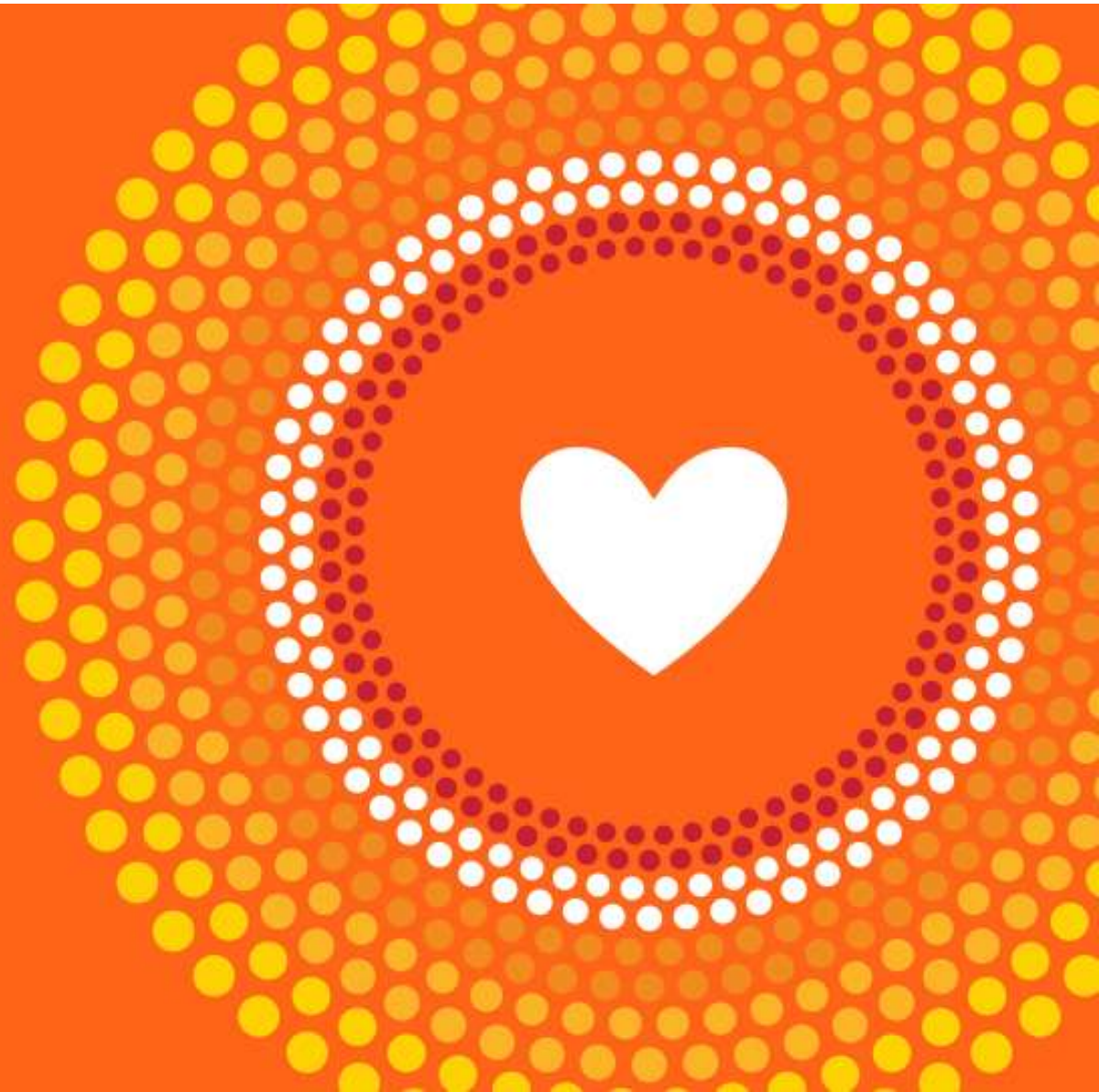


# EXPLORING TRAUMA INFORMED FRAMEWORKS IN PRACTICE

## Handouts



# THE IMPORTANCE OF P.A.C.E.

## Being Playful, Accepting, Curious and Empathic

(Adapted from: Hughes, D. A. (2007). *Attachment focused family therapy*. New York: W. W. Norton)

