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United Workers
Union: Trauma
Responsive Practice
in Early Years




1

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The Australian Childhood Foundation
acknowledges Aboriginal and Torres
Strait Islander people as the
traditional custodians of this land
and we pay our respect to their Elders
past, present and future.



2

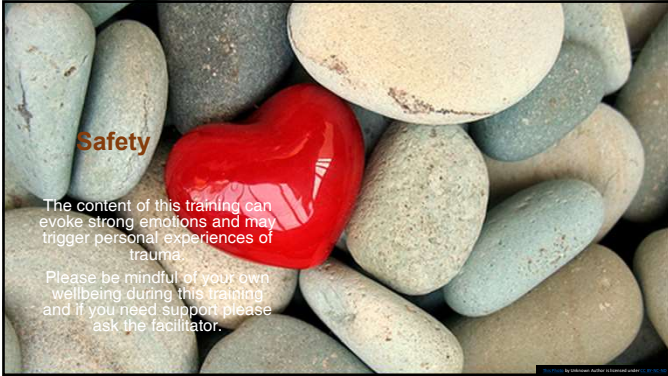
Session outline

- **examine** brain development in children
- **define** complex related trauma
- **understand** the impact of trauma on children's development, learning, behaviour and functioning
- **develop** strategies for working with children who have experienced trauma
- **discuss** approaches to supporting these children




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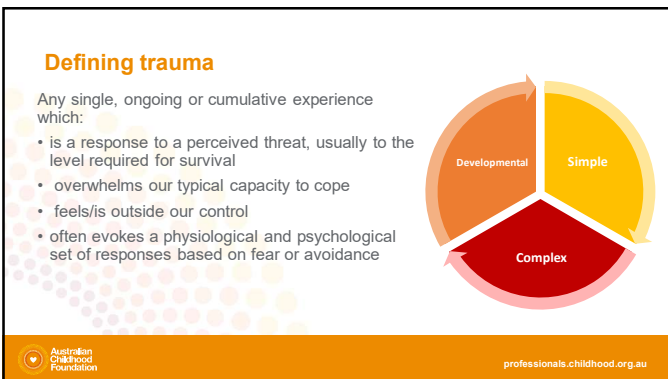
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6

Trauma impacts

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What trauma or stress response can look like

Cognitions & Behaviours:

- Asking lots of questions
- Bravado (speech or actions)
- Attention, concentration and memory difficulties
- Black & White thinking, negative thoughts
- Generalised worries
- Rigid thinking & behaviours
- Compulsions/ repetitive behaviours
- Ruminating – what if's, should, cyclic thoughts

Mobilised Responses:

- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- 'silly', loud, over-excitement
- Unsettled, sleep difficulties
- Outbursts, aggression
- Defensive, taking things personally
- Increased expectations of self and others
- Inflexible, 'controlling'
- Sensitive to sensory input

Immobilised Responses:

- Flat, numb affect
- Disengaged, disinterested
- Withdrawn
- "boredom"
- Lethargic, unmotivated
- Disconnected from peers
- Developmental regression – e.g. with abilities to self-soothe, self-care/hygiene, toileting
- Changes to appetite

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Working with Protective Responses

Increase Resources – Regulatory Capabilities

Calm the brain with:

- Long outbreaths
- Mindful activities
- Orienting outwards
- Connection & Co-regulation
- "Name it to tame it"

De-activate Mobilised Responses with:

- Rhythm (drumming, music, swinging, rocking, bouncing)
- Stretching/Yoga
- Carrying heavy items
- Heat pack, weighted blanket
- Reduce stimulation
- Hugging a teddy/cushion

Counter Immobilised Responses with:

- Grounding through the senses
- Proprioceptive input
- Splash face with cold water
- Something cold or sweet to drink
- Chewing candies/sucking a mint/lollipop

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Trauma

What are the key issues you see in the children you work with?

