Most babies see and experience the world through the eyes of their parent(s). If they mainly see love, wonderment, delight in them, and experience attunement to their needs, they feel the world is safe and adults are trustworthy. They experience themselves as being special and worthy of love. They grow up knowing that, if they need something, someone will help. When babies see disgust, anger, fear or nothing at all (neglect) they experience the world as fearful and dangerous, feel alone, unable to trust and needing to defend themselves; they experience themselves as being unworthy of love. In Scotland, there is a growing population of babies and children living with parents who have drug or alcohol problems and/or in an environment where they are exposed to domestic or other abuse, and neglect. Their experience of trauma and neglect may have begun in the womb. The chaotic environment that reflects these problems creates the traumatised babies who form the bulk of the children within our care system.

The term ‘developmental trauma’ was introduced by Bessel van der Kolk to explain how neglect, abuse and/or abandonment in babyhood affects the physical structure of a baby’s brains during the first two years whilst their brains are doubling in size. More recent research into ‘mirror neuron systems’ highlights the impact early trauma has on our understanding of the intentionality behind other people’s actions. For example, children who are born into a safe and secure environment recognise the benign intentions behind their parents’ actions even when their parents say no to their demands, whereas children who have suffered early trauma develop brain and neurological patterns that reflect these experiences and interpret the intentionality of the actions of other people, particularly parents, through the prism of the fear that dominated their earliest experiences.

On the positive side, the ‘hard wiring’ that occurs as a result of early trauma is not necessarily permanent; the plasticity of the brain means that later experiences can affect children’s neurological and psychological development. With safe, loving and consistent parenting, children’s neural connections can be re-programmed; helping them learn that parents’ and carers’ actions can be loving and can meet their needs. Although this is not easy for either children or parents and requires a long-term consistent approach that incorporates all aspects of a child’s life, ‘developmental reparenting’ provides a way to make positive change.

Developmental reparenting is a concept associated with parenting practices that developed within the adoption and fostering communities from attachment theory and research. It provides a way for parents or parenting figures, through support from a trained parent mentor, to understand the needs of traumatised children who have been through the care system. It aims to find ways to help children repair the trauma of the abuse and neglect which led to them being accommodated.

Developmental reparenting needs to consider all aspects of children's functioning: and how trauma affects children physically, emotionally and intellectually.

**Main principles and concepts**

Its main principles are:

- Children need to 'go back to go forward' to fill emotional gaps
All aspects of children’s functioning need considered
Starts with understanding the child’s history
Recognises how this affects the child now - body, brain, behaviour and cognitive
Recognises how early trauma impacts children’s understanding of the intentionality behind others’ actions
Recognises the impact on parents
Recognises the impact of parents’ own history
Allows parents to feel safe enough to explore their responses and make changes and to provide a safe environment for their children to do the same.

Developmental reparenting allows parents to move from being angry when their children struggle to tell the truth, take things that do not belong to them, shout, swear or are angry and rejecting for example, to wondering what their children are trying to ‘tell’ them by their behaviour. Recognising that fear underlies children’s difficult behaviours helps parents interpret ‘lying’, for example, as a self-protective measure designed to ensure safety; ‘stealing’ as a way of reducing feelings of abandonment; aggression and anger as fear responses to feelings of rejection.

Recognising that abuse and often trauma occur in environments beset by chaos and unpredictability, parents need to work hard to create homes that are predictable and consistent, where children are aware of the rules and expectations and where they are helped to manage these; children need to learn there are consequences for behaviour to provide the impetus for change.

Developmental reparenting needs to consider how the brain develops from the bottom, brainstem level, through the emotional, limbic level to the thinking, cortical level. Often parents try to rationalise and reason with their children at the cortical level when their children’s fears mean they are operating at the brainstem level. Developmental reparenting means recognising that rationalising with children who are operating from their brainstem or limbic levels is bound to be ineffective.

Using the term ‘practising’ highlights to parents and children that learning any new skill takes time and that everyone makes mistakes when they are practising anything new. Developmental reparenting begins from accepting that loving parents are the best ‘agents of change’ to help traumatised children; that both parents and children are doing the best they can while providing the opportunity to ‘do things differently’.

Its main concepts are:
- Practising
- Shared responsibility
- Going backwards to move forwards
- Recognising a child’s ‘language of trauma’
- Knowing when to intervene verbally, to work out what happened and what to do the next time
- Being clear about intentions before acting
- Helping children recognise what is going on for them
- Encouraging parents to look after themselves.

Using mentors to support parents

Parent mentoring is a programme which aims to help parents begin and sustain the changes that are intrinsic to developmental reparenting. It is tailored for each family but common elements include:

- Understanding children’s difficulties and behaviour
- A parenting plan that is relevant and flexible
- Encouragement to consider new ways of parenting
- Support to put plans and strategies into action
- Confidence to become effective therapeutic parents
- Reducing conflict and stress in families
- Putting parents in loving control within their families
• Giving children opportunities to trust that their parents are really there for them and can meet their needs
• An infrastructure that allows children to change and manage their lives in a healthier ways
• Establishing a safe ‘containing’ environment for parents
• Helping parents to look at difficulties in implementing the programme, including personal issues.

Parenting is a challenging task for anyone; parenting traumatised children is a greater challenge still. Developmental reparenting makes the challenge a little more manageable. It provides a way to create a safe and secure family environment where change is possible. It allows parents and children to move towards increased understanding in which fun and enjoyment can take the place of anger and fear. It is a mind-set change of benefit to every family, or indeed relationship, and is crucial when parenting traumatised children.

The community principle underlying the African proverb ‘it takes a village to raise a child’ is relevant for parenting traumatised children and any national parenting strategy. While parents, whether birth parents, adoptive parents or foster carers are the prime movers in their children's emotional health, they cannot help their children begin the repair process in isolation. Families are part of a community and it is the community that can provide the safe base for parents and children to take the steps towards a new way of relating. This means that we all, and in particular professionals and educational bodies, need to recognise the special needs of traumatised children and support both children and their parents with empathy and understanding.

References