

FASD-CAN

Fetal Alcohol Spectrum Disorder
Care Action Network

FASD and Connective Parenting

Tūhono Atu | Connect More: A Caregiver's Guide to Connective Parenting for FASD

What is Connective Parenting?

Connective Parenting (CP) is a relationship-based approach that prioritises connection, trust, and emotional support over punishment and control. It involves gently nurturing the emotions of the tamaiti | child, listening to their needs, and fostering a strong family and whānau bonds through empathy and communication, rather than using fear or coercion. The goal is to help them to develop greater capability and resilience over time, supporting them towards realising their unique potential^[1].

This supportive, therapeutic approach—sometimes called Therapeutic or Attachment-Based Parenting—is all about helping us as caregivers, shift our focus away from just trying to stop challenging *behaviour*. Instead, we look to understand the hidden **brain needs** and feelings of the person we are caring for so we can address the root causes of the challenging behaviour, and foster healing.^[2]

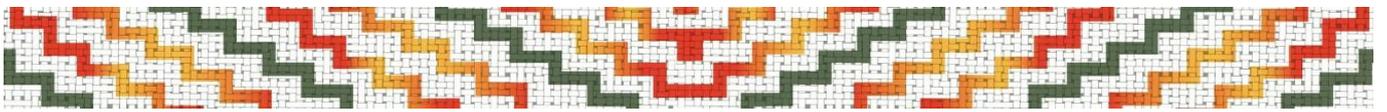
Every family and whānau will benefit from putting the relationship first. But honestly, Connective Parenting becomes **absolutely vital** in specific situations where those old-school methods (like relying heavily on rewards and consequences) just don't work, won't make a difference, and often make things harder. And this is the way it is with Fetal Alcohol Spectrum Disorder (FASD).

Where Does Connective Parenting Come From?

It's often asked if one person created Connective Parenting (CP). The answer is no. CP is a helpful **philosophy** that combines the best, evidence-based ideas from different areas, most notably the clinical model **Trust-Based Relational Intervention (TBRI®)**. It's really the joining of those powerful, brain-based strategies that makes it so effective!

Specifically, CP draws heavily on:

- **Trust-Based Relational Intervention (TBRI®):** Developed by Dr. Karyn Purvis and Dr. David Cross, TBRI is the core therapeutic framework. It establishes the clinical necessity of building **felt safety** and outlines the specific strategies for Connecting, Empowering, and 'Correcting' the child. CP takes these clinical principles and translates them into simple, daily-use parenting strategies for the family and whānau at home.

