Trauma Informed Practice in the Early Years

Australian Childhood Foundation

What does trauma-informed mean? Grappling with the challenge

This article was authored by Marina Dickson, National Manager, Professional Education and Training
Australian Childhood Foundation.

The question in the heading of this blog is a deceptively simple question to ask, but the answer is so very complex. The challenge is that answering this question clearly and helpfully is critical to the implementation of frameworks, principles and strategies that best meet the needs of children and young people who have experienced trauma, abuse and violence. And best meeting those needs leads to another word that is regularly used and which is again not necessarily clear in its meaning- therapeutic.

I am currently delivering a lot of training, and professional development for both residential care workers and Youth Justice Officers across the country and this question continues to come up. Workers are so often told they need to be 'trauma-informed' and 'therapeutic', but there is a lack of clarity about what this means, and this can prove both challenging and frustrating.

What I find useful sometimes is to look at the definition of trauma- and particularly relational and/or developmental trauma. While this seems a little depressing, I take hope from the definition of trauma because within it are the answers to what trauma informed practice looks like. Let me explain what I mean by exploring two key definitional points.

Trauma is experienced as a threat - real or perceived

This fundamental principle of a traumatic experience is crucial to understand in a trauma-informed response. We know that traumatic experience activates threat responses that are neither conscious nor cognitively articulated, and that because of this early experiences of trauma can leave such lasting residue.

So, a trauma-informed approach must focus on enabling safety- both real and perceived- as the antithesis of threat. And while Stephen Porges clearly outlines that safety is not just an absence of threat, this is a good start!

But…what generates safety? The experience of safety often comes from a lack of change. Safety is felt through consistency, predictability and routine. Children and young people, particularly those who have experienced the threat of abuse, need clear limits, boundaries and expectations of behaviour to help them experience the world as safe and predictable.

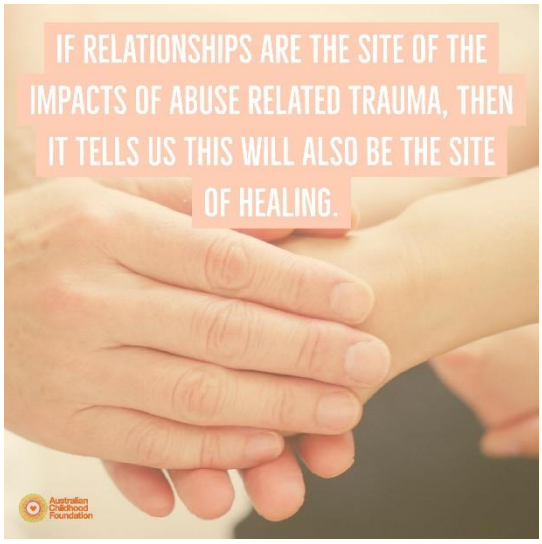
'But', I hear you say, 'the world is all about change, and these children need to learn how to cope with it. Isn't too much routine just institutionalising them?' I do agree- the world *is* full of change, and we do need to learn how to deal with it but to be able to do so, we need what I call a 'platform of stability' from where we can feel sturdy enough to manage this

change. For example, I always feel personally that challenges at work are easier to manage if things at home feel under control. For children and young people who have experienced trauma, however, a platform of stability is invariably something they had very little of- particularly those children and young people in residential care or the youth justice system. Without being facetious, multiple placements tend not to build a platform of stability.

Thus, providing clear routines that are consistently applied is very much a trauma-informed approach. And writing those routines up somewhere in the house is helpful for children and young people looking for safety but who also may be struggling with memory issues because of their traumatic experiences (but that is another blog!)

Equally, limits on behaviour that are consistently applied also helps to build safety. Trauma-informed practice doesn't mean that behaviour is excused or ignored. To put it bluntly, it is not OK to do whatever you want because you have experienced trauma. Children and young people need to know what behaviour is OK and what is not and they need those distinctions to made consistently, regardless of who might be working that day, who might be managing their case and which day it is. 'Letting things slide' leaves children and young people feeling unsafe and insecure, and can compound their felt sense of threat.

