

# **The Everyday Guide to Attachment, Play, Connection and Emotional Release:**



**For Parents, Foster Carers, Adoptive Parents and  
Childcare Professionals**

**Dr Lisa O'Reilly**

**Guest Authors: Carol Duffy, Kathryn Mc Cabe & Aoife Bairead**



# Dedications

## **Thank You's To:**

Foster carers, Parents, Professionals supporting children, All the children in my life, My Family.

Carol Duffy, Child Psychotherapist

Kathryn Mc Cabe, Social Ecologist

Aoife Bairead, Attachment and Trauma Informed Therapist,

Andreas Connellan, Artist.

Collin Wyer, Book Formatter & Creator.



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## **A Cautionary Note**

This book describes lots of play experiences and some involve physical activity. As a responsible adult your child's safety and well-being is entirely your responsibility.

Some of the methods and practices in this book encourage power-reversal play and rough and tumble play so it is important that you exercise common sense by setting some boundaries and enforcing limits, while remembering to have fun!

The authors and publishers DO NOT encourage irresponsible or dangerous behaviour. The authors have tried to recreate events, locales and conversations from experiences of them.

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The book is not intended as a substitute for appropriate professional advice when needed.





## Guidebook Introduction

This guidebook has been inspired by all the foster carers I have met over the last two decades, those I have heard about, and those I am planning to meet. My name is Lisa O'Reilly and I have over eighteen years' experience working with children and families. My own practice experience includes child protection social work; foster care; play therapy; training development and delivery; attachment research; parenting support; and acting as Guardian Ad Litem (representing the voices of children in court proceedings) for children.

In my practice experience have I specialised in and applied the paradigms of the voice of the child, play-based engagement with children, emotional release, and attachment theory. I have contributed to the development of these areas internationally by engaging in research and publishing academically in peer-reviewed journals. My next publication will share how Attachment Play was introduced in child protection and fostering social work in Ireland, with the aim to optimise the child-caregiver relationship, dealing with challenging behaviour and emotional release in children.

In 2016, I authored the national training programme for social work and frontline practitioners on 'Linking Attachment Theory to Practice'. I was project lead on the TUSLA (Child and Family Agency) National Development Team. In addition, I participated on the national development team for 'Direct Work with Children'. These programmes continue to be the educational support structures for social work, childcare and family support practitioners on the frontline.

I have taught as an associate guest lecturer at the National University of Ireland, Galway, for approximately 10 years, specialising in the areas of child and family social work, communicating with children and attachment theory. At the National University, I engaged in practice teaching opportunities for student social workers and marked assessments for the Practice Teacher Training Diploma.

In 2008, I completed a two-year Diploma in Play Therapy at the Children's Therapy Centre in Westmeath, Ireland. Before completing my Diploma in Play Therapy, I commenced my PhD with the National University of Ireland, Galway to study the benefits of using play to engage with children in the child protection system. In 2008, I designed a Play Skills Training Programme and assessed this for efficacy in supporting social workers in their communication with children during child protection assessments. The social workers evaluated the applied efficacy of this approach in their practice over a six-month period, noting the following ten developments in their practice with children in the child protection system:

1. They started to create a child-friendly environment when meeting children
2. They felt more confident engaging with children
3. They found the assessments process to be more child-friendly
4. They felt the voice of the child received greater representation within their assessments
5. They felt more enthused about their work with children
6. They used their time with children differently and were more playful in all interactions
7. The worksheets with pictures were the preferred tool to promote communication
8. They engaged in and/or observed children's play during visits to their homes
9. They found communication was enhanced during playful meetings with children

**10.** They found communication was enhanced during interviews with children.

I completed the Theraplay Level 1 training in 2015, a therapeutic approach which aims to enhance attachment security between children and caregivers using playful engagement. I have developed parenting programmes to support parents who are struggling to meet the needs of their children, and want to resolve challenging behaviours in a way that is supportive for the child, rather than the use of negatively oriented punishments, shame, control or bribes.

I am currently studying Psychology and continue to engage in research on supporting the child-caregiver relationship. This remains my central area of interest, given its significant role in child development and positive child and adult mental wellbeing. I have been practising as a Guardian ad Litem for almost five years now. In this role, I represent the voices of children in court proceedings and I make recommendations for their best interests. I also work as an independent advocate for children involved with child protection social work services and children in foster care. I am a committee member on the board for Irish Attachment in Action, and in 2019 I facilitated an Attachment Play Workshop at their Annual Conference held in the Helix Theatre in Dublin. I have been delivering Attachment Play workshops with the Irish Association of Social Workers for over five years now.

Before I had my own children, I held assumptions that parenting was a natural and easy thing to do. I always thought people heading off on maternity leave were going on their 'holidays' for close to a year. Parents involved in social work services often asked me what I knew about children as I did not have my own. I felt confident that I had learned from the highs and lows of my own childhood, and that I had studied child development academically for many years.

When I became a parent in 2012, I quickly understood the highs and lows from a parents perspective. I also began to learn about, in a different way, how much time, attention and care children need. Given my professional life and work focus, my own parenting experience has been profound in my understanding of child protection, fostering, and child development perspectives.

This book materialised during the Covid-19 pandemic, due in part to the time provided and with the help of my colleagues. This epoch has resulted in families spending more time together and this guide is intended to support foster carers, parents, and adoptive parents to build children's attachment and connection with them through play, laughter, and emotional release. This eBook was created from a basis of both professional and personal experiences. It also cites material from the approaches that I consult and revisit every few weeks to bring my engagement with my children back to an age-appropriate, respectful and skill building manner. I want to stress that engaging through play and laughter can build your relationship with your child, but there can also be times you may feel out of sync with this approach and philosophy. In my experience, that is normal and ok. It is important not to give up however, and to feel free to return to points in this guide, in moments where you feel unsure about your behaviour or your child's needs.

I work with and meet hundreds of professionals committed to making life better for children and their families. The three authors I invited to participate in creating this guide have really inspired me in terms their passion and understanding about what is happening for children when their behaviours are considered challenging and/or negative. I feel privileged to have been able to capture and share this information within this guidebook.

Firstly, Carol Duffy is a Child and Adolescent Psychotherapist. She has a BSc (Hons) in Social Psychology and Sociology from the University of Ulster. She has professional postgraduate training in child psychotherapy and play therapy, and an MA in Creative Psychotherapy. Carol is accredited with IAPTP and IAHIP. Carol has been working with children impacted by trauma and attachment disruptions for over seventeen years and is employed in the Child and family Agency as a senior play therapist. Carol maintains a small private practice, where she offers supervision to creative psychotherapists, and is also a core trainer on the MA programme for Creative Psychotherapy at the Children's Therapy Centre in Westmeath. Carol has more recently taken an interest in writing and research.

Carol draws from a humanistic and integrative point of view, with strong emphasis on an attachment perspective. Her approach is also strongly rooted in neurobiology and neuroscience. Her practice incorporates offering a substantial amount of support to the family and care systems of her primary clients. This also entails a sensory integration element. Carol has significant experience of working with children in foster care and with children who have survived various levels of neglect, attachment disruptions and developmental trauma. She is a strong believer in empowering and recognising the voice of children. Carol believes that the power of regulatory and relational play has untold advantages, in terms of interrupting negative child developmental trajectories that have been thwarted due to childhood trauma. Carol believes that play can support development of healthier attachment experiences for children impacted in this way and has great potential for returning these children to their entitled, healthier, and safer developmental pathways.

Kathryn Mc Cabe is a Social Ecologist, as well as a childhood friend of mine and inspiring colleague. Kathryn is the founding director of The Change Agency (Ireland) through which, for the last sixteen years, she has consulted internationally, guiding NGOs and large multinationals towards sustainability and well-being. She is Ireland's only trained social ecologist. She is also a professional facilitator, emergent program designer, and leadership development specialist.

Kathryn was an associate guest lecturer at the University of Western Sydney in Education for Sustainability. She was a member of the organising committee for the first International Democratic Education Conference in Australia. She has a special interest in youth Rites of Passage, Directing a six-week residential summer program on Vancouver Island, Canada, as well as a nine-month program in The Phoenix Park, Dublin. She is a Hand in Hand Parenting by Connection trained professional.

Kathryn studied Science and Applied Physics at Maynooth University but continued seeking additional academic pathways that would explore a big picture approach to changing the world. A radical masters in Australia, Social Ecology, enabled her to engage with complex systems, design context-specific change strategies and, crucially, feel inspired about possibilities when people feel respected and trusted to take their next step towards transformation. As you will see throughout this guidebook, respectful communication with children in trusting safe relationships is a key message shared.

Aoife Bairead is an Attachment and Trauma Informed Specialist. I have been working with, and consulting, Aoife for over two-years in relation to children and families with complex needs. Aoife has been working with children and families for eighteen years and specialises in attachment and trauma focused work with children and families. She holds a degree in social work with post graduate training in attachment and trauma informed assessments and interventions for children and adults. Aoife is trained in a range of therapeutic approaches including Theraplay, Dyadic Developmental Psychotherapy and Mentalisation Based Treatment.

Since she began her career, Aoife has been working with children experiencing mental health difficulties that include infant mental health, and those who have experienced separation, loss, bereavement, and trauma. Aoife uses evidence informed assessment, with interventions for empowering families in finding ways to improve children's and their family's everyday lives. This is done holistically, with those caring for the children providing an individualised and family-focused plan to cater to their needs, focused on agreed goals and outcomes.

Aoife is associate guest lecturer on the Masters in Social Work in University College Dublin and provides training to organisations such as the Irish Association of Social Workers, the HSE and Tusla Child and Family Agency. She also provides bespoke training for specialist groups, fostering agencies, youth and community programmes, and services working with children with mental health, disability, and complex needs. Aoife is an Ad-Hoc Board Member on the International Association for the Study of Attachment and sits on the Special Interest Group for Children and Families with the Irish Association of Social Workers.





## What is Attachment





## **Chapter 1: What is Attachment**

**T**his guide was created to help parents to optimize the child-parent relationship using playful engagement. If you are a parent reader, it is hoped you will find useful and practical ideas that can directly help you in this aim. To begin this guidance, we will examine the importance of the child-parent relationship through the lens of Attachment Theory. Parents and caregivers often hear the importance of ‘Attachment’ for children. In my practice with children and families for almost two decades, I have learned that the term attachment can be confusing to childcare professionals and caregivers. Here, in this guide, we explain key elements of the theory in relatively simple terms, while also providing a deeper understanding of how a child develops and functions in the world, based on their relationship with their primary caregivers. The term caregiver will be used throughout this book to represent adoptive parents, foster carers, and parents. In addition, the child will be referred to as ‘she’ to ensure consistency throughout the text.

### **Attachment Theory**

The evolutionary beginnings of Attachment Theory are explained simply by David Howe, former Emeritus Professor of Social Work in East Anglia University. Howe (2011) described how approximately 150,000 years ago in north-east Africa, small groups of primates started to walk upright and became the species ‘homo-sapiens’. He highlights that this new species lacked great strength and speed but held a large and complex brain that was so large most of the growth and development took place after birth. This meant that for many years, the human infant was highly dependent on others’ help and protection. During this period of dependency, the infant displayed several care-seeking behaviours and adults responded with caregiving

behaviours. Thus, enhancing the chances of survival. This is the evolutionary and survival basis for what is now termed 'attachment' between child and adult.

Attachment theory defines how a child's relationship, involving mutual interaction and understanding, with primary caregivers affects her overall development and behaviours. Attachment theory explains how a primary need for infants is to receive safety, protection, and comfort from their caregivers, in line with the previous evolutionary ideas mentioned above. John Bowlby, a Psychoanalyst, was the founder of the theory in the 1950's. Through his studies he discovered the importance of the child-parent relationship for positive infant mental health and development. Bowlby (1988) highlighted that children need consistent and sensitive care and protection if they are to survive positively into adulthood. Attachment is about establishing safety in relationships, and the skills young children develop to achieve that safety that is crucial to their development.

Bowlby described how children are born with a programmed (sometimes called innate) behavioural system that aims to get them to safety in times of danger. He explained how an infant becomes physiologically and emotionally aroused when feeling under threat. When feeling unsafe the attachment system becomes activated and attachment behaviours are triggered. These attachment behaviours can be seen to be those such as crying, clinging and outstretched arms, and generally alert the parent's attention to the child's distress and need for comfort from them. Bowlby explained that the aim of attachment behaviour is for the child to gain proximity/closeness to her caregiver.

When the child is feeling safe, with closeness to her caregiver achieved, the attachment system and behaviours are generally deactivated, and the child becomes physiologically and emotionally regulated again (Bowlby, 1988). This deactivation of the system can be recognized when children are relaxed and comfortable in their environment. It is very normal for a child's system to activate and deactivate several times per day. A crucial factor is that she experiences the comfort and responsiveness from her caregiver when the attachment system is activated. The dyadic cycle that occurs when the child communicates a need and the parent responds to that need, supports the child to feel secure that her needs will be responded to. A child who is not comforted and reassured by her caregiver when a need is expressed remains in a state of prolonged stress and that can be damaging to her emotional development and sense of security within this relationship. In contrast to this optimal interaction, I always find it very concerning when I hear how parents still use the 'cry it out method' to get their child to sleep. This method of sleep training is now recognized as potentially being emotionally damaging for children. The reason the child stops crying is because her attachment system will eventually give up and shut down, because her needs have not been recognized and responded to.

Babies and young children seek out and become attached to a caregiver who is 'available and responsive' to their signals. If caregivers are not physically and emotionally available to respond to the child's needs the attachment system is regularly activated. Bowlby described how these behaviours are designed to move the infant to safe places.

Beyond the specific attachment behaviours described so far, Fahlberg (1981, pg. 13) describes attachment as 'an affectionate bond between two individuals which endures through time and space and serves to join them emotionally'. In attachment theory, this attachment bond or 'tie

is based on the need for safety, security and protection' (Prior and Glaser, 2006). Infants will instinctively attach to their caregivers and this attachment serves the biological function of optimizing protection and survival of species. In most instances, the infant's primary caregiver will become his/her main attachment figure (Howe, 2011). Caregivers do not have an 'attachment' to their child – though caregivers do have a bond with their child. A child's attachment relationship is based on a relationship they can rely on for safety and comfort in times of stress. In adult relationships, the bond is more equally mutual and reciprocal, but this is not the case between children and adults.

It is important that children have secure/positive attachment relationships to feel safe and secure in the world. Bowlby maintained that children also develop a sense of themselves through their attachment with their primary caregiver. He described how firstly, the child forms a judgement about the self being worthy of care and protection when they receive these two outcomes in the form of the caregiver's responses. Secondly, the child forms an internal judgement of others being available and responsive to them and their needs. In contrast, if a child does not receive care and protection when they seek it, she will form the view that she is not worthy of it. In addition, when her signals of distress or indication of a need is not responded to the child forms the internal judgement that others are not available to her and are not responsive to her needs. This often results in children's attachment systems shutting down their behaviours as they learn that their expression of needs will not be responded to e.g. the cry it out method of sleep training as mentioned earlier.

An important question remains ‘what practical examples can we see as good attachment responses in caregivers?’. When attachment behaviours are activated, caregivers can respond in two fundamental ways:

1. By removing hazards and anticipating danger. The infant does not encounter risk and attachment behaviours are not activated. This is a form of anticipatory response by the caregiver.
2. By reacting to signals of distress by the infant. Importantly, they see things from the infant’s point of view. An example of this is if a child meets an unknown adult and becomes distressed, the caregiver comforts the child in an understanding way and offers them reassurance. This can be contrasted to anticipatory response, as the caregiver simply responds to a behaviour by the child.

Children often tell us that they need something through the display of ‘big emotions’, and in practice it is common for adults to feel overwhelmed by these feelings and to request that they cease. Howe (2010) also discusses the importance of caregivers assuring the children themselves that emotions are natural, but they need not overwhelm us. A crucial element in achieving attachment security for a child within her attachment relationships is that the caregiver can see things from the child’s perspective – this connection has been referred to as ‘mind-mindedness’ by the caregiver (Wilkins, 2013). When caregivers consistently fail to respond to their child’s needs and fail to see things from the child’s perspective, it is likely the child will develop a relationship with her caregiver that is described as ‘insecure’. The effects of insecure attachment relationships for children are discussed further in the Section Two of this guidebook. Schofield and Beek (2014) describe how insecurely attached children avoid

showing their emotions, especially emotions that are considered ‘negative emotions’ as they do not want to cause their caregiver any stress and they are trying to desperately maintain proximity with them. This book will provide several recommendations around supporting children in coping with their emotions and caregiver responses to big emotions.

Attachment theory maintains that a secure attachment, formed by positive responses and interactions from the caregiver, is necessary for a child to reach her full potential. Insecure attachment patterns can seriously impair a child’s development and ability to form positive relationships. These negative patterns, often resulting from abusive and neglectful caregiving relationships, can result in mental and physical health problems; psychological relational problems; and can seriously hinder a person’s ability to parent their own children without the appropriate repair and intervention that is required (Fahlberg, 1981).

To explain the development of the attachment relationship, Fahlberg introduced the concepts of the ‘arousal cycle’ and ‘positive interaction cycle’ (Fahlberg, 1981). She described how, firstly, attachment occurs when the child communicates that she has a need (example behaviours previously described such as crying) and the caregiver responds to this need in a positive manner. Fahlberg labelled this the ‘arousal cycle’. She then described how attachment occurs when the caregiver initiates joyful interaction with the child. Fahlberg refers to this as the ‘positive interaction cycle’. There is a large body of research that focuses on the intricacies of the arousal cycle, and this research aims to add to the body of literature on the positive interaction cycle.



