



A Short Introduction to the CARE Therapeutic Framework

By Colby Pearce

©Colby Pearce

Principal Clinical Psychologist

Secure Start®

463 Belair Road

BELAIR

SOUTH AUSTRALIA 5052

p. 618 82789358

m. 61403350411

Email: colby@securestart.com.au

Web: securestart.com.au

Blog: colbypearce.net

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Prologue: *Punishment is Problematic*

People do not act for no reason.

They may act in response to a thought.

They may act in response to an emotion.

They may act in response to a need that requires satisfaction.

They may act in response to something that has occurred in their environment.

They may act because the way their brain developed impairs their capacity to think before they act in the presence of a trigger (stimulus).

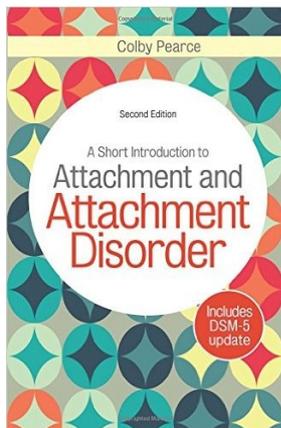
If we accept the truth that people do not act for no reason, then we must similarly accept that when we punish a child for their actions without any effort to try to understand why they did what they did, we are essentially communicating to them that their thoughts, feelings, needs, experiences and biological characteristics are unimportant or invalid. Repeated often enough, the child develops the belief that **they** are unimportant and invalid.

The consequences of invalidation include behavioural problems, emotional problems, preoccupation with needs and a lack of regard for the impact of one's behaviour on others.

We can avoid reinforcing problem behaviour in children by responding with understanding to the reason for their behaviour and, in doing so, nourish connections that support self-regulation and positive behaviour.

A Short Introduction to the CARE Therapeutic Framework

The CARE Therapeutic Framework is an evidence-informed framework for understanding what key experiences children need to have to grow up happy, healthy, and well-adjusted, and achieve their developmental potential.



Drawn from psychological science, the CARE Therapeutic Framework was first published as a conceptual model in the *Second Edition* of *A Short Introduction to Attachment and Attachment Disorder*¹.

The CARE Therapeutic Framework represents what is the desired therapeutic environment promoted in the Triple-A Model of Therapeutic Care; the author's therapeutic foster care program that is currently in its fourth year of implementation among TUSLA general and relative foster carers in Donegal, Ireland. Recently, Triple-A received favourable mention in a report by the independent inspection authority for health and social care services in Ireland².

Forbairt ...



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The Kinship CARE Project

- C Consistency
- A Accessibility
- R Responsiveness
- E Emotional Connectedness

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The CARE Therapeutic Framework is the stand-alone Model of Care for South Australia's Kinship CARE Project and other Secure Start programs; including Child CARE, a program for long day care and early learning centres.

The CARE Therapeutic Framework places *Connection* are the centre of all endeavour for and on behalf of children. The CARE Therapeutic Framework recognises the central role played by connection in supporting physical and mental health and regulating behaviour. In addition, the CARE Therapeutic Framework seeks to enrich children's experience of the *consistency* of their care environment and the *accessibility*, *responsiveness* and *emotional connectedness* of their caregiver(s) – the CARE Model.



The Care Therapeutic Framework is *both* a *Model of Care* and a *Model of Practice*. The CARE Therapeutic Framework incorporates complementary training for professionals who support caregivers of children. Caregiver fidelity to the Framework is supported by their own experience of CARE from professionals trained in the Framework.

The CARE Therapeutic Framework is a strengths-based approach that draws participants' attention to conventional aspects of caregiving and relating that support optimal developmental outcomes for children.

The CARE Therapeutic Framework does not seek to replace other approaches. Rather, the CARE Therapeutic Framework offers a back-to-basics approach that forms a solid foundation to build on. As a strengths-based approach, the CARE Therapeutic Framework complements other strengths-based approaches.

