

**Webinar 2:  
Understanding  
Trauma in Practice**

**Gosford CatholicCare  
Non-Accredited**



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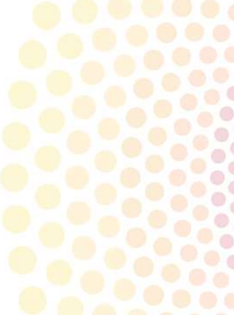
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**Learning together online**

- Be patient
- Participation and interaction welcome
- Keep your screen turned on
- Mute on when not talking
- Hand up or type into chat
- Ensure space is child free or you have headphones in
- Remember confidentiality



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**Reflections**



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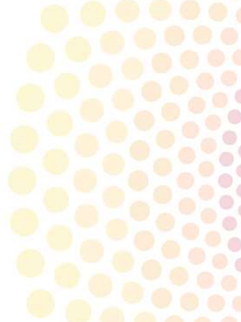
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### Outline

- Context
- Child development
- Brain development
- Neurobiology of trauma
- Relationships
- Trauma informed practice principles
- Self-care
- Understanding
- Responding
- Trauma informed practice
- Working collaboratively



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### Relationships



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### Relationships



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## Relationships

- We are hard-wired for relationships
- We are hard-wired for delight, fondness and affection




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## Social engagement system – Dr Stephen Porges

by Stephen Porges

Behavioural Functions	Body Functions
<b>Social Engagement</b> Soothing and calming Indicates safety	<ul style="list-style-type: none"> <li>• Lowers or raises vocalisation pitch</li> <li>• Regulates middle ear muscles to perceive human voice</li> <li>• Changes facial expressivity</li> <li>• Head turning</li> <li>• Tears and eyelids</li> <li>• Slows or speeds heart rate</li> </ul>
<b>Mobilisation</b> Fight or Flight Active Freeze Moderate or extreme danger	<b>Hyper arousal</b> <ul style="list-style-type: none"> <li>• Increases heart rate</li> <li>• Sweat increases</li> <li>• Inhibits gastrointestinal function</li> <li>• Narrowing blood vessels - to slow blood flow to extremities</li> <li>• Release of adrenaline</li> </ul>
<b>Immobalisation</b> Collapse or submission Death Feigning Increased pain threshold Conserves metabolic resources Life threatening situations	<b>Hypo - arousal</b> <ul style="list-style-type: none"> <li>• Slows heart rate</li> <li>• Constricts bronchi</li> <li>• Stimulates gastrointestinal function</li> </ul>



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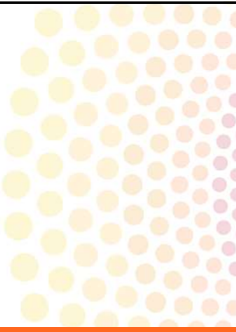

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## Relationships

- Attachment behaviour is biologically driven & unconscious
- Its key function is to protect us from danger/threat:
  - faced with **danger** we seek **safety**
  - faced with **distress** we seek **comfort**
  - faced with **isolation** we seek **proximity/closeness**
  - faced with **chaos** we seek **predictability**

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## Mirror Neurons



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## Role of Dopamine in the mother-infant bond

A study group investigated the role of dopamine in mother-infant bonding and found that both mother-infant vocalization synchrony and maternal attunement were associated with higher dopamine concentration in brain structures connected to bonding.



<https://www.medicalnewstoday.com/role-dopamine-mother-infant-bonding/>

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## Relational templates

- By age 2 the child has developed 'templates' for relationships.
- These templates repeat for new relationships into the future: e.g. comfort seeking, trust, capacity for empathy, OR
- e.g. defensiveness, mistrust, need for control, reactivity



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## Intersubjectivity

- Attunement in the relationship between parent – child, client – worker
- Joint attention
- Congruent intent (both have same intent to understand inner life vs to “fix” a problem)
- *I see and understand myself through your eyes and you through mine*

Dan Hughes 2016



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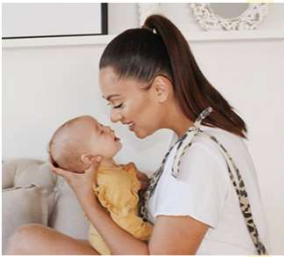
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## Connection



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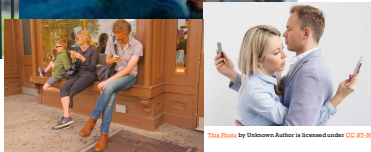
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## Disconnection



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## The right hemisphere in infancy

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



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## Relationships impact internal working models