Howe (2011) maintains that it is equally as important that caregivers recognise and enhance children's 'positive' states as well as 'negative' states. The joy and bliss of play when experienced by a caregiver and a child gives a powerful boost to the security of a child's attachment. The positive emotions that the child will experience can also help the brain deal with stress and create robust neurological structures that promote children's ability to think about their feelings and regulate emotions (Schoore, 2001). Concurrently, the fear and hurt of a child's past experiences can be released through tears and tantrums. It can also boost connection to the listening adult and helps the child heal from these experiences (Solter, 1998).

There is also a developmental effect from a secure attachment, in terms of behaviour and specifically exploration activity. This is central to the child's ability to learn from their environment. When the child experiences a nurturing and secure attachment relationship, they make a healthy transition from a place of total dependence to healthy independence. This allows the exploration behaviours to emerge as a key learning process. There is no need to rush a child out of their natural dependency phase despite the common advice to make young children independent. It is important to be led by the child and to consider their comfort levels. Most children indicate when they are ready to move on to the next stage of their development and attuned adults can interpret these signals. In relation to Attachment Theory and parent's own behaviour and understanding of the child Donald Winnicott, Paediatrician and Psychoanalyst, asserted that parents needed to be 'good enough'. He described how a parent's ability to attune to their baby adapts appropriately at different stages of the child's development. Winnicott (1953) noted how parents should aim to get the balance right. He encouraged parents to be available to the child without being overpowering and/or overprotective. This encourages a positive and supportive dyadic relation with their child, allowing natural development.



## How is Connection Different to Attachment?





## Chapter 2: How is Connection Different to Attachment?

**T**he broader concept of ‘connection’ is different to that of ‘attachment’. In his book Playful Parenting Larry Cohen states that,

*‘Connection is easily recognisable but hard to define – perhaps because we experience it in so many different forms at different stages of our lives’* (pg. 42).

When babies are born connection is defined by eye-contact, smiles and physical contact. Cohen (2001) talks about the importance of connection at this early stage to optimise connection throughout the relationship. He talks about caregivers being able to play with and hang out with their children and to enjoy each other’s company. Cohen describes how the next level,

*‘...is a more casual connection, an unspoken bond that may be noticed only when it’s gone, replaced by conflict or distance’.*

Connection for children is an important need, and when they feel disconnected from their caregivers this often results in challenging behaviours. This is consistent with the negative attachment implications for lack of response by caregivers. When children feel connected to their caregivers through moments of laughter, play and physical contact they release pent up feelings of frustration and powerlessness that they cannot express verbally. During moments of connection children often release tears, anger, tantrums, and other feelings that are often viewed as them being challenging and/or disobedient. These moments make it more difficult for the caregiver to remain connected, but they are crucial moments for the child to release pent up emotions and embrace life in a more positive and carefree manner. It can be reflected that

similar attachment behaviours described here previously may be misinterpreted as negative, while remaining necessary for the child to maintain secure attachment.

Most caregivers are familiar with grandparents or child-minders informing them that the child was fine until they arrived at the door. The caregiver then feels judged and overwhelmed with the child that was being 'good and co-operative' switching to making demands and being uncooperative. A contrasting situation if the child is making demands from them. It is important for caregivers to remember however, that it is during these times that children will release all the frustrations that have been building up over the course of the day. The change in behaviour is an expression of these frustrations to their primary caregivers, the people they are closest to. This type of behaviour is normal and can be a positive sign because it shows that children can be themselves and express what they are feeling. Again, we can note that many perceived negative behaviours are central to attachment and connection for children. It can be difficult for caregivers to balance their responses and interactions with children, and this book aims to support caregivers and help them allow time every day to really connect with their children. It is hoped that during this time of connection that children have an opportunity to release all these feelings in a playful way. In doing so, it will prevent these frustrations building up to the point where children become extremely challenging. Rose (2015, p.36) describes how 'Connection plus release helps children (and us) return to their natural desire to connect, cooperate and contribute'.

The imbalance between adults and children should also be considered in terms of communications and abilities. Children generally cannot approach us and say, 'I need some connection'. Their need for connection is generally communicated by behaviours that generate

unpleasant responses from their caregivers. Children use coded messages such as screaming, hitting, throwing objects, or saying disrespectful things that result in adults disconnecting further from them and asking them to go away and calm down. Every caregiver responds like this in some way especially during times of exhaustion and stress.

It is important to observe how different the effects are for the child, when we first respond with empathy and acknowledge that they are ‘feeling frustrated’ and/or ‘feeling annoyed’ about something. When we respond in this manner, we connect with them and their feelings. This is an initial moment of connection that can be enhanced further by the several types of attachment play activities (Solter, 2013) that will be discussed throughout this guide. Rose (2015, p.38) encourages caregivers to listen to children’s feelings and to ‘connect but not correct’. She asserts that the aim is to help the child stop the negative behaviour, which is a symptom of pent-up feelings, and help them express the feelings so they can ‘return to their natural state of connection and cooperation’. Rose stresses the importance of being loving and calm while avoiding criticism, disconnection, shame, and punishments.

The book ‘No Drama Discipline’ by Daniel Siegal and Tina Bryson stresses the need to connect with children when they are displaying challenging behaviours. The urge is to firstly connect with the child before we launch into criticism, bribes or lecturing on more appropriate ways to behave. These parenting experts confirm that connection in these moments does not equate to spoiling or lack of boundaries, such as that suggested by bribery. Siegal and Bryson (2015 p.92) state that,

*‘Connection is about walking through the hard times with our children and being there for them when they’re emotionally suffering, just like we would if they scraped their knee and were physically suffering’.*

With the support of their caregivers children will develop skills to work through relationship difficulties, and they will feel calmer and more regulated in working through their emotional states. This approach is also consistent with the role of response in the attachment cycle, with correct and sensitive response to challenging behaviours supported.

Siegel and Bryson (2015) also provide understanding about what is happening in the child's brain during this type of behaviour. They explain that when children are crying and having tantrums that their lower brain (the primitive emotional brain) is fired up and they feel under attack. During these moments they do not hear the cross words of their caregiver, they just become more dysregulated and feel under greater attack. Siegal and Bryson encourage connection at this moment to support the child to regulate. When the child is regulated and feels more connected, which can take anywhere from a few minutes to a few hours, it will be a much better time to appeal to their upper brain (more sophisticated logical brain) and discuss more appropriate ways of behaving. When a child feels connected and regulated her learning is enhanced. It is important to remember that executive function areas of a child's brain are less developed than those of an adult. This means they have less natural ability to control impulsivity and inhibit their own behaviour. Understanding this is therefore key for the adult caregiver.

Play is a developmentally appropriate way to engage with children that can help them to move out of disconnected states, and to work through issues that have made them feel disconnected from their parents, peers, and other adults. Play between a child and their caregiver helps to heal from lonely and painful feelings of disconnection. All relationships experience moments



of disconnection but can hopefully be repaired through connection. Prolonged periods of disconnection can be very challenging for children and these prolonged periods will take longer to heal from. Larry Cohen highlights how the child's need for Attachment drives her to reconnect with her caregiver. Throughout this book play activities will be described to support connection and healing from previous disconnection. This represents a central progressive aim for this book, in developing and working with all relations, whether previously positive or less optimal.



## **Play and the Power of Play**





### Chapter 3: Play and the Power of Play

*Play is first and foremost playful. Play occupies a realm outside of everyday events. It has to do with imaginings and trial action. Anything is possible, and no consequences need intrude. Outcome is open-ended and up for grabs. Play can be infinite or finite, depending on the whim of the player(s); play is active, not static. It emerges as part of the movements of actions and ideas across space and time. Play activity is of crucial importance to children of all ages. It provides a context for social relationships and spontaneous learning. It can follow sets of rules private or shared. Play activity is characteristic of living and life. It provides a medium for the growth of a sense of self, competence, and confidence in the surrounding world.*

*Chazen (2002, p.19)*

**F**or fifteen years, I have been using play in my practice, both with children in foster care and those under the child protection system. The use of play has had a transformational effect on my work and my life. The simplicity and magic of play with children allows adults to enter a world that has limitless possibilities and fun. Children have played throughout the ages, and museums show us that children from various historical cultures played with miniature doll-like figures. However, play was not considered to be an important or relevant activity for children until the late 1800s. Earlier thoughts perceived play as a way of using up surplus energy or passing on religious and cultural traditions (Gitlin-Weiner et al, 2000).

Rousseau (1762) wrote about the importance of observing children's play as a method to learn about them, and to provide a window for viewing and understanding their world. Froebel (1930) believed play was,

*'...the highest development in childhood, for it alone is the free expression of what is in the child's soul ... Children's play is not mere sport. It is full of meaning and import' (Quoted in O'Reilly, 2013).*

Freud (1961) described play as the child's way to gain mastery over their world and to experience relief from repressed emotions. This mirrors the role of emotional expression that applies to attachment and connection for children. He believed children repeat activities in their play, which had made the greatest impressions on them during their lives and experiences.

Erikson (1965, pp. 214-15) highlighted that,

*'...the child brings into his play whatever aspect of his ego has been ruffled most ... to play it out is the most natural self-healing method childhood affords' (Quoted in O'Reilly, 2013).*

The value of play was described by educationalist Maria Montessori (1870 -1952) as play being a form of 'work' for children, but as such not product based while the *process* of play is what children are most centrally involved with. She highlighted that play is as essential to development as care, food, sunshine, and protection. During this period, her progressive thinking highlighted the importance of a play as:

- The child's fulltime activity
- The child's fulltime research
- The child's fun and enjoyment
- Strengthening the child body
- Building and improving the child's mind
- Developing the child's personality

Play provides children with opportunities to “act out” situations which are distressing, challenging, and confusing to them. Small children do not possess the verbal language required to express and share their feelings and experiences. Many parents comment on how their children tell them very little about what happens in school and this is because they do not have the verbal language to articulate the intricacies of all that is happening. To recognise children’s ability and communication limitations, is to highlight the importance for play in these communications and understanding areas of development for the child. When a child is observed to play out a scene from school it can be incredible how much adults can then learn about her day in school from details within such play. Playing out incidents that happened in school allows the child to process and make sense of all the dynamics that have occurred around her.

According to Piaget (1952, p. 166) fantasy play,

*‘...provides the child with live, dynamic individual language indispensable for the expression of his subjective feelings for which collective language alone is inadequate’.*

Research by Piaget (1962) maintains that until the age of eleven years, children do not engage in abstract reasoning, instead thinking using ‘concrete operations’. Words are made up of symbols and symbols are abstract or ‘non-concrete’. The child’s world is a world of concretes and adults must approach their world as such if contact is to be made. Due to the major developmental differences in the ability of children and adults to think and reason abstractly, children often experience difficulties trying to communicate verbally to adults. These limitations have been linked with our considerations for both play and attachment previously. Piaget (1962) maintains that feelings, as an abstract concept, are inaccessible at a verbal level

until children reach the age of approximately 11 years. Therefore, play provides children with a chance to express their feelings, wishes, desires, problems, and fears. Thus, play supports an earlier representation of abstract thinking and understanding, available to the younger child (cited in O'Reilly, 2013).

There are six Principal Categories of a child's play that merge into each other:

1. Active Play – Crawling, moving running, climbing, all of which control the head, body, and limbs
2. Exploratory Play – Looking and listening and a certain amount of activity, especially hand skills
3. Imitative Play – Looking, listening, and remembering e.g. Peek-a-boo
4. Constructional Play – Precise manipulation and forward planning e.g. Building blocks
5. Make Believe/Pretend Play – Imitation, creativity, and communication e.g. Shop or house
6. Games with Rules – Involve understanding, motivation, and social adaptation

These categories can also each be related to an aspect of development, ranging from physical to cognitive aspects of development support.

### **Applied play and therapy for children**

In early 2005, I commenced my first social work job in Dublin's inner city. I quickly experienced the challenge of trying to speak to children in foster care, or those involved in the child protection system, about their experiences. My supportive team leader allowed me to engage in a therapeutic play course in the Children's Therapy Centre in Co. Westmeath. I spent



one week in this magical place learning to play again and remembering what it was like to be a child. I returned to my social work job feeling enthused and full of ideas to connect with children to learn about their world. Applying this new way of being with children to my social work practice resulted in possibilities I could not have imagined. Children and parents met me at my car to see what I was bringing into their home to engage with them. I built relationships with children in care that felt comfortable, fun and at their pace. Such positive applied experiences support the claims for play as a positive interaction approach, for the range of benefits in developmental and social attachment areas so far discussed.

In 2006, I committed to a two-year Diploma in Play Therapy to support my work with children. In 2008, I commenced my PhD to explore the use of play skills to communicate with children in child protection assessments. The results were very positive for this for this manner of communication, in line with the previous theoretical views of play as a form of communication tool for children.

Since becoming a parent in 2012, I have experienced the rewards and challenges of parenting, and my focus has naturally shifted towards the importance of play between children and their caregivers. Professionals come and go in the lives of children; however, attachment theory highlights the importance of the relationship between a child and her primary caregiver. Many adults may not be aware of their child's central need for this type of engagement from them. Play is described as the child's natural medium of communication and self-directed play provides a natural way for them to express themselves. Dr Garry Landreth, Play Therapist, maintains that children are more comfortable with play than using solely verbal communication. He even goes so far to state that when adults initiate verbal contact with a

child, an immediate automatic barrier is created, and the child must meet the adults preferred method of communication. The use of language of words, as an abstract concept, can be a hindrance to communication for the child.

Play is a primary way that children learn about the world and start to organise and understand their experiences. Through play, children have opportunities to gain mastery over their world as they experiment and explore with toys and play media – they can explore being in control of situations in ways that are not possible in the real world. In play, children can create a world as they would like it to be. This can be starkly contrasted with the difficulties presented by an abstract use of spoken language as communication or representation of their reality. In support of this view Play Therapy Ireland (2008) states that symbolic and fantasy play are the child's most powerful method of communication.

An additional benefit to play is the ability to engage the child, enhancing communication and interaction. Landreth supports this view with the analysis,

*'Play is a voluntary, intrinsically motivated activity involving flexibility of choice in determining how an item is used. No extrinsic goal exists. The process of play is enjoyed, and the end-product is less important. Play involves the child's physical, mental, and emotional self in creative expression and can involve social interaction'. (Landreth, 2002, p.16).*

Children's play can be better appreciated when recognized as their natural and therefore richer medium of communicating. Children express themselves more directly and fully through self-directed spontaneous play, than they do verbally. For children 'to play out' their feelings and experiences, is the most natural self-healing process they can engage in (Landreth, 2002).

## **Types of play examples and their benefits**

Throughout this book play ideas for different examples of play will be presented by the author and guest authors.

### **Painting**

Children love to paint. There is great excitement and pleasure in discovering what they can do during painting. Painting allows expression when the child is still largely non-verbal and provides many choices which are theirs to make. Seeing what they can do builds self-confidence. Painting can provide release from tension and a chance to express emotions such as frustration, aggression and rejection that are often more difficult to express. Painting is relaxing and it has a therapeutic action. This type of play activity can also relate to safe emotional release and expression as discussed previously. In addition, this represents possibility for the playing out of previous experiences previously described in this book.

What should we NOT do: it is important to watch children unobtrusively and observe the stages of development they will go through during painting. Unless the child asks for your help never show a child how to draw or paint. Interference means stopping an expression of themselves and blocks the formation of her thoughts. Interference by an adult can result in slowing down the child's process. It is important not impose adult standards on the child's painting and allow children to learn for themselves. When we interfere in the child's process she then starts to think about our expectations and what might impress us, and this changes the process

completely for her. This lack of constraints can support the expression and playing out of experiences ideas.

How should we react: Reflect to the child the content of the child's picture e.g. you drew a house here; you made new colours by mixing the paint. In my applied experience, the first time I did this I was quite nervous as a child I did not know very well said, 'Lisa do you like my painting'. Being conditioned at that time to say that it was lovely, was how I wanted to respond. I tried the technique of reflecting content and I was amazed to see how his focus returned to what he had done rather than himself, focusing on whether I liked the picture. I pointed out what he had drawn and the new colours he had made. To see the little boy's excitement connecting with what he had done, rather than trying to please me, was a transformative moment for me in my engagement with children.

Adults can also ask questions to stimulate thoughts during painting. For example: 'Did you enjoy painting that?' or 'Shall we hang it up to dry?'. It also good to ask child to tell you about their picture or creation. This builds a further connection between you and the child and it also helps them connect with their creations. Free painting leads to self-confidence and self-esteem in the child. In general, this is therefore both a social connection and self-development area of play.

### **Clay and Play-dough**

Children love to play with clay and play-dough. The squeezing and exploring of textures can be cathartic and fun. These materials are great to promote imaginative play and a fun way to

develop hand skills. Working with clay or play-dough can be soothing and help children express their feelings, as an aid to limited language in younger children.

Play-dough is economical to make, and children love to help mixing the flour, olive oil, salt, and food colour. Glitter can be added. These processes can engage the child in active development of construction of materials, which is a positive cognitive task.

While using these materials encourage the child to make her own creations and to enjoy the process. Doing is more important than the end-product. Encourage her to explore language such as what it feels like; what shapes are forming; different sizes and mixing colours. Modelling tools such as plastic knives, spoons, rolling pin, biscuit cutters, garlic crusher and any relevant tools. Working with clay helps a child come face to face with what is happening in their mind. This can support their expression, aside from language use, while promoting connection with adult.