### BEING PLAYFUL:

- Is about having fun with and enjoying the child or young person by encouraging a connection with you.
- Being playful brings joy and joy brings connection.
- Children and young people need to know they are fun to be with.
- Remaining playful helps the child or young person remain in tune with you.
- By playing together, you can learn about what games, activities can best help you to remain in tune for longer.

Being playful could mean have fun with shared games or activities that involve you both (and others). It can also mean sharing smiles, laughs, hugs and closeness.

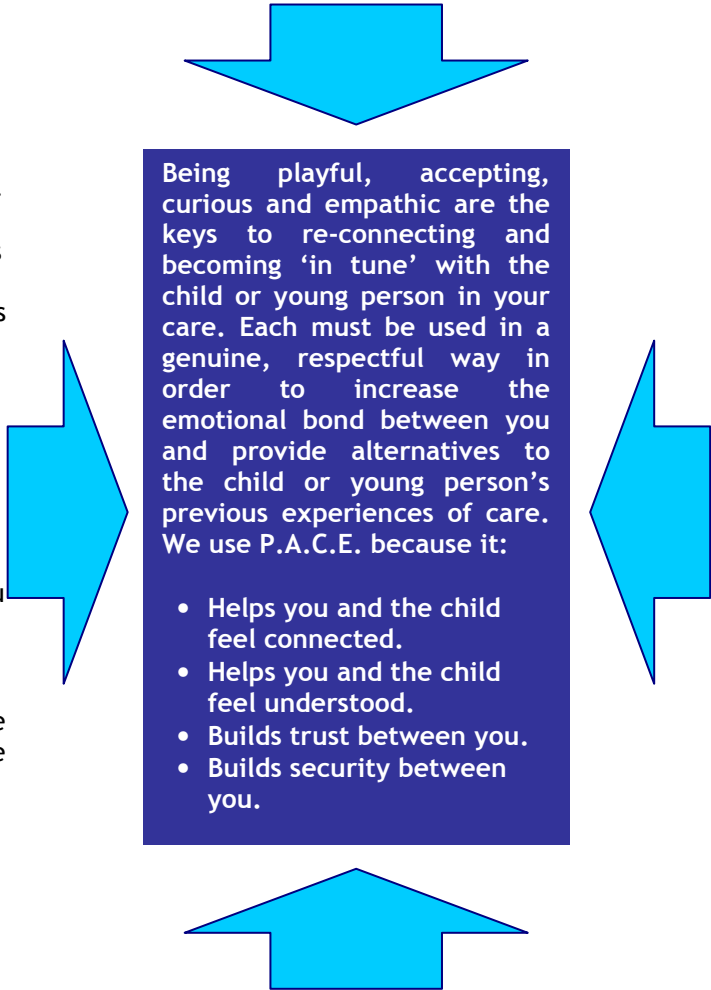
### BEING CURIOUS:

Being curious means:

- Making best guesses about what's going on.
- You, with the child and others trying to figure it out.
- Curiosity leads to understanding that increases acceptance of the child's past experiences and reasons behind their behaviour. It also allows the child to be heard and understood.

Carers are asked to be curious about:

- Feelings associated with the child's or young person's statements (e.g. "I know you hate me!")
- Thoughts associated with their statements.
- Implications of these and the coping strategies used by the child or young person.
- Patterns in behaviour that you may both experience.
- How all this may relate to their past experiences of care.
- What's going on right now between the two of you.



Being playful, accepting, curious and empathic are the keys to re-connecting and becoming 'in tune' with the child or young person in your care. Each must be used in a genuine, respectful way in order to increase the emotional bond between you and provide alternatives to the child or young person's previous experiences of care. We use P.A.C.E. because it:

- Helps you and the child feel connected.
- Helps you and the child feel understood.
- Builds trust between you.
- Builds security between you.

