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Trauma Responsive Practice in Group Facilitation:

Understanding trauma, neurobiology & the implications for our work with people from Refugee communities

ASETTS 16th August 2021




1



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





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A message about safety

- Looking after yourselves during our time together is important
- This workshop provides a link between the neurobiology of complex trauma and its impacts on brain, body and relationships
- Sometimes hearing the stories of others, thinking and talking about experiences of significant abuse, neglect and harm can have a triggering effect.
- Our own experiences may also influence how we receive the material discussed here today, so please take care of yourself during the course of the day
- Your emotional safety is paramount


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3

Learning outcomes



- Build upon your understanding of neurobiology and trauma: the impacts of trauma on our brains, bodies, relationships and functioning
- Learn about Polyvagal Theory, 'neuroception' and 'regulation': apply this to how we understand our selves, our clients and our work with community
- Relate trauma responsive practice principles to working with groups
- Explore the concept of 'cultural humility' and how this may be applied to group facilitation with Refugee communities
- Consider the neurobiology of self care

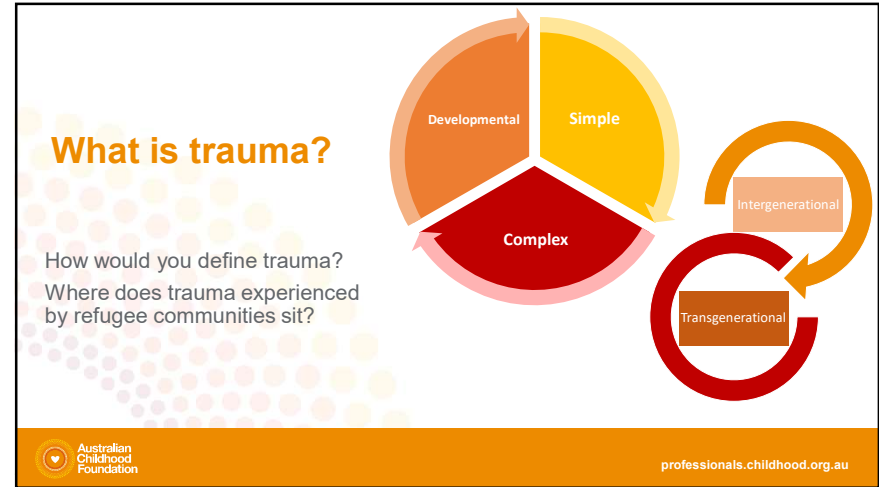


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5



6



7

Defining trauma & Toxic Stress

Any single, ongoing or cumulative experience which:

- is a response to a **perceived threat**, usually to survival
- **overwhelms** our 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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Types of trauma – experienced by refugee communities and people seeking asylum

- Simple Trauma
- Pre-Migration, Migration, Exile & Resettlement related Trauma
- War Trauma including Torture
- Complex Relational & Developmental Trauma
- Collective Trauma


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Image: www.bowencollege.com
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Intergenerational Trauma

- The prefix 'inter' is from the Latin meaning between, or among, together or mutually together

- Inter-generational trauma is passed down directly from one generation to the next



- Inter-generational trauma occurs directly through experiencing the trauma or from seeing or hearing about it

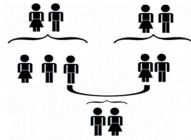
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Transgenerational trauma

- The prefix 'trans' is from the Latin word meaning across or crossing, through, beyond or on the other side

- Trans-generational trauma is transmitted across a number of generations



"This type of trauma occurs without direct stimulus but is instead transmitted from a parent who has experienced a traumatic event"

(Davidson & Mellor 2001 as cited in Goodman, West & Cirecie, 2008)


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11

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."



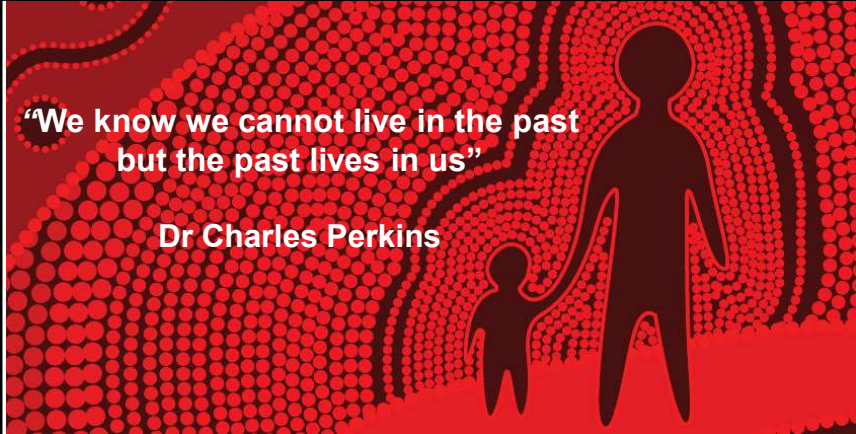
Atkinson, J., *Trauma Trails: Recreating Song Lines*, 2002

