

# Trauma Informed Approach to Support Children and Educators

*Online*



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This handout assists with guidelines for attending this online workshop, please read below.

## Housekeeping

- Breaks - There will be a 10 minute break every hour
- Use of mute and unmute - please use mute throughout the webinar and only unmute when asked to by the facilitator
- Online chat - we will use the chat feature for most discussions, making comments and asking questions
- You already know about  and  !
- Let's be aware of and accept that technology isn't always working perfectly (If the internet becomes unstable or drops out please just re-join – we never know what might happen when using technology so please be patient and understanding)

## Group rules

- Use headphones (for better sound and privacy)
- Taking turns online (be courteous)
- Nurture yourself and take advantage of the breaks
- Recording of the webinar is **NOT** allowed
- Remember Confidentiality and Privacy – what is 'discussed in the room stays in the room'
- Attend the group with maximum concentration so that you get the most out of this brief time together
- Rules about the chat – we will try to respond to chat frequently throughout the webinar
- If you need to leave the group, please let the facilitator know
- When sharing, be aware if there are children around

# Should you need support after today's workshop:

- Speak to your manager or a colleague
- Contact Employee Assistance Program 1300 084 847
- Lifeline 13 11 14
- Beyond Blue 1300 224 636
- Suicide line 1300 651 251
- Suicide Call back number Ph: 1300 659 467  
24/7 referral line for people at risk of suicide, people caring for someone who is suicidal, or people bereaved by suicide.  
The service offers six 50-minute telephone counselling sessions to people over 18 years, and up to two call-backs to professionals.
- Mental Health Advice Line 1300 60 60 24

# How trauma hijacks learning

## A memo from a four year old

*This blog entry was authored by Jeanette Miller, Senior Consultant in the Parenting and Early Years Program, at the Australian Childhood Foundation, from the perspective of a four year old child who has experienced trauma.*

'When I was a baby and I got upset, I was totally dependent on bigger, stronger, wiser and kind adults to regulate my stress. But the adults in my life were none of those things and I could not depend on them to understand or meet my needs. Without someone to reliably buffer my stress, I grew to feel unloveable, hopeless and helpless. Because my cries for help were often not answered, I gave up asking for help and now I find it hard to trust people and feel like I have to do everything myself.'

'The toxic levels of stress hormones that remained in my system for long periods of time affected some parts of my brain. Many cells were destroyed in my developing Hippocampus, making it hard for me to make sense of experience and to remember what you taught me last week and yesterday. Those stress hormones also damaged my Corpus Callosum so my left and right brain hemispheres are not well integrated. This means I find language-based activities really tricky and being more right-brain oriented, I'm a visual learner. I'm also particularly tuned in to your non-verbal communication...though I often mis-read facial cues because the big people in my early life never made an effort to 'get' what I was trying to say emotionally. I'm always on the lookout for angry faces and often see anger when it's not really there. Maybe that's why not many of the other kids want to play with me.'

'When I don't feel safe, my ears are tuned in to low-frequency 'predator sounds' like the rumble of traffic or planes outside, or the air-conditioning unit in the room, and I can't hear what you're saying to me. Please use your storytelling, melodic voice when you talk to me'



'Sometimes a particular smell, sensation, texture, light...or even a facial expression, movement or tone of voice that you use, acts like a trigger to instantly return my body to the traumatised state it was in at the time I was neglected or abused. I have no understanding of when or why or how that happens...it just happens automatically...I can't help it. Please don't take my reactions personally, but try to understand and to observe patterns to make sense of this.'

'When I don't know what's going to happen next, I feel unsafe and my body will quickly get ready to fight or run away. Please make every part of my day predictable with familiar people, places and routines. Stay connected with me through every change of place or activity.'

'When I'm scanning the environment for danger, I can't focus my attention on learning tasks. Please help me to feel safe so that I can connect, play and learn.'

