# Trauma informed approach

## to supporting children's development

## Handouts

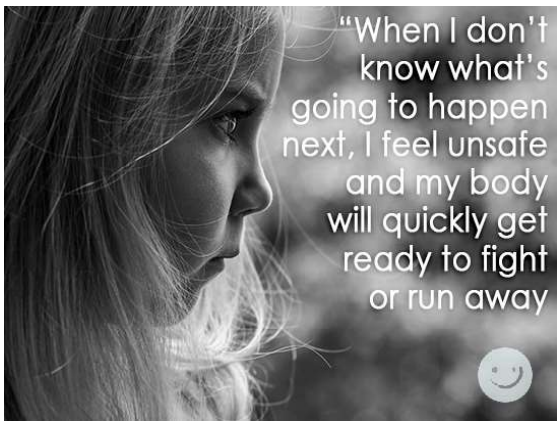
Australian Childhood Foundation

# How trauma hijacks learning
# A memo from a four year old

*This blog entry was authored by Jeanette Miller, Senior Consultant in the Parenting and Early Years Program, at the Australian Childhood Foundation, from the perspective of a four year old child who has experienced trauma.*

'When I was a baby and I got upset, I was totally dependent on bigger, stronger, wiser and kind adults to regulate my stress. But the adults in my life were none of those things and I could not depend on them to understand or meet my needs. Without someone to reliably buffer my stress, I grew to feel unloveable, hopeless and helpless. Because my cries for help were often not answered, I gave up asking for help and now I find it hard to trust people and feel like I have to do everything myself.'

'The toxic levels of stress hormones that remained in my system for long periods of time affected some parts of my brain. Many cells were destroyed in my developing Hippocampus, making it hard for me to make sense of experience and to remember what you taught me last week and yesterday. Those stress hormones also damaged my Corpus Callosum so my left and right brain hemispheres are not well integrated. This means I find language-based activities really tricky and being more right-brain oriented, I'm a visual learner. I'm also particularly tuned in to your non-verbal communication…though I often mis-read facial cues because the big people in my early life never made an effort to 'get' what I was trying to say emotionally. I'm always on the lookout for angry faces and often see anger when it's not really there. Maybe that's why not many of the other kids want to play with me.'
'When I don't feel safe, my ears are tuned in to low-frequency 'predator sounds' like the rumble of traffic or planes outside, or the air-conditioning unit in the room, and I can't hear what you're saying to me. Please use your storytelling, melodic voice when you talk to me'

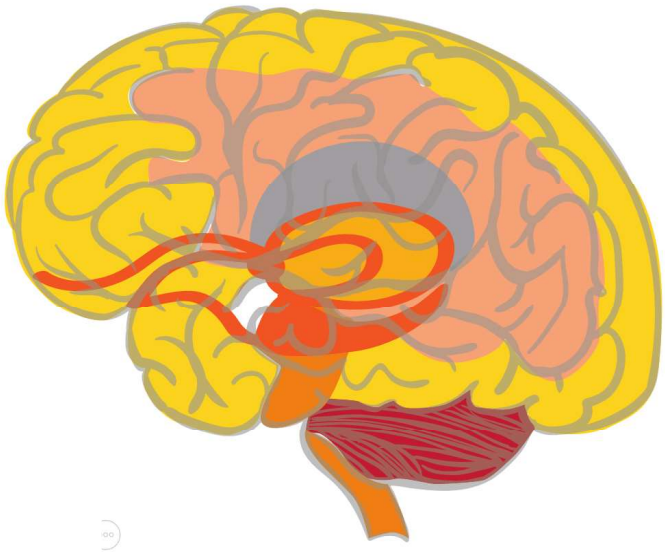



'Sometimes a particular smell, sensation, texture, light…or even a facial expression, movement or tone of voice that you use, acts like a trigger to instantly return my body to the traumatised state it was in at the time I was neglected or abused. I have no understanding of when or why or how that happens…it just happens automatically…I can't help it. Please don't take my reactions personally, but try to understand and to observe patterns to make sense of this.'
'When I don't know what's going to happen next, I feel unsafe and my body will quickly get ready to fight or run away. Please make every part of my day predictable with familiar people, places and routines. Stay connected with me through every change of place or activity.'

'When I'm scanning the environment for danger, I can't focus my attention on learning tasks. Please help me to feel safe so that I can connect, play and learn.'

- See more at: http://childhoodtrauma.org.au/2016/september/how-trauma-hijacks-learning#sthash.mnk3XDrt.dpuf

# Bottom-up brain development

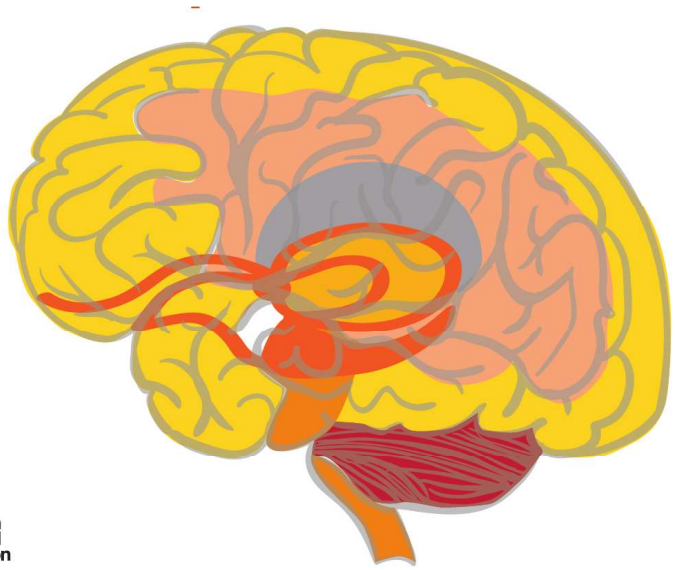


**Cortex**
*Reasoning/judging centre*
**3–6 years**

**Limbic System**
*Emotional centre*
1–4 years

**Cerebellum**
*Motor centre*
Birth–2 years

**Brain Stem**
*Basic survival functions*
**Pre-birth–8 months**



**Cortex**
*Reasoning/judging centre*

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**Cerebellum**
*Motor centre*

**Brain Stem**
*Basic survival functions*

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The brain is comprised of different structures that grow and develop at different rates and different times.

The **brain stem** area of the brain develops first and is responsible for basic functions that **keep us alive** such as heart rate, breathing and regulating our body temperature. The brain stem is fully developed at birth. It is the part of the brain that is 'hard wired' and least susceptible to change.