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12

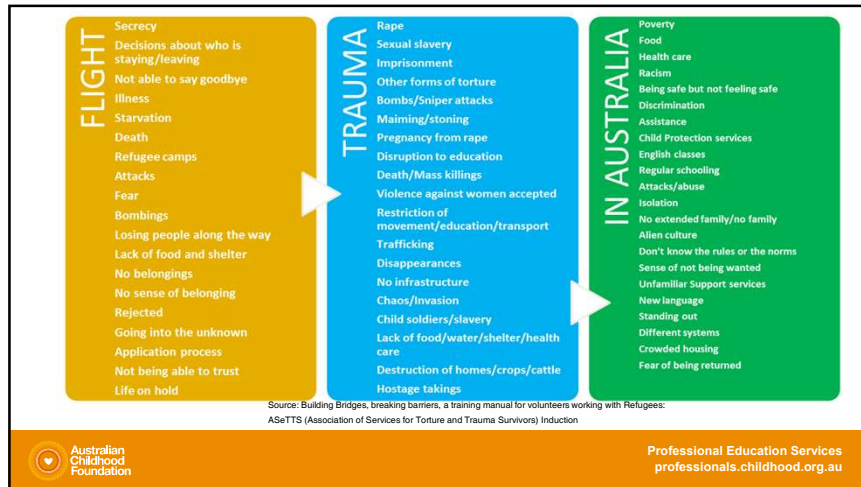
"We know we cannot live in the past but the past lives in us"

Dr Charles Perkins



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13



14

Do children & young people who survive war and torture experience complex trauma and developmental trauma?

- Not all children who have survived war trauma and relocation experience complex relational trauma
- 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
- Intergenerational tensions can develop due to Australian cultural norms being in conflict with traditional cultural norms and parenting/childrearing practices
- Often these differences in tradition and living conditions creates a mismatch in the importance of education and play

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15

Collective Trauma

- The psychological reactions to a traumatic event experienced by an entire society
- More than an 'historical fact', it is a terrible event that can be recalled by a whole group of people
- The event exists in 'collective memory':
 - The memory is reproduced and relived by the collective
 - The memory is shared and reconstructed in order to make meaning from it

Hirschberger G (2018)

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16

Collective Trauma

“French sociologist, Durkheim, suggested our norms, values and rituals are the foundations of social order. They provide the basis for connectedness and social cohesion, pillars of what we now call resilience.

Collective trauma occurs when an unexpected event damages the ties that bind community members together. Not only are communities physically destroyed, but the social ties that bind them together are also damaged.

Devastating natural disasters aren't the only source of collective trauma. War, conflict and genocide have challenged established ways of living and fractured community bonds”.

<https://aifs.gov.au/cfca/2020/02/25/collective-trauma-real-and-could-hamper-australian-communities-bushfire-recovery>

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17

Trauma in populations

deep mistrust of self, others, even within family	self-directed violence-suicide, risk-taking behaviour;	substance misuse; unremitting grief; shame and humiliation
intergenerational conflict; violence against women; role diffusion, including sexual abuse and other boundary violations	cultural genocide, losing traditional values, desecrating land and institutions;	A leadership crisis; a conspiracy of silence - an overall attitude of secrecy.

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18

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Neurobiology:

Brain development
Impacts of trauma on our body

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Brain development- the role of culture

- The cultural context of our experiences with other people influences brain development
- Culture influence brain development in utero-sensory based
- Culture organises relationships and promotes neuronal connections that support adaptability to the physical and emotional environment
- Sensory data is interpreted according to the parameters of the culture long before cognitive understanding
- Childhood → Later life: Belonging, Meaning Making. Connection, Practices/Traditions, Identity



Anything else? Write down for yourself 2 or 3 'postcards' you would have received in utero about your own culture

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20

Developmental stages of brain maturation

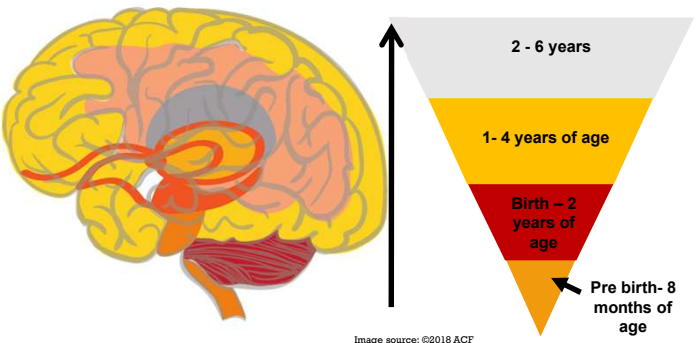


Image source: ©2018 ACF

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Sequential brain development

Cortex
Reasoning and Judging Centre

Limbic System
Emotional Centre

Cerebellum
Motor Centre

Brain Stem
Basic Survival Functions

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Horizontal brain development

Left Hemisphere

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

Right Hemisphere

- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity

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23

Summary: Brain development

- The brain develops through a mix of genetics and environmental factors.
- Relationships are central to development
- Relationships= survival; Isolation=death
- The quality of relational right brain to right brain interactions in childhood influence our development in all areas of life
- There are critical periods of development, trauma experiences during critical periods can result in significant impacts later in childhood and into adulthood
- Culture influences brain development in utero- sensory based

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

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Development: the role of relationships

"I am because we are"
African proverb

"A person's core self – the self that is shaped by early attachment patterns – is defined by who the parental object both perceive him to be and deny him to be"
Bromberg 2001, page 57

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25

Trauma impacts

Trauma can impact all elements of children's development: brain, body, memory, learning, behaviour, emotions, relationships.