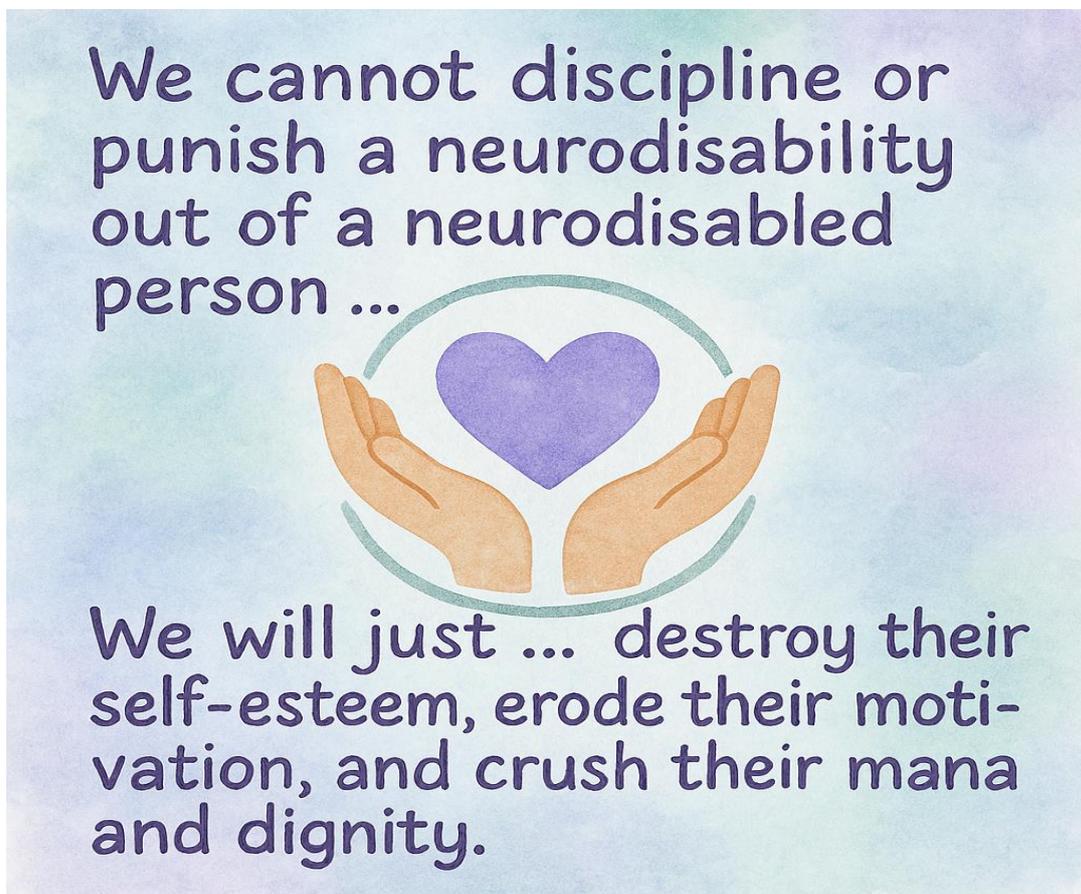


- **Attachment Theory** (like the Circle of Security model): This is the bedrock. It comes from models like the Circle of Security, which shows how much a person needs a secure base (safety) and a safe haven (comfort) from their caregiver to thrive. ^{[4][5]}
- **Trauma-Informed Care:** This approach grew thanks to experts who showed that when a person's brain develops differently (like with FASD) or they experience trauma, their "fight, flight, or freeze" response is easily triggered. CP strategies are all about helping the person feel safe enough for the thinking part of their brain to switch back on. ^[2]
- **Neurodevelopmental Science:** For neurodisabilities like FASD, the strategies were specifically adapted to manage the challenges with Executive Function. This is where the mantra "Simple, Structured, Supervised (SSS)" comes from, as it provides the person with an external brain (us as caregivers) to help them cope. ^[3]

1. Core Principles: Brain Over Blame

Our lived and living experience highlights the truth: Connective Parenting is the best practice model because it acknowledges that FASD is a **brain-based disability** and that you cannot punish or consequence a disability out of someone. ^[3]

Remember:





The “brain over blame” approach is about shifting our perspective away from viewing a child’s challenging behaviours as "wilful" or "deliberate." Instead, we reframe them as symptoms of brain differences in areas like:

- **Executive Function:** Struggling with planning, memory, organisation, or self-monitoring.
- **Information Processing:** Taking much longer to understand what we're asking.
- **Emotional Regulation:** Difficulty managing big feelings and impulses.
- **Abstract Thinking:** Struggling with concepts like time, consequences, or jokes/sarcasm.

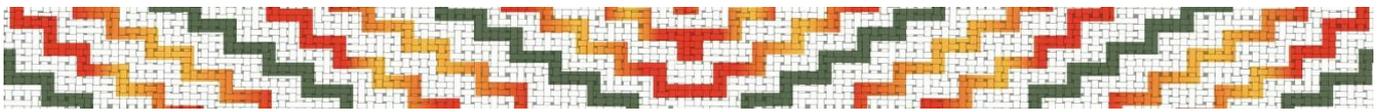
The Foundational Pillars of Connective Parenting

It’s easy to get lost in a list of strategies, so here are the seven big-picture ideas that CP always comes back to. These are the powerful shifts in thinking that make all the difference, especially when things are tough:

1. **Prioritise ‘Connection’ Before ‘Correction’:** Before addressing a behaviour, focus on establishing a connection with the tamaiti | child. This creates a foundation of trust where they are more open to guidance. Our warm, supportive relationship isn't just a bonus—it is the most **powerful tool for healing and learning**.
2. **Nurture Emotions (co-regulation):** Help the tamaiti | child process their "big feelings" like anger or sadness by staying calm and connected, rather than shutting them down. When they are distressed, we lend them our regulated nervous system; this is **Co-Regulation**, and it's how they eventually learn to self-regulate.^{[2][6]} This process is founded on the caregiver's ability to remain internally grounded, which allows them to "**lend their calm**" to the person in distress. By meeting intense emotion with a soothing presence, we help the individual transition from a survival state back toward balance, paving the way for eventual **self-regulation**.

Key actions for **effective Co-Regulation** (Remember: setting limits and restoring calm are two separate steps):

- ✓ **Establish Internal Calm:** The first step is always the caregiver's **self-regulation**. Our composed presence is the most powerful tool for stabilizing their nervous system.
- ✓ **Narrate and Validate:** Help the person connect words to their internal experience by naming the feeling they are showing (e.g., "I see you are feeling huge anger right now," or "That sounds frustrating.").
- ✓ **Model and Practice Skills:** Demonstrate simple coping strategies (like deep breathing or taking a break) and encourage them to practice these new skills alongside you.
- ✓ **Guided Transition:** Once regulated, gently guide them away from the source of stress by offering limited, acceptable choices (e.g., "Would you like a drink of water or a few minutes with your book?").