Connected to the brain stem is the **cerebellum** or motor centre of the brain. This area is responsible for **movement** and develops over the first few years of life. Development in this area is seen in babies gaining head control, sitting, crawling and walking. In the next few years, children will gain greater co-ordination, learn to skip, kick a ball, ride a bicycle, cut, draw and eat with cutlery.

The **limbic system** is the **emotional** centre of the brain and rules the lives of young children up to around four years. During the toddler years, the limbic system goes through a period of rapid development. This helps explain their bursts of irrational behaviour and tantrums. Toddlers need our help to manage their **strong** feelings. Young children **feel** then **act**, they **can't think** then **act**. This is due to the emotional centre of their brain developing before the cortex, or the thinking part of their brain. Young children basically view the world through an emotional lens.

The **cortex**, or thinking part of the brain, is the last part to develop. This is the part of the brain responsible for reasoning, planning and problem solving. This is the part of the brain that enables humans to **think** before they **act**. As children grow and develop, the cortex is gradually able to help us to pause when we are flooded by **strong** emotions, thus allowing us to **feel, think, then act.**

Unlike the brain stem, the limbic system and cortex are highly susceptible to change due to experience and the environment in which the child lives.

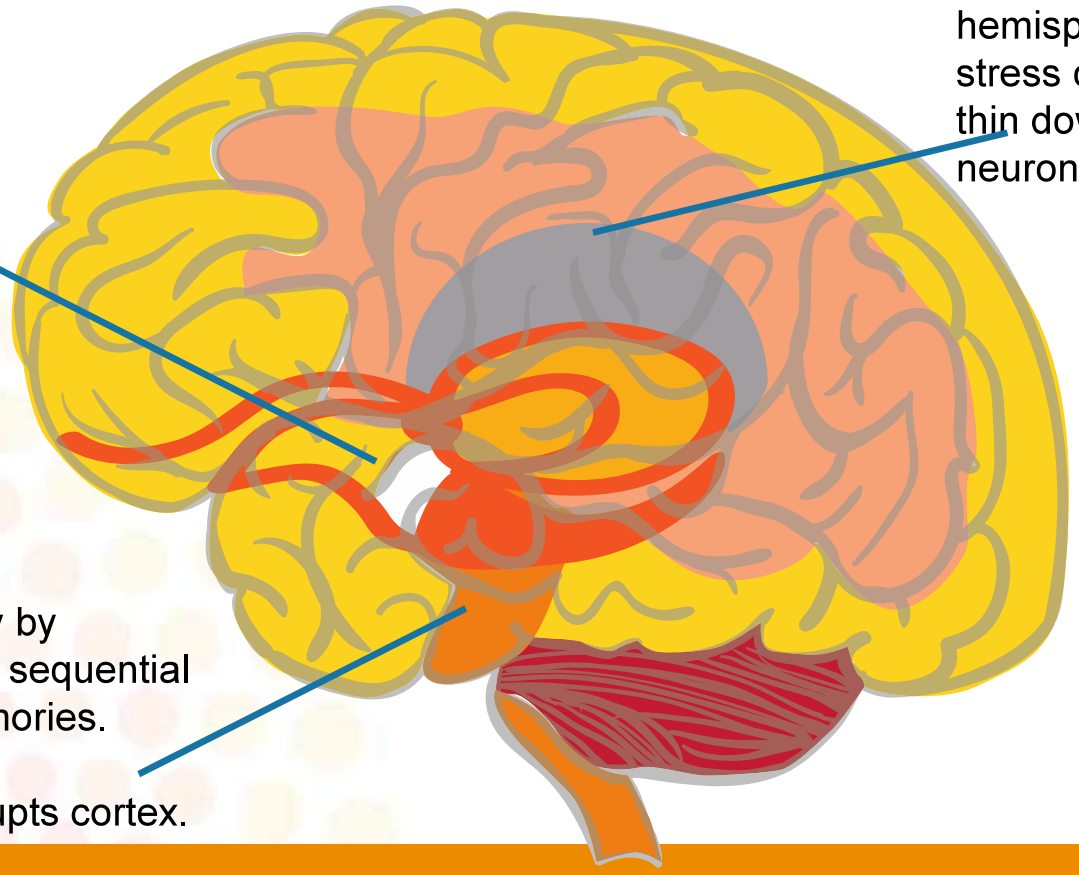
# Where trauma affects the brain

**Amygdala**

Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

**Hippocampus**

Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.

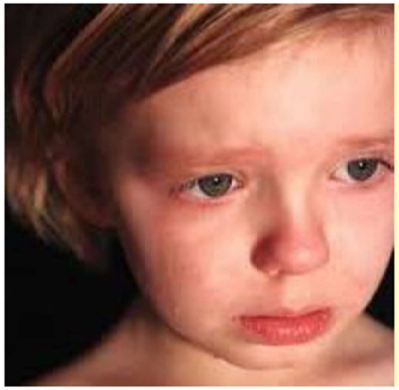


**Corpus Callosum**

Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

# Internal working model of traumatised child

# Polyvagal Theory and Protective Responses by Stephen Porges

| | Behavioural Functions | Body Functions |
|---|---|---|
|  | **Social Engagement**<br><br>Soothing and calming<br><br>Indicates safety | * Lowers or raises vocalization pitch<br>* Regulates middle ear muscles to perceive human voice<br>* Changes facial expressivity<br>* Head turning<br>* Tears and eyelids<br>* Slows or speeds heart rate |
|  | **Mobilization**<br><br>Fight or Flight<br>Active Freeze<br><br>Moderate to extreme danger | **Hyper arousal**<br>* Increases heart rate<br>* Sweat increases<br>* Inhibits gastrointestinal function<br>* Narrowing blood vessels- to slow blood flow to extremities<br>* Release of adrenaline |
|  | **Immobilization**<br>Collapse or submission<br>Death feigning<br>Increased pain threshold<br>Conserves metabolic resources<br><br>Life threatening situations | **Hypo- arousal**<br>* Slows heart rate<br>* Constricts bronchi<br>* Stimulates gastrointestinal function |

# Porges Polyvagal Theory

**This document helps us to understand the responses we see in children.**

Polyvagal Theory outlines three evolutionary stages that took place over millions of years in the development of our autonomic nervous system. It proposes that the three stages are hierarchical in their use, even today.

1. The first formed defence developed uses the older branch of the Vagus and conserved energy for the animal or human in the face of a threat too big to face and would effectively produce an Immobolization response.
2. The next stage was the evolution of the sympathetic-adrenal system which assisted us to mobilise against threats, allowing the heart rate to rise and the SNS to take over.
   (At this point in time we had a 'all or nothing' ANS response to threat – either Mobilized (even in active freeze) or Immobilized)
3. The newest to form to develop was the Social engagement system, where through the use the newer vagus branch we could modulate calm bodily states and social engagement behaviors.