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26

DISCONNECTION FROM CULTURE
CHILD

TRAUMATISED SYSTEMS
Impact of trauma

- Loss of relationship
Fragmented memory
- Loss of meaning
Disrupted attention

UNSAFE, TRAUMATISED COMMUNITIES
Trauma effects

- Loss of safety
Dysregulated arousal

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27

Trauma and the Brain

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.

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

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

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

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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28

Hypothalamic (Diencephalon) / Pituitary / Adrenal Axis

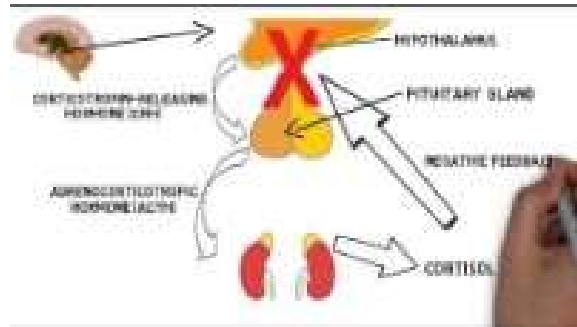
1. The hypothalamus secretes the hormone **corticotropin-releasing factor (CRF)**, which rouses the body.
2. CRF travels to the pituitary gland.
3. The pituitary gland secretes **adrenocorticotropic hormone (ACTH)**.
4. ACTH circulates in the bloodstream, traveling to the adrenal gland.
5. The adrenal gland releases **cortisol**, another hormone.
6. Cortisol stimulates many reactions in your body, including a rush of energy and alertness.

Stress → **Hypothalamus** (CRF) → **Anterior Pituitary Gland** (ACTH) → **Adrenal Gland** (Cortisol) → **Bloodstream** (Physiological changes supporting "fight or flight" responses)

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29

2 Minute Neuroscience: The HPA Axis



Trauma-consistent presentations: how our clients may present

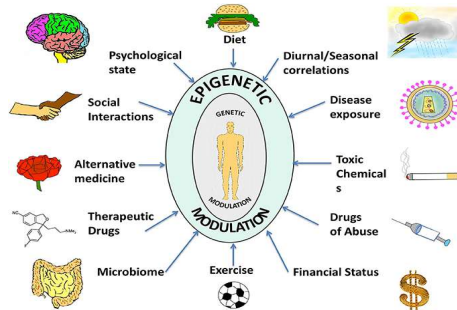
- Poor sensory integration – hyper or hypo-sensitivities to one or more sensory inputs (thalamus)
- Coordination or gross motor difficulties (cerebellum)
- Weight or growth concerns, appetite issues, teething delays, sleep issues (hypothalamus)
- Executive function difficulties; impulse control, problem solving, paying attention (prefrontal cortex)
- Difficulty naming and regulating emotions (corpus callosum, L-R integration)

Discuss



What do you often see in your groups or in your service?
How does a trauma-lens help you understand these presentations?

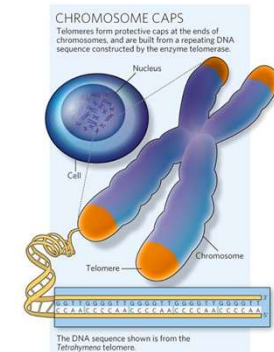
Epigenetic influences on humans



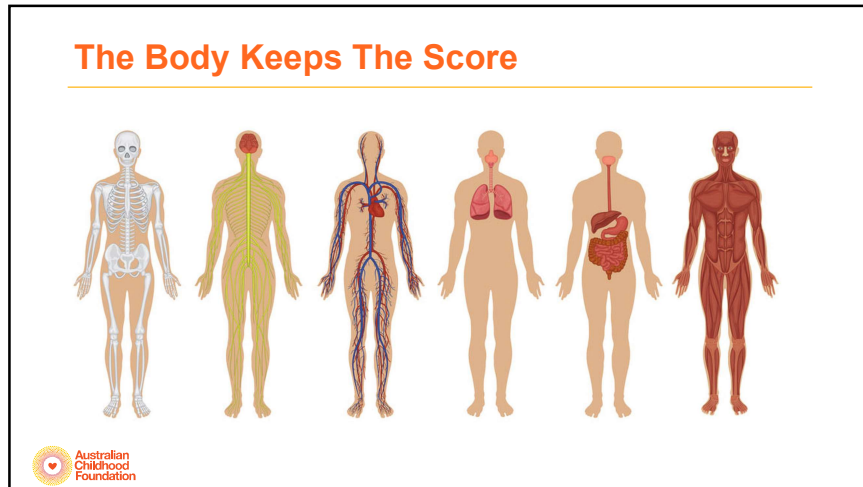
• The figure represents a compilation of the various epigenetic influences on humans by different sources present in the environment both positive and negative

Telomeres

- Caps at the end of DNA, holding it together
- Telomeres shorten as we age
- Those born in families with trans-generational trauma have been shown in studies to have shorted telomeres from birth.



