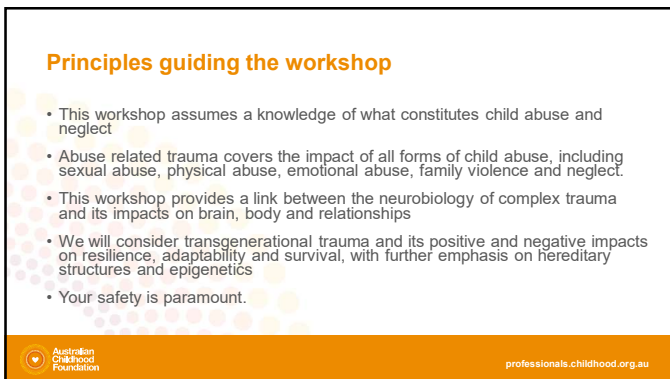




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Learning outcomes

- Strengthen your understanding of the broad issues vulnerable children face within the context of culture, relationship, environment and experience.
- Explore the difficulties in engaging and re-engaging marginalised parents and carers who have also experienced complex trauma and explore the long-term implications of their experiences.
- Build your understanding of intergenerational trauma, trans-generational trauma, the science of epigenetics and its impact on our understanding of family functioning and the developing child
- Take practical skills and strategies that help facilitate trauma recovery for children and families
- Identify strategies for recovery and healing.

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What are the pressures on Australian Families?

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Who are Australia's Vulnerable Families?

1 in 9 families with children are jobless (2019, AIHW)

In 2017-2018 Almost 53% of low income renters are experiencing 'rental stress' due to spending more than 30% of their household income on rent (ABS).

In the same period more than 123,000 Australian families reported to homeless services that they do not have a safe place to call home and sought assistance for:

- Issues of mental health, medical issues, and or problematic substance abuse (22%).
- 53.4 % sighted interpersonal and relationship issues (72% of these reports lead to identification of domestic and family violence).

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Australia's vulnerable children

In the past decade there has been a 50 % increase in substantial reports of child abuse and neglect.

Aboriginal and Torres Strait Islander Children are:

- 10x more likely to be removed from their families
- Chronically over represented in youth justice detention (24 x in 2017) .



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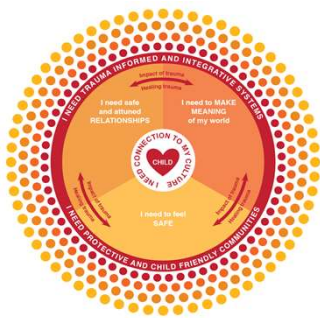
Marginalised Families

- People who are marginalised have relatively little control over their lives and the resources available to them; they may become stigmatised and are often at the receiving end of negative public attitudes. (Kagan and Burton)
- Marginalised families are receiving little support in their family and parenting roles either from personal support networks or from community-based support services
- There is growing concern for those seeking asylum and refugee status in Australia. Strict visa conditions and slow processing times hinder access to necessities such as medicare, women's shelters etc (2018 refugee council).



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Child Serving Systems

- All involved with child contribute to healing for child
- They restore sense of safety and control to child
- Creating a team around the child



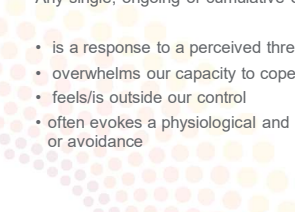
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Defining trauma

Any single, ongoing or cumulative experience which:

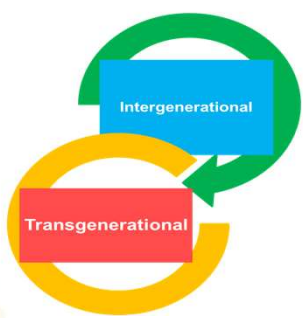
- is a response to a perceived threat, usually to survival
- overwhelms our capacity to cope
- feels/is outside our control
- often evokes a physiological and psychological set of responses based on fear or avoidance



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Types of trauma



A diagram illustrating two types of trauma. A blue box labeled 'Intergenerational' is connected to a red box labeled 'Transgenerational' by two circular arrows. One arrow is green and points from the blue box to the red box, while the other is yellow and points from the red box back to the blue box, forming a cycle. The background features a pattern of yellow and orange dots.

