





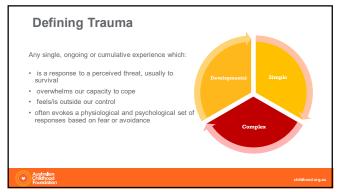
# Session Outline Defining Trauma Brain Development Relationships Impact of Trauma Biology of Safety Responding Self-Care

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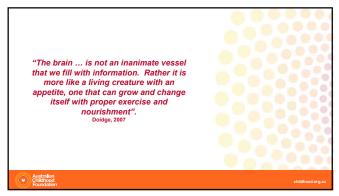
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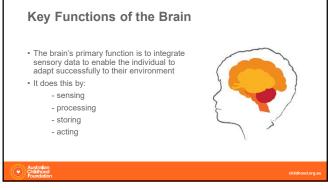


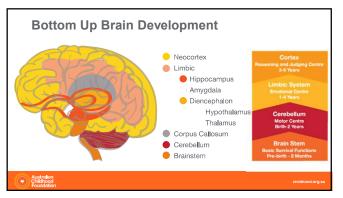












## **Brainstem**

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



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## Cerebellum

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



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## Limbic Lobe

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



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## Amygdala & Hippocampus

## Amygdala

- the 'smoke detector' of the brain
- is mature at birth
- processes & stores implicit memories

### Hippocampus

- matures between 2-3yrs of age
- provides context to memories & embeds into long-term memory



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## **Cerebral Cortex**

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

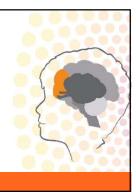
  - LogicJudgement
  - Voluntary movement



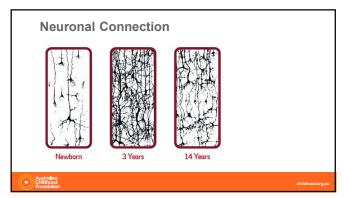
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## **Prefrontal Cortex**

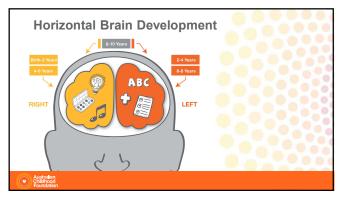
- Responsible for executive functions, such as judgement, reasoning, and self awareness.
- Final part of the brain to reach maturity in one's mid 20s.



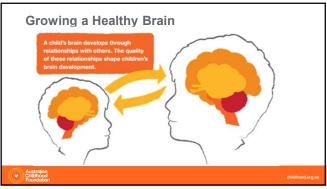
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# Attachment Primary caregiver relationships contribute to: development of independence experience of safety and security regulation the perception of emotion in self and others internal working models integration of shame

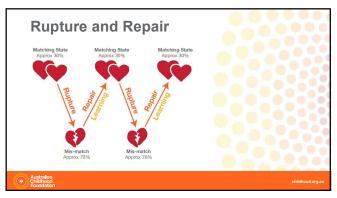
## Attunement • Ability of carer to know, read and match the infant/child's feelings/needs • Through attunement the infant/child is able to: learn about emotions, what they mean and what responses they can expect from those around them • mimic emotions/actions of others – 'be in sync'

• read the intentions of others

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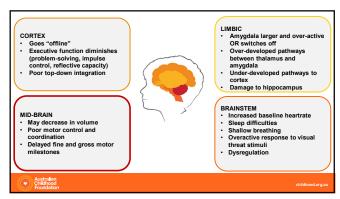
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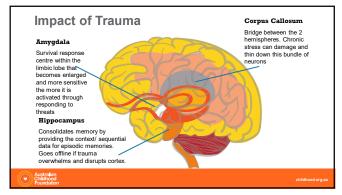












View of self	I am lovable I am worthy	I am unlovable I am unworthy	Prin a bad person Nobody Adults are scary
View of others/ relationships	Others are responsive Others are loving Others are interested in me Others are available to me	Others are unavailable Others are neglectful Others are rejecting Others are unresponsive	Constitution to the Constitution of the Consti
View of the world	The world is relatively safe	The world is unsafe	216

## **Trauma and Memory**

- Trauma and toxic stress undermine the brain's capacity to integrate dimensions of memory
- Emotional and sensory (implicit) memories are not well connected to the "facts" (explicit memories)
- As children's memories can be a source of threat they shut down

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## Trauma and Regulation

- Trauma alters children's baseline arousal
- Small changes or stressors may trigger an alarm response
- Children will have a reduced capacity to use cortical processes (higher level, rational thinking) to calm themselves down

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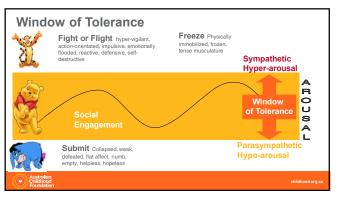
# Neuroception of safety Neuroception refers to the detection of features of threat or safety in others or the environment (without awareness), that facilitates social engagement Safety – internal and external to the body. Safety is a transformative state that allows the child to engage in all things of life.