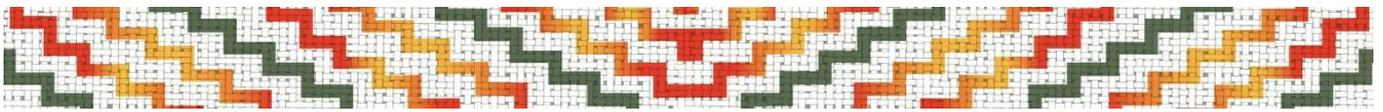
- ✓ **Maintain Boundaries:** Co-regulation is not the same as permissiveness. Maintain clear, consistent expectations and calmly redirect behaviour when boundaries are crossed.
 - ✓ **Affirm Success:** Actively notice and offer specific praise when the person uses a new coping skill or successfully moves from dysregulation to calm.
- 3. Listen and Seek Understanding:** Listen to their perspective, even during conflicts, to understand the underlying needs behind their behaviour. **Behaviour is seen as a clue to an unmet need or lagging skill.** People who have brain differences or trauma need to feel safe deep in their nervous system (**Felt Safety**) first, which then allows healing and learning to begin.^[2]
 - 4. Use Empathy and Guidance, not Fear:** Parenting is based on love, not fear. The parent acts as a coach or guide who helps the tamaiti | child navigate conflict and find resolutions, rather than acting as a policeman or judge.
 - 5. Model Accountability:** When parents make mistakes, they apologise to model accountability and build trust. This is a **powerful form of connection and repair.**
 - 6. Focus on Quality Time:** Spending focused, quality time together can build a strong, positive family and whānau relationship, which is more important than perfect adherence to rules.
 - 7. Work on Self-Connection (Mindfulness & Repair):** As caregivers we need to stay connected to our own needs, manage our stress, and recognise automatic, reactive habits. This mindfulness ensures we can respond with a calm and steady presence (co-regulation) and helps us prioritise **rupture and repair** when conflicts inevitably happen.^{[2][12]}

The shift from “you made a choice and you chose poorly” to “your brain needs help” is why CP is essential for removing blame and stress for both the caregiver and the person they are caring for.

The Three Core Mantras^[3]

When caring for someone with FASD, traditional parenting advice—which relies heavily on **choice and consequences**—often fails because it doesn't align with a brain-based disability. This repeated failure, especially when facing external judgment, is what can lead caregivers to feel deep guilt, frustration, and shame. The shame and guilt comes from an internalised feeling of failure (“I must be a bad parent”) caused by continuously applying strategies that **cannot** work with a neurological difference.

The three core mantras below are the most powerful tools caregivers can adopt to cut through that ‘noise’. They serve as a **permission slip** and **road map** to replace blame with understanding, empowering us to focus on healing and skill-building:



- **"Can't" Not "Won't": The core belief of Connective Parenting**
 - ✓ This means we recognise that challenging behaviour is not a choice of disobedience (**won't**), but rather a sign that the person lacks the skill or capacity to cope in that moment (**can't**).
- **"Brain, not blame, and reframe."**
 - ✓ We shift our focus from feeling frustrated or blaming the person, to understanding that their actions are symptoms of a difference in brain function.

The Blame Cycle: In traditional parenting, challenging moments often lead to blaming the person for being "defiant," "manipulative," or "wilful." This focus on moral failure or lack of character creates deep shame for both the person and the caregiver.

The Reframe: We shift our focus entirely from *choice* to *capacity*. We accept that the behaviour is a symptom of a neurological difference (like poor impulse control or working memory issues) and is therefore not intentional. This reframe leads us directly to the practical solution: teaching the missing skill or adapting the environment.

- **"Adapt the environment, not the person."**
 - ✓ Instead of expecting the person with the neurodisability to change their fundamental abilities, we change the external world—our routines, communication, and expectations—to help them be successful and cope in that environment.

2. Key Concepts: Defining the Language of Healing

Connective Parenting uses specific language to shift our focus from "behaviour" to "brain function" and "relationship health." Understanding these key terms helps make the strategies in the next section clearer:

Concept	Simple Definition	Why It Matters for FASD
Executive Function (EF)	The "CEO" of the brain. These are the top-level skills needed for planning, organizing, controlling impulses, switching tasks, and remembering instructions (working memory).	FASD commonly impairs EF. This means the person needs external structures (like visual schedules and labels) to succeed, because their internal EF system is challenged.
Co-Regulation	The process where a person borrows our calm nervous system to calm down their own. When they are upset, we stay regulated and connected, lending them our emotional steadying presence.	It's how the person learns to eventually self-regulate. We must co-regulate first before we can engage the thinking parts of their brain to teach a new skill.



Concept	Simple Definition	Why It Matters for FASD
Felt Safety	A deep, physical sense of being safe and secure in the environment. It is not just about being <i>objectively</i> safe, but <i>feeling</i> safe deep in the nervous system.	This is the foundation of healing and learning. If a person does not have Felt Safety, their brain is stuck in "fight, flight, or freeze" mode, and no learning or connection is possible.
Internalised Values	When a person adopts external rules or morals (like honesty and respect) as their core, personal beliefs. They act kindly because they value it, not because they fear external consequences.	This represents the highest level of growth, shifting motivation from external compliance to internal conviction.
Neurobehavioural Model (D. Malbin)	The framework that states that all challenging behaviours are symptoms of an underlying neurological difference or structural impairment in the brain, and are therefore not intentional choices.	This is the bedrock of the "Brain, not blame" mantra, allowing us to replace shame with effective skill-building strategies.