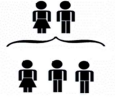
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Intergenerational Trauma

- The prefix 'inter' is from the Latin meaning between, or among, together or mutually together

- Inter-generational trauma is passed down directly from one generation to the next



- Inter-generational trauma occurs directly through experiencing the trauma or from seeing or hearing about it

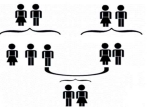
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Transgenerational trauma

- The prefix 'trans' is from the Latin word meaning across or crossing, through, beyond or on the other side

- Trans-generational trauma is transmitted across a number of generations



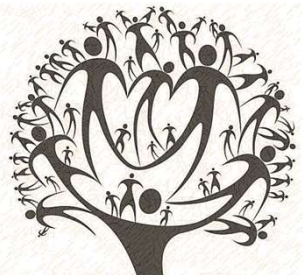
"This type of trauma occurs without direct stimulus but is instead transmitted from a parent who has experienced a traumatic event"
(Davidson & Mellor 2001 as cited in Goodman, West & Cirecie, 2008)

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Transgenerational trauma

- Trans-generational transmissions are not spoken about
- They can be secrets; unspoken, kept quiet, hidden events which are sometimes banned even from thought – sometimes unthinkable. They can inhabit a descendant following a traumatic experience.



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Transgenerational trauma

- Sometimes they can be connected with unjust events
- They are often passed down from generation-to-generation without being thought about or assimilated, sometimes through parenting styles, parental mental health, culturally, spiritually



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Culture is part of development

- Our culture influences our brain development
- Our relationships influence our culture and our culture influences our relationships
- Sensory data is interpreted according to our culture long before our ability to think about and understand our culture



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Transgenerational transmission and cultural impacts:

Duran and Duran (1995) suggest:

“...that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes ‘normalised’ within that culture.”

Atkinson, J., Trauma Trails :Recreating Song Lines, 2002

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Culture and Transgenerational Trauma



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Trauma in populations

- deep mistrust of self, others, even within family
- self-directed violence-suicide, risk-taking behaviour;
- substance misuse; unremitting grief; shame and humiliation
- intergenerational conflict; violence against women; role diffusion, including sexual abuse and other boundary violations
- cultural genocide, losing traditional values, desecrating land and institutions;
- A leadership crisis; a conspiracy of silence - an overall attitude of secrecy.

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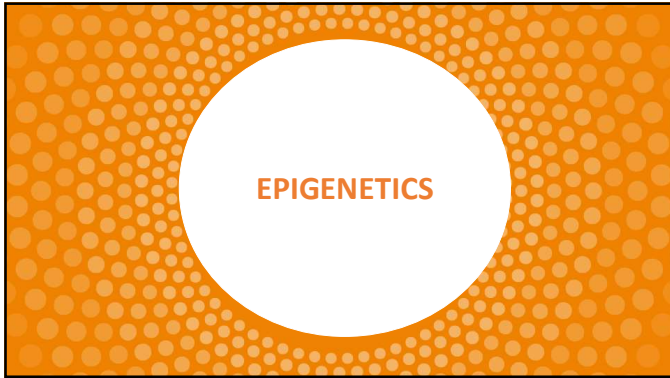
Trauma across the lifespan

Van der Kolk (2007) argued that childhood trauma was probably "today's single most important public health challenge" and that it can be linked to:

- Ongoing physical health problems
- Intra- and inter-generational transference of negative attitudes
- Troubled behaviour
- Transference of historical trauma across family and communal systems
- More likely to stay in the criminal justice system

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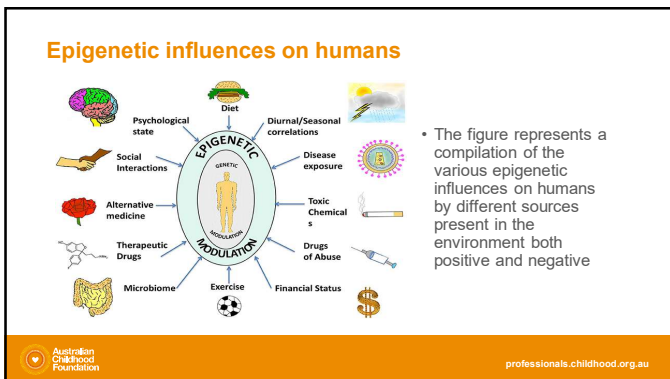
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Toxic stress