The diagram consists of seven colored boxes arranged in two columns. The left column has three boxes: 'Simple' (green), 'Complex' (orange), and 'Developmental' (brown). The right column has four boxes: 'Intergenerational' (red), 'Transgenerational' (pink), 'Historical/Collective' (yellow), and 'Epigenetics' (blue). A small text 'Image source: ©ACF 2021' is at the bottom of the diagram.

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Complex relational trauma

- Most often involves multiple incidents over an extended period of time
- **Impacts on the social, emotional, physical development of the child**
- **Is based in key relationship**
- Is an isolating experience due to the interpersonal element, often underpinned by intentionality
- **Induces a sense of disconnection from others and their support**

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11

Developmental trauma

Occurs when the foetus in utero, baby, child or adolescent experiences trauma, lack of care, lack of attunement and attachment, abuse and neglect or a combination of these during these stages of development

A yellow circular icon with a white brain inside, symbolizing developmental trauma. A small text 'Image source: ©ACF 2021' is at the bottom of the icon.

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Trauma impacts

Trauma can impact all elements of infant, toddler and child's development: brain, body, memory, learning, behaviour, emotions, relationships.

Image source: ©ACF 2021

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 Strategies for Managing At-Risk and Trauma

13

Child development

Child development and trauma guide

- Victorian government initiative- Every child, every chance
- 7 developmental stages
- Each stage describes key developmental trends and tasks
- Includes emotional, social, physical, cognitive areas from birth onwards

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14

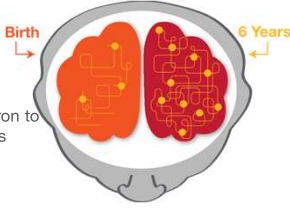
Key brain structures impacted by trauma

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Neuronal connections

- Neurons – cells in our brain interact and communicate with other neurons
- 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



Birth 6 Years


Image source: ©ACF 2021

What builds our neuronal connections?

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Neural circuit formation



35 weeks Gestation Newborn 3 Months 15 Months 2 Years 6 Years

Australian Childhood Foundation **IBNNT** Strategies for Managing Brain-Related Trauma

17

Brain development



Brain scan of a healthy infant

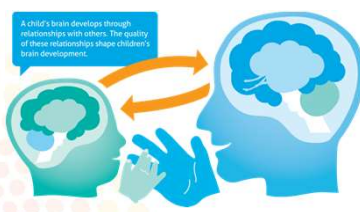
Brain scan of a Romanian orphan infant who has been through severe deprivation.

Most active Least active

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18

Relationship Brain development



A child's brain develops through relationships with others. The quality of these relationships shape children's brain development.

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19

Neuronal connections

Three Core Concepts in Early Development

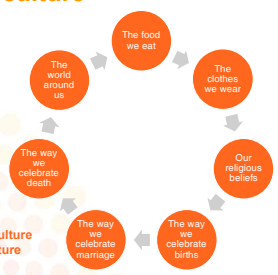
Experiences Build Brain Architecture

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20

The brain in culture



The brain develops in culture before it is aware of culture

Image source: ©ACF2021

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21

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

Image source: GACF 2021

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22

Brainstem – survival centre

- basic life functions
- first part of our brain to develop & the most developed brain part at birth
- responsible for regulation of our
 - heart rate
 - breathing
 - sucking, swallowing chewing reflexes
 - temperature control
 - blood pressure
 - circadian (sleep) cycle
 - involuntary reflexes

Image source: GACF 2021

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The impact of developmental trauma on the brain stem

- may experience fast or slower heart rate
- shortness of breath or breathing difficulties
- sleep disturbances and unsettledness
- sucking and swallowing and digestion difficulties
- may feel hot or cold or not notice changes in temperature

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Cerebellum – body and balance centre

- helps us with our posture and balance
- helps us with our coordination and to control our movements
- helps us to know where our body is in space
- helps us with our voluntary movements such as walking and writing



Image source: ©ACF 2021

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Cerebellum -Developmental impact and what you may see

- Poor fine motor and gross motor skills
- Lack of coordination and balance
- Difficulty in maintaining posture
- Difficulty in undertaking tasks that require balance
- Lack of awareness of their body in space
- Difficulty with voluntary movement tasks – walking or writing



What are you seeing?