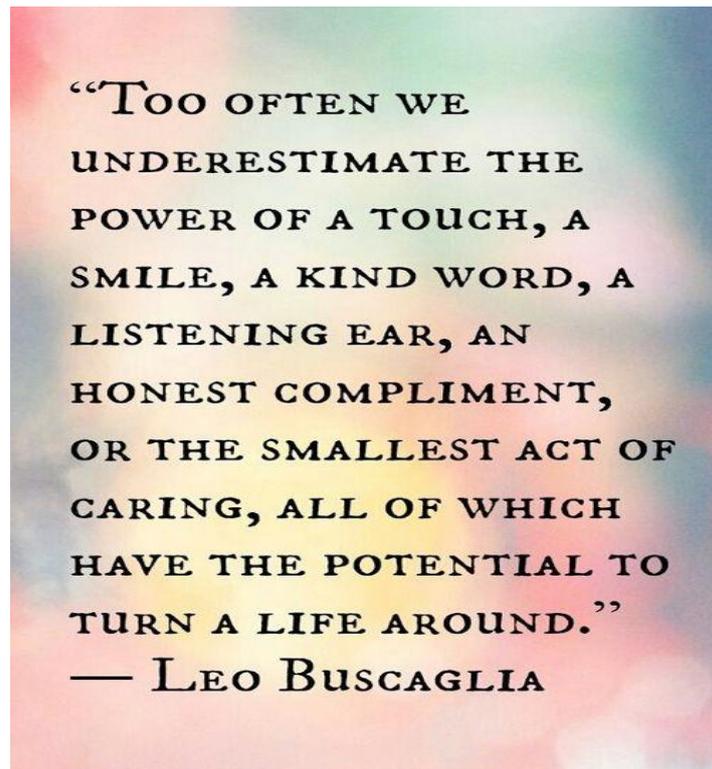
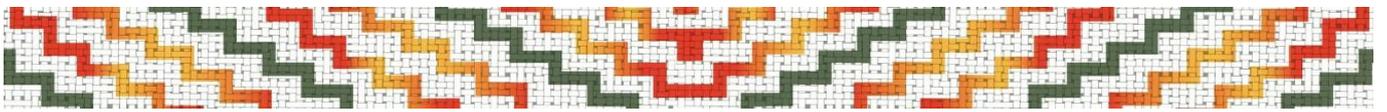
3. Connective Strategies: Building Warmth and Trust

Connection is the foundation of all therapeutic change. These simple strategies require minimal time but provide a massive return on investment by filling the person's emotional tank and building Felt Safety—making them less anxious and more open to guidance.

Strategy	Action: What You Can Do	Why It Works
1. The Five-Minute Window	Daily: Give the person five minutes of completely uninterrupted time where they choose the activity and you just follow their lead (e.g., colouring, listening to their story, building blocks). Put your phone away.	This is quality time (attention) that is unearned. It proves that you value them just for being themselves, not for performing or behaving. This builds deep, unconditional love and attachment.
2. Active Validation (Naming the Emotion)	When they speak or show emotion, use a phrase to show you hear and understand their feeling, without immediately jumping to solve the problem.	Validation is not agreement. It says, "I see your inner world." <i>Examples:</i> "That sounds really frustrating," or "I get that you're sad about that change." This



Strategy	Action: What You Can Do	Why It Works
		calms the nervous system and builds trust.
3. The Instant Smile and Nod	Look up from what you are doing, catch their eye, and give a simple, warm smile and a slight nod (or raise an eyebrow or wink). This takes less than one second.	A warm smile is the fastest, most universal sign of safety and acceptance to the brain. It is instant relational repair that costs no energy.
4. Connecting Through Touch	Use appropriate, non-intrusive physical contact that communicates care. <i>Examples:</i> A high-five, a fist-bump, a quick pat on the shoulder, or a big, silly hug (if they accept it).	Safe, gentle touch is essential for oxytocin release, which promotes feelings of security and bonding in the brain, healing attachment wounds.
5. Shared Joy and Humour	Take every opportunity to be silly, laugh together, or share an inside joke. Playful banter creates light-hearted moments.	Play is the language of attachment. Shared laughter releases tension and provides a powerful, positive memory imprint that strengthens the relational bond.
6. Non-Verbal Warmth	Focus on your tone of voice and body language (shoulders down, palms open). Keep your voice soft, calm, and slightly lower pitched, even when setting a boundary.	The brain processes how you speak before what you say. A soothing tone is essential for co-regulation and signals that you are safe, not a threat.
7. Predictable Family Rituals	Establish small, consistent micro-routines that are centred on connection, not tasks. <i>Examples:</i> Reading one page together before bed, a special "good morning" song, or always having ice cream on Friday night.	Rituals combine the brain's need for predictability (structure) with the need for warmth (connection). They fill the emotional tank by making positive interaction a guaranteed, unchangeable part of life.