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Epigenetics



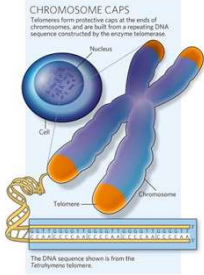
- Stress can have life changing and influential affects on our genetic make- up and this can actually be passed on to subsequent generations
- Chronic stress can alter our genome and bequeath to our offspring a heightened susceptibility to stress-related disorders, even in the absence of trauma in their own lives

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Telomeres

- Caps at the end of DNA, holding it together
- Telomeres shorten as we age
- Those born in families with trans-generational trauma have been shown in studies to have shorted telomeres from birth.



CHROMOSOME CAPS
Telomeres form protective caps at the ends of chromosomes, and are built from a repeating DNA sequence contributed by the enzymes telomerase.

The DNA sequence shown is from the Tetrahymena telomeres.

This photo by Unknown-Author is licensed under CC BY-NC-ND

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Adverse Childhood Experiences

How ACEs Influence Health

Source: Centers for Disease Control and Prevention

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EPIGENETIC MARKERS ARE NOT FIXED

- Never fear TRAUMA RESPONSIVE PRACTICE IS HERE!!
- Whilst Epigenetics' teaches us that we are impacted by the negative experiences of our previous generations, we are equally shaped by the positive!
- Our ongoing experiences within our relationship with our environment, others and self continue to shape our gene expression for the generations to come.

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Epigenetics

Epigenetic changes are designed to help the individual adapt to environmental change

What does this mean in relation to the behaviours we see in the children of traumatised parents?

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Brain Development and the impact of trauma





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Brain development

- The brain develops through a mix of genetics and environmental factors.
- Key to this development are relationships
- The brain develops sequentially from the bottom up

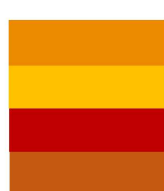



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Sequential brain development – building blocks



- The Thinking brain
3-5 Years
- The Emotions and Memory Brain - Birth to 4 years
- The Movement Brain
Birth – 2 years
- The survival brain
Pre birth to 8 months




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Brainstem - basic life functions

- Basic life functions
- First part of our brain to develop
- This is the most developed brain part at birth
- Responsible for our heart beat, breathing, sucking, temperature control, blood pressure




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Cerebellum- movement and balance

- Helps us to know where our body is in space
- Helps us with our posture and balance
- Helps us not to fall over and to control our movements
- Has its own connective pathways between the 2 halves- cerebellar vermis

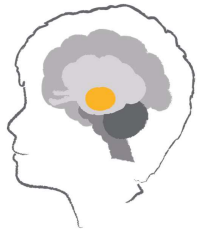


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Diencephalon - sorting & sending centre

- This area of the brain develops mainly after birth
- It sorts out messages coming into the brain and sends them
- It uses hormones to send signals to body
- Hormonal signals tell your body what it needs, eg. food, water, love




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Limbic lobe- emotional gateway

- The part of the brain that helps us attach an emotion to an experience or memory
- This part of the brain is particularly involved with the emotions of fear and anger
- Also heavily involved in attachment processes
- This area develops mainly after birth




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Cerebral cortex- complex thinking

- The largest part of the brain
- Associated with higher brain function such as thought and action
- Examples of functions:
 - Reasoning
 - Logic
 - Judgement
 - Voluntary movement




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The prefrontal cortex- executive function

- Responsible for executive functions, such as judgement, reasoning, and self awareness
- Final part of the brain to reach maturity in one's mid 20s
- Under reconstruction in adolescents from the age of approximately 12 years



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The Parental Approach System: the role of hormones

oestrogen
prolactin
oxytocin

hypothalamus

self-defence system calmed

reward system sensitised

• Our changing hormones talk to our hypothalamus which sends messages to other parts of our brain and our body to help us parent.