- See more at: <http://childhoodtrauma.org.au/2016/september/how-trauma-hijacks-learning#sthash.mnk3XDrt.dpuf>

# IMPACTS OF WORKING WITH TRAUMA

## Personal:

- Age and inexperience
- Little variety in work and inadequate support
- Experience current stressful life circumstances
- Have personal coping strategies – avoidance and internalising
- Supervision experience
- Having limited self-awareness regarding levels of anxiety, stress and physical fatigue.
- Blurring the lines between home and work.
- Bringing non-integrated personal experiences of trauma into the work.
- Forgetting to take time or undertake activities that are pleasurable, relaxing and fun.

## Some possible behaviours

- Increase in sick days, late to work
- Memory issues
- Decreased self esteem
- Loss of interest in tasks
- Unexplained changes in health, sleep patterns, physiological arousal, nightmares, hypervigilance
- Fatigue
- Impaired immune system – lots of colds
- Sleep and appetite disturbances



## Professional:

- Lack of experience, training and understanding of children who have experienced trauma.
- Working with children and families where concrete signs of success are few.
- Over-empathising with children and their family's experiences and not holding to strong boundaries.
- Not accessing supervision and utilising its benefits in the most effective way.
- Hearing stories of children's and family's trauma and abuse.
- Working with staff who reenact difficult relationships in their work.

## Impact on workers:

- Changes to the frameworks used to understand the world
- Suffering from disturbed memory flashbacks
- Difficulty in maintaining boundaries with clients and colleagues
- Challenges to our skills and perceptions in relation to self and other
- A person's self-regulatory capacity to integrate one's affect whilst sustaining a compassionate connection.

## What this might look like in the centre:

- Decreased communication – ie staff putting notes up to advise of things.
- Decreased ability to accept change or adapt
- Decreased ability to try new things/explore
- Avoidance of working with traumatic material.
- Anxiety – second guessing they can do the job
- Hyper vigilance/control issues
- Decreased self esteem – I don't make a difference
- Doesn't attend staff meetings, PD, informal functions



## Organisational :

- Absence of trust between individuals towards the workplace
- Absence of supervision or frequent cancellations
- High level of staff turnover and/or sickness
- General inability to acknowledge feelings
- Absence of strategy or planning
- High numbers of complex traumatised children and families.
- Lack of clear reflective supervision model and process.
- Low commitment to professional development.
- Limited understanding of the impacts of vicarious trauma, compassion fatigue and burnout.



## Supporting Staff, Transforming Trauma:



Creation of an organisational culture that acknowledges and normalises vicarious trauma reactions and offers practical support.

- Provides education about and exploration of the manifestations of vicarious trauma.
- Challenge, support and value staff
- Make it regular, a priority and in a confidential environment
- Organise a contract and a plan between supervisor and staff and review every three months
- Have a clear understanding of what supervision is and is not.





## Possible Impacts of Vicarious Trauma

	Personally	Professionally	Organisationally
Physically	<ul style="list-style-type: none"> <li>Fatigued</li> <li>Hypervigilance</li> <li>Impaired immune system</li> <li>Rapid heartbeat</li> <li>Changes in breathing</li> <li>Sleep &amp; appetite disturbances</li> </ul>	<ul style="list-style-type: none"> <li>Lack of concentration</li> <li>Use of negative coping mechanisms</li> <li>Difficulty in "switching off"</li> </ul>	<ul style="list-style-type: none"> <li>Increased absenteeism &amp; sick leave</li> <li>Being late</li> </ul>
Sensorily	<ul style="list-style-type: none"> <li>Flashbacks</li> <li>Sensory overload</li> </ul>	<ul style="list-style-type: none"> <li>Dissociation</li> </ul>	<ul style="list-style-type: none"> <li>Negative sense of workplace</li> </ul>
Emotionally	<ul style="list-style-type: none"> <li>Powerlessness</li> <li>Anxiety</li> <li>Guilt</li> <li>Fear</li> <li>Sadness</li> <li>Shut down</li> <li>Hopelessness</li> <li>Mistrust</li> </ul>	<ul style="list-style-type: none"> <li>Lack of satisfaction with work</li> <li>Diminished empathy</li> </ul>	<ul style="list-style-type: none"> <li>Apathy</li> <li>Detachment or over attachment to organisation</li> </ul>
Cognitively	<ul style="list-style-type: none"> <li>Self doubt</li> <li>Isolation from friends and family</li> <li>Loss of interest in a range of tasks, hobbies &amp; life</li> </ul>	<ul style="list-style-type: none"> <li>Projection</li> <li>Counter transference</li> <li>Increased mistakes</li> <li>Withdrawal from colleagues</li> </ul>	<ul style="list-style-type: none"> <li>Low morale</li> <li>Staff conflict</li> <li>Irresponsible practice</li> <li>Negative attitude</li> <li>Constant questioning of work</li> </ul>
Reflectively	<ul style="list-style-type: none"> <li>Decreased self esteem</li> <li>Questioning core beliefs and meaning of life</li> </ul>	<ul style="list-style-type: none"> <li>Reduced reflective capacity</li> <li>Poor communication</li> <li>Decreased confidence</li> <li>Setting perfectionist standards</li> </ul>	<ul style="list-style-type: none"> <li>Faulty judgements</li> <li>Avoidance of organizational tasks</li> </ul>

