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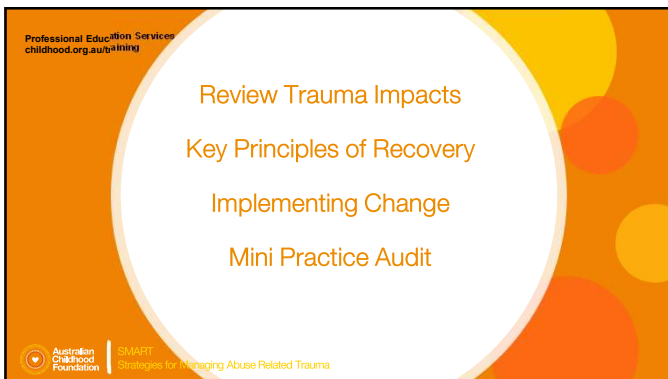
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## Review of Key Concepts- Developmental Trauma Impacts



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### Trauma Impacts



Trauma can impact all elements of children's functioning: brain, body, memory, learning, behaviour, emotions, relationships.

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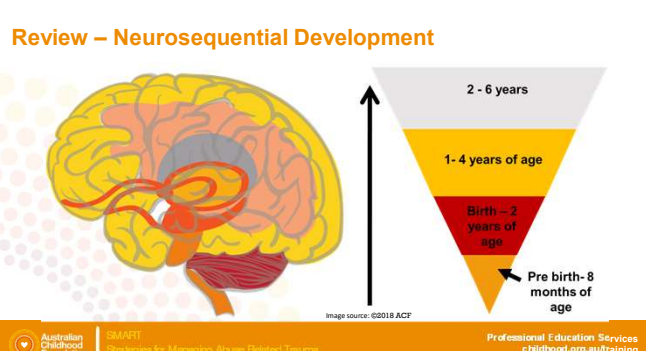
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### Review – Neurosequential Development



2 - 6 years

1 - 4 years of age

Birth - 2 years of age

Pre birth- 8 months of age

Image source: ©2018 ACF

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### Trauma and the brain

**Hypothalamus**  
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

**Prefrontal cortex**  
Responsible for executive functions, such as judgement, reasoning, and self awareness. Trauma reduces capacity for PFC to moderate automatic responses

**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 in the face of trauma - memory is not encoded properly.

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

**Thalamus**  
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

**Cerebellum**  
Balance and coordination, motor skills may be impacted by trauma

Image source: © 2018 ACF

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### Review - Strategies for transforming

Brain area	Function	Activity ideas
Brainstem & Diencephalon	Basic survival & sensory processing	Pacification or stimulation. Rhythmic/rocking activities. Activities in the child's preferred sensory modality
Cerebellum	Coordination of movement	Using music, rhythm and movement activities
Limbic	Emotional processing	Building relational connection through play, animals, games
Cortex	Thinking processes	Linking experiences & sensations to words/descriptions
Prefrontal cortex	Analytical/ abstract thinking	Challenges and safe risk taking activities, Mindful & reflective activities, Choices & Problem Solving

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### Review - Polyvagal Theory & Protective Responses

by Stephen Porges

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

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**Review - Regulated & Dysregulated Arousal** Ogden, Minton, Pain 2006

**Fight or Flight** hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

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

**Sympathetic Hyper-arousal**

**Social Engagement**

**Window of Tolerance**

**Parasympathetic Hypo-arousal**

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

**AROUSAL**

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**What Protective Response can look like**

**Mobilised Responses:**

- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- ‘silly’, loud, over-excitement
- Unsettled, restless
- Outbursts, aggression
- Defensive, taking things personally
- Inflexible, ‘controlling’
- Sensitive to sensory input

**Immobilised Responses:**

- Flat, numb affect
- Disengaged, disinterested
- Withdrawn
- Frequent “boredom”
- Lethargic, unmotivated
- Disconnected from peers
- Primitive self-soothing
- Hygiene issues
- Wetting or soiling
- Low appetite

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**Key Principles of Transforming Trauma:**

- Creating Safety
- Understanding Behaviour
- Working with Protective Responses
- Promoting Capacity Building
- Predictability to Promote Stability
- SMART PRACTICE Framework

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### The Neuroception of Safety: Discuss in small groups

Consider the scenario of having to walk down an empty alley way in the dark.

- How does it feel? What do you notice in your body?
- Is there any threat detectable in this image?
- Is there any safety?
- What could we add into this scene that would increase a felt sense of safety?