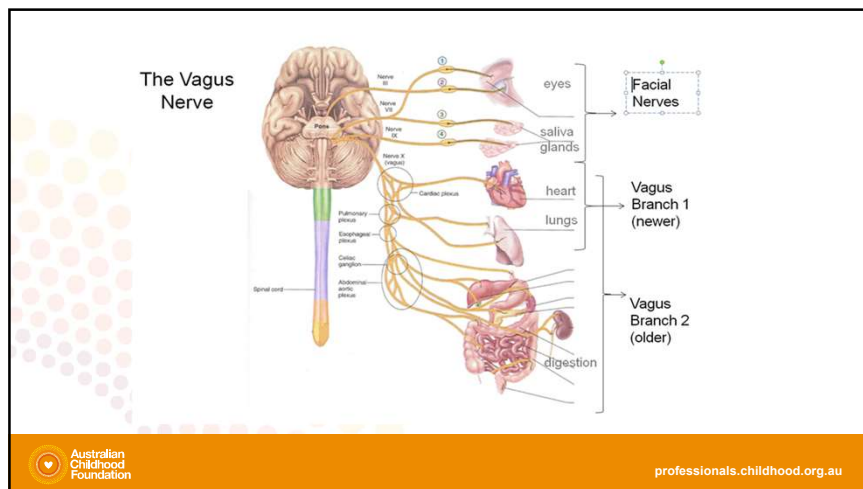
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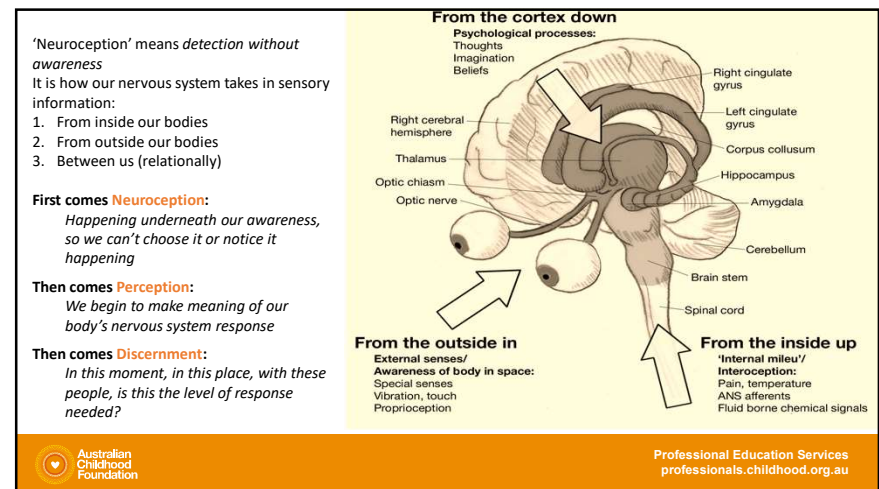
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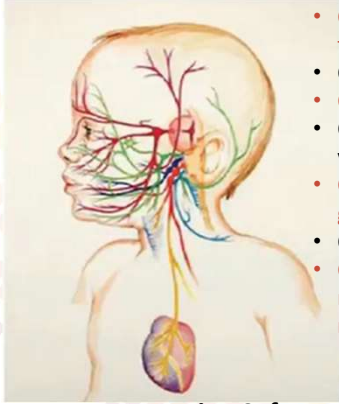
37



38



40




- Our middle ear muscles are working to hear talking above background noise.
- Our facial muscles allow us to express emotion.
- Our muscles of mastication can help us ingest.
- Our laryngeal and pharyngeal muscles allow us vocalisation language.
- Our head turning muscles allow us to make social gestures and orient towards others.
- Our eyelids are open allowing us to see.
- Our heart rate is slowed and our blood pressure is regulated allowing us to grow and restore our neurophysiological systems.