The CARE Therapeutic Framework includes:

- An embedded self-care framework
- An evaluation framework.

The CARE Therapeutic Framework supports the development of a tailored therapeutic CARE Plan, for your setting and for individual children. CARE promotes trusting connections and growth!

The CARE Therapeutic Framework is suitable for:

- Schools
- Alternate Care Settings
- Long day care and early learning centres

For more information visit securestart.com.au or email me at colby@securestart.com.au. I would love to hear from you!

Colby Pearce
May 2019

¹ Pearce, C (2016), *A Short Introduction to Attachment and Attachment Disorder (Second Edition)*. London: Jessica Kingsley Publishers

² HIQA Monitoring Event No. 0020090, April 2018

Three things you need to know about the child in your care

Three key factors play an important role in the developing child's approach to life, learning/development, and relationships:

- Attachment (or, how the child thinks about, and interacts with, themselves, others and their world);
- Arousal (or, the psycho-physiology of performance, emotion and behaviour activation systems);
- Accessibility to needs provision (or, what the child has learnt about the accessibility and responsiveness of adults in a caregiving or caretaking role).

Attachment refers to the dependency relationship an infant develops to his or her primary caregivers during the first years of life. Our knowledge of attachment derives from Attachment Theory. Attachment Theory was initially developed in the 1940's, in part to account for observations that were being made of institutionalised children and those who experienced prolonged separation from their primary caregivers; including by reason of lengthy hospital admissions and those children displaced from their families during World War II³. Since its early development, Attachment Theory has been the focus of an enormous amount of research and has become widely used in child care and parenting as it offers an explanatory framework for differential outcomes for children based on caregiving practices. In addition, Attachment Theory informs us about a child's relationship with themselves, others and their world.

Relationship with:

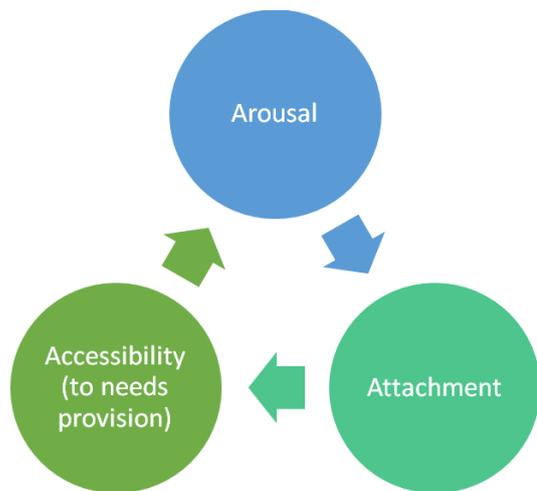
- Self
- Other
- World

- Performance
- Feelings
- Behaviour

Arousal refers to the level of activation of the nervous system. From a psychological point of view, arousal is significant for (at least) three reasons. Firstly, arousal affects how well we perform tasks, and activities more generally. Secondly, arousal is implicated in how we feel. Thirdly, arousal is implicated in how we behave, including our approach to life and relationships. In particular, arousal is implicated in the behaviour activation system that is activated when individuals perceive a threat to themselves or someone close to or close by them and their associated feeling of anxiety (known as the *fight-flight-freeze response*).

Accessibility to needs provision refers to what children have learnt about the reliability and predictability with which their needs will be addressed by adults in a caregiving role, and learnt behaviours that serve to reassure the child that their needs will be satisfied. Accessibility to needs provision is based on Learning Theory and the Operant Conditioning paradigm^{4,5}.

What children have learnt



In combination, I refer to these three factors as the “Triple-A Model”; or “Triple-A” for short⁶. The CARE Therapeutic Framework supports awareness of these factors and how they are impacted by caregiving practices. It offers guidance and reflective learning in support of each participant developing a tailored Plan for the care environment or in support of a therapeutic care environment. In doing so it is the intention of the CARE Therapeutic Framework to support secure attachment, optimal arousal, and trust in accessibility to needs provision.

