

Understanding and Exploring Trauma Responsive Practice in the Early Years
Penrith Council

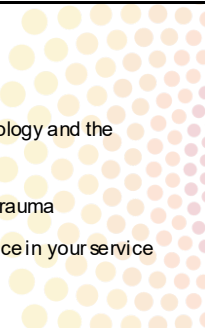




The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and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



Session goals

- Understanding the basics of neurobiology and the impacts of developmental trauma
- How to support children effected by trauma
- Implementing trauma informed practice in your service

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BRAIN DEVELOPMENT

and the impacts of trauma





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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Neuronal connections

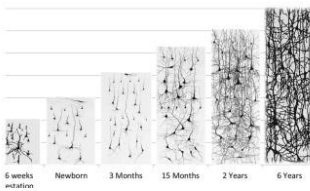
- The neural system has the ability for one neuron to communicate with up to 10,000 other neurons
- The newborn brain has approximately 100 billion neurons



The diagram shows a cross-section of a brain. On the left, labeled 'Birth', the brain is filled with a dense network of red neurons and their connections. On the right, labeled '6 Years', the network is even denser, with more complex and interconnected pathways.

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Neuronal development

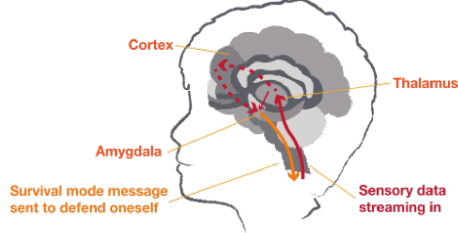


The diagram shows a series of six panels illustrating the progression of neuronal development. From left to right: 6 weeks gestation (a few scattered neurons), Newborn (increasing number of neurons), 3 Months (more interconnected neurons), 15 Months (dense network), 2 Years (very dense network), and 6 Years (extremely dense and complex network).

- Rapid growth occurs from birth to 6 years
- **Critical period** of development
- Healthy neuronal development occurs through **relationships, regulation, repetition**

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Sensory information response sequence



The diagram shows a profile of a human head with the brain highlighted. Red arrows indicate the flow of sensory information from the bottom (sensory data streaming in) through the Thalamus and Amygdala to the Cortex. A label 'Survival mode message sent to defend oneself' points to the Amygdala.


Cortex
Thalamus
Amygdala
Survival mode message sent to defend oneself
Sensory data streaming in

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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

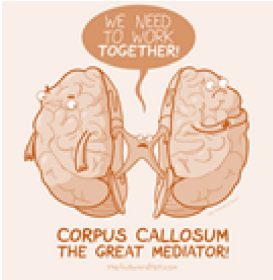


Right Hemisphere

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

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Corpus Callosum



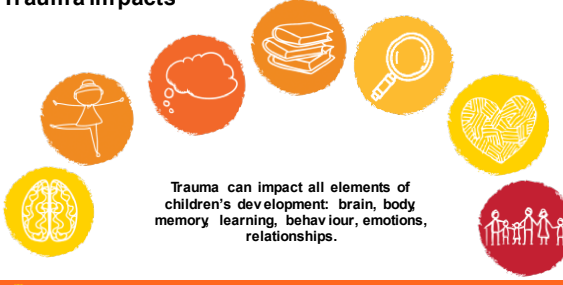
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Lateral Brain development



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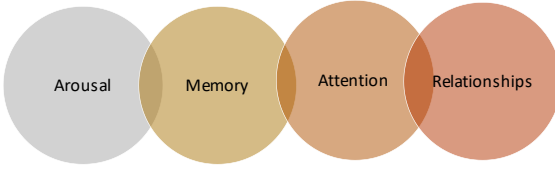
Trauma impacts



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

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Trauma impacts



Arousal Memory Attention Relationships

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AROUSAL STATES



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Working with protective responses

Fight or Flight
Hyper-vigilant, action-oriented, impulsive, reactive, self-destructive

Mobilisation

Social Engagement

Immobilisation

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

AROUSAL

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Adapted from Ogden, Milton, Pain 2008 16