## **Puppets**

Puppets as tools for play are wonderful for the development of the child's own ideas and help express creative abilities. Using puppets helps to provide distance from reality and she can explore aspects her world in a secure environment. Puppet-play can solve a multiplicity of problems and can be used on most occasions when the adult wants to connect with a child in a playful way.

Puppet-play can be helpful for speech difficulties and can improve child's ability to express herself. Confidence can be developed as the child can initiate ideas and be involved in decision

making. Social skills can be developed by learning to co-operate and take turns in a playful way. These areas are consistent with the previous issues of exploring and making sense of previous experiences for the child, and the use of play-acting for communication of ideas (as opposed to simply using language).

Recommended Play-Bag: the following toys were recommended during my play therapy training as the essential toolkit for therapists who were travelling to different venues to meet children. I try to have these toys available for playtime with my own children and when I meet children in my practice:

- Figurines: people, soldiers, heroes
- Dolls house and furniture
- Toy food
- Animals
- Vehicles
- Water gun
- Container of sand
- Puppets and finger puppets
- Toy money/cash register
- Soft toys
- Baby doll and bottle
- Squeezy paints and homemade palette (egg carton)
- Markers/pencils/crayons
- Paper/cardboard
- Lollipop sticks

- Any craft material- egg cartons, smoothie cups etc.

Presenting and allowing this wide range of materials for imaginary play, facilitates a potentially wide range of ideas for the child to choose from. This can allow boundless expression and development of representation for the child in this way and does not overly constrain play.





## Attachment Play



Optimising Connection and Dealing with Challenging  
Behaviour



## Chapter 4: Attachment Play

**A**ttachment Play is a powerful tool that can be used daily to meet a child's emotional and behavioural needs (Solter, 2013; Rose, 2017; Cohen, 2009). It is particularly palpable in moments where challenging behaviours result in distress and power struggles, and the child is inevitably 'powered-over'. Attachment Play aims to support a child's learning and emotional development by adopting a positive-discipline approach that teaches using the play experience, in contrast to punishing behaviours. Attachment Play is a powerful way to build connection with children in a developmentally appropriate manner of engagement (Landreth, 2002; Koprowska, 2010; O'Reilly and Dolan, 2016).

As a theoretical basis for attachment play it is recognised that play is an important part of communication and is primarily non-verbal - it is a language quite different to verbal language. Play allows children to play out experiences, thoughts, and feelings that they are aware of but are unable to express, as we have seen in some previous examples of play areas. It can also facilitate sensitive communication, for example children who have suffered abuse may find it easier to express difficult experiences using puppets (Schaefer, 1993). Play between children and adults is a powerful way to engage and build connection (Cohen, 2009).

This chapter discusses principles and types of attachment play that can be practically used to build connection with children, while supporting the release of feelings and working through challenging behaviours in a manner that is respectful of the child's age and stage of development. Attachment Play is based on attachment theory and play-therapy principles and

practices (Solter, 2013). In this way, we are now building on the previous theory areas and some of the practical descriptions of play activity areas shown so far.

As suggested consistently so far in this book, children express themselves more directly and more fully through self-directed spontaneous play, than they do verbally using language alone. Play is to children what verbalisation is to adults – the natural medium of expression (Schaefer, 1993). Chazen (2002) also highlights the wider importance of play to children:

Play activity is of crucial importance to children of all ages. It provides a context for social relationships and spontaneous learning. It can follow sets of rules private or shared. Play activity is characteristic of living and life. It provides a medium for the growth of a sense of self, competence, and confidence in the surrounding world. These all represent key social, psychological, and cognitive aspects of development and growth for the child.

Attachment Play is a developmentally appropriate way to connect with children. It is a technique that can be used by any adult and it does not require intensive training and qualifications. Any caregiver can use Attachment Play to effectively engage with a child (Solter, 2013). Many adults will have engaged in attachment play activities with children previously but may not fully understand how beneficial this is to the child, or deliberately promoted this approach in play activity. Attachment Play provides a therapeutic experience for children, which non-therapists can learn to use deliberately. For children ‘to play out’ feelings and experiences, is the most natural self-healing process they can engage in (Landreth, 2002).

Attachment Play is a term originally coined by Dr Aletha Solter, developmental psychologist (2013) and is used to describe a type of play-based engagement that supports both connection with the caregiver, and the release of pent-up feelings and emotion. This special combination of fun and laughter can diminish frustration and bring greater regulation in the child's behaviour. This approach supports children in their ability to co-operate because they are not feeling as frustrated and powered over by the adult.

Attachment play involves laughter and enjoyment – often this is shared by both caregiver and child (Solter, 2013). This is important because laughter reduces frustration, fear, anxiety, and anger. When attachment play techniques are applied, they can be initiated either by the caregiver or the child. This provides great flexibility to the process. Children often have their own ideas and can let us know what they need to work through. Caregivers can introduce activities to help with specific challenges that arise if needed. As an applied example, when my son was starting in play-school we also had a new baby. Although my son enjoyed being in school, getting ready and getting in there became extremely challenging morning after morning. Some mornings resulted in me holding him to dressing, a lot of anger and tears leaving the house.

One morning I used his Mickey Mouse teddy and my Mickey Mouse impersonation to ask him how he was, and if he would get dressed for playschool. He laughed heartily at his teddy talking to him and engaged much more with the toy than he did me. He told Mickey Mouse that he would get dressed and asked the teddy if he would sit with him at breakfast. I was amazed to experience how the use of his favourite toy and me being playful dissipated the stress and chaos that had manifested in our home morning after morning. This represents an example for how

play can engage the child while also encouraging problem-solving interaction and connection with the adult.

Separation from others is a challenging but important concept for children to learn and understand. Games such as peekaboo or hide and seek can support separation issues for children and many adults engage in these activities. It is important not to overly prolong the separation aspect of this play, and everyone is familiar with the laughter and excitement at the moments of eye-contact and reunion.

Attachment Play does not require any special equipment and can take place at any time with minimal planning. Play can involve toys and objects within the home and activities can also be varied daily (Solter, 2013). If the adult introduces a game or activity it is important to follow cues of the laughter and enjoyment displayed by the child. Several themes can occur during playful interactions and common themes are: powerlessness; expression of emotion; good versus evil; winning and losing; family relationships; authority relationships/ school relationships/ peer relationships; trauma; grief and loss; rescue; problem solving; developmental tasks – including mastery; happy memories and things the child would wish to be true (VanFleet, 2013).

Attachment Play (Solter, 2013) helps to set limits in a relationship and resolves common issues or challenges facing the child in a way that best supports the child's development. This is because play is a child's preferred method of communication and helps them to make sense of their world. This type of interaction and activity is intended to be child centred, with the aim that children will be more willing to cooperate when the adult uses more child-centred

engagement. It is important to note that the principles of Attachment Play do not include the assumption that the child will become 'spoiled' or think everything in life must be fun. Solter (2013) asserts that Attachment Play facilitates the release of pent-up feelings that block the natural tendencies towards co-operation, joy and loving. It gives children more freedom to be their true selves, and when feeling connected to their caregiver, they are better able to express their feelings (Solter, 2013).

Within the Attachment-Play experience, there may be challenging emotions expressed as part of the emotions being released. If children show challenging behaviour during this play, it is often an indicator that they are healing from past experiences. This is consistent with the earlier theory addressing emotional expression by children, and acceptance of that expression by adults that is needed. If strong emotions are expressed, the carer is advised not to punish, shame, or restrict the expression but to become further connected to the child and listen to these feelings. The simple tenet is 'no to the behaviour, yes to the feelings' (Siegal and Bryson, 2015).

Solter (1998) encourages caregivers to use minimal intervention to prevent aggression or hurting, such as gently holding the child's hand whilst calmly and lovingly letting them know it's fine to feel this, and that you will keep them and everyone safe. This supports a sensitive and protective interaction, in line with good attachment. Then, listen to any crying and raging until the child comes to a natural completion and becomes calm. Solter recommends that gentle use of phrases such as 'I am here and listening' can help. This may sometimes escalate challenging behaviour; however, this approach would value that as a further indicator of releasing feelings. Carers may notice that with sufficient time afterwards, the child can become

calm, connected, and cooperative. This process mirrors the attachment behaviours system, and the supporting sensitive response by the adult which finally calms the attachment system and behaviours in the child.

A basic observation is that children may test limits or show challenging behaviours during play (Landreth, 2002 and Solter, 2013). This is to be expected and is, in fact, a beneficial aspect of Attachment Play because it shows the child is feeling a sense of trust in the caregiver and is, therefore, willing to release pent-up emotions through tantrums or tears. In line with previous suggestions for acceptance from the adult, these ‘negative’ emotions should also be valued and allowed their full expression without distraction or shaming. Words from the adult carry strong messages, and the attitude the words are communicated with is equally important. Responses must sound natural and genuine from the caring adult. It is important that the adult’s facial expressions, body language and voice tone communicate interest in and acceptance of the child. A genuine trusting, empathic relationship is the core to healing and empowerment, the words are not enough (Axline, 1969). Responses such as ‘I am here with you’; ‘I hear you’; ‘I care’ and ‘I understand’ will support the child’s expression of her true feelings (Axline, 1969). All these interaction issues combine to provide the sensitive interaction requirement for good attachment.

### **The Nine Forms of Attachment Play**

Attachment Play is said to take place in nine different types of play activities between a child and a caregiver. In her book Attachment Play, Solter (2013) labels and describes what this play interaction involves;



1. Non-directive/Child-led Play: This play is self-directed by the child and the adult follows her lead entirely. This type of play and way of being with children will be discussed in more detail in the next chapter of this book.
2. Symbolic play: Play with specific props or themes is very effective, especially for helping children to heal from trauma. It involves a more directive role, offering a specific toy or play theme, e.g. playing and interacting with toy dogs to overcome a fear of dogs. This can be very useful for behavioural issues, such as toilet training, sibling rivalry or lack of cooperation.
3. Contingency play: This is defined as any activity where the adult's behaviour is predictably repeated and is contingent on the child's behaviour. This is a great way to establish a connection, e.g. child may throw doll on the ground – adult will then say 'ouch'. The child will laugh if enjoying activity and repeat it over and over. Piggyback rides that follow the child's nonverbal instruction also demonstrate a repeated activity cycle.
4. Nonsense play: Any activity in which a child may act silly and make deliberate obvious mistakes or playfully exaggerate emotions or conflicts. This only qualifies as Attachment Play when it involves both child-caregiver interaction. Exaggeration play can resolve discipline issues by exaggerating conflicts to the point of becoming ridiculous, e.g. the child will not take a bath – caregiver can pretend to be a bulldozer going to dig all the dirt off. This type of activity can be seen to stretch the cognitive development in children, by enhancing understanding of concepts. In addition, joint play of this form builds the idea of 'shared' attention and understanding. During the Covid-19 Pandemic my brother chased my children around the garden pretending he was the 'Coronavirus' and the laughter and physical activity they experienced within this play helped them release some of the fear and tension building at that time.

5. Separation games: Activities where short visual and spatial separation occurs between the caregiver and child, e.g. peekaboo, hide-and-seek. Babies from six to eighteen months love these games as the stress released through laughter helps the child deal with separation anxiety. The important element is the moment of visual and physical reconnection. As indicated earlier, separation play should not be too excessive in extent of separation, to avoid any undue distress.
6. Power-reversal games: Activities in which the adult plays the role of being frightened, weak, clumsy, or angry. An example of this is a pillow fight where the adult pretends that the child has knocked him or her over. The laughter during this play is therapeutic as it releases tension and anxiety resulting from feelings of powerlessness. This play can also support healing from adult-imposed trauma, such as abuse. This also can represent children's previous experiences, for example a previous dispute with a peer.
7. Regression games: Activities that the child would ordinarily do with (or as) a younger child. These games are important for both connection and healing. If the child initiates regression games, engage her in this manner – lullabies, wrapping in blanket, offer bottles, play with toes, etc. This can be very important around birth of siblings. This form of play is recommended for adoptive parents, foster carers or during periods of family stress particularly if caregivers have little time available to children, to encourage connection and attachment processes through this sensitive interaction.
8. Activities with body contact: Play that encourages physical contact while respecting the child's boundaries enhances connection. The mutual enjoyment of playing and touching is powerful in strengthening attachment and bonding. Such play has the power to repair the damage of traumatic separations. Connecting physically through play creates feelings of self-worth, safety and belonging for children. This area of play also provides some of the most direct connection and interaction to support attachment.

9. Cooperative games: These activities can help strengthen connection by allowing children to tell cooperative stories or related activity such as building block towers with adults. Opportunities for connection without the threat of losing in any form make this type of play special for connection. Child and adult (or other children) work towards a common goal and no-one loses. An example of cooperative games includes many children working together to keep balloons in the air or sharing chairs in musical chairs.

These categories of attachment play will be discussed and/or referred to subsequently this book.



## Following your Child's Lead in Play





## Chapter 5: Following your Child's Lead in Play

**M**ost adults feel a need to perform when invited to play with a child, and many caregivers are so exhausted that this pressure stands in the way of them playing with their child. In my applied experiences with play, what I have learned from my early awkwardness and the moments of exhaustion later, is that child-led play can take the pressure from the adult to create the fun. Allowing the child to lead in play activity promotes confidence and builds imagination, and the caregiver can support this process by giving full attention to the child's direction of the play experience.

Child-led play is described as, 'the best way to become acquainted with a child' (Solter, 2013). This approach has also been highlighted as the most respectful way to build relationships with children during professional encounters (Landreth, 2002; Kowprowska, 2010, Winter, 2011 and O'Reilly, 2013). The guiding principle in child-lead play is that the child is free to choose how she will use the time. The child leads, and the adult follows her lead entirely (Landreth, 2002). The adult's mental and physical connection to the child is key to this way of being with children, allowing appropriate responses from the adult.

Child-led play or the non-directive play approach is widely used in play therapy to support children to heal from experiences that have affected them. Landreth (2002, p59) stated that, "children are the best sources of information about themselves". Virginia Axline was the founder of the non-directive play therapy approach in the 1940's. This process developed is based on a deep appreciation for what the child communicates verbally and non-verbally. This approach to supporting a child's healing process was created with the belief that children have an innate drive towards autonomy and self-direction. In addition, when children experience a

relationship in which they are valued and accepted, they are facilitated in learning to accept and value themselves (Axline, 1947).

Child-led engagement requires a little practice, and there are some basic skills required by the caregiver. Caregivers can and should be adept at tuning into their children by following their lead in play. In contrast, there are so many areas of a child's life where the adult takes charge. Playtime provides children with opportunities to make decisions and develop confidence. Adults allow the child to lead the play. Reflective commenting is a useful tool to show recognition for what the child is doing and is enough to show the child that the caregiver is connecting and affirming the choices she is making.

While child-led play requires practice to unlearn our potentially pre-existing adult directive methods, my applied experience has shown me that this way of engaging with children is a great way for caregivers to become reacquainted and familiar with play. There are some basic skills of child-led play that develop with time, but it is important to set aside this special play time and watch the ideas that emanate from the child without adult prompting. This play experience relieves the pressure for adult initiated play and supports the child's development and self-concept in multiple ways. This self-generated approach specifically can reflect and develop the child's skills in representing their own understanding of the world around them.

When initially introducing child-led play into your relationship with your child it is important to consider the time you can commit to it, as she will enjoy it and seek it. It is helpful to be clear about boundaries for when and how often it can occur. Children respond well to and are happy with consistency and predictability. If this play experience can occur for twenty minutes



every day at a certain time or one day per week at a certain time, this will become predictable for the child and is something that they will look forward to. For the play session it is helpful to set a timer to mark the beginning and end of this special play time. This can help the adult to give full attention when it is for a set time and the child will know the parameters of this special play experience. The child may use the pretext of the time ending to release painful feelings from the past around endings or separations and have a welcome-cry or tantrum (Erikson, 1969). This should be addressed sensitively, as discussed earlier.

During child-led play time Landreth (2002) encourages the adult to show a genuine interest and listen to the child by paying full attention. The basic principle of this engagement is that the adult follows the child's lead and only joins in the play if invited to do so. When invited into the play it is empowering for the child when the adult asks, 'what would you like me to do in this game/play'. It is important to lean forward and demonstrate attention at the same level as the child and be relaxed and comfortable. If the child is sitting on the floor sit close and give full attention.

The basic skills used in child-led play therapy are wonderful skills for adults to use to engage with children. They are child-centred and focus on their process of the play activity. Landreth (2002) highlights the following key skills to optimise the non-directive engagement process:

- Track behaviour: simply name what the child is doing, e.g. you decided to build something; you are deciding what to do: you want to play that game: you did that your way.

- Reflect feelings: name the feelings observed or inferred in the child, e.g. you look happy about that; you seem cross right now; you look frustrated with that.
- Notice effort and achievements: name what the child has done positively, e.g. you built that the way you wanted to; you did that your special way; you made a plan and you tried it out.
- Match the child's tone and intensity: this involves trying to match the state the child is in. If the child is silent, it can be appropriate to whisper reflections. If child is excited, it is appropriate to respond in an excitable manner. Mirroring behaviour is a good way to encourage connection and show shared attention or aims.
- Respond at a consistent rate: it is important that the caregiver responds at a rate that feels natural and comfortable in that moment with the child. Consistency of response can reassure the child that the process of play is positive.

Child-led play (Landreth, 2005) also involves limits/boundaries within the child–caregiver relationship. Many adults worry that limits are not a part of this process. Limits are integral part of all relationships. Within the non-directive model of engagement with children, limits should be stated at the start of the relationship. Landreth recommends stating that,

*'children are the boss of play, and the adult is the boss of safety; if one of us is going to be harmed then I must become the boss again'.*

A child-centred way to address limits and boundaries is a simple tool called the ACT model (Landreth, 2005):

A: **Acknowledge** the feeling, e.g. I can see that you are upset right now.