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Cerebellum -Developmental impact and what you may see

- Poor muscle tone
- Clumsy
- Cannot catch a ball
- Cannot hit a ball with a bat
- Bruising from bumping into things
- Often falling over
- Poor spatial awareness with:
 - Objects around them
 - With other children/adults



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27

Diencephalon – sorting and sending centre

- develops mainly after birth
- sorts out “messages” coming into the brain and sends them out to other parts of the brain
- uses hormones to send signals to body
- hormonal signals tell your body what it needs, eg. food, water, love




Image source: GACP 2020

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28

The diencephalon in triggered state

- becomes overwhelmed and cannot sort the information
- is unable to send information to the memory and thinking parts of the brain – that pathway shuts down
- it alerts the amygdala which sets of a sensory information response sequence

What do you notice?

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29

Sensory information response sequence

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

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Limbic lobe - emotion and memory centre

- develops mainly after birth
- helps us attach an emotion to an experience or memory
- particularly involved with the emotions
- heavily involved in attachment processes
- two important brain parts – the amygdala and the hippocampus are in this part of the brain




Image source: ©ACF 2021

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Amygdala

Has three roles:

- Alarm centre - the 'smoke detector' of the brain
- Memory centre - processes & stores implicit memories
- Emotion centre – helps with emotional understanding and regulation





Image source: ©ACF2021

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32

The amygdala under stress and trauma

- can be over active or under active
- can evoke reminders and flashbacks of the trauma (awakenings)
- may have difficulty in emotional regulation
- may have difficulty in reading facial expressions



What do you notice?

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33

Hippocampus

- explicit memory centre
- provides context to memories
- provides consolidation of information from short term memory to long term memory
- memory puzzle sorting centre




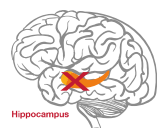
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The hippocampus in dysregulated state

- Doesn't function properly - it feels as if the trauma hasn't ended.
- Reduction of hippocampal volume up to 25% as a result of high levels of cortisol
- Working memory, retention and recall (retrieval) capacity is severely impacted



Hippocampus

What do you notice?

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Cerebral cortex – thinking centre

- 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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Cortical areas impacted by trauma

Unable to:

- use foresight and anticipation, focus or sustain attention
- plan, organise or prioritise or make decisions well
- reflect or have self-awareness
- be enthusiastic, motivated or persist with activities
- use impulse control



What do you notice?

37

Medial Pre-frontal Cortex and the Right Orbito-frontal Cortex

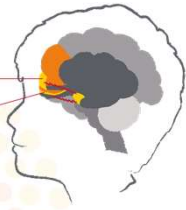
Medial

Pre-Frontal Cortex

(the centre of Mindfulness/ Self awareness)

Right Orbitofrontal Cortex

(Regulation of Arousal)



• Mindful awareness/ meditation de-activates the amygdala

• Quality co-regulation de-activates the amygdala

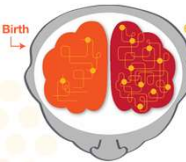
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Development of the left and right hemispheres

Left Hemisphere

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



Right Hemisphere


- Orientated in the present moment
- Eye Contact
- Facial Expression
- Tone of Voice
- Posture
- Gesture
- Intensity
- Grasps the whole

Image source: ©ACF 2021

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Hemispheres under stress and trauma

- will struggle to process the content of our words (left hemisphere - Wernicke's area)
- may not be able to speak or articulate (left hemisphere - Broca's area)
- will be tuned into the tone of voice, not the content (right hemisphere)
- difficulties with understanding and knowing feelings and articulating them
- difficulties with tuning into, understanding and responding to social cues in communication
- will be acutely aware of facial expressions, posture, gestures, intensity of movements and eye contact and searching for signs of disapproval, rejection & danger



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40

Neuroplasticity – hope for healing

Neuroplasticity refers to the brain's capacity to:

- Grow new nerve cells
- Strengthen connections between nerve cells
- Sprout new connections between different cells
- Greatest plasticity before age 9




