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Working with children and young people with complex trauma: Considering Trauma Responsive Practice in a child protection setting

Territory Families: Care and Protection Induction



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1



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2

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Learning outcomes

- Explore developmental neurobiology and consider how the impacts of trauma shape children and young people's states, needs and experiences, including consideration of theoretical perspectives of trans-generational trauma
- Integrate this understanding across multiple forms of trauma including complex, developmental, intergenerational, transgenerational and collective trauma, and epigenetics and consider the impact on family functioning and the developing child with a focus on what this means for family interventions
- Be able to respond to children and young people from a trauma responsive approach and provide support and strategies for carers and family that are underpinned by theory
- Consider what Trauma Informed Practice looks like in a Child Protection Setting



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Safety

The content of this training can evoke strong emotions and may trigger personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.

4

Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a perceived threat, usually to the level required for survival
- overwhelms our typical capacity to cope
- feels/is outside our control
- often evokes a physiological and psychological set of responses based on fear or avoidance

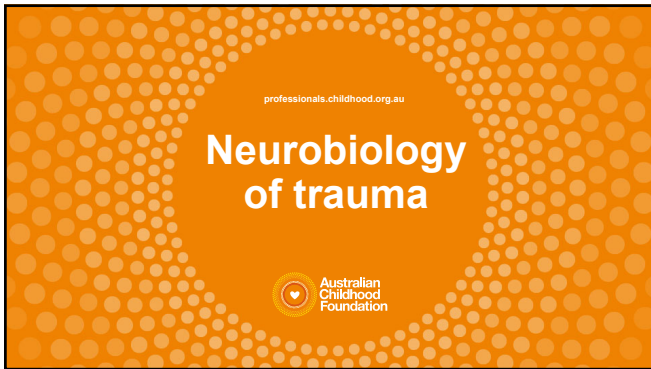
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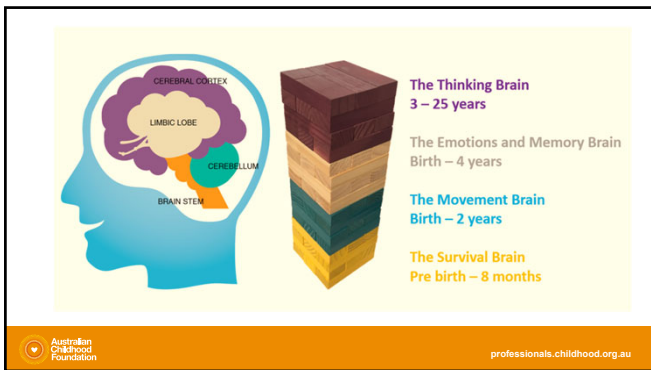
Trauma impacts

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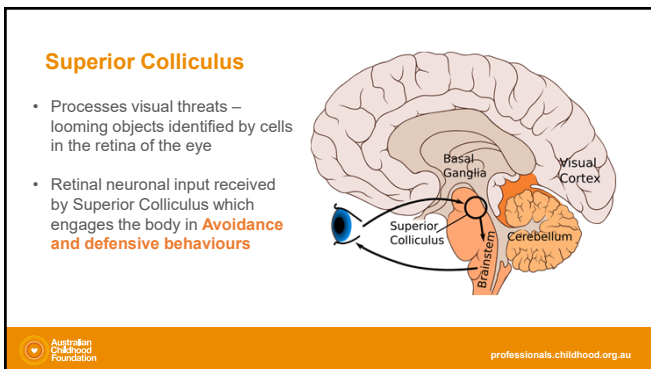
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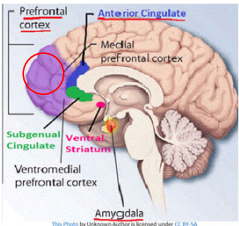
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9

Anterior Cingulate Gyrus

- Emotional processing and vocalization of emotions.
- Connections with speech and vocalization areas in the frontal lobes
- Emotional bonding and attachment. This bonding happens as frequent vocalization takes place between mothers and their infants.
- The ACG also connects with the amygdala. This brain structure processes emotions and relates them to particular events as well as fear conditioning (F McCabe, University of Nevada)
- **“Joy releases opioids in rACC which triggers top down inhibitions of the defence system” (Dan Hughes)**



