

# Becoming Agents for Positive Therapeutic Change: Three Questions the 'Person in the Parenting Role' Should Ask

Colin Maginn

## Abstract

*The person in the parenting role is most likely to be the one to have a positive therapeutic impact on the child. Yet, it is unlikely that most foster parents and residential care staff have been trained in the psychological theory to support children. This article organises the complex knowledge base from psychological theory and research, into three simple questions: First, 'What are Amy's strengths?' (The positive psychology of strengths). Second, 'What are Amy's parenting needs?' (The multiple psychological theories supporting our eight 'Pillars of Parenting' to find current priority parenting needs. Third, 'Where is Amy on her trauma journey?' (How to facilitate Amy's recovery from trauma and achieve post traumatic growth). Two peer reviewed research papers on this 'Emotional Warmth Parenting' approach show that combining the adult's knowledge of the child with psychology insights, is most efficacious (Cameron, 2017; Cameron and Das, 2019).*

## Keywords

*Developmental trauma, Emotional Warmth Parenting, Fun, Love, Kindness, Person in the Parenting Role, Positive Psychology, Trauma Informed Care.*



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## Introduction

Working with children in public care requires adults dedicated and committed to children who have been let down. To do the job well involves learning about the child, understanding what happened to the child, and finding out what is important to the child. Then using the psychological knowledge base and, if possible, a consultant psychologist, to ensure that you are providing effective best practice. This article uses three easy questions to help organise how to think about our role in children's lives. The hard part is finding the right answers for that one unique child, based on her needs and observable evidence.

These three questions come from our 'Emotional Warmth Parenting' approach, which follows many years of working with hundreds of children in public care. We have collaborated with dozens of consulting psychologists, teams of managers and staff from children's homes and many foster and adoptive parents. Their insights, contributions, and the love they have shared have already made lifelong positive therapeutic changes in the lives of young people in their care.

The academic rigour which informs our 'Emotional Warmth Parenting' approach is directly attributed to our recently retired colleague Dr. Seán Cameron. Our approach has at its core, relationships based on love, empathy, and kindness and is informed by the three questions for each child, using evidence, psychological theory and research.

**The three questions:** The name Amy is used for illustration and to empathise the importance of putting the child first, ensuring that Amy is not just another research statistic nor lost in the general population of children in need.

- 1) **"What are Amy's strengths, skills and talents?"** First, ask Amy! Then using her answers, input from others and your observations, identify her strengths skills and talents and support her to find fun ways to use them.
- 2) **"What are Amy's parenting needs?"** To agree and monitor parenting tasks, we start with Amy's input, the insights and contributions from those in the parenting role, the aid of the family, social workers, teachers, and an assigned psychology consultant. Using our eight Pillars of Parenting with the progress

and development assessment, we identify, and baseline Amy's current parenting needs to find parenting tasks which meet her current priority needs.

- 3) **"Where is Amy at on her trauma journey?"** To help Amy process her trauma and achieve emotional growth, we need to hear to Amy's story, read her history and have input from the key adults in her life. Then, we use our trauma assessment (Cairns, 2002) to establish a baseline and monitor Amy's trauma journey and, with clinical input from the psychologist, agree on the support to provide at the different stages of her trauma journey.

### **Question 1: What are Amy's strengths, skills and talents?**

#### ***An alternative to the problem focused paradigm***

Many people working with children in public care and dealing with challenging behaviour often feel that the child is testing their authority. For them, even asking about a disruptive child's strengths is a sell-out. From their position, the first question should be: 'What are the consequences for the child's bad behaviour?'. Such a negative, problem-focused paradigm towards children in public care is endemic and has historical roots in many countries.

A few points to consider helping address the question of consequences and a punitive approach to children who have been traumatised and are now engaging in challenging behaviour:

- **The Child:** For a child to be placed in care, it's likely that they will have faced years of abuse and neglect from adults. This will negatively impact their capacity to trust adults. So, faced with new adults (staff in a children's home or foster parents), the child will use their well-established survival strategies from their abusive past, to check if the new adults are safe. Adults who pass the child's tests and remain regulated, responding with kindness and empathy will understand that the 'challenging behaviour' is more likely just

testing out if the adult is safe. In other words, what you may think is ‘challenging behaviour’ could instead be ‘attachment behaviour’.

