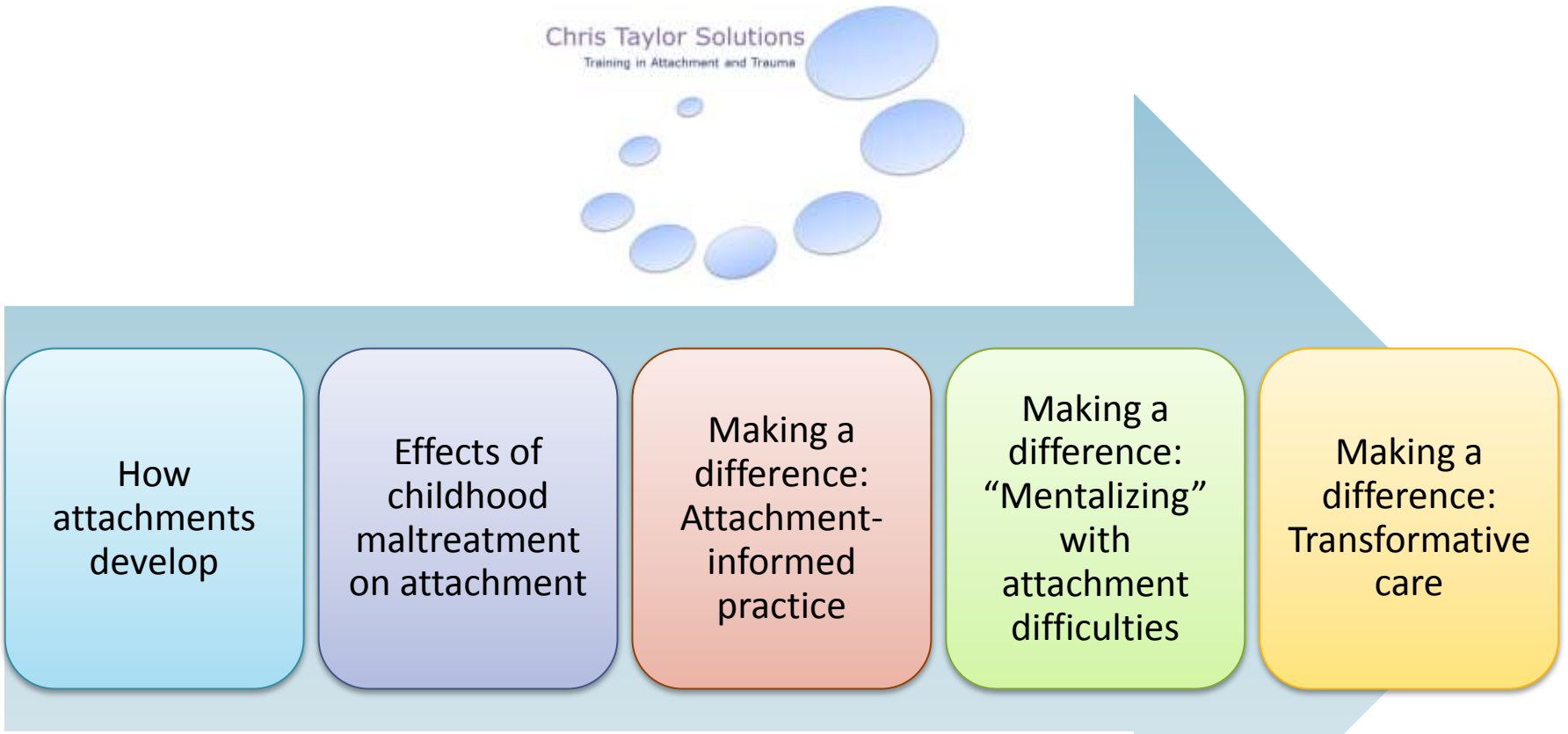
Surrey Residential Work Conference

2014

Chris Taylor

Working with Attachment in Mind

Making a Difference, Transforming Young Minds and Improving Lives

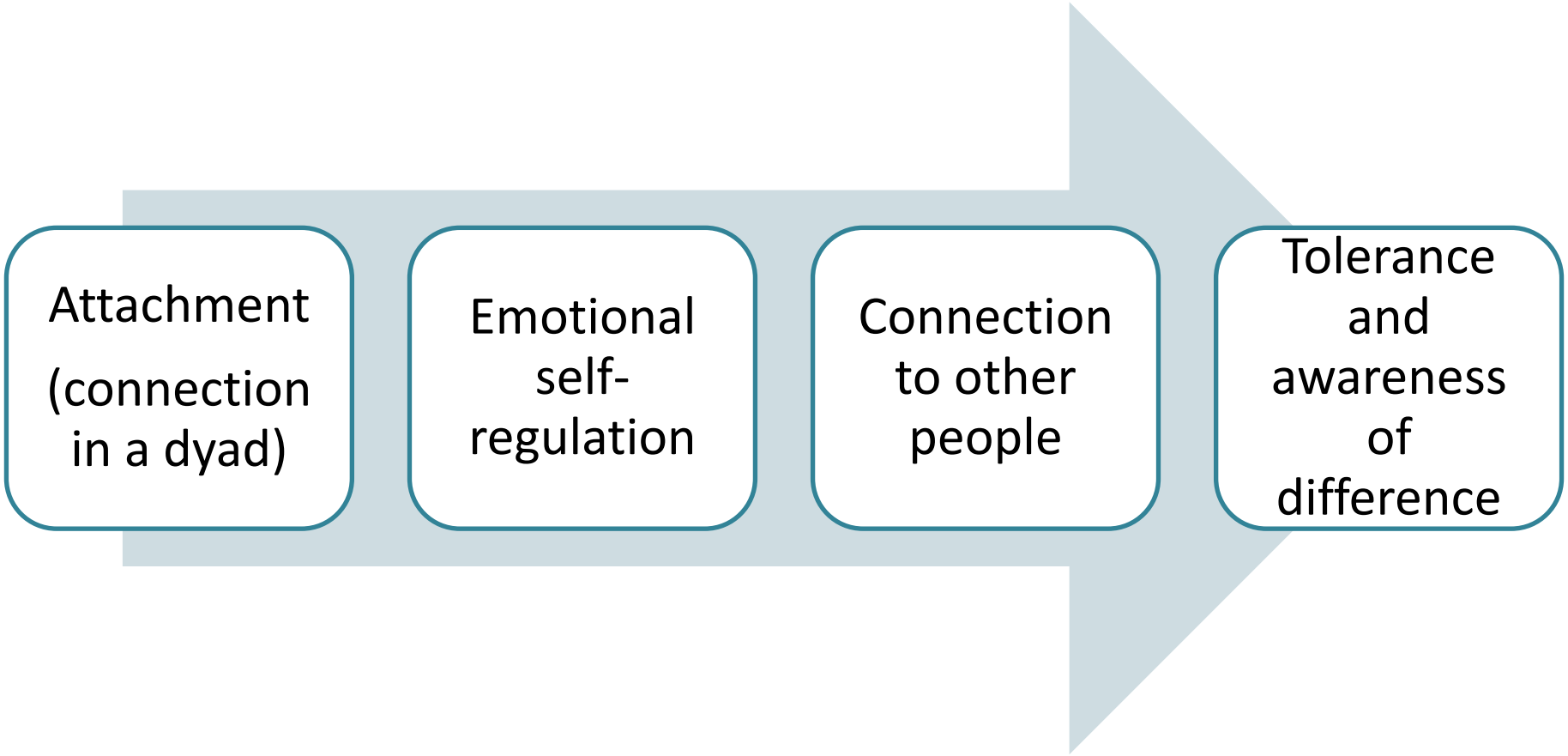


Making a Difference, Transforming Young Minds and Improving Lives

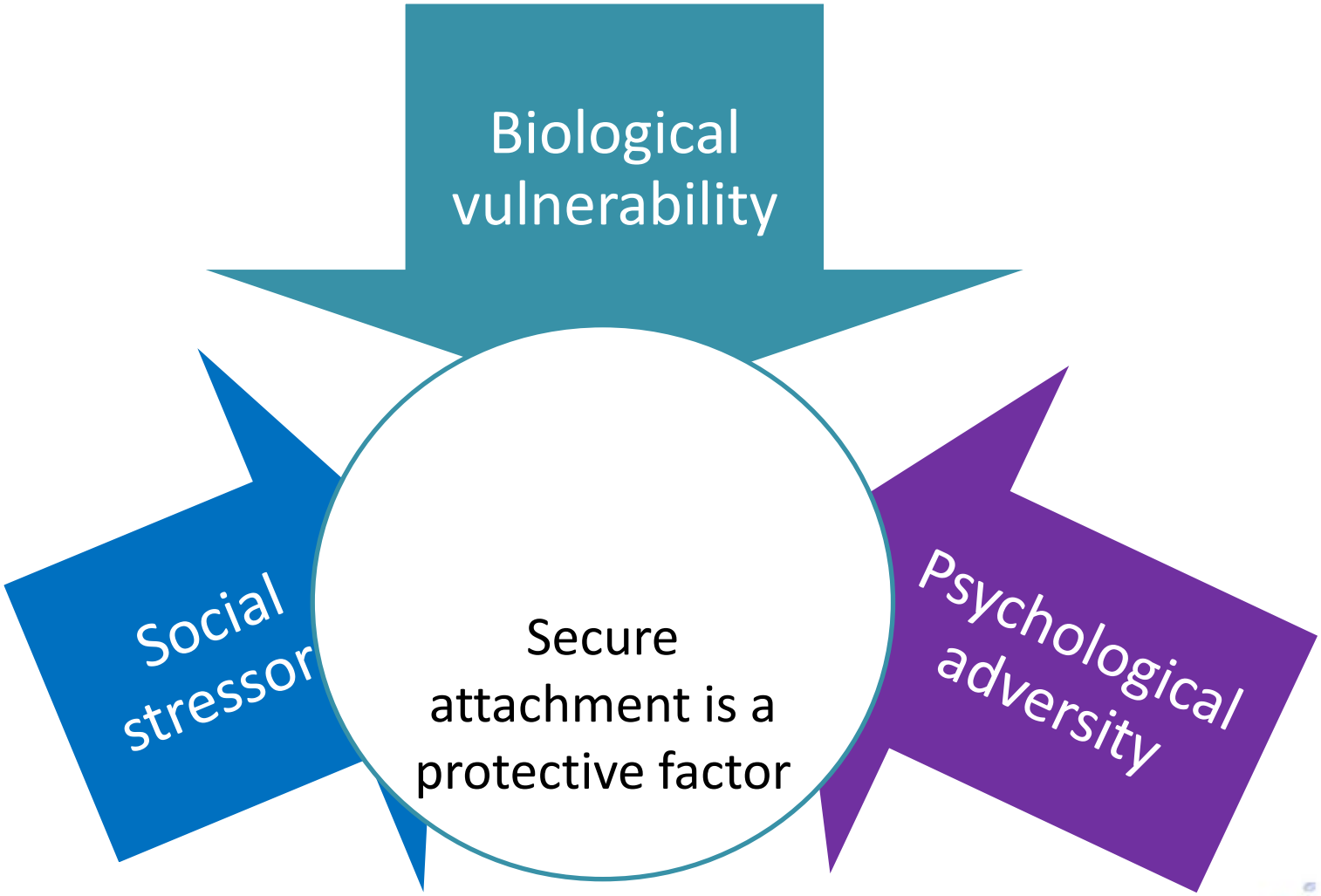
Who is attachment-informed practice for?

- Important for all children who live away from their primary caregivers
- Attachment difficulties for LAC exist on a continuum, and other issues may co-exist
- It's never just attachment, but attachment is always there

Attachments are developmentally important

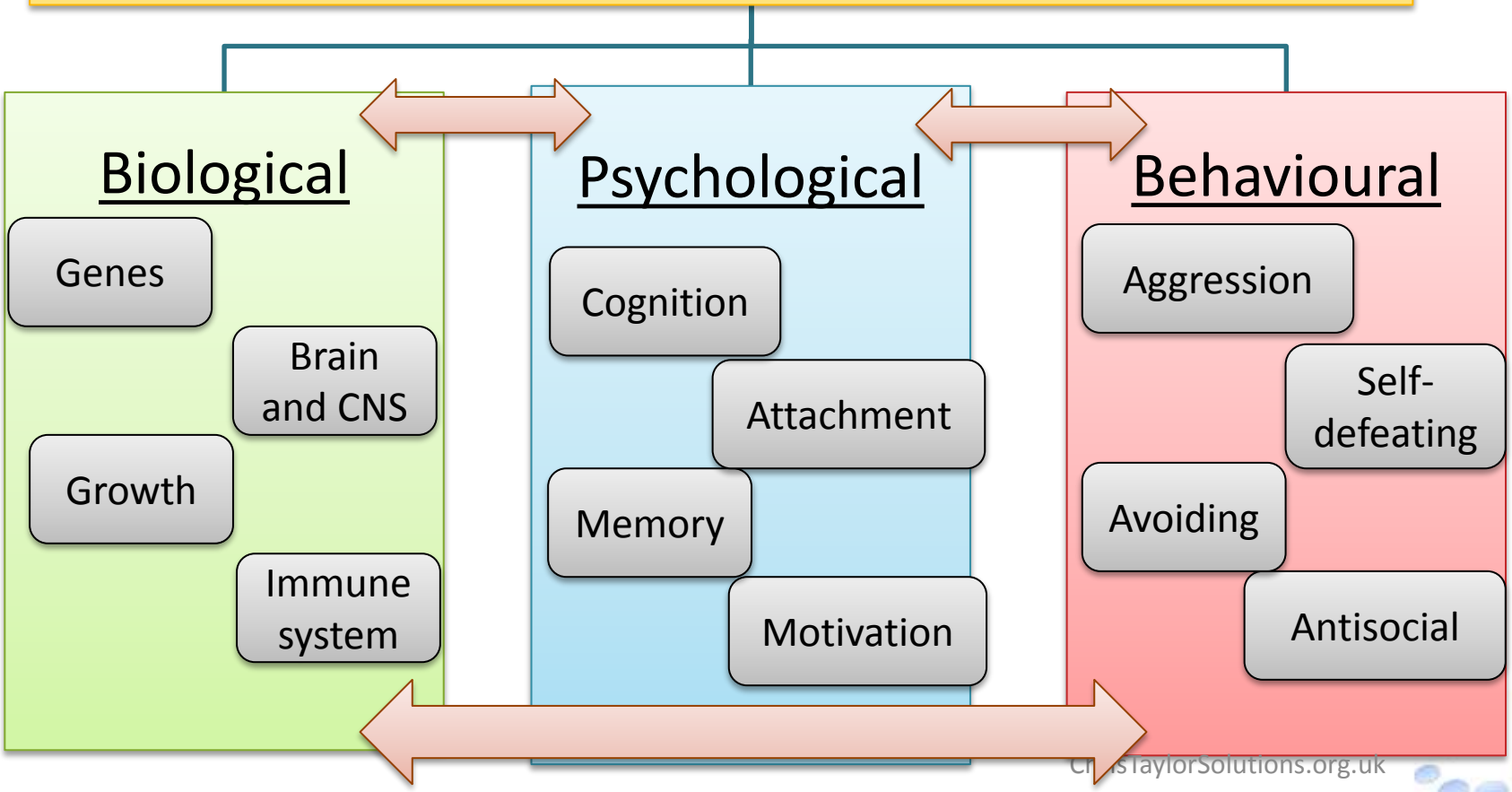


Individual Difference



Effects of Maltreatment

Attachment and trauma informed models can help resolve many of these issues – **not only** those that are solely related to attachment.
Caregivers can become a safe person to explore solutions alongside the child



The Work is in Relationships

- Many so-called "behaviour management problems" are, in fact, "relationship-management problems“
- The child’s **greatest therapeutic resource** may well be their **relationships** with those caring for them day-by-day
- This can be hard “emotional labour”

Attachment Theory is here to help!

Attachment Theory provides us with a **Secure Base** from which to explore and understand our child's inner world

Biological and evolutionary level

Humans seek relationships

Behavioural level

How we act in relationships

Affective level

Emotional content of relationships

Cognitive level

Our models and predictions of relationships

The *developmental pathways* model of **Attachment Theory** acknowledges that we are the product of all our experiences, not our early experiences alone

Attachment? A Tie That Binds

- Fish, reptiles and insects have lots of offspring
- Their offspring are born ready to function on their own

Birds and mammals
have few offspring
Life depends on adults

Attachment is the mechanism for keeping parent and offspring close enough for offspring to develop to autonomy

It Takes Two to Tango (Well)

The dance of Attachment happens **between minds**, operating through the interaction of two behavioural systems

Unable to cling, unable to move themselves, human infants are born supremely adapted for sociability.