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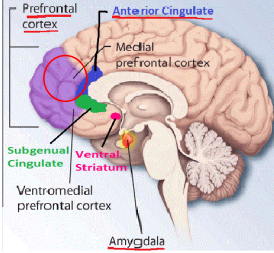
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10

Medial prefrontal cortex

The mPFC has also been associated with perceptions of others, but some research suggests that it is more strongly associated with perceptions of self and similar others (Johnson et al., 2002; Mitchell et al., 2006; Mitchell, 2009)

Involved in maternal bonding – the parent child dyad and inter-subjectivity



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11

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Safety



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12

Polyvagal theory the vagus nerve

The diagram illustrates the Vagus Nerve (cranial nerve X) originating from the brainstem and branching into three main sections:




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

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13

Polyvagal Theory and our protective responses

by Stephen Porges

	Behavioural Functions	Body Functions
	Social Engagement Soothing and calming Indicates safety	<ul style="list-style-type: none"> • Lowers or raises vocalisation pitch • Regulates middle ear muscles to perceive human voice • Changes facial expressivity • Head turning • Tears and eyelids • Slows or speeds heart rate
	Mobilisation Fight or Flight Active Freeze Moderate or extreme danger	Hyper arousal <ul style="list-style-type: none"> • Increases heart rate • Sweat increases • Inhibits gastrointestinal function • Narrowing blood vessels - to slow blood flow to extremities • Release of adrenaline
	Immobilisation Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	Hypo - arousal <ul style="list-style-type: none"> • Slows heart rate • Constricts bronchi • Stimulates gastrointestinal function

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14

Working with protective responses

The graph plots arousal levels for three states:

- Fight or Flight:** High arousal, hyper-vigilant, action-orientated, impulsive, reactive, self-destructive.
- Social Engagement:** Moderate arousal, associated with the bear character.
- Submit:** Low arousal, collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless.

Vertical axis: **AROUSAL**

Horizontal axis: **Mobilisation** (top), **Social Engagement** (middle), **Immobilisation** (bottom)

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15

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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Pyramid of Need – Kim Golding

Safety is paramount and the foundation for moving up the pyramid

Children move up and down the pyramid depending on circumstances

New stresses, change etc can impact on where child sits on the pyramid.

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17

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

18

18

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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19

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Connection

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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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21

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



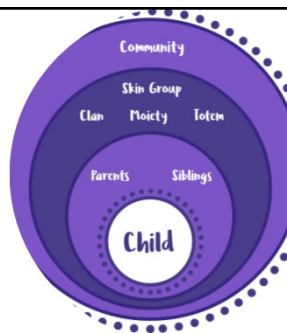
22

Mirror neurons – Serve and return



23

Collective view of relationship



24

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/entry/dopamine-mother-infant-bonding/>

25

Kinship context of connection



[Family and kinship - YouTube](#)

26

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

27

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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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:

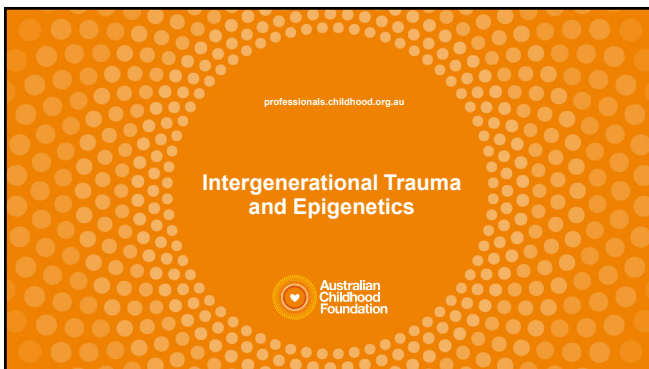
- 'I am helpless'
- 'You can't be trusted'
- 'The world is threatening'

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29

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Intergenerational Trauma and Epigenetics



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Inter-generational trauma



to help heal our traumas

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Transgenerational transmission and cultural impacts:

Duran and Duran (1995) suggest:

“...that historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes ‘normalised’ within that culture.”

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Healing Centred Engagement

A shift from trauma informed care to healing centered engagement (HCE) is more than a semantic play with words, but rather a tectonic shift in how we view trauma, its causes and its intervention. HCE is strength based, advances a collective view of healing, and re-centers culture as a central feature in well-being.

