



**Safety and Understanding and Responding to Behaviour**

Golden Grove Primary School

March 9<sup>th</sup> 2021

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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.

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## Key learning outcomes

- Explore the Window of Tolerance as a framework to guide observation, reflection and action, and provide an understanding for arousal
- Reflect on strategies to support regulation and dysregulation
- Understand the feelings and needs behind behaviour
- Understand the concept of the neuroception of safety and how to create safety



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## Relationships shape our sense of self and safety



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# Neuroception and safety

“Before we can engage in social behaviour and learning we must first feel safe.”



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(Porges, 2015, p.115).



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# Polyvagal theory and protective responses

## Behavioural Functions

## Body Functions

by Stephen Porges

<p><b>Social Engagement</b> Soothing and calming Indicates safety</p>	<ul style="list-style-type: none"> <li>• Lowers or raises vocalisation pitch</li> <li>• Regulates middle ear muscles to perceive human voice</li> <li>• Changes facial expressivity</li> <li>• Head turning</li> <li>• Tears and eyelids</li> <li>• Slows or speeds heart rate</li> </ul>
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<p><b>Mobilisation</b> Fight or Flight Active Freeze Moderate or extreme danger</p>	<p><b>Hyper arousal</b></p> <ul style="list-style-type: none"> <li>• Increases heart rate</li> <li>• Sweat increases</li> <li>• Inhibits gastrointestinal function</li> <li>• Narrowing blood vessels - to slow blood flow to extremities</li> <li>• Release of adrenaline</li> </ul>
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<p><b>Immobilisation</b> Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations</p>	<p><b>Hypo - arousal</b></p> <ul style="list-style-type: none"> <li>• Slows heart rate</li> <li>• Constricts bronchi</li> <li>• Stimulates gastrointestinal function</li> </ul>
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(Porges, 2012)

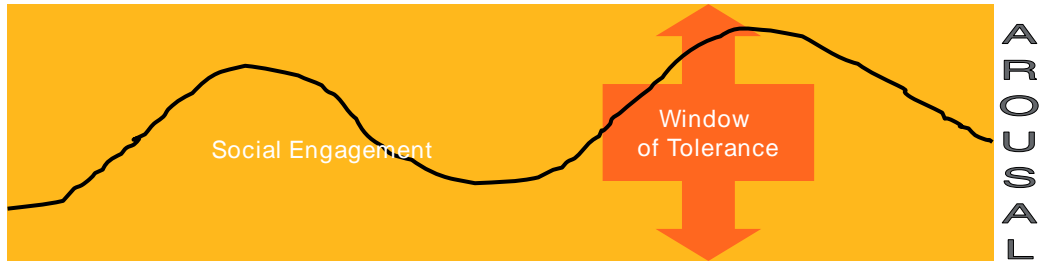


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# Regulated Arousal

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

Freeze Physically immobilized, frozen, tense musculature



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

Image source: ©ACF2021

Ogden, Minton, Pain 2006



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# Dys-regulated Arousal

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

Freeze Physically immobilized, frozen, tense musculature



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

Image source: ©ACF2021

Ogden, Minton, Pain 2006



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## My Line of the Day

**My Line of the Day**  
Image source: ©ACF2021

I had Coco Pops for breakfast

English was boring

Jake said hi to me after school

Jake texted me and mum bought us takeaway for tea

I didn't want to go to school today


I was still tired when my brother woke me up

My favourite teacher was away today

We had a great game of basketball and my team won

If you had to draw your day with one continuous line, how would you draw it?

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## Strategies - MOBILISED responses - *Fight*

### What it might look like

- angry, aggressive, irritable
- confrontational, controlling, shouting
- blaming others, pushing others away, argumentative

### Supportive responses/strategies

- Help me stabilise my hyper-aroused nervous system
- Rhythm, containing and grounding
- Match my energy before helping me calm down
- Hanging, swinging, climbing, marching
- Stomping, jumping on the spot, drumming

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## Strategies - MOBILISED responses - *Flight*

### What it might look like

- Anxious, silly, manic
- Running away, hiding, disruptive
- Difficulty with free play, silly voices, distracting