The hierarchy emphasizes that the newer "circuits" inhibit the older ones - we start with our most modern systems, and work our way backward.

The use of this system means we can modulate our response and transition between ANS states, but our capacity to do so depends on modes of regulation set as a result of interactions early in life (Schore 1994).

- We use the newest circuit to promote calm states, to self-soothe and to engage. – We are able to slow down or speed up as required.
- When this doesn't work, we use the sympathetic-adrenal system to mobilize for fight and flight behaviors.
- And when that doesn't work, we use a very old vagal system, the freeze or shutdown system. This can be dangerous due to the extremely high amounts of stress hormones and opioids in the body, people can faint/slip into unconsciousness- and the heart can stop beating.

**What does this mean for children?**

1. The newer, social engagement system can only be expressed when the nervous system detects the environment as safe.
2. Trauma impacts the use of this branch because it 'tunes' children to scan their environments for threat, thus they cannot apply the "Vagal Brake" and maintain elevated heart rates which in turn inhibit the use of the Social Engagement.
3. The linkage between the nerves the facial nerves and the nerves that regulate the heart and lungs mean that using the facial muscles can calm us down.

4. Children who present with no facial expression (the face has no muscle tone; the eyelids droop and gaze averts) will also highly likely have auditory hypersensitivities and difficulty regulating his or her bodily state… PVT suggests that the neural system that regulates both bodily state and the muscles of the face has gone off-line because their nervous system is not providing information to calm them down.
5. When children are in the distressed state, their nervous system evaluates even neutral things as dangerous, rather than pleasant. But once they become calm and engaged, they see neutral as being neutral, and then they engage people and they start reacting back to them. (Cf the shark music slide or the pussy cat/lion slide).
6. To assist children in regulation (moving them into the middle of the window of tolerance), PVT would suggest strategies to create a sense of safety, like retreating to a quiet environment, changing intonation, presenting familiar faces and familiar people, playing musical instruments, singing, talking softly, or even listening to music… When we do these we can actually recruit these neural circuits, trigger the social engagement system, and this will turn off our stress responses.
7. Therapeutic methods that promote the use of the associated body functions in the social engagement system will be soothing and calming, and will be more metabolically efficient. They will also produce a host of health benefits.
8. When we are in a mobilized anxious state (middle tier) and want to communicate or relate on a calmer personal level, we need to put the brake on our sympathetic-adrenal system and recruit the neural circuit that promotes social behaviors. We can do this by using our facial muscles, making eye contact, modulating our voice, and listening to others. The process of using the muscles in our face and head to modulate our social engagement will actively change our physiological state by increasing vagal influences on the heart and actively blunt the sympathetic-adrenal system. Then we can be more in contact with reality, more alert and engaged.

*(How your nervous system sabotages your ability to relate. An interview with Stephen Porges about his polyvagal theory By Ravi Dykema, in Nexus)*

# The paradox of the family

As an Early Childhood Educator you have a philosophy in working with children.

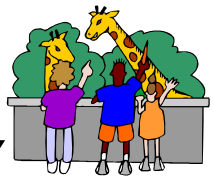
Think about your philosophy in working with families that enables you to have an open mind to all families.

## Synergetic Play Therapy™ - Regulation Activities

*Listed below are just some examples of activities that can be used to help regulate a dys-regulated nervous system. It is wise to do these activities pro-actively, as well as in moments of dys-regulation. It is also important to follow the body's innate wisdom back to a regulated/ventral state. These activities are important to be done alone AND with someone.*

- Run, jump, spin, dance with pauses to take deep breaths- you can make a game and have child jump high to touch something high on a wall or in a door frame
- Run, jump, etc and crash into something soft (i.e jump on a bed and crash repeatedly)
- Bounce on a yoga ball
- Roll across the floor back and forth
- Sit in a chair and push up with your arms (as if trying to get out of the chair)...keep some resistance
- Massages
- Deep pressure on arms and legs (you can slowly apply pressure down arms and legs in a long stroking motion)
- Eat (particularly something crunchy)
- Drink through a straw
- Take a bath or shower
- Wrap up in a blanket and snuggle (a little tightly for some pressure)- of course, do this safely.
- March or sing during transitions
- Play Mozart music in the background during challenging times of the day if in hyper-arousal
- Play Hard Rock/Fast/Bass music if in hypo-arousal
- Carry heavy things or push heavy things around
- Do isometrics (wall pushups or push hands together (looks like you are praying))
- Walk quickly
- Run up and down steps
- Shake head quickly
- Hang upside down off of a bed or couch
- Play sports
- "Doodle" on paper (this one can be a bit more distracting, but sometimes works)
- Hold or fidget a Koosh ball, rubber band, straw, clay
- Rub gently or vigorously on your skin or clothing
- Put a cold or hot wash cloth on face
- Dim the lights if in hyper-arousal
- Turn on the lights if in hypo-arousal
- Read a book
- Swing
- Learn about "Brain Gym"- tons of ideas
- Yoga
- Snuggle
- Dance
- Move, move, move- any way that it feels good to your body
- Describe what is happening in your body out loud- "My tummy is going in circles", "My legs feel heavy", etc...
- Breathe, breathe, breathe- make sure that your inhalation is the same length as your exhalation-

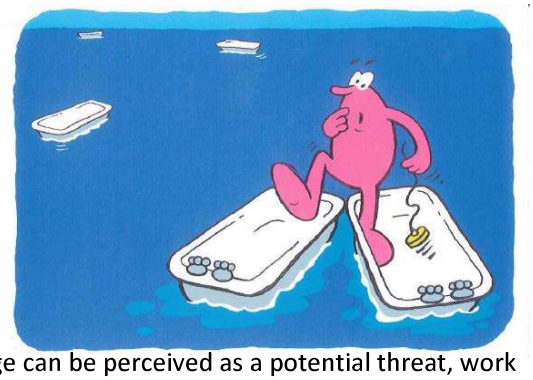
# PREDICTABILITY



Outline how you would plan for your group of children to go on an outing to…….....( an attraction in your local area), or to have a visit by……( someone who might visit your Centre to talk to the children).

Include in your planning, strategies which would ensure that a child with a trauma history could feel safe enough to participate in, and enjoy, the experience.

# Transitions



Understanding that for a traumatised child, any change can be perceived as a potential threat, work with your team to plan transition strategies which could help the following children to feel safe, and to stay connected and engaged.

Include in each strategy a:

1. **predictable** person

2. **predictable** routine or activity

3. **predictable** object or sensory element

*SCENARIO A*

A pre-schooler (whose parents are often involved in family violence) arrives at an Early Years Centre an hour after normal start time in the morning. The other children are playing outside.