# SELFCARE ACTIVITIES

The goal of all self care is to care for the self! Self-care activities should cover a spectrum of areas including physical, emotional, psychological, spiritual and professional. The activities that are most effective for you will depend partly on your personality and individual preference, and partly on the level of impact your work/life environment is currently having on you.

BRAIN REGION	ACTIVITIES
Brain Stem	<ul style="list-style-type: none"> <li>Soothing activities in your preferred sensory modality.</li> <li>Massage (face, hands, feet, or whole body)</li> <li>Aromatherapy</li> <li>Grooming; brushing hair, painting nails</li> <li>Cuddling, physical affection, Take time to be sexual</li> <li>Singing</li> <li>Eating regularly and healthily</li> <li>Get enough sleep</li> <li>Take holidays</li> <li>Make time for prayer, meditation and reflection</li> <li>Nurture others</li> <li>Arrange your workspace so it is comfortable and comforting</li> </ul>
Midbrain (Diencephalon & Cerebellum)	<ul style="list-style-type: none"> <li>Exercise, go to the gym, Lift weights</li> <li>participate in team sports</li> <li>Practice martial arts</li> <li>Do physical activity that is fun for you</li> <li>Take holidays</li> <li>Say no to extra responsibilities sometimes</li> <li>Yoga</li> </ul>
Limbic	<ul style="list-style-type: none"> <li>participate in team sports</li> <li>Take time off when you are sick</li> <li>Wear clothes you like</li> <li>Take holidays</li> <li>Go to see a counsellor or psychotherapist for yourself</li> <li>Write in a journal</li> <li>Take a step to decrease stress in your life</li> <li>Spend time with others whose company you enjoy</li> <li>Stay in contact with important people in your life</li> <li>Treat yourself kindly (supportive inner dialogue or self-talk)</li> <li>Feel proud of yourself</li> <li>Re-read favourite books or re-watch favourite movies</li> <li>Identify comforting activities, objects, people, relationships, places- and seek them out</li> <li>Allow yourself to cry</li> <li>Find things that make you laugh</li> <li>Express your outrage in a constructive way</li> <li>Play with children</li> <li>Make time for prayer, meditation and reflection</li> <li>Be open to inspiration</li> <li>Cherish your optimism and hope</li> <li>Be open to mystery and not knowing</li> <li>Remember and celebrate loved ones who are dead</li> <li>Have awe-ful experiences</li> <li>Contribute to or participate in causes you believe in</li> <li>Read inspirational literature and listen to inspiring music</li> <li>Take time to chat to co-workers</li> <li>Identify projects or tasks that are exciting, promote growth and are rewarding to you</li> <li>Arrange your workspace so it is comfortable and comforting</li> <li>Get regular supervision or consultation</li> <li>Have a peer support group</li> </ul>
Cortex	<ul style="list-style-type: none"> <li>Participate in team sports</li> <li>Practice martial arts</li> <li>Get regular medical care for prevention and treatment</li> <li>Take holidays</li> <li>Get away from stressful technology such as email, mobile phones</li> <li>Make time for self reflection</li> <li>Go to see a counselor or psychotherapist for yourself</li> <li>Write in a journal</li> <li>Engage your intelligence in a new area- go to an art museum, performance, sports event, exhibit or other event</li> <li>Notice your inner experience- your dreams, thoughts, imagery, feelings</li> <li>Say no to extra responsibilities sometimes</li> <li>Make time for prayer, meditation and reflection</li> <li>Identify what is meaningful to you and notice its place in your life</li> <li>Be open to mystery and not knowing</li> <li>Express gratitude</li> <li>Celebrate milestones with rituals that are meaningful to you</li> <li>Remember and celebrate loved ones who are dead</li> <li>Nurture others</li> <li>Contribute to or participate in causes you believe in</li> <li>Read inspirational literature and listen to inspiring music</li> <li>Make time to complete tasks</li> <li>Identify projects or tasks that are exciting, promote growth and are rewarding to you</li> <li>Set limits with clients and colleagues</li> <li>Balance your caseload so no one day is "too much"!</li> <li>Get regular supervision or consultation</li> <li>Negotiate for your needs (benefits, pay raise etc)</li> <li>Have a peer support group</li> <li>Develop a non-trauma area of professional competence</li> </ul>

