

Annie Sparkle's Incredible Butterfly Day

Guide to helping children recover from the effects of trauma,
helping manage their day-to-day life and relationships.



Dear Foster Carer/ Parent,

Thank you for purchasing **Annie Sparkle's Incredible Butterfly Day**.

This book was written to help foster carers and parents who really want to understand and support the children they care for. It is designed to help children recover from the effects trauma can create, including their ability to manage day-to-day life and relationships.

This is a short guide to complement the book and, hopefully, enhance the learning experience and the impact the book can have on your child. The guide explains what the key messages in the book mean and how you can support children to better understand them. The guide also offers additional interventions and support you can use with your child.

Young people who have experienced trauma may not understand why they respond differently to other young people in some situations. With this book, we hope not only to explain what these 'wobbly feelings' are, and where they come from, but to give young people some tools to help control their emotional world.

This book is underpinned by research into childhood trauma and techniques to aid recovery. For more information, visit www.likafamilyfostering.co.uk You can also access an online course which goes into more depth of the ideas discussed. This may feel like an easier way of understanding the principles discussed, as it can take time for foster children and adults alike to fully grasp what trauma is, how children and young people are impacted, and how this can also impact us. If interested in attending this course please email enquiries@likafamilyfostering.co.uk to book a place.

The guidance will conclude with research-based suggestions of interventions proven to help children, and adults, recover from trauma, alongside some additional resources and reading if you feel inspired to know more.

We hope it's useful, and we *really* hope you enjoy it.

Linda Hill, Kate Marie Travis and the LiKa Team 

Annie Sparkle's Incredible Butterfly Day was written to help children recover from the effects of trauma on their ability to manage their day-to-day life and relationships.

It has been designed to help children find ways to understand that while abuse took place, it was not their fault, and it certainly does not mean they are bad or unlovable. This change in narrative is so important for a child's future success in life.

People in a child's support network can help the child recognise that while they can't remove the memory of their trauma, there are proactive steps they can take that will help them to recover, step by step.

Annie's story gives foster carers and social workers a way to talk about abuse and trauma in a way that is therapeutic and strength-based.

Everyone has their own life story. For some children the world can seem a very happy and wonderful place. For others it can be a very scary and worrying place. These differences normally come from the experiences they had as a child, particularly how they were parented and cared for. If a child receives safe parenting, they normally see the world in a calmer and more enjoyable way. If they receive unsafe parenting, they may see the world as a more anxiety-provoking and frightening place.

Children have no influence over how their parents behave and may not understand the personal issues their parents may have and how these issues impact their relationship. These could be mental health issues, substance or alcohol issues, or abusive partner relationships. A child may just see that a parent is not there for them. They also may not realise that their parents' behaviour usually has very little to do with them. Instead, they blame themselves, believe it is their fault, and think there is something about them which means they are bad or wrong.

Children have no choice but to put strategies in place to survive within the family they have. Children have to rely on the adults around them to care for them. When the adults who are meant to be providing this care are the source of harm, children may feel they have no other trusted person to turn to for help.

Children sense - even if they are not explicitly threatened - that if they talk about their experiences with teachers or social workers, they will be punished. Instead, they focus their energy on disconnecting from the abusive or neglectful situations they are exposed to.

Children are not aware of the residual effect of terror and panic in their bodies, and will instead embed them deep inside their minds.

REFERENCES:

Van der Kolk, B. A. (2014). *The Body Keeps the Score: Brain, mind, and body in the healing of trauma*. Viking.

This residual terror embedded in a child's mind is called childhood trauma. Fear, distress, anger and injustice may be some of the feelings that children repressed when they were in an abusive situation. It may not have been safe for the child to express those feelings at the time, but these feelings do not just melt away with time alone.

Without some understanding of the traumatic experiences they have within their memories, children may at times feel confused, upset, or even angry. If the key adults in their life, such as foster carers, adoptive parents or social workers, can help them understand how trauma can affect thoughts, feelings and behaviour, children can become more aware and make choices to understand the feelings and have more control over them.



Trauma is an experience from the past that overwhelms a person. It's an experience too hard to go back to because it's too horrendous, so horrendous the person can't cope with it.