I'm learning who you are and what you need

I need care and protection…I'm learning how you will provide

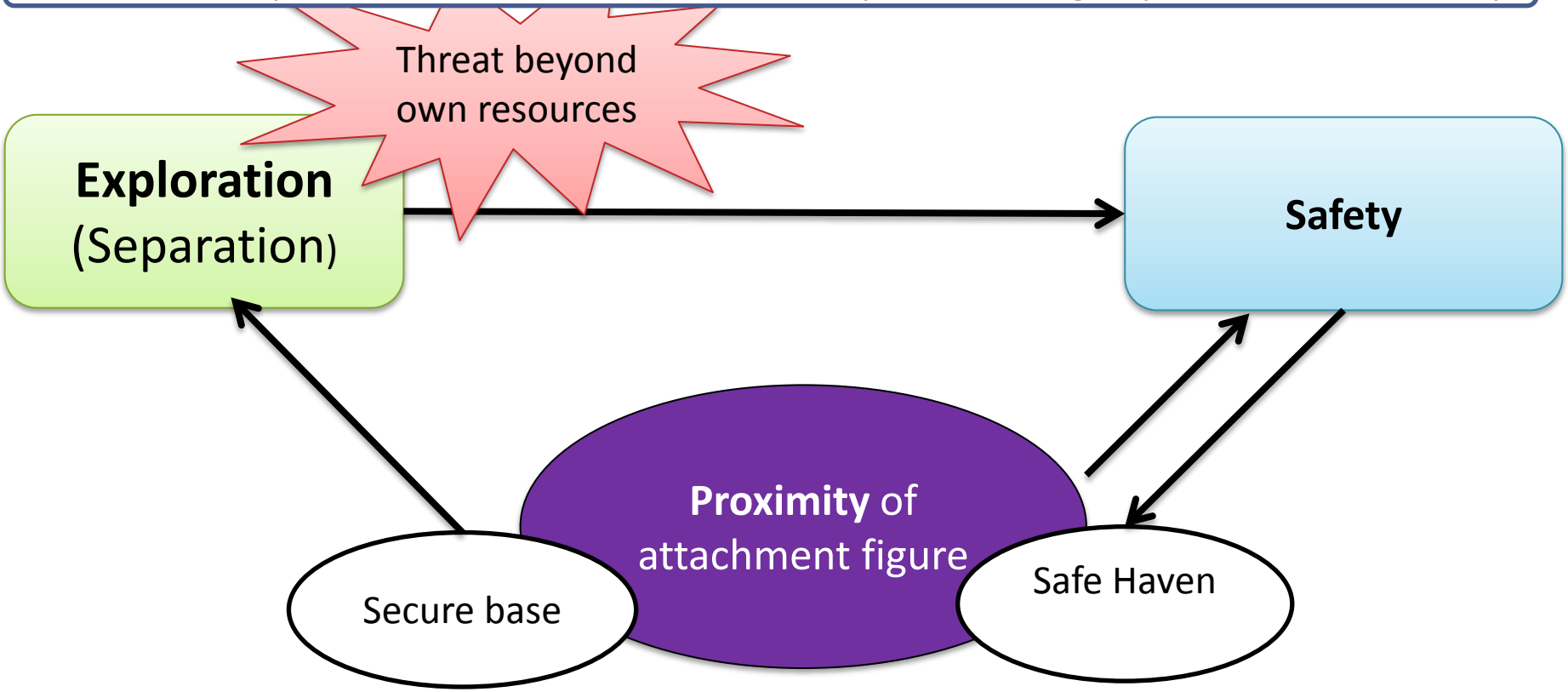
From the second year of life, children begin to have in mind representations of themselves, their attachment figure(s) and their relationships, based on their experiences of **proximity**, **separation**, **soothing** and **playfulness**

Separation

- All babies must learn about separation…
- Gradually, so they are not panicked
- Children who have learned to separate without too much fear have a **secure base**
- They do not need to exhaust themselves with fear of separation

The world may be full of danger, but I still need to explore

Attachment system maintains internal stability– balancing exploration and safety



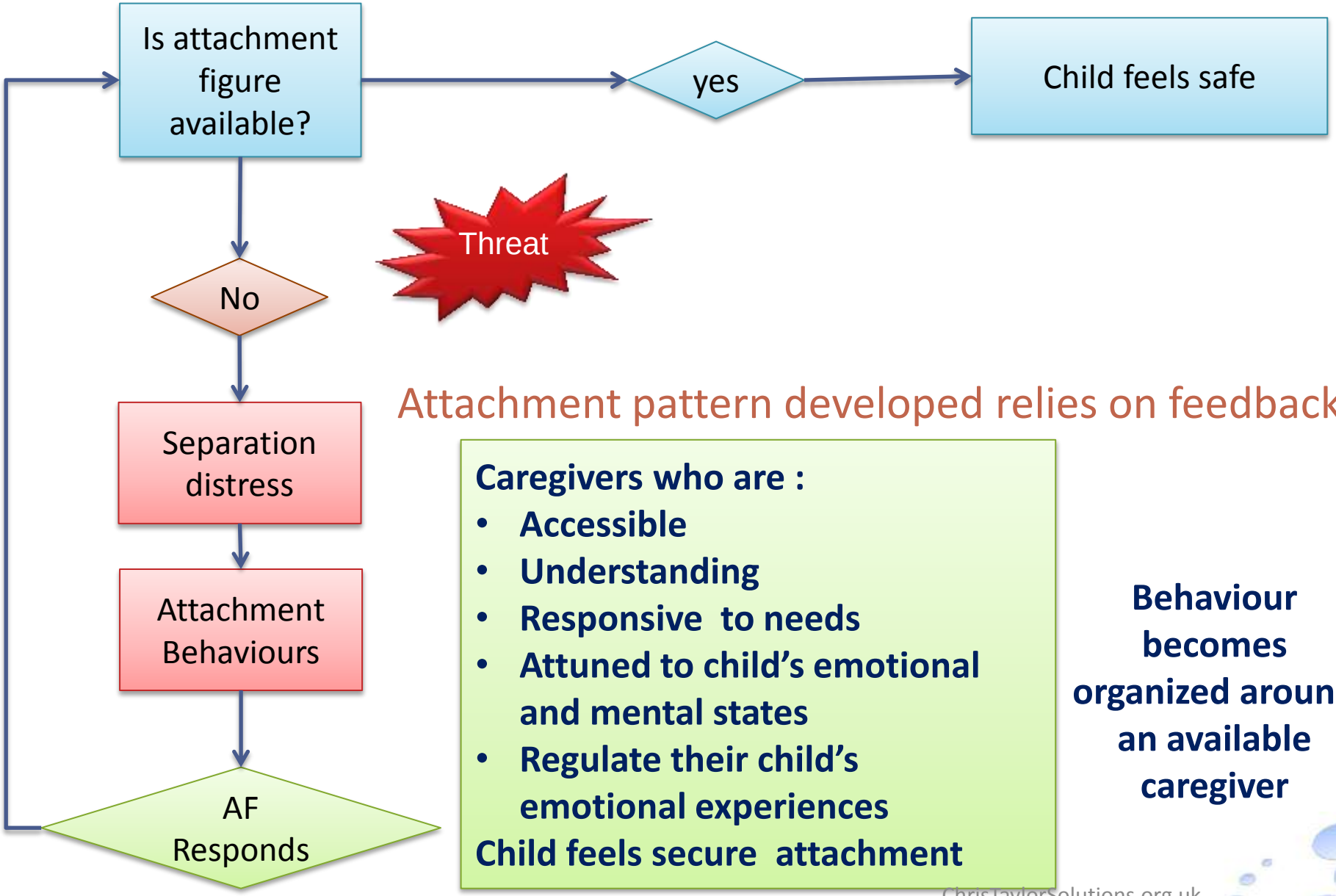
When There Is No Sense of Safety

Fight	Flight	Freeze
Controlling, Aggressive, Destructive	Running, Hiding, Hyperactive	Decreased responsiveness Dissociation

Older children are often blamed for these automatic responses

Attachment Behaviours

- Faced with (perceived) **danger** we seek **safety**
- Faced with (perceived) **distress** we seek **comfort**
- Faced with (perceived) **isolation** we seek **proximity**
- Faced with (perceived) **chaos** we seek **predictability**



Attachment pattern developed relies on feedback

Caregivers who are :

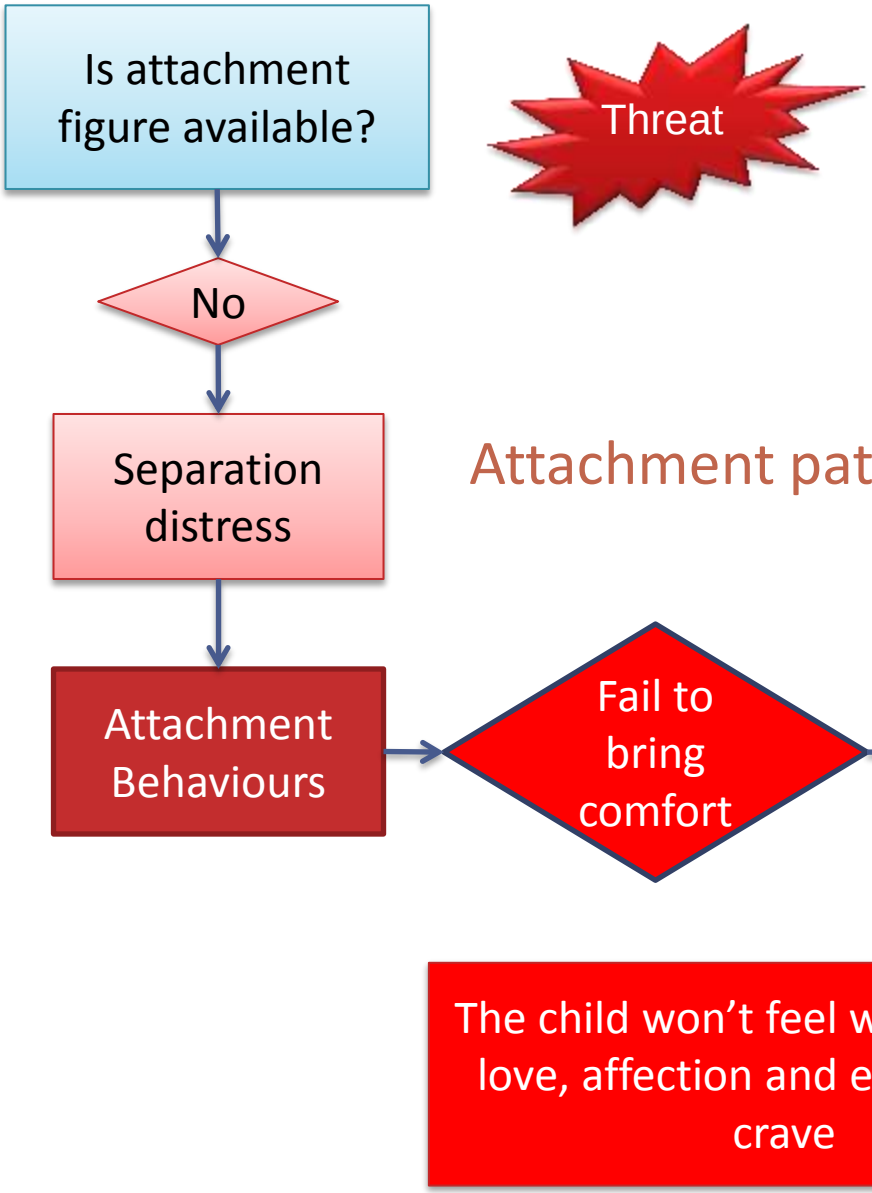
- **Accessible**
- **Understanding**
- **Responsive to needs**
- **Attuned to child's emotional and mental states**
- **Regulate their child's emotional experiences**

Child feels secure attachment

Behaviour becomes organized around an available caregiver

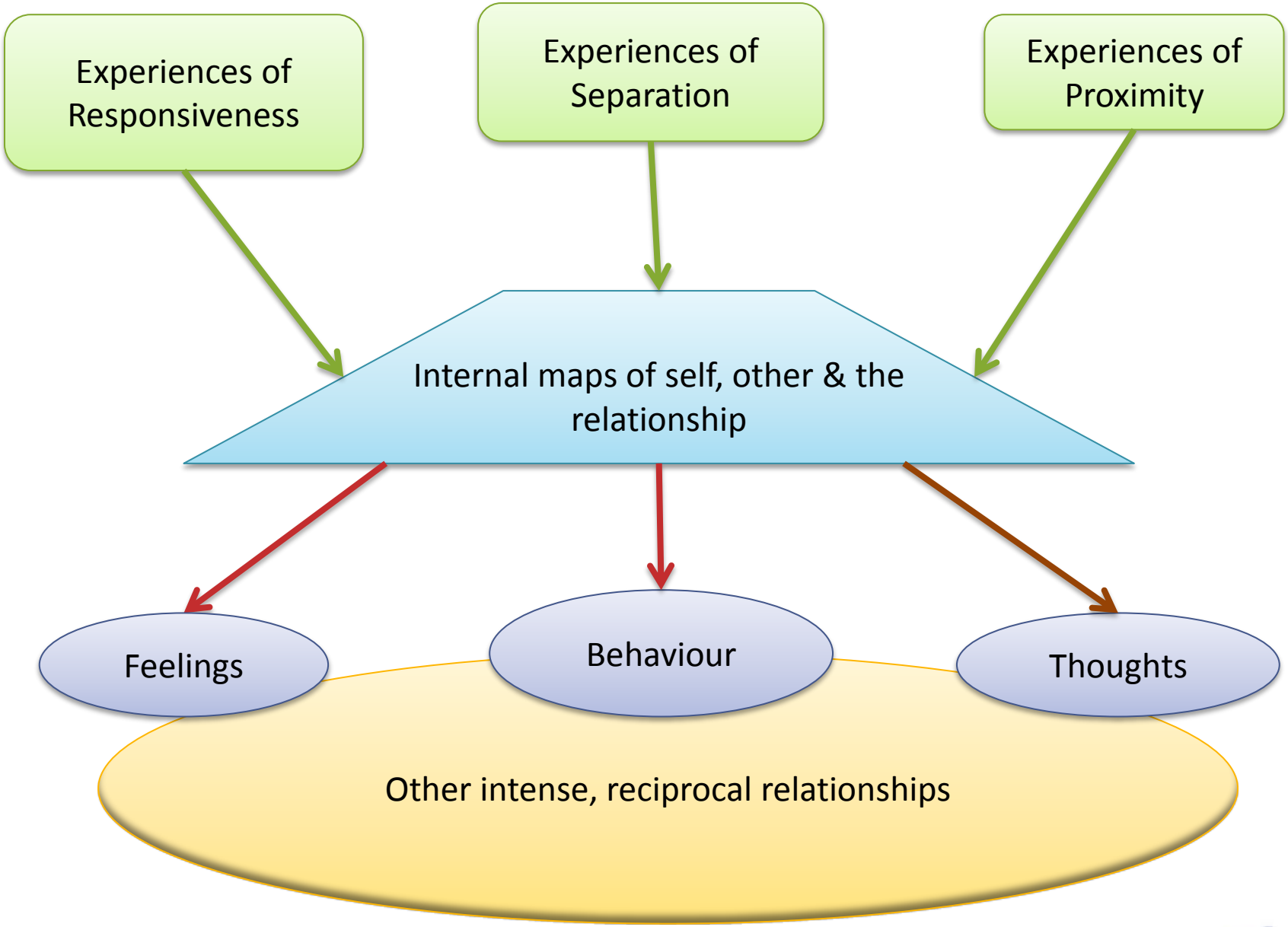
Attachment Patterns

- Central question is: how are relationships experienced?
- Valuable, reliable, safe?
- What if caregiver doesn't hold the baby in mind?
- It hurts! And we now know it physically hurts the brain (trauma)



Behaviour becomes organized around an unavailable caregiver

Attachment pattern developed relies on feedback


Experiences of Responsiveness
Experiences of Separation
Experiences of Proximity
Internal maps of self, other & the relationship
Feelings
Behaviour
Thoughts
Other intense, reciprocal relationships

A "Prediction Machine"

Result	Prediction 1	Prediction 2	Prediction 3
Proximity seeking	**I think and feel about my self**	**I think and feel about my attachment figure**	**I think and feel about the social world**
Successful	Loveable, effective worthy of receiving and able to give love	Available, loving, interested and responsive	I can be effective in the world, which will treat me well, my needs will be met
Unsuccessful	Uninteresting, ineffective, unvalued, unworthy, unwanted	Rejecting, neglectful, inconsistently available, interfering, controlling	The world will teat me badly, I must force people to meet my needs / I must give up on my needs

I Fear You/Fear for You

- When attachment figure is also the source of fear
  - Caregivers have no strategy (or multiple strategies) to sooth their child's stress / distress
- Because the child cannot predict danger they need to be constantly (hyper) vigilant
- Incompatible attachment behaviours: **flight** and **proximity seeking**
  - No coherent system for dealing with separation
  - "Fear without solution"

I Fear You/Fear for You

- Fear is a natural response to danger
  - There is survival value in never forgetting a threat
- Neural networks established by traumatic events are reactivated by perceived threat
- Fear inducing (traumatizing) events include:
  - To be left without being cared for or protected
  - To be hurt, to see others being hurt
  - The sudden and unexplained disruption of attachment bonds