C: **Communicate** the limit, e.g. I am not willing for you to hit me, or the toys are not for breaking.

T: **Target** an alternative, e.g. if you feel like hitting something right now you can hit this pillow/teddy/bean bag. If a child has an impulse to hit out it is important that impulse is acknowledged, and a safe way to deal with this impulse is explored.

Table 1 presents a summary representation for the principals and skills of child-led play sessions as presented in O'Reilly (2013).



Principles	Goals: Support children to	Play therapy relationship
<p>Child is free to choose how they will use the time.</p> <p>Child leads. Therapist follows their lead entirely.</p> <p>Task of therapist is to empathise with child and to understand the intent of their actions, thoughts and feelings.</p>	<p>Communicate thoughts, needs, feelings through the medium of play.</p> <p>Develop positive self-esteem, self-respect and confidence.</p> <p>Learn about their feelings and how to express them.</p>	<p>Therapist respects direction of the child.</p> <p>Therapist believes in and trusts in the inner person in the child.</p> <p>Opportunity to play out feelings and experiences. They create their own histories.</p>

Basic skills used in NDPT	Skills used in session	Acknowledging feelings
<p>Genuine interest – listen.</p> <p>Pay full attention.</p> <p>Follow rather than leading.</p> <p>Join in play if invited to do so.</p>	<p>Lean forward at the same level as the child. Be relaxed and comfortable.</p> <p>Track behaviour and reflect feelings.</p> <p>Facilitate decision-making.</p> <p>Notice effort and achievements.</p> <p>Match the child's tone and intensity, and respond at a consistent rate.</p>	<p>Look beyond words.</p> <p>Allow them to feel comfortable and free to begin to deal with their problems.</p> <p>It is OK to use unknown feeling words – using them in context will help develop their emotional vocabulary.</p> <p>If words are used with empathy, they speak directly to the child's heart.</p>

Name feelings	Responses	Responses to child
<p>Try to identify the feeling.</p> <p>Use word in a statement to show you understand the feeling.</p> <p>This is not a method to 'fix' – resist temptation to make it better.</p> <p>Must be genuine and compassionate.</p>	<p>Words carry strong messages, but the attitude the words are communicated with is equally important.</p> <p>Must sound natural and genuine. Facial expressions, body language, voice tone – all communicate interest and acceptance of the child.</p> <p>A genuine, trusting, empathic relationship is the core to healing and empowerment.</p>	<p>I am here with you. I hear you. I care; I understand.</p> <p><b>NOT</b></p> <p>I always agree. I must make you happy. I will solve your problems.</p>



## Power-Reversal Play







## Chapter 6: Power-Reversal Play

**D**uring play the rules of everyday life at home and in school can be suspended and amended to give children the power that they often lack in other situations and places. Power reversal play allows the child to be such things as a fairy tale character, a superhero, or a powerful creature that they connect with. Facilitation play that allows children to experiment with different roles can also repair their confidence and help them process meaning and necessity surrounding rules that exist in all relationships. This is an important part of social and self-identity development for children.

When using power reversal play it is important to state limitations when necessary. A key limit of the power of reversal play is that nobody gets hurt. A common power reversal game for children to play is pillow fighting. During pillow fights children get to use pillows to hit the adult in a strong but non-hurtful way. During a play activity such as this, a great deal of laughter will occur, especially when an adult falls over in an exaggerated manner. This will make the child feel very powerful.

The adult can portray themselves as being incredibly strong and playfully tell the child that there is no way they can push them over with a pillow. The child will then try with all of their might to use the pillow to make the adult fall over and when the adult plays along by rolling across the floor for example, exaggerating that the child has knocked them over can make the child feel incredibly powerful. The adult can then add to this by becoming confused, telling the child that they had no idea where they got all their strength from to knock them over. This play can also be important for the aspect of self-esteem, which is a key aspect of self-identity development.

Other examples of power reversal games include the adult setting a challenge and telling the child there is no way they will be able to get past them. The adult playfully tries to create a barrier for the child and puts up some obstacle so they cannot easily get through, and then when the child gets through, they feel it a huge sense of power and accomplishment for getting past the adult. This type of play can elicit so much laughter for both the adult and a child and can give the child feelings of power that they desperately strive for in another in an adult world. This play also relates an aspect of shared understanding and therefore connection between adult and child.

It is also the case that younger children feel powered over by older siblings as they cannot do as many things as the older child. Playing out this frustration and experiencing power through play can be very therapeutic to process the emotions that comes with the feelings of powerlessness. Family development can be indirectly related as a potential benefit, due to this self-development.

Giving power in play can help children repair from feelings of being powerlessness. It can be very positive to offer them opportunity to play the parent while you play the child. When you are pretending to be the child you can ask her if you can eat the entire pack of cookies before dinner. When they respond in a way similar to you and tell you that you cannot have the cookies before dinner you can then playfully exaggerate your emotions and start saying that you insist on having the pack of cookies. In a playful tantrum like way say that you will eat your dinner straightaway after eating all the cookies and pretend to cry. This kind of role play can also generate a lot of laughter and a lot of healing for children who do struggle with rules and often

use demands to demonstrate their struggle with rules. This supports the development of understanding for different types of relations with adults in addition, supporting good connection too.

From personal experience, a prominent play theme in my house is my boys telling me to be the 'baddie' and they will be the 'goodies' that defeats the baddie and saves the world. I have engaged in several discussions about this typical instruction from children with colleagues. Some specialists recommend that it is important to take turns and encourage children to experience all different types of roles. I feel that it can be important to take turns when it is children playing among themselves. With my four and seven-year-old boys I take the lead from them and I want them to experience the power relations that they need to experience during self-directed play. The laughter and excitement that emanates from them capturing me and tying me up in toilet roll and making a prison for me. When I think they do not hear my efforts to guide their behaviour I always hear my own voice, as they tell the 'baddie' what he needs to do to get on with people. This suggests this type of play can help children express their knowledge of others, including adults.

I have been amazed at how my children enjoy the 1980's Famous Five episodes and written stories in the same way that I did when I was a child. As I watch them play the Famous Five, and play with them, it takes me back to the freedoms and autonomy the four children experienced on their own, without adult direction. In such stories, the children go away for days on their own, decide exactly what they are going to do and end up doing the job of the local police. These types of experiences are empowering for children and involve power-reversal play where children do the detective work and save the day.

A very simple example of power-reversal play is suggesting that the child plays the parent and you play the child. I find this type of play to be most helpful in guiding children to work through boundaries and limits that they often protest about.

Experiencing power is important because being a child can be very frustrating. We are constantly repeating limits and boundaries to what they can do. We also ask them to do essential everyday tasks such as brushing teeth, getting to school on time and getting ready for bed. They often resort to crying or screaming at us when they tire of these requests/demands. This is a natural behavioural response as we have seen earlier in our discussions. Please do not worry that your child will become bossy or controlling through this type of play experience. When we allow children to feel powerful and take charge for a few minutes, the theory tells us that they are less likely to feel frustrated with the expectations placed upon them throughout the day and they will be more inclined to cooperate (Solter, 2013). This shows the powerful social developmental role for this form of play.

### **Power-Reversal Play Ideas**

To develop on some specific details, some suggested forms of play will now be described. You may wish to experiment with different areas suggested.

1. Pretend to be big and strong and say you nobody could ever push me over. Then let your child push you over and dramatically express your shock and surprise at this. Challenge them over and over and act more confused each time. This can be changed

to not being able to get past you or not being able to catch you. This type of play has so many possibilities and allows her to feel power and to laugh heartily.

2. Use the child's name to play the Simple Simon game e.g. 'Emma says to hop on your left leg'.
3. Pillow fights with the adult falling in an exaggerated and playful way. hit only as hard as it takes to illicit lots of laughter.
4. Tie your child up with toilet-roll insisting that they will never break free from this position.
5. Follow the Leader instructs you to do everything that your child wants to do, and it is important for you do that unless the direction is truly unsafe.
6. Child-led play time and she is reminded that she 'is the boss of play' and you 'are the boss of safety if needed'.
7. Play wrestle with your child and allow them to be the most powerful. If doing a play arm wrestle put up a little resistance so she does not fully know you are allowing her to win. Your wrestling style will develop as you practice and take the lead from your child's comfort levels and need for a little more challenge. This type of play is more detailed in the Rough and Tumble Chapter of this Book.



## Positive Discipline







## Chapter 7: Positive Discipline

**D**iscipline should mean to teach. It should not mean to punish. This is a useful principle to always keep in mind when dealing with children around their behaviour.

Progressive research on child development highlights that punishments as a conditioning approach do not positively support a child's learning process and asks us to consider what we want children to learn in moments when they are behaving in challenging ways.

The use of 'Time Outs' is a form of punishment and it does not support a child's learning process in terms of understanding their behaviour. Siegal and Bryson (2014) highlight how children are often told to take time out and to think about what they have done. The experts stress that a child does not and cannot sit down and think about their actions in this manner. Siegal and Bryson believe the child only thinks how mean their caregivers are. Younger children will not have reached the abstract thinking cognitive levels to rationally consider themselves, as the adult may be suggesting.

In comparison, an effective method in the development of critical thinking in children is to sit with them when they are calm and ask them what they would do differently next time. Rather than using Time Outs, Marshall (2014) encourages caregivers, teachers, and childcare professionals to use Time In. This is when the caregiver or professional observes the child is out of sorts it is important then to try and bring her close. The child will be seeking a sense of safety, a key aspect of secure attachment. The idea is that you bring the child close to you

before matters escalate to the point that you get frustrated and the child feels more disconnected from you. I have been asked many times in my workshops experience if this type of connection gives the child the wrong message about their behaviour and perhaps even condones challenging behaviour. It is my opinion that if they are feeling disconnected, they need connection more than anything, and it is important that we give that to them. This technique requires the adult to understand that the child is not being naughty, they are simply letting us know that something is wrong. This is a more connected way of dealing with difficult behaviour or emotions.

In 'No Drama Discipline' Siegal and Bryson encourage us to discipline children in ways that builds skills and enhances their relationships. Caregivers are encouraged to respond in a way that builds a constructive relationship with your child rather than one that shames or punishes the child. This directly supports and represents the positive attachment response cycle between adult and child. However, the reality is often we may resort to shaming our children when we are shocked with what they do. When I have come across my children fighting violently with each other I have resulted to shaming the older child if the younger one was hurt. In these moments of panic about the younger child being injured, and my panic about how life will be for my older child if violence is used to resolve an argument, I have not been proud of my responses. I have questioned why he would do this, and I have shared my adult concerns for these normal behaviours that occur between all siblings.

Using shame and gravitating towards 'toxic' negatively affective shame are interventions that should instead be considered damaging to your child's self-concept and perception of themselves.

Being respectful and positively affective with clear boundaries in place builds connections in the child's brain and increases their emotional and social skills. The overriding aim of discipline should be to teach, but this does not mean to punish is the mantra to repeat. Learning through gentle instruction and setting limits while being emotionally attuned to your child supports brain development in the most positive way. Discipline should be nurturing and sensitive to improve children's ability to control themselves.

No Drama Discipline recommends that caregivers 'Connect and Redirect'. This translates in practice as connecting with your child when she is behaving in a challenging or unsafe manner. To redirect does not mean to distract, and I have heard this interpretation being used many times. Bryson and Siegel highlight the importance of redirecting children's behaviour to more appropriate ways of behaving when they are feeling connected to you and their attachment system (see earlier description of behaviours) is not activated. Redirect them to more appropriate behaviour- when emotions are calm. I have also learned that it is important for the caregiver to feel calm to optimise this process and it may be worth waiting a few minutes if you need time to calm down.

Children learn better ways to control themselves and deal with conflict in this way. When we connect emotionally, children feel the full impact of our love and affection for them. They feel less under threat in relation to their behaviour and our disapproval. Children learn better when we communicate with them in an age-appropriate way and include them in problem solving. This deep empathetic connection with clear boundaries avoids feelings of shame and avoids

feelings that there is something intrinsically wrong with themselves. This more positive approach is crucially connected to areas of development such as identity and self for the child.

It is important to indicate to your child that all children and adults are learning all the time. Everyone makes mistakes and adults do too. During the non-directive play therapy process, children are always assured that 'accidents happen in here' and accidents are normal and ok. I have observed children almost freezing the first time they knock over paint or spill sand onto the floor. I make mistakes all the time with my children, but one thing I have learned and I am grateful for is that I apologize to them if I overreact or say something that makes them feel bad about themselves. This can be a check you can carry out on your own behaviours as the adult. Children need to see that their caregivers make mistakes, and they need to see them take full responsibility for their actions.

In our home environment, we rarely ask or tell our children to say sorry. This stems from a belief that if a child is told to say they are sorry the apology has no meaning. Self-reflection can be limited as an ability for younger children especially when only obeying an instruction to do so. Therefore, if for example, my child hits out at me in a moment that they are unhappy with a restriction, I tell them that I am not for hitting and I offer them something else to hit. I try to establish a connection on an emotional level and acknowledge it. If it is safe, I try and hold them and listen to the cry, acknowledging their distress while gently reiterating what it is, they cannot have or do. Almost all of time before the day ends both of my children will come to me, at a time I do not expect it or have forgotten about it, and say I am sorry I hit you. As a comparison example setting, I have been called into the school and told that my child did not apologize to another child when an accident occurred. I have encountered shock from teachers

over this, but I have explained to them that it is not the way we do it in our house and my child is not familiar with that type of reparation in relationships. Communication on behalf of your child with schools or child-minders is very important if you have different belief systems on certain things. It is also important to support your child's understanding on how rules and expectations are different in other homes and/or institutions. Children understand this with simple explanations for different experiences and settings.

Most schools use reward-based systems and caregivers are often advised to do the same. I recommend using play to connect with children to support their learning and support them to choose better ways to behave. The book *The Teacher's Introduction to Attachment* by Nicola Marshall describes her view that children do not respond well to rewards and sanctions. She said this discussion has taken up a lot of her time in workshops with teachers and educators. Using rewards and sanctions can be a form of cold playing behaviour modification techniques that have less effectiveness into the long-term. Some techniques include star charts and sticker charts, certificates and point based systems where a child's behaviour is measured and represented symbolically and publicly on these charts. I would support concerns about these subjective achievements causing a child shame or unnecessary pressure to live up to.

Progressive research highlights that the use of these behaviour modification techniques results in external motivation for the child rather than intrinsic motivation. This is a representation the child constructs mentally about whether external factors, or their own internal factors, drive their choices. This external focus occurs when the child's behaviour becomes focused on achieving stickers and filling a chart. Experts recommend that it is important that we appeal to and motivate the child's intrinsic motivation. It is important that we support children to

understand the reasons why we want them to behave in a certain way. It is important that we take the time to explain that they cannot behave in a certain way because it may be unsafe for them or another person. The hope is that the child will develop an intrinsic drive to behave in a certain way, so another person is not harmed or offended by their behaviour. When using star charts for example, the child begins to fixate on achieving certain number of stars or stickers and they become less connected with the internal reasons why they should not behave in a particular way.

Nicola Marshall also stresses the importance of moving emphasis away from behaviour modification and instead towards supporting our children to deal with stress and anxiety that may be at the root of their behaviour. It is important for adults to be aware that when children are acting out, they are telling us that something is not right with them. They do not have the verbal language abilities to explain a build-up of stress or worry and they are not misbehaving to annoy other people. It is important that we think about why a child may be behaving the way that they are behaving. The situational factors that could be involved. This can also include the basic questions;

- Are they hungry?
- Did they have enough sleep? Are they tired right now?
- Could they be coming down with something?
- What do I want them to learn?
- Is now the best time to address this learning need, or can I leave it until later?

Too often I hear adults saying, 'they are just doing that now because they are looking for attention'. I think to myself, 'yes that is exactly what they are looking for and can you just give it for a few minutes???' Attention is a key component for the sensitive interactions required by children.





## **Rough and Tumble Play Time**





## Chapter 8: Rough and Tumble Play Time

**T**his chapter explores a particular sub-category of play. This type of play may be familiar to many, but can be examined for specific detail and aims, as a positive area of play activity.

Rough and tumble play opportunities are important for both physical connection and the release of emotional and physical stress from the body. This type of play can commonly involve physical activity, physical touch, power in physical play and play that may seem like fighting. Caregivers often become concerned when children start to play out violence and aggression. Too often adults intervene in this type of play as they worry that condoning it may be giving children the message that violence or aggressive behaviours are acceptable. During my workshops with professionals and caregivers, discussions on rough and tumble play take up a great deal of time. Adults need to dissect and express their concerns about it, before moving on to accepting its importance and finding a place where they can comfortably support this process.

I understand the importance of this play to support children with aggression and frustration. I also understand the significance of rough and tumble play to support children to become familiar with their strengths and the limits of physical contact in relationships. That being said, my boys find their father is way more fun with this play than I am, and they always seek him for this play. He now aims to give each of our boys about 20 minutes of this play time three times per week. What I hear is laughter and activity coming from the playroom and I also observe how much more relaxed the children are after this play including how much better they sleep.