Working with protective responses

1. Mobilisation

- Rhythm
- Containing
- Grounding

2. Immobilisation

- Orientation to space
- Orientation to senses
- Engaging the spine

3. Social Engagement

- Prosody
- Breathing
- Mindfulness activities

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Working with MOBILISED responses


Fight

What it might look like

- Angry, aggressive, irritable
- Confrontational, controlling, shouting
- Blaming others, pushing others away, argumentative

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Working with MOBILISED responses
Fight




Supportive responses

- 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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Working with MOBILISED responses
Flight




What it might look like

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

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Working with MOBILISED responses
Flight



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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Working with 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



Working with MOBILISED responses
Freeze



Supportive responses

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



Working with IMMOBILISED responses
Submit




What it might look like

- Low, sad, flat mood
- Quiet, compliant
- Alone, withdrawn



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Working with IMMOBILISED responses
Submit



Supportive responses

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

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Maintaining Social Engagement



What it might look like

- Engaged in activities
- Chatty, talks to adults and peers
- Interacts with peers in play

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Maintaining Social Engagement

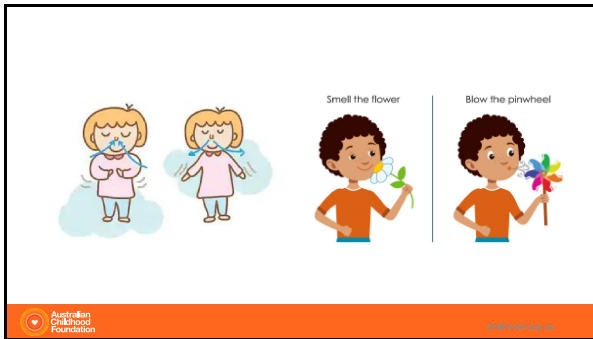


Supportive responses

- Prosody
- Using the sing-song, story-telling voice
- Using breathing techniques



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Social engagement: engaging muscles from heart to head

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

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Social engagement:


What does living in the window of tolerance look like for each child?

What do you do to widen their window of tolerance?

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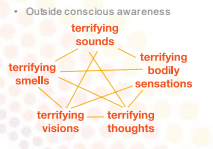
MEMORY




Encoding traumatic memories

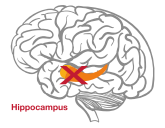
Implicit Procedural Memory

- Non-verbal
- Separate fragments
- Emotional/sensational
- Outside conscious awareness




Explicit Memory

- Develops at 2-3 years of age
- Consciously retrieved
- Explicit memory systems can become shutdown when trauma is present





Hippocampus



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ATTENTION


Attention – impacts of trauma

- Affects sustained and focused attention
- Focus remains on the perceived threat
- Difficulty in focussing on task at hand, listening to instructions or following directions
- Shark music – always playing



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Shark Music



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RELATIONSHIPS



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Safety in relationships

- Normatively develops in an integrated fashion through healthy attuned, co-regulatory relationships in the primary years of life.

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Relationships

- Through relationships, children learn whether to trust others, how to regulate their emotions, and how interact with the world
- When primary relationships are unstable, unsafe or unpredictable, children learn that they cannot rely on others to help them.
- Children who do not have healthy attachments with primary carers can struggle with relationships and have been shown to be more vulnerable to stress (*The National Child Traumatic Stress Network*)

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NURTURING FELT SENSE OF SAFETY

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Creating (Felt) Safety

Key messages:

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

Practice Implications:

- Proximity, prosody, facial expression and body language can all provide cues of safety
- Predictability, consistency, familiarity and routine are critical in creating 'felt safety'
- No matter the treatment goal, SAFETY is always priority
- Environmental audits are important – consider the types and levels of sensory input from a child's perspective (in clinic, home & school settings)

Examples:

- Get down low and use modulated, calm voice and face
- Reduce unnecessary sensory stimuli
- Provide visual cues, diagrams & reminders
- Incorporate familiarity and consistency wherever possible (appointment times, rooms, clinicians)

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The Centre's Environment

1. In small groups list the variety of factors such as the various spaces, people, activities, sensory inputs, and systems / routines that exist in early childhood centres.
2. What parts of these could be challenging for babies and children who have experienced trauma?