# Breathing Relaxation Exercises



## 1 Abdominal Breathing

Place one hand over your heart and the other over your abdomen. Breathe normally, noticing the rise and fall of your chest and abdomen. Continue this practice for about 10 breaths.

## 2 1,2,3.....Sigh!

Count slowly 1...2...3 (either aloud or silently) as you breathe in. Then give a long sigh as you breathe out. Repeat this several times until you feel yourself calming down.

## 3 Snake breathing

Breathe in normally. Then with a long breath out, make a SSSSSSSSS sound like a snake.

## 4 Bee breathing

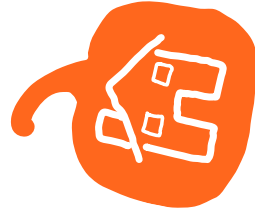
Breathe in normally. Then make a humming or buzzing sound like a bee as you exhale an extended breath out.

## 5 Feather breathing

Hold a soft feather in one hand and raise that hand as you breathe in. Let go of the feather and breathe out slowly as you watch the feather float to the ground. Try to make your breath out last until the feather reaches the ground.



# Self-care Prescription



Prescription (My self-care activity)	Dose (How long?)	Frequency				
		Daily	Weekly	Fortnightly	Monthly	Yearly
Call or visit a friend or family						
Practice breathing / muscle relaxation						
Walk, play sport or exercise						
Have a bath						
Read a book or magazine						
Have one-to-one time with your partner						
Watch a movie						
Listen or dance to music						
Write, paint or play an instrument						
Cook your favourite meal						
Go out for dinner						
Do some gardening						
See a counsellor						
Go away for a weekend						
Go on holiday						