Larry Cohen's rules of play wrestling are very helpful in guiding the rough and tumble play process. Larry recommends the following;

1. Provide basic safety
2. Find every opportunity for connection
3. Look for every opportunity to increase their confidence and sense of power
4. Use every opportunity to play through old hurts
5. Provide just the right level of resistance to the child's need
6. Pay close attention
7. Usually let the child win
8. Stop when someone gets hurt
9. No tickling allowed
10. Keep your feelings from getting in the way

Children who are less physically active benefit from rough and tumble play with adults by exploring their physical power and developing their confidence and assertiveness. There is also a distinction to note between the kind of wrestling a connected parent does with the child than the wrestling children do with each other. When play wrestling occurs among children it often gets out of hand because nobody is in charge of safety, and play fighting often ends in someone being physically hurt or having their feelings hurt. When sharing this experience with a caregiver play wrestling provides lots of connection through hugs laughter and eye contact.

There are several ways to engage in rough and tumble play and you may need to lose your dignity for a little while so they can feel powerful. It is very important not to tease or humiliate the child during these types of play sessions. It is likely the child will require a lot of reminding

of the rules of wrestling especially if they are already struggling to regulate and particularly if they have experienced any previous trauma. Pay close attention to the child's emotional state and try to follow their lead, ensuring their physical and emotional safety at all times. The aim is that they get to release tension through their bodies and experience feelings of power. Thus, also enhancing both physical and emotional development. Through safe rough and tumble play, with a caregiver, children who are impulsive and/or aggressive have an opportunity to learn how to control these feelings. Emotion regulation is a key aspect of emotional development more generally.

The Bokony and Patrick (2009) highlights the following benefits of rough and tumble play;

- Helps children to learn self-control and empathy
- Helps children to learn limits and gain an understanding of their own abilities compared to those of other children.
- Chasing games provide exercise for the child's body as well as developing her social skills.
- Children develop skills in problem solving and self-correction.
- Children develop skills in adapting to change and they will take note of how their friends respond to changes
- Children learn to show empathy when a peer falls, and game skills and expressing their thoughts to others involved in a game.
- Rough and tumble play provides children with opportunities to balance competitiveness with cooperation.

These represent a range of developmental areas of benefit. Of specific interest is the fact that these range from cognitive, physical, and social developmental benefits.

Rough and Tumble Play should be differentiated from aggressive play and/or interaction. This controlled type of play with a caregiver provides safety to experiment with body impulses and the release of big feelings. Aggressive interaction is not a place of safety and the display of emotions may result in someone getting hurt.

If possible, it is best to try to make rough and tumble playtime as predictable and consistent as you can manage. Your child will enjoy the play so much, when it ends it is very helpful to reassure them that it will be happening again at a certain time. Like other play engagement referred to in this book it is helpful to the child if you can use a timer and clearly states how long you will be engaging in rough and tumble play. In addition, inform your child when there is 5 minutes left, and then two minutes left. This provides clear boundaries for the play activity.

In his book the 'The Art of Roughhousing', Larry Cohen describes rough and tumble play as 'roughhousing'. He acknowledges that this type of play is great fun because it can emulate dangerous activities such as fighting. He highlights the importance of you, as the responsible adult, ensuring limits and safety within play experience. Cohen stresses how you need to use common sense and understand and assess what type of play your specific child will like. He describes roughhousing play as;

*Play that flows with spontaneity, improvisation, and joy. It is free from worries about how we look or how much time is passing. It is physical, and it promotes physical fitness, release of tension and well-being. Roughhousing is interactive, so it builds close connection between children and parents, especially as we get down on the floor and join them in their world of exuberance and imagination. Most important, roughhousing is rowdy, but not dangerous. With safety in mind, roughhousing releases the creative life force within each person, pushing us out of our inhibitions and inflexibilities.*

In summary, these rough play examples described and discussed present a distinct and useful sub-category for play. This activity is advised as beneficial in several areas of development and can be specifically adopted, with purposeful and safe handling by the adults involved.





## The Regressive Play Experience





## Chapter 9: The Regressive Play Experience

**R**egressive play refers to play experiences when children revert to earlier developmental stages. This type of play is particularly important in times when children are behaving in ways that are much earlier than their age or stage of development. I have observed parents and foster carers become worried during these times and attempt to intervene in a way that leads the child out of this type of play or behaviour. When children behave in this manner it is important to connect with them at that level as they are indicating a need or working through something significant that they cannot express in words. Language itself may be limited for the child, while playing these roles can communicate ideas, they have about themselves as growing children.

There are different areas of regressive behaviour. Caregivers often observe regression in a child's behaviour when suddenly, they start to have toileting accidents after being fully trained for over a year. Regressive behaviour can be observed when your six-year-old child starts having temper tantrums like those that they had at the age of three years old. A common regressive behaviour is when older children revert to using talk like a baby to engage with their caregiver or others. Regressive behaviours often occur when children are seeking more, or different, attention from their caregivers. In these moments it is important that regression is responded to with extra love, empathy, and curiosity. It is very normal for all children to regress at times when they may be feeling stressed or unsure. Behaviours generally last for a few days and there is no need to worry. If the child does not seem to be able to move forward from a long period of regression it will always be of benefit to speak with a professional. The main thing is to relax and give your child the connection that they need to work through their stress.

Children often engage in regressive play activities around the birth of a sibling. They seek the adult attention that the baby is receiving and desperately want to experience this care, eye-contact, and attention. This can be related to the idea of attachment behaviours, which are often also essentially regressive in nature, for example crying. Too often, this is responded to by sentiments highlighting that they are the big sibling and there is no need to be acting like a baby.

Children in secure attachment relationships also indicate that they have needs of this kind, so this can be perfectly normal. When they are showing these needs, it is important to respond to them as though they are at that developmental stage. It is very helpful to talk to them about when they were a baby and the things they liked. In these moments caregivers can sing a lullaby or describe play that the child enjoyed when they were a baby. Holding experiences such as a cradling or wrapping cosily in a blanket are very nurturing to the child. These sensitive responses are appropriate for secure attachment promotion. Children in foster care and late adopted children often have many questions about themselves as babies that cannot be answered with certainty. I always encourage caregivers to create an album for the child that provides pictures and a narrative about, 'when you were born to our family'. This can be very helpful for a child's sense of self and sense of belonging, and when regression occurs it can be very helpful to look through this album that represents her story.

Too often caregivers panic when children show regression. Sometimes when children regress in their behaviours, they are telling us that they need to return to a certain period of their development to work through something. This is another example of following your child's lead and trusting that they are the best resource in relation to their needs. Periods of regression

are common for children in foster care or children who are adopted, as their needs may have been compromised in early childhood, specifically attachment needs and emotional development. This is a valuable opportunity for the caregiver to follow the child's lead and to engage in the regressive play with them and to be present as they work through some stuff that is central to the child. This might involve wrapping them up in blankets, singing lullabies and/or feeding them food or drink. This is a beautiful and special opportunity for the child to have their needs met with the current caregiver and to strengthen their attachment relationship.

Children in care and late adopted children, can present with this need at any time or any age. In my applied experience I have observed foster carers support children in late primary school by giving them baby bottles in bed for several months. The children asked for the bottles and sought out this experience night after night while being cuddled and having stories read to them. When the foster carers asked me how long this should go on for, I encouraged her to be led by the child. This nurturing experience can provide major healing for children who did not receive it and/or this need was compromised in some way.

When regressive behaviour occurs try to think about any stress your child may be feeling or any need that may have been compromised at some time. This can allow you to connect with what is happening and reduce the possibility that you will respond in a worrying way. When children are tired or becoming ill, they often regress and need more physical comfort. Social stressors, such as school can also cause children to regress from their usual functioning. Big changes such as moving to a new house or a new child-minder can also be difficult for children to adjust to. Loss and change can bring children into a grieving process that they cannot express,

and adults do not always recognise the enormity of these changes. Think and consider the range of possibilities.

Play with movement and physical connection with caregivers is crucial to your child during periods of regression. Please do not worry that you are encouraging them or facilitating ongoing regression in their development. It is important to understand and believe that by responding to them gently and supportively you are connecting with them in the way that they need you to. This is an essential tenet of responsiveness being appropriate to the child's current needs in their development.

During the 2020 period of lockdown due to the Covid-19 Pandemic, I treasured the time with my children because I knew how beneficial this was for them at the time and how it would benefit them into the future. It was been a struggle continuing to work full time, connecting with them, and listening to all the big feelings they needed to and did release.

My four-year-old also treasured this period of cocooning. I noticed how during one of the weeks while we were speaking about him starting national school, he started to regress using baby talk and sought hugs every few minutes. Other repeated regressive play behaviour included lying on me and asking if he could 'crawl back inside your tummy'. Being home and being present (more than usual), I was able to sit with him and play a game about what he remembered about being inside my tummy. He said he liked the pink and red colours, and he could remember lots of flowers growing in there beside him. We both got to laugh, and this was a special moment connecting about the closeness we were experiencing then, and his worries about separating again and going to school. I also found this game to be emotional and

helpful for me in terms of symbolizing the enormity of what was happening within our relationship.

Regressive behaviour play is a category that can be somewhat blurred with more general regressive behaviours. However, these present opportunities to understand some fundamental needs being expressed by the child and should not be overly reduced or ignored.





## Helping Siblings to Get Along





## Chapter 10: Helping Siblings to Get Along

**S**ibling rivalry is a challenge for any family with two or more children. The jump from one to two to three children is exciting, but also involves new dynamics that can cause a great deal of tension for children and their caregivers. This book was created during the 2020 Covid-19 pandemic and that epoch was a particularly taxing time for families facing weeks of home lockdown, based on international health and safety recommendations.

In normal living circumstances children experience different emotions that need to be expressed and heard by the adult caregivers. During periods of extreme change children will also experience new emotions that need to be worked through. When caregivers are already stretched to capacity, it can be difficult to listen to children's multiple expressions of need that sound like whining, teasing and seem to have no consideration for anyone else's stress levels.

Seeing one sibling hurt another sibling is a trying and triggering time for caregivers. We can become highly reactive and feel as though we are failing in our duty to protect and help them to grow into caring adults. We can also become emotionally triggered and dysregulated when we start to visualize our children as teenagers or adults using aggression to sort out situations, they are not happy with. When we are in this state it is highly likely that we may be overly harsh to the child that caused hurt to the other child.

These scenarios become even more difficult when hitting is constantly repeated despite all the chats and support you may offer your child. To address our thinking, we need to remember that sibling rivalry exists in every family, and there are gentler ways to communicate and engage with your child around this. When children fight it is easy to lose sight of the fact that they are

good children, something is not right for them in that moment, and they have a natural desire to want to cooperate and be viewed as a good child. This mirrors the earlier proposals for gentle responses to challenging behaviours in general.

Parenting is 24/7 and it can be exhausting. It is important that caregivers have their own needs met as a solid basis, as sibling rivalry can add a whole new dimension to that exhaustion. Responding to sibling rivalry that involves teasing and hurting can be highly triggering for the adult, and all caregivers respond to this in an emotionally charged state at times. If these moments persist it is crucial that caregivers attend to their own needs first. This involves taking a rest, eating, having a cup of tea, or stepping outside to take a few deep breaths. Talking with other parents can also be liberating and reassuring. When you are feeling like your own needs are met it is most helpful to engage with your children playfully to work through the endless squabbles and squabbling. The following types of play activity can be very helpful in managing and helping sibling rivalry;

- Move play time outdoors where there are less toys to argue over and more space to allow children to run off tension, which together can prove to be a very positive experience for dissipating sibling rivalry.
- If two caregivers or adults are present it might be identified that each child needs some time to connect with a caregiver and this can also be a positive way to dissipate the tension. At this point it could be helpful to acknowledge how difficult sharing can be and how hard it is to be the youngest or the oldest. If the child has a cry in her caregivers arms this will really help her to release her feelings and feel more regulated again, as we have seen from earlier theory for connection and areas such as regression behaviour play. When alone with my children I have also resorted to flapping around the kitchen

like a scared chicken that needed their hugs. This was so ridiculous that they roared laughing and gave me lots of hugs to calm me down. This links to the role forms of play as useful in times of stress.

- It is important to acknowledge to children that it is very hard to share their toys and that you are willing to support them with this. Until the age of three-years a typically developing child is naturally egocentric and believes they are the centre of the universe. It is very normal for a child to struggle with sharing under four years old and very often they start to feel shame when they are scolded for not sharing. Young siblings will often require the support of their caregiver with sharing and sometimes the child who is trying to grab the toy will require the caregiver present to share these big feelings with. Development of theory of mind is also crucial to note, as children do not yet have this fully developed. This is needed to understand the feelings and needs of others, as indicated in sharing behaviour.
- If two caregivers are available, offer the child ten-minutes of child-led play where they are the boss of the play and you are only the boss if safety is required. When two siblings experiencing moments of conflict it may not seem like the caregiver has anything to do with the issue in connection with a child during these moments and this will always go a long way. If a child is feeling completely disconnected or dysregulated, then they might want exactly what the other child has, and that commonly includes the caregiver and their attention. When two caregivers are available and can invest a few minutes to play with the children it can be helpful to say that each child will have 5 minutes with each caregiver. Although I have used this approach with children for many years, I can still be amazed to experience how just a little chunk of connection and freedom to be in charge can help them become more grounded in themselves.

- I also recommend acknowledging a child's feelings in terms of how hard it can be sometimes to have a younger sibling who takes up a lot of the caregivers time. We spend a lot of time trying to highlight the positives for children controlling how they feel. Yet, the birth of a new sibling can be particularly difficult for a child who previously had all the caregivers time, but now are expected to share this love and attention. It is important to acknowledge that you are now busier and to talk about how much time you gave her when she was small. Sharing stories with her about when she was a baby, the songs she liked and the food she liked to eat are types of shared attention and understanding important to help with feelings of jealousy. It is important she realises she was and is also as precious as the younger sibling and received this amount of attention and love too.
- Introducing a game with a challenge and recommending that they are a team can help cohesion among the wider sibling group. We often create a den that they need to get to, but they need to get past the dinosaur lurking outside of the den. This involves them working together to trick me and win back their den and reflects the role-playing benefits discussed earlier.
- Introduce affection and warmth rather than anger and shame. In moments when I am feeling regulated, I have stated, 'your brother is actually chasing you for a big hug and now I need some of those hugs too'. These suggestions do not often result in immediate co-operation, but they can be very effective in dissipating tension and aggression. The tension then can get directed towards me and I try to say, 'oh is that a love punch sign your doing with your hands?'. Very often this results in the beginning of laughter and a, 'stop being so silly mammy' response.
- Introduce Play Wrestling and always ensure that they win. If the children are presenting as overly aggressive or over stimulated it can be helpful to go through the rules of

wrestling as set out in chapter 8 of this book. In addition, it can be helpful to use a timer and give each child five minutes to play wrestle with you. This allows shared time with siblings for parity.

In the moments, when I am feeling regulated, I ask my boys how they think the fighting and teasing could best be worked through. They generally invite me or their dad into the play or request one to one time with one of us. If they notice a build-up of aggression and frustration, they will tell us that we have not played with them that day, or they have not had their 'rough play' in a few days.

At bedtime or wind-down time it can be very powerful and a useful consolidation of memory to recall the events of the day simply with your children together or individually. This simple story can be recalled by the caregiver and the children can contribute to the story at any point. This causes a shared attention and connection process. When I do these stories, I usually start with how we got up in the morning and what happened then. I recall it factually and simply and then include a challenge they experienced such as having 'a volcanic eruption when they could not watch more television' and how hard this was for them. It can be helpful to have a playful/symbolic name for the tantrum and my boys have always been intrigued with volcano's and their power and unpredictability, so we use the name volcanic eruption to describe extreme tantrums when they feel out of control.

Primary caregivers focus a lot of time and attention on strengthening connection within the family. It is helpful to set aside time every week for family activities that promote joyful engagement and interaction. It is best to try to avoid the competition that often manifests

in children and try to look at play or tasks that involve working together. Simultaneously, recognise the social and cognitive limitations in development and therefore how young children react to and think about their wider family and siblings.

The Hand in Hand parenting approach offers two useful tips when you have not been able to get to your children before a hurt occurs. Firstly, ensure that no further harm can come to anyone which may require separating the children while they are kicking and punching blindly. Secondly, as odd as it may seem, the approach recommends that you apologize to the children for not getting to them quick enough and for things escalating to the level that it did. Hand in Hand highlights how effective this can be for the child who hurt as she is feeling bad about herself. Although she may not display this externally, internally she is starting to feel that she is bad or there is something wrong with her. The apology from the caregiver is intended to remove the guilt from the child, and with less guilt bubbling in her she may be able to cry sooner with you and release all their pent-up feelings, which is a healthy part of the development and growth process.





## **Section 1 Conclusion**

This section of the book discussed the essential elements of attachment theory that are helpful for caregivers to understand. In addition, we have considered some of the play areas that are most beneficial for attachment and development. Children require secure attachment relationships to feel safe and secure in their world and to reach their full potential. Secure attachment relationships develop when caregivers are responsive to their children's needs most of the time. Children get the message that they will have their needs met and they feel secure in this relationship. Concurrently, deliberate play approaches such as those discussed can enhance the child's environment, connection, and attachment to the adults around them, and ultimately their varied developmental needs.

Connection has been looked at and how caregivers connect with their children as well as noting the potential for disconnection. We have seen how we can connect with our children through play, cuddles, eye-contact, laughter and engaging in activities together.

Fundamentally, a primary focus of this section of the book has been how we connect with our children through playful activity and how this can impact on the crucial areas of attachment security and development for the child. The importance of connection during periods of challenging behaviour and emotional release was highlighted.

The next section of this book was written by Carol Duffy, Child Psychotherapist in which she describes the role of caregivers in play psychotherapy when a child has experienced trauma and requires professional help. In addition, Carol describes the importance of attachment and

play through a clinical lens where therapy, or deliberate help, for children and caregivers can be a central concern.