Detecting Safety – The Social Engagement System
A face, voice, heart connection

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41


How our nervous system protects us, according to Porges



Social Engagement System



- Our Social Engagement System is engaged with the neuroception* of safety
- Facial expression, vocalization, listening
- Fosters calm behavioural states by inhibiting the influence of the sympathetic nervous system on the







Mobilization


- Fight or Flight
- Active Freeze
- Activated in moderate to extreme danger



Immobilization

- Collapse or submission
- Death feigning, behavioral shutdown
- Increased pain threshold
- Conserves metabolic resources
- Activated in life threatening situations



* Neuroception = the way our neural circuits, rapidly and implicitly, distinguish if situations or people are safe or dangerous

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43

Mobilization in safety.....danger

Access to Social Engagement System → No access to Social Engagement System








Play Fight or Flight or Active Freeze

Neuroception of Safety → Neuroception of Danger

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44

Immobilization in safety.....danger

Access to Social Engagement System → No access to Social Engagement System







Inhibiting movement for pro-social reasons eg. Childbirth, nursing, reproductive behaviours, and the establishment of social bonds eg. being hugged. Finding pleasure in stillness. Submission or Collapse

Neuroception of Safety → Neuroception of Danger

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45

Protective Response can present as:


Mobilised Responses
(fight, flight, active freeze):


- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- ‘silly’, loud, over-excitement
- Unsettled, restless
- Outbursts, aggression
- Defensive, taking things personally
- Inflexible, ‘controlling’
- Sensitive to sensory input

Immobilised Responses
(collapse, withdraw, dissociate):

- Flat, numb affect
- Disengaged, disinterested
- Withdrawn
- Frequent “boredom”
- Lethargic, unmotivated
- Disconnected from peers
- Primitive self-soothing
- Hygiene issues
- Wetting or soiling
- Low appetite

Discuss






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46

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



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

Parasympathetic Hypo-arousal



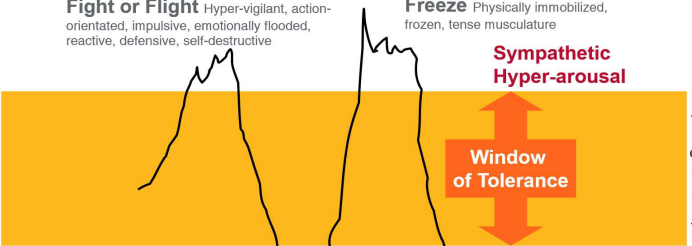
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Ogden, Minton professionals.childhood.org.au

48

Dys-regulated Arousal

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


Freeze Physically immobilized, frozen, tense musculature



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

Parasympathetic Hypo-arousal


Ogden, Minton, Pain 2006



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49

Deb Dana's Autonomic Ladder



Neuroception of Safety:
social, engaged, connected to self and others

Neuroception of Threat/Danger/Unease:
mobilised, alert, fight, flight, active freeze

Neuroception of Life Threat:
immobilised, shut down, disconnected, collapse


Remember: Neuroception means 'detection without awareness'

We are always somewhere on our ladder

We are always connecting with others through our nervous system.

Where are you on your ladder right now?

- Moving toward
- Moving away
- Standing up against
- Disconnected



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50



51

Principles underpinning trauma responsive practice


- Understanding **trauma and its impact**
- Promoting **safety and stability**
- Ensuring we practice **cultural humility**
- Understanding that healing happens in **relationships**
- Acknowledging the importance of having a sense of control/power in **decision making – having a voice**
- Belief in **hope based recovery**
- **Empowerment/** strength based
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)

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53

Safety

- Polyvagal theory – neuroception of safety (felt safety)
- Safe relationships – **are the people around me safe?**
- Environmental – **Does our work environment contribute to neuroception and 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?



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54

Cultural Framework for Practice

- Cultural responsiveness – workers and services develop collaborative and respectful relationships with refugee communities to respond appropriately to the issues and needs in ways which promote social justice and human rights
- Cultural safety – being allowed to express identity, practice culture and have values honoured and respected without fear of ridicule or prejudice

“Be patient, listen carefully, and understand that we come from different cultural backgrounds with difficult experiences.”
– FASSTT service user

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55

Cultural Humility

Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. It involves:

- A commitment to lifelong learning
- Continuous self-reflection on our own assumptions and practices Being comfortable with 'not knowing'
- Recognising the power/privilege imbalance that exists between service users and professionals

Cultural humility takes into account the fluidity of culture

Cultural humility challenges structural racism.

Cultural humility builds mutual trust and respect and enables cultural safety.

Kickett, Chandran & Mitchell, 2019



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56

Relationships as Therapeutic

- **Each client experiences safe, attuned, consistent relationship/s.** What does this look like?
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – ASeTTS Model of Recovery



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57

Self-autonomy & Empowerment



- Person centred practice – **client's voice is heard and valued**
- How do you show your acknowledgement of your **client's experiences**?
- How do you address **power imbalance** in your role?
- **How does the client participate** in the group or community process?
- How do you support clients to be **actively involved in decision making** processes and making **choices for themselves**?



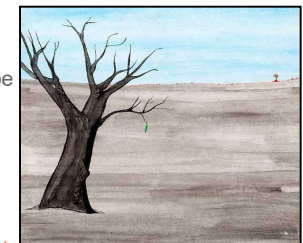
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58

Hope based recovery

- Hold hope for your clients until they can hold hope for themselves
- **How does the client think about their future** and the possibilities available to them?
- **How does the client understand their strengths?**

How do you as a worker maintain hope in complex trauma-based work?



