Making SPACE for Learning: Trauma Sensitive Practice in Education

BEAUFORT Secondary College
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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this land and we pay our respect to their Elders past, present and future.

A message of safety

Your emotional safety is most important, so please take care of yourselves and each other.
1. What is trauma?
2. What do you see?
3. What can you do?

Key learning outcomes

Jot words to describe how these children feel at school? e.g. unseen, isolated, ...

What is the opposite of each of your words?
What might be an example of a healing experience?

“I am the decisive element in my classroom. It's my personal approach that makes the climate. It's my daily mood that makes the weather.”
As a teacher, I possess tremendous power to make a student’s life miserable or joyous.

Haim Ginott

Photo by Kumiko SHIMIZU on Unsplash

Photo by Duncan Maloney on Unsplash
People will forget what you said... they will forget what you did, but people will never forget how you made them feel.

-Maya Angelou

1. What is trauma?

How do you define trauma?

As a table group discuss:
- What is trauma?
- Consider what you might see in your classrooms
Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a perceived threat, usually to survival
- overpowers our capacity to cope
- feels/is outside our control
- often evokes a physiological and psychological set of responses based on fear or avoidance

What are the different types of trauma?

Simple

Complex

Developmental

→ Intergenerational

→ Transgenerational

Complex relational trauma

- “Complex trauma exposure results in a loss of core capacities for self-regulation and interpersonal relationships.
- Children/young people exposed to trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment. This may include: psychiatric and addictive disorders; chronic mental illness; legal, vocational and family problems.”

(Cook, et al, 2005)
Activity – Bring a Child or Young Person to Mind

• List what you experience with regards to their behaviour.

• What might the child or young person think about themselves?

• What is their ‘feeling’ state?

Understanding the developing brain

Three Core Concepts in Early Development

Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD
Center for Developing Child, Harvard University
2. What do you see?
3. What can you do?

Brain development
The neural structures of children’s brains are built on the foundations of repeated experiences that help either form a strong tower that functions effectively and can withstand great pressures…

...or a brain structure adapted to toxic stress, with many connections yet to be realised due to unmet needs.

Brainstem - basic life functions
- Basic life functions
- Develops in utero
- Critical period of development: 0 – 8 months
- Responsible for our heart rate, breathing, sucking, swallowing, temperature control, blood pressure, regulates sleep cycle

• What might you notice?
• What can you now do?
Cerebellum - movement and balance

• Helps us to know where our body is in space
• Helps us with our posture and balance, equilibrium and muscle tone
• Critical period of development: 0-2 years

What might you notice?
What can you now do?

Clapping

Limbic lobe - emotional gateway

• The part of the brain that helps us attach an emotion to an experience or memory
• This part of the brain is particularly involved with the emotions of fear, disgust and anger
• Also heavily involved in attachment processes
• Critical period of development: 2 - 4 years

What might you notice?
What can you now do?
Diencephalon - sorting & sending centre

- The sensory gateway of the brain
- It receives and sends information coming into the brain from the external environment as well as from within the body
- It uses hormones to send signals to body
- Hormonal signals tell your body what it needs, e.g. food, water, love

What might you notice?
What can you now do?

Amygdala & Hippocampus

Amygdala
- the 'smoke detector' of the brain
- is mature at birth
- processes & stores implicit memories

Hippocampus
- matures between 2-3yrs of age
- provides context to memories & embeds into long-term memory
- goes off-line in the face of real or perceived threat

What might you notice? What can you now do?

How trauma impacts the body
Cerebral cortex - complex thinking

• The largest part of the brain
• Associated with higher brain function such as thought and action
• Examples of functions:
  • Reasoning
  • Logic
  • Judgement
  • Voluntary movement

What might you notice?
What can you now do?

The prefrontal cortex - executive function

• Responsible for executive functions such as:
  • Judgement, reasoning, self awareness, focusing attention, planning, organisation, self-reflection, motivation, enthusiasm, impulse control, social cognition

• Final part of the brain to reach maturity in one's mid 20s.

What might you notice?
What can you now do?

2 ways to regulate

- Medial Pre-Frontal Cortex (the centre of Mindfulness/Self awareness)
- Right Orbitofrontal Cortex (Regulation of Arousal)

• Mindful awareness/meditation de-activates the amygdala
• Quality co-regulation de-activates the amygdala
Co-regulation

Hemispheric integration

Left Hemisphere
- Evaluates language content
- Optimistic hemisphere
- Understands beginning, middle and end
- Learns from the past and expects the future
- Looks for patterns

Right Hemisphere
- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity
- Is mute
- Grasps the whole

When a child is triggered

Traumatised children are often stuck in their right hemisphere.

It could be hard for the child to:

- Understand what we say (a left hemisphere task)
- Speak (a left hemisphere task)
- Understand the consequences of their actions

Photo by Ian Espinosa on Unsplash
When a child is triggered, they notice ...