Relational trauma is trauma based in relationship



This tautological statement is a fundamental one in thinking about the key ways we provide safety and consistency for children and young people. If we agree that relationships are the site of the impacts of abuse related trauma, then it tells us this will also be the site of healing. And healing is what being therapeutic is all about. To be therapeutic means to heal or repair, and this should be the goal in all of our work.

Every relational exchange we have with a child or young person is an opportunity for healing and the more consistent we can be in those exchanges, the more we build a sense of safety in a relationship that has often been missing for the children and young people we work with and care for.
Integrating these two tenets goes a long way toward providing trauma informed responses that have a genuinely therapeutic outcome.

Trauma informed practice

Neurobiology of trauma & relationships

This is the fundamental aspect of trauma informed practice. It provides us with knowledge of how brains develop and what healthy brains need. All actions need to focus on being repetitive, rhythmical, routine and - most importantly – relationship based.

All brains are unique and each child/young person has unique and individual needs

Healing relationships

Relationship is central to trauma informed practice. Every relational exchange is an opportunity to understand the child and also to help them repair and recover from their traumatic experiences. Never underestimate the power of the connection you have with the young person.

Family and culture connections

Culture is a part of who we are long before we understand what culture is

Look for ways to incorporate the child's culture into the everyday

This links back to being repeated and relational, rather than one-off experiences

Ensure the child's family connections are maintained and privileged, including siblings and extended family

Importance of life story work

Child centred

Recognises critical time-frames in childhood and adolescence, including assisting children and young people as early as possible. Takes into account the developmental needs of children and young people in all interventions, providing children and young people with appropriate opportunities to participate in all aspects of child protection interventions which affect them. Promotes a a collaborative approach to the care and protection of children, including the strengthening of networks that are critical to their well being.

Trauma informed practice

Therapeutic assessment & plan for the child

Compiles the child's psychosocial history, providing detailed information about the child's trauma. Covers the child's development across several domains, including health, education, identity, behaviour, emotional and social presentation etc.
Analyses the impact of the trauma experiences on the child and their development and functioning. Clearly articulates the child's therapeutic needs and their therapeutic care plan.
Case management should incorporate a therapeutic focus

Staff training

Trauma training such as this one. Additional or specific training – e.g. sexualised behaviours, adolescence, life story work .

Care team and collaboration

Commitment to the child and holding them at the centre
Agreed roles and responsibilities
Clear communication, relationship building, honesty and trust among the team members
Planning and review
Supporting each other

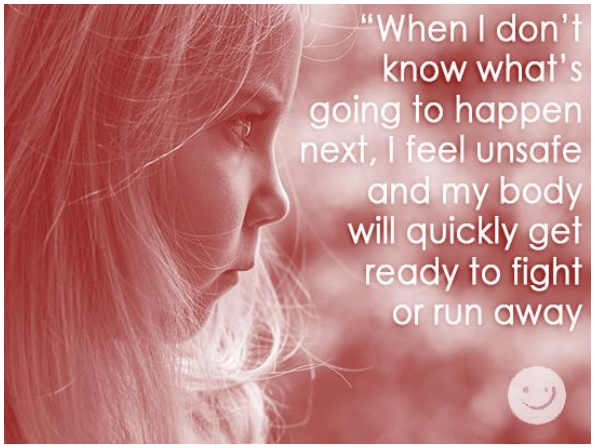
Images sourced from google web images

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'