### BEING ACCEPTING:

Being accepting means:

- Not judging the child.
- Acceptance of the child's behavioural choices (although not necessarily accepting that they are good choices).
- Understanding what may lie behind inappropriate behaviour but not condoning the behaviour.
- Using appropriate consequences that do not shame or humiliate.
- Letting the child know that they are accepted, just as they are and that's ok.

### BEING EMPATHIC:

Is about 'feeling' with another; feeling compassion for their hurts, struggles and suffering.

- Empathy eventually allows the child or young person to acknowledge deeper feelings of fear, sadness, hurt, anger etc without fearing judgement.
- Can be used to relieve shame as opposed to praise that can exacerbate shame.
- Genuine empathic responses must 'come from the heart':

"That makes me really sad to hear you say you think I don't love you."

"I'm so sorry that happened to you."

"That must have been very hard for you."

"I'm sad that there was so much in your life that you had to try and forget."

"I want you to see that I really understand what you went through."

## What is meant by PACE?

Playfulness, acceptance, curiosity and empathy.

PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore. With PACE, the troubled child can start to look at himself and let others start to see him, or get closer emotionally. He can start to trust.

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### Playfulness

This is about creating an atmosphere of lightness and interest when you communicate. It means learning how to use a light tone with your voice, like you might use when story telling, rather than an irritated or lecturing tone. It's about having fun, and expressing a sense of joy.



It is similar to parent-infant interactions when both parent and infant are delighting in being with each other and getting to know each other. Both are feeling safe and relaxed. Neither feels judged nor criticised. Playful moments reassure both that their conflicts and separations are temporary and will never harm the strength of their relationship.

Having a playful stance isn't about being funny all the time or making jokes when a child is sad. It's about helping children be more open to and experience what is positive in their life, one step at a time.

Sometimes a troubled child has given up on the idea of having good times and doesn't want to experience and share fun or enjoyment. Some children don't like affection or reject hugs. A playful stance can allow closeness but without the scary parts.

When children find it hard to regulate their feelings, anger can become rage, fear, terror, and sadness, despair. If this is the case, then children may also find it hard to regulate feelings of excitement, joy and love. Feeling these emotions can sometimes turn to anxiety.

Playfulness allows children to cope with positive feelings. It also gives hope. If you can help the child discover his own emerging sense of humour, this can help him wonder a little more about his life and how come he behaves in the ways that he does. When children laugh and giggle, they become less defensive or withdrawn and more reflective.

A playful stance adds elements of fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation. The child is less likely to respond with anger and defensiveness when the parent has a touch of playfulness in his or her discipline. While such a response would not be appropriate at the time of major misbehavior, when applied to minor behaviours, playfulness can help keep it all in perspective.

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## Acceptance

Unconditional acceptance is at the core of the child's sense of safety.



Acceptance is about actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behaviour. It is about accepting, without judgment or evaluation, her inner life. The child's inner life simply *is*; it is not *right* or *wrong*.

Accepting the child's intentions does not imply accepting behavior, which may be hurtful or harmful to another person or to self. The parent may be very firm in limiting behavior while at the same time accepting the motives for the behaviour.

One hopes that the child learns that while behavior may be criticised and limited, this is not the same as criticising the child's *self*. The child then becomes more confident that conflict and discipline involves behavior, not the relationship with parents nor her self-worth.

Curiosity is the foundation of acceptance of whatever underlies the behaviour. Making sense of how the child has learnt to behave in certain ways can help with acceptance.

## Curiosity

Curiosity, without judgment, is how we help children become aware of their inner life, reflect upon the reasons for their behaviour, and then communicate it to their parents or therapist. Curiosity is wondering about the meaning behind the behaviour for the child. Curiosity lets the child know that the adults understand.



Children often know that their behavior was not appropriate. They often do not know why they did it or are reluctant to tell adults why.