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### Creating Safety

**Key messages:**

- Cues of threat and safety are continually monitored by our nervous system
- Cues of threat or safety can be found in experiences, relationships, and environments
- Change and uncertainty are interpreted by the brain as threats
- Before we can engage in social behaviour and learning, we must feel safe

**Practice Implications:**

- Proximity, prosody, facial expression and body language can all provide cues of safety
- Predictability, consistency, familiarity and routine are critical in creating 'felt safety'
- If LEARNING is our goal, SAFETY is our priority
- Environmental audits are important – consider the types and levels of sensory input from a child's perspective

**Examples:**

- Get down low and use modulated, calm voice and face
- Reduce unnecessary sensory stimuli
- Provide visual timetables & reminders
- Incorporate familiar people, places, objects and routines to minimise the impact of change and uncertainty

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### Understanding Behaviour

Understanding the meaning behind challenging external presentations is key in developing effective responses

For children who have experienced complex trauma, we cannot rely on negative consequences or punishment to promote positive behaviour change



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### Framing Behaviour Support: Activity

- Consider the **function behind the behaviour** – what is the unmet need? What alternatives could we offer the child to meet this need in a different way?
- Can the behaviour be understood as a **fight, flight, freeze or withdrawal** response?
- What **stressors or situations** do we think trigger these behaviours, and which ones can we do something about?
- What **skills** can we help the child/young person to develop, to support them in reducing these behaviours?

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### Working with Protective Responses

**Calm the brain with:**

- Long outbreaths
- Mindful activities
- Orienting outwards
- Connection & Co-regulation

**De-activate Mobilised Responses with:**

- Rhythm (drumming, music, swinging, rocking, bouncing)
- Stretching/Yoga
- Carrying heavy items
- Heat pack, weighted blanket
- Reduce stimulation
- Hugging a teddy/cushion

**Counter Immobilised Responses with:**

- Grounding through the senses
- Proprioceptive input
- Splash face with cold water
- Something cold or sweet to drink
- Chewing candies/sucking a mint/lollipop

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### Promoting Capacity Building

There are many skills that a child may be lacking, which can impact on their behaviour and learning:

- Sustained attention
- Impulse control
- Problem solving
- Ignoring and recovering from distractions
- Appropriate help-seeking
- Appropriate connection-seeking



**Skills are developed through teaching and practice**

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### Predictability promotes stability

- The brain interprets change and uncertainty as a source of threat.
- It also responds to predictability and familiarity as a source of safety
- Minimise changes where possible
- Involve or advise children of any unavoidable changes
- Support children to access familiar items, people or activities throughout times of transition/uncertainty

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### SMART PRACTICE Framework

<b>P</b>	<b>R</b>	<b>A</b>	<b>C</b>	<b>T</b>	<b>I</b>	<b>C</b>	<b>E</b>
Predictable	Responsive	Attuned	Connecting	Translating	Involving	Calming	Engaging

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### Implementing Systemic or Organisational Change

- The process and phases of change
- Brain-wise Leadership
- Barriers to change

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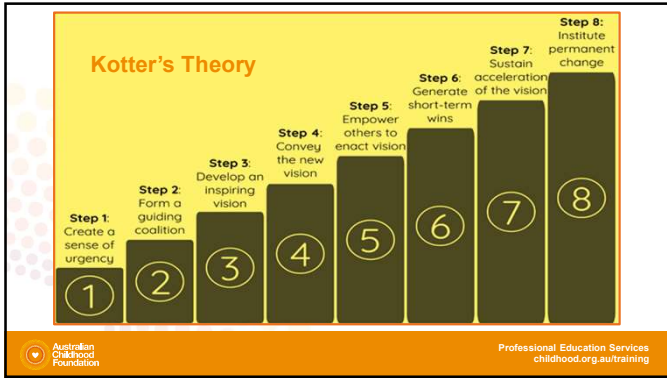
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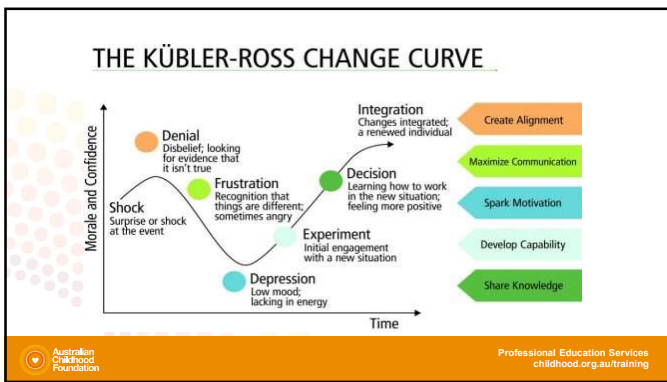
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**Leading with the brain in mind**



- Understanding how the human brain works and how we function at our best is both fascinating and critical if we want to continue to grow and improve as leaders.
- Reflection:** When you ask a question instead of giving the answer, the entire brain gets active as it reflects, releasing serotonin (allowing it to relax).
- This encourages gathering intelligence from all areas of the brain, allowing for more insight than would happen if you provided solutions to others.
- New neuronal connections begin to be made as the brain moves closer to finding solutions.