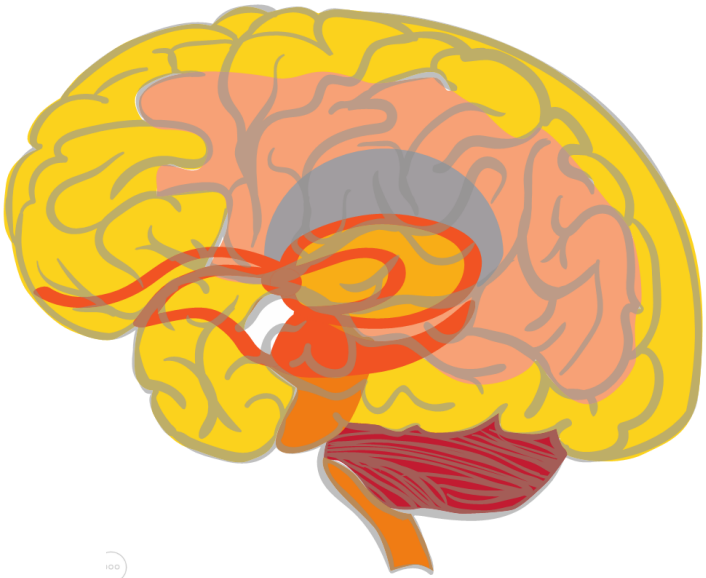


'Sometimes a particular smell, sensation, texture, light…or even a facial expression, movement or tone of voice that you use, acts like a trigger to instantly return my body to the traumatised state it was in at the time I was neglected or abused. I have no understanding of when or why or how that happens…it 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

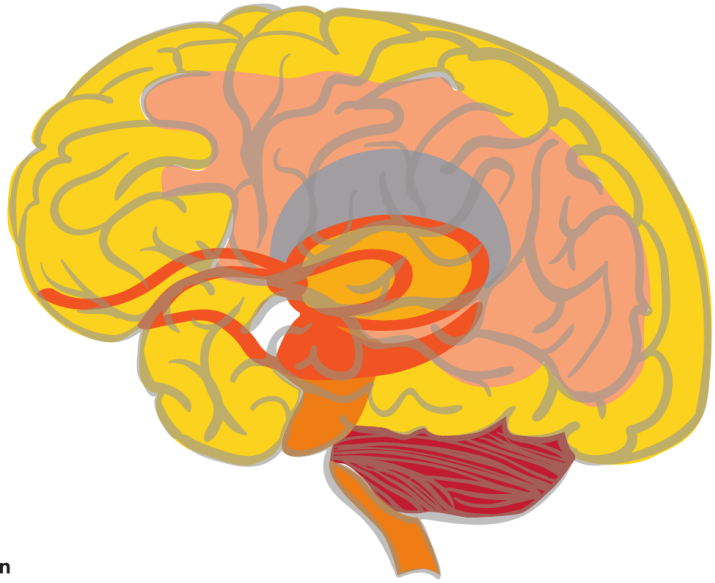


Cortex
Reasoning/judging centre
3–6 years

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

Limbic System
Emotional centre

Cerebellum
Motor centre

Brain Stem
Basic survival functions

Australian Childhood Foundation

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.