Dan Hughes

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Dopamine and Serotonin

- A neurotransmitter - plays a big part in **motivation and reward**
- 'Feel good' hormone – nearly all pleasurable experiences come from a release of dopamine – eating, sex, etc

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Hemispheric integration

Left Hemisphere

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

Right Hemisphere

- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity
- Is mute
- Grasps the whole


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Neuroplasticity


- **Neuroplasticity:** The brain's ability to reorganize itself by forming new neural connections throughout life. Neuroplasticity allows the neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment

<http://www.medterms.com/script/main/art.asp?articlekey=40362>



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The 5 Parenting Systems

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Relationships are key

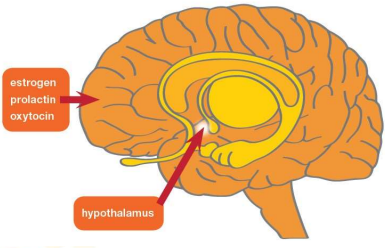
- Relationships are the key way we learn to engage with the world around us
- They are key to our survival, throughout the lifespan
- The quality of relational right – brain to right brain interactions in childhood influence our development in all areas of life



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The Parental Approach System



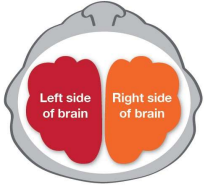
A diagram of a human brain in profile, showing the hypothalamus and associated hormones: estrogen, prolactin, and oxytocin.

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Early Adversity impacts on our Parenting ability

- The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach. If we begin life exposed to insensitive care giving our right brained harm avoidance system is likely to be used a lot. Instead of feeling protected and connected with our caregiver, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



A diagram of a brain from a top-down perspective, with the left side colored red and the right side colored orange.

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The Parental Reward System

1. We become a parent which generates hormones that talk to our hypothalamus.

2. Our hypothalamus releases oxytocin (the love hormone) which activates the reward system.

3. The reward system works by this area sending dopamine to the orbitofrontal cortex and the nucleus accumbens.

Orbitofrontal cortex plays a key role in processing rewarding experiences and helps us create positive parenting memories.

When the Nucleus accumbens is activated we become highly motivated to approach things that have led to reward in the past. It can become activated responding to expectations of positive interactions with our child.

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Parental child reading System

Facial Expression
Tone of Voice
Body Language
Gestures

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Activity

- How would you describe yourself as a child?
- How would describe yourself as an adult?
- Consider what influences your understanding of "who you are"


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The Parental Meaning Making System

Well-Connected Brain
Utilizing the front part of the brain



Stressed out Brain
Utilizing the more primitive middle region of the brain

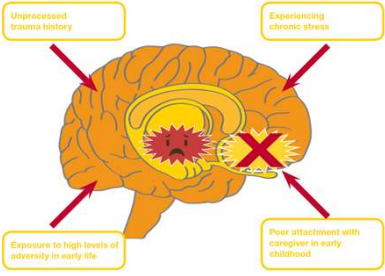


Open Flexible and Adaptive Closed and Rigid

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The Blocked Executive Parenting System



Unprocessed trauma history Experiencing chronic stress


Exposure to high levels of adversity in early life Poor attachment with caregiver in early childhood

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Legacy of trauma

- Trauma is re-enacted in the relationship with the infant/child
- Unresolved parental attachment trauma is reflected in the handling and care of the infant
- Trauma disrupts emotional interaction and regulation
- Attachment relationship is impaired



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Risk assessment framework – assessing the child-parent relationship




Child-parent relationship

Child




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Assessing the child-parent relationship

- Reviewing relationship as critical to survival
- Thinking about trauma and its impacts for parents
- Parent/carer self-narrative
- Protective factors in relationship



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Parent narrative

Dan Siegel's notion of a coherent autobiographical narrative – who am I as a parent?