- **The Adult:** From the adult’s perspective, interpreting the child’s ‘attachment behaviour’ as challenging their authority (i.e., misunderstanding the child’s search for safe adults) will act as the vehicle for adults to justify punitive responses, asserting that unchallenged bad behaviour undermines their authority. An evolutionary survival perspective may help to understand this behaviour, as our brains are finely tuned to detect and respond quickly to danger. If the adult perceives an immediate risk from a temperamentally challenging child, they may become dysregulated, lose their sensitivity, and react harshly to the child.
- **A positive psychological perspective:** Look at how amazing your child is, their resilience and their desire to find safe, kind adults. Also, consider that you have a VIP in your care just waiting for you to connect with their capacity for love and forgiveness. Here are just three of the multitude of successful care-experienced adults: *Lemn Sissay*, OBE FRSL, is a British author, broadcaster, and former chancellor of the University of Manchester. Taken into foster care as an infant and later placed in institutional settings, his lived experience has deeply shaped his writing and advocacy. Through his poetry and public voice – including his TED Talk “A child of the state” – he brings visibility to the emotional impact of the care system and the enduring human need for connection. *Fatima Whitbread* is a two-time Olympic medallist and former world javelin champion. Raised in the UK care system after surviving early neglect and abandonment, she has since become a powerful advocate for young people in foster care, using her story to highlight the strength and potential that can emerge from even the most difficult beginnings. *Steve Jobs*, co-founder of Apple and a pioneer of the personal computing revolution, was adopted shortly after birth and later credited aspects of his identity and

perspective to his experience growing up outside of his birth family. His life illustrates how formative relationships – whether biological or not – can shape innovation, resilience, and impact.

### ***Finding Amy's strengths***

Given the focus on problems, we suggest that social workers, psychologists and anyone working with children who have been abused and traumatised should change their behaviour (and paperwork) to have a positive focus, from the first referral for the child who is to be received into public care. Rather than the initial contacts involving the collection of data on the problems reported by family, social workers, teachers and others, we should seek out the child's strengths, skills and talents, to gain multiple positive insights. From a strength's perspective, including the child in this 'appreciative inquiry' ensures that they are involved, that they feel listened to, valued and empowered to share what has happened to them. By telling their story, they become a key contributor to their own healing process. The adult's insights into the child's trauma provide a more empathetic understanding of the horrible things that have happened to this wonderful child, enabling compassion for the child's pain and admiration for their resilience.

### ***Gathering evidence***

To help adults focus on strengths and make comments and notes based on observable evidence, we have used various teaching methods to focus adults on 'strengths' (i.e., first, to find and use their own strengths). Adults being made aware of their strengths, dramatically improves their awareness of children's strengths. Initially, in our work to help adults find their strengths, we used 'Realise 2' by Linley (2011) a strength-based assessment tool. Our objective was quickly achieved as within days the adults were commenting on children's strengths. We now include finding strengths in face-to-face and online training of foster parents and residential care staff, supported by a strength's questionnaire (see Cameron and Maginn, 2021, p. 94-95).

The best source of information on Amy's strengths is Amy. Talk to your child and observe what they are good at and what they enjoy doing. Ask them about their aspirations, hopes, ambitions, interests, strengths, skills, and talents. Confirm what you learn from the child by observations. Who does she like to spend time with (then talk to them)? What does she love doing? What is her best skill? What is she good at? What are her interests?

For objectivity and to measure progress, we take a baseline when a child is admitted to care, using our 'Progress and Development' assessment which starts with question one, 'What are the child's strengths, skills and talents?'. Over time we can refer to the baseline to see if there have been improvements or not and if not, what we can do differently.