*SCENARIO B*

Children in the 3 year-old group at an Early Years Centre have been playing outside, but now it's time to pack up the sandpit toys and for everyone to go inside and sit on the mat for storytime.

*SCENARIO C*

A child in a remote school, who is able to remain regulated within the classroom, but who 'does a runner' every time the bell goes at break times.

*SCENARIO D*

A child in foster care who is required to make weekly access visits to her biological parent who was the perpetrator of her trauma.

# TRANSITIONS

1. Bring to mind the case study child - or a traumatised infant/child you work with.

2. List some significant transitional times in a typical day or week in the life of that child.

3. Design interventions for the child/parent/carer which include an element of predictability to help the infant/child feel safe, during those transitions.

# PACE - Dan Hughes

## Playful

P

- ★ Creates an atmosphere of lightness, openness and interest
- ★ Antidote to shame, anger and fear; *"stress buster"*
- ★ Involves smiling, laughter and humour
- ★ Telling funny stories
- ★ Being able to laugh at yourself and not take yourself too seriously
- ★ Being together, enjoying each other's company, having fun! Generates pleasure and delight; desire to spend more time together.
- ★ Caution! Don't use sarcasm or laugh at the young person

## Accepting

A

- ★ Being able to see the child underneath the behaviours
- ★ Unconditional acceptance for the child (but not their behaviours)
- ★ Creates a sense of safety and security for the child
- ★ Non-judgementally accepting the young person's views, feelings, thoughts, motives, perceptions, regardless if they are true or not
- ★ Avoid negative judgements – e.g. don't say I "you just took that money because you have no respect"; instead you can say "I am cross that you took that money"

## Curious

C

- ★ Wanting to get to know and understand the young person
- ★ Interest in understanding what is going on for the young person here and now; show acceptance and empathy – e.g. "how does that seem to you; tell me about that; what do you think about that" etc.
- ★ Attitude of not knowing rather than assuming
- ★ Opens doors for exploration and discovery, the real *"stuff"*
- ★ Can make guesses about what the young person is thinking or feeling (e.g. *"I wonder if…"*); saying out loud as if just to yourself, not expecting an answer

## Empathic

E

- ★ Allows the young person to feel understood, i.e. *"you get me"*
- ★ Shows the young person that adults are kind, strong and able to help
- ★ Capacity to *"sit"* with the feeling, no matter how difficult, and *"hold"* the young person through it
- ★ Communicates *"you are not alone, I am here with you and for you; we will get through this together"*
- ★ Not problem solving or reassurance

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# PACE – Sentence Starters

## PLAYFULNESS **(matching the child's affect)**

- I'll take that as a…
- Was that you trying to say hello/goodnight/goodbye?
- That was some really colourful language you've used there! I know you know other words though!
- Every time you call me a…. I imagine you're saying….because…isn't a word I like!
- I much prefer it when you…!

## ACCEPTANCE (meeting the child where they are at, no judgement)

- Thanks for telling me…
- If you think …. That must be really hard for you
- I feel sad that you experience…
- I'm glad you told me….
- I'm sorry you think that I….

## CURIOSITY (openness **– not making assumptions about the child's behaviour or intentions)**

- I Wonder…
- I'm thinking you might be…. Is that right?
- Do you think it's because….?
- Why do you think….
- What was that like…..?
- Are there times when……?
- What happens when…..?
- I'm wondering if you night be feeling….?

## EMPATHY **(Feeling with the child…)**

- It must be so hard…
- You seem to really want to…
- I know it's really disappointing that you can't go/do…
- It's so difficult when you try really hard and….
- I'm worried you feel…
- I feel sad that you…
- It's really difficult to be told that you can't/have to….
- I'm so sorry that you've been feeling….

# NURTURE Planning Tool

Work with your colleagues to complete the following table, documenting appropriate staff responses to particular children & parents in your care.

a. include strategies that you are already practising in your organization, to support those children and parents who have an identified trauma history.

b. add any new strategies that you could implement to better support traumatised children and parents in your service

| | CHILD 1. | CHILD 2. | PARENT 1. | PARENT 2. | PARENT 3. |
|---|---|---|---|---|---|
| Anticipate child's **N**eeds | | | | | |
| **U**nconditional positive regard | | | | | |
| **R**eframe child's perceptions | | | | | |
| **T**ime in and repair | | | | | |
| **U**se words for child's experience | | | | | |
| **R**eflect back child's feelings | | | | | |
| **E**njoy play together | | | | | |

## BJ…….the back story:

BJ was born at 29 weeks gestation when his mother Shanelle, was 19 years old. Shanelle had a history of drug and alcohol misuse during her teen years. She had been sexually abused by an uncle from the time she was 13. Her relationship with BJ's father ended soon after she discovered she was pregnant. Shanelle had two other relationships with men during her pregnancy, both of which were marked by violence.

When BJ was a baby, sometimes Shanelle would feed him and play with him, but at other times she would give him a bottle in his cot and then forget about him because she got drunk or high.

When BJ was a toddler and his Mum took him to Childcare, she always told him she'd come back to pick him up, but sometimes she didn't turn up until all the other children had gone home. On the evening that she didn't arrive at all, a Social Worker came to the Childcare Centre and took him away. That night he was taken to a foster home where he stayed for just one night.

The next morning a Child Protection worker picked up BJ and took him to an office. There was a basket of toys in the office. Late that afternoon, BJ was taken to the home of another foster family. He stayed with that family for 2 weeks until a court decision was made to return BJ to his mother.

Three months later, the police were called to Shanelle's home late at night when neighbours complained of shouting and crashing sounds. BJ was in the house at the time of the police visit. After that incident, BJ was placed with another foster family. Discussions about long-term plans for his care continue.

**Working with BJ:** knocking down the blocks and re-building

The children have just been told that free play time is ending, and that it's time to come and sit on the mat. A staff member- Jennie, is observing the children.

BJ starts to put away the blocks he's been playing with, but then stands up and begins pacing around the room frenetically. He says 'I hate you' to another child for no particular reason, then pulls onto the floor, some of the blocks he has just put away on the shelf.

**Using the NURTURE framework, what could Jennie do in this situation to reflect back BJ's feelings and to give him an experience of 'time in'? How might she put BJ's experience into words?**

**How might the staff implement a strategy to help all the children feel safe whenever they are asked to transition from one activity or place, to another?**

As the rest of the children are sitting down, BJ stands in the middle of the circle and looks around anxiously for a place to sit.

