

Increase the 'flow' with

In the first of a two articles Helen Oakwater explores how adults can reduce their anxiety, and increase their skill level and so be more 'in the flow' while caring for children impacted by infant trauma.

At each step and stage of the adoption process there are different trials and tribulations. Human nature being what it is, we often forget the difficulties after we've been through them. The ones ahead seem so much bigger and scarier.

Anxiety

As a potential adopter deciding on an agency who will accept you can be bewildering. The first visit to your home by a social worker often causes anxiety – is the place too tidy or messy, too big or small? Should we leave these books out? Is our CD collection too weird? What if the cat poops in the bath again and we don't notice before she arrives?

During the approval process getting in front of an adoption panel might seem impossible. Then they might turn us down! "Will we find a child? Are we good enough?"

"Will we be matched with that child in the magazine? Is there a child out there for me?"

During linking; "The foster carer knows him so well; will I ever be able to cope on my own? Will he ever stay in his bed for longer than an hour? Will she ever stop crying? What if I never bond with him?"

A few years later the concerns might be about school. "How can I get the teacher to understand? What is a Statement of Special Educational Needs and how do you get one? Will he run away today? Who will she bite today?"

Subsequently you could wonder if Auntie Madge will have money taken out of her purse again. You might live in fear of another violent outburst. You may believe that your child will fail, or just not do, their GCSEs. "What will you do if she gets pregnant or really depressed?"

All these scenarios could cause anxiety for parents. Can I meet the challenge ahead? Do I have what it takes? The level of anxiety will be affected by numerous factors which are helpful to unpack.

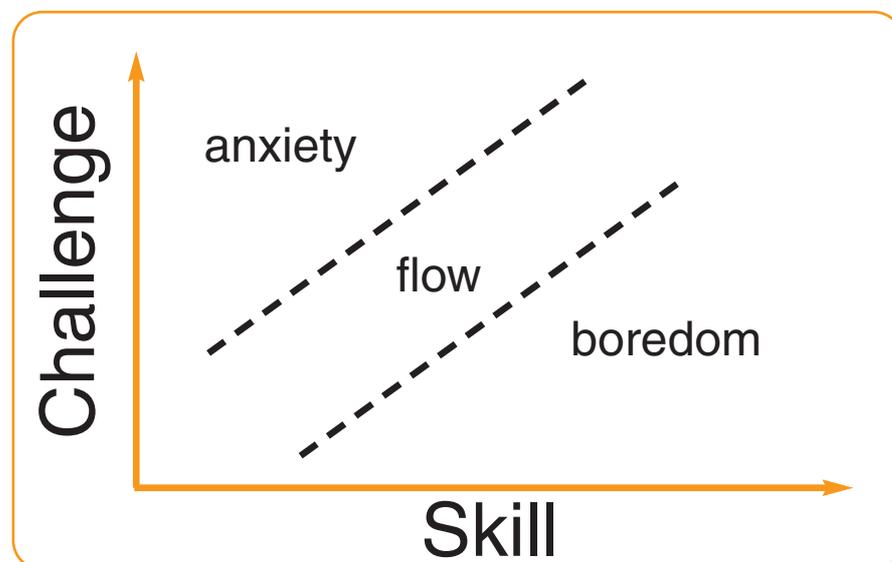
The model represented by the diagram is used in management training. (Remember – models are visual representations of ideas, they are never 'right' – however they are often very useful).

My dictionary defines anxiety in two ways as "uneasiness of mind because of possible or impending trouble or danger" and "a psychiatric disorder, characterised by an abnormal

Some level of anxiety and concern about the future is common. It may result in physical feelings associated with stress – increased heart rate, sweating, tensing of muscles, shallow breathing; there might be a corresponding negative thought pattern.

In moderation it can be useful – making us think about how to tackle a forthcoming event or possibility, priming our bodies for action. In excess it can cause incapacity, overwhelm, dysregulation and dysfunction.

For child with a history of traumatic experiences concern about the future – anxiety – can be enormous.



overwhelming sense of apprehension and fear, often with doubt about one's capacity to cope with the threat."

Anxiety is always about something in the future – apprehension. You are not 'anxious' about past events; however the lessons drawn from previous experiences probably generate the anxiety. Learning from past experiences is essential for personal growth and development. You use, often unconsciously, the reference points of the past in the present.

Anxiety's other main component is around whether you can cope or deal with it – i.e. do you have the capabilities, resources, power, energy etc to deal with this foreseen (real or imagined) event.

For adopters anxiety can be huge and after months or years of living with highly challenging, traumatised children, we can develop secondary trauma, the close relative of Post Traumatic Stress Disorder.