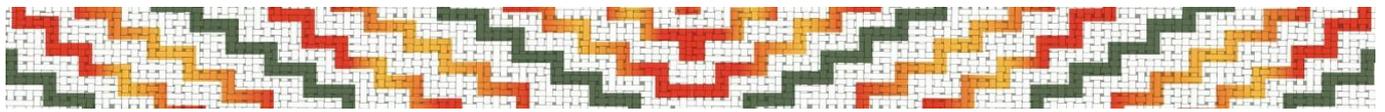


4. Practical Strategies: Simple, Structured, Supervised (SSS)

Think of the square peg being pushed into a round hole. Connective Parenting for FASD means adapting the environment and expectations to fit the person's brain, rather than trying to force the person to fit a "typical" mould. This is often summed up as "**trying differently, not harder**" (D. Malbin). The most effective practical strategies are centred on providing an environment that is highly Simplified, Structured, and Supervised.^[3]

4a. Simplify Communication (Concrete, Consistent, Slow)

- **Be Concrete:** Use clear, literal language. Avoid sarcasm, metaphors, or vague requests. *Instead of:* "Go tidy your room." *Say:* "Put the books on the shelf, then put the toys in the red box."
- **Keep it Simple:** Give **one instruction at a time**. Wait for the first one to be completed before giving the next.
- **Slow Down:** Allow plenty of time for processing. People with FASD may need 10 to 40 seconds to process a question or instruction, and respond. We need to be very patient and wait them out.
- **Use Visuals and Repetition:** Support verbal instructions with visual aids (pictures, lists, signs, visual schedules) and be prepared to repeat information frequently without frustration.^[3]



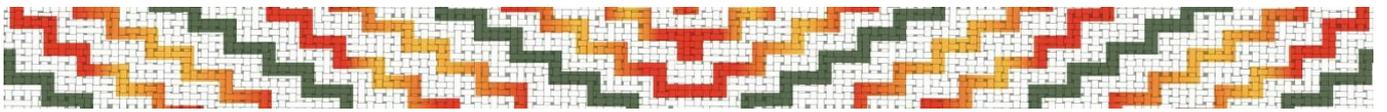
- **FASD KiSSSSSS Communication Strategy:** Use the FASD KiSSSSSS Communication Strategy – Keep It Same, Short, Simple, Slow, Specific and Show. You can access details about the strategy on our website here: [FASD KiSSSSSS Communication Strategy](#)

4b. Provide Structure and Consistency (Predictability)

- **Routine is King:** Maintaining a highly consistent daily and weekly routine (e.g., set times for meals, homework, and bedtime) reduces anxiety, and uses ‘structure’ as an external "executive function."
 - ✓ **Why Routine Calms Anxiety:** For neurodivergent brains (like FASD), the world can feel constantly unpredictable and overwhelming, keeping the nervous system on high alert (fight/flight). A consistent routine creates **predictability**. This predictability is the fastest way to signal **safety** deep within the person's brain, which in turn reduces stress and anxiety, allowing for regulation and learning.
 - ✓ **Structure as an External Executive Function:** People with FASD often have impairments in Executive Function (EF)—the brain's CEO skills, such as planning, organization, and remembering steps. Since the person’s internal EF system is challenged, we use the external structure of the environment (the routine, the visual schedule, the labelled boxes) to take over those tasks. The environment becomes a **scaffolding** or an external "planner" that guides their actions, leading to greater success and fewer challenging moments.
- **Structured Environment:** Create designated, unchanging places for important items (e.g., shoes, keys, bags). Use labels, picture prompts, and colour-coding. This is critical because the external order acts as an "external executive function" (EF) for the brain. It removes the stress of having to internally organize, allowing the person to succeed with simple, predictable steps.
- **External Supervision/Scaffolding:** Provide a level of supervision appropriate to their **developmental age**, not their chronological age (often referred to as "halve their age" rule, especially for rangatahi | youth. This is not "babying"— it's providing necessary support to create the greatest opportunity for safety and successful outcomes. This extra level of vigilance and supervision is required because the neurological damage related to impulse control and abstract thought means the person **cannot reliably predict** the consequences of their actions or apply learned safety rules in new situations. The caregiver becomes the external frontal lobe, trying to manage risks the person cannot perceive.

4c. The Three-Step Approach to Guidance (re-teach, not punish)

When a challenging moment happens, CP means we avoid using ‘punishment’ and instead use it as an opportunity to teach a new skill, all the while prioritising the relationship over the need for immediate compliance or winning the power struggle. This is the ultimate example of "Connection Before Correction." Prioritising the relationship over that immediate need for control is the core philosophy of Connective Parenting!