**Using the NURTURE framework, what could Jennie do in this situation to show that she has anticipated his needs?**

**When a child arrives at your Centre in the morning, how might you demonstrate to him/her that you have 'held the child in mind' and thus anticipated his or her needs?**

When he starts work on his craft activity, BJ has difficulty pasting a picture onto some paper.

**Using the NURTURE framework, how might Jennie use this situation to challenge BJ's assumptions about the way relationships work?**

Later, when the children are outside, BJ is playing in the sandpit with a tip truck. Another child comes towards him. He looks interested in joining in BJ's game. BJ looks up at the other boy and immediately scoops up a handful of sand and throws it at him while yelling, 'Go away!' The boy starts to cry.

**Using the NURTURE framework, what could Jennie do in this situation to help reframe BJ's perception of the other child's intentions and to give him an experience of the joy of playing together?**

1. Which messages about caregivers in relationship, might have informed BJ's behavior at the beginning of this scenario?

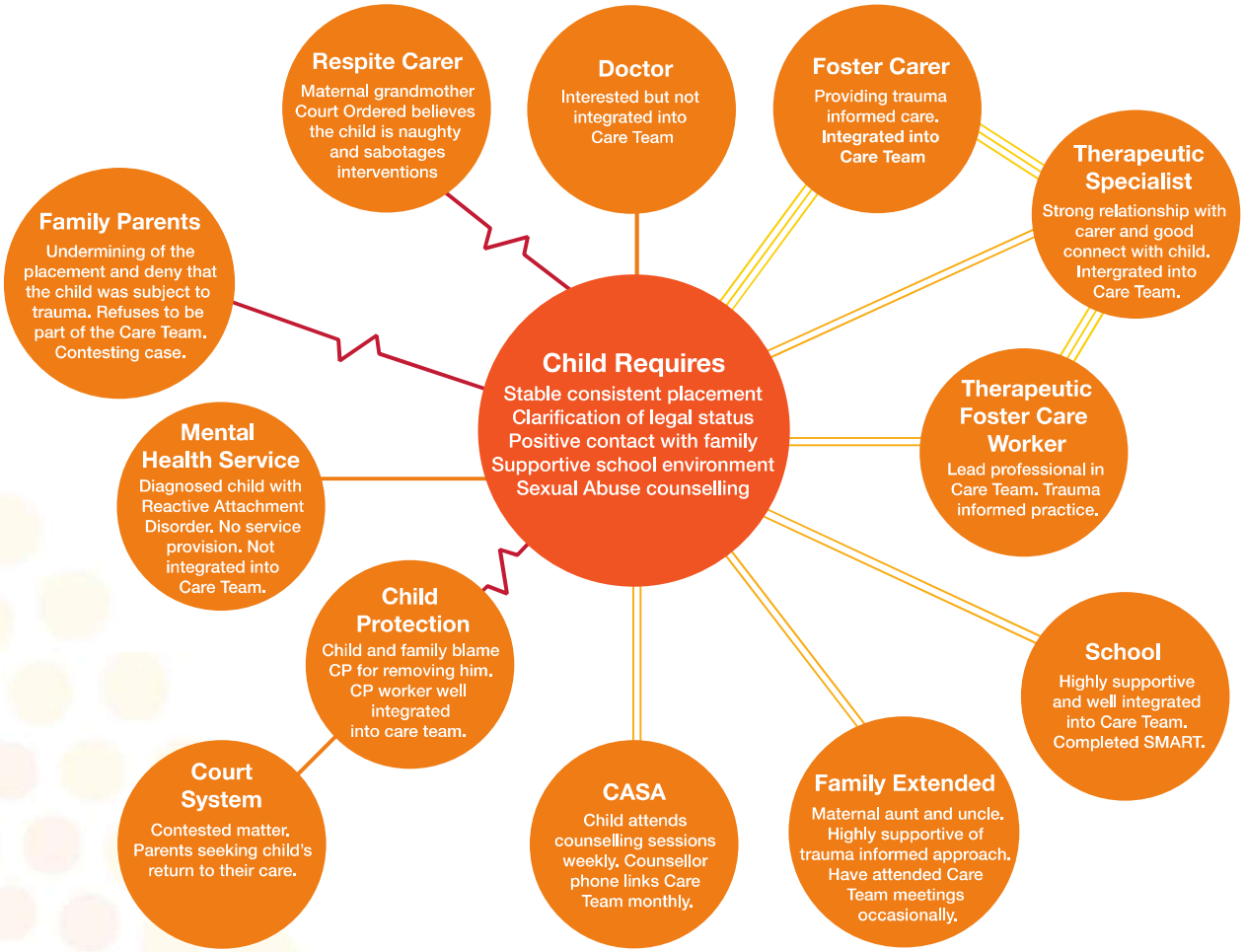
2. How does Jennie challenge BJ's assumptions about the way relationships work?