With curiosity the adults are conveying their intention to simply understand *why* and to help the child with understanding. The adult's intentions are to truly understand and help the child, not to lecture or convey that the child's inner life is *wrong* in some way.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: *"What do you think was going on? What do you think that was about?"* or *"I wonder what...?"*

You say this without anticipating an answer or response from a child.

This is different from asking the child, *"Why did you do that?"* with the expectation of a reply.

It is not interpretation or fact gathering. It's just about getting to know the child and letting her know that.

Curiosity must be communicated without annoyance about the behaviour. Being curious can, for example, include an attitude of being sad rather than angry when the child makes a mistake. A light curious tone and stance can get through to a child in a way that anger cannot.

You might make guesses about what a child may be thinking and feeling, saying this aloud, and keeping it connected to the present. It can be about having a conversation, almost with yourself, with the child in the room, without anticipating a response.

If an adult can stay curious about why their child is behaving as they are, the child and adult are less likely to feel cross or frustrated. As curiosity is non-judgmental, this can help the child to be open to how she, and other people, are thinking and feeling. Curiosity lets the child stay open and engaged in conversations.

Children then start to reflect upon their own inner life with their parent and therapist and start to understand themselves. As the understanding deepens, the child can

discover that her behavior does not reflect something *bad* inside her, but rather a thought, feeling, perception, or motive that was stressful, frightening, or confusing and could only be expressed through her behavior.

As the child communicates this to the adults, the need for the behaviour may reduce, and with that the behaviour itself. The child's feelings about the behaviour may change, with less defensiveness and shame but more guilt, leading to less of the behaviour.

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## Empathy

Empathy lets the child feel *the adult's* compassion for her. Being empathic means the adult actively showing the child that the child's inner life is important to the adult and he or she wants to be with the child in her hard times.

With empathy, when the child is sad or in distress the adult is feeling the sadness and distress with her and lets the child know that. The adult is demonstrating that he or she knows how difficult an experience is for the child. The adult is telling the child that she will not have to deal with the distress alone.

The adult will stay with the child emotionally, providing comfort and support, and will not abandon her when she needs the adult the most. The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.

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## The impact of communication using the principles of PACE

PACE focuses on the whole child, not simply the behavior. It helps children be more secure with the adults and reflect upon themselves, their thoughts, feelings and behaviour, building the skills that are so necessary for maintaining a successful and satisfying life. The child discovers that they are doing the best that they can, and are not *bad* or *lazy* or *selfish*. Problems diminish as the need for them reduces.

Through PACE and feeling safer, children discover that they can now do better. They learn to rely on adults, particularly their parents, and trust them to truly know them. They learn that their parents can look after them in a way that they could never do on their own.

When children experience the adults doing the best they can to understand them and trying to work out together more effective ways for the child to understand, make sense of and manage their emotions, thoughts and behaviour they start to believe that the adults really will keep on trying until things get better for all of them. For adults, using PACE most of the time, they can reduce the level of conflict, defensiveness and withdrawal that tends to be ever present in the lives of troubled children. Using PACE enables the adult to see the strengths and positive features that lie underneath more negative and challenging behaviour.



## Homework activity

### PACE in Action

Ideas to try:

- Playfulness
- Acceptance
- Curiosity
- Empathy

Activity/ time of day:

Play \_\_\_\_\_

\_\_\_\_\_

Daily Care \_\_\_\_\_

\_\_\_\_\_

Challenging times /during struggles

\_\_\_\_\_

\_\_\_\_\_

## NURTURE Planning Tool

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

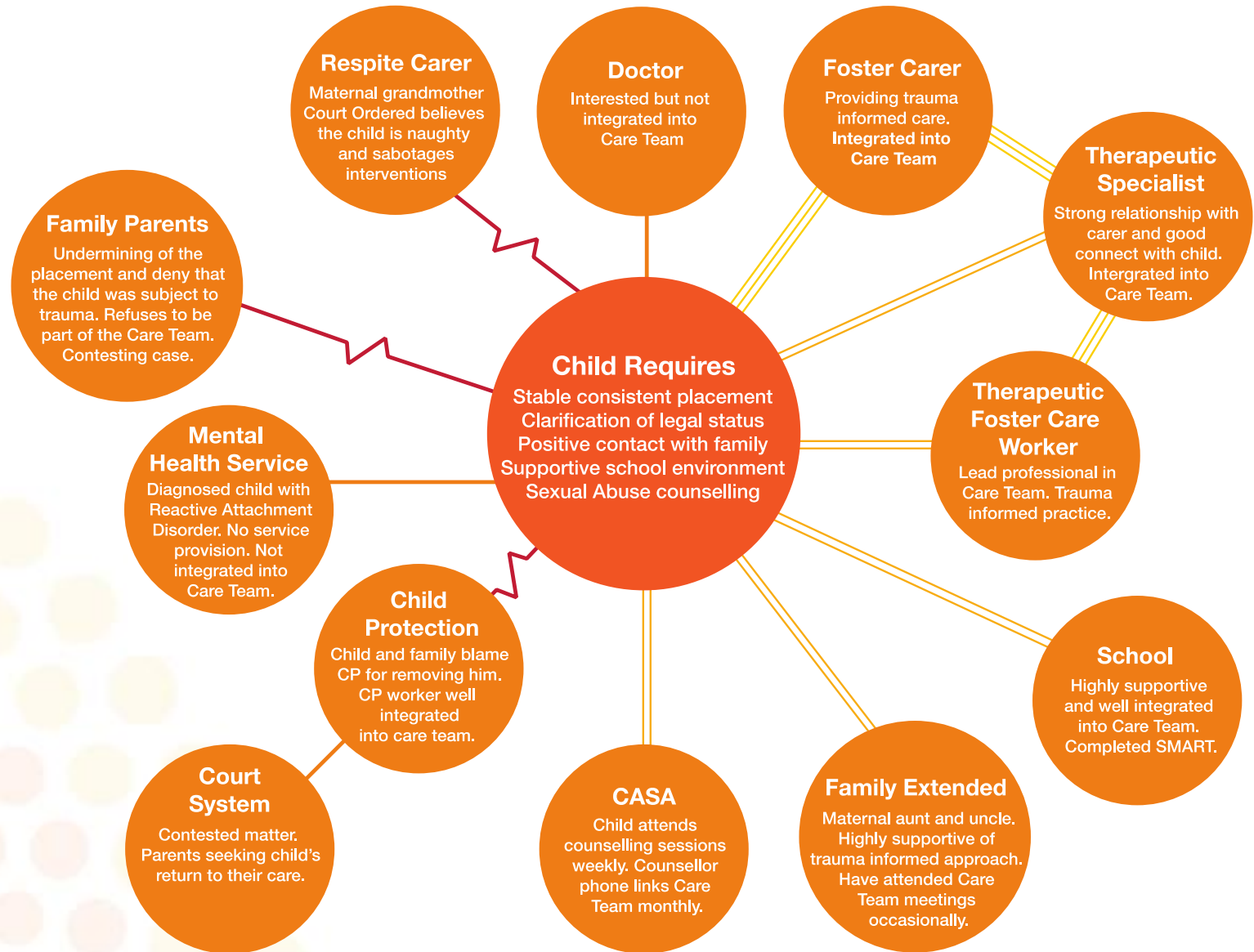
a. include strategies that you are already practising in your organization, to support those children and parents who have an identified trauma history.

