


Trauma Responsive Practice with Children – Benalla Family and Children Services


Trainer: Donna Richards




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Session Outline

Explore:

- Early brain development and effects of abuse related trauma on early brain development, relational patterns and behaviours
- Principles of Trauma-Responsive Practice with children
- Trauma-Responsive Strategies for working with infants and children

Experience:

- Reparative interventions for infants & young children



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Principles underpinning this workshop

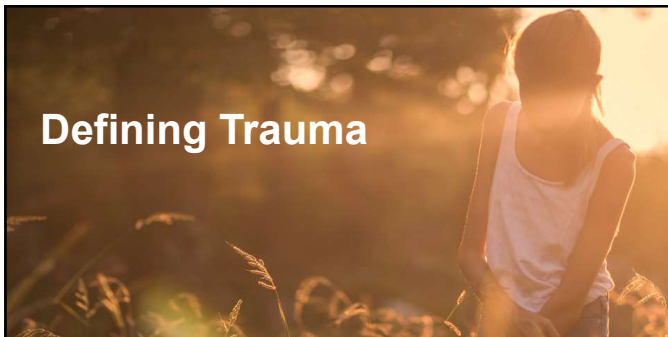
- While the focus of this session is on the child and their experience, there is a clear acknowledgement that engaging families and caregivers is critical in any intervention
- Understanding trauma and its impacts supports the capacity for effective intervention
- Abuse related trauma covers the impact of all forms of child abuse, including sexual abuse, physical abuse, emotional abuse, family violence and neglect

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Defining Trauma




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Trauma

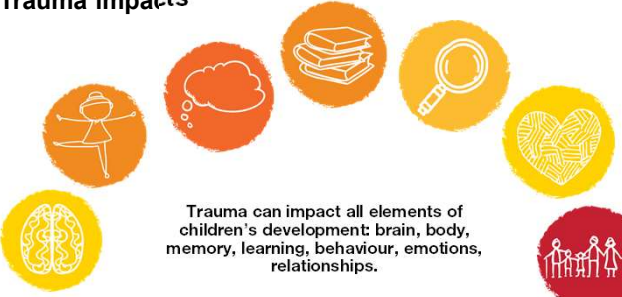
Simple	Intergenerational
Complex	Transgenerational
Developmental	Historical

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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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Brain development & the impacts of trauma




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Developmental stages of brain maturation

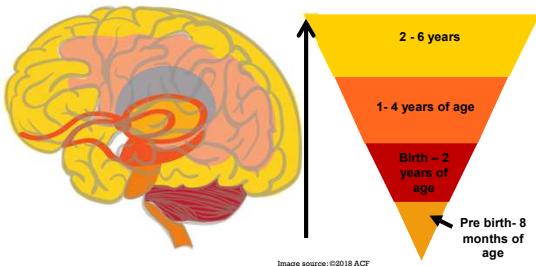


Image source: ©2018 ACF



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Trauma and the Brain

Prefrontal cortex
Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to mature in one's mid 20s.

Amygdala
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

Hypothalamus
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.

Hippocampus
Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.

Corpus Callosum
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

Thalamus
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain

Cerebellum
Balance and coordination, motor skills may be impacted by trauma

Image source: ACF 2020



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The Biology of Safety




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Neuroception

“How neural circuits distinguish whether situations or people are safe, dangerous, or life threatening. Neuroception explains why a baby coos at a caregiver but cries at a stranger, or why a toddler enjoys a parent’s embrace but views a hug from a stranger as an assault”.

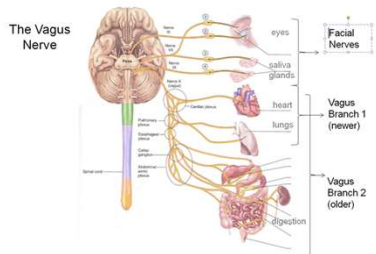
Stephen Porges
Institute of Education Sciences




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Polyvagal theory – Dr Stephen Porges









The diagram illustrates the Vagus Nerve (cranial nerve X) and its three main branches:

- Facial Nerves:** Connected to the eyes, salivary glands, and the heart.
- Vagus Branch 1 (newer):** Connected to the heart and lungs.
- Vagus Branch 2 (older):** Connected to the digestion system.



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Theory of social engagement


	Behavioural Functions	Body Functions	
	Social Engagement Soothing and calming Indicates safety	* Lowers or raises vocalization pitch * Regulates middle ear muscles to perceive human voice * Changes facial expressivity * Head turning * Tears and eyeblinks * Slows or speeds heart rate	
	Mobilization Fight or Flight Active Freeze Moderate to extreme danger	Hyper arousal * Increases heart rate * Sweat increases * Inhibits gastrointestinal function * Narrowing blood vessels- to slow blood flow to extremities * Release of adrenaline	
	Immobilization Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	Hypo- arousal * Slows heart rate * Constricts bronchi * Stimulates gastrointestinal function	

Evolution


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Relationships




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Attachment and the right brain