Trauma isn't just an experience, memory or story; it physically changes the brain. If a child is in a dangerous situation, such as parental domestic abuse, they need to prioritise keeping themselves, and maybe even a parent, alive and safe.

As a result, the universal stages of development may be stunted. Certain circuits in the brain may not be made, because the brain is supporting survival rather than expanding into areas such as learning, problem-solving or developing a positive sense of themselves in the world. The danger has gone, but the trauma still sits inside.

Many of these traumatic experiences may have happened when they are very young, so children may have a lot of trauma embedded in their brain which they can't recall. But these traumatic experiences will still be within their memory and potentially cause upset in moments when the children are triggered.

At some point in the past, these triggers might have been a survival technique for a child, like noticing when a parent has become angry and, therefore, physical abuse might follow. This trigger in the brain tells the child that danger is coming, and they need to respond quickly to keep safe.



Triggers can be hard to notice, because sometimes even small things (such as a smell, a noise, a touch, a place, or even a facial expression) can be a trigger. Triggers can therefore make a person feel and behave like the trauma is still happening.

The person can have flashbacks and feel like they have gone back to the very moment when the trauma occurred. Even though the child is safe, the body is connected to the brain, so when it gets a signal that there is danger, it responds.

Some children have not yet made sense of their childhood experiences. They may not have the full story of their childhood, or they may not understand the impact it had upon them. So, when they are triggered, some children cannot understand that their anger (fight), terror (flight), or collapse (freeze) has anything to do with that experience.

The child's heart might start racing, they might start sweating, or they might feel butterflies. This can turn into an overwhelming feeling of anxiety. They don't talk; they act – and deal with their feelings by being enraged, compliant or defiant – or they shut down.

Their whole system can then get stuck in this fight, flight or freeze mode.

As a carer it can be helpful if you understand what these different responses (fight, flight and freeze) can look like in a child who is being triggered by trauma, as it will help you use a more patient, accepting, curious and empathic response in your care. (*PACE model, Dan Hughes*).

It is important to note that when a child has been triggered and is demonstrating they are in one of these response modes, they may not be able to have a conversation with you. They may just need to be soothed and to be reassured they are safe.

Remember, their history of actual harm has taught them that they are not safe. There is always time later, after a child has been soothed, to reflect on the trigger.



Signs of a fight response:

- Feelings of anger/rage
- Hands in fists, desire to punch/rip
- Flexed/tight jaw, grinding teeth, snarling
- Fight in eyes/glaring, fight in voice
- Desire to stomp, kick, smash with legs and feet
- Crying
- Homicidal/suicidal feelings
- Knotted stomach/nausea, burning stomach
- Metaphors like bombs, volcanoes erupting

Signs of a flight response:

- Missing episodes
- Restless legs/feet, numbness in legs
- Anxiety/shallow breathing
- Big/darting eyes
- Leg/foot movement
- Reported or observed fidgeting, restlessness, feeling trapped, tenseness
- Sense of running in life from one activity to the next
- Excessive exercise



Signs of a freeze response:

- Shutting down, disconnecting from what is happening
- Feeling stuck in some part of the body
- Feeling cold/frozen/numb, pale skin
- Sense of stiffness, heaviness
- Holding breath/restricted breathing
- Sense of dread, heart pounding
- Decreased heart rate (can sometimes increase)
- Orientation to threat



Children often don't realise their past trauma is the main reason that they behave in these ways. The feelings of shame, frustration and confusion felt in these moments just add to the negative beliefs they hold about themselves – ideas that they are bad, wrong and unlovable.

As young humans we need to be shown we are good, successful and lovable, and we need to have felt safety, security and love before we can learn to regulate our emotions on our own.

Children who have never had safe parenting struggle to understand emotions and articulate these into needs. They just know they have big feelings inside and have no way of understanding why those feelings are there or why the feelings make them behave in these ways. They often feel intense shame or sadness about it afterwards.



Exploring childhood experiences can bring up lots of emotions for children in care. The memories can be painful, upsetting and anxiety-provoking. If we push too much, or create a feeling of worry or distress in talking about past abuse, we can risk replicating the feelings the child had in the abusive situation.