Every child is unique. and their strengths may not be obvious. For example, a non-verbal child may appear not to understand, but they could be taking everything in. Mozart wrote his first symphony at the age of eight, however, it is unlikely that any strengths assessment for children would include 'able to write a symphony'. Think outside the box to find strengths, look for strengths in self-care skills, cognitive skills, social skills, emotional skills, physical skills, communications skills, creative skills and any distinct skills which you observe.

An inventory of character strengths was published by Peterson and Seligman in 2004. They divided their list into the following (see box 1):

**Box 1: Inventory of character strengths (Peterson and Seligman, 2004)**

- **Wisdom and knowledge** (creativity, curiosity, judgement/critical thinking, love of learning, and perspective)
- **Courage** (bravery, perseverance, authenticity and perspective)
- **Humanity** (kindness, love, and social intelligence)
- **Justice** (citizenship, fairness, and leadership)
- **Temperance** (forgiveness, humility, prudence and self-control), and
- **Transcendence** (appreciation, gratitude, hope, playfulness and spirituality).

## **Question 2: “What are Amy’s parenting needs?”**

Using our eight Pillars of Parenting, we can identify Amy’s current priority parenting needs with Amy’s input, the insights and contributions from the person in the parenting role, the aid of the family, social workers, teachers, the psychologist and any others working with Amy. The objective is to identify and agree the daily tasks the adult or adults in the parenting role can do to meet Amy’s current priority parenting need. It makes sense to prioritise the most pressing parenting task, as there are likely to be many more over time. With improvements and the child building confidence and trust, new priority parenting tasks can be identified and added.

The eight Pillars of Parenting are listed below in three categories (see Appendix 1). Cameron and Maginn (2021) provide a detailed breakdown of each with examples of how these can be used to identify parenting tasks.

### **(a) Acquiring a sense of well-being and self-identity**

Pillar 1: *Experiencing primary care & protection.*

Pillar 2: *Forming warm relationships (attachments).*

Pillar 3: *Increasing positive self-perception*

Pillar 4: *Achieving a sense of belonging.*

### **(b) Developing self-belief and self-efficacy**

Pillar 5: *Building resilience.*

Pillar 6: *Enhancing self-management skills.*

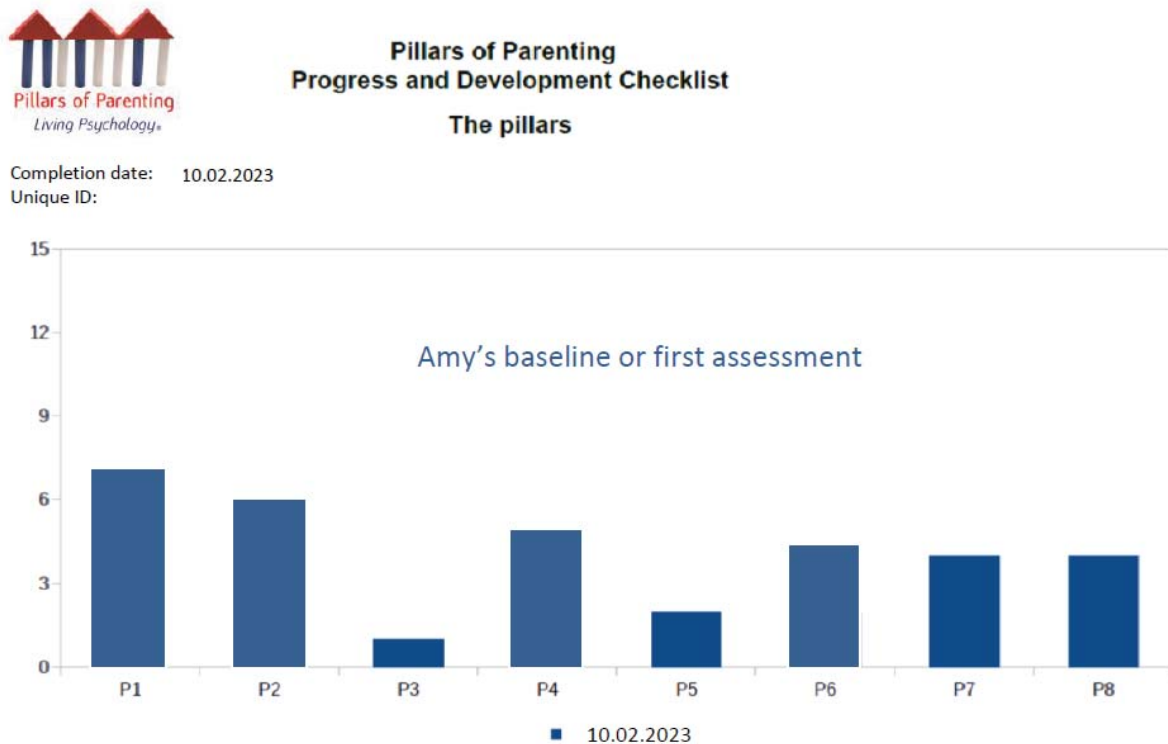
### **(c) Building social interaction skills**