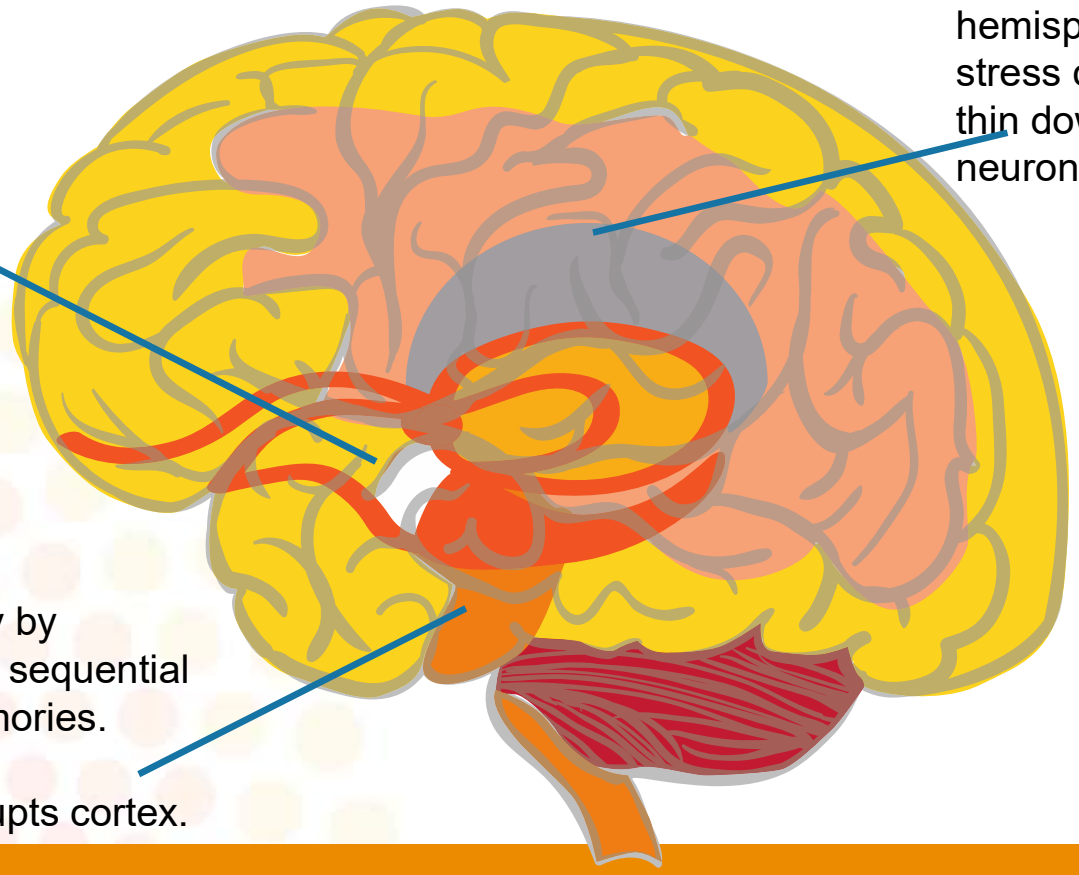
Where trauma affects the brain

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.

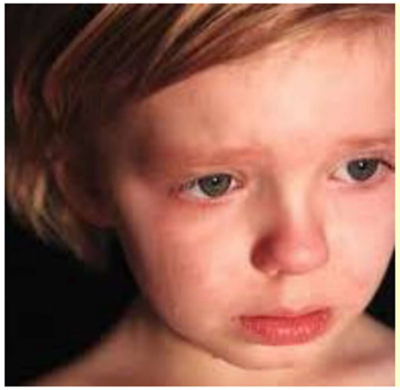


Corpus Callosum

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** 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
	**Mobilization** Fight or Flight Active Freeze Moderate to extreme danger	**Hyper arousal** * Increases heart rate * Sweat increases * Inhibits gastrointestinal function * Narrowing blood vessels- to slow blood flow to extremities * Release of adrenaline
	**Immobilization** Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	**Hypo- arousal** * Slows heart rate * Constricts bronchi * 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.

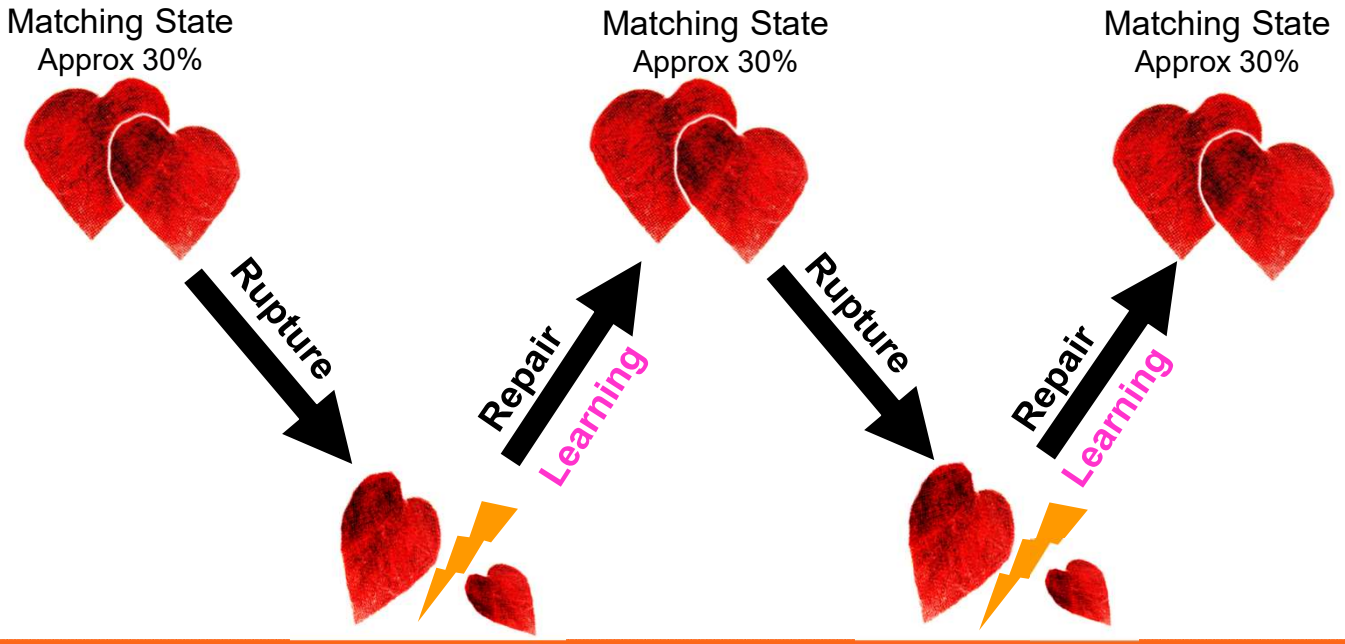
4. Children who present with no facial expression (the face has no muscle tone; the eyelids droop and gaze averts) will also highly likely have auditory hypersensitivities and difficulty regulating his or her bodily state… PVT suggests that the neural system that regulates both bodily state and the muscles 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)