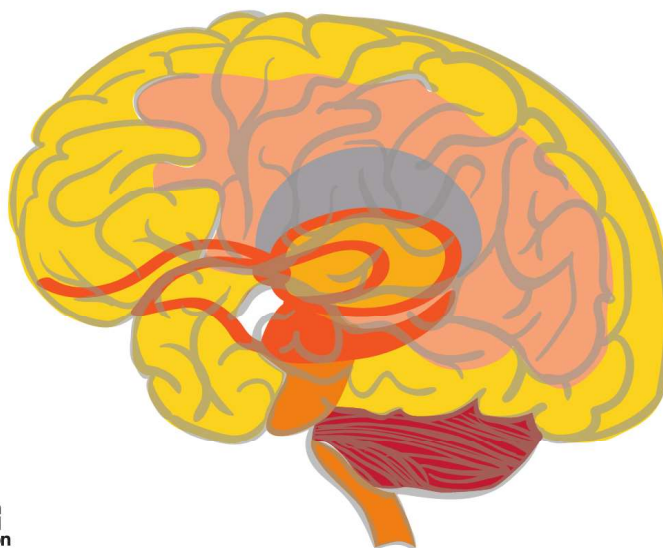
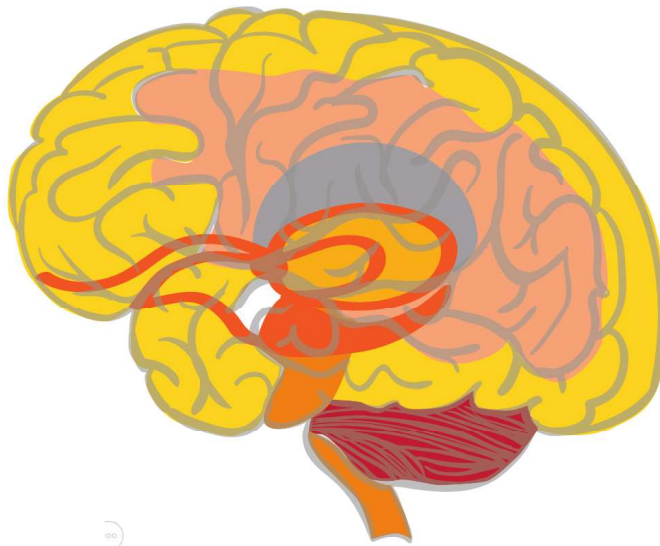

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# Bottom-up brain development



The brain is comprised of different structures that grow and develop at different rates and different times.

The **brain stem** area of the brain develops first and is responsible for basic functions that **keep us alive** such as heart rate, breathing and regulating our body temperature. The brain stem is fully developed at birth. It is the part of the brain that is 'hard wired' and least susceptible to change.

Connected to the brain stem is the **cerebellum** or motor centre of the brain. This area is responsible for **movement** and develops over the first few years of life. Development in this area is seen in babies gaining head control, sitting, crawling and walking. In the next few years, children will gain greater co-ordination, learn to skip, kick a ball, ride a bicycle, cut, draw and eat with cutlery.

The **limbic system** is the **emotional** centre of the brain and rules the lives of young children up to around four years. During the toddler years, the limbic system goes through a period of rapid development. This helps explain their bursts of irrational behaviour and tantrums. Toddlers need our help to manage their **strong** feelings. Young children **feel** then **act**, they **can't think** then **act**. This is due to the emotional centre of their brain developing before the cortex, or the thinking part of their brain. Young children basically view the world through an emotional lens.

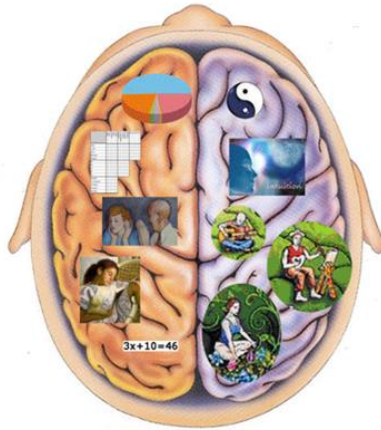
The **cortex**, or thinking part of the brain, is the last part to develop. This is the part of the brain responsible for reasoning, planning and problem solving. This is the part of the brain that enables humans to **think** before they **act**. As children grow and develop, the cortex is gradually able to help us to pause when we are flooded by **strong** emotions, thus allowing us to **feel, think, then act**.

Unlike the brain stem, the limbic system and cortex are highly susceptible to change due to experience and the environment in which the child lives.

# Lateral Brain Development

## LEFT

- Logical
- Linear
- Language
- Lists
- Literal
- Emotions – more positive



## RIGHT

- Ambiguous
- Non-verbal
- Big Picture
- Visual
- Emotions – like fear & disgust

### 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

- Is orientated in the present moment
- Is non-verbal
- Grasps the whole/big picture
- The pessimistic hemisphere
- Relies on the non-verbal:
  - Eye Contact
  - Facial Expression
  - Tone of Voice
  - Posture
  - Gesture
  - Intensity

## Trauma and language

The left hemisphere is responsible for

- speech production and
- language comprehension

Under stress, areas in the left hemisphere shut down leaving the traumatised child:

- speechless in the face of terror and
- with impairments in recognising and understanding simple instructions

### The shift to the right hemisphere

- Traumatized child is left to respond to intense emotional sensations and experiences without language
- Trauma shifts processing of experiences to the right hemisphere
- Experiences of trauma are acted out in non-verbal communication
- Non-verbal strategies are required to resource change for traumatized children

## Transforming trauma

### Building right hemisphere/left hemisphere connection

- Any activity that enables you to cross the midline
  - cups games, hokey pokey, clapping chants, mirroring games and physical activity/sports

### Building right hemisphere

- Attunement and relationally based activities
  - mutual smiling, mirroring games based on facial expressions, voice copying

### Building left hemisphere

- Incorporating cognitive processes into calming or stimulating activities
  - counting for relaxation



# Where trauma affects the brain

## **Amygdala**

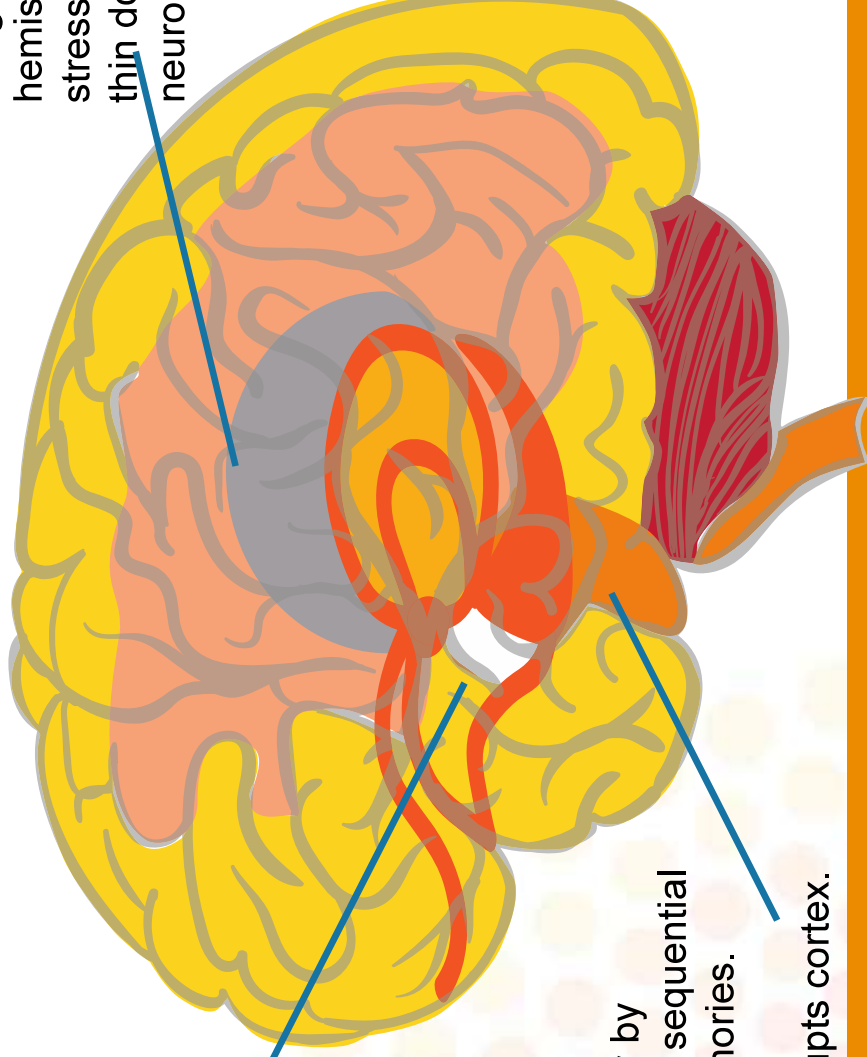
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