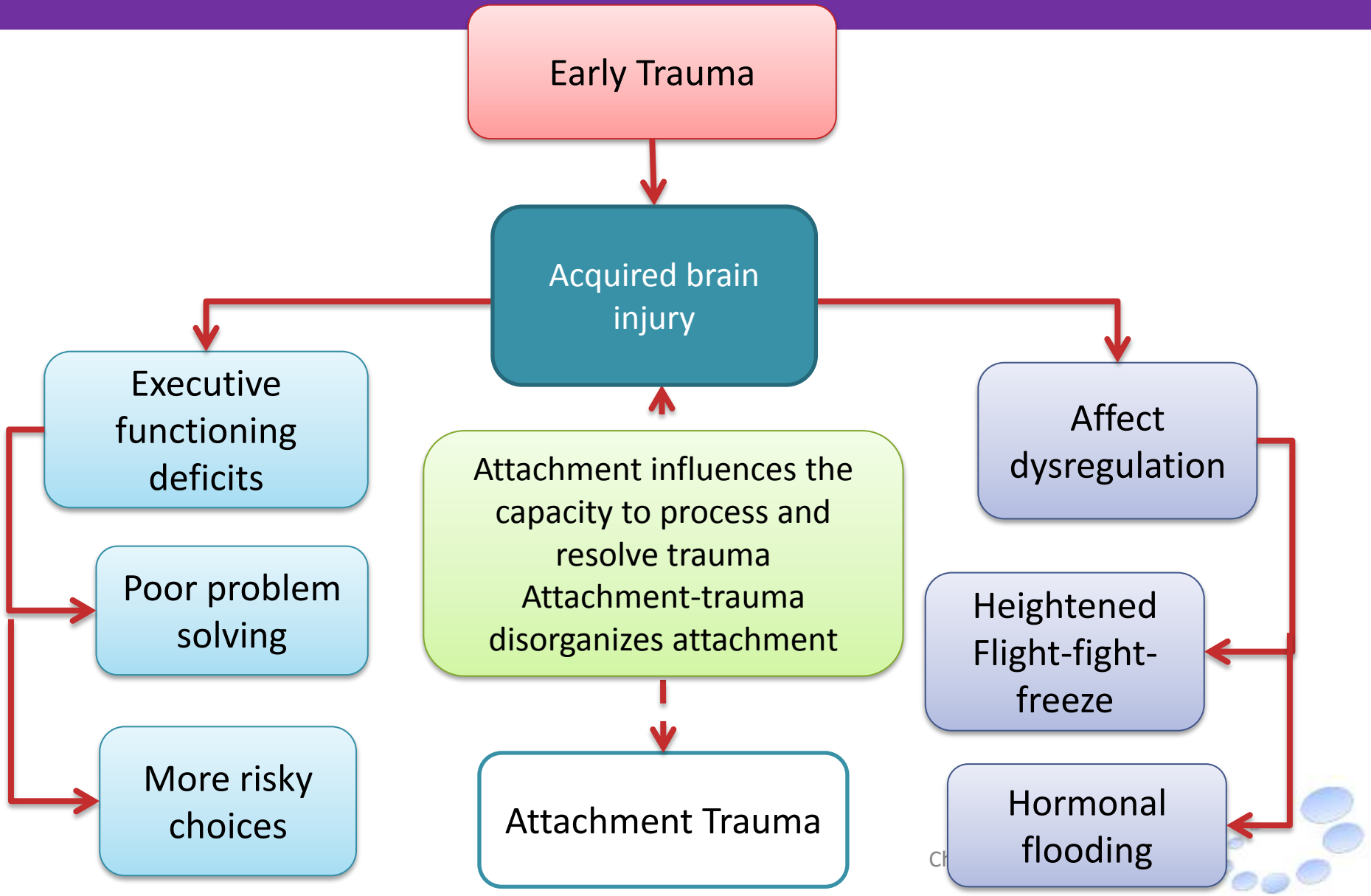
Brains Under Attack!

- Emerging neuroscience shows early maltreatment increases risks for neurodevelopmental problems
  - Including the normal emergence of ToM
- When trauma is preverbal it is stored without words
  - Implications for reactions to non-verbal stimuli

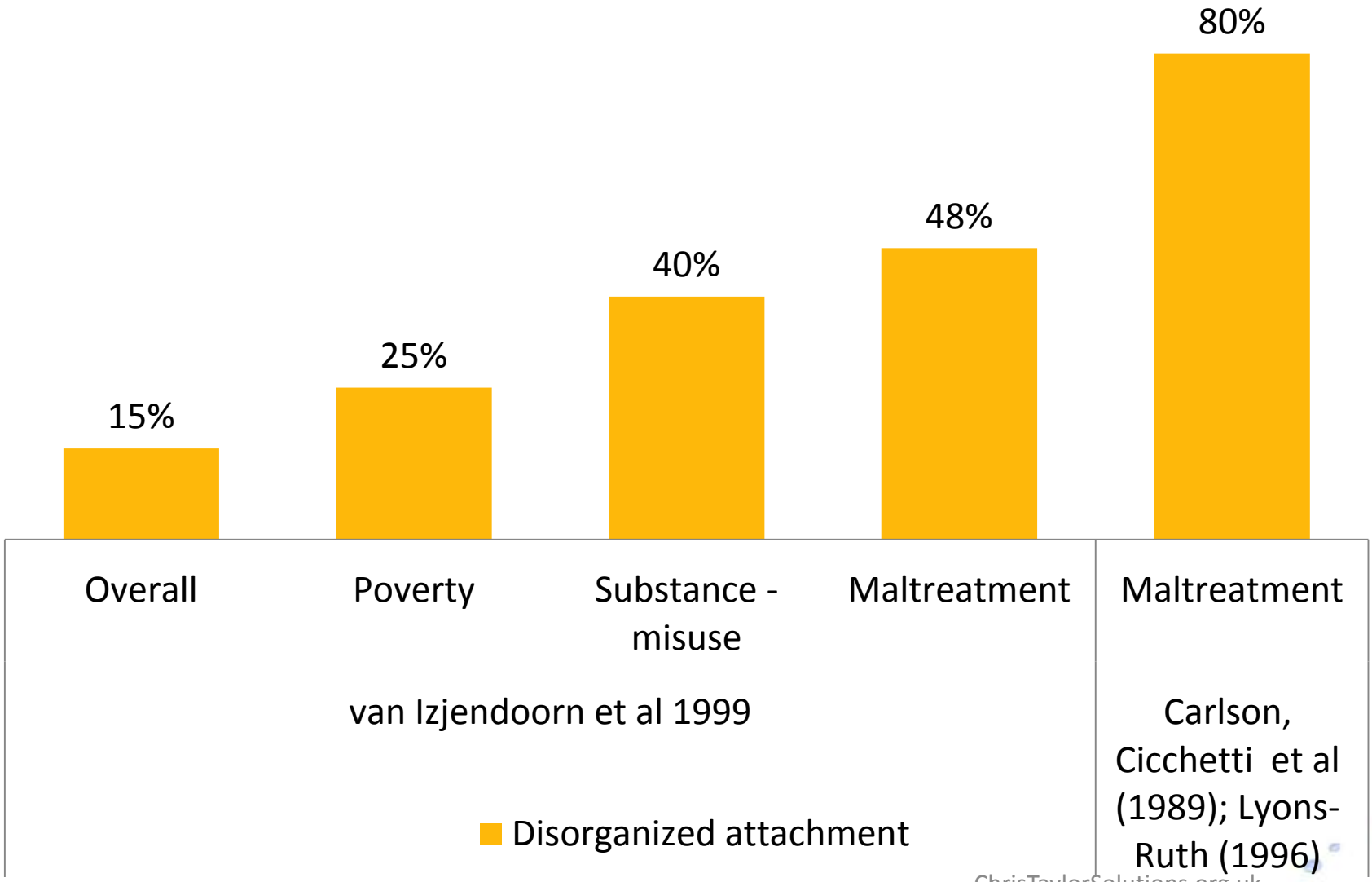
What might a traumatized child look like?

- In a world of their own
- Withdrawn
-  Unpredictable aggression
- The prefect kid
- On edge
- Distractible
- Moody

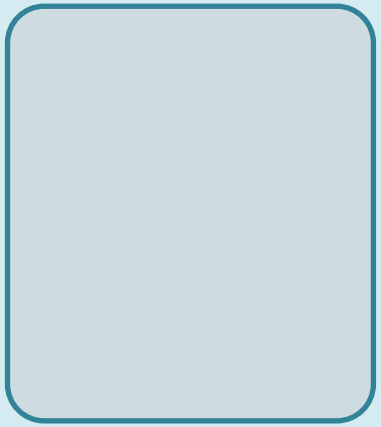
Neurological Effects of Trauma



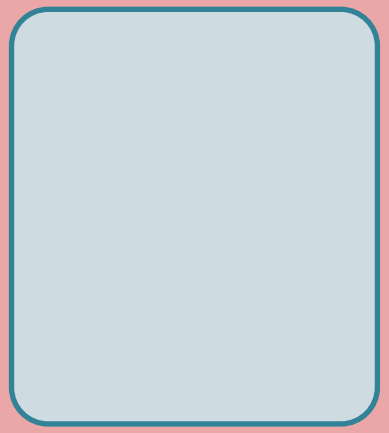
Prevalence of Disorganized Attachment



Contrasting Inner Worlds



People who grow-up with a sense of safety find it hard to imagine what it is like to live without safety



Children who have grown up without a sense of safety may not be able to imagine a world where they feel safe

Hopefulness: Developmental Pathways

There can be a rapid catch-up in physical and cognitive development following placement in enriched environments after even severe deprivation

Attachment-Enriched Environment

- Attachment-informed approaches provide three types of corrective experiences
  - These are mostly provided by caregivers

1. Opportunities for change, over time, in a constant relationship
2. Repeated experiences that counteract earlier learning from maltreating relationships
3. Strong emotional experiences that counteract a child's core beliefs

Secure Caregiving: Layered Model

For best outcomes, children need…

To belong **to** someone
Caregiver-child dynamic

To belong **with** others
Group belonging

To belong **in** society
Living in group that is active part of society

Keeping close in order to let go

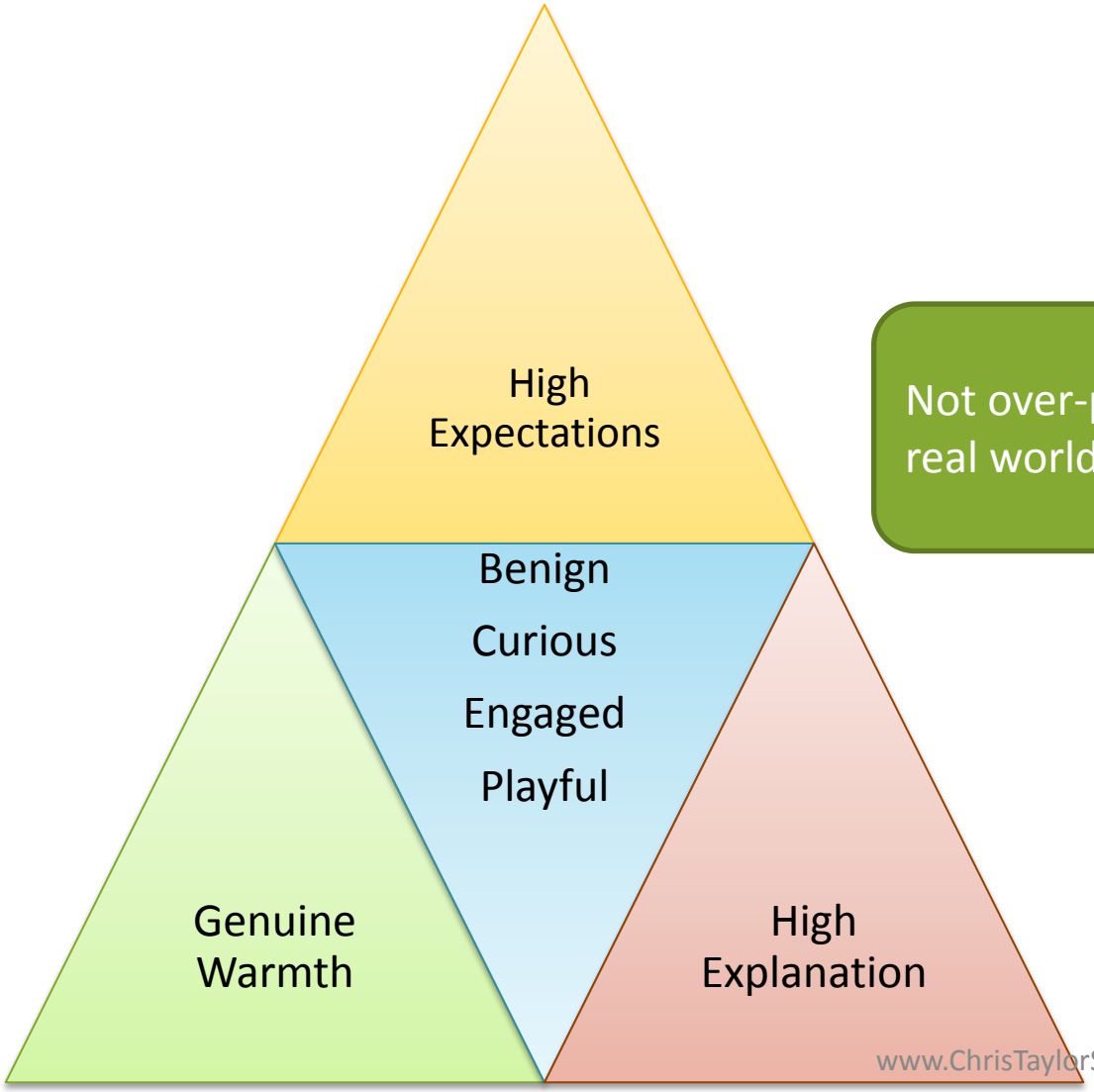
Secure Caregiving Style

- Secure caregiving is an overarching style
- It requires the ability to be experienced by the child as a safe person
  - Assertive
  - Honest
  - Careful
  - Not hostile
  - Not caught up in the child's difficulties
  - Work from a strengths perspective

Understanding Strengths

- Most therapeutic work is actually building on strengths, not treating damage.
- Create a mind-map of your young person's strengths…(this might not be easy)
- Ask yourself (and your colleagues), "How can I encourage and help develop these strengths?"
- Ask your child too

Secure Caregiving Style



Not over-protecting from real world experiences

Secure Caregiving Style

- Your calm presence turns off your child's **attachment system**
- This activates their **exploration system** (be sensitive to this need too)
  - Play with things
  - Explore the world
  - Be curious
  - Make contact with other children
  - Experiment and learn
  - Make mistakes

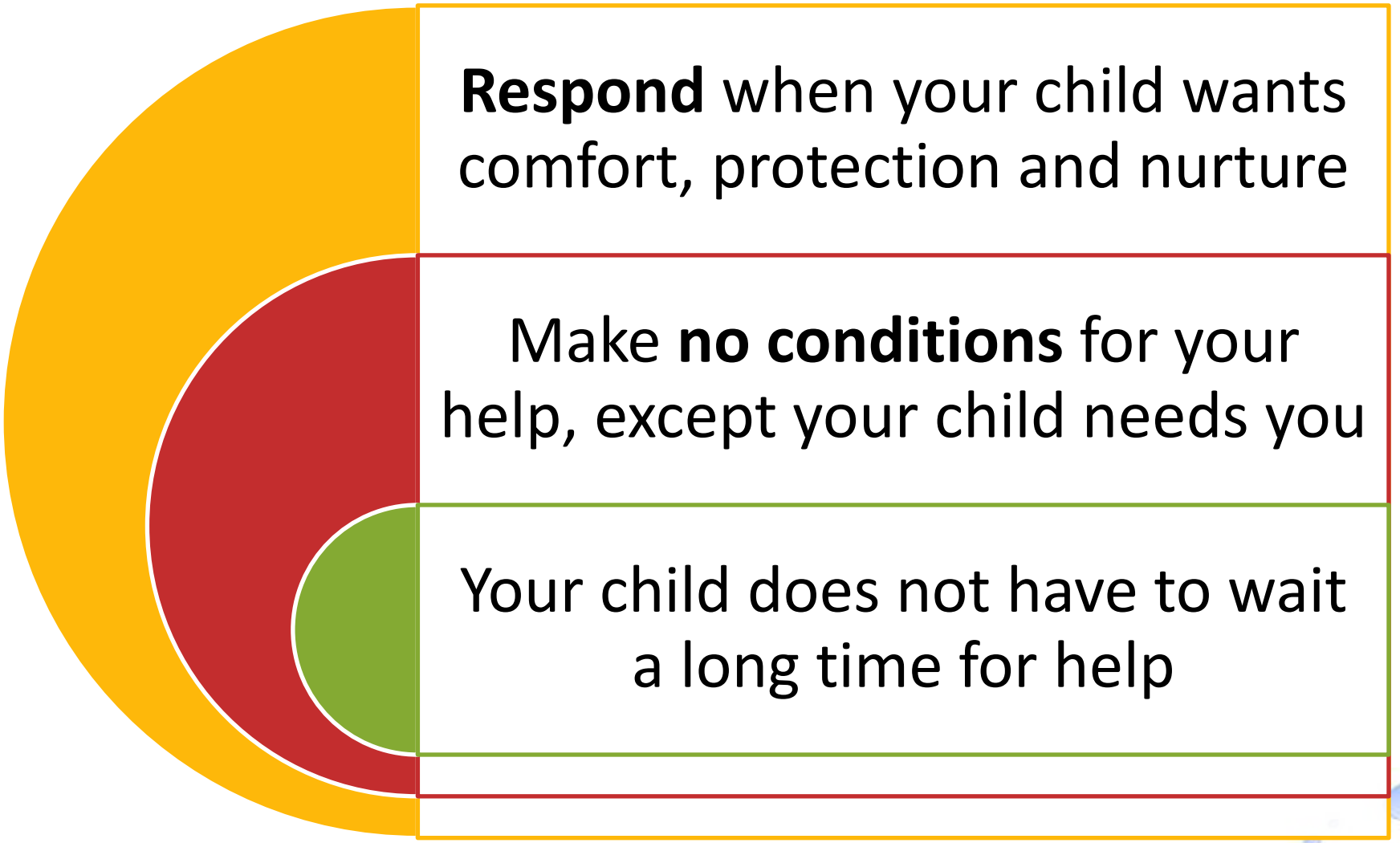
Secure Caregiving Style

Caregiver responds	Child learns
Physically	“My caregiver is nearby”
Emotionally	“My caregiver understands my feelings”
Cognitively	“My caregiver is aware of me”

Secure Caregiving Style

- **Provide**:
  - A sense of safety
  - Structure
  - Nurture
  - Challenge
- **Be**:
  - Predictable (especially in attitudes and responses)
  - Understandable
  - Engaged
  - Attuned
- **Maintain** adequate disciple without being punitive, rejecting or over-controlling.