This book is not suggesting that you try to become a child's therapist and carry out targeted interventions.

Instead, we just hope that you can see their behaviour as an indication of trauma, a trigger, a deep-seated memory that a child needs to go back in time and receive a different response from you as a carer which does not involve shouting, name-calling, violence or abuse in return. The more they experience you as the calm and nurturing carer who accepts all their quirks and challenges, whilst offering ideas and support to overcome these, the more the child will allow themselves to trust, feel safe and flourish in your care.

Curiosity, Hypothesising and Circularity

These three terms refer to practices you can use when you want to understand another person's behaviour, or a relationship, better. These are ideas from Systemic Family Therapy and are used by therapists to help them be more useful to the families they see in therapy.

As humans, we can be very quick to make sense of what we see others do when we don't necessarily know what the other person is thinking or feeling.

When we are trying to help people grow, change and develop, it is less helpful to suggest changes that the person wouldn't usually take on. If the changes are too different to their day-to-day behaviour, the changes won't stick.

The process of being curious, searching for different ideas and perspectives, then testing these out, helps us make better suggestions - ones that fit and will actually stick.

These practices of curiosity (asking what else it could be), hypothesising (hunch-making) and circularity (responding to the feedback we get) can also be used by foster carers, parents and social care practitioners to be more helpful when responding to the children they care for.

As the adults around the child, we are in a position to help children understand both their past and their present situation. We can use curiosity to create many different ideas about what is going on for a child in any one situation.

We can then use these ideas to create a hypothesis (a hunch), which links a child's previous experience with their current circumstances, relationships and behaviour. This hypothesis will consider all the influences of past and present contexts and relationships with family and friends.

The aim of this process is to help make connections for the child when they are not able to do it themselves. The child may also want to change their behaviour or response, and your hunches may help them to do this.

We can test out the various hunches you have by asking questions, or by changing the way we respond to the child in certain situations. It's all about offering the child 'the why' of their feelings and behaviour. We can use the idea of 'circularity' (or feedback) to see if the child's response suggests that our hypothesis was helpful or was not.

You can read more about these ideas in the books by Sarah Naish on therapeutic parenting strategies. Also helpful is Dan Hughes's PACE model (**P**layful, **A**ccepting **C**urious, **E**mpathetic).

Let's get back and apply what we've learned to Annie Sparkle. When we hear how Annie struggled with her spelling test (the context of the behaviour), and became upset when she heard children laughing (the presenting behaviour), we could hypothesise:

When Annie heard the laughter, it was a trigger to previous trauma where her parents would laugh and shame her when she made mistakes (the previous relationships and circumstances).

This memory embedded in her brain caused a massive reaction in her body that affected the way she behaved, and her behaviour become challenging. As her teacher is not aware of the trauma, he responded to her behaviour in a generic manner, which does not work for children who have experienced trauma. Annie was then asked to leave the class and this in itself fed into her negative feeling about being 'different or bad'.

Annie's foster carer, Rose, could have used this hypothesis to influence the way she responded and explored the day's events, fitting in nicely with therapeutic parenting strategies of offering a child 'the why'.

For example, Rose could have used the above hypothesis and turned it into a question which remains curious (not certain). Rose could be clear that her intention is to help understand, rather than to direct behavioural change.

"I can see you've really struggled with school today. **I'm wondering** if your stomping became worse because it reminded you of times when you were younger when your mum called you names that made you feel embarrassed and ashamed? So, when the other children laughed, maybe it triggered some of those old feelings and you found it hard to control?"

This example is demonstrating how adults can use hypothesis and circularity to test out the helpfulness to children and help children to 'name their need'. Here Rose has created a question which relates to her hypothesis. Rose is suggesting that Annie felt 'embarrassed and ashamed' (naming the need).

Annie can respond to this and show that she feels this fitting and helpful, or that it is not how she felt, and Rose can create some more ideas (circularity).

This process can be repeated many times, and it is often helpful to use the feedback (circularity) from the child to inform the new idea (hypothesis) and questions.