[Morning Plenary Session: "Healing Centered Engagement" - YouTube](#)



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33



34

Epigenetic patterns are reversible

Gene expression patterns that are set up early in life are not necessarily stuck that way forever →

Ingredients needed:

- Environment
- Experience
- Relationships

So take heart - your epigenetic destiny is not written in permanent ink

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Trans-generational trauma and parenting

- Children and young people who have experienced trauma, together with their parents who may have experienced trauma, share a **limited range of reference points to understand each other's experiences**
- Parents are able to make a difference to these relational maps in their children if they are **aware of their own self-narratives**

Coherent self narratives in parents is the single largest predictor of positive attachment with children and young people

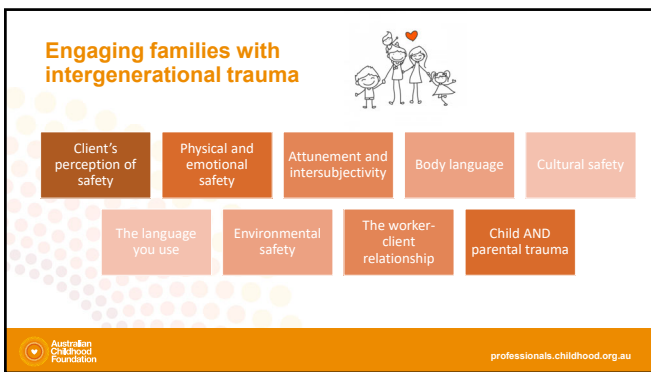
(Dan Siegel)

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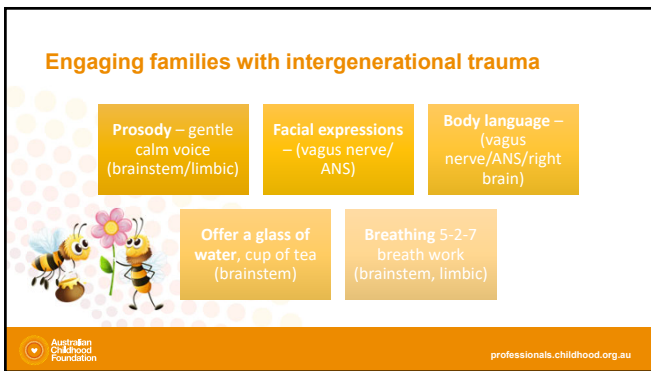
36



37



38



39

Engaging families with intergenerational trauma

Listen and validate feelings (limbic/cortex)	Hold space (when safe)	Check in with your own emotions/triggers (right brain to right brain, co-regulation)	Show Empathy (limbic/cortex)
Connection – relating (limbic/cortex)	Draw on strengths (limbic/cortex)	Humour (limbic/cortex)	Unconditional positive regard (right brain/limbic/cortex)

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Meaning making

Understanding Behaviour (or Trauma Symptoms) and

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Trauma symptoms-behaviour under stress

- Behaviour = trauma symptoms
- Every behaviour has a meaning
- Behaviour is often a child's or young person's way of communicating with us
- Learning how to understand a child's behaviour is a more effective tool than memorizing a list of prescribed responses for common "challenging behaviours."
- We need to learn to ask "What is this behaviour telling me?" and be curious about what it might mean so that we can best respond

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42

Understanding behaviour

A child's behaviour is not always what it seems
"Behaviour is communication"

What we see: Behaviour

What we don't see: What's under the surface

What we see (above water): SOCIAL SKILLS, SECURITY, ENVIRONMENTAL STRESSORS, POWER, SELF-ESTEEM, DEVELOPMENTAL LEVEL, NEED FOR ATTENTION.

What we don't see (below water): BASIC NEEDS (HUNGER, SLEEP, ATTACHMENT, SENSORY NEEDS), PHYSICAL SAFETY (PAIN, FEAR), NEED TO BELONG, EXECUTIVE FUNCTIONS, EMOTIONS (ANGER, SADNESS), NEED FOR CONNECTION.

I am overwhelmed, this is too much sensory input for me... Am I loved? Am I lovable? Am I capable? Can I do things on my own? Am I included? Am I respected? Are my thoughts valued? Am I good enough?