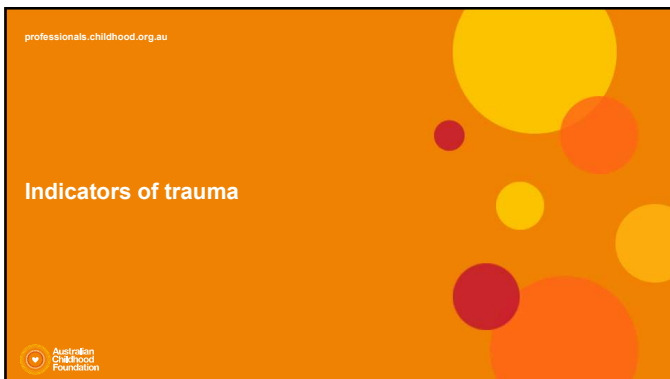
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41

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Indicators of trauma



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Indicators of trauma in early years

- Separation anxiety or clinginess towards carers, teachers or primary caregivers
- Regression in previously mastered stages of development (e.g., baby talk or bedwetting/toileting accidents)
- Lack of developmental progress (e.g., not progressing at same level as peers)
- Re-creating the traumatic event (e.g., repeatedly talking about, "playing" out, or drawing the event)
- Difficulty at naptime or bedtime (e.g., avoiding sleep, waking up, or nightmares)



43

Indicators of trauma in early years

- Increased somatic complaints (e.g., headaches, stomach aches, overreacting to minor bumps and bruises)
- Changes in behavior (e.g., appetite, unexplained absences, angry outbursts, decreased attention, withdrawal)
- Over- or under-reacting to physical contact, bright lighting, sudden movements, or loud sounds (e.g., bells, slamming doors, or sirens)
- Increased distress (unusually whiny, irritable, moody)
- Anxiety, fear, and worry about safety of self and others
- Worry about recurrence of the traumatic event
- New fears (e.g., fear of the dark, animals, or monsters)
- Statements and questions about death and dying



44

Impacts of trauma

- Arousal
- Attention
- Memory
- Relationships



45

Hyper- arousal

- A child adopting a hyperarousal response may display defiance, easily misinterpreted as willful opposition.
- These children may be resistant or even aggressive. They are locked in a persistent "fight or flight" state.
- They often display hypervigilance, anxiety, panic, or increased heart rate.



46

Hypo-arousal

- The dissociative response involves **avoidance or psychological flight**, withdrawing from the outside world and focusing on the inner.
- The **intensity of dissociation varies with the intensity of the trauma**. Children may be detached, numb, and have a low heart rate. In extreme cases, they may withdraw into a fantasy world.
- **Dissociative child is often compliant** (even robotic), displays rhythmic self-soothing such as rocking, or may faint if feeling extreme distress.
- Dissociation is **more common in young children, females, and during traumatic events characterized by pain or inability to escape**.



47

Therapeutic approaches

- Scheduling regular brain breaks in between activities or key periods of time.
- Develop whole of group/class activities/strategies that regulate the individual child
- Invite a colleague, observe your work/interactions/activities class and record your own observations in an anecdotal form
- Audit, check and develop sensory attuned activities
- Visual timetables and manage transitions
- Build daily/weekly rituals and traditions



48

Co-Regulation

Trauma has impaired children's cortical capacity to regulate subcortical functioning. In order to return cortical capacity (which is essential for learning) we must restore calm.

- Be predictable
- Be connected
- Be present
- Promote understanding
- Equip the child with calming and engaging strategies they can use and help co-regulate



Image source: ©ACF 2021

49

Predictable

- Predictability and consistency build a felt sense of safety.
- Prepare for day to day changes
- Use transition supports – pre-warn about change using a timer, use transition cues like a bell or announcement, use transition objects (can be a visual or object or sensory tool).
- Stop, Check, Reflect. It is very important when using this strategy they know what to "check," this is where visuals can be helpful.