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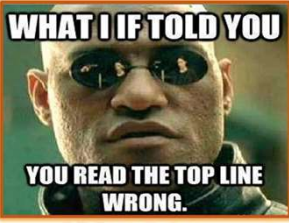
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**Barriers to Change**



- Non-reflective practice (operating on autopilot)
- Embedded beliefs/attitudes that counter trauma-informed practice
- Chronic stress – resulting in reactive, chaotic or rigid responses
- Ineffective leadership – change is not resourced or supported from the top
- Goals and rationale are unclear
- Roles and strategies are unclear
- Lack of choice, control and ownership among staff/team
- Change is interpreted by the brain as a threat (see next slide)

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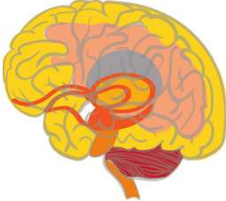
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**The brain's response to change & uncertainty**

- Change and Unknowns are perceived as threats
- The brain activates a negative bias to prepare itself for 'worst case scenario'
- Threat responses are activated
- Executive functions are compromised (rational thinking, problem solving, reflection, planning etc)
- Responses centre around self protection and defence, rather than openness and curiosity



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**A Tiered Approach to Implementation:**

**Individual, Classroom & Whole School Approaches**



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**Individual Student**

- Create, maintain and prioritise relational connection with the child
- Support through transitions with grounding strategies, connection, & familiar objects/people/activities
- Validate emotions & experiences
- Be congruent & authentic
- Provide control, choices, roles & responsibilities
- Create Stability, Predictability, Consistency, Routine



Image source: calmkidcentral.com

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**Classroom Level**

- conduct a sensory audit
- provide calm, positive sensory experiences
- provide regular and predictable brain and body breaks
- Reduce/Remove unnecessary stimulation and demands
- Integrate predictability, consistency and routine



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**Whole School Level**

- Explicit teaching on basic brain functions
- Whole staff PD – shared understanding and language
- Overhaul policies and procedures: review current behaviour response approaches and evaluate these against a trauma-informed framework
- **Ensure environments, attitudes and practices prioritise relationship, connection, regulation, safety, and capacity building**
- Promote staff wellbeing




Image source: wanneroo.wa.gov.au

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**Overshooting your Window of Tolerance:**

- Upset and hyped up
- Angry and agitated
- Frustrated
- Heart beating fast
- Tense and can't think clearly
- Unable to regulate your emotions

**Within your Window of Tolerance:**

- Feeling safe, calm and peaceful
- Happy and able to think clearly
- Ready to learn
- Settled and content
- Mindful and able to regulate your emotions

**Undershooting your Window of Tolerance:**

- Sad and tired
- Unmotivated with no energy
- Feel empty and withdrawn
- Don't want to listen, talk or play
- Can't think about learning

Teaching children about the ways our brains and bodies react to stress in order to keep us safe, enables them to **understand, communicate and manage their thoughts, emotions and behaviours.**

Making Space for Learning – Action Research Project - St Thomas More School, Elizabeth Park, S.A.

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**"I flipped my lid" – Assumption Catholic Primary School WA**



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**Staff wellbeing**

Staff wellbeing is essential for student wellbeing

Human nervous systems calibrate to each other

Children require co-regulation in order to develop self-regulation

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**The impact of working with traumatised children**

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Adapted from - Siegel, D. (2009). Mindsight - The New Science of Personal Transformation. NSW, Australia: Scribe Publications.

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**Mini Practice Audit –**

**Applying the PRACTICE Framework to evaluate current practices**

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**SMART PRACTICE – Site Audit Tool**

This is an opportunity to reflect on the current application of the SMART PRACTICE framework across your site. This tool can also be used to plan further implementation strategies as a site plan. It is acknowledged that not all areas will be relevant to all sites however each area has value in terms of a holistic application of the skills and knowledge underpinning SMART PRACTICE.

In the following table, list strategies, policies or other processes that are currently undertaken that support each of the listed groups in each of the elements of the SMART PRACTICE framework.

SMART PRACTICE	Whole Site	Staff	Classroom/Group	Small Group	Individual Student/Child
PREDICTABLE					
RESPONSIVE					
ATTUNED					
CONNECTING					
TRANSLATING					
INVOLVING					
CALMING					
ENGAGING					

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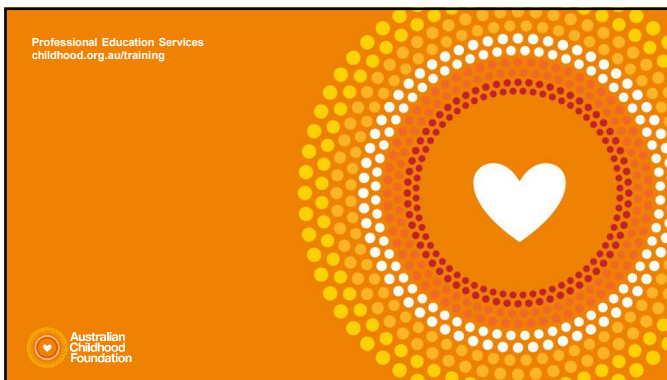
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