This is influenced by the parent's own childhood history:

- abuse history
- experiences of being parented and the relationship history between the parent's parents
- strengths and challenges
- genetically determined developmental disorders




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EARLY TRAUMA AND TRAUMA OF THE MOTHER

- Conception, pregnancy, birth and bonding processes after birth can become a trauma for the mother and the child, when the mother is already traumatized
- Pregnancy and birth can trigger the mother's own childhood trauma
- Sexual violence experiences of the mother can be triggered through the birth process and at the sight of the infant



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Exploring the parent-child relationship
Thinking about parental functioning

- Current parenting capacity, discipline practices (including consistency) mental health, drug and alcohol use, intellectual functioning, health status, current relationships
- Tolerance and understanding of the child's emotional and behavioural needs and capacity to meet these needs
- Beliefs about the child
- Understanding of the impact of trauma
- Capacity to provide an environment that is emotionally nurturing and responsive to the needs of the child by considering resources and restraints

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Protective factors in relationship

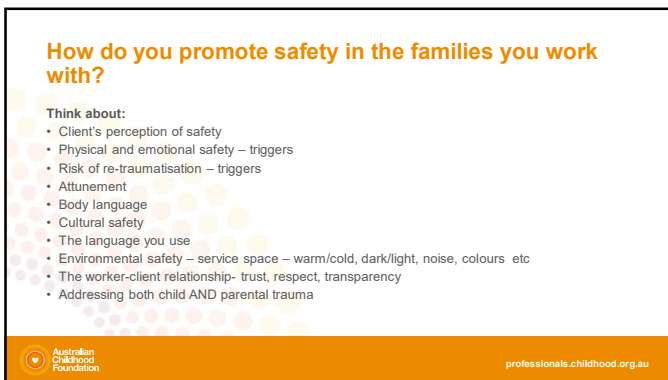
- Coherent autobiographical narrative
- Attunement capacity and demonstration
- Emotional responding and regulation
- Capacity to manage parent's own responses

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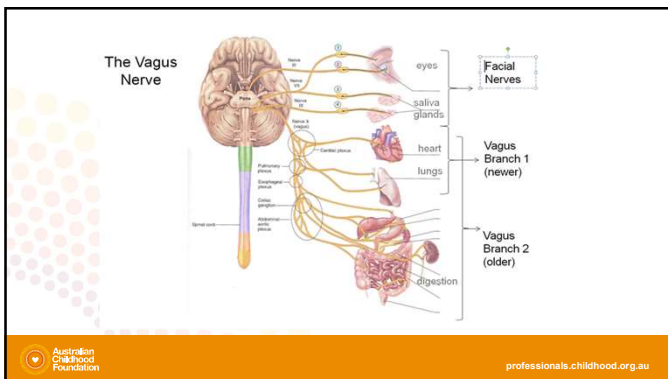
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Behavioural Functions	Body Functions
 <p>Social Engagement Soothing and calming Indicates safety</p>	<ul style="list-style-type: none"> * Lowers or raises vocalization pitch * Regulates middle ear muscles to perceive human voice * Changes facial expressivity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

Evolution ↑

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Mobilisation to social engagement

Strategies to help clients calm themselves:

- **Prosody** – gentle calm voice (*brainstem/limbic*)
- **Facial expressions** – (*vagus nerve/ ANS*)
- **Body language** – (*vagus nerve/ANS/right brain*)
- **Offer a glass of water**, cup of tea (*brainstem*)
- **Breathing** 5-2-7 breath work (*brainstem, limbic*)

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Mobilisation to social engagement

- **Listen and validate feelings** (*limbic/cortex*)
- **Hold space** (when safe)
- **Check in** with your own emotions/triggers (*right brain to right brain, co-regulation*)
- **Empathy** (*limbic/cortex*)
- **Connection** relating (*limbic/cortex*)
- **Draw on strengths** (*limbic/cortex*)
- **Humour** (*limbic/cortex*)
- **Unconditional positive regard** (*right brain/limbic/cortex*)

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Trauma informed approaches


- Understanding **trauma and its impact**
- Promoting **safety**
- Ensuring **cultural competence**
- Healing happens in **relationships**
- Having a sense of control/power in **decision making – having a voice**
- **Integrating** care (collaboration)
- Belief in **hope based recovery**
- **Empowerment/** strength based
- Understanding trauma in the context of **child development**
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)