Supporting Strong Connections

The connection we have with others, and their connection with us, is a powerful form of influence over behaviour. When a person feels connected to others, the expectations and standards of those others exert a powerful influence over the person’s behaviour. The stronger the connection, the stronger the influence. The same applies to a sense of connection to groups, and to society. The more connected and integrated a person feels in their society, the greater the influence of the society’s rules and norms over their behaviour⁷.

Connection influences more than just behaviour. In a 2012 survey of 14,500 young people in Ireland aged 12-25 years, those young people who did not report having at-least one person in their life who listens, can be relied upon, and is trusted to help in times of difficulty (often referred to as *One Good Adult*) reported higher levels of:

- Depression and Anxiety
- Anti-social behaviour
- Risk of suicide . . .

. . . than those young people who reported having at least one adult that they can depend on⁸.
Connection matters!

Sadly, many children are growing up without making and maintaining close connections with adults in a caregiving role. As such, they are at increased risk of emotional and behavioural problems that adversely impact functioning and adjustment. We can facilitate improved life outcomes for these children by making connections with them that support them having *at least one person in their life who listens, can be relied upon, and is trusted to help in times of difficulty*. We can all be that One Good Adult that makes a difference to the developmental and life trajectory of a child.

In the CARE Therapeutic Framework, connection is the *primary task*⁹; or that one thing that we need to get right in order to have the best chance of success in our endeavours.

Making Connections

Connecting with a child involves facilitating, for them, the experience that they are in their carers' head and in their heart. That is, their carer is thinking about them, cares about them, and is there for them.

Primary Task: Connection

*I am with you. You
are in my head and
in my heart.*

Mindset:

*Nobody does
anything for no
reason.*

*Behaviour is
communication.*

*We learn from
experience*

Making connections starts with adopting a certain mindset:

- That nobody does anything for no reason;
- That behaviour is communication;
- That it is not what a person does, but why they do it, that is important;
- That we learn from experiences (and it is from new experiences that new learning occurs); and
- It is the relationship we share with others, and their relationship with us, that is the most powerful form of influence we have over their behaviour.

This mindset gives rise to required thinking:

- What is going on for you?
- What can I do to communicate that you are in my head and in my heart?

Thinking:

What is going on for
you?

What can I do to
show that you are in
my head and in my
heart?

In the CARE Therapeutic Framework, answers to what is going on for the child are drawn from the Triple-A Model¹⁰. That is, their behaviour is likely to be under the influence of one or more of:

- Their experience of themselves, others and their world;
- Their arousal level; and,
- What they have learnt about accessibility to needs provision.



In terms of what to do to support an optimal approach to life and relationships, in the CARE Therapeutic Framework we recommend the implementation of a CARE¹¹ Plan:

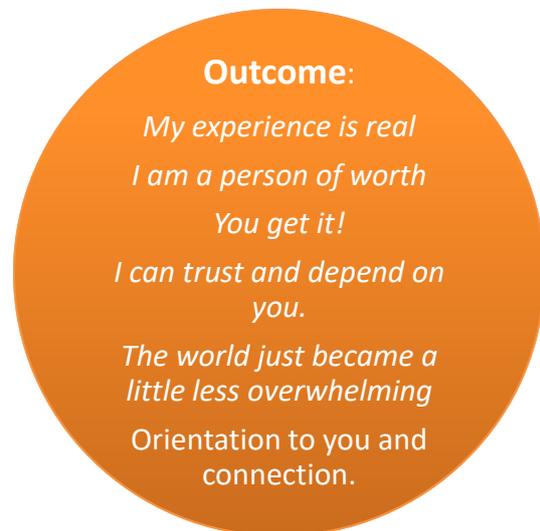
- Consistency
- Accessibility
- Responsiveness
- Emotional-Connectedness.