50

Responsive

- Increase the level of support and encouragement given to the traumatized child.
- Designate an adult who can provide additional support if needed.
- Provide a safe place for the child to talk about what happened.
- Set aside a designated time and place for sharing to help the child know it is okay to talk about what happened.
- Anticipate difficult times and provide additional support



51

Attuned

- Be aware of both the child who acts out AND the quiet child who does not appear to have behavioral problems.
- Build attachment across the day and with parents. This links between children's early experience, emotional well-being and performance in school
- Forming trusting relationships with adults
- Social skills and relationships with peers
- Work with developmental age in alignment with developmental age



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52

Connecting

- Build relational connections with children,
- Partnerships with parents,
- Overcome the challenges of implementing trauma informed practice.
- Safety and security is increased through offering emotional connection in a variety of ways,
- Using PACE

These principles can be adapted to support pupils at all levels.




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53

Translating

- They need someone to talk to and listen. Someone who understands their situation and can help them deal with their emotions
- Help them to identify emotions and the physical responses they experience
- Listen and reframe their beliefs and self identity
- Hear and believe their story
- Do not make snap judgements about their behaviour, instead asking them what would help,



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54

Involving

- Teaching a child to understand and manage their emotions empowers them to identify why the problem is occurring and what strategies they can put in place to address the problem.
- Involve students in implementing trauma informed strategies such as creating their own self regulation menu



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Calming

- Assist child to stay in their window of tolerance
- Use breathing exercises, drumming, weighted cushions, finger pulls, fidgets, noise-reducing headphones, blue tack and gum, to help child feel cool, calm and collected.
- Create activities around emotions with children to identify triggers and what works for them.
- Stay calm yourself or fake it, use facial expression, prosody of voice, body language and fun to promote regulation.
- Create a safe space for the child, which they can use when they feel anxious or unsafe; this may be a designated room, or a pop-up tent in the corner of the room (not to be used for time out)




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Engaging

- Provide them with support rather than punishment.
- Provide visual cues (– colour code, visual plans for assignments, mind maps, timetables
- Picture sequences or write down steps and directions – get them to tick off as they do each one.
- Modelling or guiding the child what to do – show and use assistance to support the child to do the actions of what is required.

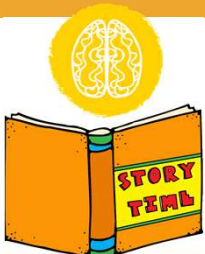


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Storytelling

- Generational story telling
 - Stories model behaviours or social connection
 - Stories share culture
- Rhythm & Senses
 - Stories use rhythm to sooth and connect
- Safety & Connection
 - Stories take us on adventures from the safety of where our feet are.
 - Every time we read the book it will be the same, look the same, sound the same.



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Reflection:

As a young child what was your favorite story? Who shared it with you? What drew you to the story?

How do I use storytelling?
Formal?
Informal?

For the children who are not yet experiencing safety to sit on the mat- what can I do to support them?



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59

Safety



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Safety & relationships are key...

It is important to remember that safety – feeling and being safe and having safe, connected and attuned relationships are key to supporting an infant, toddler or child who has experienced trauma.

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61

Polyvagal theory the vagus nerve

The Vagus Nerve

Facial Nerves
Vagus Branch 1 (newer)
Vagus Branch 2 (older)

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The social engagement system – polyvagal theory

AROUSAL INCREASES ↑

FREEZE
DORSAL VAGAL
Disorientation, Numbness, Depression, Conservation of energy, Helplessness, Shame, Shut-Down, Hopelessness, Preparation for death, Trapped

FLIGHT/FIGHT
SYMPATHETIC
Panic, Fear, Anxiety, Worry, Frustration, Rage, Anger, Irritation

SOCIAL ENGAGEMENT
VENTRAL VAGAL
Joy, In the Present, Groundedness, Curiosity/Openness, Compassion, Mindful

Adapted by Kelly J. Wilson from Cheryl Beardsley, Steve Hollnagel, Steven Porges and Peter Levine

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Polyvagal Theory and our protective responses