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Why trauma informed practice with families is important

- Families we work with have experienced both current, historical and generational trauma
- Trauma impacts how people access services
- Responses to trauma are adaptive – behaviours reflected in clients can be seen as 'antisocial' or 'maladaptive' so requires a trauma lens
- Trauma survivors require specific, tailored interventions that minimise re-traumatisation and understand individual needs and responses to trauma




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Trauma informed practice with families

Safety is paramount!
Any trauma informed work with families must ensure that **safety is established**

- Family assessments - risk
- Understanding the family context, history, culture, presenting issues
- Minimising re-traumatisation
- Relationship building – unconditional positive regard, respect, empathy



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Trauma Responsive Practice

- Ongoing **observation and assessment** of the child and the relationship with their parents/carers
- Goals and interventions focused on **attunement with the child**
- Understanding and **acknowledging their unique trauma experiences** provides opportunities for healing that come from the child's story – not somebody else's interpretation or version of it
- In the healing environment, **relationship and provision of consistency and predictability are the focus** to help create safety and security, which enables consolidation of healing

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Trauma Responsive Practice acknowledges:

- **Children can be reliable informants** when their experience of trauma is recognised and processed
- Healing can be achieved when children and parents are **supported to share their meaning and understanding** of how they are living with the currency or aftermath of their trauma in their own time
- Co-operation occurs when they **have some control over the decisions that affect them**, when it is safe to do so – risk and safety factors are always paramount

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Repairing interpersonal relationships

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Activity

Trauma Responsive Practice with Families

My Relationship: How am I feeling about my relationship with my family?

My Body: What am I feeling? What does my body need from me?

Safety: What am I feeling? What is supporting my sense of safety?

Thoughts: []

Things I want to focus on: []

Helpful thoughts: []

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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

Sympathetic Hyper-arousal

Window of Tolerance

Parasympathetic Hypo-arousal

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

Social Engagement

AROUSAL

Australian Childhood Foundation | Ogden, Minton | professionals.childhood.org.au

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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

Sympathetic Hyper-arousal

Window of Tolerance

Parasympathetic Hypo-arousal

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

AROUSAL

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Interpersonal Regulation

- When people are in relationship, the ability of one to regulate him/herself, affects the other's ability to regulate
- The child's arousal shapes, are shaped by, calming and engaging relationships

Child's movement in her/his window of tolerance

Movement in my window of tolerance

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PACE

Playfulness
Acceptance
Curiosity
Empathy

Playfulness

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Acceptance

Accepting the child's experience as their unique experience provides a foundation of safety and strengthens the relationship.

You can accept the child's experience/feelings whilst putting a boundary around the behaviour.


If PACE is used as a technique to change behaviour, then Acceptance is reduced!

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Curiosity

This is the search for alternative stories about events, conversations and actions. Children usually have a 'good reason' for everything they do – EG: child drawing on walls in bedroom




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Empathy

- Empathizing with our children takes many forms, including tuning in to their physical and emotional needs, understanding and respecting their individual personalities, taking a genuine interest in their lives, and guiding them toward activities that reflect an understanding of the kind of people they are and the things they enjoy.



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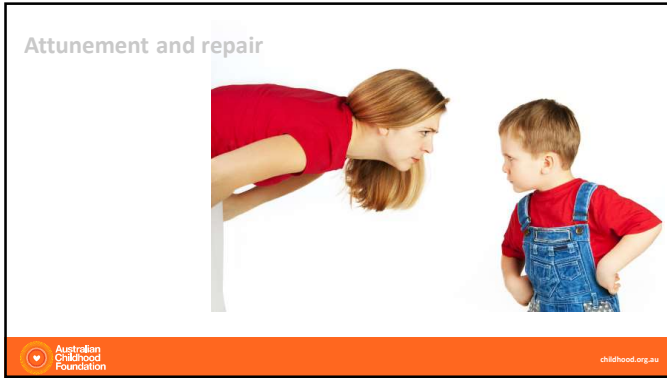
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Helping caregiver and child to repair their relationship

- **Empathise** with how difficult it may be for both parents & infant/child.
- **Encourage/promote** consistent, sensitive, responsive, attuned, caregiving and replicate this in the therapeutic relationship.
- The therapeutic relationship needs to **mimic secure attachment** characteristics including:
 - ✓ worker provides consistency, reliability, attunement, reflective capacity,
 - ✓ containment by worker (ability of the worker to tolerate the intolerable feelings/thoughts of the parent(s) and/or child and not pass judgement on these feelings/thoughts).