Secure Caregiving Style



Secure Caregiving Style

- Initiate contact
- Talk and make eye contact
  - Melodious voice, clear facial expressions
- Provide sensitive responses
  - Complete tasks but read the child and respond in a flexible way
  - Motivate the child by responding to their feelings

Secure Caregiving Style

- Be interested in what your child thinks and feels
- Describe accurately how your child is thinking / feeling
- Let them know what you need them to do
  - "I think you're feeling very angry your mother didn't phone. I need you to sit with me while you calm down"

Secure Caregiving Style

- If the child is angry, sad or desperate, you feel **with** the child, but not **like** the child
  - Stay calm
  - Do not scold or punish
  - Be firm if needed, but do not feel or become angry

This will not be smooth…

Relationships will Rupture

During attunement the child learns about their **Self**

During ruptures the child learns about **Self-Other** boundaries

and will need Repair

Secure Caregiving Style

- Because I empathise with your distress I work to repair the rupture

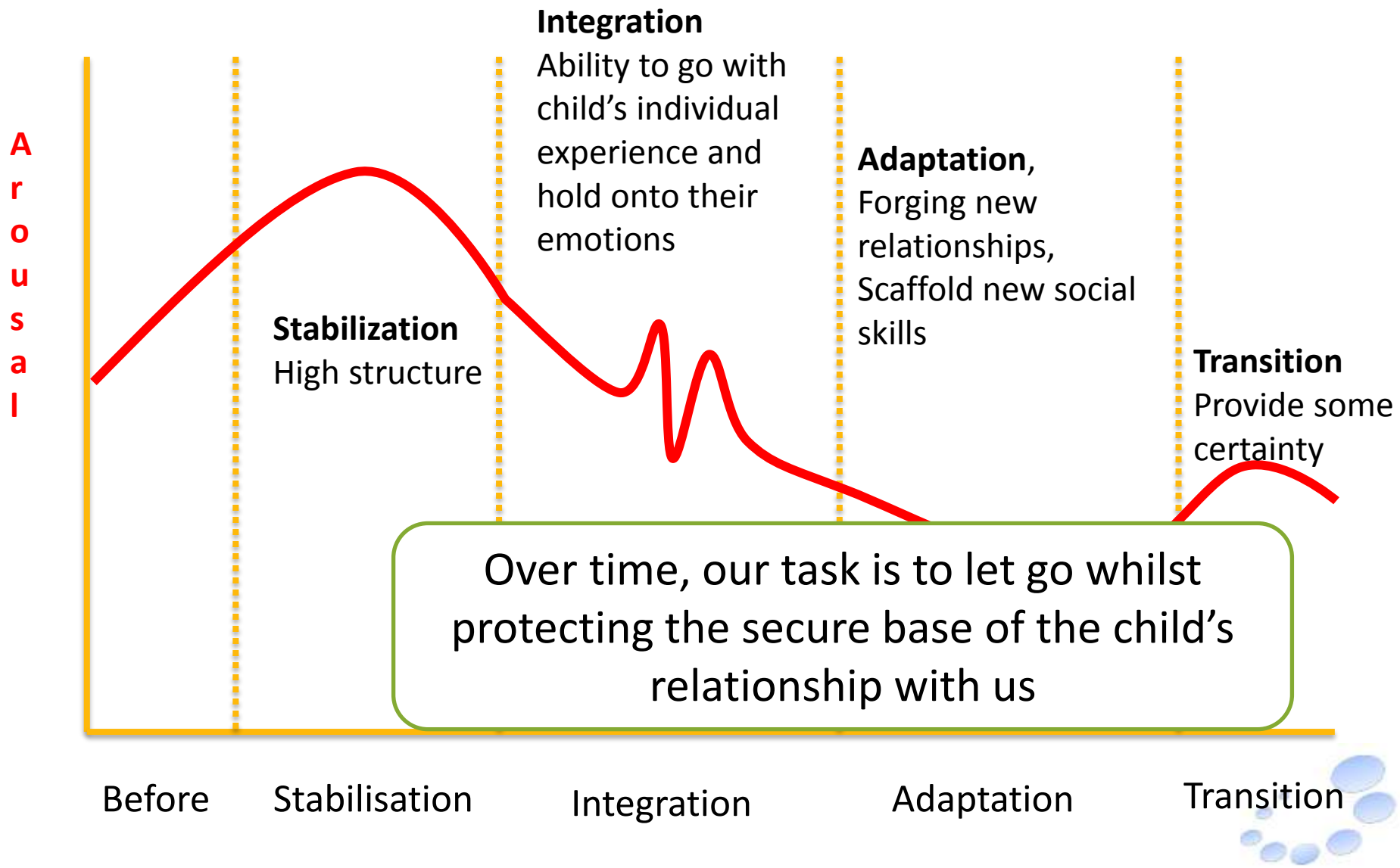
Secure Caregiving Style

- Because I can stay calm when you're distressed I am able to tolerate the rupture

What Are We Aiming For?

- Helping children with attachment-trauma…
- Rather than eliminating the legacy of all childhood difficulties, the goal is **effective adjustment in adulthood.**

Earning Security Takes Time



Helping Children with Attachment-Trauma

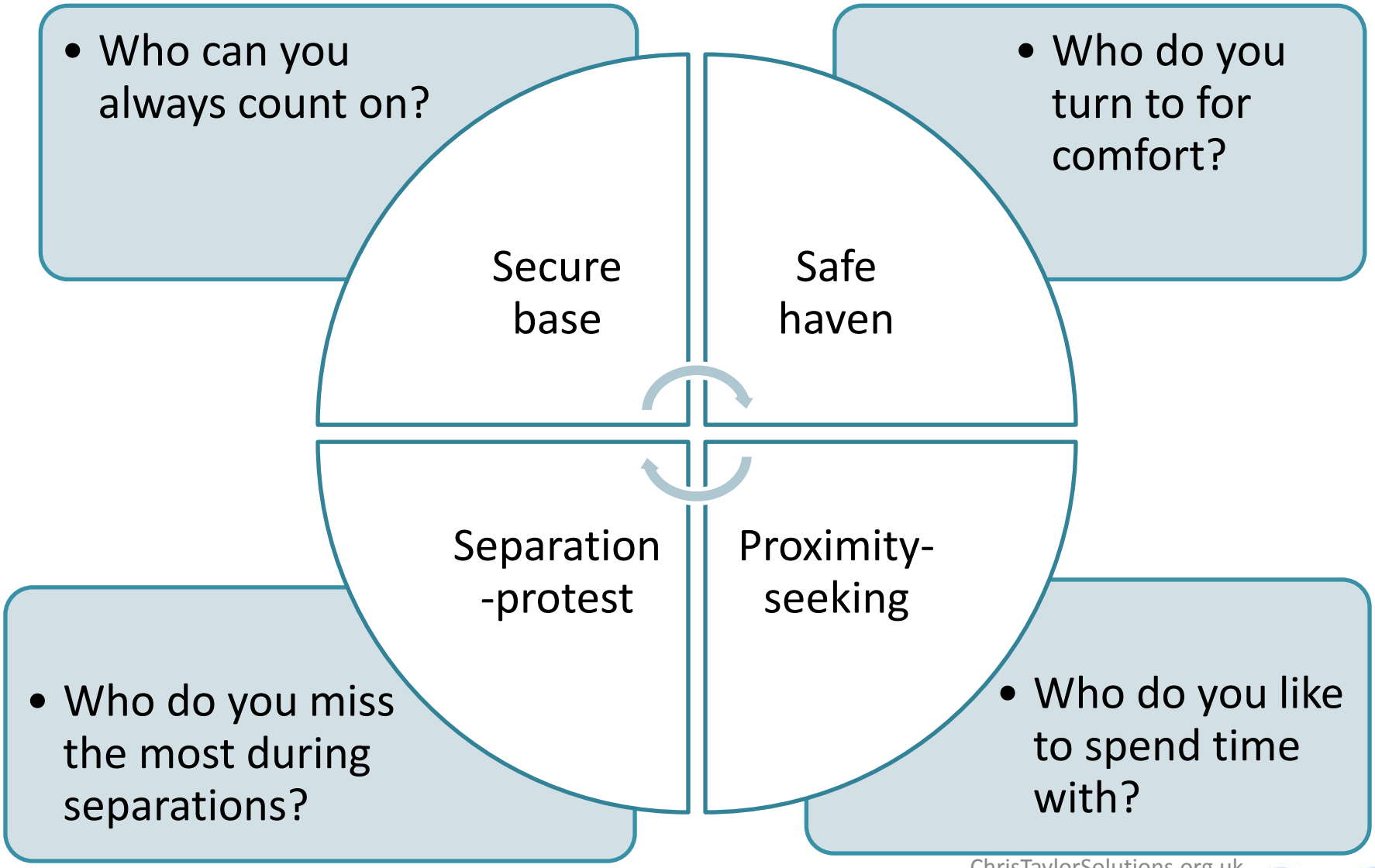
Chris Taylor MSc(Psych)

Attachment

- To summarise…

1. Attachment is a lifelong inter-personal strategy to respond to threat/danger
2. The pattern of attachment reflects a personal strategy for processing information based on experiences of primary attachment figures
3. Attachment persists even when attachment figure is abusive or neglectful
   - Attachment feelings then give rise to conflict
   - But, under threat, security is still found with the attachment figure

Important relationships



The Specialists' Role

- Attachment is too all-encompassing to be a matter only for specialists
  - An important task for specialists is to equip caregivers to **understand** and **respond consistently** to the feelings behind the child's behaviour
- The caregivers' job is to show the child, through their **actions** and responses, that close relationships are **valuable**, **predictable**, **safe**, **readily attainable**, and **able to withstand separation**.

Secure Caregiving Style

- To do this we need to recognize the relationships between a child's behaviours and their unmet attachment needs and/or experiences of trauma, and respond accordingly

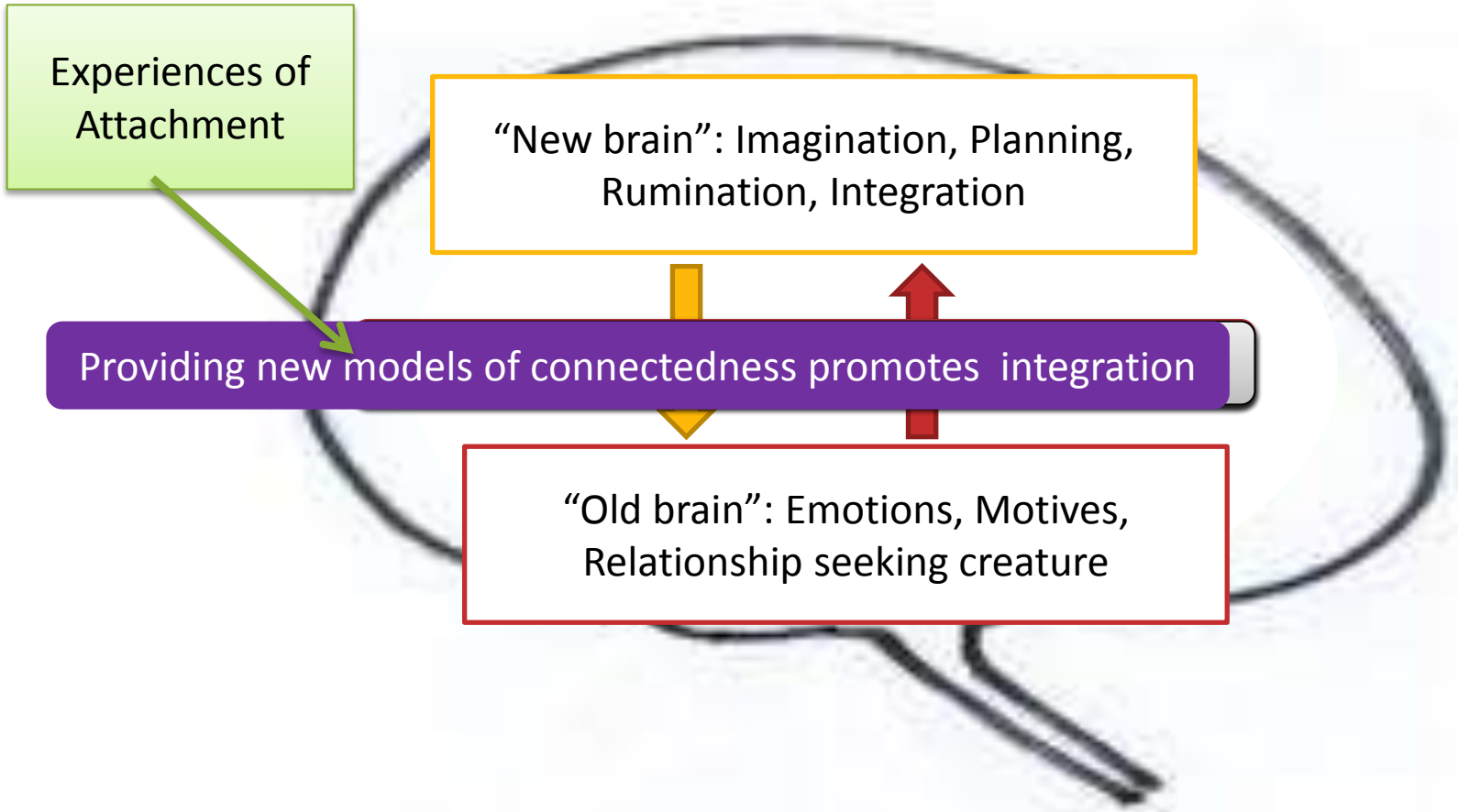
Holding Mind in Mind

- For many years we have thought about "holding the child in mind"
- Now, we are also "holding minds in mind"
  - Recognizing that the content of our mind is the greatest resource for the child's healthy development
  - The child will change first in the mind of their caregiver

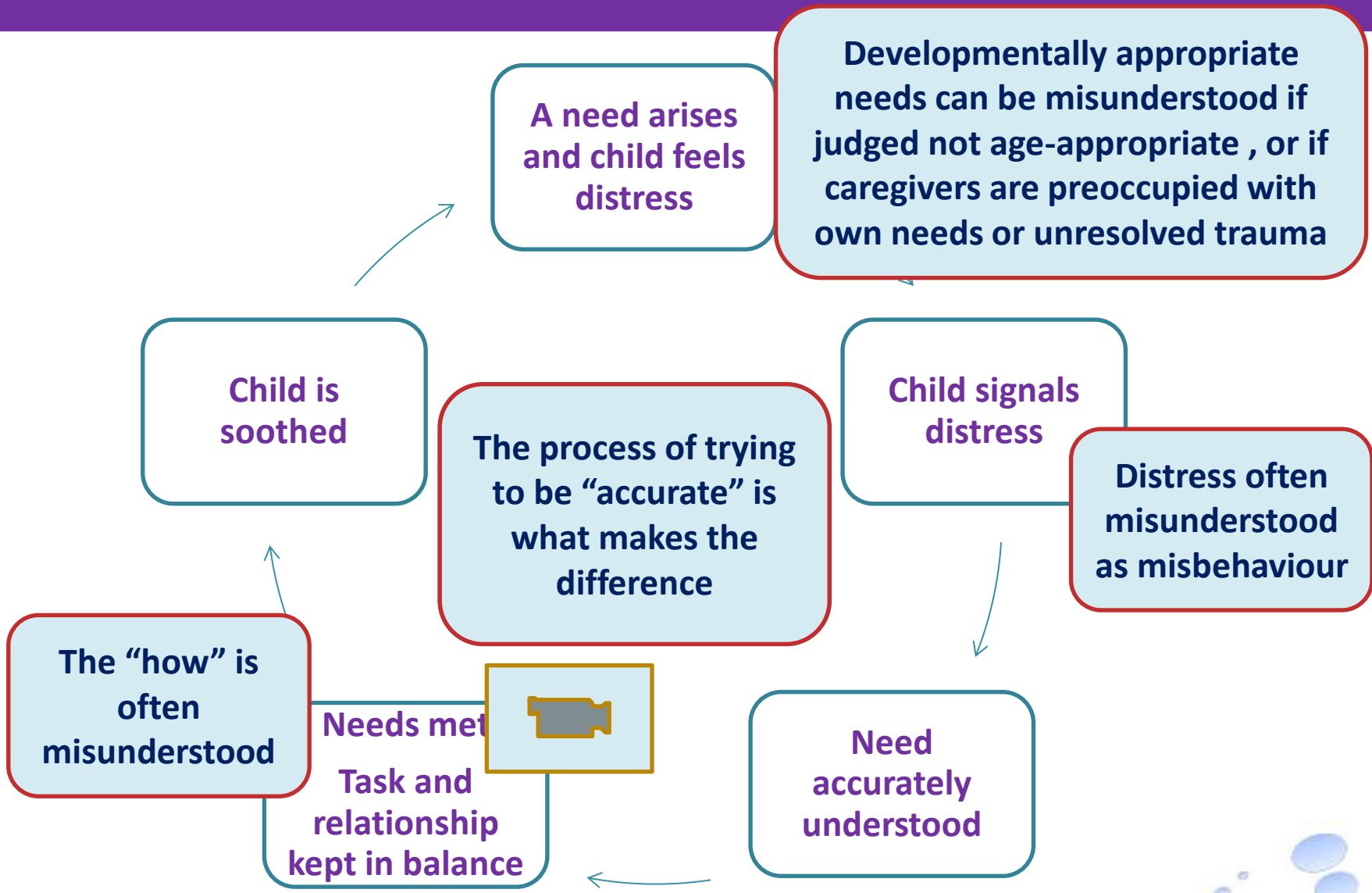
Learning To Have A Social Mind

- From infancy we develop internal maps that represent the ways we have learnt to interact with others and how they will interact with us.
- The shared, reciprocal experiences shape connections in the brain and exist in three domains
  1. Shared **emotion**
  2. Shared **attention**
  3. Shared **intentions**
- Attachment disorganization may be thought of as a significant impairment in developing these maps resulting from fearful sharing of these experiences

Implicit Map of Self-Other Relationships



Love Is Not Enough



What is Mentalizing?