Attunement, misattunement and repair

'good enough' parenting

(Ed Tronic)



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.

Handout 4.3

PACE - Dan Hughes

Playful

- ★ 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

- ★ 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

- ★ 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

- ★ 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

Australian Childhood Foundation

Australian Childhood Foundation

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)**

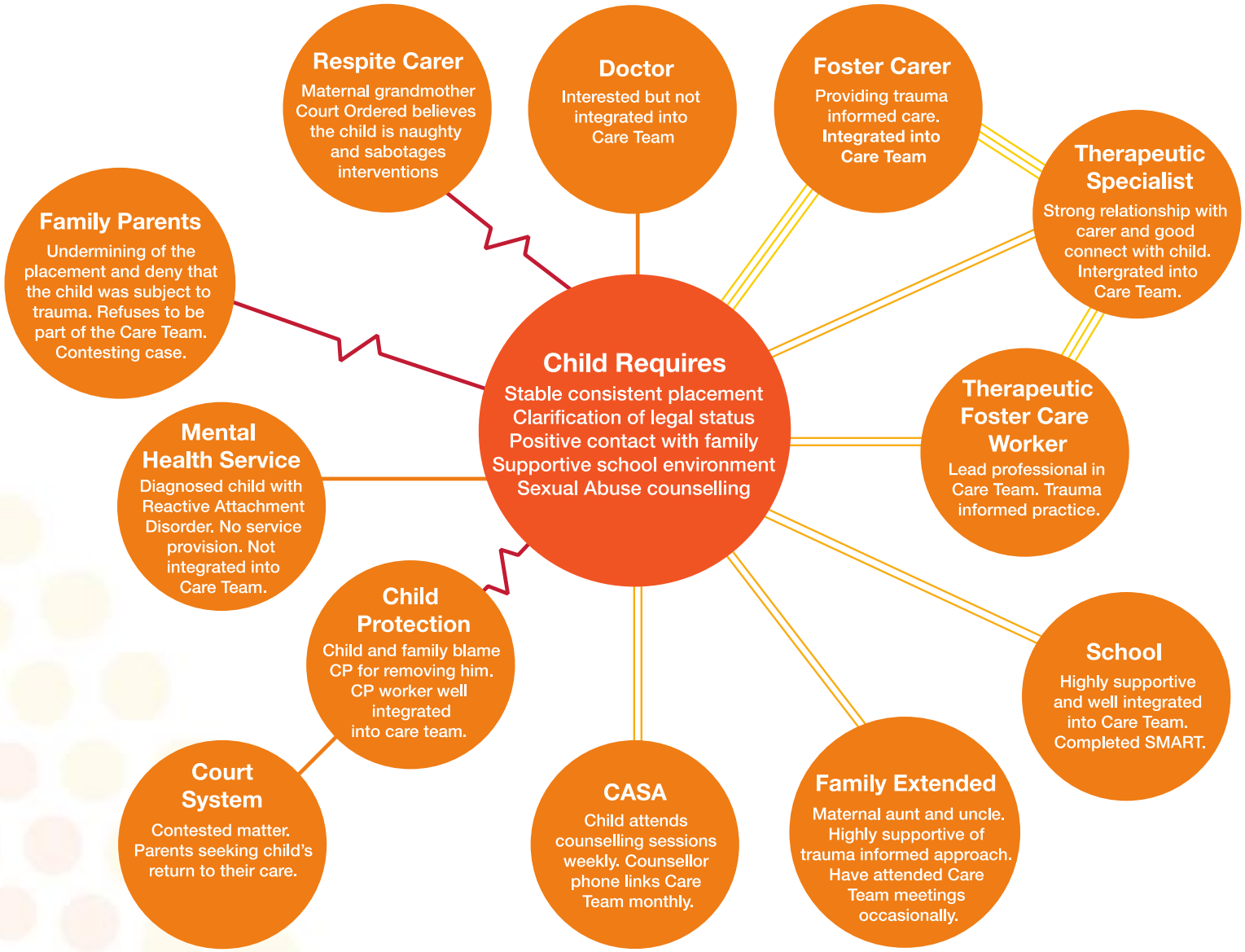
- I Wonder…
- I'm thinking you might be…. Is that right?
- Do you think it's because….?
- Why do you think….
- What was that like…..?
- Are there times when……?
- What happens when…..?
- I'm wondering if you night be feeling….?