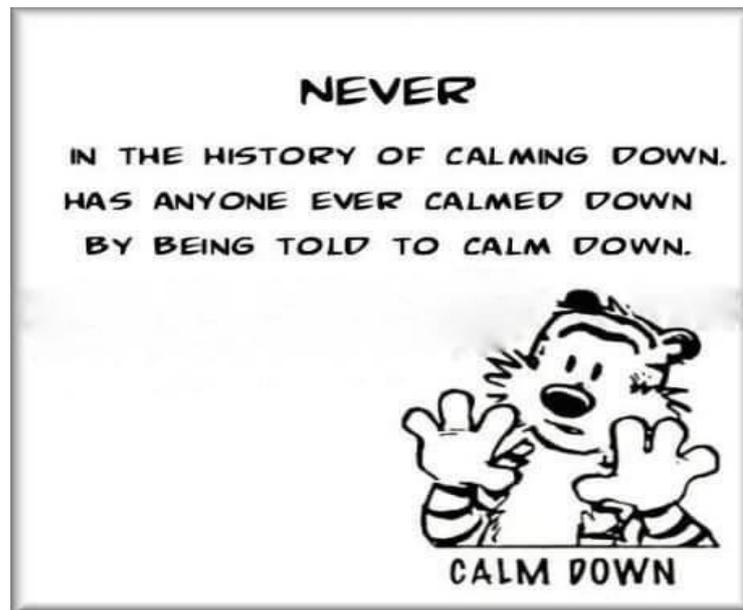


What 'Correction' Means in CP

'Correction' is a therapeutic term for the process of **teaching a new skill** and **guiding** the person to an acceptable choice *after* the connection and regulation have been restored. It explicitly does not mean punishment, logical consequences, shaming, or taking things away.

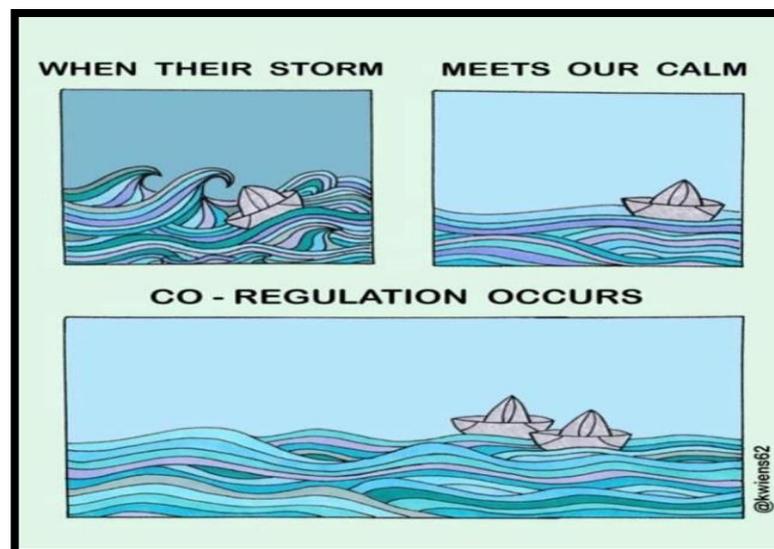
The three-step approach C-A-G model to guidance is:

1. **Connect:** We need to calm our own mind and body first, because only a calm mind can calm another mind. But **do not say "calm down"** because ...

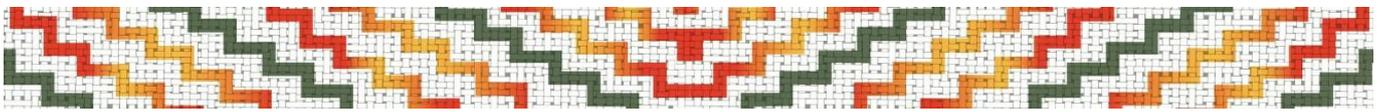


Source: [Calvin and Hobbes](#)

Our self-regulation as caregivers is an essential first step because it sets the stage for **co-regulation**.



Source: [Kristin Wiens \(akwiens62\)](#)



Only then do we think about approaching the person physically (if safe) or emotionally with warmth. When we do so it is important to use a low, soothing voice and non-threatening body language. (e.g., "I see you're angry, let's take a breath.")

2. **Acknowledge:** We validate their emotion or desire *without* validating the behaviour, showing them we see their perspective. (e.g., "It's so frustrating when the game doesn't work," or "You really wanted that toy.")
3. **Guide:** Then once the person is calm and connected, we can guide them to an acceptable choice or help them practice the missing skill. (e.g., "When you are frustrated, you can tell me with words. Let's practice saying, 'I need a break.'")

4d. Focus on Strengths and Connection (warmth)

- **Build on Strengths:** Every person with FASD has positive attributes (e.g., creativity, artistic talent, strong visual memory, affectionate nature). Build their self-esteem by focusing on their interests and celebrating these strengths.
- **Prioritise Attuned Care:** A high level of emotional responsiveness is key to helping them develop self-regulation. This is not about being "nice"; it's a therapeutic tool based on the following three-step process:
 1. **View (Curiosity):** Replace the thought "Why are they doing this to me?" with "I wonder what this behaviour is communicating?" Focus on the curiosity about the feeling underneath the action, not the judgment of the behaviour itself.
 2. **Validate (Empathy):** Reflect the emotion you see back to them using a calm, soft tone (e.g., "You look really frustrated right now," or "I bet that feels unfair."). Validation is not agreement; it is acceptance of their internal experience. This calms the nervous system and builds trust.
 3. **Voice the Wish:** Give them the words for the ideal outcome or situation they cannot communicate (e.g., "You wish it was easier to remember those steps," or "You wish I didn't have to leave yet."). This shows you accept their deep desire while still managing reality.

A high level of emotional responsiveness is key to helping them develop self-regulation over time ... but always remember "it's a brain thing!"