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Helping caregiver and child to repair their relationship

- **Explore** what is getting in the way of parent providing this consistent, sensitive, responsive, attuned, caregiving
- Help parents to **identify arousal states** in their child and explore what's underneath the behaviour
- **Respectfully challenge** the parent about punitive or authoritarian approaches – explore the impact that this style of parenting had on them
- Help families to create **new ways of relating** through:
 - ✓ play, and
 - ✓ exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.

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Moving from Shame to Guilt

<p>Shame</p> <p>Global negative sense of self</p> <p>Generally more painful</p> <p>Shrinking, feel small, worthless</p> <p>Self impaired by global devaluation</p> <p>Concerned by others evaluation of self</p> <p>Desire to hide, escape, strike back</p>		<p>Guilt</p> <p>Condemn specific behaviour</p> <p>Generally less painful</p> <p>Tension, remorse, regret</p> <p>Unimpaired by global devaluation</p> <p>Concerned with one's effect on others</p> <p>Desire to confess, apologise or repair</p>
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Managing parents/caregiver responses

"A coherent life story is one in which the adult has made sense of his or her own childhood experience, and has insights into how that past has influenced his development as an adult and as a parent" (Siegel 2006)

- To enable a parent to provide a child with reparative experiences they need to have a coherent life story - self narrative
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attuned to them and healed in relationship

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Managing parents/caregiver responses

- Parents need assistance to make sense of their life experience through a supportive, empathic emotional relationship which encourages authenticity, nurturing and direct communication
- Often, accessing internal recollections can enable a parent to become part of a larger narrative of their life. This is not always comfortable but can assist in discovering new possibilities.....

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Building strength and belonging through story

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Develop family traditions or rituals

- Developing our own family traditions that help strengthen our family identity
- Helps to anchor child – provides a sense of belonging and hope
- Provides parents with opportunities to connect with their children and involve them in activities




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Story telling

- Making meaning of their life
- Speaking their truth
- Relatedness and connection through sharing of stories
- Witnessing
- Finding the positives in difficult stories
- Mourning loss
- Reconstruct memories
- Shared sense of identity and belonging




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Family/child storybook

- Helping parents to create a story with their child about their life?
- Sharing memories through old photos or creating new ones if there aren't many
- Strength based
- Connects child with their identity
- Helps to remind the parent of the child's unique qualities/specialness



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Help families to explore their history

- The more that we know about our history, the greater choice we have about how we respond to stressful life events and triggering parenting moments.
- Take the time to reflect on the influences and experiences you bring from your past.



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Help families to explore their history

- Taking time to reflect on the generations before you (both those living and deceased) including their hardships and accomplishments.
- Making a family tree and researching your roots.
- Framing and making visible photos of your ancestors.
- Taking a moment of gratitude for those that provide the foundations of your life today.



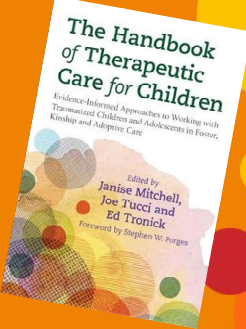
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Family tree



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A valuable resource
Includes chapters from:
Martin Teicher
Ed Tronick
Allan Shore
Bruce Perry
Dan Hughes & Jon Baylin
Kim Golding
Cathy Malchiodi
Joe Tucci
Janise Mitchell
Glenda Kickett
Noel Macnamara



The Handbook of Therapeutic Care for Children
Evidence-Informed Approaches to Working with Traumatized Children and Adolescents in Foster, Kinship and Adoptive Care
Edited by Janise Mitchell, Joe Tucci and Ed Tronick
Foreworded by Stephen W. Porges