Pillar 7: *Improving emotional competence.*

Pillar 8: *Developing personal and social responsibility.*

To help identify the priority parenting need, we turn to our ‘Progress and development checklist’. Figure 1 below shows the baseline assessment for Amy.

Figure 1



#### Figure 1 Notes

P1 is 'Pillars One, experiencing primary care & protection', and each P (or pillar) can be identified from the list of Pillars above. The low score for Pillar 3, 'Increasing positive self-perception', points to possible priority parenting issues. (For confidentiality, Amy is not a real child, and this graph's data is for illustration only.)

A consultation meeting with the psychologist and the key people involved, is to discuss and agree parenting tasks to help Amy's improve her self-perception (Amy should be involved in the process, appropriate for her emotionally and for her level of understanding).

Cameron and Das (2019) show how the questions are set out in this example: The criteria used to evaluate progress and development on, for example, P5: Building resilience: progress and development rating system:

*Ratings:* a = most of the time; b = some of the time; c = rarely/occasionally.



### Figure 1 Notes (continued)

*Level 5:* This young person can predict or accept negative events and can attempt to manage, learn from, and move on from these.

*Level 4:* This young person is able to manage most of the highs and lows of everyday life.

*Level 3:* This young person can manage some problems but needs support for others.

*Level 2:* This young person is becoming less disheartened and demotivated after minor disappointments or setbacks.

*Level 1:* This young person behaviour is dominated by immediate gratification of current needs.

Limited space here, prevents including all the questions in the ‘Progress and Development Checklist’ (they are listed in detail in our 25-page ‘Progress and Development’ manual). More information on this measurement can be found in Dr Cameron’s two peer-reviewed research papers (Cameron 2017, Cameron and Das, 2019) and our book *It’s a Privilege – When a Child in Care is Delighted it’s You: Emotional Warmth Parenting for Foster Parents, Adoptive Parents and Children’s Home Staff* (Cameron and Maginn, 2021).

As Amy’s person in the parenting role, it’s possible, based on your knowledge of the child, that you have decided that Amy’s self-esteem is not a priority parenting concern. ‘Emotional Warmth Parenting’ is about empowering you with the skills and insights to ask the questions. More importantly, to find answers backed up by your knowledge of her, your training, support from a psychologist and others with the tools provided to you. Giving you a voice is one of the tools, so share your insights and explain why you think different priority parenting tasks would be better for Amy at this point. Use critical thinking backed up by observable evidence. Your knowledge of the child when shared with professionals involved, like a psychologist, makes a great

combination. Applying psychological theory to the insight that you have gained from the child, ensures agreement and more focused parenting tasks.

The child is always the primary concern, and your insights are crucial. As the person in the parenting role, you will be carrying out the agreed parenting tasks. The quality of your relationship is key to gaining positive results and makes you an agent for therapeutic change. That relationship must be positive for both the child and the adult. It should be based on mutual trust, supported by kindness and empathy, and lavished with an abundance of fun and play.