Behavioural Functions	Body Functions
Social Engagement Soothing and calming Indicates safety	• Lowers or raises vocalisation pitch • Regulates muscle tone muscles to perceive human voice • Changes facial expression • Heart rate • Tense and muscle • Slows or speeds heart rate
Mobilisation Fight or Flight Active Focus Moderate or extreme danger	Hyper arousal • Increased heart rate • Dilated pupils • Heightened gastrointestinal function • Narrowing blood vessels - to shunt blood flow to extremities • Release of adrenaline
Immobilisation Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	Hypo-arousal • Slows heart rate • Constricts bronchi • Slows down gastrointestinal function

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64

Working with protective responses

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

Mobilisation

Social Engagement

Immobilisation

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


Australian Childhood Foundation | [Winnit: Strategies for Managing Acute Risked Trauma](#) | Adapted from Ogden, Minton, Pain 2006

65

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



Australian Childhood Foundation | [Winnit: Strategies for Managing Acute Risked Trauma](#) | 66

66

Strategies for Creating safety

Posture and gestures

Environment

Proximity

Tone of voice

Facial expressions

Eye Contact

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Predictability promotes stability

MORNING

MIDDLE

AFTERNOON

- The brain interprets change and uncertainty as a source of threat.
- It also responds to predictability and familiarity as a source of safety
- Minimise changes where possible
- Involve or advise children of any unavoidable changes
- Amplify consistencies – highlight and build on the things that haven't changed

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68

Overshooting your Window of Tolerance:

- Upset and hyped up
- Angry and agitated
- Frustrated
- Heart beating fast
- Tense and can't think clearly
- Unable to regulate your emotions

Within your Window of Tolerance:

- Feeling safe, calm and peaceful
- Happy and able to think clearly
- Ready to learn
- Settled and content
- Mindful and able to regulate your emotions

Undershooting your Window of Tolerance:

- Sad and tired
- Unmotivated with no energy
- Feel empty and withdrawn
- Don't want to listen, talk or play
- Can't think about learning

Teaching children about the ways that healthy brains and bodies react to stress in order to keep us safe, enables them to **understand, communicate and manage their thoughts, emotions and behaviours.**

Increase coping resources

Making Space for Learning – Action Research Project - St Thomas More School, Elizabeth Park, S.A.

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HEALTHY STRATEGIES FOR MANAGING ANXIETY RELATED TOOLS

69



Connection : Relationship

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Early childhood Principles

The five key Principles that underpin Belonging, Being and Becoming: The Early Years Framework for Australia (2009),

1. Secure, respectful and reciprocal relationships
2. Partnerships
3. High expectations and equity
4. Respect for diversity
5. Ongoing learning and reflective practice

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71

The right hemisphere in relationship

- These primary relationships contribute to:
- stored internal working models of primary relationships recorded in the right hemisphere
- the perception of emotion in self and others, enabling empathy and humour

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Relationships

- We are hard-wired for connectedness
- stored internal working models of primary relationships stored in the right hemisphere
- These functions depend on the use of something called 'Mirror Neurons' in the brain



73

Mirror neurons – Serve and return



74

The role of Dopamine in mother-infant bonding

A study group investigated the role of dopamine in mother-infant bonding and found that both mother-infant vocalization synchrony and maternal attunement were associated with higher dopamine concentration in brain structures connected to bonding.



<https://www.medicalnewstoday.com/bole-dopamine-mother-infant-bonding/>

75

Maternal bonding and specific brain structures

“Specific brain structures, such as the nucleus accumbens (NAcc), amygdala, and medial prefrontal cortex (mPFC) are involved in maternal bonding.

Furthermore, oxytocin and dopamine have been shown to act in these brain structures as neuromodulators of bonding behaviours”.