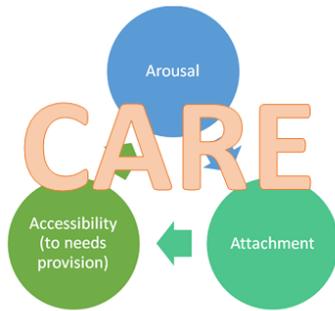
In the CARE Therapeutic Framework, we guide participants through the development and implementation of a CARE Plan in a step-by-step way.

The CARE Plan

By implementing a CARE Plan, participants have five strategies for supporting the child's experience of connection. Anticipated outcomes for the child are thoughts that:

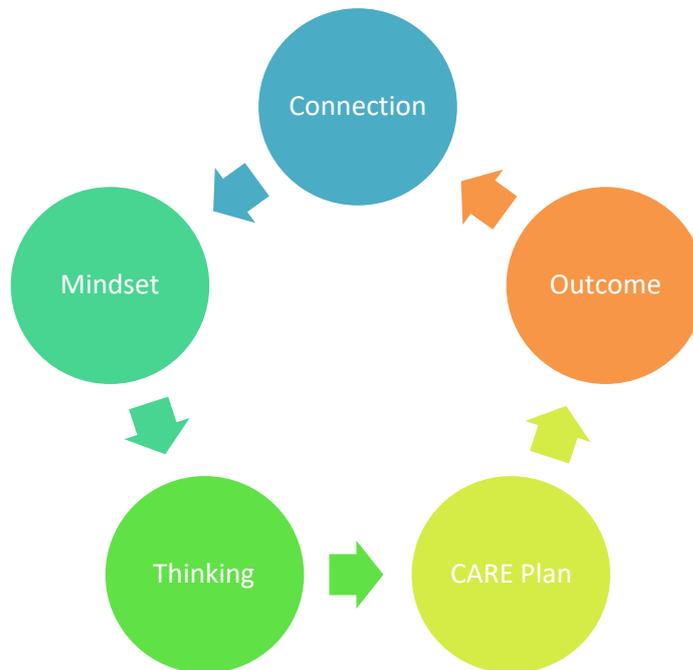
- their experience is real;
- they are a person of worth
- you get it;
- they can trust and depend on you; and,
- the world just became a little less overwhelming.





Implemented consistently, the strategies recommended in the CARE Plan promote secure attachment representations, optimal arousal for performance and wellbeing, and trust in accessibility to needs provision. Implemented consistently, the child will connect back, with the result that their functioning will be regulated by a concern for their relationship with their carer and with being and remaining on good terms with their carer.

Relationships are the most powerful form of influence we have over the functioning and adjustment of children. Where deficiencies in care created a problem, enriched CARE will address it!



³ Bretherton, I. (1992) The Origins of Attachment Theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 28: 759-775.

⁴ Skinner, B. F. (1938) *The Behaviour of Organisms: An Experimental Analysis*. New York: Appleton-Century

⁵ Ferster, C.B. and Skinner, B.F. (1957) *Schedules of Reinforcement*. New York: Appleton-Century-Crofts

⁶ Pearce, C.M. (2010) An Integration of Theory, Science, and Reflective Clinical Practice in the Care and Management of Attachment-Disordered Children: A Triple-A Approach. *Educational and Child Psychology (Special Issue on Attachment)*, 27 (3): 73-86

⁷ Pearce, C. (2016), *A Short Introduction to Attachment and Attachment Disorder (Second Edition)*. London: Jessica Kingsley Publishers

⁸ *My World Survey*; Dooley and Fitzgerald (2012)

⁹ Kahn, W. A. (2005) *Holding Fast: The Struggle to Create Resilient Caregiving Organisations*, Hove and New York: Brunner-Routledge.

¹⁰ Pearce, C.M. (2010) An Integration of Theory, Science, and Reflective Clinical Practice in the Care and Management of Attachment-Disordered Children: A Triple-A Approach. *Educational and Child Psychology (Special Issue on Attachment)*, 27 (3): 73-86

¹¹ Pearce, C (2016) *A Short Introduction to Attachment and Attachment Disorder (Second Edition)*. London: Jessica Kingsley Publishers