i-Play

A Therapeutic Service for Children Aged 0-4
who are Fostered or Adopted

Information Pack

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i-Play:

Who is the service for?

Infants 0-4 years of age who are fostered or adopted and who were:

- Born substance addicted
- Who were born prematurely
- Born with a paediatric condition
- Who have experienced multiple separations
- Who have been abused or neglected
- Who were institutionalised from birth

For babies separated from their birth mothers, for babies born substance addicted, or are hospitalised for what ever reason, their first experiences of life can be traumatising. High stress levels in babies effects their neuro-psychological development and their ability to form secure attachment to carers and parents. It is very easy for the needs of this group of infants to be overlooked, because they are perceived as babies who have been removed to a place of safety, be it foster care or adoption. However, these and pre & post-birth experiences can have an impact which is long lasting. For this reason we have devised i-Play, as a developmental catch-up and re-parenting programme, that combines attachment based play therapy and sensory integration therapy. In addition, we will carryout a nutritional screening, to ensure that your child is optimising their nutritional intake and absorption of essential fatty acids, minerals and vitamins. We do this, because we are now aware that in utero and in infancy poor or traumatising environments can impact a young child's digestive system and this in turn can have an impact on their behaviour and development.

What is i-Play?

- An integrated attachment based play therapy (Theraplay)
- Dyadic Developmental Therapy (Dan Hughes)
- A nutrition assessment and programme
- Sensory Integration assessment and programme (S. Bhreathnach)
- A Somatic Experience programme for children (Peter Lavine)

For children who are fostered or adopted 1-4 years of age (See appendix for explanations of these therapeutic approaches)

- Sessions are 2hrs – weekly – involving one Therapist

- Background documentation required:
  We will send the parent some questionnaires to complete with relevant information about their child.

Phase 1 – A Paper Assessment

Phase 2 – Parent Introductory Sessions and Child Specific Assessment Sessions (could include the following assessments : a Brazelton, a Theraplay MIM, a Paediatric Occupational Therapy, a Nutritionist* or a combination dependant on paper assessment information and the Parent Introductory Session)

4 Child sessions Brief report 1 Parent feedback session

Phase 3 Treatment phase

12 sessions plus 2 parent feed back sessions plus a 6 month and 1 year review

Cost of Programme

£5,000+ VAT

* Nutrition tests are priced separately and individually

Appendix

Theraplay®

Theraplay® was first developed in 1967 at The Theraplay® Institute in Chicago, Illinois. It is used in many therapy, childcare and educational settings throughout the U.S. and abroad. The Theraplay® Institute provides assessment and treatment for families, consultation to social service and child welfare organizations, and training in Theraplay® for professionals. The method has also been adapted for use in groups. Theraplay® is a structured play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others and joyful engagement. Children are referred for a wide variety of problems including withdrawn or depressed behaviour, overactive-aggressive behaviour, temper tantrums, phobias, and difficulty socialising and making friends. Children are also referred for various behaviour and interpersonal problems resulting from learning disabilities, developmental delays, and pervasive developmental disorders. Because of its focus on attachment and also relationship development, Theraplay® has been used successfully for many years with foster and adoptive families. With this method, family interaction patterns have changed and schools and paediatricians have reported improved behaviour and reduced symptomatology in children. The same treatment techniques, extending over a longer period of time, are used with developmentally disordered and autistic children. It has been our experience that even in the rare cases where parents/caregivers can not be involved, Theraplay® is still of benefit to the child.

Somatic Experiencing ®

Somatic Experiencing is a widely respected, innovative, body centred approach to emotional healing & trauma resolution developed by Peter Levine, PhD based upon over 35 years of research and study into stress and trauma. SE is a unique approach, which draws upon the latest scientific research of how our triune autonomic nervous system mobilizes to respond to threat. SE is modelled off of animals in the wild, who engage innate, instinctive, physiological processes to discharge the massive fight/flight and freeze energies associated with survival. As a result wild animals are rarely traumatized, even though their lives are routinely threatened.

Although humans have virtually the same innate self-regulating mechanisms as animals, we often override or inhibit these processes thwarting our own capacity to heal. When we fail to

discharge the high levels of arousal associated with survival these massive energies stay trapped in our neuromuscular and central nervous system and wreak havoc on our bodies and our minds. It is this trapped energy that develops into a whole constellation of post-traumatic symptoms including pain, anxiety, anger, depression, intrusive thoughts and imagery, and cognitive impairments. Somatic Experiencing provides the steps needed to reconnect individual with the innate wisdom of their bodies. Through focused conscious awareness of bodily sensations the individual is able to access these restorative physiological patterns, resolve their traumatic symptoms, and reengage in life with renewed optimism, creativity, passion and joy.