	Positive internal working model	Negative internal working model
View of self	I am lovable I am worthy	I am unlovable I am unworthy
View of the world and relationships	Others are responsive Others are loving Others are interested in me Others are available to me The world is relatively safe	Others are unavailable Others are neglectful Others are rejecting Others are unresponsive The world is unsafe

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## Dad co-regulates daughter

Tonight you belong to me"

<https://www.youtube.com/watch?v=Bpu0TIXz1w>

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## Principles of trauma informed practice



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## Principles of trauma informed practice

- Based on an **understanding of trauma and its impact**
- Focused on **promoting safety in relationships**
- Considers the **environment and building safety**
- Ensures there is **cultural understanding** within responses
- Uses **relationship as a therapeutic tool**
- Has a belief in **hope based recovery**
- Acknowledges the **importance of self care**

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## Components of trauma informed practice



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### Understanding and responding



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### Understanding and responding

- Every **behaviour has a meaning**
- Behaviour is often a child's or young person's **way of communicating with us**
- **Learning how to understand** a child's behaviour is a more effective tool than memorizing a list of prescribed responses for common "challenging behaviours."



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To cope with trauma children use initial adaptive responses to survive

This is reasonable as a once off occurrence, but, if they continue they can become maladaptive patterns of behaviour

These responses will be different for an individual child at different developmental stages

Often a combination of appropriate developmental behaviours and maladaptive patterns of behaviour emerge



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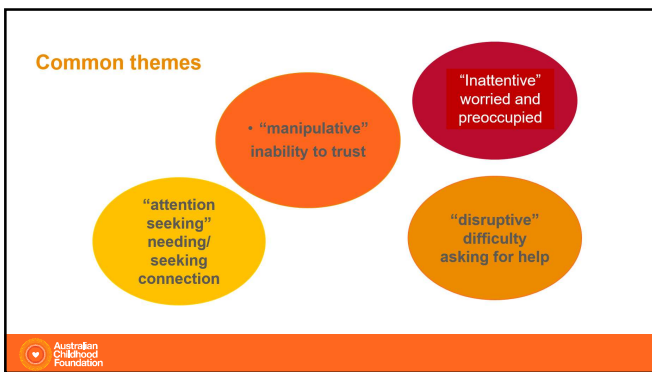
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**Seeing behaviour as a story**

- This understanding changes the meaning we give the child's behaviour i.e: **they are not just 'naughty', 'bad' or 'mad' kids**
- It sits within our understanding of how brains develop and what healthy brains need
- We need to learn to ask **“What is this behaviour telling me?”** and be curious about what it might mean so that we can best respond

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**Behaviours we might see**

- **Developmental delays**- motor, language, social, cognitive. Abuse destroys the capacity to learn especially cognitive social and emotional learning in classrooms, groups, families.
- **Emotional numbing**- no joy/anhedonia
- **Eating**- Odd eating behaviours, hoarding, eating disorders
- **Soothing behaviours**- Terror leads to aggression, creates self-loathing, includes self-harming behaviours



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**Behaviours we might see**

- **Emotional functioning**- indiscriminate seeking of attachment, 'safety' seeking behaviours, confusion about intimacy
- **Role modeling**- learn abusive behaviour is 'right' way to interact
- **Aggression/cruelty**- Lack of empathy/impulse control as the child doesn't necessarily know their behaviour hurts others. The child may feel compelled to lash out. They may appear to be detached with no remorse



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**Behaviours we might see**

- **Trust**- cannot discern whom/when to trust. For example: the most trustworthy are experienced as the most threatening and the least trustworthy are regarded as best friends
- **Hyperactivity**- manifested in major sleep disturbances. Physically on the go all the time, 'jumpy' (hypervigilant), scanning for potential threat as they feel they can't trust anyone
- **Transferring feelings**- Child transfers feelings they have for their parents to other adults in their lives, which can elicit a strong reaction from those adults



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### Behaviours we might see

- **Control**- because the young people often feel like they have no control, they will try to be controlling of others and their environment.
- **Problem sexual behaviour**- some children may seek relief for internal tension/discomfort through engaging in inappropriate sexual behaviours
- **Memory disturbance**- No conscious memory of trauma – child will try to fill gap in memory. Seek out trauma experiences. Intrusive memories of past trauma and tormenting images (voices, visions, feelings). Disturbed short term memory, forget simple things/instructions easily. To cover up, they may lie



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### Bring a child or young person to mind...

- What behaviours do they display?
- What do you think is happening in their brain and body in that moment?
- What do you think are the feelings underneath the behaviour?
- What response could you provide to support the child?