### **Question 3: Where is Amy at on her trauma journey?**

#### ***Helpful background information***

The best expert on Amy's trauma is Amy. Your relationship, time, and trust are all part of Amy being able to open up and tell you about her life and what happened to her. In psychology there is a tool called 'formulation'. You could try a simple example by drawing a line down a page and then on the left-hand side list significant events from Amy's life, including both positive and negative events and then add events that you have read about from the case file and discussions with Amy, her family, social worker, teachers and any other professionals involved in Amy's life. On the right-hand side of the page list issues regarding Amy, again both positive and negative. Now look at both lists and see if you can spot any links with significant events and issues. Use a pencil to link events and issues. At the very least, you will spot how past events influence current issues in her life.

Adverse Childhood Experiences studies (referred to as ACEs) have shown that children who experience several ACEs are likely to have poor outcomes in their lives. However, a study by Erin Hambrick (2019) and her colleagues concluded that ACE scores are too simple to capture the complexity of the many additional factors unique to each child. In a more recent study in England, the 'Early Intervention Foundation' led by Dr Kirsten Asmussen (2022) analysed results from trauma-informed care approaches from 58 children's social care teams and found that "*Trauma-informed*

*activities rarely led to evidence-based interventions”* (p32). Only 2 out of the 58 studies worked (i.e., producing evidenced-based interventions). Both the Hambrick and the Asmussen studies point to the need to focus on the child, not the collected data from population studies or the few simple measures from ACE studies.

In short, to be effective, interventions should focus on factors unique to each child. Knowing the broad impact of *Adverse Childhood Experiences* is background information based on large samples that do not reflect each child’s experience and trauma.

Understanding each child and having a positive therapeutic impact involves committed adults getting to know the child and building positive, helpful bonds with the child. This idea is not new – it is widely accepted and expressed powerfully in this quotation by Dr Bruce Perry (a clinician and researcher in children's mental health and the neurosciences): *“most of the therapeutic experiences do not take place in ‘Therapy’ but in naturally occurring healthy relationships. The most effective treatments to help child trauma victims is anything that increases the quality and number of relationships in the child’s life.”* (Perry, B., 2008).

With many children, likely, the trauma was not a one-off event, but repeated abuse, referred to as ‘developmental trauma’. As Bessel van der Kolk notes in his book, *The Body Keeps the Score*:

*... trauma isn’t what happens to you, but how you respond to the traumatic situation. Something that is traumatic to one person may be no big deal to the next. Whether something becomes traumatic or not has a great deal to do with who’s around you while you experienced this event. Were you alone and scared, were you comforted by friends and family?* (2014, p. 24-25)

In this same book, Van der Kolk explains that each person’s response to a traumatic event involves all of their senses. In other words, each child’s trauma journey or trajectory is unique. Brain and memory process traumatic events from all the senses,

so a smell, a sound, a particular song, a taste, a texture, a picture or sight, a particular person (or someone who looks like them), and many more experiences can potentially activate or bring back memories or flashbacks of a traumatic incident.

Bowlby (1980) is well known for his attachment theory based on his observations of children separated from their parents during the Second World War. Less well-known is his work on grief and loss experienced by separated children. On this, he described a four-stage journey: 1) Shock and numbness, 2) Yearning and searching, 3) Despair and disorganisation and 4) Reorganisation and recovery.

### **Answering Question 3**

To help answer question three, we have used Kate Cairns model (2002), from her book *Attachment, Trauma and Resilience*. which looked explicitly at the trauma journey of children in public care. We have adopted her three stages:

1. **Stabilisation** – Removal from a traumatic living environment.
2. **Integration** – Coping with post-trauma emotions (e.g., powerlessness, guilt, despair, anger, etc.)
3. **Adaptation** – Cognitive reconstruction of adversity, finding a place for negative events.

We have added an optimistic and achievable fourth stage.

4. **Emotional Growth** – positive relationships and connections with the growth of trust, resilience, and self-worth.

Returning to our ‘Progress and Development Checklist’, the last section, called ‘Adaptive Emotional Development,’ is a collection of questions to help identify Amy’s current position on her trauma journey. It covers the first three stages listed above. The last stage, ‘Emotional Growth,’ is based on Dr Cameron’s extensive work in Positive Psychology.