Here is a flow chart that can be followed to help guide us through curiosity, hypothesising and circularity:



REFERENCES:

Cecchin, G. (1987). *Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity*. *Family Process*, 26(4), 405-413.

Hughes, D. PACE model: <http://www.danielhughes.org/p.a.c.e..html>

Naish, S (2016) *Therapeutic Parenting in a nutshell*.

Naish, S (2018) *The A-Z of Therapeutic Parenting*. Strategies and Solutions

Therapeutic Parenting

Therapeutic parenting is a different approach to the one described above, although there are helpful overlaps. It is quickly becoming one of the leading ways of guiding foster carers in a new approach to parenting that is different to more traditional rewards/punishment-based parenting approaches.

Punishment, shouting and shaming do not work with children who already feel shame for who they are and what they have experienced. Instead, a parenting style that understands trauma and can offer genuine empathy in moments when challenging behaviour occurs is key to the child recovering from trauma and seeing you as a secure base.

Empathy leads most interactions before 'naming the need' (Naish, 2016) and placing consequences.

Whilst there will be a lot you don't know about a child's early childhood experiences; it is important you read what history is known and use your 'best guess' to reassure children the behaviour is not inherent within them. You can instead help them see the behaviour as separate and connected to their trauma/ childhood experiences.

There is a link here to the practice of curiosity - creating ideas from the information that we currently have about past and present.

Describing what you are seeing in your child's challenging behaviour that is connected to past trauma and providing a tentative explanation where the behaviour might come from helps children understand why they behave in the way they do and that they are not bad, wrong or unlovable.

REFERENCES:

Dr Amber Elliott- *Why Can't My Child Behave? Empathic Parenting Strategies that work for Adoptive and Foster Families*

Dan Hughes (2016) *TRAUMA*. PACE. Coram BAAF.

Naish, S (2016) *Therapeutic Parenting in a Nutshell*.

Naish, S (2018) *The A-Z of Therapeutic Parenting*. Strategies and Solutions)

Narrative Therapy

Narrative therapy is a technique within Systemic Family Therapy. The core belief of Narrative therapy is that a person's reality is shaped by the stories that are told about them and the stories they tell about themselves. Narrative ideas help us think about which stories are more dominant than others, and if this is helpful to the person the stories are being told about.

For example, have you ever read a foster child's profile that is filled with worries and negatives? Did it create anxiety in you? Worry about what the child would do in your home? Worries that they may be too much to handle? This is a response to a negative dominant narrative.

You may have also had a reaction to the profile and thought: What is not being said here? What about the child's strengths, positives and achievements? I want to find those and build on those.

If you did the latter, you are a natural narrative therapist. A narrative worker hears all stories but looks for the positive ones that are not as dominant and builds on them. This then creates more positive experiences for the people involved in the story - and uncovers forgotten skills and abilities.



The stories we tell about our lives influence the people we become, yet many foster children do not have a coherent story about their past abuses and experiences in the family home. A child in care has been told by parents or other family members many times that they are bad, stupid and worth nothing. Their narratives are so deeply embedded that it takes repeated rewriting of stories and nurturing care to help a child believe otherwise.

This is why carers, social workers and teachers can be key in helping children rewrite the narrative they hold about themselves. And specifically, this relates not only to their life story but also to their personal identity.



Consider Annie. She may have problem-saturated stories about herself, being a stamper and a stomper and a slammer. She had a negative narrative about herself being 'angry all the time', which offered her no alternatives to manage these upset feelings.

When Annie learnt another story about herself, that this was trauma living inside her brain, she found alternative ways of managing her feelings. Annie was able to separate who she was as a person from her behaviour.

In order to help build more positive realities for children, carers need to enable a child to feel trust and safety.

Once carers genuinely understand this difference in children's behaviour, they can work at ways they can '*notice, talk, breathe and let go*' when dysregulated.

Narrative therapy helps children re-author their unhelpful narrative from their traumatic experiences. It is non-blaming and allows trauma to heal.