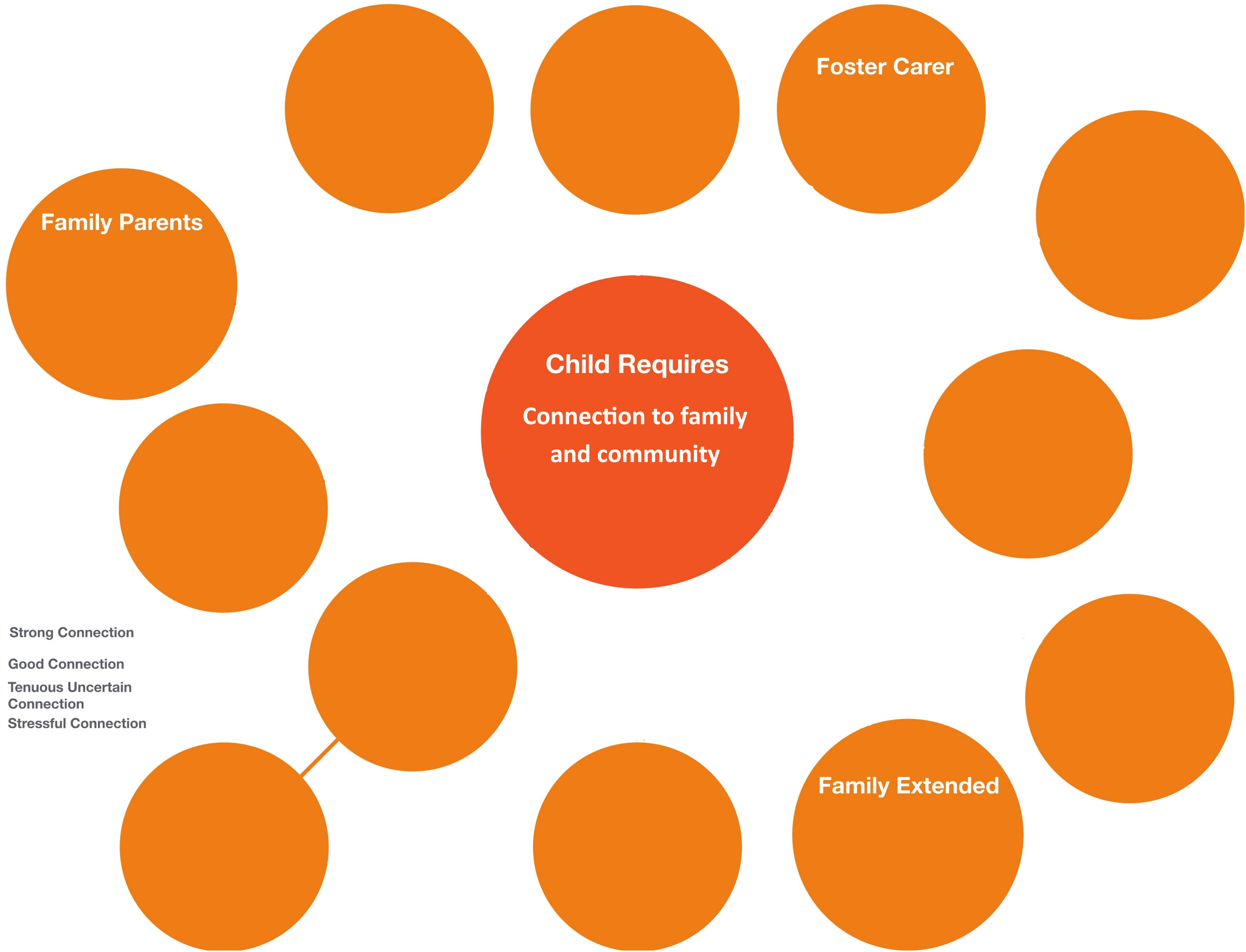
b. add any new strategies that you could implement to better support traumatised children and parents in your service

	CHILD 1.	CHILD 2.	PARENT 1.	PARENT 2.	PARENT 3.
<b>Anticipate child's Needs</b>					
<b>Unconditional positive regard</b>					
<b>Reframe child's perceptions</b>					
<b>Time in and repair</b>					
<b>Use words for child's experience</b>					
<b>Reflect back child's feelings</b>					
<b>Enjoy play together</b>					