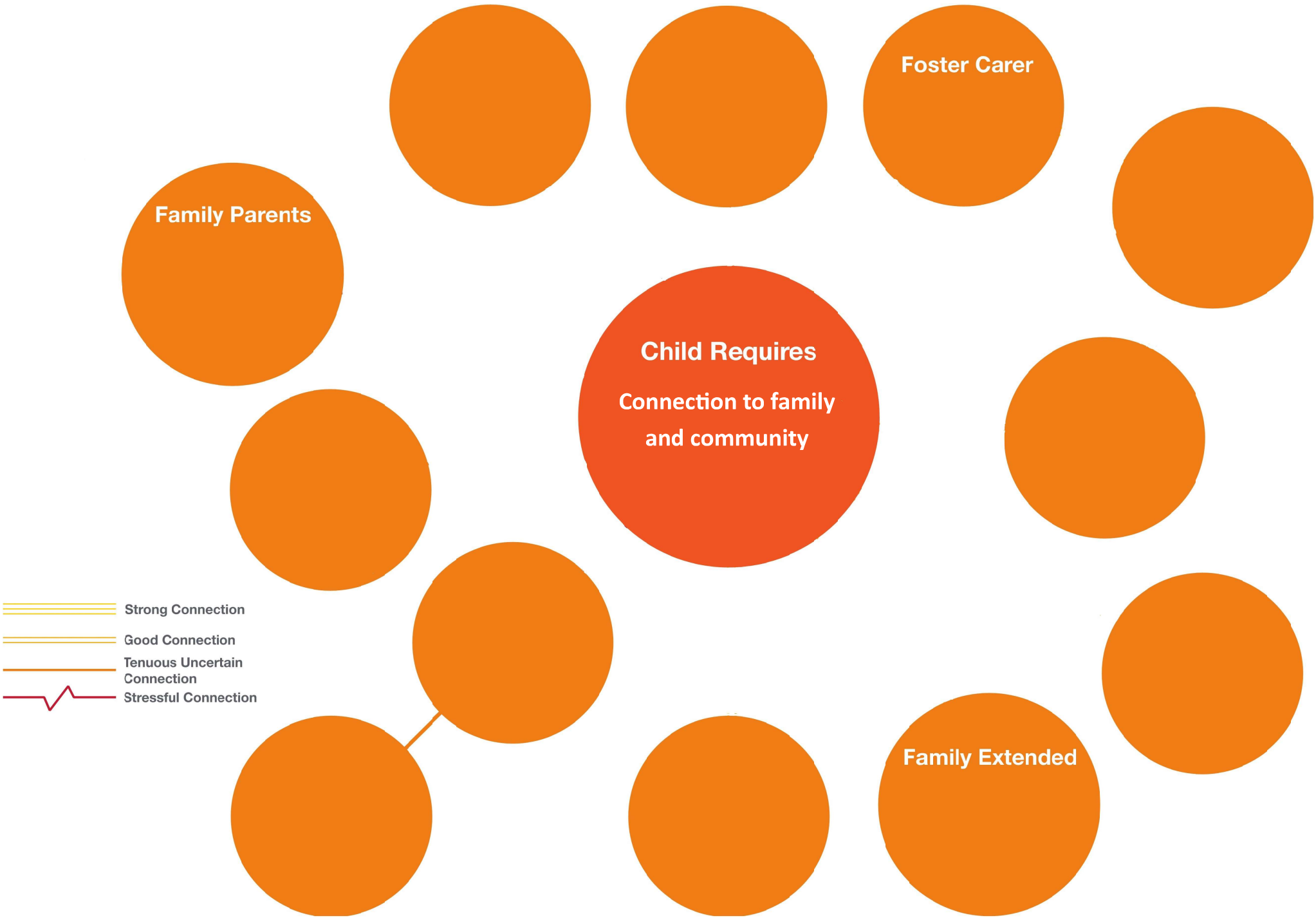
3. How might you expect a child like BJ to react, the first few times he is offered NURTURE strategies?

4. Talk about the role of putting BJ's feelings into words.

# Mapping the system

- Strong Connection
- Good Connection
- Tenuous Uncertain Connection
- Stressful Connection




Foster Carer
Family Parents
Child Requires
Connection to family
and community
Family Extended
Strong Connection
Good Connection
Tenuous Uncertain Connection
Stressful Connection

# Taming Tigger

- Hugs - '*When I hold my teddy it feels like someone is hugging me.'*
- Hand on heart & hand on belly
- Sitting back- to-back with another
- Body sock
- Pushing against wall/pillows
- Pillow sandwich
- Weighted blankets/wheat bags
- Contained spaces
- Screaming down plug hole
- Punching pillow
- Going for a run, running up and down stairs
- Activities such as karate, taekwondo, etc.
- Progressive Muscle Relaxation /'the noodle'
- Bedtime rituals that lower arousal

# Arousing Eeyore

- point to something green/plastic/soft…..
- encourage the child to look up and out rather than down - hang an interesting object at height in the space
- name objects in the room out loud
- open a window
- move outside if you're inside and inside if you're outside
- take shoes off and feel feet on the floor
- notice and name
  - 4 things you can see
  - 3 things you can hear
  - 2 things you can feel/touch
  - 1 thing you can smell
- cool face washer or a moistened wipe
- blinking hard/squeezing toes
- hug a pillow/toy
- cool drink/suck ice
- scratch & sniff stickers
- sand/water/mud play/shaving cream

When the spine is aligned there is no collapse or compression.

You could:

- move like you have a long tail
- tick tock like a clock until you find your centre
- zip yourself up
- walk with a toy balanced on your head
- grow yourself from a seed to a tree

# Social engagement Pooh

# Engaging muscles from heart to head

For children who have experienced relational trauma, social engagement through eye contact is perceived as threatening and may elicit defensive responses.

Other facial muscles can be safely engaged - e.g. inner ear (Porges)

- prosody (The Listening Project)
- use story-telling voice/upper register pitch
- singing/music
- use breathing techniques to regulate heart beat
  - Bee and Snake breathing
  - 1, 2, 3, Sigh
  - Falling feathers/scarves/leaves
  - Blowing a pin wheel
  - Blowing bubbles
  - Blowing up balloons

# Promoting safety using prosody (sing-song voice)

High frequency voice with lots of modulation

↓

Brain detects intonation and feeds back to nervous system

↓

Neural tone of inner ear muscles adjust to dampen background sounds (low frequency ‘predator’ sounds)

↓

Vagal regulation of the heart

↓

CALM

# C.P.R Planning Tool

Work with your colleagues to complete the following table, documenting appropriate staff responses to particular children in your care. Document:

a. what you are already doing at your Centre to support those children who have an identified trauma history
b. any new strategies you could implement to better support traumatised children at your Centre.

| | CHILD 1. | CHILD 2. |
|---|---|---|
| **Co-regulation**<br><br>**self-calming & calming activities for children** | | |
| **Predictability**<br><br>**people**<br>**routines**<br>**environment** | | |
| **Repair**<br><br>**What you might say & do ( and when)** | | |

# IMPACTS OF WORKING WITH TRAUMA

## Personal:

- Age and  inexperience
- Little variety in work and inadequate support
- Experience current stressful life circumstances
- Have personal coping strategies – avoidance and internalising
- Supervision experience
- Having limited self-awareness regarding levels of anxiety, stress and physical fatigue.
- Blurring the lines between home and work.
- Bringing non-integrated personal experiences of  trauma into the work.
- Forgetting to take time or undertake activities that are pleasurable, relaxing and fun.

## Some possible behaviours

- Increase in sick days, late to work
- Memory issues
- Decreased self esteem
- Loss of interest in tasks
- Unexplained changes in health, sleep patterns, physiological arousal, nightmares, hypervigilance
- Fatigue
- Impaired immune system – lots of colds
- Sleep and appetite disturbances

## Professional:

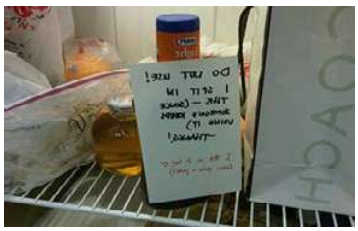
- Lack of experience, training and understanding of children who have experienced trauma.
- Working with children and families where concrete signs of success are few.
- Over-empathising with children and their family's experiences and not holding to strong boundaries.
- Not accessing supervision and utilising its benefits in the most effective way.
- Hearing stories of children's and family's trauma and abuse.
- Working with staff who reenact difficult relationships in their work.