## **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



# Internal working model of traumatised child



# Polyvagal Theory and Protective Responses

by Stephen Porges

## 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 eyelids
- \* Slows or speeds heart rate



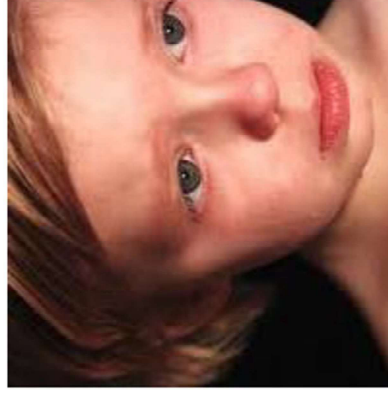
### Mobilization

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

# Porges Polyvagal Theory

**This document helps us to understand the responses we see in children.**

Polyvagal Theory outlines three evolutionary stages that took place over millions of years in the development of our autonomic nervous system. It proposes that the three stages are hierarchical in their use, even today.

1. The first formed defence developed uses the older branch of the Vagus and conserved energy for the animal or human in the face of a threat too big to face and would effectively produce an Immobilization response.
2. The next stage was the evolution of the sympathetic-adrenal system which assisted us to mobilise against threats, allowing the heart rate to rise and the SNS to take over.  
(At this point in time we had a 'all or nothing' ANS response to threat – either Mobilized (even in active freeze) or Immobilized)
3. The newest to form to develop was the Social engagement system, where through the use the newer vagus branch we could modulate calm bodily states and social engagement behaviors.

The hierarchy emphasizes that the newer “circuits” inhibit the older ones - we start with our most modern systems, and work our way backward.

The use of this system means we can modulate our response and transition between ANS states, but our capacity to do so depends on modes of regulation set as a result of interactions early in life (Schoore 1994).

- We use the newest circuit to promote calm states, to self-soothe and to engage. – We are able to slow down or speed up as required.
- When this doesn't work, we use the sympathetic-adrenal system to mobilize for fight and flight behaviors.
- And when that doesn't work, we use a very old vagal system, the freeze or shutdown system. This can be dangerous due to the extremely high amounts of stress hormones and opioids in the body, people can faint/slip into unconsciousness- and the heart can stop beating.

## **What does this mean for children?**

1. The newer, social engagement system can only be expressed when the nervous system detects the environment as safe.
2. Trauma impacts the use of this branch because it 'tunes' children to scan their environments for threat, thus they cannot apply the “Vagal Brake” and maintain elevated heart rates which in turn inhibit the use of the Social Engagement.
3. The linkage between the nerves the facial nerves and the nerves that regulate the heart and lungs mean that using the facial muscles can calm us down.

4. Children who present with no facial expression (the face has no muscle tone; the eyelids droop and gaze averts) will also highly likely have auditory hypersensitivities and difficulty regulating his or her bodily state... PVT suggests that the neural system that regulates both bodily state and the muscles of the face has gone off-line because their nervous system is not providing information to calm them down.
5. When children are in the distressed state, their nervous system evaluates even neutral things as dangerous, rather than pleasant. But once they become calm and engaged, they see neutral as being neutral, and then they engage people and they start reacting back to them. (Cf the shark music slide or the pussy cat/lion slide).
6. To assist children in regulation (moving them into the middle of the window of tolerance), PVT would suggest strategies to create a sense of safety, like retreating to a quiet environment, changing intonation, presenting familiar faces and familiar people, playing musical instruments, singing, talking softly, or even listening to music... When we do these we can actually recruit these neural circuits, trigger the social engagement system, and this will turn off our stress responses.
7. Therapeutic methods that promote the use of the associated body functions in the social engagement system will be soothing and calming, and will be more metabolically efficient. They will also produce a host of health benefits.
8. When we are in a mobilized anxious state (middle tier) and want to communicate or relate on a calmer personal level, we need to put the brake on our sympathetic-adrenal system and recruit the neural circuit that promotes social behaviors. We can do this by using our facial muscles, making eye contact, modulating our voice, and listening to others. The process of using the muscles in our face and head to modulate our social engagement will actively change our physiological state by increasing vagal influences on the heart and actively blunt the sympathetic-adrenal system. Then we can be more in contact with reality, more alert and engaged.