# Mapping the system

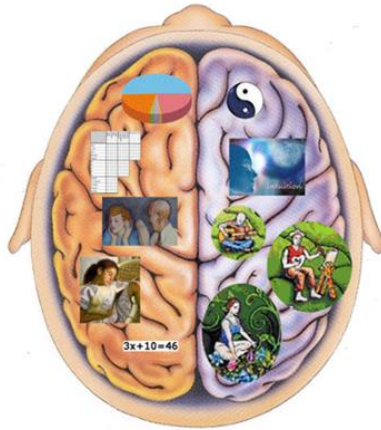




# Lateral Brain Development

## LEFT

- Logical
- Linear
- Language
- Lists
- Literal
- Emotions – more positive



## RIGHT

- Ambiguous
- Non-verbal
- Big Picture
- Visual
- Emotions – like fear & disgust

### Left Hemisphere

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

### Right Hemisphere

- Is orientated in the present moment
- Is non-verbal
- Grasps the whole/big picture
- The pessimistic hemisphere
- Relies on the non-verbal:
  - Eye Contact
  - Facial Expression
  - Tone of Voice
  - Posture
  - Gesture
  - Intensity

## Trauma and language

The left hemisphere is responsible for

- speech production and
- language comprehension

Under stress, areas in the left hemisphere shut down leaving the traumatised child:

- speechless in the face of terror and
- with impairments in recognising and understanding simple instructions

### The shift to the right hemisphere

- Traumatised child is left to respond to intense emotional sensations and experiences without language
- Trauma shifts processing of experiences to the right hemisphere
- Experiences of trauma are acted out in non-verbal communication
- Non-verbal strategies are required to resource change for traumatised children

## Transforming trauma

### Building right hemisphere/left hemisphere connection

- Any activity that enables you to cross the midline
  - cups games, hokey pokey, clapping chants, mirroring games and physical activity/sports

### Building right hemisphere

- Attunement and relationally based activities
  - mutual smiling, mirroring games based on facial expressions, voice copying

### Building left hemisphere

- Incorporating cognitive processes into calming or stimulating activities
  - counting for relaxation



## 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

# Calming 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







# 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)

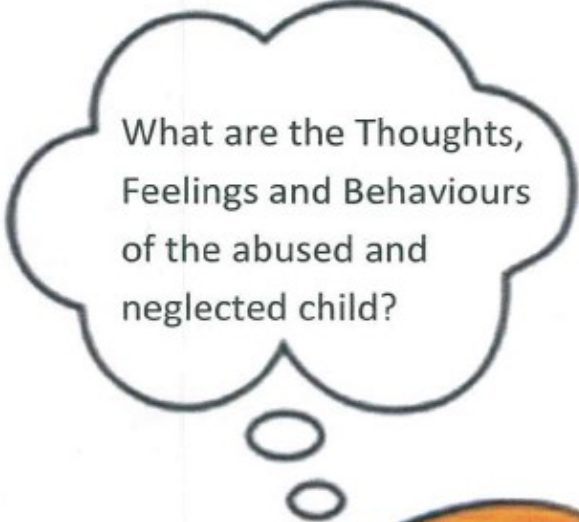


Vagal regulation of the heart



CALM





**Thoughts**

- 'It's my fault'
- 'I don't care'
- 'I deserve this'
- 'I'm unloved'
- 'Nobody wants me'
- 'I can't trust anybody'
- 'I'm not safe'
- 'I'm better off on my own'
- 'Will they hurt me?'
- 'I'm alone'
- 'Not sure where I fit'
- 'I hate myself'
- 'I'm stupid'
- 'I miss my family'
- 'I hate everybody'
- 'You're not safe'
- 'I never get what I want'
- 'The world owes me'
- 'I'm isolated'
- 'I'm to blame'
- 'Here we go again'
- 'You will leave me'
- 'I want to hurt myself'
- 'I have no control'
- 'It's only a matter of time'
- 'I want to go home'
- 'I'm not good enough'
- 'Who am I?'
- 'I'm different'
- 'I'm ashamed'
- 'I'm an outsider'
- 'I'm bad'
- 'What is the point?'