## Impact on workers:

- Changes to the frameworks used to understand the world
- Suffering from disturbed memory flashbacks
- Difficulty in maintaining boundaries with clients and colleagues
- Challenges to our skills and perceptions in relation to self and other
- A person's self-regulatory capacity to integrate one's affect whilst sustaining a compassionate connection.

## What this might look like in the centre:

- Decreased communication – ie staff putting notes up to advise of things.
- Decreased ability to accept change or adapt
- Decreased ability to try new things/explore
- Avoidance of working with traumatic material.
- Anxiety – second guessing they can do the job
- Hyper vigilance/control issues
- Decreased self esteem – I don't make a difference
- Doesn't attend staff meetings, PD, informal functions



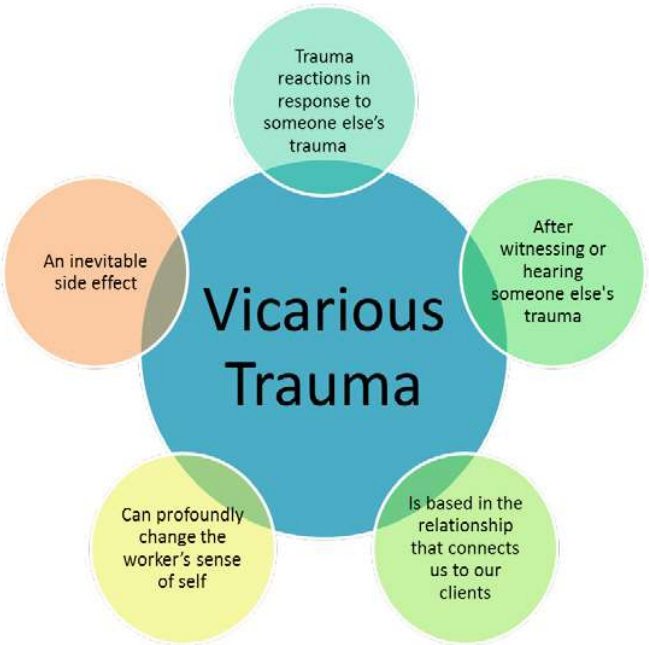
## Organisational :

- Absence of trust between individuals towards the workplace
- Absence of supervision or frequent cancellations
- High level of staff turnover and/or sickness
- General inability to acknowledge feelings
- Absence of strategy or planning
- High numbers of complex  traumatised children and  families.
- Lack of clear reflective supervision model and process.
- Low commitment to professional development.
- Limited understanding of the impacts of vicarious trauma, compassion fatigue and burnout.

## Supporting Staff, Transforming Trauma:

Creation of an organisational culture that acknowledges and normalises vicarious trauma reactions and offers practical support.

- Provides education about and exploration of the manifestations of vicarious trauma.
- Challenge, support and value staff
- Make it regular, a priority and in a confidential environment
- Organise a contract and a plan between supervisor and staff and review every three months
- Have a clear understanding of what supervision is and is not.



## Possible Impacts of Vicarious Trauma

| | Personally | Professionally | Organisationally |
|---|---|---|---|
| **Physically** | Fatigued<br>Hypervigilance<br>Impaired immune system<br>Rapid heartbeat<br>Changes in breathing<br>Sleep & appetite disturbances | Lack of concentration<br>Use of negative coping mechanisms<br>Difficulty in "switching off" | Increased absenteeism & sick leave<br>Being late |
| **Sensorily** | Flashbacks Sensory overload | Dissociation | Negative sense of workplace |
| **Emotionally** | Powerlessness<br>Anxiety<br>Guilt<br>Fear<br>Sadness<br>Shut down<br>Hopelessness<br>Mistrust | Lack of satisfaction with work<br>Diminished empathy | Apathy<br>Detachment or over attachment to organisation |
| **Cognitively** | Self doubt<br>Isolation from friends and family<br>Loss of interest in a range of tasks, hobbies & life | Projection<br>Counter transference<br>Increased mistakes<br>Withdrawal from colleagues | Low morale<br>Staff conflict<br>Irresponsible practice<br>Negative attitude<br>Constant questioning of work |
| **Reflectively** | Decreased self esteem<br>Questioning core beliefs and meaning of life | Reduced reflective capacity<br>Poor communication<br>Decreased confidence<br>Setting perfectionist standards | Faulty judgements<br>Avoidance of organizational tasks |

# SELFCARE ACTIVITIES

The goal of all self care is to care for the self! Self-care activities should cover a spectrum of areas including physical, emotional, psychological, spiritual and professional. The activities that are most effective for you will depend partly on your personality and individual preference, and partly on the level of impact your work/life environment is currently having on you.

| BRAIN REGION | ACTIVITIES |
|---|---|
| Brain Stem | Soothing activities in your preferred sensory modality.<br>Massage (face, hands, feet, or whole body)<br>Aromatherapy<br>Grooming; brushing hair, painting nails<br>Cuddling, physical affection, Take time to be sexual<br>Singing<br>Eating regularly and healthily<br>Get enough sleep<br>Take holidays<br>Make time for prayer, meditation and reflection<br>Nurture others<br>Arrange your workspace so it is comfortable and comforting |
| Midbrain (Diencephalon & Cerebellum) | Exercise, go to the gym, Lift weights<br>participate in team sports<br>Practice martial arts<br>Do physical activity that is fun for you<br>Take holidays<br>Say no to extra responsibilities sometimes<br>Yoga |
| Limbic | participate in team sports<br>Take time off when you are sick<br>Wear clothes you like<br>Take holidays<br>Go to see a counsellor or psychotherapist for yourself<br>Write in a journal<br>Take a step to decrease stress in your life<br>Spend time with others whose company you enjoy<br>Stay in contact with important people in your life<br>Treat yourself kindly (supportive inner dialogue or self-talk)<br>Feel proud of yourself<br>Re-read favourite books or re-watch favourite movies<br>Identify comforting activities, objects, people, relationships, places- and seek them out<br>Allow yourself to cry<br>Find things that make you laugh<br>Express your outrage in a constructive way<br>Play with children<br>Make time for prayer, meditation and reflection<br>Be open to inspiration<br>Cherish your optimism and hope<br>Be open to mystery and not knowing<br>Remember and celebrate loved ones who are dead<br>Have awe-ful experiences<br>Contribute to or participate in causes you believe in<br>Read inspirational literature and listen to inspiring music<br>Take time to chat to co-workers<br>Identify projects or tasks that are exciting, promote growth and are rewarding to you<br>Arrange your workspace so it is comfortable and comforting<br>Get regular supervision or consultation<br>Have a peer support group |
| Cortex | Participate in team sports<br>Practice martial arts<br>Get regular medical care for prevention and treatment<br>Take holidays<br>Get away from stressful technology such as email, mobile phones<br>Make time for self reflection<br>Go to see a counselor or psychotherapist for yourself<br>Write in a journal<br>Engage your intelligence in a new area- go to an art museum, performance, sports event, exhibit or other event<br>Notice your inner experience- your dreams, thoughts, imagery, feelings<br>Say no to extra responsibilities sometimes<br>Make time for prayer, meditation and reflection<br>Identify what is meaningful to you and notice its place in your life<br>Be open to mystery and not knowing<br>Express gratitude<br>Celebrate milestones with rituals that are meaningful to you<br>Remember and celebrate loved ones who are dead<br>Nurture others<br>Contribute to or participate in causes you believe in<br>Read inspirational literature and listen to inspiring music<br>Make time to complete tasks<br>Identify projects or tasks that are exciting, promote growth and are rewarding to you<br>Set limits with clients and colleagues<br>Balance your caseload so no one day is “too much”!<br>Get regular supervision or consultation<br>Negotiate for your needs (benefits, pay raise etc)<br>Have a peer support group<br>Develop a non-trauma area of professional competence |