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### Case Scenario – Tammy




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**Self-care**



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**How do you know you are stressed?**



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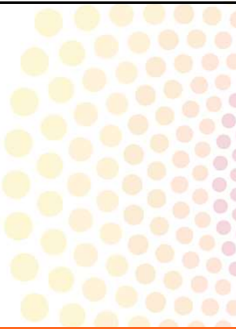
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**Self-care**

"You cannot wipe the tears off another's face without getting your hands wet"  
*(Zulu proverb)*

(Quoted in Hagwood et al 2014)



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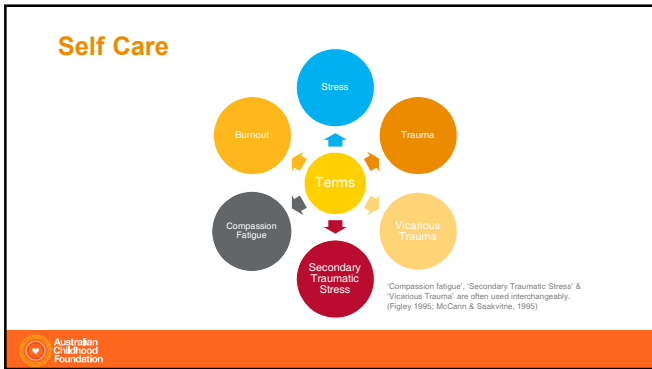
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### Vicarious trauma

Vicarious trauma is the process of change that happens because we care about other people who have been hurt, and feel committed or responsible to help them. Over time this process can lead to changes in our psychological, physical and spiritual well-being.

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### Possible indicators of vicarious trauma

- There are multiple impacts of vicarious trauma that can affect us physically, sensorily, emotionally, cognitively and reflectively- linking to neurosequential development
- Not all indicators in isolation will determine vicarious trauma. However experienced collectively, these can have a significant impact on the individual, the team and organisation.

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### Possible indicators

- Fatigue
- Impaired immune system
- Sleep and appetite disturbances
- Anxiety
- Hyper-vigilance/control issues
- Decreased self esteem
- Loss of interest in tasks
- Memory impacts
- Decreased self-regulation
- Concrete thinking

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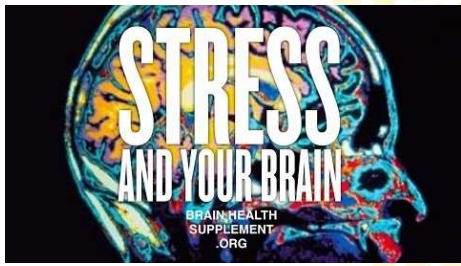
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### Toxic stress



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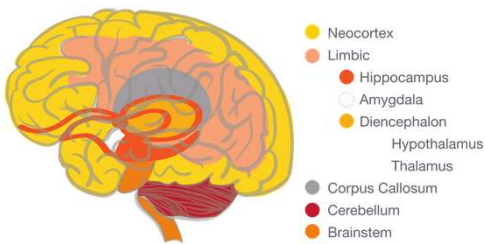
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### The neurobiology of self care



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## Understanding empathy and the brain

Layers of empathy

- Cortical empathy
- Limbic resonance
- Somatic empathy



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## Empathy and the brain

**Right Supra-marginal Gyrus** – our autocorrect button for empathy!

- Helps us to distinguish our own emotional state from others

Function of feeling empathy is impaired when:

- Stressed
- Having to make quick decisions



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## Empathy



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**E.M.P.A.T.H.Y.** → Better Communication

- E:** eye contact
- M:** muscles of facial expression
- P:** posture
- A:** affect
- T:** tone of voice
- H:** hearing the whole patient
- Y:** your response

Source: Riegg H, Kraft-Todd G. E.M.p.a.t.h.y. Academic Medicine. 2014;89(3):1108-1112.

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**Self care**

“To keep the lamp burning we have to keep putting oil in it.”

*Mother Theresa*

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**Self care**

- If a worker doesn't look after themselves there will be no time or opportunity for recharging batteries, thinking or planning.
- Rest and relaxation and reflection are all essential elements of looking after ourselves when working with children and young people who have experienced relational trauma.
- The worker needs to be able to use their support network to help them understand and explore feelings evoked by the children/young people.

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## Trauma healing/repair

Trauma healing or repair is grounded in:

- Safety
- Self-regulation
- Self-reflection
- Relational engagement
- Traumatic experience integration
- Enhance positive affect

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## Supervision

Australian research by Chiller & Crisp (2012, Australian Social Work) suggests that:

**“the provision of professional supervision that supports practitioner wellbeing is a key factor in ensuring career longevity in social workers”**

*What does supervision look like in your organisation?*

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