### Supportive responses

- Be kind and patient when “finding” or collecting me
- Offer me an easy task/chore to do
- Help me settle my body – weighted blankets, heat packs
- Engage senses
- Encourage me to hang/swing/carry something heavy



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## Strategies MOBILISED responses – *Freeze*

### What it might look like

- Arousal is high, but movement is inhibited
- May look confused or distracted
- Scanning the room, dilated pupils, wide eyes

### Supportive responses/strategies

- Be curious about the freeze state- places that are less frozen than others?
- Gently facilitate movement eg. Wiggling one finger
- Play with metaphors like thawing ice
- Encourage breathing
- Engage senses



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## Strategies - IMMOBILISED responses - *Submit*

### What it might look like

- low, sad, flat mood
- quiet, compliant
- alone, withdrawn

### Supportive responses

- Orienting to the space/grounding exercises
- Orienting the senses
- Alignment- engaging the spine



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## Understanding behaviour

- What is the behaviour telling me?
- What might have triggered this behaviour?
- How does this behaviour serve to protect the child/young person and help him/her survive?
- What is the impact on me?



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# Trauma organised behaviour

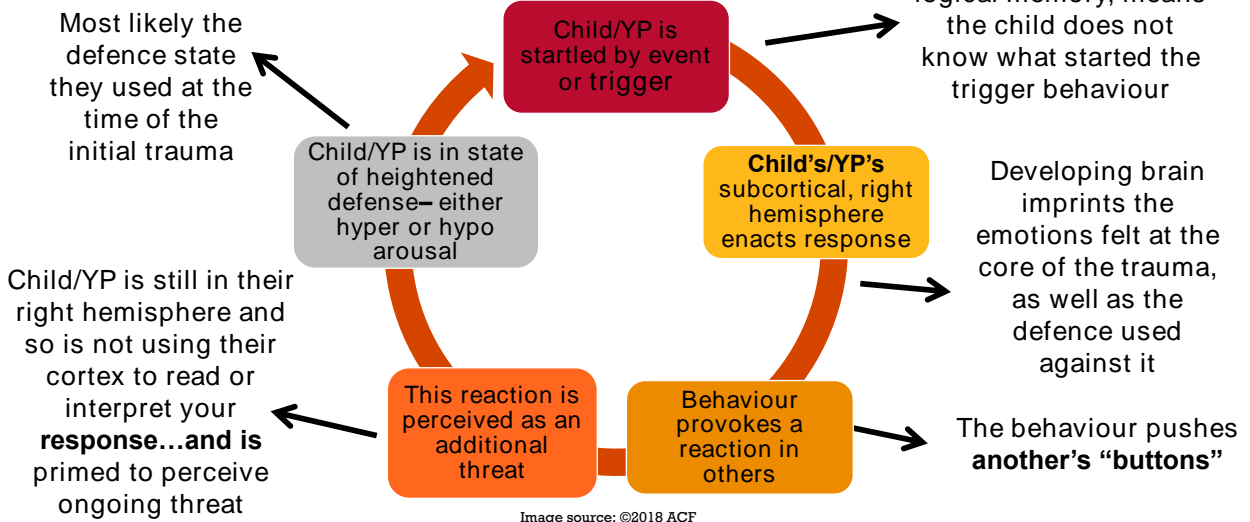


Image source: ©2018 ACF



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# Understanding the Feelings and Needs beneath the Behaviour



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## Group activity – behaviour

Observed behaviour	Assumed Meaning (how we might interpret the behaviour)	Possibly underlying cause/need (needs might include: safety, calm, connection/engaging)
Eg refuses to make eye contact when spoken to, despite being asked several times to look at the teacher	<ul style="list-style-type: none"> <li>▪ Defiance</li> <li>▪ Wants to assert dominance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Physiological response to feelings of unsafety – their body won't allow them to make eye contact (NEED – safety)</li> <li>▪ Student has withdrawn and cannot hear/process instructions (NEED – connection/engaging)</li> </ul>

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## Strategies for keeping students in their WOT.

- Breath based activities
- Grounding activities
- Movement & Regulation activities
- Use of self



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## Creating an environment of SAFETY

**Physical environment:** Consider sensory factors – what promotes calm? What might trigger defensive/threat response?

**“Human” environment** How do we use our voice, face and bodies to communicate safety? Do our interactions with students embody empathy and acceptance? Do our relationships prioritise predictability and consistency?