As adults involved with children traumatised in infancy, whether we are adopters, foster carers, social workers, teachers or therapists, our aim is to help a child with self regulation, staying safe, reaching their potential etc.

To do this, the adult needs to feel empowered, at ease, comfortable and safe themselves – i.e. as depicted in the diagram above, as in the 'flow' as possible and not in 'anxiety'.

a SUD!

Flow

What exactly is “being in the flow”? If you think of a time when life felt exhilarating, easy, comfortable, time just sped by, answers just popped into your head, everything was accessible; tasks seemed to be completed almost effortlessly with huge grace and calm. It may have lasted for a few moments, hours or even weeks.

A useful metaphor might be canoeing. The grading system used for rivers, calibrating the level of challenge or difficulty for different water conditions, is useful to indicate the level of skill required to safely paddle down it.

Imagine a river – in some places it flows easily with gentle current ripples and soft curving currents, in other places it is still, almost stagnant, very flat. In certain places the river has great boulders where water noisily explodes on impact, eddies and grasping undertows pull objects around, water cascades down steep falls into dark churning caldrons and stoppers.

Imagine you have to canoe this river. The level of skill you possess makes all the difference to how you would feel about each section. For a club slalom competitor the final section would be huge fun. For a novice the same section would be terrifying.

With some practice, coaching and support the novice would become comfortable on the flat water and as their skill level increases enjoy the middle section, adjusting their paddling to the current and flowing along with the water. Returning to flat water after the flowing might seem a little dull or boring.

At any point on the river an individual's ability to “be in the flow” is impacted by their competency (skill) and the river conditions (challenge). Too little skill leads to anxiety or sheer terror while high levels of competency and minimal challenge can lead to boredom.

The level of skill an individual can access might change or fluctuate with events. Do they have access to all their internal resources? An experienced canoeist with a sprained wrist won't be

able to handle the big bumpy foaming waters. Similarly an adopter with flu or secondary trauma won't be able to handle a distraught teenager in the same way they would when they felt fabulous, empowered and internally resourced.

Even though the 'skills' concept will be explored in greater depth in the next issue, there is one tool which is simple and fabulously effective for adults and children. The SUD!

Calibration – SUD

The Subjective Units of Distress Scale (SUD) is a widely accepted psychological tool. It is a simple 10 point scale with 10 being the worst you could feel and 0 indicating absolutely no trace of upset. The SUD can be used for any kind of human problem as a way of quantifying the intensity of your feelings, emotions, stress or pain.

For example, consider Fatima who spent big chunks of time desperately hungry as a baby and toddler. She may need to know in advance precisely what she is having for dinner to prevent anxiety. For her mother it's a simple decision based on what's in the fridge; for Fatima it's an intense survival issue.

Fatima's SUD may be 8 or 9. For her Mum it's a 1.

Understanding this differential over the same event and being able to share the calibration can be hugely useful to both of them.

Remember we each have our own scale – my 7 is not the same as yours. It's a measure for you at one moment compared to you at a different time.

The SUD scale is a fantastic way of helping our dysregulated children understand and quantify their internal feelings and emotions. Combined with labelling the simple emotions (mad, bad, sad, glad) it provides a simple yet effective index for their emotional vocabulary and literacy.

How much will it hurt?

John might be scared of having an injection. You can say that the injection

is around a 4 or 5, whereas when they broke their arm it was probably between 7 and 9, and a sharp pinch a 2 or 3. That's reassuring to John, provided you are always honest. “Yes this injection will hurt, but it will be over in less than ten seconds and stop you getting a nasty infection when you are older which might kill or paralyse you”; “If you breath out as its happening it will hurt less”, (absolutely true) which gives them choice and hence some power and control. Afterwards John may proudly tell you it was “only a 3” – so now you have a positive reference experience to take into the future.

As a parent you can use the SUD as a way of calibrating how you are doing. Notice how well you are functioning at this moment compared to the past. This gives you quantitative evidence of your current state and what you may need to do about it.

In the summer I recognised I was not safe on the road – literally. I did not feel capable of driving; my stress levels were through the roof. However, I calibrated myself and recognised I had been in a much worse state a few years before.

So, even though I was distressed and dysfunctional, I found solace in the knowledge I had been through worse – and recovered – hence all I needed was to be gentle on myself to allow healing to occur. It did. I am now stronger and wiser. The SUD worked for me – I hope it works for you.

Helen Oakwater is an adoptive parent, NLP coach and trainer.

She adopted a sibling group in the early 1990s and has first hand experience of living with 'the child who hurts'.

Her knowledge and perspectives are borne from this; plus books, numerous training courses, other adopters and through her own personal journey.

Her adoption and NLP credentials are listed on her website.

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