- Neuroimaging studies show areas of the right hemisphere lighting up in the brains of parents & infants during non-verbal interactions. (Schore,2003)
- A secure attachment relationship facilitates right brain development and promotes efficient affect regulation.
- Secure attachment requires caregivers to regulate their own arousal levels in order to appraise the infant's feeling state, regulate/transform it into something tolerable, and communicate it back to the infant



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Attuned relationships

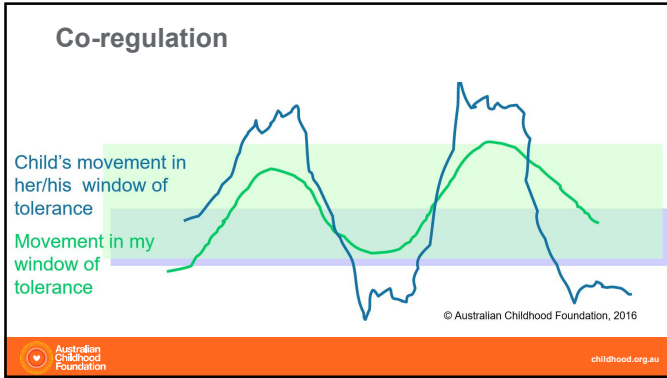
Attuned primary relationships contribute to:

- stored internal working models of relationships stored in the right hemisphere
- The perception of emotion in self and others, enabling empathy and humour
- Attachment Theory be also be understood as the **Theory of REGULATION** (Alan Schore, 2014, ACF Trauma Conference)



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Attachment and co-regulation

1. Use voice, face & gestures to match the tone, intensity & rhythm of infant's affect, while remaining regulated yourself

'I get you' **'I feel 'felt'**

2. Be curious about the infant's inner life
3. Speak for the infant (Dan Hughes)

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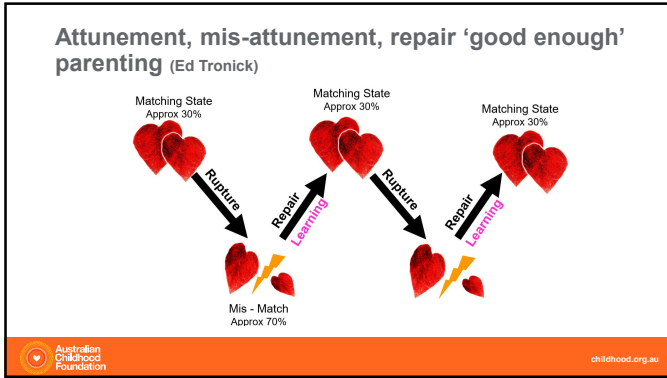
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Attunement, mis-attunement & repair

- 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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Ed Tronick – still face paradigm

<https://www.youtube.com/watch?v=bG89Qxw30BM>

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Trauma & Relationships

- **When primary relationships are unstable or unpredictable, children learn that they cannot rely on others to help them.** When primary caregivers exploit and abuse a child, the child learns that he or she is bad, relationships are harmful, and the world is unsafe.
- The majority of abused or neglected children have difficulty developing a strong healthy attachment to a caregiver. **Children who do not have healthy attachments have been shown to be more vulnerable to stress.** (The National Child Traumatic Stress Network)

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Why is regulation so important?

- Facilitates cortical functioning
- Enables integration of sensory data
- Promotes awareness of Neuroception
- Holds attention to the here and now, rather than pulling it to the past
- Reinforces co-regulation as foundational and necessary

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Window of tolerance

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

Ogden, Minton, Pain 2006

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Window of tolerance

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

Ogden, Minton, Pain 2006

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Understanding of neurobiology of trauma & child development

- Application of the theory into practice
- **How do you understand what's happening in the child's brain** and how will that influence your practice? i.e. *behaviour is an unmet need so how will your intervention address that unmet need rather than focussing solely on the behaviour?*
- **How do you understand the child's developmental age versus their chronological age?** How will this inform your decision-making around support and intervention for the child and the family?
- Parental brain development – given parents likely trauma history, what is happening in their brain and **how will this influence your engagement with them?**

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Safety

- Polyvagal theory – biological safety, **child's perception of safety**
- Human safety – **are the people around me safe?**
- Environmental – **Is the environment conducive to the perception of safety?** Sensory input – smells, sights, sounds, etc.
- Organisational safety - does my organisation promote policies and practices that ensure safety of clients and staff?
- Consider child's internal world versus the external world
- Parents own trauma history and perception of safety – how will this impact on your ability to engage with them?

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Cultural understanding

- **Child's sense of identity, belonging?** How is that supported/promoted?
- **Parents history, identity, parenting practices, style?** Where does it come from? How do we work with this?
- Cultural awareness/competence? What does this look like in my practice?
- Cultural competence, accessibility? Programs tailored to meet cultural needs?
- Diversity - **Who has a voice in this space?**

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Therapeutic relationships

- **Child experiences safe, attuned, consistent relationship/s.** What does this look like?
- **Worker-parent relationship** – minimising re-traumatisation, co-regulating.
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – DDP, sanctuary model

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Self determination

- Child centred practice – **child's voice is heard and acknowledged**
- How is the **parent's experience understood** and acknowledged?
- How do you address **power imbalance** in your role?
- **How does the child/parent participate** in the care team process?