- ***Mentalizing*** is not a therapeutic technique; it is a way of approaching the daily and necessary work of practice.
- It is something that humans do naturally, to varying degrees; a process that can have immense therapeutic value once it has been noticed and thought about.
- This process comes so naturally to us that we easily overlook its significance

Mentalizing (Fonagy, 1989)

- The **active process** by which we make sense of ourselves and each other in terms of our **mental** and **emotional states**
- **Imaginative**, as we're aware that we do not, and cannot, know the mind of another
- **Implicitly** and **explicitly** interpreting the actions of oneself and other as meaningful on the basis of intentional mental states
  - (e.g., desires, needs, feelings, beliefs, & reasons)

- Put simply: "**Holding mind in mind**"

Four Waves of Mentalizing

1. Autism conceptualized as a **stable failure** of mentalizing based on neurobiological deficits ("mind blindness")
2. Borderline Personality Disorder conceptualized as **context-dependent failures of mentalizing** (distrust, anxiety, frustration in attachment relationships), for which mentalization-based treatment was developed
3. Mentalizing identified as a **core common factor** in a wide range of therapies; educating patients, families and carers accordingly

Mentalizing Treatments

- From “second wave”
- Designed to correct underlying impairments in mentalizing by adopting a non-interpretive, “not-knowing,” inquisitive stance
- Intended to facilitate the accurate recognition and acceptance of one’s own and others’ mental states

Mentalizing in Residential Care

- Fourth wave -"Setting Mz free" Adopting Mz outside clinical settings
  - Third wave experiences tell us that parent and carers find Mz approaches helpful and workable

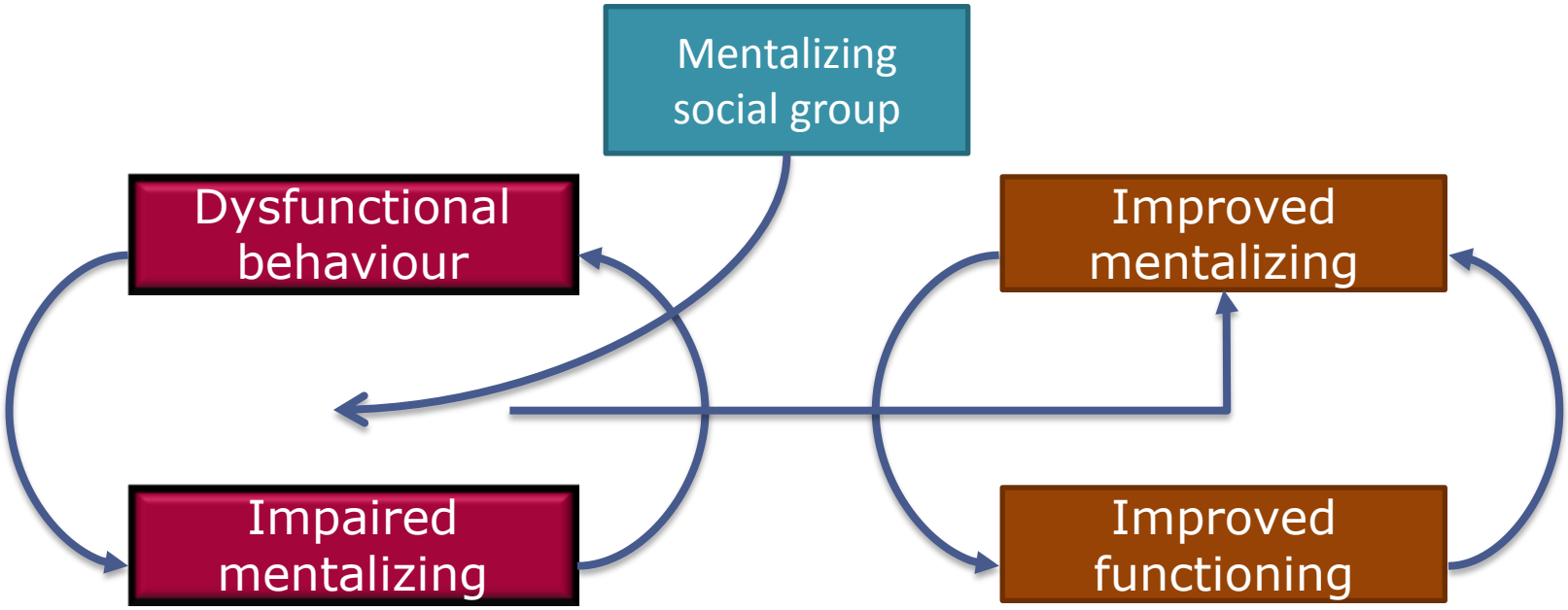
- <u>Two Simple Goals</u>
  1. Improve workers' **awareness** of own mental states
  2. Improve **curiosity** about mental states of the child

The **agent of change is the mentalizing social group** around the young person

Mentalizing Social Group

- Commitment to each child's future by paying attention to our minds
  - Rekindling the young person's **natural capacity to learn** in social relationships
- Adult mentalizing of the child's actions allows them to experience being the subject of **coherent, reliable** and **rational thinking**
- Provides a professional version of human understanding (perhaps something close to **love**)

From Vicious to Benign Circles



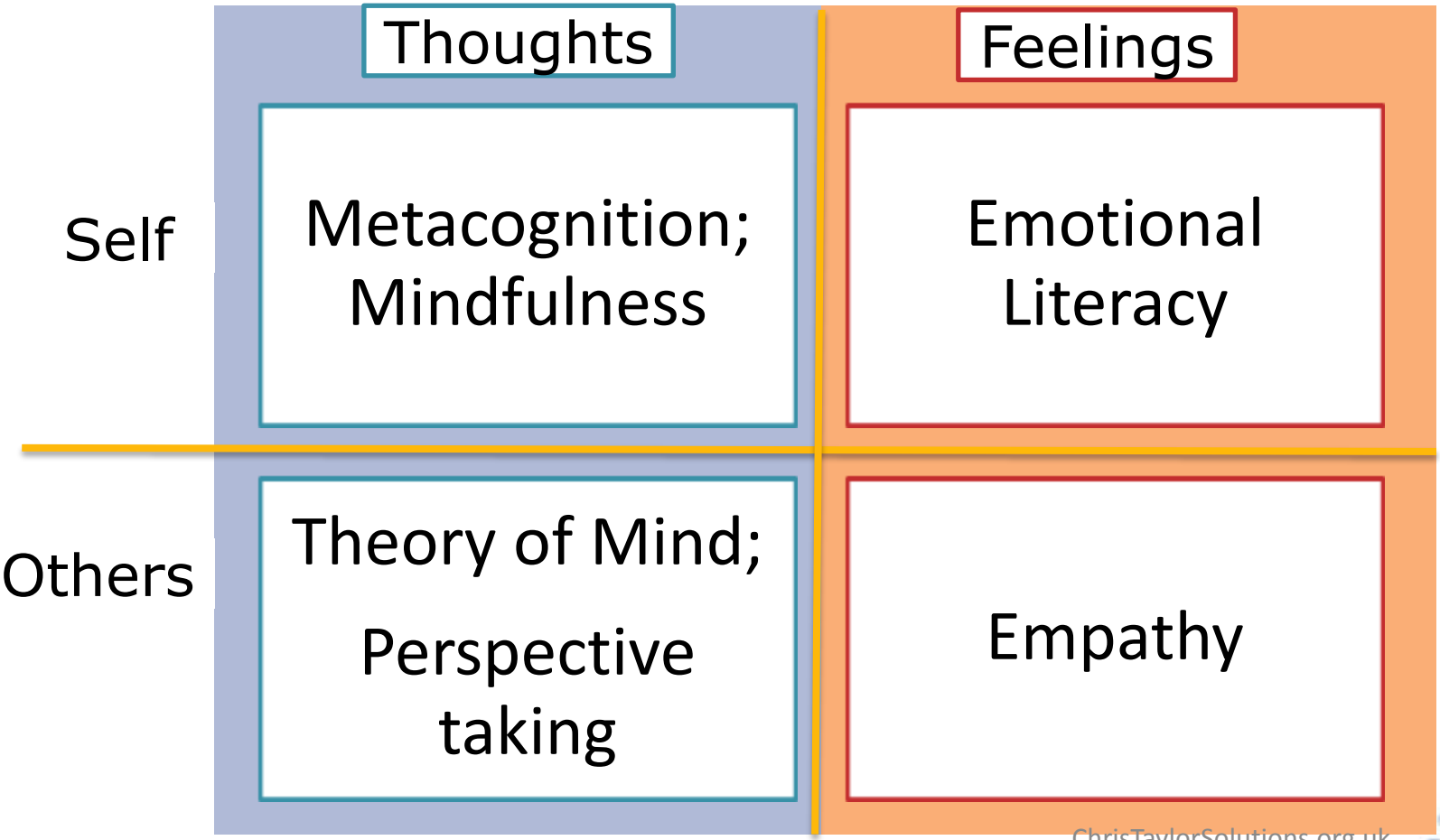
For the child, to be met by minds that comprehend their inner world is a transformative experience, but when this is missing their previous learning is confirmed

Mentalizing-Based Approach

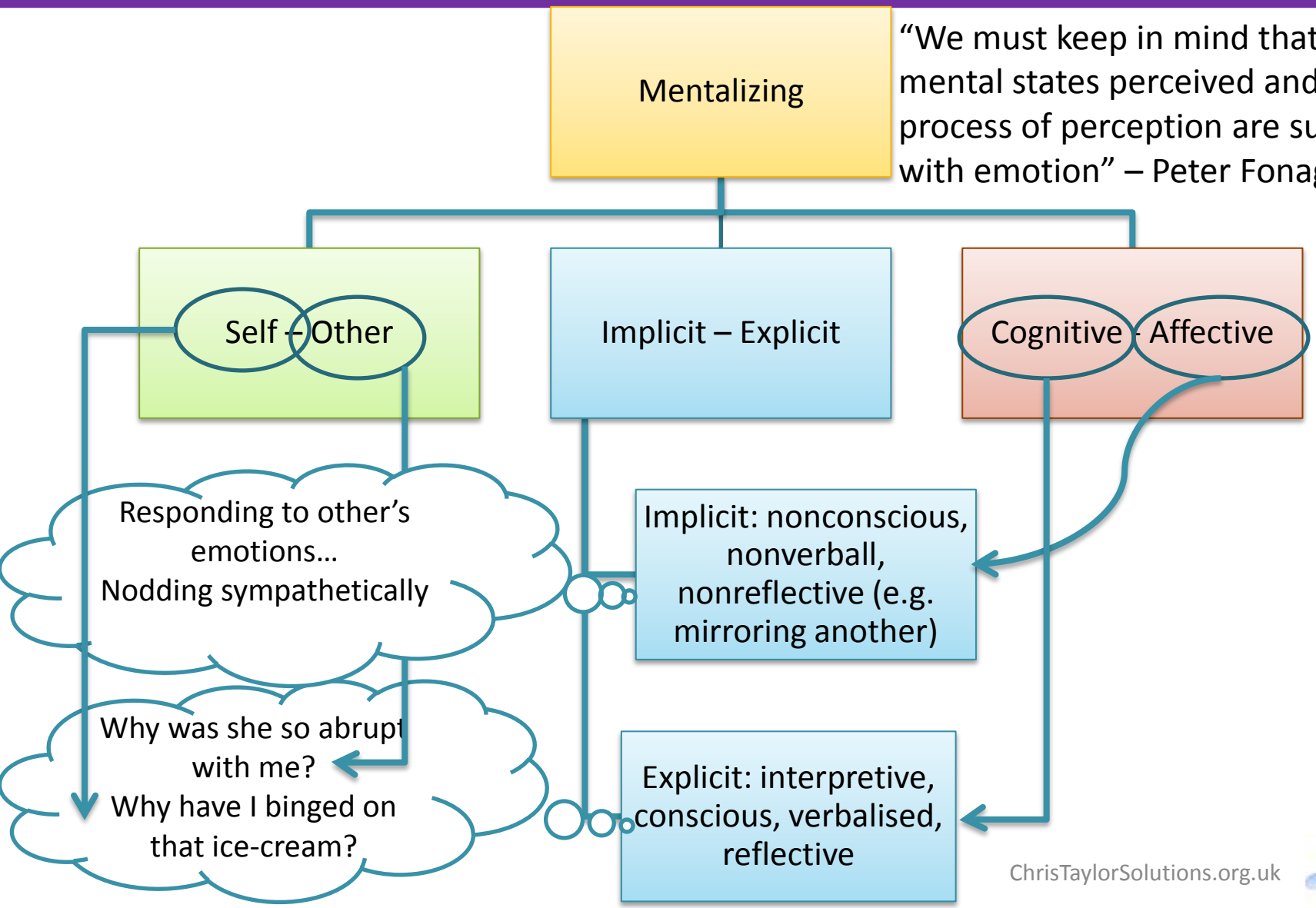
- In mentalizing-based approach **process** is more important than content
- Mz does not intend to revisit past traumatic events
  - Not an "archaeological dig" into past events
  - Heightened awareness of the content of interpersonal and intrapersonal experiences in the here and now

Broad Scope of Mentalizing

We must keep in mind that minds are opaque…we can **never really know**, but it is useful to try to **understand**



Three Sub-Domains of Mentalizing



"We must keep in mind that the mental states perceived and the process of perception are suffused with emotion" – Peter Fonagy

Developmental Differences

The capacity to *mentalize* is of benefit to us psychologically, socially and emotionally.

In healthy development, children acquire this capacity from caregivers who *mentalize* their own and their child's intentions and feelings

This process is disrupted by traumatizing primary attachments (e.g. Disorganized Attachment as a context specific failure of mentalizing… "I can't organize my maps in an intense relationship)"

Mz-based approach…helping "organize maps" by being comprehensible to the child whilst being curious about the meanings in their communications

A Dynamic Continuum

- Avoiding intense emotions
- Rigid, stereotypical thinking
- Excessive significance given to subjective experience
- Hypervigilant

- Thinks explicitly about own and others' mental states
- Implicitly understands own and others' emotional states
- Empathic
- Understand and repairs relationship ruptures

- Frequent, unwarranted assumptions about the mental states of others
- Overlays other's minds with own traumatic memories
- Emotionally aroused, angry manner
- Hyperkynetic

Anxious activation of attachment system impairs capacity to mentalize

The Need to Mentalize

- When a child has mentalizing difficulties, caregivers **must** make their thinking / feelings explicit in order that they can be understood
- *"I wonder if you know how much I worry about you when you run away. I would like you to let me know where you're going, so I can keep you safe"*

Mentalizing Spectrum

Being self-aware	• Identifying emotion, controlling impulses
Flexible thinking	• Emotions regulated, paying attention, thinking about thinking and feeling
Thinking whilst feeling	• Empathy, support and attunement; Distress tolerance
Curiosity	• Clarification, elaboration and challenge
Dialectic	• Highlighting alternative perspectives
Interpretive	• Assisting other person to put their thoughts and feelings into words

Mentalizing Emotion

- Mentalizing while remaining in the emotional state

1. Identifying feelings
   - labeling basic emotions
   - awareness of conflicting emotions
   - attributing meaning to emotions (narrative)
2. Modulating emotion
   - downward and upward
3. Expressing emotion
   - outwardly and inwardly

Mentalizing Capacity

Mentalizing stance – recognizes interpersonal problem connected to low mentalizing

Inaccurate mentalizing - assumes that the other has same capacity as they do, and acts accordingly

Poor Mentalizing capacity- difficulty in understanding the expectations and motivations of others

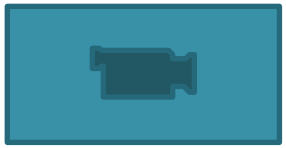
Watch out for these during the activity….
Remember, these are **dynamic** states

Process: The Mentalizing Stance

- Push gently against avoidance….
- Continually questions own and child's internal mental state:
  - What is happening now?
  - Why is the child saying this now?
  - Why is the child behaving like this?
  - Why am I feeling as I do now?
  - What has happened recently that may justify their current state?