- **Reframing Consequences:** Traditional consequences (like grounding or logical consequences) are often ineffective because of difficulties with abstract thought, cause and effect reasoning, and working memory. The focus shifts to **re-doing** or **re-teaching** the missing skill in the moment (e.g., "Let's go back and walk through the proper steps together")^[3]

5. Connective Parenting vs. Positive Parenting

When caregivers are **setting expectations and responding to challenging moments**, two primary approaches emerge: **Positive Parenting (PP)** provides an excellent foundation for neurotypical children, teaching warmth, respect, and clear communication. However, for



neurodisabled and traumatised individuals, a specialised approach, **Connective Parenting (CP)**, becomes necessary because the core techniques of standard PP—like the use of **logical consequences**—rely on intact cognitive skills (abstract thought and executive function) that are impaired in conditions like FASD.

Many popular and effective parenting programmes, such as The Incredible Years (TIY) Programme, are rooted in the principles of Positive Parenting. While PP is a fantastic, healthy foundation for all tamariki | children, in its standard form it is very unlikely to be effective for those with neurological differences, particularly FASD. The reliance on consequences and choice, when applied to a person with compromised executive function, leads to shame, disconnection, and further frustration for the whole family.

That's why we view Connective Parenting (CP) as the **specialist toolkit** built *on top* of PP. It is the blueprint we need when standard tools don't work due to brain differences or trauma.

Area of Comparison	Positive Parenting (PP)	Connective Parenting (CP)
Similarities	High warmth, respect, clear expectations, leading with empathy.	High warmth, respect, clear expectations, leading with empathy.
Core Assumption	That the person <i>can</i> choose the desired behaviour if they are taught and motivated (e.g., via rewards or logical consequences).	That challenging behaviour stems from a skill deficit or a lack of felt safety . They <i>can't</i> do it yet, or they're too dysregulated to access the skill.
Tools for Change	Logical Consequences and Rewards/Incentives to encourage compliance and choice.	Environmental Adaptation and Co-Regulation (helping the person calm down) to build the missing skill and the internal feeling of safety.
Focus	Teaching behaviour management and respectful communication.	Healing the brain and building a secure attachment ^[2]

The Crucial Difference for FASD Families and Whānau

The main difference is all about **Consequences**.

In standard **Positive Parenting**, if a person breaks a rule, we apply a **logical consequence** (e.g., "if you don't clean up your toy, you can't play with it later"). This works great for a person whose brain can logically connect the action today with the result tomorrow.

But with **FASD**, because of the challenges with abstract thought and executive function, the person literally *cannot* make that connection.^[3] A consequence often feels arbitrary, unfair, and shaming. This just leads to more shame, distress, and disconnection.



Connective Parenting ditches those consequences and instead focuses on **Re-do and Re-teach**. It acknowledges: "You couldn't do that because your brain struggled with that step. Let's simplify the environment and practice that step together until your brain builds that skill."

6. The Deeper Science: Connecting the Models to Neuro-Informed Care

Connective Parenting isn't just "nice parenting"—it is the practical application of advanced models in neurobiology and trauma. Here's how CP fits into the larger world of therapeutic care:

Model	What It Proves	How CP Uses It
Neurobehavioural Model (FASD Focus): Diane Malbin	This model establishes that all challenging behaviours in FASD are a result of brain structure and differences, not a moral choice or wilful disobedience.	The Core CP Principle of "Brain, not blame" and the SSS strategies (Simple, Structured, Supervised) are the direct translation of this model into daily life ^[3]
Neurosequential Model: Dr. Bruce Perry	Perry's work shows that the brain develops from the bottom up (brainstem -> limbic -> cortex). To achieve higher-level functions (like logic or emotional control), the lower, survival-focused parts of the brain must be calm and regulated first.	Co-Regulation is Priority. CP strictly follows the "state-dependent functioning" idea: we must regulate the person's nervous system (via connection and calm tone) before we can engage the thinking parts of the brain to teach a new skill ^[10]
CPS (Collaborative & Proactive Solutions): Dr Ross Greene	This model establishes that challenging behaviour is a result of lagging skills and the core principle is " Kids do well if they can. " It is a direct application of Executive Function neuroscience.	A Structured Tool. CPS provides the collaborative steps (Plan B) for teaching missing skills, reinforcing the " Can't not Won't " mantra and offering a practical framework for non-punitive responses and guidance. ^[13]
DDP (Dyadic Developmental Psychotherapy): Dr Daniel Hughes and PACE	This therapeutic model focuses on the four attitudes a caregiver must maintain to build attachment and healing: P layfulness, A cceptance, C uriosity, and E mpathy. It focuses entirely on the relational stance of the caregiver.	The Relational Tone. CP integrates PACE to teach the <i>how</i> of the interaction. Using a curious tone ("I wonder what was hard about that?") helps the person feel accepted and safe, even when the behaviour is challenging ^[11]
TBRI (Trust-Based Relational Intervention):	Challenging behaviour is often fear-based due to past trauma; healing requires connection, empowerment,	Attuned Care and Foundational Safety. CP adopts TBRI's three pillars, especially the Empowering pillar, to proactively meet



Model	What It Proves	How CP Uses It
Dr Karyn Purvis	and gentle correction via the three pillars: Connecting, Empowering, and Correcting.	physiological (e.g., hydration, movement) and sensory needs to build Felt Safety before a crisis occurs. ^[2]

7. When Someone is Healing from Past Hurts (Attachment and Felt Safety)

Connective Parenting is the essential starting point for building **felt safety**—that deep, internal sense of being secure and safe. This safety is what allows a person’s brain to slow down, heal, and learn new ways of relating.^[2]

It's the go-to model for anyone who has experienced hard times early in life or has experienced disruptions in their attachment to caregivers.