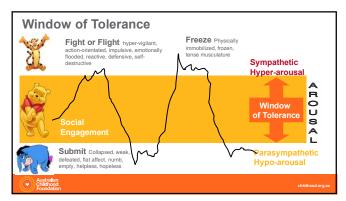
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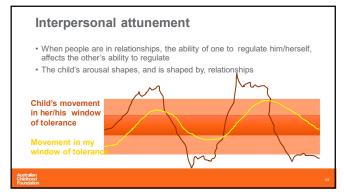
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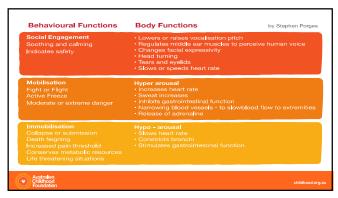




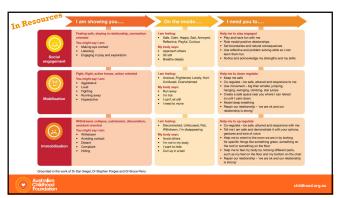














## Working with MOBILISED responses Fight What it might look like • Angry, aggressive, irritable • Confrontational, controlling, shouting • Blaming others, pushing others away, argumentative

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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

## Working with MOBILISED responses Flight

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## 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

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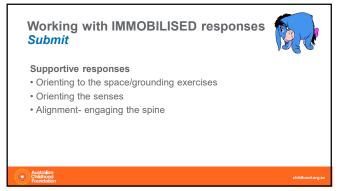
## Working with MOBILISED responses Freeze

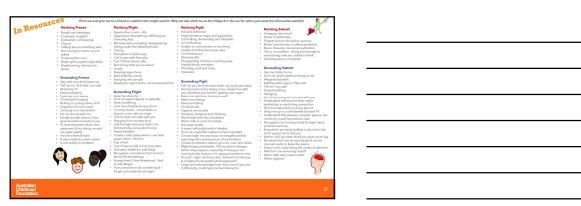


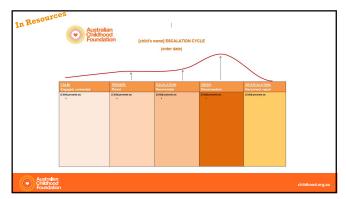
## Supportive responses

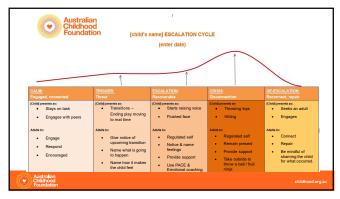
- Be curious with the child about the freeze state are there any places that are less frozen than others?
- Gently facilitate movement e.g. Wiggling one finger
- Play with metaphors like thawing ice
- Encourage breathing
- Engage senses
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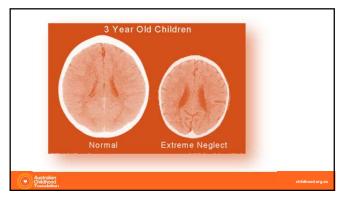
Working with IMMOBILISED responses Submit	
What it might look like  • Low, sad, flat mood  • Quiet, compliant  • Alone, withdrawn	
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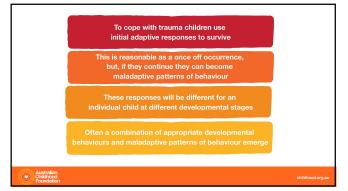






















## **Communicating through play**

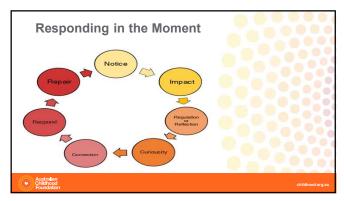
Play experiences enable children to:

- relate,
- self-regulate,
- feel,
- express,
- communicate,
- process, and
- integrate their internal and external experiences.

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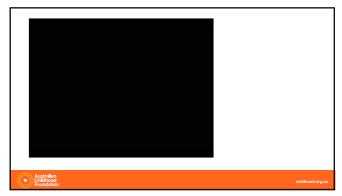




## Two Hands of Therapeutic Boundaries Hand One: provides warmth and nurture, and allows: Child appropriate autonomy matched to their developmental age. Hand Two: provides structure, and boundaries: Connection before correction No correction without understanding Avoid lectures and delay problem solving Avoid punishing with the relationship Adult takes responsibility for relationship repair

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# Playful Accepting Curious Empathic P.A.C.E. is not aimed at 'changing' the child, rather it is used to help the child feel connected Through P.A.C.E. the child feels understood, in turn building the trust and security that is necessary for the development of a secure base PACE is a way of being with children, not a technique we switch on and off









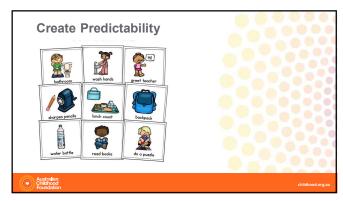




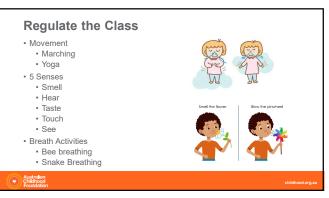
## Children effected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning Safety = predictable and consistent routines, relationships and responses





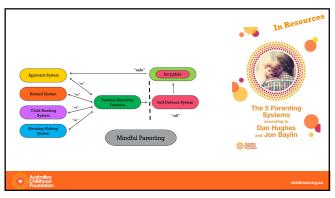












## **Blocked Care**

 A term used when the brain's integrated parenting system is compromised, and therefore their capacity to nurture a child is supressed.

Blocked care:

- Happens to many significant people in a child's life
- Is related to stress
- Is influenced by our own past experiences of relationships
- Is caring in survival mode



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