## Parenting with Trauma





## Chapter 11: Parenting with trauma

(Carol Duffy)

*“Promoting relational health by increasing the quality, number, and density of supportive, nurturing and trauma-informed people is the most effective and enduring form of intervention.”*

*(Perry et al., 2017, p.818)*

**T**his is a statement that extensive clinical experience has taught me to be true. For many, upon hearing a child's most difficult trauma and disrupted attachment history, the initial response is to try referring them to a therapeutic service.

The belief that recovery and reparation can only happen in this context, sub-consciously subscribes to a notion that the problem is *within* the child and therefore can be resolved within the child only. This should not be assumed the case if we consider the therapy process.

Through clinical experience I have learned that the most successful outcomes of therapy happen when there is a strong collaborative relationship between the caregivers and the therapist. A solid understanding must be shared around the impact of neglect, trauma, and attachment disruptions on the developing child. But most importantly, the fruits of therapy actualise when the caregiver feels a genuine bond and commitment to the child.

Authentic warmth and emotional holding from the therapist are key requisites for the child to fully engage with a process of psychotherapy. During these sessions, the child will attempt to heal and reorganise previously learned coping mechanisms and unhealthy beliefs about

themselves, the world, and those in it. The greatest challenge in this, *is* to make a change in the distorted views the child has about the world and to an extent, potential caregivers.

Frequently in observing the play of such children I see scenes of disaster where help does not help or can make things worse.

If a child experiences abuse or neglect, she learns that the world and her caregivers are not to be trusted, perhaps even be dangerous, they may cause harm, or the child will suffer varying degrees of rejection. For this child, it feels safer and makes more sense to her survival to continue to defend herself by whatever means her body compels her towards.

This shows evidence of a crucial aspect to understand. Most commonly, the child is in a position where her behaviours are automatic compulsions; instinctive drives that are outside of consciousness.

These behaviours are no different than if you pulled your hand away from a flame or avoided the path with nettles on it! The difference is we can see the flame and the nettles. Children in these circumstances are often trying to defend themselves from an invisible threat. Much like the Coronavirus is to us adults.

How absurd and impossible would many of the Covid-19 restrictions have seemed to you if someone told you a year before that they would be our reality? The child's defensive drives



can seem irrational and irritating to many but imagine how it is to the child when their defensive strategies are challenged or thwarted? Imagine how you would feel if someone forced you to place your hand over an open flame? Your bodies instinctive drives to protect you would kick in. For many of these children, their bodies and psychology are doing the very same thing.

### **What underlies the trauma induced behaviours?**

Behaviours driven by this instinctive survival response serve to divorce the child from potential secure caregivers.

Reasons and behaviours may be relics from a time, in the not so distant past where the child learned, painfully, that sometimes the greatest threat to your life can be the one who gave it to you and the most dangerous thing to that child can be a parent or a family context. Once this is understood, behaviours can be understood as attempts at survival (Norton, Ferriegel, and Norton, 2001, Prendiville, 2017) and not deliberate attempts to defy or disrupt.

Responses and feelings from the child can be depersonalised for confused caregivers who feel redundant and rejected at best or angry and wanting to reject in return. These feelings are natural human responses, both for the child and the caregiver.

In these circumstances and in therapy it is crucial to find innovative and creative ways to foster attachments, create bonds and soothe the child whose stress levels are burning on overdrive. Caregivers can support regulation and build resilience for both themselves and their child. This task, however, is made challenging by the fact that the child will often experience caregiving

and attachment seeking drives in themselves as aversive, dangerous, and intolerable. The Covid-19 Pandemic gave us some glimpse into this disrupted thinking process.

During the Pandemic Mr. Leo Varadkar, The Irish Head of State described how he understood that, the one thing grandparents wanted to do most was to hug and kiss their grandchildren and tell them it would be okay and, that he understood the pain of knowing that they could not. People watching their loved ones becoming ill and having to isolate themselves, felt crippled and bereft that they could not hold them and be with them.

The drive to move close was strong, as in all attachment drives, yet the danger that kept them apart was equally so, and such is the plight for many traumatised children all the time. The drive to be held and comforted is as strong as the fear of being approached and needing to be comforted. Attachment is a fundamental human drive.

### **What drives our attachments?**

Attachment seeking drives are activated when a child (or any person) experiences stress and they seek to resolve it with feeling the comfort of a soothing caregiver.

For traumatised children they are often afflicted with a predominant state of active stress (Shore, 2003), rendered as such by never previously having their stress response soothed appropriately, and aggravated by the danger they perceive from the caregivers who now try to offer such soothing.

Furthermore, the very experience of having an attachment seeking drive can often activate a deeply embedded sensory memory. Children will be instinctively driven towards a caregiver for soothing and simultaneously be instinctively driven away from them if they are the source of their terror/pain in memory (Fisher, 2003). This creates a tremendous internal conflict and dissonance. Therefore, sensory reminders of this, which are multiple, generate panic as the child wonders where and when the danger will come from now.

To give some insight on how this might feel, imagine discovering you are now allergic to your beloved pet and knowing each time you go near them your body will have an extreme adverse reaction. Your body would feel a continual tearing sensation of wanting to approach yet needing to avoid in equal measures. Now multiply this feeling and you are close to being on the same page.

Similarly, a child may have learned from an early age that the attachment seeking behaviours once expressed, generate even more distress. They may have also caused the caregiver to emotionally distance and reject them even further. The child learned that *not* expressing needs aided survival as it prevented further distress or rejection. In this way the natural attachment process has become severely disrupted.

### **How can we motivate ourselves to intervene and interrupt these cycles?**

Understanding these subtle complexities that occur under the skin of traumatised children with insecure attachments, can help caregivers understand their plight more. This can generate greater potential to see the child differently and appropriate to their case.

As a result, the child's behaviours may be understood as ways to communicate an unbearable struggle rather than being an attack on the caregiver's good will or intentions. Often without this understanding children may be viewed instead (and erroneously) as manipulative, defiant, ungrateful, spoiled and/or dangerous.

What the caregiver may see is disorganisation and chaos, but what they are witnessing is the body's instinctive and organised response to grossly extraordinary and disorganising experiences. No one should have to endure these dissonant experiences, least of all a child. These behaviours can be validated and even applauded for helping the child to survive. Trying to force or condition these *coping mechanisms* away too early, in the absence of re-establishing a sense of trust and security for the child, has the risk of aggravating them even further.

With greater understanding and motivation from understanding the child's situation comes greater capacity to intervene and begin the process of helping children re-learn what a healthy parent child relationship can look like. This can also teach the child what the pleasure of being loved and taken care of can feel like.

The child can learn that they are entitled to have feelings and develop a capacity to express them meaningfully. They can learn that they deserve unconditional positive regard and relationships. When we accept this, we know that the problem, and so the solutions, were never within the child only, but just as the problem(s) were co-created in the wider context of relationships, so too the solution can only be found in relationships (Ludy-Dobson & Perry, 2010).

### **Where does the solution lie and what are the challenges to this?**

The solution must be co-created but there is a catch. In my clinical practice I often draw a caregiver's mind to the time when a baby comes home from hospital for the first time with new parents. The first six weeks are spent externally regulating that baby. Attempting to anticipate what their needs are and trying to make sense of many previously unexperienced nonverbal cues. The parents get to know their baby and the baby gets to know their parents.

The baby will often sooth and regulate in response to their parents when they "get it right" and the parents in-turn can feel calm and content, satisfied in the knowledge they are doing an okay job. The parent-child exchange begins with external cues and is followed by co-regulation. When the baby does not regulate and continuously cries, has colic, reflux or some other issue that prevents them from soothing in response to their parents' tireless efforts, the good enough parent does not reject the baby. They do not see them as ungrateful or over demanding or manipulative. They see this as an expression of need. This part of the correct attachment cycle of behaviours and responses.

The balance of co-regulation does not occur as easily within disruptive trauma cases, as much more energy is demanded from the parents without the rewarding feeling of a comforted and happy baby in their arms. The parents are often, understandably, more stressed, and often require more support than the parents whose baby sleeps, feeds and responds with ease to attempts made to soothe and meet the child's needs.

These parents must try something else. They might have to try many different things. They can often recognise the expression of upset from the baby as a misunderstood and unmet need and so, they keep trying to understand and meet their child's need. The parents may need to lean on support where they can get it. They keep holding their baby, physically and emotionally, and try to soothe and comfort them, in the absence of the baby responding in any expected and secure way to inform them that they are doing a good job.

They do not give up as responsive parents. They know their baby needs them even though it may feel like they are redundant. The parent does not leave the child alone in their distress, and this single act can buffer against the longer-term impact of such stress for that child, making it more tolerable. It increases the capacity for the child to recover and build resilience. The child can learn that no matter what, they are loved and will be loved, that someone will always be there to help, it is okay to express their needs and ultimately this is the goal of infancy (Shore & Shore, 2014). The parent continually tries their best to be available to the baby in their distress.

This generates a level of *felt* safety that is instinctual and automatic for the child which is a true gift that caregivers can provide to a traumatised child. If the foundations of a house for example are not strong enough, then all other aesthetic and structural additions and alterations will be vulnerable, unsteady and feel unsafe. The same is true for human development, structures of support must be secure.

To view the child's emotional age as being stuck at a much earlier stage of development, where their needs for comfort and soothing may be more akin to an infant, is the first step in being able to parent a child impacted by trauma and attachment disruptions. Otherwise expectations will be too high for that child. We do not send three-year olds to primary school for a reason. They are not emotionally ready in development. Our expectations would be in line with this development. We must afford traumatised children the same right.

With the traumatised child we need to consider what their emotional age might be and adjust our expectations accordingly. I have often heard teenagers with trauma being described like "they need as much attention as my four-year-old". That is simply because they often do...*need it*. It becomes more difficult the wider the age reality gap becomes. The need however does not diminish with age but is more likely to increase as will the difficulty with seeking and/or receiving it.

For those of us with healthy developmental experiences we still can regress to an earlier stage of emotional need when stressed. When I was about to birth my babies, I needed to speak to my own mother first for reassurance, I *needed* her voice. When the Covid-19 escalation began to take hold, many of us just wanted to go home and be held by our own parents and we required external regulation to re-calibrate our systems. We got a glimpse of what it was to *need*, to be found wanting and be powerless to change it. When our stress response systems surge, we tend to care seek.

### **Why focus on the relationship and not on eliminating the undesirable behaviours?**

With all of that said about challenges, there is so much to be hopeful for. Research has shown that the strength of our current relational health is a more powerful predictor of future outcomes than any other experience (Hambrick, Brawner & Perry, 2018).

According to research, the availability of one secure adult who cares for and emotionally holds and supports a child can make substantial and long-lasting differences to that child's life and future (Bellis et al., 2017). We must grab hold of this hope and aggressively pursue it. We must hold our traumatised children close like we would a baby with colic because we know it is not their fault. If we are not holding the child, then we should hold their caregivers close and give them the reassurance and feedback of love and acknowledgement that their child cannot through no fault of their own. We must give them needed space in schools and at birthday parties and play dates. We must support them in supermarkets when their child cannot regulate and feels threatened and so acts out. They are not parents who cannot control or "have their hands full" with their children, and they are not ruined children either. They are, both the parents and children, our community and we can be part of their current relational health.

In the child's home there are many things, that despite the complexity of these issues can be attempted and engaged with therapeutically. These things are in fact quite simple in nature. It is my firm belief that there are many deceptively simple opportunities at our disposal. Polyvagal theory shows us that neural pathways in the brain that focus on healing also overlap with pathways associated with play, and that play can act as a gateway to our social engagement system (Porges, 2017). Our social engagement system is activated when we seek out others, enjoying and/or forming relationships to subsequently use these social relationships in our daily living. Our social engagement system propels us to engage actively and healthily with others



when we have a need. Play has the potential to open the gates to this system via down regulating or up regulating a disorganised and trauma forged nervous system and psychology (Prendiville & Fearn, 2017).

### **So, what can we do?**

I always advise caregivers to start with paying closer attention to their child. Notice how they feel in themselves (caregiver) also. Be curious because this may provide an insight into how their child feels. My core trainer and long-time mentor Eileen Prendiville coined the phrase “Children create in you what they cannot communicate to you”. So, ask yourself what is being created here that cannot be communicated? Is it mistrust? Is it anger? Is it fear? Is it irritation? Is it a constant drain of energy? A range of possible issues. Then, consider if this is how the child might be feeling, and how would you meet that need if your child had the capacity to tell you outright.

When you do that, try to meet their need in as creative and gentle way as possible, e.g. if you know the child is tired and/or hungry or possibly are feeling over stimulated by the environment, then consider what can you do to reduce those stressors. The simplest solutions can be the most effective. Make them a cup of tea or sandwich or give them a drink of water. Reduce noise and chatter. Avoid complex verbal soothing attempts which often only aggravate the matter and try nonverbal sensory soothing instead. This reflects our earlier consideration about treating as if a younger child was involved. If you need to use verbal reassurance try making soothing sounds and utterances rather than overly complicated cognitive messages. Try offering a fleece blanket or a hot water bottle or maybe just a soothing and empathetic face that conveys you understand and are here with them.

Less extracurricular activities and more time at home can be beneficial. “Cocooning”! One silver lining of the Covid-19 situation was that many traumatised children and highly anxious children appreciated and thrived under circumstances where there was less expected of them in their lived world. Some found all the sudden changes highly stressful and found home to be a protective environment.

Ultimately the needs of these children often stem from an overarching feeling of insecurity and lack of *felt* safety. The treatment for this is to help build that sense of safety that they need as well as the capacity to form a healthy relationship (Porges, 2017). This should be our central goal. We should recall, we cannot do this by focusing only on the symptoms and viewing the issues as solely within the child.

### **How can we do it?**

One of the best ways to generate gentle caregiving and communications of safety is to activate it in the body rather than communicate it verbally to a brain where thinking and cognition is compromised.

We can activate this security playfully and experientially for those children who may have suffered trauma. Play and playful engagement can feel much safer than direct verbal communication and can regulate and promote positive emotions once activated. It is important to remember that it only serves this purpose when it is playful. Play can be serious and/or goofy, but it cannot be forced. Children who are traumatised often are hindered in their play capacities (Oaklander 1997., Ogden and Fisher 2007) so we must start with early, somato-sensory play

(Prendiville and Fearn 2017) and in this way we can soothe or wake up and dysregulated nervous system.

Allowing play that is rooted in sensory experiences like water play or explorative sensory play like dying rice, pasta or chickpeas amongst other things can allow children to activate their senses in a way that is tolerable. They can get to know and closely experience their sensations and feelings safely, and in the context of a relationship which enables safety at the same time as playing with the caregivers. Feeling safety in this context is often a new experience for children with trauma.

Play promotes positive arousal, positive affect, and regulated contact with an “other” as a person and relationship (Shore, 2003). This has the potential to replicate, or create for the first time, healthy relational experiences between a child and a caregiver (Duffy, 2019). If play is felt and experienced as gentle, and led by them, then it further disarms their defence’s and they engage more fully. This approach allows them to feel positive emotions and can slowly foster an attachment with their caregiver, almost without realising it. If they like it then they will return to it more readily and in this way, we are harnessing the 6 R’s of trauma recovery coined by Bruce Perry (Perry, Hogan & Marlin 2000; Perry 2006; Gaskill & Perry 2014).

The six R’s indicate that to be trauma responsive we should try to be:

**Relational:** Safe – think of your tone of voice, your eye contact, and the physical proximity you have to the child and remember your facial expressions. How would you communicate to

a baby to show them that you are a safe adult? Think of this and then try to match it to your child.

**Relevant:** Developmentally-matched to the individual – Think of what stage of their development they might be stuck at. When they act out, what age do they appear to be? Then focus activities on that developmental stage whilst being respectful to the child.

**Repetitive:** Patterned and repetitive experiences are more likely to generate change. Small children love repetition and order. The same applies here. Patterned and predictable responses offer security and allow the child to tolerate more unpredictable and novel experiences later. With greater experiences of rituals, they can better tolerate some degree of risk.

**Rewarding:** Pleasurable...they will not do it again if they do not like it! You both must enjoy it! Find an activity that makes you both smile. See fun and shared joy as your main goal - everything else is a plus.

**Rhythmic:** Think of activities that replicate rhythmic activity e.g. singing, drumming, turn taking, bouncing, tapping, rapping! Find your own rhythms together.

**Respectful:** Of the child, family, and culture.

### **Why choose play for therapy?**

Play is commonly listed as crucial to healthy development and attachment formation (Perry et al., 2000; Porges 2017; Gaskill & Perry 2014) and it is also cited as having a fundamental role specifically in healing from trauma, particularly relational trauma (Ogden & Fisher 2007; Badenoch & Kestly 2015). Furthermore, play is cited as having the underlying capacities required for building resilience (Kestly 2016).

Allowing choice for play is also important. Ten minutes of joyful play can be worth more than 2 hours of enforced “play” that simply generates greater frustration over pleasure. Remember it does not have to look any certain way – once you are enjoying it, able to use your imagination, share pleasure and engage in mutual and rewarding contact - then it is play! Even if it only lasts momentarily, it holds the potential for a larger stretch of time later.

I often tell my clients and the families I work with that it is like training for a 10Km race or a couch to 5Km challenge. At first, it can feel strange as ‘muscles’ (mental and physical) are exercised for the first time in a long time (maybe ever!) but, the more you run with the activity the more you are able to run and the more the process is enjoyed. Physical muscles build through exercise and so too can attachment bonds. This also extends ability to be regulated by another and to subsequently self-regulate and perhaps, one day, regulate your own children. Safety begins to develop all round.