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## What might safety look like in practice?

Safety is connected to predictability (Porges, 2012)

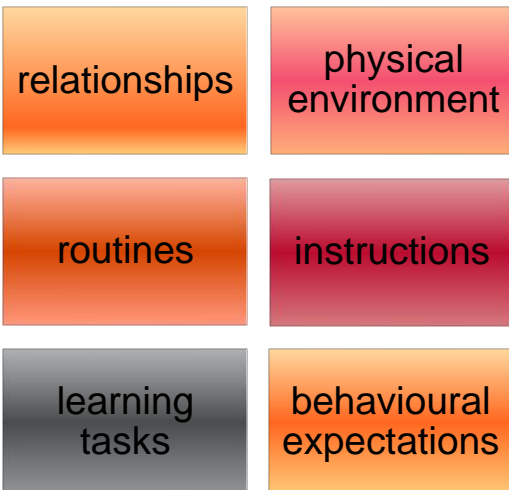


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# My Safety Map

Who helps me feel the safest?

When have I felt the safest in my life?

What objects/things help me feel safest

Where do I feel the safest now?

Where have I felt the safest in my life?

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# Creating Safety – the environment and use of self

Creating safety – supporting the social engagement system	
	<p><b>Environment</b></p> <p>A safe environment is paramount. Consider physical, emotional and cultural safety. Is the environment free from violence and abuse, responsive to physical and emotional needs and inclusive of cultural needs. Also ensure the environment considers the sensory needs of the child. Spaces that have too much stimulation - loud noises, bright lights, strong smells or too many pictures on the walls can be overwhelming for children experiencing trauma. Understanding the child's individual needs and providing enough sensory stimulation for growth but not too much so that the child is overwhelmed is the key. Remember safety is an individual experience. What seems safe for one person may not be for another.</p>
	<p><b>Proximity</b></p> <p>Consider the child's need for closeness or space. Each child is different. Take into account the context, your relationship and the developmental age of the child. Being attuned to the child will help you to navigate what the child needs. If a child is dysregulated always remain within the line of sight of the child, unless your safety or the safety of others is at risk. Remember time in rather than time out. Any direct contact with the child should be initiated by the child.</p>
	<p><b>Eye contact</b></p> <p>Eye contact is an important aspect of social engagement and enables feelings of connectedness and validation. Eye contact can be threatening though to a child who has experienced trauma as their social engagement system is usually on high alert. Consider ways to engage with the child using minimal eye contact. Chattering while driving along in the car, creating art or shooting hoops is a great way to engage the child in conversation and is less threatening than sitting face to face. Remember, each child is different so be guided by the child.</p>
	<p><b>Facial expressions</b></p> <p>Children who have experienced trauma can often have trouble reading facial expressions and will often interpret expressions as anger or disappointment. Be aware of your facial expressions when engaging with the child. Aim for contingent facial expressions that look to mirror the child's inner experience – this conveys empathy and helps the child to understand themselves and feel heard. When the child is regulated, look for opportunities to assist the child to develop emotional literacy by using cards/games that match faces to feelings.</p>
	<p><b>Tone of voice</b></p> <p>Prosody is the rhythm, pitch and tone of the voice, like when a mother alters her voice to soothe her baby. Tone of voice can have a powerful impact on a child's sense of safety. In situations where a child is dysregulated, consider the tone and pitch of your voice. A soft and gentle voice is more likely to deescalate an overwhelmed child.</p>
	<p><b>Posture and gestures</b></p> <p>Consider your posture and gestures. How you approach the child will determine how safe or unsafe they may feel. If your posture is puffed up with your shoulders back, the child may read you as defensive and primed to fight. A posture that is strong, yet open and welcoming will help to calm the child. The child's implicit memory system may interpret certain postures or gestures as threatening, so stay attuned to the child and again be guided by them. Mirroring (whilst staying within your window of tolerance) is also important. Mirroring can convey empathy and a sense of feeling heard and this will help with coregulation.</p>

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# Holding Hope



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What are your hopes for the children/yp you work with?

What are your hopes for your school?



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# Thank you for your participation!

We appreciate your feedback!



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