Paediatric Occupational Therapy and Sensory Integration

Paediatric OT's are interested in how a child functions in all aspects of daily life including home, school and play/leisure. The impact of sensory integration difficulties is a key to discovering how to best help a child who is struggling in daily activities. The role of a Paediatric OT is not only support families.

During the assessment, the child will be asked to do a range of activities that include gross motor skill tasks that look at balance and ball skills. Fine motor tasks will also be looked at including drawing and writing. Visual perceptual testing which looks at how well a child is interpreting visual information (relevant to all aspects of school work and daily life) may be included depending on the concerns raised by the parent.
Treatment may take various forms including individual sessions where a child comes to a room that is especially set up with equipment and that allows the therapist to present specific sensory and movement challenges to the child which gradually increase in difficulty. It is characterised by a playful atmosphere where the child is encouraged to generate ideas for activities; it is a safe space for the child to develop skill in motor tasks and as a result is confidence building.

Sensory integration is how the brain organises and processes information received by touch, movement, body position, vision, smell, taste, sound and the pull of gravity. Children may present with sensory integration difficulties when the brain is not able to organise sensory information for use. Information received may not be accurate and there may be difficulty in combining the information between one sense and others. As a result a child may have difficulty with motor skills, learning, emotional responses and behaviour. Some children are over-responsive to sensation and so feel as if they are being constantly bombarded with sensory information. They may try to eliminate or minimize this perceived sensory overload by avoiding being touched or being very particular about clothing. Some children are under-responsive and have an almost insatiable desire for sensory stimulation. They may seek out stimulation by taking part in extreme activities, playing music very loudly, or moving constantly. They sometimes don't notice pain or objects that are too hot or cold, and may need high intensity input in order to become involved in activities. Still others have trouble distinguishing between different types of sensory stimulation. The key focus of sensory integration is to treat the underlying problems rather than on specific skills training; however it is recognised that at times there are specific functional tasks a child is struggling with and it may be more useful to address them in conjunction with a sensory integration approach.

Parents are integral to sessions, indeed a major role for the therapist is to problem solve and model ideas for replicating the sensory work at home. Part of the focus may, therefore, be on parent/ carer child engagement facilitated by the therapist through the provision of therapeutic space in the treatment room. Advice will be provided to parents about how they could replicate this at home.

"Children who have been adopted or fostered are likely to present with a combination of sensory processing and attachment difficulties because of a history of separation, loss, abuse, and neglect. Their capacity to tolerate sensory stimulation from the environment and others is affected. Intolerance of everyday events may be because there is an association with early loss and trauma, or because they find the actual sensory experience unpleasant". (Bhreathnach, 2005).

Clinical Nutritionist Assessment and Programme:

Nutritional Therapy is a way of looking at the body **nutritionally** (vitamins and minerals, fats, carbohydrates, proteins, enzymes) **biochemically** (hormones, immune system, stress response, brain function, nervous system, digestion) and **physiologically** (physical states or conditions that may contribute to nutritional or biochemical imbalances). By examining health, diet and lifestyle, the nutritional therapist aims to identify the most important nutritional factors that may affect a child's health. At Family Futures we aim to improve a child's nutritional status so that their physical and emotional well-being can flourish. Whilst everybody's biochemistry is unique and various nutritional factors can affect different people in slightly different ways, we use nutritional therapy as a family intervention. This is partly because, if the whole family embrace good dietary health, it is easier to make changes in a child's diet; it also means that parents stand to benefit from improved health which would have an overall benefit for the entire family.

All families working with Family Futures complete an initial Nutritional Assessment Questionnaire which is assessed and if appropriate, lead to the family being referred to the Nutritional Therapist. Before an initial consultation a further questionnaire is completed along with a Hair Mineral Analysis. This test looks at a child's hair and examines the levels of nutrients and toxic metals in the body. The reason we have chosen to carry out this test is because it gives an indication of mineral excess or deficit which can contribute to physical, emotional and mental health problems as well as the presence of any toxic metals such as lead, mercury etc which can also have a negative effect on health. Additionally, the ratio between certain minerals can give an indication of the level of stress in someone's body and give a good basis to make therapeutic intervention by the way of diet and supplements.

Following the results of the Hair Mineral Analysis, an appointment will be made with the nutritional therapist for an initial consultation. This consultation lasts one and half hours and involves a discussion of the questionnaires and hair results, an explanation of the areas of nutritional importance and agreement of a suitable nutritional programme which both addresses the needs of the child but also works on a practical level for the family. Following the consultation a report outlining the programme will be written and a follow-up consultation will be arranged.

Follow-up consultations are important to assess progress and make any necessary changes to a family's programme; the initial follow-up consultation will take place approximately 8 weeks after the first consultation, with subsequent consultations being dependent on individual requirements.

The Nutritional Programme will be integrated into the overall programme of work with the family.