I invite carers and indeed professionals to consider using play as much as possible to build up the capacity to relate, regulate and promote good emotional immunity and resilience in children. I have found that considering the 6 R’s principles (see previously listed) can be helpful as an organising paradigm when considering the essence and aims of the play/interactions we want to create.

When the interaction or play is not attractive or engaged with by the child, I find it to be a very helpful strategy to consider which (or how many) of the Rs we are missing. Work through each and consider if they are present or sufficient in the play taking place. This can then allow

caregivers to capitalise on another crucial part of rebuilding a healthy attachment and repairing trauma in their child. That is the cycle of rupture and repair.

We are not meant to get it right all the time but, when we get it wrong, the opportunity to repair and move the child back into positive connection is one of the most powerful tools any care giver can access. For many children, rupture in relationships leads to extreme danger, pain, and ultimate rejection, often due to the child's natural egocentricity - a belief that it was all their fault, due to viewing themselves as the central actor and cause. One of the most powerful gifts you can give a child is to show how relationships survive and thrive after rupture.

Breaking this down for the child so they understand it allows the child to develop a cognitive narrative that helps make sense of it in a positive framing. In this way you provide the child with a bottom up (bottom more primal areas of the brain where the child's state regulation is controlled) and top down (higher order cognitive language and emotional literacy functional brain areas) sandwich approach to healing. Recognising both factors in the nature of a child's brain function is the diet for emotional health and wealth. Try to remember children will be driven by both higher order and more primal regions and roles of the brain, and that behaviour is always a balance from these two systems.

Working from the bottom up using the 6 R's and sensory-somatic play whilst also trying to activate the higher parts of the brain enable greater capacity for the child to understand and reflect on what is happening. We do this with babies all the time and narrate their experience, for example;

- *“Oh, you didn’t like that!”*
- *“You made a big splash!”*
- *“You don’t want that dinner do you!”*
- *“You got a big fright and you cried for mammy”.*

We break down their lived experiences so they can eventually understand them for themselves. We do this instinctively for small infants and children, but we must remember that often traumatised children and children with multiple attachment disruptions did not experience this vital step. We must help them re-do it. Noticing aloud what we see, for example;

- *“You got scared when I tried to help you”*
- *“You find it hard when you are not in charge of the rules. In this house the parents are in charge of the safe rules. That’s how we take care of you.”*
- *“In this home love is stronger than anger and families always forgive and make-up”*
- *“In this home all feelings are allowed but our feelings cannot hurt each other – I will take care of that because I keep us all safe”*
- *“In this home we know and keep the safe rules of the world and people are never for hurting”*
- *“When we fall out, we always try to make up again because family is more important”.*

### **How powerful is play really? Can it really be therapeutic?**

Play can help children’s social development and therapeutic processes exponentially. The potential is so underestimated, under reported and underdiscussed in our culture.

I believe it is either because people think it is too simple or may be related to our culturally driven expectations - to measure visible outcomes and see quick responses and effects. We should be aware that it takes time to trust once you have been hurt so badly, as in many trauma cases. Play is one of the most active ingredients you can put into a recipe designed to create safety, trust, and healing. Play has therapeutic powers that come alive once play is activated (Schaefer and Drewes, 2014).

Play can promote positive emotions (Kottman, 2014), facilitate communication and allow caregivers to share information with their child in a less alarming, stress invoking manner, and so also facilitates indirect teaching (Taylor de Faoite, 2014). Play can support the fostering of attachment (Whelan & Stewart, 2014) and is highly potent in stress inoculation (Cavett, 2014), stress management (Bemis, 2014), regulation (Yeager & Yeager, 2014) and creative problem solving (Russ & Wallace, 2014). The range of potential benefits demonstrates the breadth of reasons to choose play as the form of therapy.

Caregivers do not need to analyse play to establish which of these effects are being activated at any one time, however, they can be reassured that an abundance of curative and healing properties will be activated in any moment of playful play. These effects can be suitably targeted towards the needs of children with attachment and trauma difficulties. Along with facilitating communication there is the potential to build upon the child's emotional wellness in many different playful ways, enhance their social relationships and boost their capacity to enjoy the benefits of attachment, rather than fear the threat of a relationship (Schaefer & Drews 2014).



Play that is child led and targeted toward the child's emotional age can build up the child's personal strengths (Schaefer and Drewes, 2014). Recognising that some children with trauma need judging with a younger emotional age. So many children have no sense of their own power or agency and their ability to problem-solve in a meaningful and healthy way. Play opportunities create much scope for such skills to be activated, practiced, and patterned. Through play the child can feel appropriate power, learn cause, and effect without a dangerous outcome and come up with solutions that are safe to experiment with so paving the path for more imaginative possibilities. The opportunity to do this need not reside only in a clinician's playroom. It can be nurtured in the child's lived world and in fact this potential within their home setting accentuates and further potentiates all progress the child can make in a therapy process.

Breath work is a good example to consider trying to bring into every day (or every second day!) interactions in familiar settings with children (all children as well as those with trauma). There are many creative and playful ways to suggest this, not limited to simply asking a child to take ten deep breaths and calm down. Try blowing big bubbles with your bubble wands – this requires more controlled and elongated breathwork. Try blowing up balloons – allow the game to get silly by letting the balloon slip way making a raspberry sound around the room. Increase the capacity for tolerable excitement by having a chase for it to see who can get to blow it up the next time - celebrate the triumph of finding it and allowing the game to start over again. Or, tie the balloon and have a turn-taking game of balloon tennis, or a challenging but co-operative game of , *“Don't let the balloon fall!”*

Using cotton balls of coloured pom poms to play blow football across a floor or a table is an engaging breath play process. Increase the challenge by using straws and this can elongate the breath. The games can have challenge and/or cooperation involved. Follow your child's lead and they will show you what is relevant and rewarding for them. Use the same pom poms/cotton balls and make tunnels from all your old toilet roll or kitchen roll holders and see who can blow the cotton ball the furthest. There is so much opportunity to connect meaningfully, playfully, and joyfully in these moments. These not only benefit the child's growth, healing, and repair, they can also act as buffers during more challenging moments later.

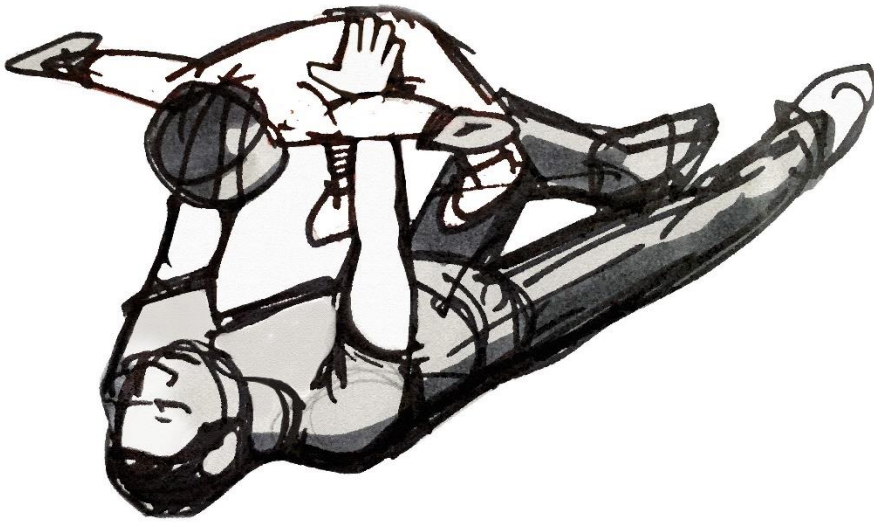
This article was meant to be a few pages long but the lure of play and talking about how important it is as a therapeutic process can itself be very engaging! So, please pick it up and put it down at your will. Read it all in one go or in stages but read it and remember one thing and one thing only;

**Play really is the way so find some space to put play in your day!!**

Perhaps like me when you start you will not be able to stop. Play begets play and once you start you may find you have become quite like a snowball and will continue gathering playful ideas, on your way towards a happier and healthier relationship and interactions with your child. I hope you do.



# The Perfect Parent



Supporting the parent and play experiences



## **Chapter 12: The Perfect Parent**

**(Kathryn Mc Cabe)**

**I** was the perfect parent. That was seven years before I had kids. I worked in Australia as a group facilitator, with a special focus on transformational culture change. In my Masters in Social Ecology (2006), I studied Attachment Theory, and specifically Aware Parenting (Dr Aletha Solter) techniques. Her theories and teaching seemed to me to speak of an underlying human nature that was receptive, curious, loving, and creative.

Much of the thinking I had been exposed to until that time (I grew up in Ireland in the 80s-90s) were embedded in a, sometimes unconscious, belief that human nature is flawed, and should be taught to be good. This had always sat uncomfortably with me, yet I had never seen an alternative, let alone experienced one.

In my Social Ecology masters experience, I participated in groups exploring change, leadership, community development and personal identity. The experience of being in a community of learners, so rich in its complex tapestry of different backgrounds, perspectives, and ideas, was the most alive I remember feeling.

Conflicts were heard, feelings expressed, safety held. Celebration and playfulness were welcomed, and in fact programmed into the learning of the subjects (Creativity and Change, Imagination in Action). As I did so, I peeled back my own layers of painful social conditioning. I could feel myself changing. I cried a lot. I laughed a lot. I made deeper connections than I

ever thought possible. I could see this enlivening process happening with others too. It was as though the freedom to connect and express was activating new potentials for people to explore. Much innovation, collaboration, and deep friendships (adults form connections, as well as children, is important to note at this stage in this book) were fostered. I became fascinated with the nature of humans, in how we behave and in how we change.

When Professor Stuart Hill introduced 'Aware Parenting', and when I later found Hand in Hand Parenting (Patty Wipfler) something new clicked in my learning and understanding.

The way they described tension and its role in 'bad' behaviour. The way they described the need for release of tension through the body made experiential sense to me. The way they described the release of tension as resulting in clearer attention, more loving, connected feelings and behaviour that showed care and empathy. There were also practical techniques for supporting all these things through connection and attachment, which really sung to me.

It was then I became the perfect parent.

I never intended on being an actual parent myself, which made the likelihood of remaining 'perfect' much easier! I use the approaches I learned as an integrated part of group facilitation I run. Bringing in playfulness allows me to make connections with ease. Validating emotions, allowing safe conflict, settling clear boundaries, and supporting emotional expression.

Seven years later I had a child. I had forgotten that the approaches also applied to babies. When a practitioner reminded me, I had a ten-month-old, breastfed baby that still woke every 2 hours

and was bounced when he cried. I did not know how to help him when he was upset, and I did not want to do Cry it Out. However, I had cried. I had shouted. I had even pounded the bed.

I had to accept the painful reality that I had been 'imperfect' myself, that parenting was hard and that theories were not enough.

With the tools from Aware/Hand in Hand Parenting I now had an approach that aligned with my attachment values, and supported emotional expression, both my own and my family's.

### **How it looks in practice:**

In the early months of reconnecting with the approach for our own use I remembered that.

- Children want to be in a relaxed, connected state.
- That painful, even slightly painful, feeling can get stuck in the body and cause tension.
- That the inbuilt tension-release mechanisms are;
  1. Crying
  2. Raging
  3. Laughing
  4. Shaking
  5. Sweating
- That babies and kids know how to do all this.



- That we disrupt their attempts by distracting, bouncing, bribing, and feeding when they are not hungry.
- We do these coping behaviours because we think there is something to be fixed in them.
- That their behaviour is impacted, at least in part, by how much stored up tension they hold.
- If they release the tension in any of the 5 ways described above, their behaviour is more regulated, their thinking is clearer, and their body is healthier.
- There are 5 simple tools that can make this process much more effective.

When I reminded myself of my training and knowledge, that crying was one of babies' (and adults') innate tension release techniques I felt liberated. I could help him, just by recognising his emotional expressions and being with him in a loving way when he was upset.

In addition to listening to crying, another tool is eliciting laughter through games and play. You never tickle a very young child to make them laugh, but you can use an incredible library of activities to support the issue the child is dealing with. For example, you might play peekaboo for a child who is clingy to help with separation anxiety. A fearful child is one who may exhibit aggression, so a helpful approach is power-reversal games. I will return to power-reversal rough and tumble games later.

Another tool is recognition that all children require a period where they receive undivided attention, which allows them to experiment or process their emotions. This directly supports

the attachment cycle of connection and response the child looks for. This should be a time when they are fully cherished, and where they can self-direct the play.

If all this sounds like a lot, and as parenting is already hard, you also need a listening buddy.

### **Listening Partnerships**

A listening partnership is a simple agreement between two adults to exchange listening time for a set period, on a regular basis. The time exchanged is usually between five and twenty minutes each in the same session. It can be done in-person or remotely.

The guidelines are also simple;

1. Your listening partner should not be a friend or partner. It is best if the relationship does not overlap into other aspects of your life.
2. The sessions are confidential and are not referred back to by the listener.
3. No advice or 'have you tried' suggestions are ever offered.
4. Offer you full presence and non-judgement to the person. They are doing their best and they can be trusted to work through their own dilemma.
5. The role of listener is valuable and potentially healing.
6. You can talk about any aspect of your life!

The idea is that the listening presence of another caring human can, over a period create a sense of safety. This feeling of emotional safety can allow people to recognise challenging feelings. By expressing these feelings, sometimes through laughter, tears or sweating we can better

regulate our feelings, release tension, and develop greater resilience. This is a crucial need often when a parent facing stressful times!

The role of the listener is to provide the person speaking with an imaginary container where they can pour their challenges and thoughts into, without being interrupted, judged, advised, commiserated, or minimised. This helps them to work through and make sense of their experiences, past and present. Again, potentially well needed for the over-stressed parent.

### **How to begin**

You might begin by asking someone you have met that you feel some connection with or joining one of the online parenting groups ([HandinHandParenting.com](http://HandinHandParenting.com)) described above and asking for a listening partner.

You agree a time and day, then how much time to exchange (even 20 minutes is a lot!) and decide who chooses to go first.

It is helpful to first ask each other to 'name' what is working well in their life. For example, what feels good, or can be celebrated in some small way. Then, set a timer and offer active listening without interrupting. The listener simply responds without intervention, but encouragingly. When the timer goes off, they finish their sentence/thought. If they are really into something you might ask if they want 5 more minutes, or just end at that point, but this is usually enough time. When they are done you can offer some questions to bring them out of their process and into the present with lighter issues e.g. tell me your five favourite pizza

toppings, five tree species, three farm animals. Those kind of things where you must think, but not too much.

Then switch to the other person and repeat the process. The overall benefit can be a provision of a safe and shared supportive experience for both parties. This can be something difficult to achieve for many parents, who are focused on their child for most of their time and unable to discuss issues with an independent listener.

### **Tools for Playing with Children**

All children experience feelings of disempowerment at times. This lack of agency and choice can cause feelings of frustration, anger, and powerlessness. Feelings have three avenues: expression, repression, aggression (Marion Rose, 2017). Obviously, we want to support emotional expression and, as much as possible, avoid repression mechanisms and aggressive outbursts in our children.

However, full expression all the time is impossible in our society. For that reason, I find it helpful to have tools that support the safe expression of aggression. For this we use rough and tumble play. The following practical ideas can be added to the earlier theory ideas discussed in this book for this type of play.

## **Guidelines for rough play**

*Always* take the less powerful role as the adult. This links to the earlier area of role-playing being important for the child too, as they can enact being the more powerful.

You can also make the interaction feel more real, and give them something to push against, by using 80% of your strength/skill to match their actual effort (not what you think they *should* be doing).

Make and keep it fun for you all!

Do not be afraid to set calm limits if the play is becoming too aggressive e.g. “I am not gonna let you hit me that hard, it’s hurting. My job is to keep us all safe”.

If upset feelings bubble up it is not an indicator they have gone too far or it did not work, remember kids need to have a good cry too, with your loving listening. The earlier theory we discussed showed that play and release of emotions is always positive.

## **Themes for rough play with kids**

Pillow fights, wrestling, role-play, pushing over, knocking down, throwing, chasing. These themes can all be chosen and controlled by the adult or chosen by the child when engaging in more child-led times for play.

## **When to use**

You can use these any time as kids always love to feel more powerful!

You can also use them as an intervention when aggression starts to build up e.g. playfully announce its WWE time! Or your favourite role play character (Captain Underpants or something silly) is here to help grumpy kids get their grumpy feelings out. Releasing more negative tension and emotions is always positive using play.

You can use them before bed! Yes! This is a great time to get all the stuck feelings of the day out and support better sleep too! Win Win! Though note, you may have to add something of a 'warming-down' period after exciting physical play.

## **How it looks**

High energy, intense, physical, loud, fun, silly and creative.

Remember the adult is always in the less powerful role.

Remember the adult should provide the safety and boundaries for the activity also, as discussed in the earlier chapter.

## **Pillow fights**

Adults can introduce using a tiny silly voice to invite play e.g. “I am just a tiny little pillow, (holding pillow) I hope no one tries to get me”. Then feign surprise when they do get you and perform being easily knocked over as dramatically as possible. You can totally hit them back, but its funnier if you miss them, or hit way too softly even though you are trying your best.