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….

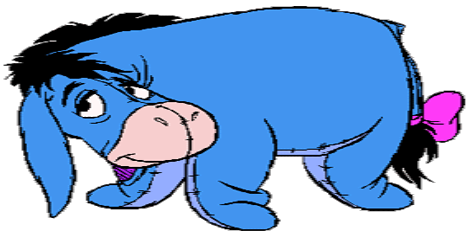
Mapping the system

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



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



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

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:

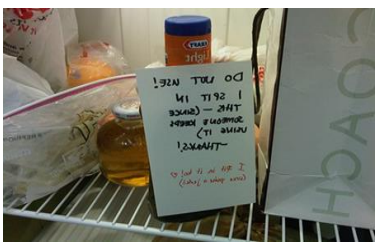
- Lack of experience, training and understanding of children who have experienced trauma.
- Working with children and families where concrete signs of success are few.
- Over-empathising with children and their family's experiences and not holding to strong boundaries.
- Not accessing supervision and 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



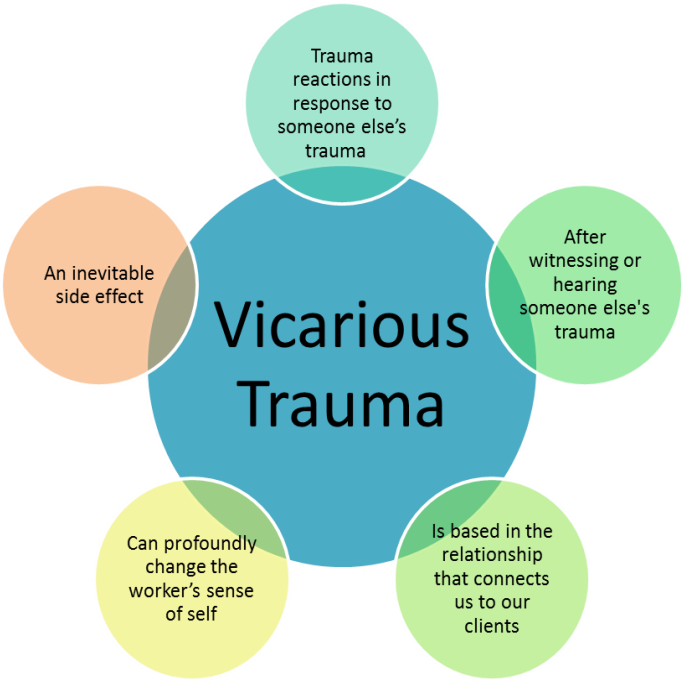
Organisational :

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

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