- Tone of voice
- Intensity of movement
- Posture
- Gesture
- Primed to look for threat

How Complex Trauma Affects the Developing Brain

- Reduces capacity for thinking
- Children and young people behave instinctively and sometimes inappropriately without knowing why – especially when faced with real or perceived threat
- Have difficulty in knowing, naming and expressing feelings
- Increases baseline arousal and thus they stay in a constant state of vigilance and heightened alarm
- Are easily triggered – ‘overreact’, ‘out of the blue’ responses

Key tasks of adolescence

Renovation of the Developing Brain

Increased Risk Taking

The Need to Differentiate from Family

Drive Towards Autonomy

= Adolescence
Adolescence and change

Puberty Linked Changes
- Romantic motivation
- Sexual interest
- Emotional intensity
- Sleep/arousal regulation
- Appetite
- Affective disorders
- Increased risk taking, novelty seeking, sensation-seeking

Age & Experience Linked Changes
- Planning
- Logic reasoning ability
- Inhibitory control
- Problem solving

Myelination

Risk taking and novelty seeking in Adolescence

- The teenage brain is built to seek out new experiences and sensations
- Heightened risk taking during adolescence is normative and biologically driven
- Adolescents are more susceptible to peer pressure, more oriented to the present than to the future, and less able to regulate their emotional states
So what do adolescents need?

- Safe, positive social interactions with adults/peers including safe and supportive family
- Structure and clear limits
- Physical activity
- Creative expression
- Competence and achievement
- Meaningful participation in families, school, communities.
- Opportunities for self-definition

Risk taking and Impulse Control

Intact neural connectivity + Underdeveloped regulatory control = Increased risk taking

Reverse Cue game - example

RED  GREEN
BLUE  ORANGE
PURPLE  YELLOW
Integration

- Abuse is an insult/assault to integration
- Impairments to integration lead to Chaos and/or rigidity
- Integration creates harmony
- Greater integration results in children being more adaptive and flexible
- Integration is the key to wellbeing

Developmental trauma healing

- Safety
- Self-Regulation
- Self-Reflection
- Relational Engagement

How trauma impacts the body
Polyvagal theory and protective responses

Behavioral Functions

- Social Engagement: Building and maintaining inclusive safety
  - Lower in males emotional pitch
  - Regulate reactivity
  - Communicate safety

- Mobilization
  - Fight or flight
  - Active-sense
  - Resistance or resistance

- Deactivation
  - Calm or submission
  - Death rapture
  - Residual post-stress function

Body Functions

- Hyper arousal
  - Muscles:
  - Dilation
  - Increased alertness
  - Conserve metabolic resources

Cues of risk and safety are continually monitored by our nervous system (Porges, 2015).

Neuroception

- Cues of risk and safety are continually monitored by our nervous system (Porges, 2015).

How might we unknowingly parallel stillface at school?

Still Face Experiment – Dr. Edward Tronick
The developing brain and trauma impacts

A neurobiological understanding of trauma offers explanations about the way it affects:

- Memory
- Language
- Sociality & communication
- Sensory & motor functioning
- Emotional experience
- Regulation & arousal
- Belief systems
- Attention

Dan Siegel – hand model of the brain
Regulated Arousal

**Fight or Flight**
- Hyper-vigilant, action-orientated, impulsive, reactive, defensive, self-destructive

**Freeze**
- Physically immobilized, frozen, tense musculature

**Sympathetic Hyper-arousal**

**Parasympathetic Hypo-arousal**

Submit: Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

Dys-regulated Arousal

**Fight or Flight**
- Hyper-vigilant, action-orientated, impulsive, reactive, self-destructive

**Sympathetic Hyper-arousal**

**Parasympathetic Hypo-arousal**

Submit: Collapsed, weak, defeated, numb, flat affect, empty, helpless, hopeless

Changes in Arousal States

<table>
<thead>
<tr>
<th>Arousal State</th>
<th>Affect</th>
<th>Thought</th>
<th>Sense of self</th>
<th>Consciousness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyper-arousal</td>
<td>Shame, anger</td>
<td>“I’m a screw up, this is unfair”</td>
<td>“I am bad, I can’t do this”</td>
<td>Hyper-focused, narrow, rigid</td>
</tr>
<tr>
<td>Hypo-arousal</td>
<td>Joy, pleasure</td>
<td>“This is fun, I’m good at this”</td>
<td>“I am competent, I can do this”</td>
<td>Focused and flexible</td>
</tr>
<tr>
<td>Numb, lethargic, collapsed, cognitively slowed, withdrawn, distant</td>
<td></td>
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<td></td>
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</tbody>
</table>

Adapted from Ogden & Fisher, 2015.
Helping students return to their Window of Tolerance

- Stand up. Write your first name with your right foot. Write your last name with your left foot ...
- Walk once around your table without lifting your feet off the floor.
- Follow the leader tapping tempo
- Point to something ___ touch something ____
- Check the eye colour of the person next to you.
- 5 things you can see
  - 4 things you can feel
  - 3 things you can hear
  - 2 things you can smell
  - 1 thing you like doing

Desktop Drumming

Two ways to regulate and be calm

Trauma has a disintegrative impact on our ability to regulate brain and body processes. Trauma impairs children’s capacities to orient to, interpret and integrate sensory stimulation in an adaptive fashion.