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59

Trauma Responsive Practice and the power of groups



61

Recap: Trauma responsive practice *in group work* is...

- Understand **trauma and its impacts** (individual and collective impacts)
- Promote **safety and stability** for group members
- Ensure we practice **cultural humility** as group facilitators
- Provide opportunities for group members to build **relationships** and social connections
- Provide opportunities for group members to **have a voice** in decision making
- Belief in **hope based recovery**
- Provide opportunities for group members to connect with their own **Power and Strength**
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)

62

RECOVERY GOALS: ASeTTS Model of Recovery

- To restore safety and enhance control and reduce the disabling effects of fear and anxiety
- To restore attachment and connections to other human beings and a sense of belonging
- To restore meaning, identity and justice
- To restore dignity and value and reduce shame and guilt

63

What do members of the FASSTT network have to say?

"It's incredibly rewarding when we witness young people taking what they have learnt back to their own families and communities. The group work gives them an opportunity to create some relationships that may have been missing in their lives. We are constantly seeing strong connections form and older kids taking on mentoring roles for the younger ones."

— Youth Specialist Worker, ASeTTS

"When you come here, being part of this group, you feel you are part of a family, you are with people you know. You trust, you feel comfortable; you share stories, relax and enjoy. I feel that everyone here is my sister."

— FICT Participant

65

What do members of the FASSTT network have to say?

"I am more secure after coming to the group. Before I was vulnerable. The group has become part of my family because I had no support from family when I came. Now I have support to continue parenting in this country."

– Safe and Secure Parenting Group participant

"The men's group was so important to me, because it is the only time I can laugh."

– Wangarra Men's Group participant



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66

What do members of the FASSTT network have to say?

"Approaches to mental health treatment in Australia are very Westerncentric. They don't take into account people's way of thinking about mental health; they leave too many people behind. Services should get more information from the community about how they think about mental health in their own context, and how it impacts on their community."

– Project Advisory Group member



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67



Without cultural understanding, Western treatment can sometimes do more harm

"Most refugees come from collectivist societies which emphasize social connections. It was these social connections that individuals drew on to secure their economic, social, physical, psychological and spiritual wellbeing. Contrast this with Australian society where the individual is the centre of every aspect of societal thinking producing an atomised society. The individualistic nature of the Australian society is not a problem for refugees in itself. However, refugees find it difficult to socially connect with neighbours in their neighbourhood because Australians don't connect with their neighbours in the same way people in a collectivist society connect with those who live around them. Refugees...from collectivist backgrounds can easily be isolated and excluded. This often intersects with unfamiliarity with the new social and physical environment. Therefore, it is very difficult for refugees to draw on skills, knowledge and understanding of the world since it is not clear how applicable these attributes are in their new environment."

Atem Atem, speech at 'From Surviving to Thriving: Refugee Journeys' conference, 2017

Collective Healing through groups

Sharing story can lead to solidarity and promote hope

Healing together allows people to find meaning in their experience together.

Working collectively to support basic needs (water, food, firewood, shelter, and emotional support) has been shown to reduce the impact of trauma.

"Working together to help one another increased altruism, social support, cohesion, and positive social beliefs and values."



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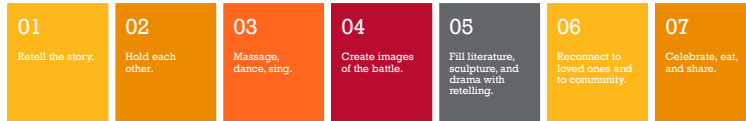
<https://www.verywellmind.com/effects-of-collective-trauma-5071346>

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69

70

Cultural Healing Practices- Bruce Perry



71

Traditional Cultural Healing Practices – Judy Atkinson

Trauma responsive practices have always been part of traditional healing practices in First Nations communities:

- Art
- Music
- Dance
- Theatre
- Body work
- Nature Discovery

Judy talks about growing ‘communities of care’ within First Nations communities.

72

Trauma responsive practice with groups Judith Herman

Outcomes of Trauma responsive groups

- Relieves shame
- Reduces isolation
- Builds reconnection
- Promotes mastery
- Promotes empowerment
- Modelling of healthy relationships
- Safe space for remembrance and mourning
- Here and now – set in the present tense



74

Activity: Working with Difficult Behaviour in Groups

Reflection questions:

- 1) What was the behaviour that I found challenging?
- 2) What led up to the behaviour?
- 3) How did this experience make me feel?
- 4) What did I do/how did I respond?
- 5) What would I like to do differently next time?

Doel, 2005

75

Introducing PACE – Dan Hughes

PLAYFULNESS: Matching the person's affect

ACCCEPTANCE: Meeting the person where they are at, no judgement

CURIOSITY: Openness – not making assumptions about the person's behaviour or intentions

EMPATHY: Feeling with the person...



