

## PHASES OF THERAPEUTIC CARE

1. Placement Safety
2. Placement Reconstruction
3. Placement integration

### PHASE ONE: PLACEMENT SAFETY

#### *Goals for child in this phase*

- To develop sense of safety in and stability of care,
- To understand reasons for being in care,
- To learn about his/her trauma, and
- To learn/relearn words for feelings

#### *Role of CARER in safety phase:*

- Warm welcoming home especially bedroom and bathroom
- Assess elements in environment that threaten child or trigger fears
- Establish structure, predictable daily routine, limits, boundaries (first days moving in)
- Establish constantly that you are trustworthy –quietness and gentleness
- Physical contact at level child can tolerate – find safe activities, brushing hair, tending small injuries
- Talk – provide a commentary as you would to a small child – use reassuring tones
- Be prepared for the child to regress - have special treats/food/drinks
- Teach words for feelings all the time
- Keep few familiar people around child, do not introduce to large network. Watch for child's reactions to different people

***Role of WORKERS in safety phase:***

- Ensure physical environment in all settings around child adapted to soothe terror –  
– home, school etc
- Teach all involved about effects of trauma & provide consultancy to all
- Promote consistency & predictability at all levels
- Promote emotional literacy in every setting
- Provide respite and consultancy to carers
- Be aware of impact of traumatic stress self/carers
- Supervise & support carers, watch for signs of secondary trauma

**Signs of change:** child shows:

- Feeling safe, connection with carer,
- Limited ability to take his/her place in family
- Beginning to accept limits and consequences
- Limited ability to accept carer roles
- Limited ability to participate in family events/functions
- Some ability to accept affection and praise
- Some use of self soothing at times of stress;
- Small improvements in physiological issues (eating, sleeping)
- Fear/reactions to traumatic memory - move to curiosity

## **PHASE TWO: Reconstruction**

### ***Goals for the child:***

- Settled in care;
- Controlling and managing physiological reactions,
- Emotional processing of the trauma,
- Rebuilding cognitive constructs/new beliefs for old
- Learning to develop secure relationship template

### ***Role of CARER in reconstruction phase:***

- Teach appropriate activities to soothe stress and manage shame and rage
- Encourage child to join in pleasurable activities of all kinds with you, cooking, gardening, car care, craft
- Be prepared for “storms” during formal therapy
- Actively seek and use supervision
- Keep boundaries around roles. Carers provide therapeutic environments, not therapists
- Help child find safe places & safe people in their present living situation

### ***Role of WORKER in reconstruction phase:***

- Assess child’s therapeutic needs carefully. Refer for therapy if need. Review regularly
- Maintain clear boundaries and clear communication between agencies & carers about their role during therapy
- Provide regular support & respite for carers
- Watch for issues of safety. Ensure carers’ families not put at risk during therapy
- Refer carers/others in care team for therapy if experience secondary traumatic stress

**Signs of change:** Child shows

- An identified place in the family
- Improved ability to get along with range of adults and peers
- Able to laugh and enjoy interaction with family members
- Less reaction to limits; Acceptance of family routines and boundaries
- Greater ability to participate in family events/functions.
- Able to access new attachment figure for support and stress relief
- Beginning to show capacity to attach to other significant persons and use for support
- Able to express and name fears/anxieties; More use of appropriate self soothing & stress regulation
- Able to accept and give affection and praise
- Decrease in reactivity or avoidance of traumatic recollections, Increase in narrative details gradually

## **PHASE THREE: INTEGRATION**

### **Goals for child**

- Consolidation of attachment behaviours;
- Re-establishing social connectedness;
- Building self esteem and confidence:
- Re-establishing personal efficacy, and
- Retrieving joy and delight in living i.e. restitutive emotional experience.

### ***Role of CARERS in INTEGRATION phase:***

- Allow and encourage children to develop friendships and promote social activities
- Encourage child to reflect on relationships and issues arising from living with others
- Fill the environment with opportunities to enhance self esteem
- Provide activities that child can enjoy alone and those that are enjoyed with others
- Outings and adventures are essential
- Praise and affirmations can now be accepted and should be used whenever appropriate
- Show children how to enjoy life by enjoying yourself
- Encourage child to keep a record of discoveries of delights in living
- Keep journals, photos, draw and paint, make music. Pick up mementos and treasures
- Encourage expressiveness at sad times. Promote discussion and resolution of conflict

### ***Role of WORKER in integration phase:***

- Provide a full range of opportunities- sports, games, youth clubs, music, drama
- Support the care team to reflect on engaging whole brain - connection between enjoyable activities and emotional literacy
- Resource carers to provide the range of activities
- Encourage family holidays and outings
- Provide support and supervision

**Signs of change:**

- Clear attachment to primary carer and other significant people and uses for support/soothing
- Enjoyment in family functions/activities + being with people
- Has an established place in family and participates fully in family tasks and routines
- Can 'share' primary carer with others, less dependence
- Able to be on own, can function independently
- Able to 'share' primary carer with others, less dependence on primary carer
- Able to accept changes to family routines and structure
- Enhanced self esteem and pride in self
- Strong sense of safety in family
- Engage in activities previously feared;
- Regulate emotions (move from numbing to tolerate intensity of emotions), can express emotions
- Has network of supports and peer relationships