## **Role-play**

This aspect of play can be combined with rough play. The distinction here is that the adult initially takes the role. My partner is a strong masculine person, he has landed on a character and game that they love! It is called Daddy-Hulk, he performs a large, uncoordinated, bumbling tough guy who moves with force but is way too slow to ever actually get them. We often play rough on the beds as they are so soft. He will use the Hulk voice and tell the kids he is going to pound them, then lift his arms and head straight for them! They scream and get to jump out of the way *just* in time, his fists come pounding the bed exactly where they have just left. They love it and feel capable because every time this big hulk comes to get them, they manage to get away!

## **Wrestling**

The 80% rule is particularly helpful here. Wrestle them with only 80% of your skill and strength. You can say things like “hahaha! I have you now in this total-body lock! You will NEVER get away, never...no-one EVER gets out of this move!” and then let them work to get away, as long as they are enjoying it and engaging. “What! How did you do that?” This type of play also reflects a role-playing area of activity.

If you feel this activity is not positive at any point stop, offer empathy, listen, and apologise.

### **Circus skills**

Lie on your back (yay!) and let them balance on your legs in the air.

Go onto hands and knees and let them balance on your back. You can vary this type of game a lot. My kids invented 'over and under' where they seamlessly have one kid go over my back from one direction and the other go under my belly from the other. They get me to move up or down, change the slope, the available space under me, the stability of my back and they navigate the timing of not landing on each other. It is easy for me too, providing the basis for their activity mostly.

### **Knocking down**

With little ones this is great as a nappy change game, or in different settings such as on the swings. Stand near enough for them to be able to make contact with their feet. Invite the game if needed e.g. "Oh no! You are swinging towards me/gonna get me! I hope you can't knock me down!" Then very dramatically but funnily allow them to make contact with their feet as you go twirling or flying backwards with surprise.

At nappy change time it can be a great tension relief so often helps with kids who refuse nappy changes.



For older kids we recently discovered a hilarious throwing game, that was a great tension reliever both children and us adults too. One adult at end of the bed with a pillow. Other adult at other end of bed, under pile of pillows/duvets. This can be done with just the pile of pillows and only one adult if necessary, but it was 'sooooo' fun to watch their faces! The adult standing at end of bed puts a pillow behind the back of the willing kid and throws them forward to the other adult/pile of pillows. They can take turns of more than one kid. The adult throwing the kid starts gently and responds to the requests of the child for speed and roughness of play. Our kids are 3.5 and 5.5 years old and both loved this so much. The adults throwing found it to be a great frustration release in literally getting to 'throw your kids away', but playfully ;)

### **Chasing**

Chasing is a great outdoor activity - we usually play after dinner in the housing estate so can involve lots of kids. The previous guideline rules apply, adults taking the less powerful role who just cannot manage to catch these kids no matter how hard they try!

New iterations can involve kids trying to get past adults, or row of adults, hide and seek, sardines, or anything else that involves letting kids rule for a while, while the adults control safety.

### **Enjoying Home-Schooling Opportunities**

If you are reading this during the Covid-19 pandemic, and your kids normally go to school, you will be relieved to know you are not, in fact, home-schooling. Home-schooling is well

thought through and a decision that carers make because it is the best-fit for their family. It is not usually socially isolated, with carers who have not done home-schooling before and have not chosen to!

Right now, you may have kids at home and are doing your best to support them in their learning, at home. However, there are things we can learn from the home-schooling and an 'unschooling' approach that are helpful right now:

Children are natural learners - learning all the time! They learn just by being in the world and their natural experiences, they learn through play predominantly, through watching you, and through being with other people of all ages.

Schools are not the only place that education can happen. The national curriculum is not a magical recipe for all things to know and learn. Changing or even avoiding it at this time will not damage your child's ability to gain knowledge and learning. In fact, it may help to slow down or even completely stop the formal learning.

If your child has resistance to school, or to this new routine of learning at home, or just does not want to, causing conflict or tension, then stop. Stop pushing, start enjoying this time in whatever ways you can.

Children can be self-directed learners; they will apply themselves to what they want to learn, for however long it takes them to get to the level of expertise they deem appropriate at that time. They will often come back to a skill in other ways. Let your kids decide what they want to explore by allowing them to self-direct in learning.

You can still set loving limits on activities that do not seem to be in balance. “Sweetheart it’s time to turn the screen off now.” There will be some natural tears and rages which that is how feelings get released and healing happens. As long as you know that it can help for you to stay calm and welcome the feelings, whilst keeping everyone safe and feeling secure in the activity of learning.

Reducing the external motivation of school can, over time, help kids recalibrate their internal motivation. Internally motivated behaviours, from the child connected to their own will, can be disrupted or dampened by an education model that seeks to motivate both behaviour and learning through ‘carrots and sticks’ approach. These are external factors designed to alter the child’s behaviour in learning settings. Rewards and punishments are common behaviour modification tools still used in schools and can cause kids to lose track of what they like and dislike in their own motivations, interests, and abilities. They can become geared towards reacting to adults for feedback on what is ok. Of course, that can be useful at times, and even preferable some of the time, but when that is the dominant sole force it can really disconnect kids from their own innate interests. So, let them decide! Even for part of the day or week. Some people even take it to the extreme and only say yes to anything they are asked, for a whole day! Have fun! Pleasure is important for an engaged and learning young mind.



**Caring for You while Caring for your Child**





## **Chapter 13: Caring for You while Caring for your Child**

**(Aoife Bairead)**

**T**his final chapter by Aoife Bairead, Attachment Specialist, will come back to some of the earliest experiences, for both parents and children.

Having a baby, at the best of times, is an overwhelming, life changing, unpredictable and often dysregulating experience. To move from a place of independence to co-dependency is a psychological shift. Based on our past experiences of being cared for, relationships and caregiving other children, that psychological shift is easier for some than others. There is no doubt that bringing home a child during a pandemic can exacerbate difficulties and increase stress for many new caregivers, making already unsure and unpredictable times even more-so.

What a way to start! This is not meant be doom and gloom or finding potential problems in an already stressful time. However, in a world of ‘you must be delighted’ being stated to most new caregivers, you may indeed be delighted, but probably not all the time. It is important to acknowledge that this experience is complex, and often a rollercoaster of emotions, not perpetual joy. Parents need realism as well as congratulations.

For the infants, on the other hand, their start was not so different than any other child. Infants, like new caregivers, are often overwhelmed, and need that one good caregiver to help them through it. In those first few weeks they cry to express every level of unease and discomfort, while their caregivers, sometimes frantically, seek to attend to the list of possible needs; a feed,

a new nappy, too hot, too cold, tired, or just in need of a cuddle and for you to walk the floors for an hour or two rocking and shushing them in your arms.

Over those weeks both caregiver and infant adapt and find meaning in each other. Within weeks caregivers start to predict what their child needs; her nap time, her fussy period, her big feed, recognising cries as hungry, tired, or just out of sorts. All of this lets the child know even in these early months, the inner workings of herself; how hunger, thirst, tiredness, and discomfort are different sensations in her body, and a surety that these can be attended to by their caregiver. Thus, we see the dyadic attachment cycle in its earliest stages of development.

So, if you have been doing fine over these past months, it is more than likely your child has too, though for many caregivers the expectations of this time have had to dramatically change. Presumed social supports, at least face to face, may have reduced or were not available. During the Covid-19 Pandemic bringing home of a child to a family, sharing this new member with grandparents, aunts, uncles, and cousins, was not a given. Again, this may not be all bad. In the excitement and joy of a new child, many caregivers are overwhelmed by visitors and appointments in the initial weeks. As much as you may wish to share your new arrival, managing the balance between visitor time and rest, feeding, and forming your own bonds with your child are hard to manage. Cocooning time ultimately offered parents or caregivers the chance to savour the experience of being new family, which really is all children newly arrived want or need. They thrive on sensitive, calm, and responsive interactions, the more the better, and in the initial weeks with as few people as possible.

If you have been well, healthy, and supported enough, then this time is as good as a child new to a family can hope for. Infants particularly don't necessarily like being passed from person



to person, their primary attachment is in its very early stages, and the more time they get to be close to the smell, touch and voice of their primary carer the better this central bond can form.

I am acutely aware of the community and peer supports so valuable to many new caregivers. Be it a mental health group for new caregivers, visits to another family with a new baby, breastfeeding groups, or caregiver coffee mornings these are important and often deeply meaningful psychological and emotional supports. This can be particularly important for those without family or other support systems available. Where possible finding this support online was likely to be of benefit. For most new caregivers finding another person with a child of similar age to check in with and share concerns and worries with is helpful. If you have not found this yet, then consider the earlier suggestions and ideas for support buddies and a listening partnership as a key support idea. Infants change so quickly that, with the best will in the world, parents of older children can forget or misremember. Someone experiencing the same development stages and changes, even though we expect their baby will be different in certain ways, can be a great source of comfort and solidarity of experience. In saying that, friends with older children can be helpful to positively remind you that ‘this too shall pass’, and for the most part children move through every stage, no matter how difficult, eventually.

As your child grows older the relationship changes, but children’s only real developmental and attachment need in the initial years is a sensitive and available caregiver. Right up until they are two years old (and sometimes older) children really play and explore on their own, or with an adult structuring the play at times to allow them to explore, create or become proficient at new skills.

The initial weeks are about the infant having their fundamental physiological needs met, as described above, feeding, sleeping, comfort and comforting care. As many of you know, the smiles begin to appear about 6-8 weeks. At this stage you and your child begin to interact as a beautiful duo, with you mirroring your child's expressions and they begin to copy them in return. In these moments you are teaching your baby initial basic steps towards social interaction. Every time you name their feelings and experiences you are connecting emotion to language, enabling them to navigate a world with other people long before they even start to develop their language fully. They learn the joy of being truly seen, communicated with, loved, and appreciated, which are all foundations for self-worth and love.

Between three- and six-months infants begin to learn some of the conceptual basis of play; turn taking, surprise and indicating their likes and dislikes. Again, in a slower paced world, we have had more time to really be with our children, teaching them their value, worth and the enjoyment we get from them, and allowing them to explore, experiment and begin to predict the world. If you have been feeling overwhelmed, anxious, or low during this time it may have been hard to find this space with your child. It is so important to remember that essential services include mental health services where these are needed, and these should be more readily available and accessible now. Prioritise your own emotional wellbeing and you can also mind the relationship between you and your child. You are modelling, sometimes before your infant can even be aware of it, good mental health self-care.

Somewhere between six months and one year old your child usually begins to try to move independently, and so play changes. They begin to pick and choose their interests, and the caregiver follows or joins in. This is such a wonder to watch when caregivers and infants

explore and create together. The joy in an infant's face when her caregiver builds blocks that she can knock down, or hides behind a cloth to do peek a boo before letting the baby try, gives us a sense of how joyful and important play and the joyful attention of other people can be. During normal times caregivers would often begin bringing their infants to groups and activities; music, swimming, signing etc. Again, though there are lots of lovely benefits from these, we should recognise that the primary benefit is probably the social interaction and sharing you receive from being in a room with other parents and caregivers. Though online is not the answer to everything, finding a space either from a class you can follow or forming a group yourself and meeting online or informally can be beneficial until these groups are re-established. In the meantime, meeting friends with children of similar ages and just sitting on the grass in the park will give you a wider range of what you need. Most crucially, if you spend time playing with your infant every day, then you do not need to worry developmentally about what they are missing.

With this early stage of developing movement often comes the 'making strange' stage, which is the infant's safety net during their growing independence, making sure that as they can move, they do not move too far from you! It can feel like a step back for many caregivers, who just as they felt they could find some independence in their day, some return to normal functioning, their infant suddenly upping her need for your presence again. The more present and patient you can be the sooner this intensity is likely to pass, though that is often hard to remember in the moment. This book was written during a global pandemic and as the restrictions ease and your infant is exposed to more people making strange might begin later or return. From your child's point of view the time cocooned with you was probably all they wanted or needed, and like the rest of us becoming more sociable and expanding our world may be challenging! Going slowly and allowing your infant lots of time to get used to people, even if the person is very eager to

have time with them, is so important. Babies and children are great communicators, so watch your child's signals. She will let you know when she is safe and ready to be with other people, and this may change by person, by day or even by temporary mood! Hunger, thirst, heat, cold, tiredness; all of these will mean your infant will seek you out and want to stay close until she feels ready for the world again. Remember that attachment theory shows us that your infant will view you as the secure base, to return to and re-visit frequently, during their explorations of the world and people around them.

As your child passes her first birthday you are likely to see her wish for independence, of body and mind, develop further. Unlike the latter toddler stages, this stage is often more about frustration with the world not changing or adapting as she wishes it to. The more she discovers her power and capacity in the world, equally the more she experiences its limits. So, you will probably become familiar with the heartfelt sadness or anger at a broken biscuit that can't be repaired, a blue plate that cannot be made green or a toy that will not fit into a hole or gap she intends it to. Again, experiencing this with other infants, be it in creche or playgroups is helpful, and allows you a breather from what is usually a very active stage of parenting. Finding safe ways to allow her to explore so you can sit and relax will help in giving you that moment to do whatever you need to do, while knowing she is safe. The outside world be it a garden or park will also be important, allowing your child to explore the world in a sensory way (and yes, possibly putting everything into her mouth, which is a natural regression to earlier oral developmental stages, though often needs monitoring for safety!). If it is safe for you and your family, using the outdoors to meet and connect with other caregivers can allow your baby that time to have those initial social interactions. Observing and copying other children can also be of benefit. However, if this isn't possible currently, don't worry too much - if everything else

in her world is ok and she is learning from and getting feedback on the world for you, she will be ready for wider interaction as soon as she is given the opportunity.

For those parenting children who have been fostered or adopted, depending on the age your child came into your care and their experiences previously, these stages of development may present differently. Some babies and children regress once life becomes safer, others may seem to stay in one stage for longer than you expected, and some may seem to skip a stage altogether. Though this can be unsettling or difficult, particularly if you have previously only cared for your birth children, all that your child requires of you is to meet her where she is at. She will, eventually, move on, but the safest way for her to do this is for you to stay with her in this stage, and follow her needs and lead.

Overall, the message of this piece is to remind you that you really are enough for your child, though most parents need support and care so that they can do this. Being tired, anxious, overwhelmed, worried, all make caregiving more difficult. Yet, these are all-natural states to experience as a new parent or caregiver. It is incredibly important that if you are feeling like this you can reach out and ask for help. Lots of caregivers in the early weeks or months feel that others are coping or managing so much better than they are, however, it is very likely that those people experience their own difficulties too. We all have bad days - days we feel we are on autopilot, are impatient with our children, the housework gets away from us or we just do not want to be here, wherever here might be. Children are like that too, having quiet days, grumpy days, hungry days, impatient days, angry days. This is all normal human variation in state and mood. For the most part it is most important to remind yourself, as long as you can hold both you and your child's needs in mind, and attend to both as well you can, you will both

be fine. If you need a cup of tea, a nap, a walk on your own, before you can be fully present with your baby, that is normal. If those things seem impossible, if you are feeling it is always too much or you are not finding any joy in your baby, it is so important to ask for help and support. It is even recommended at times of stress. At any time, it is important to be able to balance your own and your child's needs, even more during such an unusual moment in history. So, try to mind yourself, mind your child, and know that like every stage no matter how tough, 'this too shall pass'.

As a final set of thoughts, it can be useful to consider the different early stages your child progresses through, in relation to early play. I will conclude this chapter with some related ideas.

### **What shall we play?**

**0-6 weeks** – talking (note initially from the parent), mimicking, colour, light, and your face will all entertain and engage your baby. Talking, singing, rocking, and bouncing on your knee are physical areas to play with.

**6-12 weeks** - talking, mimicking, making faces, blowing raspberries, rattles, music, singing patting hanging toys back and forth with baby, helping baby to roll/grab toys (when on belly or hanging above them)

**12-24 weeks** – talking, mimicking, peek a boo, sitting up, touch and feel toys, music, singing.

**3-6 months** - talking, mimicking, stacking (and knocking over), exploring with food, water play, rolling balls back and forth. To this point some early formation of shared attention can have been based on good connection during play examples.

**6-9 months** – talking, mimicking, repeating words and sounds, following cues (baby pointing, reaching, vocally indicating), exploring food, shape sorting, filling and emptying boxes, music and movement, banging pots, looking at picture books/touch and feel books together. Shared attention can be seen more as these play areas are added.

**9-12 months** – talking, mimicking, acknowledging baby's words (even if they are not the 'right' word) and repeating (but not asking baby to) the right word, following baby (choice of toy, choice of food where you can), sharing (food, toys) messy play (water, food, child safe paint, bubbles), building (blocks, teddys, bean bags), music and dance, musical toys, pop up books and toys. A key addition of communication in very early stages can be seen forming in these early interaction examples.

**12-18 months** - talking, repeating words, filling in the blanks with sentences (but asking baby to), supporting baby's movement/walking, following baby's choice of toys, sharing, asking baby to 'help' music and dance, musical toys, reading stories with pictures, messy play, exploratory play (hiding behind curtains/hands and baby can mimic), hiding and finding toys/snacks, sand/water play, paint and crayons, baby puzzles. Language and exploration, with good connection to the adult, will be becoming clearer and definitively developed. This links to the increase in complexity for game ideas suggested, supporting, and encouraging both development and attachment for these later 'baby' stages.

We very much hope the ideas and suggestions across this book can help you and your children.

We hope you find the information and advice interesting, useful, engaging and fun - for everyone involved.





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## **Author Contact Details**

[Dr Lisa O'Reilly](mailto:lisa@gallore.ie) : lisa@gallore.ie

Carol Duffy : carolduffy91@gmail.com

Kathryn McCabe : kathrynmccabe@yahoo.com

[Aoife Bairead](mailto:aoife@mindsinmind.ie) : aoife@mindsinmind.ie