**Feelings**

- Angry
- Anxious
- Shame
- Sad
- Terrified
- Depressed
- Guilty
- Vulnerable
- Resentful
- Fear
- Worthless
- Complacent
- Confused
- Unsafe
- Lonely
- Empty
- Alone
- Betrayed
- Frustrated
- Out of control
- Concerned
- Hopeless
- Useless
- Worried
- Helpless
- Unloved
- Unsettled
- Trapped
- Numb
- Nervous
- Suffocated
- Tearful
- Uncomfortable



**Behaviours**

- Screaming
- Absconding
- Defiant
- Biting
- Eating disorders
- Problem sexual behaviours
- Suicidal
- Destructive
- Substance abuse
- Extreme risk taking
- Trouble making friends
- Aggressive
- Self-harm
- Trouble trusting adults
- Violent
- Manipulative
- Controlling
- Property damage
- Oppositional
- Disruptive
- Depression
- Avoidance
- Poor hygiene
- Withdrawn
- Stealing
- Impulsive
- Hyperactive
- Parentified
- No boundaries
- Hyper-vigilant
- Defensive
- Socially awkward
- Hoarding
- Impatient
- Bullying
- Jealousy

# Mentoring through a trauma informed lens

## Introduction

This session is for early childhood educators in a leadership role in the early childhood setting who have been contacted by their management body or regional office and invited to participate.

This two-part online forum is for childhood leaders need to attend part one before part two and register for these together. These sessions will be live to encourage conversation and be interactive.

### **PART ONE – The Mentor**

- What is leadership?
- What is mentoring through a trauma informed lens?
- Role of the mentor
- Trauma informed practice frameworks

Workshop participants have the opportunity to:

- understand the role of a mentor.
- learn how to support other staff in the centre to create environments and routines that are trauma-sensitive
- enhance their capacity to use relationships as vehicles for change
- support staff to use a range of trauma-informed frameworks in their work with children and their families effected by trauma.

## **PART TWO - Implementation and reflection.**

This session will provide the opportunity for mentors to share what has been happening in their mentoring role and provide further support.

Workshop participants have the opportunity to:

- share mentoring experiences of their role as a mentor.
- reflect on new learning and increased skills and knowledge about mentoring
- revisit trauma informed frameworks and their use in the mentoring role
- explore continuing support options within the centre and across region

### **Detailed Costs**

\$165 per person, per session (2 sessions; Part 1 and Part 2 need to be attended) plus 1.6% credit card surcharge

Registrations require payment in order to confirm your place in the workshop. If payment is made by credit card at registration your place is guaranteed in the workshop you have registered for; if you pay by invoice you have a tentative registration until payment is received. All invoices must be paid for prior to the workshop date.

### **Implementation Considerations**

Target population: These mentoring sessions are for early childhood professionals in a leadership role who have been approached and invited to take on this mentoring role in their early learning centre

**Training requirements:** this on-line part one session will benefit emerging mentors to learn skills and knowledge about supporting other staff in the early learning centres through a trauma informed lens. This is an invitation only session.

[Enquire](#)

## Upcoming Workshops

Name	Date	Time	Location	Cost	
Mentoring through a trauma informed lens- PART 1	10 September 2020	12:00 pm – 02:30 pm	Online Training	\$165.00	<a href="#">Register</a>
Mentoring through a trauma informed lens- PART 1	16 September 2020	08:30 am – 11:00 am	Online Training	\$165.00	<a href="#">Register</a>
Mentoring through a trauma informed lens- PART 1	22 September 2020	04:00 pm – 06:30 pm	Online Training	\$165.00	<a href="#">Register</a>
Mentoring through a trauma informed lens- PART 2	29 October 2020	08:30 am – 11:00 am	Online Training	\$165.00	<a href="#">Register</a>
Mentoring through a trauma informed lens- PART 2	6 November 2020	12:00 pm – 02:30 pm	Online Training	\$165.00	<a href="#">Register</a>
Mentoring through a trauma informed lens- PART 2	10 November 2020	04:00 pm – 06:30 pm	Online Training	\$165.00	<a href="#">Register</a>