Let's Try It…

1. What were you thinking as the situation unfolded? How did you feel?
2. What do you think the waitress might have thought Robert was thinking?
3. How might this have left her feeling?
4. What do you think Robert was thinking about the waitress?
5. What do you think Robert was thinking when he became angry?
6. Why do you think Robert's and the waitress's thought / feelings were different (or similar)?
7. Can you comment on differences or similarities?



Some References

Allen. J. G., (2006) Mentalizing in practice, in J. G Allen and P. Fonagy, (Eds) (2006). Handbook of Mentalization-Based Treatment. Chichester: John Wiley and Sons.

Bateman, A., and Fonagy, P. (2010). Mentalization based treatment for borderline personality disorder. World Psychiatry, 9, 11-15.

Blakemore, S-J., (2008). The social brain in adolescence, Nature Reviews Neuroscience, 9, 267-277.

Clough, R. Bullock, R. & Ward, A. (2006) What Works in Residential Child Care. London: NCERCC & National Children's Bureau.

Chungai, H. T. (1999). Metabolic imaging: A window on brain development and plasticity. Neuroscientist, 5, 29-40.

Fonagy, P. (1989). On tolerating mental states: theory of mind in borderline patients. Bulletin of the Anna Freud Centre, 12, 91-115.

Main, M. and Soloman, J. (1986). Discovery of an insecure/disorganized attachment pattern. In T. B. Brazelton, and M. W. Yogman (Eds) Affective Development in Infancy, Norwood, N. J.: Ablex.

Rossouw, T., Kovacova, K., Stathopoulou, E., Wright, C., and Vrouva, I. (in press) http://www.deviersprong.nl/files/Viersprong_Academy/Maintaining_a_mentalizing_focus_in_the_storms_of_high_risk-trauma-hallucinations_and_admidst_a_busy_inpatient_unit.pdf.

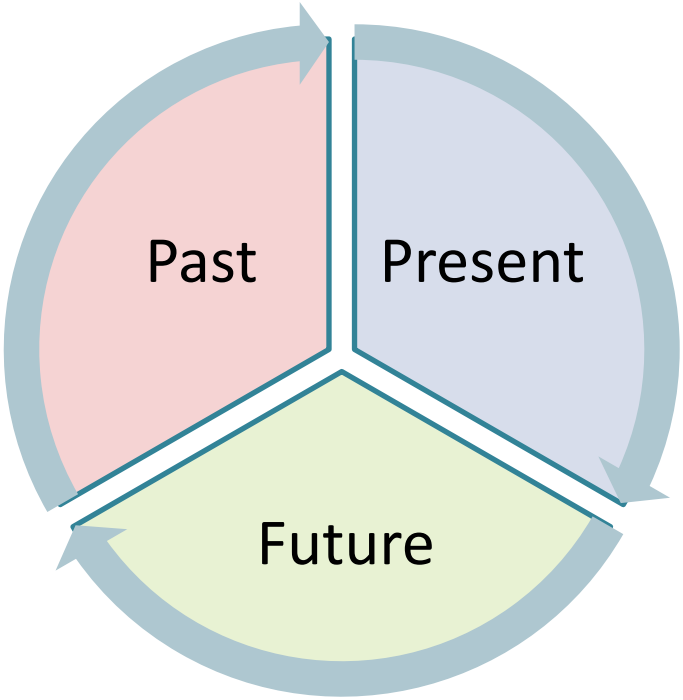
Sadler, L., Slade, A., & Mayes, L. (2006). Minding the baby: a mentalization-based parenting program. In J. G. Allen, & P. Fonagy (Eds.), Handbook of mentalization-based treatment (pp. 201-222). Chichester: John Wiley & Sons.

Schechter, D., & Willheim, E. (2009). When parenting becomes unthinkable: Intervening with traumatized parents and their toddlers. Journal of the American Academy of Child & Adolescent Psychiatry, 48(3), 249-253.

Suchman, N., DeCoste, C., Castiglioni, N., Legow, N., & Mayes, L. (2008). The Mothers and toddlers program: Preliminary findings from an attachment-based parenting intervention for substance-abusing mothers. Psychoanalytic Psychology, 25(3), 499-517.

Søderstrøm, K., & Skårderud, F. (2009). Mentalization-based treatment in families with parental substance use disorder: Theoretical framework. Nordic Psychology, 61(3), 47-65.

Taylor, C. (2012), Emphatic Care for Children with Disorganized Attachments
A Model for Mentalizing, Attachment and Trauma-Informed Care. Jessica Kingsley Publishers: London and New York

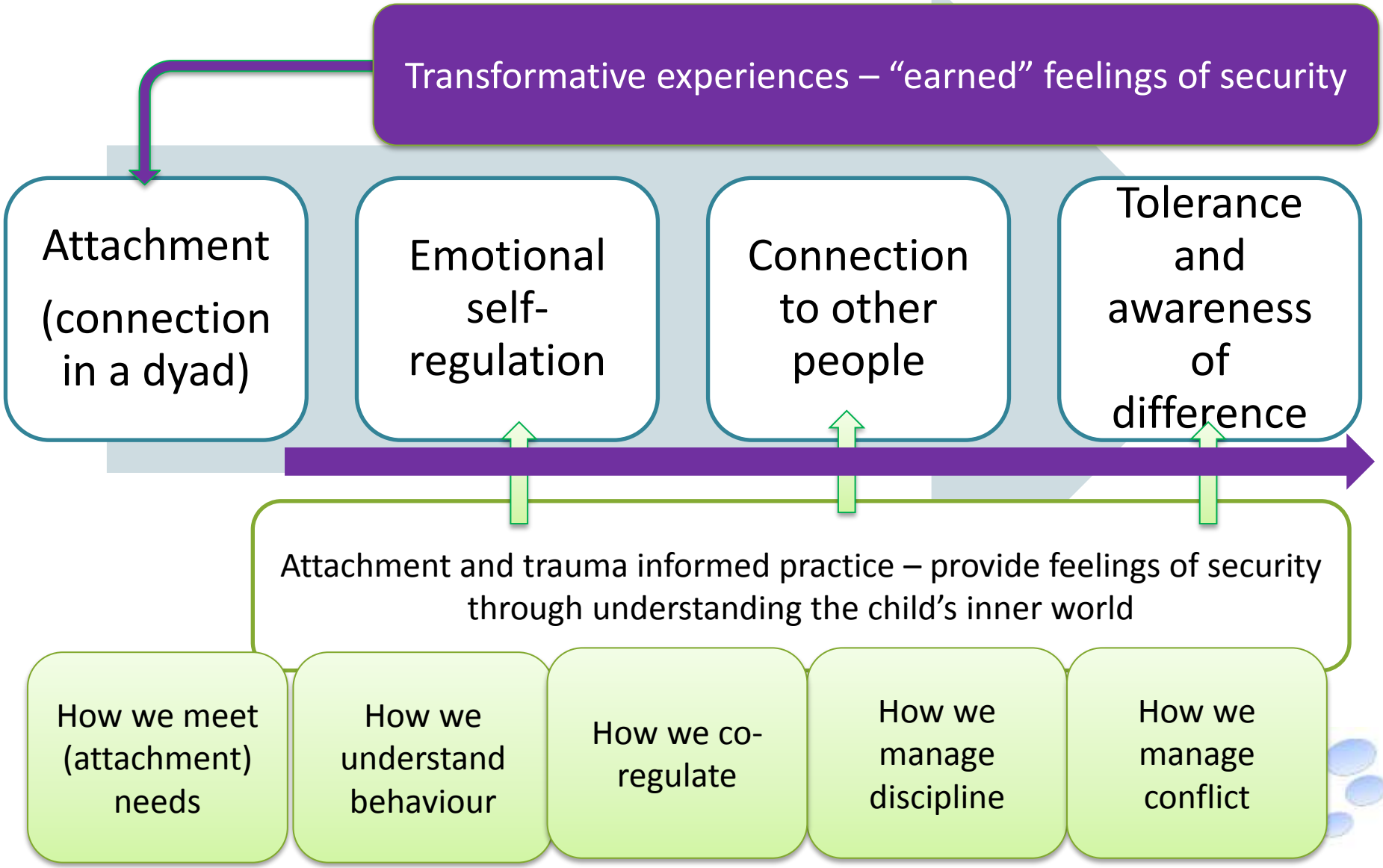


Transformative Care

Past and Present

- *'Children are not slates from which the past can be rubbed by a duster…, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before'* (John Bowlby, 1951)
- But, the **current quality of care** is as important as how secure attachment was early on
- Transformative practice models focus on strengths as well as difficulties and are rooted as much in present day experiences as past difficulties

The Transformative Process



You are the difference!

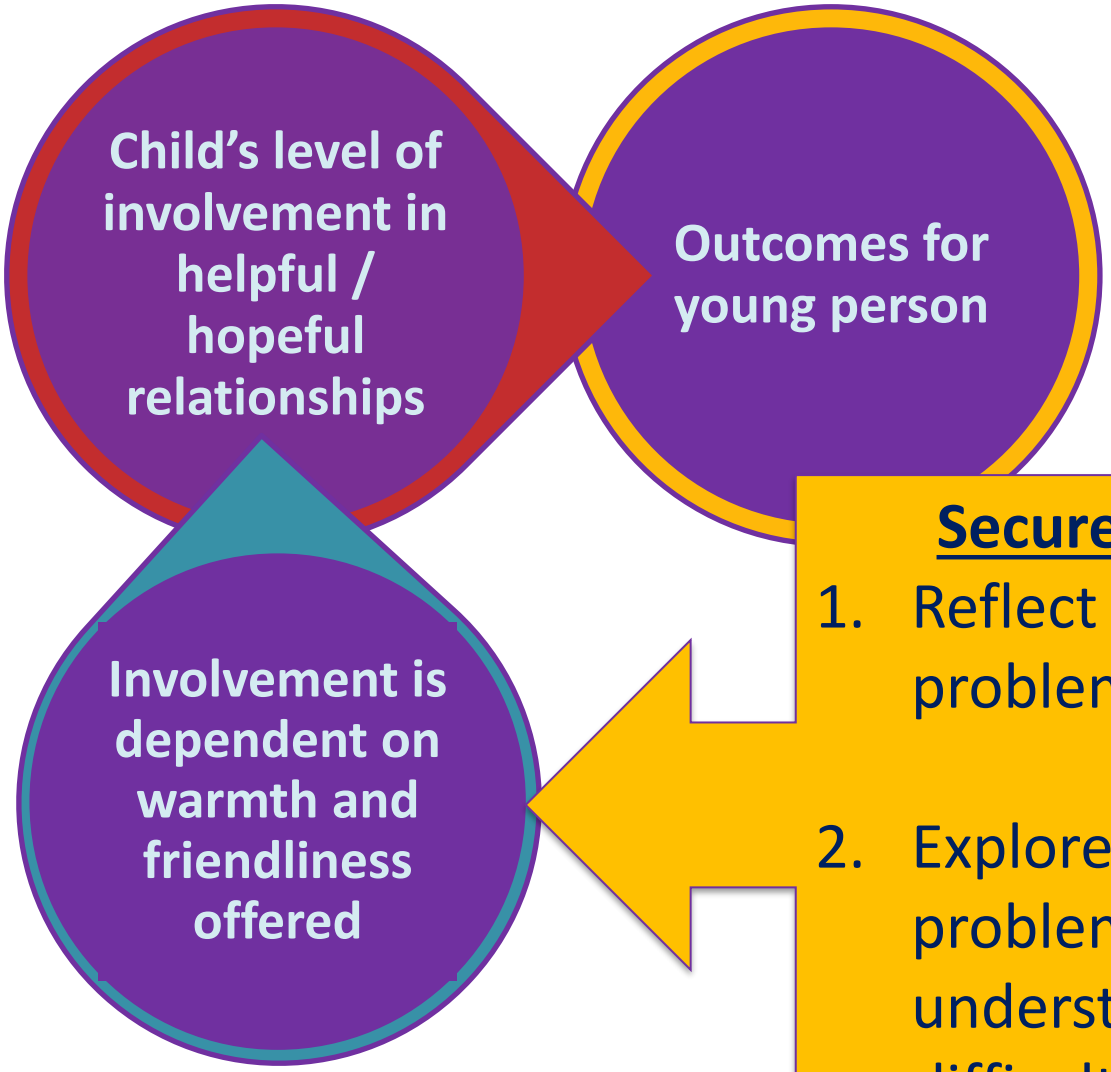
- You are the difference
  - When your face light up when your child comes into the room
- And the hopefulness you provide

Hopefulness is key

- Hopefulness is an essential therapeutic tool
- It is definitely not the same thing as optimism
- Hope happens when
  - We have the ability to set realistic goals
  - We are able to figure out how to achieve those goals
  - We are able to stay flexible and develop alternatives
  - We believe in ourselves (I can do this!)

- Hopefulness has three components

Hopefulness builds a working alliance and positive outcomes



<u>Secure Caregiving Style</u>:

1. Reflect on own role in any problems in the relationship
2. Explore relationship problems to develop our understanding of the child's difficulties

Hopefulness and Strengths

- Most therapeutic work is actually building on strengths, not treating damage
- Create a mind-map of your young person's strengths…(this might not be easy)
- Ask yourself (and your colleagues), "How can I encourage and help develop these strengths?"
- Ask your child too

Hopeful Assumptions

- Your child is doing the best he can, (s)he wants to improve, life now is a "living hell". (S)he'll try to control everything, in order to stay safe or to avoid anything painful or stressful.
- Attacks on you reflect a lack of trust of your motives, poor emotional control, fragmented thinking, pervasive shame and a lack of impulse control
- To change (s)he'll need us to accept, comfort and teach her/him, validate her/his sense of self whilst teaching important developmental skills; and fine tune our expectations to her/his developmental age (success, not failure)
- Under stress, (s)he will regress and revert to the solitary defences that (s)he has used to survive before. (S)he will have to work hard to learn how to live well. We cannot do the work for her/him, nor can we save him

  - Thanks to Dan Hughes

Children Need Our Engagement

- Become engaged by being actively involved with the child
- Doing is preferential to talking
  - Makes a connection through action
  - Enhances mutual understanding
- It is more effective to get participation by initiating or helping than by telling

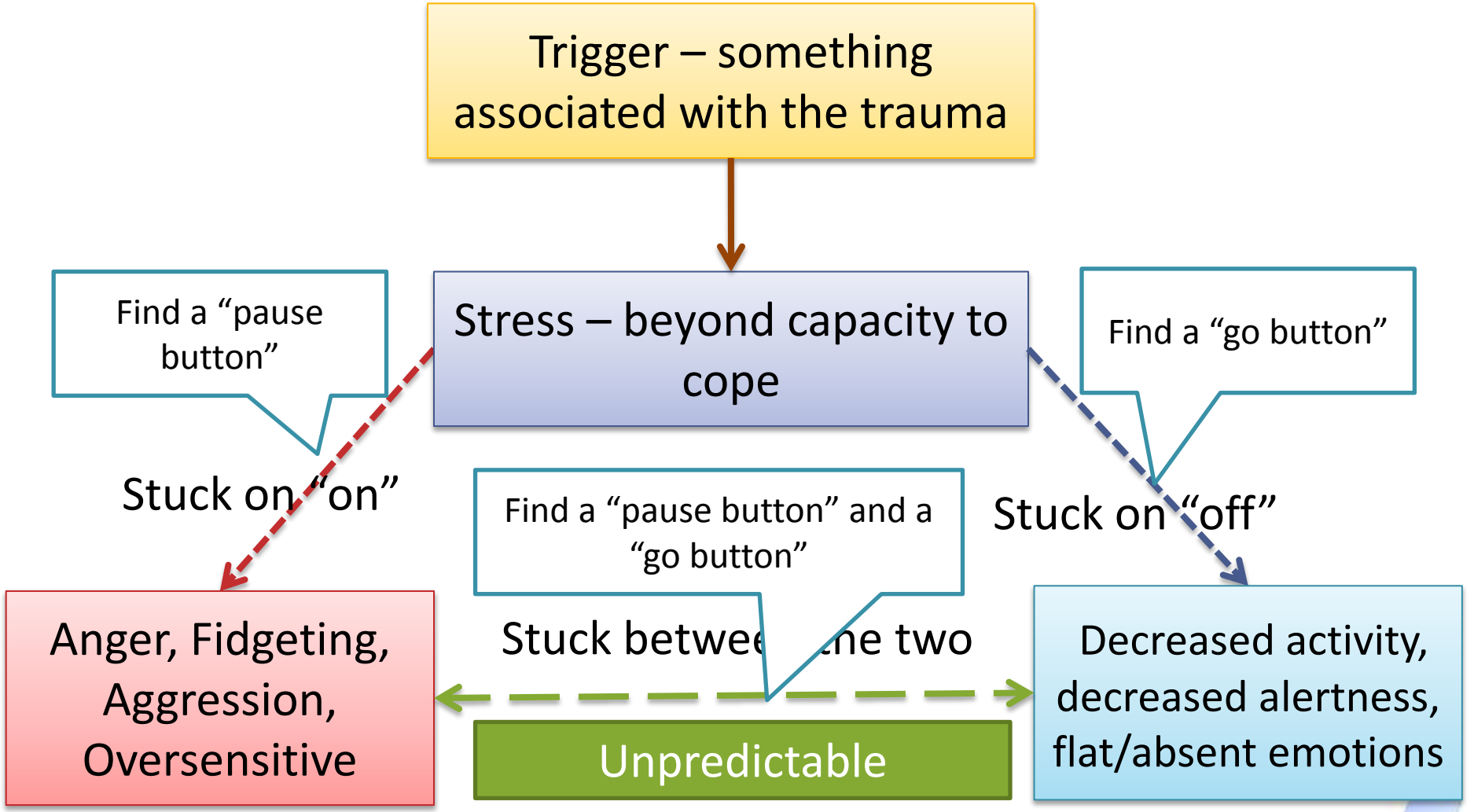
Being Engaged

- Find time to have fun together on a scheduled and predictable basis
- It need be only two or three minutes
  - Reassures the child regarding accessibility
  - Develops emotional connectedness
  - Provides opportunities to manage your child's emotional experiences
- Smile at and with the young person
- Find opportunities to laugh with them (not at them)