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Trauma organised behaviour

Most likely the defence state they used at the time of the initial trauma

Child/YP is started by event or trigger

The lack of explicit, logical memory, means the child does not know what started the trigger behaviour

Child/YP is in state of heightened defense— either hyper or hypo arousal

Developing brain imprints the emotions felt at the core of the trauma, as well as the defence used against it

Child's/YP's subcortical, right hemisphere enacts response

The behaviour pushes another's "buttons"

Behaviour provokes a reaction in others

This reaction is perceived as an additional threat

Child/YP is still in their right hemisphere and so is not using their cortex to read or interpret your response...and is primed to perceive ongoing threat

Image source: ©2018 ACF

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44

Shield against shame

Lie
"I didn't do it"

Blame
"It was HIS fault"

RAGE
"Why do you ALWAYS blame me"

Minimise
"It wasn't that bad, didn't hurt him"

Shield Against Shame

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45


Understanding and responding to behaviour ?

Ask yourself:

- What is the behaviour telling me?
- What might have triggered this behaviour?
- How does this behaviour serve to protect the child/young person and help him/her survive?
- What is the impact on me?

Rather than asking:
"What are you doing?" and **"How can I stop it?"**

Ask: **"What are you trying to tell me?"** and **"What do you need from me?"**



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46

Making meaning of what we see....

<p>What we might say based on what we see</p> <ol style="list-style-type: none"> 1. He has regular outbursts and throws tantrums 2. When it's loud she just covers her ears and won't do her work 3. He refuses to drink water all day, and then can't concentrate at all in the afternoon 	<p>What we might say based on what we don't see</p> <ol style="list-style-type: none"> 1. <i>He hasn't developed skills to regulate strong emotions</i> 2. <i>She needs help to develop skills to tolerate sensory (auditory) input</i> 3. <i>He struggles to notice thirst and respond to what his body needs</i>
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47

Blocked Trust

Blocked trust is a child's way to adapt to very poor care – **it's a survival state**. Blocked trust is blocking the pain of rejection by:

- Negative bias
- Dissociating
- Suppressing social emotions
- Provisioning – self reliance
- Manipulating
- Resisting authority – aggression, 'defiance'
- Story telling – fantasy
- Lying behaviours



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The power of the narrative

- Encouraging family traditions and rituals, cultural values - anchors
- Storytelling – meaning making, identity and belonging



“Family stories can inspire us, protect us, and bind us to others”
Elaine Reese 2013

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49

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Supporting behaviours under stress

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50

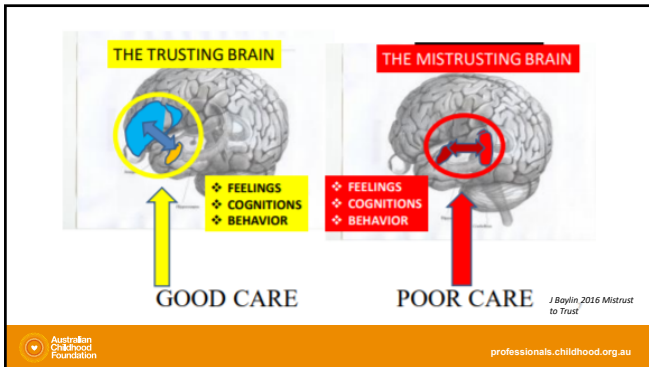
Blocked Trust

“When the young child blocks the pain of rejection and the capacity to delight in order to survive a world without comfort and joy”.

Jon Baylin, 2016

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51



52

What to do?

Example: Child is engaging in lying behaviours:

Don't get into a discussion as to why the child lied – the child will often not know as the behaviour was likely triggered by an implicit memory or a learned behaviour adopted as an implicit survival response

Attachment strategies: (Connection before correction and PACE)

- **Empathy:** "It must be so hard to feel like you have made a mistake....", I'm so sorry that you find it hard to accept my help right now. I hope that one day you will trust me enough to love what is inside you"
- **Reassurance:** "its ok to make mistakes...."

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53

What to do?


- **Wondering,** exploring (curiosity) "I wonder when you find it hard to own up to what you've done if you feel like you are the worst kid in the world and I won't be able to love you?"
- **Collaborating:** Do you think there is anything I can do next time to make it more comfortable for you to make a mistake?
- **Playfulness:** "every time you find it hard to admit a mistake I'm going to tickle your toes, do a funny dance" etc, to remind you that mistakes are normal and I want to help you get it right.

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Positive behaviour support

- Focussing on what the child does well – incorporating that into any therapeutic plan
- Putting in strategies for connection and coregulation in the 80% of the time that the child is not escalated
- Behaviours of concern – building in proactive and reparative strategies for preventing and working with behaviours
- Building on the child's quality of life = reducing boredom, loneliness, sense of failure

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P.A.C.E in practice

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56

What is PACE?