RESOURCES:

The Dulwich Centre: <https://dulwichcentre.com.au/what-is-narrative-therapy/>

Interventive Interviewing

Interventive interviewing is a term we use to describe helpful questioning. It's a concept that evolved from the practice of curiosity, hypothesising and circularity, which you read about earlier. It is a technique in systemic practice that can be used where change is needed to improve the life happiness in someone you are supporting.

A lot of people want to learn how to shape a question using systemic techniques - before they understand what they want to get out of a conversation. An expert called Tomm advises slowing this process down even further and says consider your intention first:

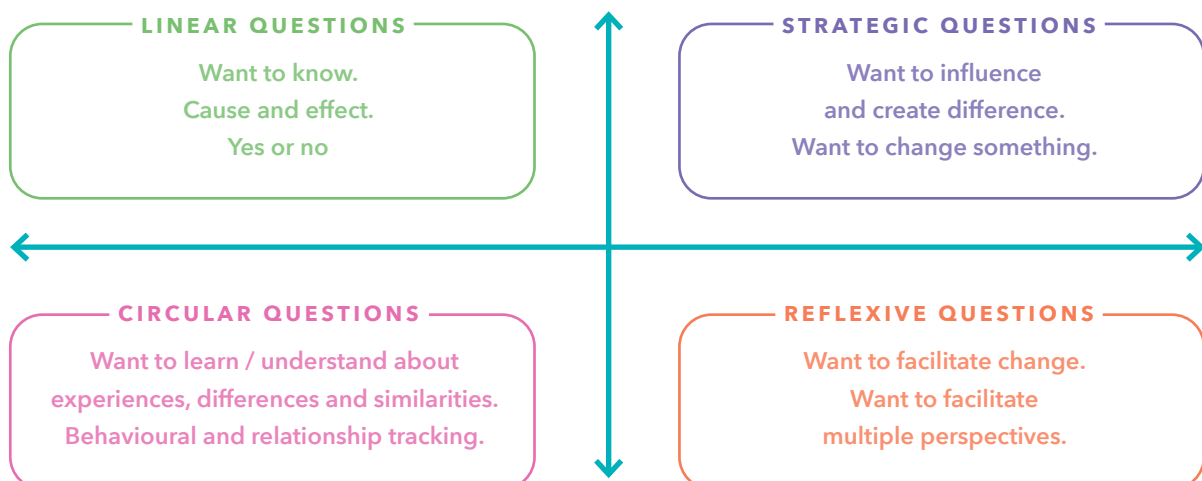
What do you want to know about something?

- Yes or no?
Cause and effect?
- About a relationship?
What happens between people?

What do you want to create or influence?

- A new possibility to offer / influence the child?
- Reflection on behaviour / effects of behaviour on the child?

When you know what your intention is, the type of question becomes easier.



We would suggest making the questions playful. To connect it to Annie's story you could practice using a teddy bear or cuddly toy to help open up conversations about emotions your child has felt in the past or about safety they feel in their present home.

Here is an example of how to use interventive interviewing with Annie.

Curiosity:

Annie doesn't like when she is slamming and stomping, as it makes her feel 'too angry', which may remind her of being at home.

Hypothesis:

Annie displays slamming and stomping when she is upset; this is what she saw her parents do when they were upset. This is a way that people communicate their feelings to each other.

Intention:

I want to test out if Annie knows or has used any other ways of communicating her feelings.

Question: (Circular)

Wanting to learn from the other, wanting to find difference or similarities.

Example question:

Has slamming and stomping always been the way you've let people know you're upset, or have there ever been different ways?

Circularity:

The feedback to your question will let you know if you have a helpful idea or a less helpful idea.

Feedback from Annie version 1:

Yes, it's always been that way. (Your feedback is that you may need to get a more helpful idea, or a different type of question.)

Feedback from Annie version 2:

No, there are different ways. (The feedback is that your idea may be helpful - so drill deeper into it!)

Curiosity:

This is interesting! So, Annie has skills already that help her share her emotions. These could be things we can develop together. Annie can tell a detailed story about what works well here, which will bring forth more of what works well.

Question: (Reflexive)

Facilitating Annie to present her existing resources so that she can self-heal and use her own skills as the solution.