Figure 2

This histogram shows sample data for the baseline record (in blue) and the first follow up data in red, based on questions that cover the trauma stages set out by Cairns (2002) i.e., Stabilisation, Integration and Adaptation.

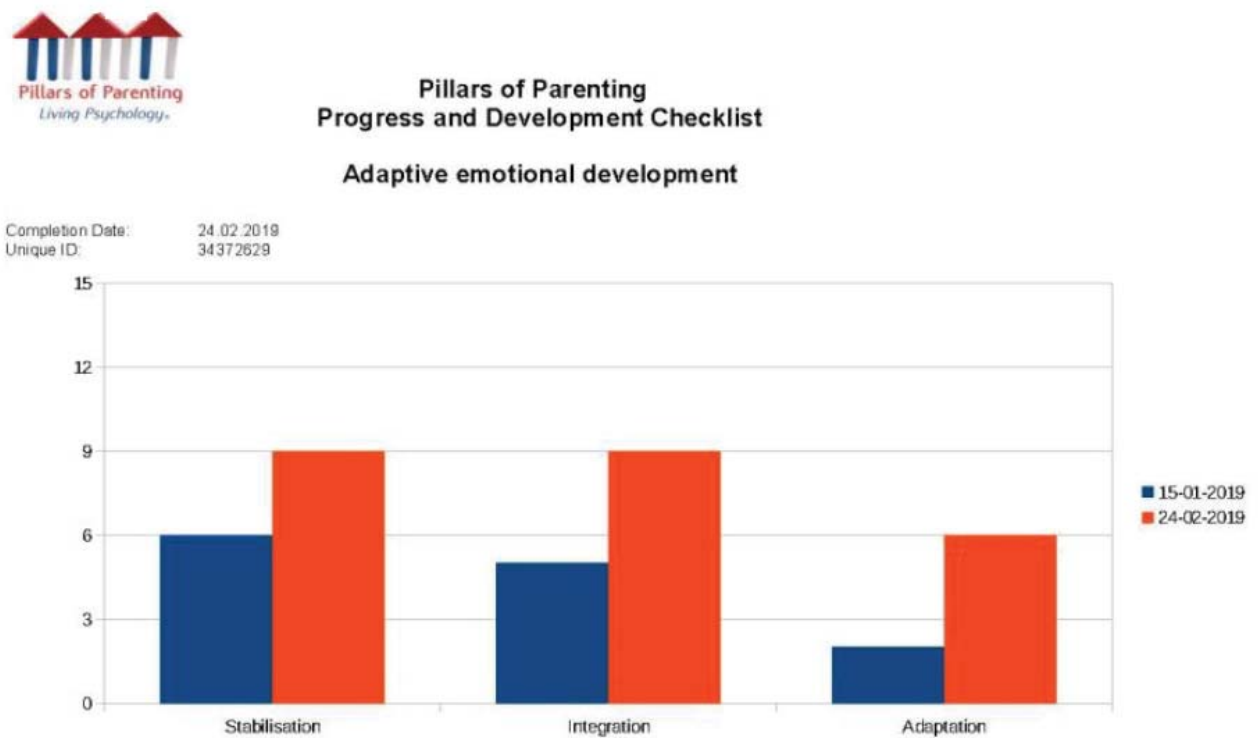
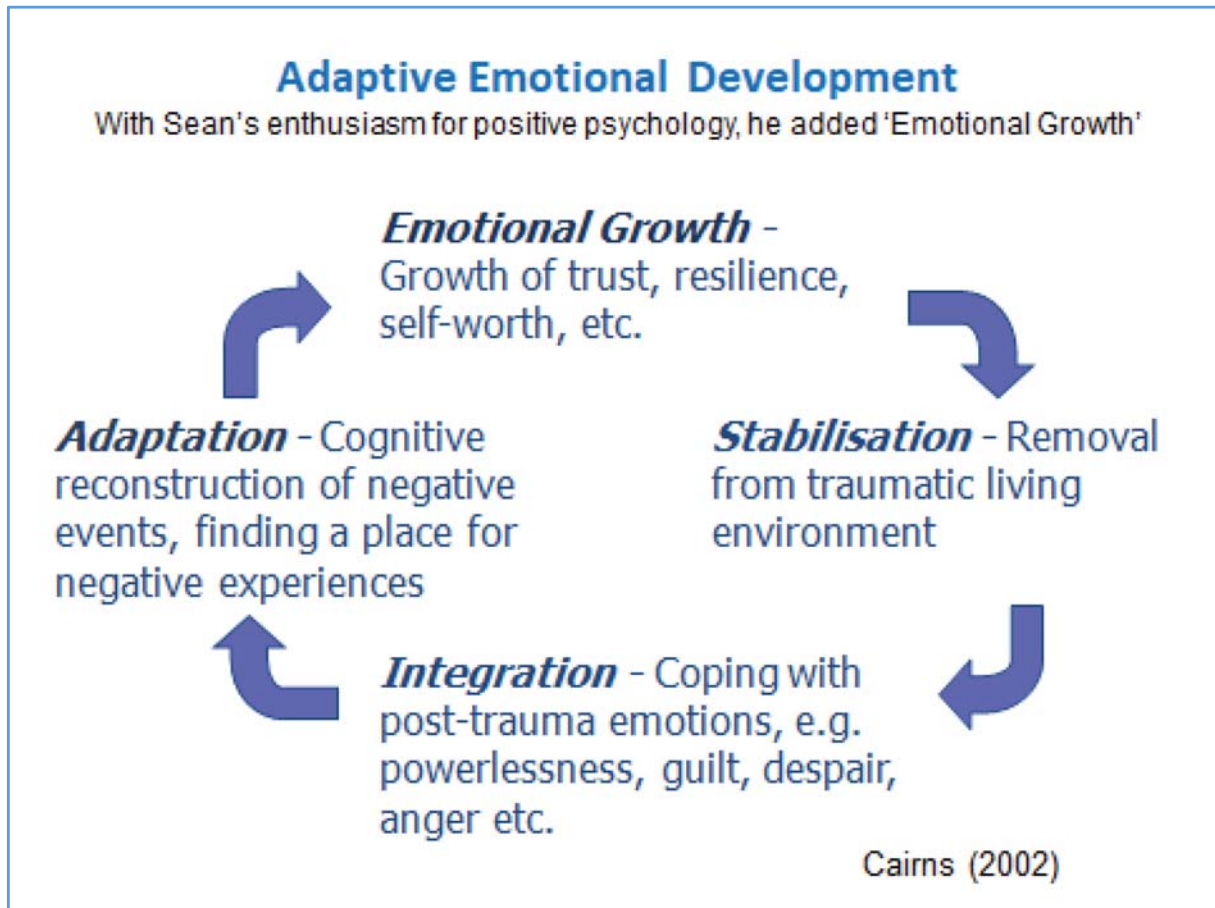