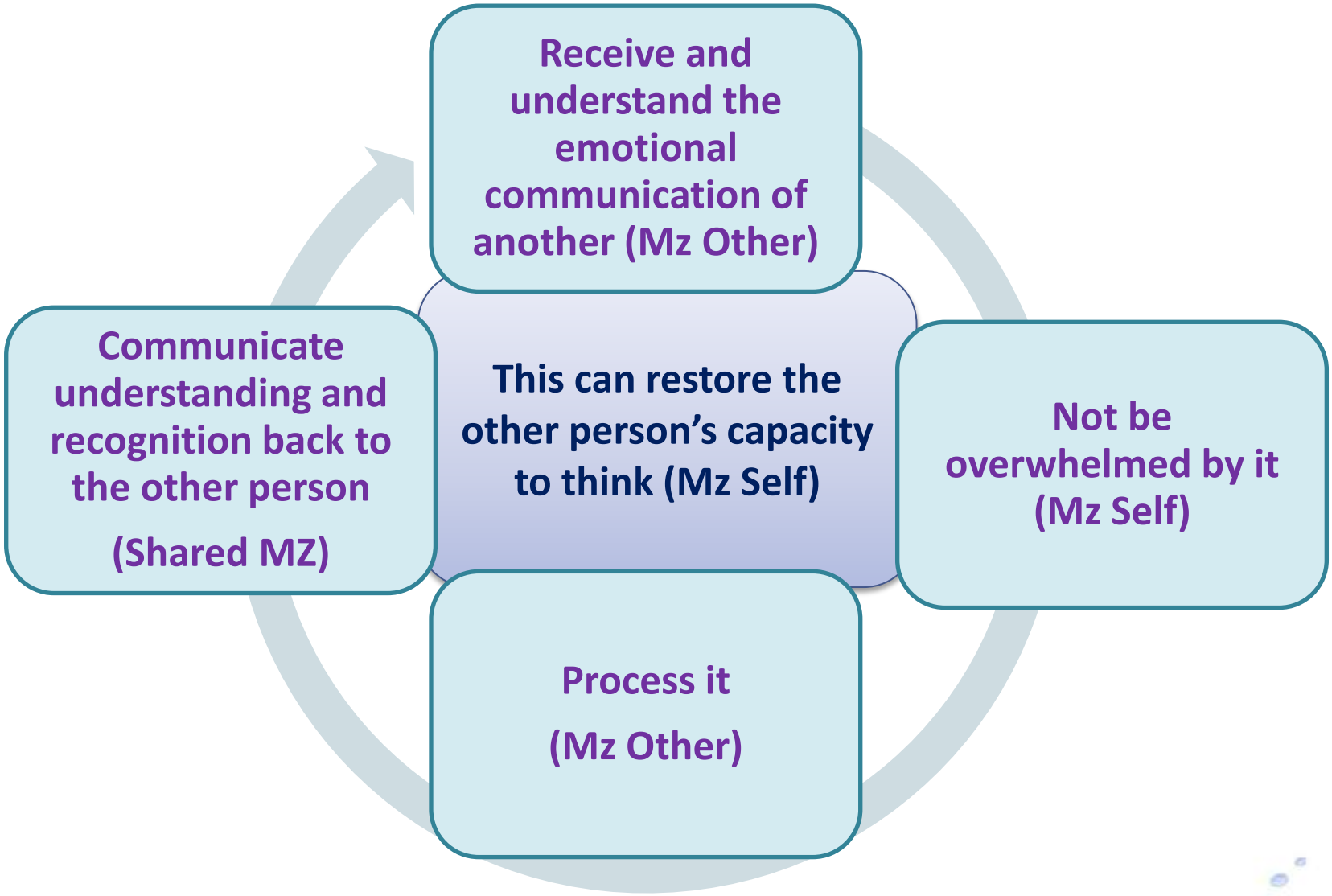
Developing Attunement

- Make eye contact
- Smile and talk to your child
- Express warmth and touch
- Be sensitive and responsive
- Get in tune with your child
- Follow your child's lead in play
- Read together
- Avoid overstimulation
- Co-regulate at times of stress/distress

Dysregulation



"Pause" and "Go" Buttons Include Containment



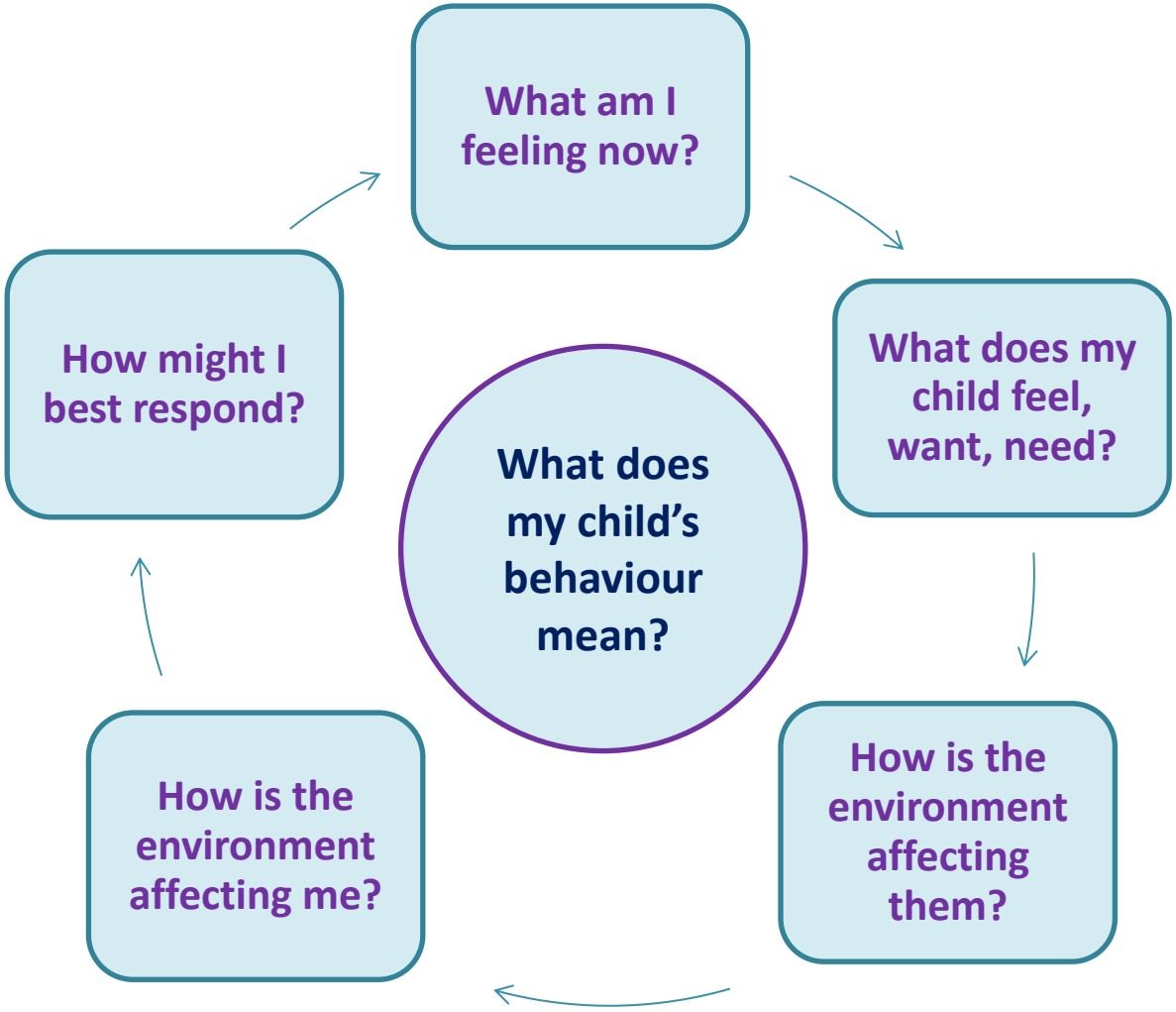
Language can support self-regulation

- It’s OK
- Don’t be afraid
- I’ll help you
- Take a deep breath

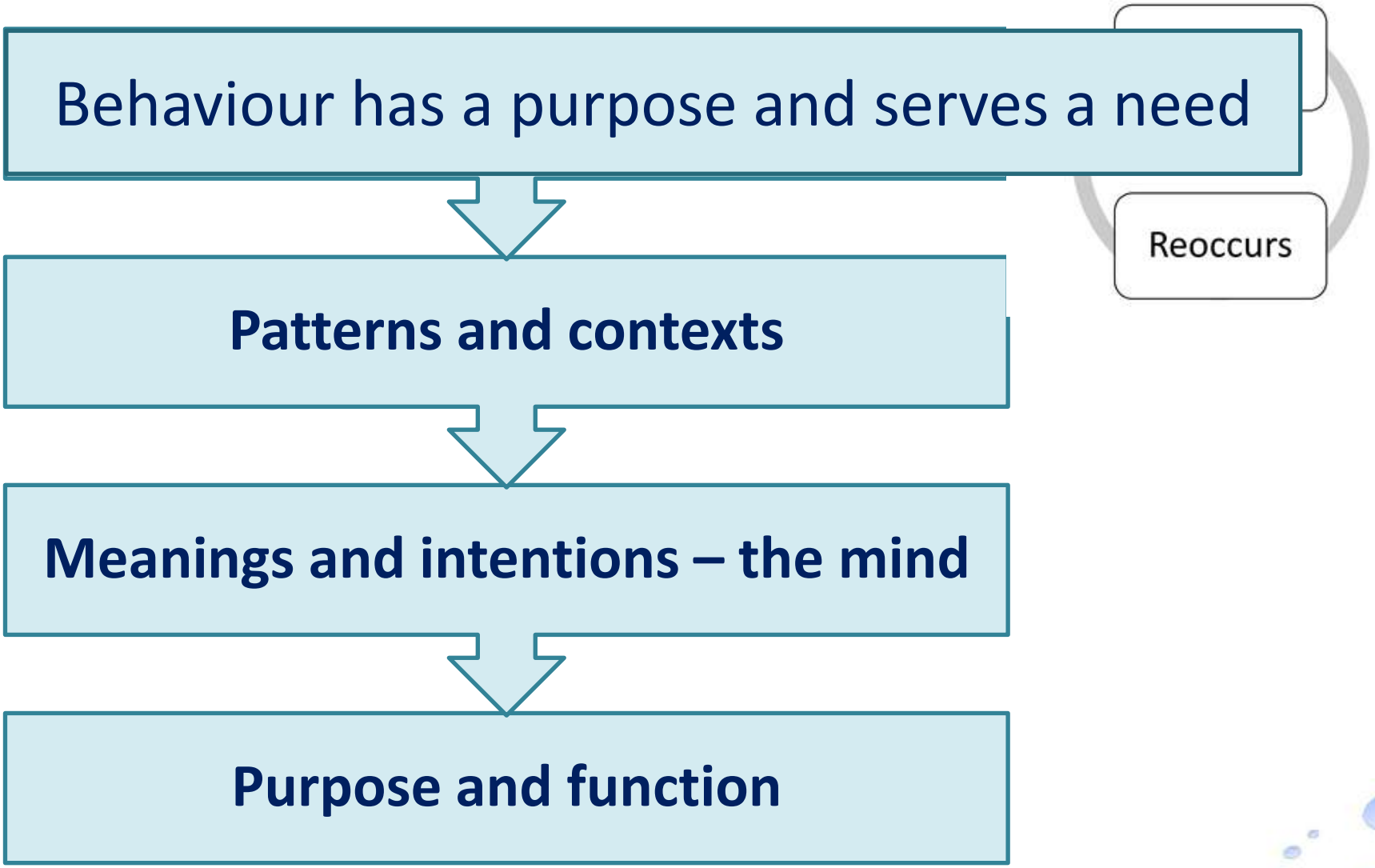
How to Co-regulate

- Let your calm presence deactivate their attachment system (proximity)
- Tolerate difficult emotions and manage own distress, remaining calmer than they are
  - Use self-calming techniques (Rule of Six / 11-7 breath)
  - Look out for and recognise "role reversal" states
- Be careful not to escalate the child
- Find ways to soothe the child that works for them
  - Teach self-calming techniques
- Be comforting, not threatening
- Mobilise support
  - Who, in the moment, provides your secure base?
  - Role and method of supervision
- Be reflective in action

Be Reflective in Action



Not what a child does, by why they do it



We Need to Prioritise

Frequency, intensity and duration of behaviours threaten the physical safety of the person or of others, or limit the person's access to ordinary community activities

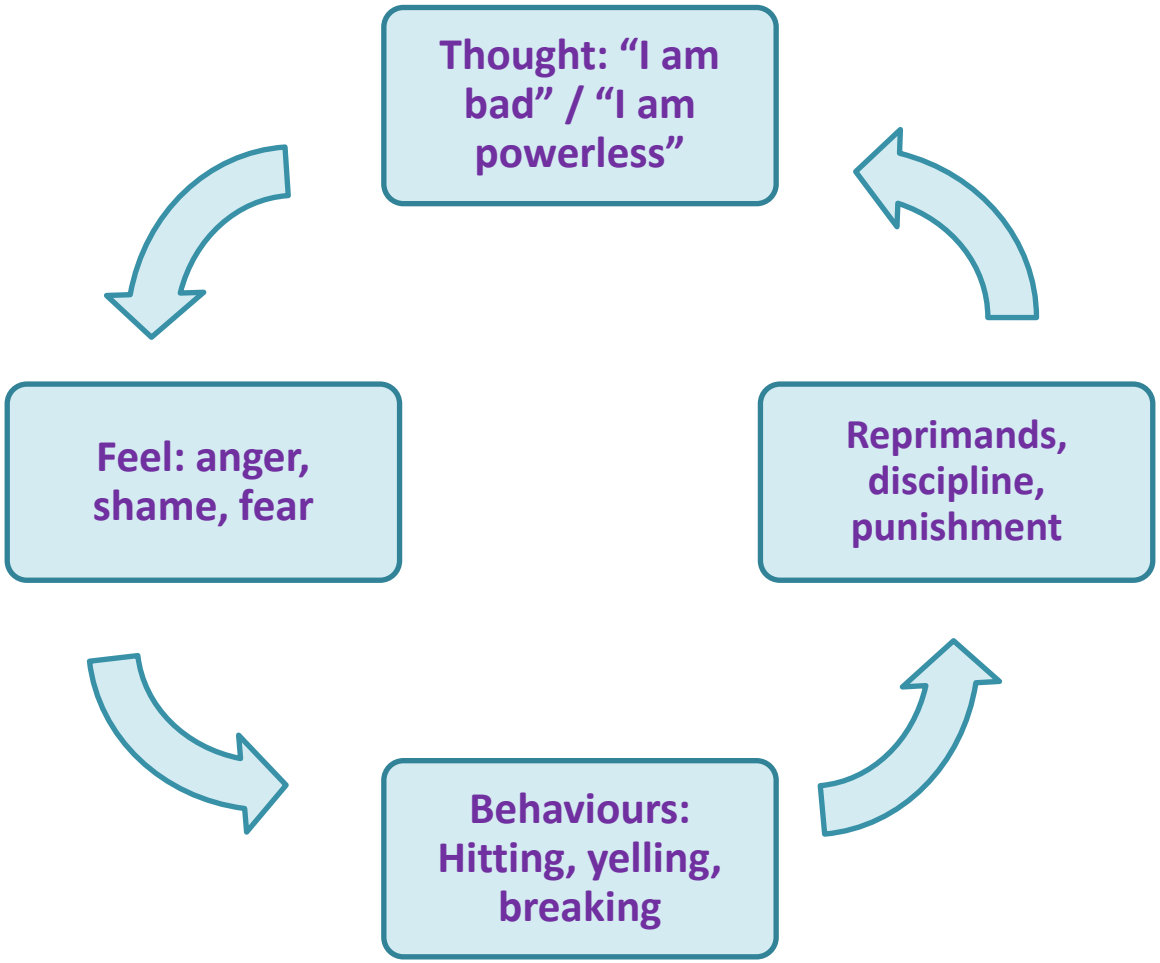
Don't endlessly pick-up a child for their behaviour (shame inducing)
Does this behaviour need to be dealt with?
Decide on the important behaviours to challenge