*(How your nervous system sabotages your ability to relate. An interview with Stephen Porges about his polyvagal theory By Ravi Dykema, in Nexus)*

# The paradox of the family



As an Early Childhood Educator you have a philosophy in working with children.

Think about your philosophy in working with families that enables you to have an open mind to all families.

# Trauma Informed Approach to Support Children & Educators

## Building safety and connection

- Children affected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning
- Safety = predictable and consistent routines, consistent relationships and consistent responses

This work is best practice for all children

One important way that we can help children have a sense of SAFETY, is to provide PREDICTABILITY in their day.....a sense that 'I know what's coming next.'

- Focus on creating an environment that is predictable and familiar
- Always prepare child for what is coming up next
- Establish a supportive pattern of one to one communication with child
- Be particularly sensitive to transition experiences

## Predictability: a metaphor for SAFETY

Children affected by trauma experience any change as a potential threat.

Consistent caregiving and continuity of care is vitally important to traumatised children.

Protective and predictable relationship provides attachment security.

## Building predictability

Predictability is achieved by:

- Reliable routines, e.g. greeting children at the door on arrival in morning with a consistent signal - high 5/handshake, same beginning/ending routines e.g. a song or music
- Using visual cues to help children prepare for the day – sequencing...better to use photos of the actual child/activity, than clipart
- Preparing children for what's coming next
- Talking to children about your intentions
- Same caregiver/s every day

Consistency of carer - it's unrealistic to expect that any of you can never be sick, or won't ever take leave.

Ideally each child needs at least one significant person with a committed relationship to him, who acts as his secure base.

Young children develop a hierarchy of attachment figures

Children in Childcare/Pre-school need at least 2 attachment figures to reduce stress if one is unavailable

- Traumatized children will come to trust and rely on their reference point as an interpreter of their environment
- Traumatized children will respond in a less volatile way to changes
- Over time, traumatized children will build an internal platform for responding to change
- Traumatized children will learn to use others as a resource to support them

Predictability is achieved by:

- Asking permission before touch
- Beginning and ending group sessions with same activity
- Giving warning when activity is about to end
- Ensuring relief staff continue regular routines

Think about your service for young children – what do you do that is the same every day?

Why do you have these routines? What is their purpose?



# PREDICTABILITY



Outline how you would plan for your group of children to go on an outing to.....( an attraction in your local area), or to have a visit by.....( someone who might visit your Centre to talk to the children).

Include in your planning, strategies which would ensure that a child with a trauma history could feel safe enough to participate in, and enjoy, the experience.

## Other Training



### Understanding and Exploring Trauma Informed Practice

This session provides an opportunity for early childhood educators to start to think about how to support children who are affected by trauma in the early childhood space. The session provides frameworks of practice that will increase knowledge, skills and confidence to support early childhood educators to implement the trauma-informed practice in the early childhood setting.

#### Learning Outcomes

On completion of this program, participants will be able to:

- Develop the ability and knowledge to create environments and routines that are trauma sensitive
- Enhance the ability to identify and use strategies for supporting emotional regulation in traumatised children
- Develop a framework for making meaning of, and strategies for, responding to trauma-based behaviours in young children
- Further explore the ability to create environments and routines that are trauma sensitive
- Enhance capacity to work with families experiencing trauma
- Have a better understanding of the context of the trauma for families – brain development and impact of trauma on brain.
- Enhance ability to use relationships between staff and traumatised children as vehicles for change
- Know how to build meaningful and non-judgemental relationships with families

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### Leadership and Trauma Informed Mentoring

This session will explore leadership and mentoring through a trauma-informed lens. It will also provide an opportunity to reflect on both the mentor and mentee roles when working with families and children where there is/has been relational trauma.

#### Learning Outcomes

On completion of this program, participants will be able to:

- understand the role of a mentor and mentee.
- learn how to support other staff in the centre to create environments and routines that are trauma-sensitive
- enhance their capacity to use relationships as vehicles for change
- support staff to use a range of trauma informed frameworks in their work with children and their families effected by trauma.