Situation	What’s Happening and Why CP is Necessary	The Key Connective Strategies We Can Use
Adoptive or Foster Care	People who have experienced trauma or neglect often have disorganised attachment. Their brain is always on high alert for survival, which means they might overreact to small everyday stresses with a "fight, flight, or freeze" response ^{[2][7]}	Make Safety and Trust the Priority (Rupture & Repair). Every interaction should be about building an unconditional, predictable, and safe relationship. Use " Time-In " to stay close and actively prioritise repairing ruptures quickly to rebuild trust ^[2]
High Conflict or Disconnection	For any whānau or family stuck in cycles of misunderstanding, CP gives us a practical map to pause, reflect on what emotional need the person is communicating, and reset our connection.	Reflective Parenting. We learn to look right past the behaviour to understand the attachment message underneath their actions. This leads to much more sensitive and supportive care. ^{[5][7]}

8. When Things are Seriously Challenging (CAPVA - Child and Adolescent to Parent Violence and Abuse)

When we, as caregivers, are repeatedly experiencing aggression, intimidation, or abuse (CAPVA) from someone we care for, Connective Parenting combined with **Non-Violent Resistance (NVR)** offers an evidence-based path back to safety and positive change.^{[8][9]}



Element	The Important Role of Connective Parenting + NVR
Understanding the Conflict	<p>CAPVA is often a functional behaviour—a serious sign that a rangatahi youth or tamaiti child is utterly struggling to cope, regulate, or communicate deep distress, especially if there are neurodevelopmental differences or trauma involved.^[8]</p> <p>CP helps everyone avoid <i>parent blame</i> and focus on supportive solutions.^[9]</p>
Responding to Harm	<p>NVR, which works hand-in-hand with CP, helps us stay calm and fully commit to non-violence in our own response. We, the caregivers, firmly and persistently resist the abusive behaviour, while stepping back and avoiding the power struggle in the moment.^[8]</p>
Relational Repair	<p>Both CP and NVR emphasise Acts of Reconciliation. These are small, unearned, loving gestures that send the clear message, "I love you, but I will not accept the behaviour." This crucial step repairs the connection, separate from the resistance.^[8]</p>
Whānau and Motu (Family/Community) Support	<p>NVR strongly encourages us to build a support network (e.g. whānau, family, friends, professionals) to help us resist the challenging behaviour and restore our own well-being. CP helps us regain confidence and satisfaction in our important role.^{[7][8]}</p>

For more information about NVR, see the resources on this topic on our website.

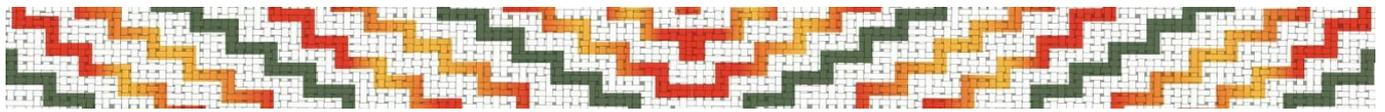
Conclusion

This journey of Connective Parenting, while sometimes feeling like hard mahi | work, is fundamentally a commitment to aroha | love and deep understanding. It's a strength-based approach for us, the caregivers, because it removes the pressure of expecting a person with a neurological difference to 'just comply.' Instead, we're empowered to become an external executive function, a calm co-regulator, and a constant source of **Felt Safety**. Remember that every attempt at connection, every validated emotion, and every structured routine is a powerful act of healing. By committing to this deep connection, we are giving the tamaiti | child the absolute best chance to reach their own unique **potential** within a strong family unit.

References and Resources

References

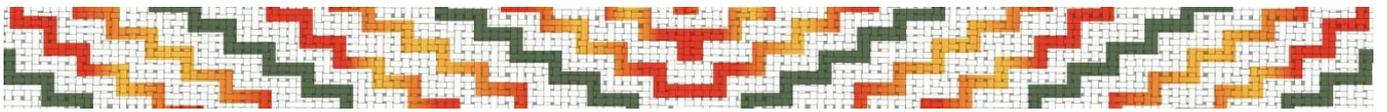
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- FASD-CAN Aotearoa NZ: For local FASD support, education, and resources specific to Aotearoa www.fasd-can.org.nz
- The Connected Child: (Karyn Purvis) A foundational book on therapeutic parenting principles.
- Local NVR Programmes: Check with your regional family support services, adoption support agencies, or child psychology providers for training in Non-Violent Resistance (NVR), as it is highly effective when paired with a Connective Parenting approach.



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