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76

What can you do to support a group member who is struggling? Remember, these are actually 'protective' responses

Social Engagement

- Prosody
- Breathing
- Connection

Mobilisation

- Rhythm
- Containing
- Grounding

Immobilisation

- Orientation to Space
- Orientation to Senses
- Engaging the Spine



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78

Strategies to promote a neuroception of Safety

Physiological safety

Relational safety

Environmental safety



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79



Strategies to help clients regulate and return to a neuroception of safety:

- **Prosody** – gentle calm voice (*brainstem/limbic*)
- **Facial expressions** – (*vagus nerve/ANS*)
- **Body language** – (*vagus nerve/ANS/right brain*)
- **Offer a glass of water**, cup of tea (*brainstem*)
- **Breathing** breath work (*brainstem, limbic*)

Supporting Social Engagement



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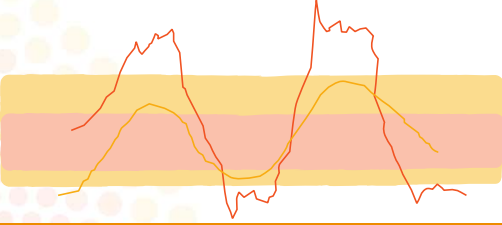
80

**Remember to track your own nervous system –
Where are you in your 'window' or on your 'ladder'?**

In relationships (even in groups), our ability to regulate our window of tolerance will affect another person's ability to regulate their own window of tolerance

Child's movement in her/his window

Movement in my window




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81

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**Before we explore the
Neurobiology of Self Care:**

*Please write down the most caring
thing that a colleague has ever
said or done that showed you they
were really 'with' you?*




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83

**Caring for yourself
and each other**


- Working with trauma is hard work and can lead to us experiencing vicarious trauma
- This work can challenge our sense of who we are, our beliefs about the world and our core values
- We need a combination of both self care and community care strategies

**Caring for ourselves is an essential
part of this work**



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84



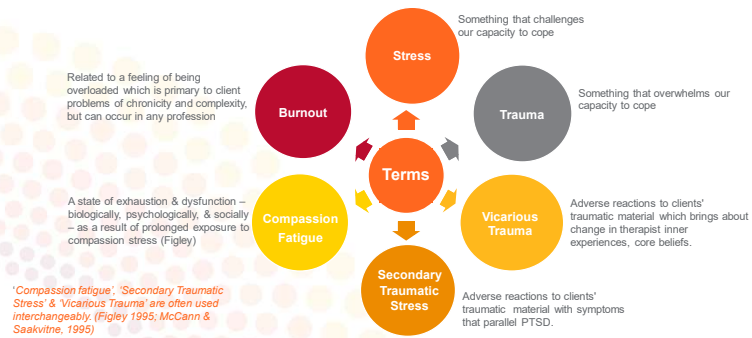
"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

R.N. Remen, M.D. 1996

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85

Caring for the Carers: the risks we work with



86

Empathy – a strength and a vulnerability

If empathy is to 'walk a mile in someone's shoes' we need to ensure we step out of those shoes at the end of the mile or we will wear those shoes all the time....and that is vicarious trauma.

- Somatic empathy (Rothschild 2004)
- Limbic resonance
- Cortical empathy



87

Staying regulated during our client work

- **IN THE MOMENT:**
 - Physical check in (regulate our body systems)
 - Mental check in (keeping our cortex online)
- **AFTER THE MOMENT:**
 - Debrief (social engagement system!)
 - Physically - regulate body systems (movement helps)
- **BEFORE THE MOMENT (and all the time)**
 - Effective self care (nourish to flourish)
 - Organisational culture (collective actions)



88

Collective elements of Self care

- Humour and fun
- Predictability and Flexibility
- Shared vulnerability – vicarious trauma is understood and acknowledged
- Acceptance rather than judgement
- Reflective supervision – accessible, regular and effective
- Supportive environment with shared goals and meaning
- Policies & procedures – protect workers, allow for flexibility, support healthy boundaries

Here's something we prepared earlier...

89

SELF-CARE WHEEL

Physical

- Get enough sleep
- Get enough exercise
- Get enough water
- Get enough food
- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy

Psychological

- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy

Emotional

- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy

Spiritual

- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy

Personal

- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
- Get enough adaptability
- Get enough openness
- Get enough curiosity
- Get enough wonder
- Get enough awe
- Get enough gratitude
- Get enough joy

Professional

- Get enough rest
- Get enough time for yourself
- Get enough fun
- Get enough love
- Get enough connection
- Get enough meaning
- Get enough purpose
- Get enough hope
- Get enough faith
- Get enough courage
- Get enough strength
- Get enough resilience
- Get enough flexibility
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- Get enough awe
- Get enough gratitude
- Get enough joy

LIFE SELF-CARE WHEEL

BALANCE

This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from Transforming the Pain: A Workbook on Trauma (Illustration by Sublime, Foreman & Staff of TSCAAP (North, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide. www.OlgaPhoenix.com

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90

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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91

Normal brain-body reactions to stress

Our brain has 3 priorities:

- 1 = survival (brainstem, downstairs brain)
- 2 = emotions (limbic region, downstairs brain)
- 3 = thinking/reflection/meaning making (cortical region, upstairs brain).