High Priority, important that I help bring about change

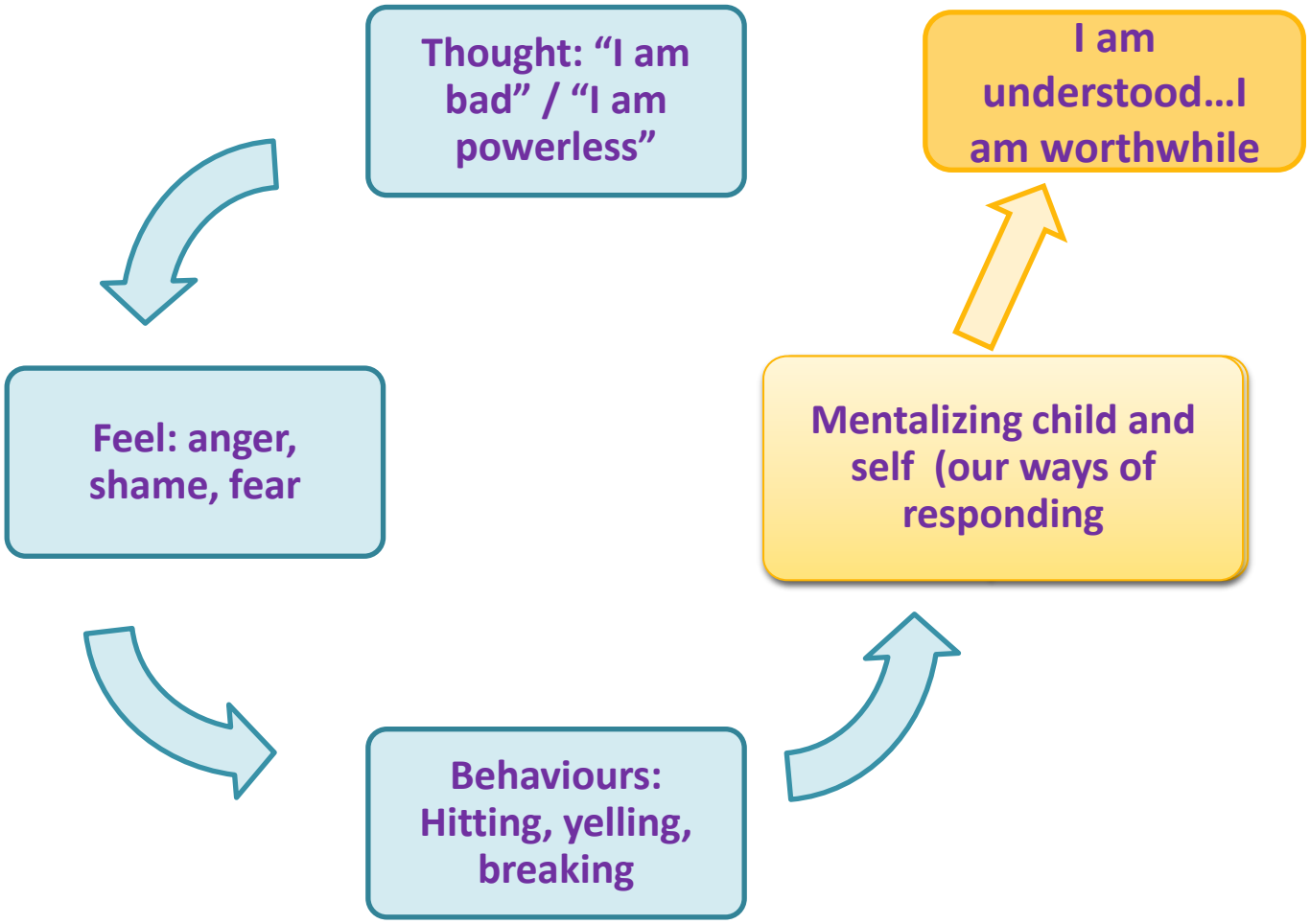
I may wish this didn't happen, but I can live with it for now

Does not significantly affect quality of life

Pervasive Shame



Re-integrating shame-based behaviours



The "Push-Pull Trap"

- Therapeutic work is based on building relationships
- But, in the case of disorganized attachment, close relationships experienced as both **soothing and fear inducing** ("I hate you, don't leave me!")
- However, activation of the attachment system is needed to develop the capacity to function in interpersonal relationships
- Mentalizing-based approaches can resolve this "push-pull trap" through mindful regulation of intimacy

MZ and regulation in relationships

- Increase attentiveness to mentalizing (in self and child)
- Focus on **process** of mentalizing rather than content
- Promote spirit of mental enquiry (curiosity)
- Be able to keep interpersonal interventions warm, brief and to the point

Themes from Mentalizing Activity

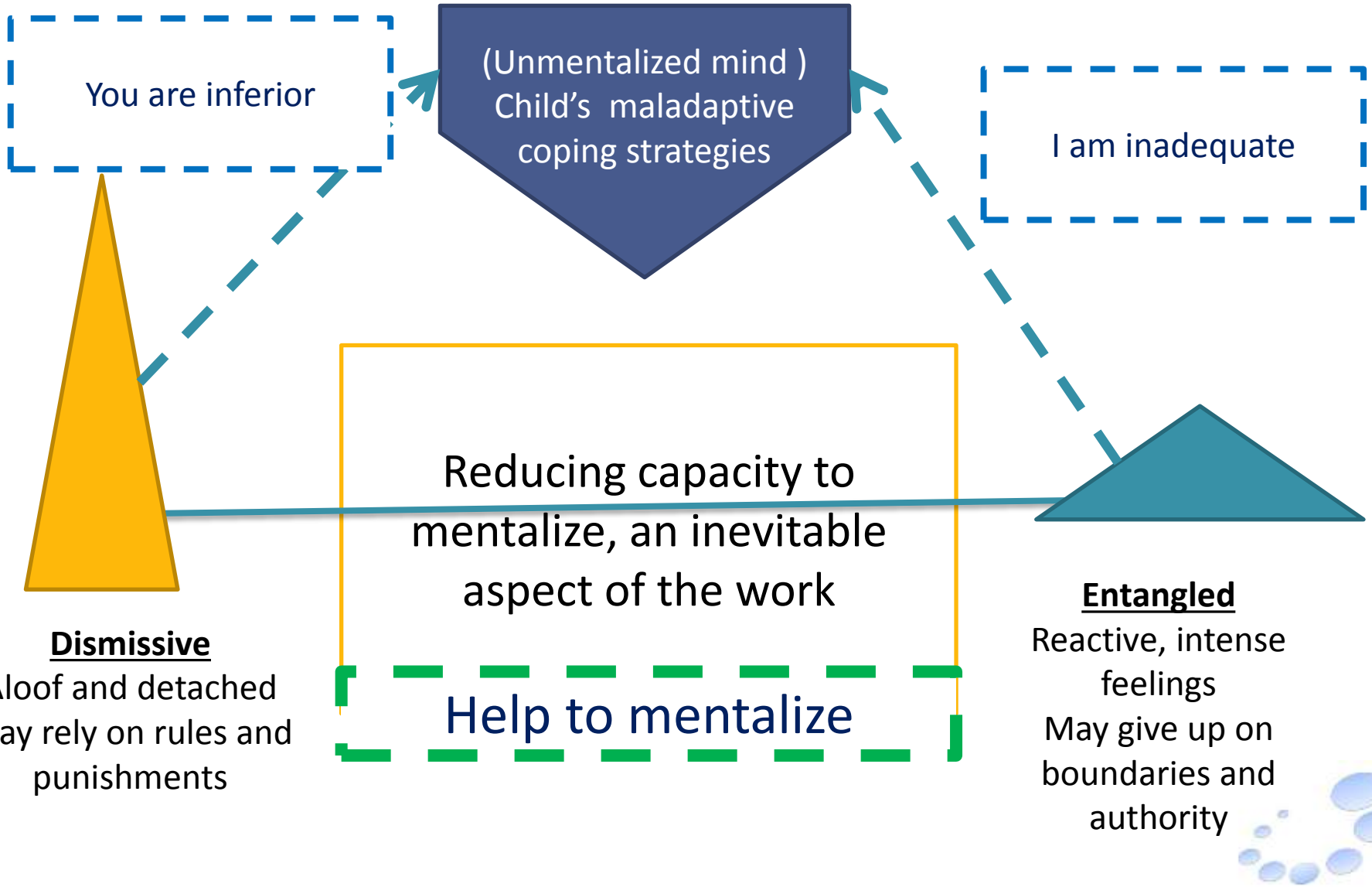
What To Guard Against

- Managing behavioural difficulties can lead to a particular form of (anti-therapeutic) parenting:

1. Emphasis on high levels of control
2. Providing low levels of nurture and affection
3. Highly conditional approval
4. Emphasis on shaming methods to change behaviour (e.g., sanctions)

- Or the task can seem so difficult we no longer try

Squeezed Parenting: Essential Supervision and Support



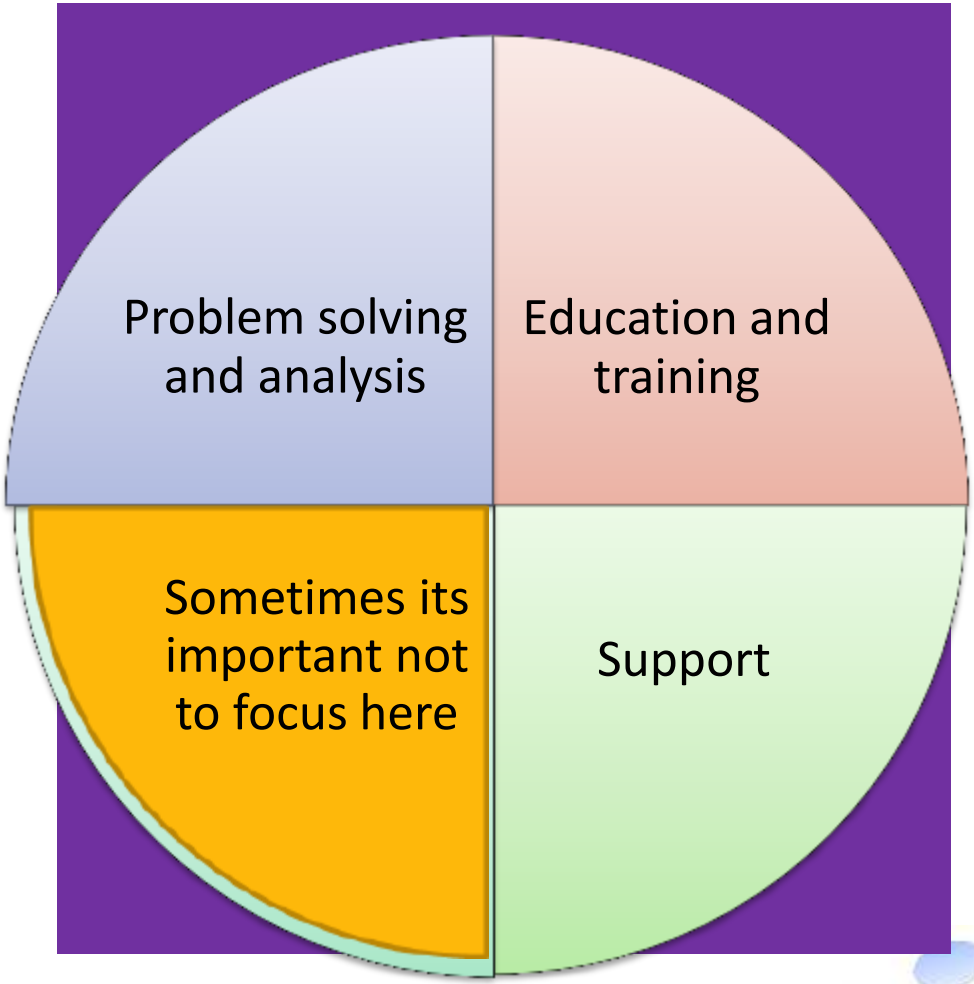
Essential Supervision and Support

- Thinking apart
- Think together

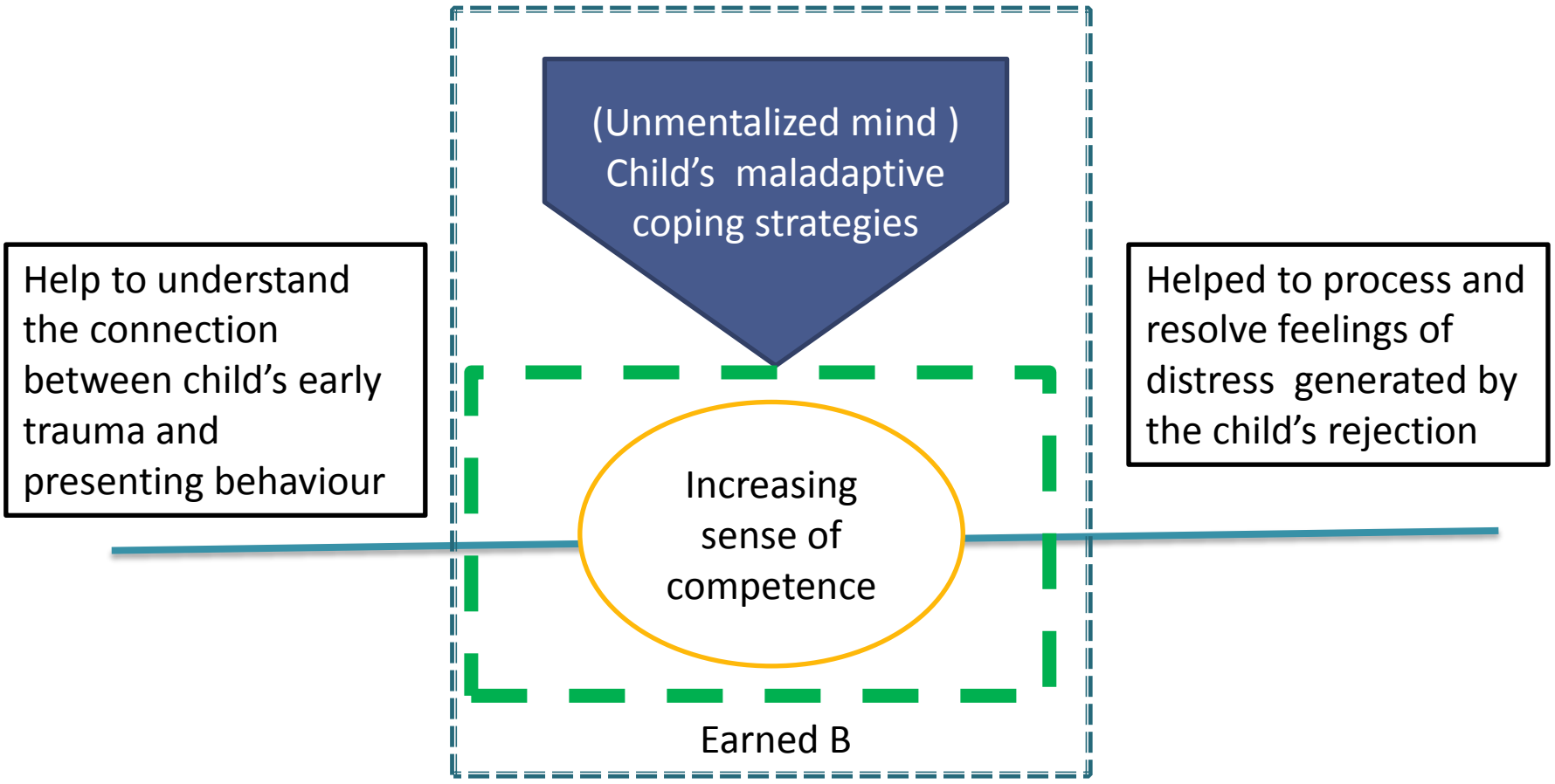
- As caregivers, we constantly risk losing our capacity to mentalize in the face of a non-mentalizing child
- Supervision beyond "line management" needed (clinical supervision models)

Essential Supervision and Support

- Allow emotional disturbance to be felt within the safe setting of the supervisory relationship
  - Survived
  - Reflected on
  - Learned from
- An alternative to feeling
  - Helpless
  - Hostile
  - Fearful
  - Entangled
  - Dismissive
- Adopting a mentalizing stance

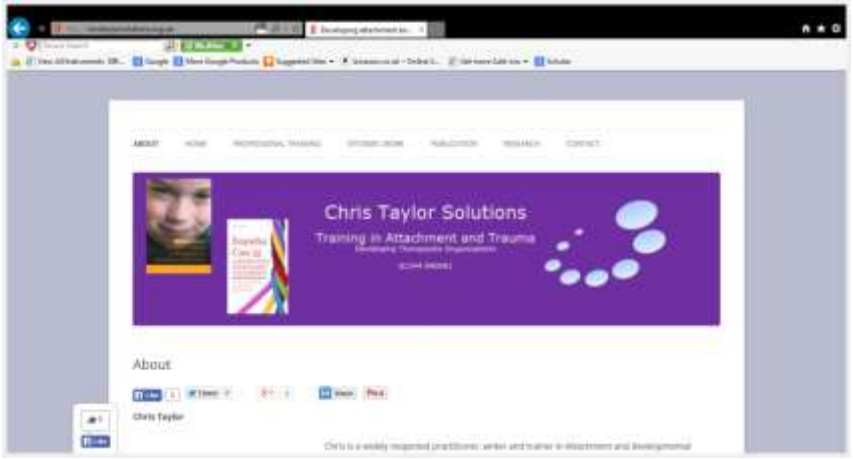


Earned Security: Essential Supervision and Support



Aware of own issues and able to decide how to behave with the recognition the child needs nurturing

More Resources



Website for

- Practice Papers
- Conference Presentations
- Links to blogsite
- Today's slides
- To leave a comment
- More…