- Playfulness
- Acceptance
- Curiosity
- Empathy



"PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore." Dan Hughes

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57



PACE: Positive prediction errors

Element of surprise builds learning signals that wake up the child's prefrontal cortex

"My automatic prediction of being rejected was wrong. You were kind when I mindlessly expected you to be mean"

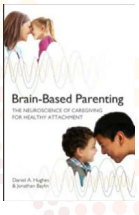
Engages approach/avoidance system –curiosity/reflection system - reappraisal

John Baylin et al 2014


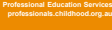
58

PACE – stages to secure attachment



Stage 1: mindless mistrust – “you’re mean, I’m bad”
Stage 2: confusion: “Who, this is weird! You don’t understand why I don’t trust you and you aren’t angry about it?!”
Stage 3: Approach/avoidance/conflict – to trust or mistrust?
Stage 4: practicing trust over mistrust – repetition, with predictable, consistent responses
Stage 5: resolving the conflict – “I can trust you and I am a good kid”

J Baylin et al 2014

59

PACE Helps

The social engagement system come online	Connect the prefrontal cortex (thinking brain) to the lower regions of the brain (emotional and survival brain)	Calm the threat sensing amygdala by sending a message of safety.	Connect children and their caregivers
Aid the growth of regulation skills.	Build the ability to reflect	Develops the child make meaning of themselves, their stories and their behaviour.	PACE uses all 5 parent brain systems (approach, reward, child reading, meaning making and executive)





60

PACE – Togetherness

- ‘Communication’ is more than talking
- The deepest meanings are conveyed nonverbally
- Right brain to right brain ‘I feel you and you feel me, we get each other on an emotional level’
- Maintains the social engagement system – allowing us to stay open to each other
- Creates safety and connection, mutual joy and feelings of satisfaction and competence with self, and each other.
- Helps children feel safe thinking about their story.

Dan Hughes




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61

“The space between us” (Intersubjectivity)

where the child and caregiver come together, and start to learn about, feel and ‘get’ themselves and each other.



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62

A dance of feeling and meaning making... beginning with:

- Enjoy being with each other.
- Be animated when showing feelings.
- Try to ‘read’ the child’s feelings and show that you get it.
- Stay with what is happening here and now.
- Try to get some back and forth happening (in play or talking).
- Use your story telling voice (tone of voice, pace of talking, rhythm, melody and facial expression)
- Help the child make sense of what is going on through story telling.

Dan Hughes



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63

Empathy – Brene Brown



<https://www.youtube.com/watch?v=1fvwgu369lw>

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64


Being PACEful with ourselves

Be playful – sing, be silly, dance, hug yourself, laugh.

Be accepting – I am doing my best. Sometimes that doesn't feel like enough, but I know I am enough.

Be curious – what might be going on for me right now?

Be empathic –it's ok that I am finding it hard, this is hard.



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PACE cheat sheet:

P keep the light, be silly, find the fun

A see the child's feelings and needs separate to the behaviour and respond to them first.

C 'I wonder what...?' 'What do you think?' questions and guess and check


E 'That sounds really tough' 'that must have been really hard'.

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66

Connection before correction

- Right Brain to Right Brain – connection as a *“felt”* sense.
- Meet the child where he or she is at...
“If I’m in China, the only place you can really meet me is in China”
(Circle of Security International)



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67

Practice map

In groups:
 Explore how the concepts discussed in this training can be applied across your program/organisation?

Think about:


- Guiding principles/framework for your program/organisation
- Relevance to your practice
- How these concepts can be applied to client work, the workspace – team meetings, supervision space?

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68

Take home messages

- Find something to like about the child/young person/parent
- Connection before correction
- If your client/child could do better they would
- Name it to tame it (Dan Siegel)
- Emotional/developmental vs chronological age
- Experience vs content



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69

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70

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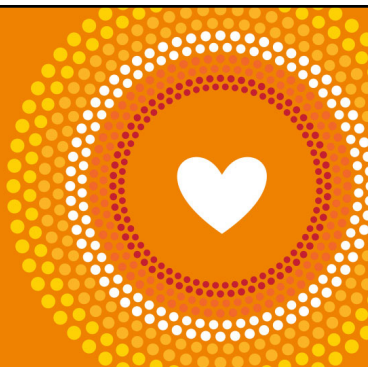


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71

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72