Figure 3

This chart sets out the Cairns three-stage trauma journey, adding 'Emotional Growth' to mark successfully working through trauma, learning from the experience, learning new possibilities and finding meaning in life.



As already mentioned, asking the questions is the easy part. Finding the right answers is not easy. Having used the questions in the 'Adaptive Emotional Development' section of the 'Progress and Development Checklist', then with input from the psychologist and the other supporting professionals, the goal is to help Amy move through the trauma journey, identifying and detailing the support needed and agreed on by everyone involved.

However, unlike finding strengths and a positive approach from question one, or the supportive parenting tasks from question two, when it comes to dealing with the impact of trauma, there may be risks to the child which require input from experienced, skilled, and qualified mental health professionals. This support is critical when for example working with children who internalise a negative adaptation to their trauma. Joseph and Linley (2005) in their work, report on 'negative adaptation', when a young person makes behaviour changes following trauma, which have a negative impact on their lives. Their work also reports on the problems experienced when young people blame themselves for the trauma or abuse, referred to in psychology as 'assimilation'. Apart from the harmful effects on the child's self-esteem and psychological well-being from both a 'negative adaption' or 'assimilation', their ability to recover from the trauma is impaired without informed psychological support.

As the person in the parenting role, you are not alone. Seek support and advice from your supervising social worker, manager, or a psychologist.

## **Conclusion**

Working with children who have been traumatised can be chaotic, but it can also offer life changing fulfilment to both the child and the adults. This article sets out three questions that can start to organise the chaos; (the first question on strengths) help you find the best in each child, (the second question on meeting a child's parenting needs) defines and give meaning to parenting tasks (the last question the child's trauma) helps with understanding the child's trauma and how to support their trauma journey to achieve emotional growth.

'Emotional Warmth Parenting' is a dynamic approach, open to new ideas, new research, and new evidence, staying focused on empowering those working directly with children, to make positive therapeutic changes in children's lives.

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## Appendix 1

The eight 'Pillars of Parenting' are listed below in three categories and with a short explanation. A detailed breakdown of each with examples of how these can be used to identify parenting tasks, can be found in Cameron and Maginn (2021).

### a) ACQUIRING A SENSE OF WELL-BEING AND SELF-IDENTITY

**Pillar 1: *Experiencing primary care & protection.*** In addition to all the primary care needs, this might include staff performances like offering reassurance in periods of distress either verbally or with a hug, attending to a child's appearance so that he/she feels 'good', also, supporting attendance and ensuring continuing success at school.

**Pillar 2: *Forming warm relationships (attachments).*** Children's home regulations in the UK now require that 'children should be loved' (Department of Education, 2015) which can be achieved by 'parenting' which is warm and kind and shows sensitivity and responsiveness, ensuring thoughtful consistency in behaviour management while engaging in fun, interesting activities with the child and encouraging two-way communication.

**Pillar 3: *Increasing positive self-perception.*** Since much of children's self-worth results from how others treat and respond this pillar can be achieved by positive regard recognition of positive behaviour, protection from abuse or bullying and setting reasonable standards for learning and behaviour.

**Pillar 4: *Achieving a sense of belonging.*** The devastating effects of rejection, particularly parental rejection, highlight 'belonging' as a major psychological need. Developing this pillar can involve staff, including extended family members, valuing cultural affiliations, building a child's personal identity, and creating opportunities for shared fun and humour.

### b) DEVELOPING SELF-BELIEF AND SELF-EFFICACY

**Pillar 5: *Building resilience.*** Resilient individuals seem to have the ability to bounce back from adversity. Factors which are likely to enhance resilience in a child or young person include- promoting friendships with school peers who are doing well and providing a key worker who acts as a mentor and offers consistent support/encouragement.

**Pillar 6: *Enhancing self-management skills.*** Self-management is the insulation, which prevents inappropriate behaviour when enticing or compelling outside factors try to break through. Examples here include Teaching self-managing behaviour, mentoring basic skills, encouraging on-task behaviour and promoting self-reflection.

### c) BUILDING SOCIAL INTERACTIONS SKILLS

**Pillar 7: *Improving emotional competence.*** Residential carers and foster/adoptive parents can support and encourage relationships with children and adults outside the family, teach the language of emotion and encourage the development of empathy (i.e., understanding the needs of others, as well as self-needs).

**Pillar 8: *Developing personal and social responsibility.*** This life-long process involves developing a sense of responsibility for others, accepting differences, treating people in a fair and valued way, and expecting the same treatment from others in return.

## Colin Maginn

is the director of 'The Pillars of Parenting Ltd' and guest lectures at University College London. He has been working with children for over forty years, with twenty years running his own children's home in London England, where, with Dr Seán Cameron, they developed their 'Emotional Warmth Parenting' approach. Colin's three grown up children are his greatest source of pride and joy in his life (two daughters in their early twenties and a son, just over 18). Colin is driven to improve work with children in public care, inspire kindness and warmth, and change from haphazard opinion-based practice to a child-friendly evidence-based approach based on psychological research and theory, empowering those working directly with the young person. For more information visit [www.pillarsofparenting.co.uk](http://www.pillarsofparenting.co.uk) or reach Colin at [colinmaginn@pillarsofparenting.co.uk](mailto:colinmaginn@pillarsofparenting.co.uk)

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