Throughout the book, I will highlight important paradigm shifts we help parents to make. Handouts that will be immediately useful to you in sessions will be offered. Case examples will also be woven throughout. I have attempted to use gender-neutral or gender-inclusive language throughout the book in an effort to avoid bias toward a particular sex or social gender. Also, I have attempted to use gender-neutral language in the handouts themselves, in order to recognize that a variation exists in who may be mothering, fathering, or providing daily care for a child from a hard place.

In most of our parent training work, we include in-session prop-based exercises that encourage both left and right hemispheric engagement, supported by handouts that parents can take with them. These may serve as transitional objects from the therapeutic space in which the parent has started experiencing some success—some shared delight and enjoyable moments with their child—to the much more difficult home environment.

The use of concrete tools, such as handouts, to support therapeutic homework for parents serves several purposes. In this case, they offer the following benefits:

1. Exercises designed for parents help communicate that they are a really important part of creating change in the system.
2. The exercises offered through the handouts help support the clinician's work with parents all along the way.
3. Some handouts are meant to provide psychoeducation and important paradigm shifts.
4. Some of the handouts help parents to practice new adaptive skills sets in a supported way, encouraging small doses of positive practice that can generalize to other situations.
5. Some of the handouts are geared toward supporting corrective emotional experiences as parents reflect on their own attachment history with a deeply curious and compassionate clinician.
6. They offer a level of accountability outside the session for response patterns practiced in sessions.
7. They set the stage for the therapist's celebration of a parent's hard work.

Parents are the most important influence in the lives of their young children, and if they steward that influence well, they remain important voices in their child's development over a lifetime. It is critical that we begin working with parents from a place of compassion, acknowledging the impossibility of being perfectly regulated, perfectly kind, perfectly _____ (insert whatever word a parent may see as ideal parenting). It will help us to assign positive intentionality to parents all along the way. It is my deep and abiding hope that as we help parents stretch their containment capacities, become more nuanced co-regulators, and hold their children's hard stories with compassion, we will be doing our small part to build cultures of kindness family by family, community by community, until kindness infuses our global community.

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