Example question:

If there was a camera on the wall filming you do it this different way, what would it show you doing or saying?

Circularity/Feedback from Annie version 1:

I can't remember. (You may need to do some 'let's imagine' questions to help the description: "Let's imagine you felt upset now. How would you use the different way you can let people know? What would be the first thing you'd say?")

Circularity/Feedback from Annie version 2:

It'd see me taking a big deep breath, then saying to an adult, "it annoys me when they laugh at me". (Annie is able to recall doing this – ask more about it. What difference did it make to the friendships at school?)

Circular questions:

- If your bear could speak, what would he be most proud of in you?
- What would he be most happy about for you?
- What things would he say he likes best / least about living here? What feelings is he reminded of when he sees you stomping and smashing things?

You could choose a different approach and help the child focus on Annie's feelings that might give insight into their own emotional world.

- How would you describe Annie's feelings?
- What words would you use to describe what she is feeling?

The intention of asking this question is to elicit the child's language about emotions. You can then start using those words and develop a 'common' or 'local' vocabulary that is specific to you and the child in your care whilst increasing collaboration and sending the child a message that they are being understood.

REFERENCES:

- Tomm, K. (1987) 'Interventive Interviewing: Part 1. Strategizing as a Fourth Guideline for the Therapist', *Family Process*, 26(1), 3-13
- Tomm, K. (1987) 'Interventive Interviewing Part II: Reflexive Questioning as a Means to Enable Self-Healing', *Family Process*, 26(2) pp.1-11.
- Tomm, K. (1988) 'Interventive Interviewing Part III: Intending to Ask Clinical, Circular, Strategic or Reflexive Questions', *Family Process*, 27(3) pp.1-15.

Reframing

Positive reframing is a therapeutic technique that sensitive humans do naturally. It provides alternative meanings they have not thought of before, using the same information. This enhances the potential for positive behaviour change.

For example:

Annie says:

I hate his stupid spelling contest!

Rose's response:

I am very proud of you for trying, as I know you must've felt anxious when asked to spell in front of everyone

Strategy used:

Reframing emotions with a positive and specific praise.



Breathing and Mindfulness

Mindfulness practices have been around within cultures in places including China and India for thousands of years. The science is clear that meditation and mindfulness practices can change connection between the mind and body and can help people recover from trauma if they consistently undertake such activities.

The 4-7-8 breathing technique is a breathing pattern based on an ancient yogic technique called pranayama. Dr Andrew Weil discovered how regularly practicing using specific patterns that involve holding the breath for a period of time can quickly replenish the body's oxygen levels, bringing the body into a state of relaxation. When Annie begins to practice the 4-7-8 technique, she becomes more able to control her upset during the spelling contest.

The benefits of this technique are enhanced when you do them alongside types of meditation, such as mindfulness. Mindfulness originates from Buddhist teachings. It is a technique used for thousands of years to develop awareness of the present moment.

In our story, the bear helps Annie to practise connecting to her body and breath so she can develop an acceptance of her difficult emotions. Mindfulness helps Annie pay attention to her thoughts as they pass through her mind, so she is able to resist becoming involved or judging them, combining the practice of concentration with awareness.

Research has shown that relaxation practices such as meditation and mindfulness help bring the body back into balance and regulate the fight, flight and freeze responses that bear talks about being particularly difficult for traumatised children to manage when they feel stressed.

Engaging in meditation and mindfulness over time and with repeated practice (once or twice a day) helps the positive impact become more powerful.



These are all mindful methods that can help being in the moment and feeling calm and safe.

- Meditation. Mindfulness. Breathing exercises. Yoga. Massage.
- Music. Making music. Listening to music with a strong rhythmic beat. Playing the drums. Singing. Chanting.
- Dancing, particularly dance that uses strong rhythm and beats such as the tango.
- Martial arts. Tai chi. Karate. Qigong.
- Safe physical contact and affection. Holding and rocking your child, touch on the shoulder, ruffle of the hair. Hugs and hand-holding.
- Games that are reciprocal. Playing with building blocks, board games, card games, puzzles.
- Physical games and sports. Running, ball games, trampolining games.
- Storytelling. Reading books, telling stories to one another, making memory books, reflecting on successes and future hopes.
- Play and role play. Imaginary games with character toys and puppets, modelling positive ways of dealing with challenge.