Thinking is the first thing to go offline during acute stress or trauma

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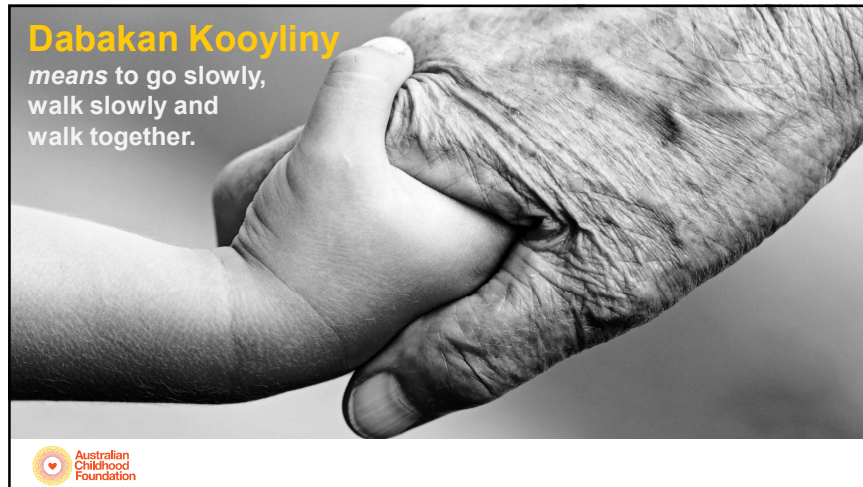
93

Relationships of safety and trust are protective

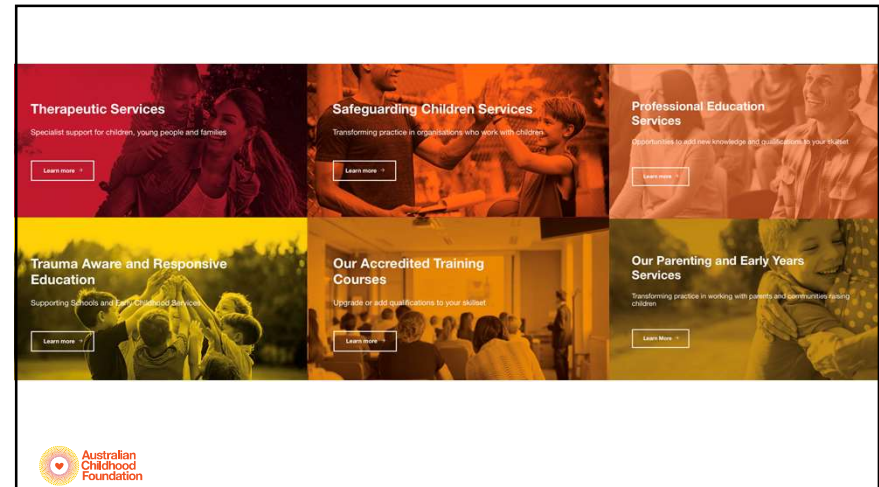
- Safety is fundamental
- Connection is fundamental
- Children, young people and adults alike need to co-regulate within safe relationships
- Our sense of self and capacity to self-regulate big emotions (distress, worry, panic, fear, disgust, anger, sadness) is developed and enhanced in relationships
- Our capacity for empathy is developed and enhanced in relationships

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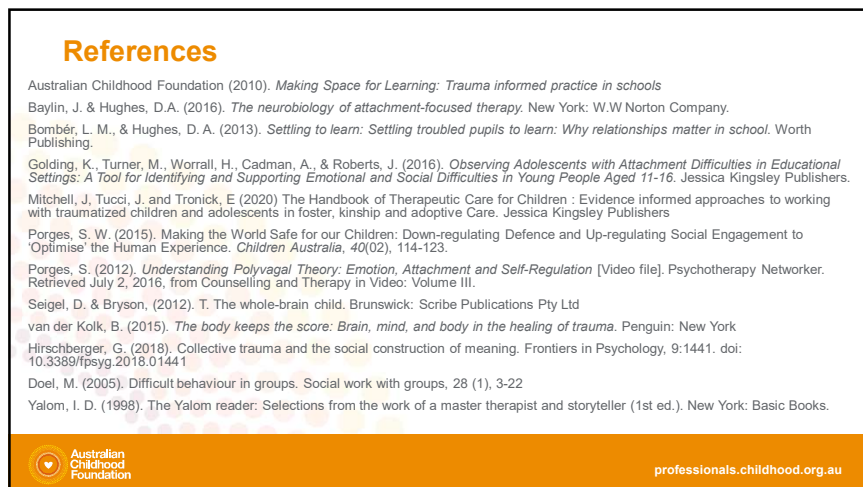
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95



96



97