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Example: Transitions and change

Managing transitions and change is extremely difficult for traumatised children

- ▶ transitions and change are experienced as a threat
- ▶ they feel a loss of their sense of safety
- ▶ they may revert to survival mode / protective responses

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Neuroception of safety: predictability

Predictability is a metaphor for safety.

“The removal of threat is not the same as the presence of safety”
(Porges, 2014)



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NURTURING SAFE ATTUNED RELATIONSHIPS

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Trauma and relationships

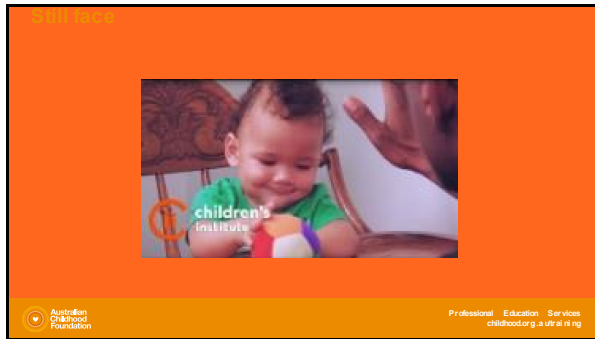
As we know a secure relationship is central to the development of:

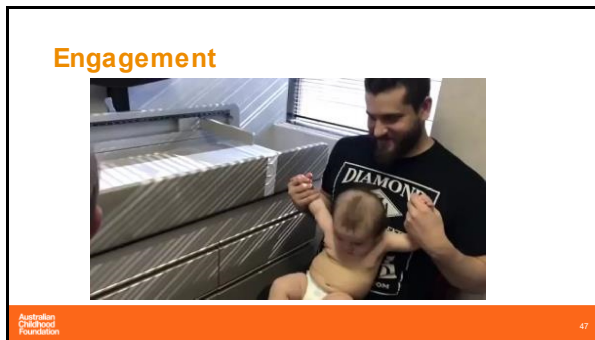


- a positive sense of self
- empathic and sensitive interaction
- adaptive and flexible emotional regulation skill.

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P.A.C.E.
An example of a model of trauma informed practice

- Playful
- Accepting
- Curious
- Empathic


P.A.C.E
(Dan Hughes)



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P.A.C.E

- **Playful** – light, open, hopeful, spontaneous.
- **Accepting** – unconditional acceptance of the experience of the child (feelings, emotions and thoughts).
- **Curiosity** – non-judgemental, active interest in the child’s experience, as well as behaviours to learn what is triggering them.
- **Empathy** – about past hurts and present challenges. A ‘felt’ sense of the child, which is actively experienced and communicated.



Dan Hughes (2009)
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Two hands for parenting – Kim Golding

Hand One: provides warmth and nurture, and allows:

- Child appropriate autonomy matched to their developmental age.

Hand Two: provides structure, and boundaries:

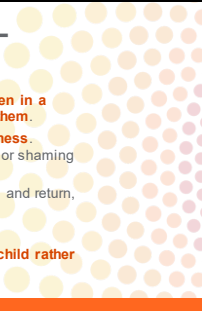
- Connection before correction
- No correction without understanding
- Avoid lectures and delay problem solving
- Avoid punishing with the relationship
- Adult takes responsibility for relationship repair



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Connection before correction – Kim Golding

- Research shows that **we cannot influence children in a positive way until we create a connection with them.**
- **Connection creates a sense of safety and openness.** Punishment, lecturing, nagging, scolding, blaming or shaming create fight, flight, or freeze.
- **Validation of intense emotions** – mirroring, serve and return, naming emotions
- Body language, facial expression, tone of voice
- **Correction is about finding a solution with the child rather than imposing a punishment**



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Anticipate child's **N**needs
Unconditional positive regard
Reframe child's perceptions
Time-in
Use words for child's experience
Reflect back child's feelings
Enjoy play together



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"It's connection not control that cultivates cooperation, trust, love, resilience and independence. Connection is at the heart of our relationship."
Kerry Spina



Positive Parenting Connection



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CASE SCENARIO – TJ
Small Group Activity



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Undertake a Trauma Informed Practice Environment audit



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Thank you for participating in ACF's customized training,
Understanding and Exploring Trauma Responsive Practice in the Early Years
Penrith Council

Contact:
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Further training can be found at:
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