TOP DOWN
Change our thoughts, notice what’s happening in our body

BOTTOM UP
"through breathing, movement and touch."

(see van der Kolk, 2014, p.63)
Developmental trauma healing

Trauma and memory

• Much of the traumatised child’s memory is implicit or subconscious.

• Children may struggle to remember life events.

• Working memory can become paralysed (for example, their ability to remember instructions is poor).
The capacity of traumatised children for learning is compromised.

- Their neurobiology is stressed
- Their relationships can feel unstable
- Their emotional state is in flux
- They find it difficult to stay calm
- Change is perceived as dangerous
- Their memory is under pressure
- They are disconnected from themselves and time
- New experiences and new information carry threat and uncertainty

Trauma and learning

Learning: Things to do

- Be predictable and consistent with routines and structure
- Prepare the student for any change in routine in advance
- Provide boundaries to help the student feel safe
- Be flexible and adapt to the student’s needs
- Give the student short periods to practise independence
- Give consistent, clear and simple instructions
- Look for opportunities to build self-esteem
- Celebrate success and good choices, e.g. photographs

Trauma and emotion

Traumatised children/young people:

- Have limited ability to integrate feeling states (RH) with words and constructs (LH)
- Have limited emotional literacy
- Do not easily understand their own feelings
- Have little basis to know or understand the feelings of others
- Have not been given a chance to develop empathy
Emotional support: Things to do

- “Tune in” and be available
- Develop ability for fun and joy
- Initiate and supervise games, activities and conversations between students
- Fix relationships after they break down
- Provide a calm area for rest and relaxation” (Adapted from Golding, et al., 2016, p. 107, 110)

Trauma and behaviour – adaptive to maladaptive

Trauma based behaviour is functional at the time in which it develops as a response to threat.

We all carry stories of understanding of ourselves with us throughout life
These stories become the lens through which we view the world
The manifestation of these narratives are the behaviours we see
How do we look beyond the behaviour to see the narrative beneath it?
Behaviour: Things to do

- Discipline with empathy and not anger
- Help the young person to calm before anything else
- Teach the behaviours you want to see
- Use predictable consequences for unacceptable behaviour
- Be clear while being supportive and empathic
- Use time in rather than time out
- Wonder aloud
- Don’t take behaviours personally
- Reflect on the possible underlying cause

(Golding, et al., 2016, p. 107, 112)

1 thing your school does well?
1 thing you do well?
How do you do that well?

Trauma and relationships

A secure relationship is central to the development of:

- A positive sense of self
- Empathic and sensitive interaction
- Adaptive and flexible emotional regulation skill.

A child perceives themselves
A child feels in their bodies
A child focuses attention
A child is able to learn
A child feels safe and secure in the presence of others
A child acts or behaves appropriately
A child thinks and interacts with the world
Manages their feelings
Internal working models

<table>
<thead>
<tr>
<th>View of self</th>
<th>Positive internal working model</th>
<th>Negative internal working model</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am lovable</td>
<td>I am worthy</td>
<td>I am unlovable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>View of the world and relationships</th>
<th>Others are responsive</th>
<th>Others are unresponsive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Others are loving</td>
<td>Others are unloving</td>
<td></td>
</tr>
<tr>
<td>Others are interested in me</td>
<td>Others are neglecting</td>
<td></td>
</tr>
<tr>
<td>Others are available to me</td>
<td>Others are unresponsive</td>
<td></td>
</tr>
<tr>
<td>The world is relatively safe</td>
<td>The world is unsafe</td>
<td></td>
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</tbody>
</table>

Connection

The right hemisphere develops in an integrated fashion through healthy, attuned, co-regulatory relationships in the primary years of life.

This allows for:

- Attunement
- Responsiveness
- Acknowledgement
- Exploration
- Self-regulation
- Self awareness

What to do …

SPACE represents five dimensions to guide action when responding to the needs of traumatised children and young people.
Neuroplasticity

- The brain is at its most plastic in early childhood
- In childhood, the brain is most vulnerable to harm, but also has the greatest potential for healing
- Neuroplasticity gives us hope
- Adolescence: 2nd window of opportunity

The water metaphor for neuroplasticity
References


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