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Hope based recovery

- **How does the child understand their future** and the possibilities available to them? (more appropriate for older children)
- **How do parents understand the child's strengths** , as well as their own and have hope for the future?
- **How do you as a worker maintain hope** in complex trauma based work

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Self-care



- **How is self-care promoted** to the child and the parent?
- Worker's understanding of **vicarious trauma** and its impacts
- Worker's **self-care plan**
- How does the organisation support **worker wellbeing and self-care to minimise VT**?

The best way to help the extremely dysregulated child, is to remain calm and regulated yourself.

What works for you? childhood.org.au

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Trauma-Responsive Strategies

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Understanding behaviour

1. Behaviour = unmet need
2. Developmental stage of the child?
3. Current state of the child's nervous system? (What we know about the neurobiology of trauma)
4. Survival/protective response – fight, flight, freeze, dissociate
5. Coping strategy (that no longer works)
6. Structural changes in the brain
7. How is this problem the child's solution?
8. Trauma induced thinking and conditioning

www.echoparenting.org

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Relationship based strategies

- Safe, enriching, positive relationships with others and the broader community
- Connection to at least one safe adult in their world
- Knowing the child - their history, triggers, needs, desires
- Understand the child's chronological age as well as their developmental age
- Look for opportunities for repair – time in

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Relationship based strategies

For very young children:

- Maintaining eye contact
- Physical touch – holding, rocking, patting, sitting near them
- Mirroring responses – smiling, cooing, singing, talking
- Engaging them in play, floor time
- Holding infants whilst bottle feeding



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Relationship based strategies

- Educating parents/carers in understanding their child's needs including brain development – bigger, stronger, wiser, kind (Circle of Security' Cooper et al 2000)
- Role model safe, respectful relationships
- Include families in positive, community-based activities – reduce isolation



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Relationship based strategies

For school age children:


- Understand their chronological age and their developmental age – these may be different
- Explore what's under the behaviour; use PACE – playful, accepting, curious and empathic
- Notice what the child does well and offer praise
- Set boundaries and have good routines
- View discipline as a learning not a punishment
- Use 'time in'



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Parents/carers



A powerful predictor of secure attachment in children, is coherent self-narrative in parents.
(Fonagy)

- A parent's reflective awareness is regulating and containing for the infant- and also for the parent
- Interventions which enhance parental reflective functioning can help parents make sense of mental states and help children to feel understood

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PACE – Dan Hughes

- Playful
- Accepting
- Curious
- Empathic

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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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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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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

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Working with Mobilisation


- Hugs- *When I hold my teddy it feels like someone is hugging me.*
- Hand on heart & hand on belly
- Sitting back- to-back with another
- Body sock
- Pushing against wall/pillows
- Pillow sandwich
- Weighted blankets/wheat bags
- Contained spaces



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Working with Mobilisation




- Screaming down plug hole
- Going for a run, running up and down stairs
- Activities such as karate, taekwondo, etc.
- Progressive Muscle Relaxation/ 'the noodle'
- Bedtime rituals that lower arousal

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Guided meditation Body Scan - Progressive muscle relaxation




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Working with Immobilisation

- **Point to something** green/plastic/soft.....
- **Encourage the child to look up and out** rather than down- hang an interesting object at height in the space
- **Name out loud**, objects in the room
- Open a window
- Move outside if you're inside and inside if you're outside
- Take shoes off and **feel feet on the floor**



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Working with Immobilisation – Orienting the senses

Notice and name 4 things you can **see**

- 3 things you can **hear**
- 2 things you can **feel/touch**
- 1 thing you can **smell**

- Cool face washer or a moistened wipe
- Blinking hard/squeezing toes
- Eat a peppermint/sour lolly/crunchy food
- Hug a pillow/toy
- Listen to singing bowl
- Cool drink/suck ice
- Scratch & sniff stickers

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Immobilisation strategies – ‘Become a tree’

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Working with Immobilisation – Engaging the spine

- When the spine is aligned there is no collapse
- Move like you have a long tail
- Tick tock like a clock until you find your centre
- Zip yourself up
- Walk with a toy balanced on your head
- Grow yourself from a seed to a tree

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Social Engagement – Regulation


- For children who have experienced relational trauma, social engagement through eye contact is perceived as threatening, and may elicit defensive responses. **Other facial muscles can be safely engaged- eg. 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 – Regulation

- Bee and Snake breathing
- 1, 2, 3, Sigh
- Falling feathers/scarves/leaves
- Blowing a pin wheel
- Blowing bubbles
- Blowing up balloons



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Key points


- Trauma impacts the biological structures of developing brain and body – the brain adapts to its experiences
- Complex trauma occurs in the context of relationships and heals in the context of relationships
- Safety, predictability and repetition are key
- Helping the parents to regulate themselves will help them to regulate their children
- Strategies must support both hyper-arousal and hypo-arousal states to help the child return to their window of tolerance or social engagement
- Self care is essential for parents and workers in order to support children experiencing trauma

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THANK YOU

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