Dr. Fanni R. Eros



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Relational templates

- By age 2 the child has developed 'templates' for relationships.
- These templates repeat for new relationships into the future: e.g. comfort seeking, trust, capacity for empathy, OR
- e.g. defensiveness, mistrust, need for control, reactivity



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Intersubjectivity

- Attunement in the relationship between parent – child, client – worker
- Joint attention
- Congruent intent (both have same intent to understand inner life vs to “fix” a problem)
- ***I see and understand myself through your eyes and you through mine***

Dan Hughes 2016



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Internal working model of traumatised child

Speech bubbles:

- I can't trust adults to give me what I need
- Adults frighten me
- The world is a scary place
- I'm a bad person
- Adults cannot comfort me
- I am unlovable, worthless

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79

Attunement, mis-attunement & repair

In even the healthiest relationships, rupture is inevitable and can have positive effects eg. children learn:

'Life isn't perfect. We can recover from mistakes'

'I can change my feelings'
'Together we can face the world'

Prolonged rupture without repair causes a cascade of negative psychophysiological effects. Children learn:

'I am helpless'
'You can't be trusted'
'The world is threatening'

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80

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Changing narrative from parenting to child development

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81

Changing our narrative

- One common narrative strategy is to focus directly on how to improve parenting and better support the skills, practices, and behaviours that help people parent well.
- In this narrative, effective parenting is the objective, and the ultimate goal is to change parents' attitudes, behaviours and practices.



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82

Changing our narrative

- Another strategy is to focus attention on the importance of healthy child development; effective parenting in this narrative is the *means* to achieve improved developmental outcomes for children.
- The difference between these two master narratives is subtle: one is about making people better parents and one is about achieving healthy developmental outcomes
- Instead of evaluating specific parenting practices, communication then draws attention to the conditions that shape people's ability to parent and explain how improving those conditions will enable more positive parenting practices.




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83

Changing narratives

- Find and share the positives about a child's **learning**, behaviour and experiences. ...
- Be open and honest. ...
- Think before you speak, especially when you're talking with **parents** about difficult or sensitive issues.
- Ask for **parents'** input. ...
- Let **parents** make the decisions.



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84

Changing narrative

Focus on Child's development
 Focus on the child's development needs not the parenting skills
 Improving a child's outcomes means supporting parents in their child's development
 Discuss development and behaviour with a trauma informed lens



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85


Building resilience



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86

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Communication skills

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87

Communication skills

- **Creating safety** – safety in relationships, the environment and interactions.
- **Co regulate** Regulating your own emotions and staying within your window of tolerance can be beneficial for you and the children you care for. *Think about the healthy approaches you use to regulate your emotions and try to exhibit those behaviors in your environment.*
- **Attuned:** Be attuned to parent's body language and nonverbal behaviors. These nonverbal indicators can help you determine how a child may be feeling or how they may be affected by the current activities or overall environment.




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88

Neuroception

- "The removal of threat is not the same as the presence of safety" (Porges, 2014)
- We need to help children and parents who have experienced trauma detect more features of safety in their environment.



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89

Communication skills

Positive communication and relationships with families help to build trust.

Trust is an important part of helping to make sure that you

- maintain relationship and partnership with families and
- work as a team with families to help children meet their goals.

Safety and Trust between you and families makes parents feel good about the program and its ability to meet their child's needs.




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90

Reflective communication


- Attuned reflective communication is perhaps the most powerful tool that you can use with parents.
- Good communication helps to inform, reassure, and engage parents.
- A single conversation, positive or negative, can set the tone for a family's opinion of staff, so it is essential to develop effective communication skills.
- Child's developmental needs are anticipated and responded to (e.g. access to other services, safe and attuned responses)



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91

The impact of working with traumatised children



P.S. How is that self-care plan going??



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92

Planning: Next steps

- What action is needed as a next step to implementing or strengthening TRP practice at your centre? Who should be involved?
- What are the three key things you need to do in the next three months? If you are successful in these three areas what will it look like?
- What are the three key things your planning needs to do over the next three months?
- What other training, strategies, concepts, professional development do you need to implement over the next three months?



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93

Thank you for your participation!

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94

Keeping in touch with ACF

- Discussion papers
- <https://professionals.childhood.org.au/smart-online-training>
- Prosody Blog <http://www.childhoodtrauma.org.au/>
- Calendar Training <https://professionals.childhood.org.au/training-development/course-list/>
- <https://professionals.childhood.org.au/professional-community-network/>

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95

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96