Handout

# Self-care Prescription

| Prescription (My self-care activity) | Dose (How long?) | Frequency | | | | |
|---|---|---|---|---|---|---|
| | | Daily | Weekly | Fortnightly | Monthly | Yearly |
| Call or visit a friend or family | | | | | | |
| Practice breathing / muscle relaxation | | | | | | |
| Walk, play sport or exercise | | | | | | |
| Have a bath | | | | | | |
| Read a book or magazine | | | | | | |
| Have one-to-one time with your partner | | | | | | |
| Watch a movie | | | | | | |
| Listen or dance to music | | | | | | |
| Write, paint or play an instrument | | | | | | |
| Cook your favourite meal | | | | | | |
| Go out for dinner | | | | | | |
| Do some gardening | | | | | | |
| See a counsellor | | | | | | |
| Go away for a weekend | | | | | | |
| Go on holiday | | | | | | |
| | | | | | | |
| | | | | | | |

Name: _____ Witnessed: _____ Displayed: ☐

Australian Childhood Foundation

**From the diary of a 2-year-old:**

Today I woke up and wanted to get dressed by myself but was told “No, we don’t have time, let me do it.”

This made me sad.

I wanted to feed myself for breakfast but was told,
“No, you’re too messy, let me do it for you.”

This made me feel frustrated.

I wanted to walk to the car and get in on my own but was told,
“No, we need to get going, we don’t have time. Let me do it.”

This made me cry.

I wanted to get out of the car on my own but was told “No, we don’t have time, let me do it.”

This made me want to run away.

Later I wanted to play with blocks but was told “no, not like that, like this…”

I decided I didn’t want to play with blocks anymore. I wanted to play with a doll that someone else had, so I took it. I was told “No, don’t do that! You have to share.”

I’m not sure what I did, but it made me sad. So I cried. I wanted a hug but was told “No, you’re fine, go play”.

I’m being told it’s time to pack up. I know this because someone keeps saying, “Go pack up your toys.”

I am not sure what to do; I am waiting for someone to show me.

“What are you doing? Why are you just standing there? Pack up your toys, now!”

I was not allowed to dress myself or move my own body to get to where I needed to go, but now I am being asked to pick things up.

I’m not sure what to do. Is someone supposed to show me how to do this? Where do I start? Where do these things go? I am hearing a lot of words but I do not understand what is being asked of me. I am scared and do not move.

I lay down on the floor and cry.

When it was time to eat I wanted to get my own food but was told “no, you’re too little. Let me do it.”

This made me feel small. I tried to eat the food in front of me but I did not put it there and someone keeps saying “Here, try this, eat this…” and putting things in my face.

I didn’t want to eat anymore. This made me want to throw things and cry.

I can’t get down from the table because no one will let me…because I’m too small and I

can’t. They keep saying I have to take a bite. This makes me cry more. I’m hungry and frustrated and sad. I’m tired and I need someone to hold me. I do not feel safe or in control. This makes me scared. I cry even more.

I am 2. No-one will let me dress myself, no-one will let me move my own body where it needs to go, no-one will let me attend to my own needs.

However, I am expected to know how to “share”, “listen”, or “wait a minute”. I am expected to know what to say and how to act or handle my emotions. I am expected to sit still or know that if I throw something it might break….But; I do NOT know these things.

I am not allowed to practice my skills of walking, pushing, pulling, zipping, buttoning, pouring, serving, climbing, running, throwing or doing things that I know I can do. Things that interest me and make me curious, these are the things I am NOT allowed to do.

I am 2. I am not terrible…I am frustrated. I am nervous, stressed out, overwhelmed, and confused. I need a hug.

-Author unknown

# Trauma Informed Approach to Support Children's Development

## Building safety and connection

- Children affected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning
- Safety = predictable and consistent routines, consistent relationships and consistent responses

This work is best practice for all children

One important way that we can help children have a sense of SAFETY, is to provide PREDICTABILITY in their day……a sense that 'I know what's coming next.'

- Focus on creating an environment that is predictable and familiar
- Always prepare child for what is coming up next
- Establish a supportive pattern of one to one communication with child
- Be particularly sensitive to transition experiences

## Predictability: a metaphor for SAFETY

Children affected by trauma experience any change as a potential threat.

Consistent caregiving and continuity of care is vitally important to traumatised children.

Protective and predictable relationship provides attachment security.

## Building predictability

Predictability is achieved by:

- Reliable routines, e.g. greeting children at the door on arrival in morning with a consistent signal - high 5/handshake, same beginning/ending routines e.g. a song or music
- Using visual cues to help children prepare for the day – sequencing…better to use photos of the actual child/activity, than clipart
- Preparing children for what's coming next
- Talking to children about your intentions
- Same caregiver/s every day

Consistency of carer - it's unrealistic to expect that any of you can never be sick, or won't ever take leave.

Ideally each child needs at least one significant person with a committed relationship to him, who acts as his secure base.

Young children develop a hierarchy of attachment figures

Children in Childcare/Pre-school need at least 2 attachment figures to reduce stress if one is unavailable

- Traumatised children will come to trust and rely on their reference point as an interpreter of their environment
- Traumatised children will respond in a less volatile way to changes
- Over time, traumatised children will build an internal platform for responding to change
- Traumatised children will learn to use others as a resource to support them

Predictability is achieved by:

- Asking permission before touch
- Beginning and ending group sessions with same activity
- Giving warning when activity is about to end
- Ensuring relief staff continue regular routines

Think about your service for young children – what do you do that is the same every day?

Why do you have these routines?  What is their purpose?