REFERENCES:

Treisman, K (2017) *A Therapeutic Treasure box for working with children and Adolescents with Developmental Trauma: Creative Techniques and Strategies*. Essica Kingsley Publishers.

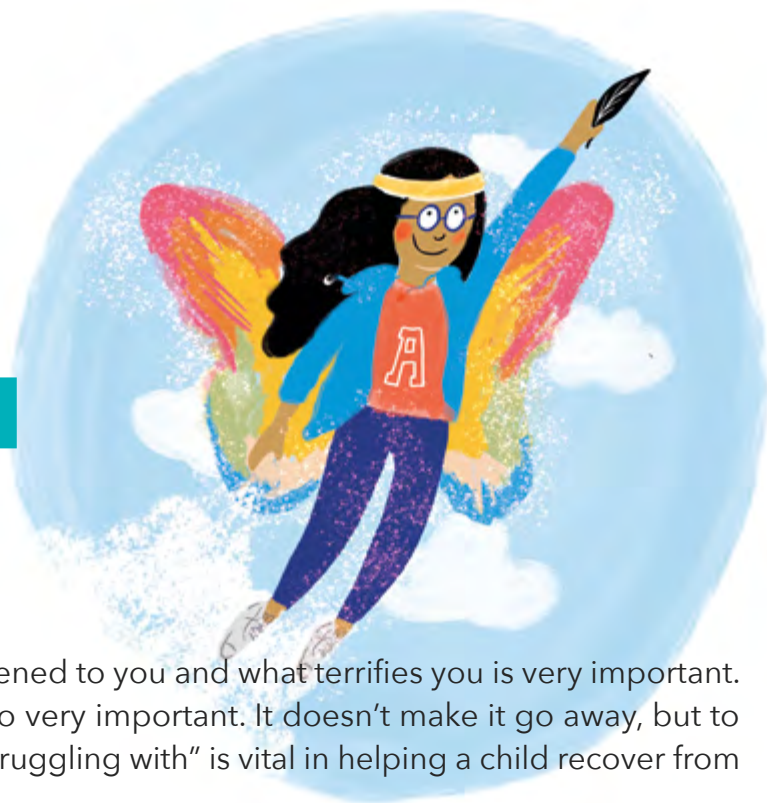
Van der Kolk, B. (2014) *The Body Keeps the Score: Mind, brain and body in the transformation of trauma*. (Penguin)

Videos about 'Mindfulness and neural integration' and 'Flip the lid' (Dan Siegel)

https://www.youtube.com/watch?v=G0T_2NNoC68

<https://www.youtube.com/watch?v=LiyaSr5aeho>

Final Word



Telling someone what has happened to you and what terrifies you is very important. To be able to tell the truth is also very important. It doesn't make it go away, but to be able to say, "this is what I'm struggling with" is vital in helping a child recover from trauma.

Being listened to in a manner that feels safe and judgement-free is crucial. The person the child speaks to needs to resist trying to fix the problem and, instead, find ways to help.

It is particularly important for children in care to understand their childhood experiences. It helps them understand some of the experiences connected to unsafe parenting and the reasons they had to leave their family.

The hope is that by experiencing safe parenting with you, children can feel safe and secure enough to allow themselves to explore the past, use their bravery to face their difficult memories and work out how they learn skills to choose a different future. A future that is happy, successful and helps them rewrite the story from the past.

Whilst we can't change the past, we can change the future.

We therefore hope Annie's story allows your child to understand and make connections to their past and learn that they survived and are safe in the here and now. Recognising their own dedication to that survival can give your child an inner strength that keeps them pushing forward.

It is this inner strength that will help them persevere and work hard to take the steps towards a happier future.

LiKa Family Fostering 4th Floor Davis House, Robert Street, Croydon, CR0 1QQ.

EMAIL: enquiries@likafamilyfostering.co.uk **TEL:** 020 8667 2111 **www.likafamilyfostering.co.uk**