

Understanding & Exploring Trauma Informed Practice

Goodstart Early Learning



**Australian
Childhood
Foundation**

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	<p>Fatigued Hypervigilance Impaired immune system Rapid heartbeat Changes in breathing Sleep & appetite disturbances</p>	<p>Lack of concentration Use of negative coping mechanisms Difficulty in "switching off"</p>	<p>Increased absenteeism & sick leave Being late</p>
Sensorily	<p>Flashbacks Sensory overload</p>	<p>Dissociation</p>	<p>Negative sense of workplace</p>
Emotionally	<p>Powerlessness Anxiety Guilt Fear Sadness Shut down Hopelessness Mistrust</p>	<p>Lack of satisfaction with work Diminished empathy</p>	<p>Apathy Detachment or over attachment to organisation</p>
Cognitively	<p>Self doubt Isolation from friends and family Loss of interest in a range of tasks, hobbies & life</p>	<p>Projection Counter transference Increased mistakes Withdrawal from colleagues</p>	<p>Low morale Staff conflict Irresponsible practice Negative attitude Constant questioning of work</p>
Reflectively	<p>Decreased self esteem Questioning core beliefs and meaning of life</p>	<p>Reduced reflective capacity Poor communication Decreased confidence Setting perfectionist standards</p>	<p>Faulty judgements Avoidance of organizational tasks</p>

Self-care reflection



Psychological Self-Care

Activities that help you to feel clear-headed and able to intellectually engage with the professional challenges that are found in your work and personal life.

- Keep a reflective journal
- Engage with a non-work hobby
- Turn off your email and work phone outside of work hours
- Make time for relaxation
- Make time to engage with positive friends and family

Emotional Self-Care

Allowing yourself to safely experience your full range of emotions.

- Develop friendships that are supportive
- Write three good things that you did each day
- Play a sport and have a drink together after training
- Go to the movies or do something else you enjoy
- Meet with a social group
- Talk to a friend about how you are coping with work and life demands

Spiritual Self-Care

This involves having a sense of perspective beyond the day-to-day of life.

- Engage in reflective practices like meditation
- Go on bush walks
- Do yoga
- Reflect with a close friend for support

Relationship Self-Care

Is about maintaining healthy, supportive relationships, and ensuring you have diversity in your relationships so that you are not only connected to people at work but also in your personal life.

- Prioritise close relationships in your life e.g. with partners, family and children
- Attend the special events of your family and friends
- Arrive to work and leave on time every day

In creating a self-care plan it is important to ask yourself, “what might get in the way?” What can you do to remove these barriers? If you can’t remove them you might want to adjust your strategies. Think honestly about whether any of your strategies are negative and how you can adjust your plan to avoid or minimise their impact. It is important that your plan resonates for you.



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

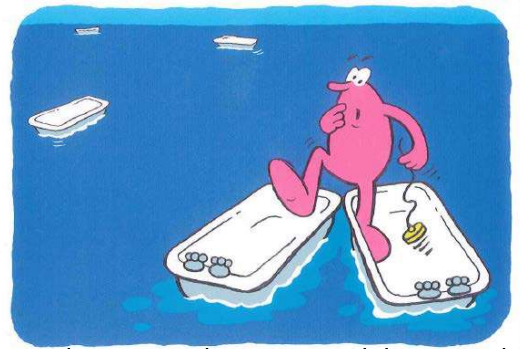


Prescription (My self-care activity)	Dose (How long?)	Frequency				
		Daily	Weekly	Fortnightly	Monthly	Yearly
Call or visit a friend or family						
Practice breathing / muscle relaxation						
Walk, play sport or exercise						
Have a bath						
Read a book or magazine						
Have one-to-one time with 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						

Name: _____ Witnessed: _____ Displayed: _____



Transitions



Understanding that for a traumatised child, any change can be perceived as a potential threat, work with your team to plan transition strategies which could help the following children to feel safe, and to stay connected and engaged.

Include in each strategy a:

1. **predictable** person
2. **predictable** routine or activity
3. **predictable** object or sensory element

SCENARIO A

A pre-schooler (whose parents are often involved in family violence) arrives at an Early Years Centre an hour after normal start time in the morning. The other children are playing outside.

SCENARIO B

Children in the 3 year-old group at an Early Years Centre have been playing outside, but now it's time to pack up the sandpit toys and for everyone to go inside and sit on the mat for storytime.

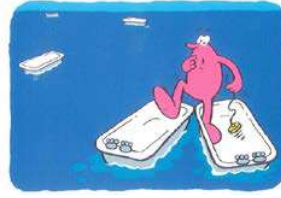
SCENARIO C

A child in a remote school, who is able to remain regulated within the classroom, but who 'does a runner' every time the bell goes at break times.

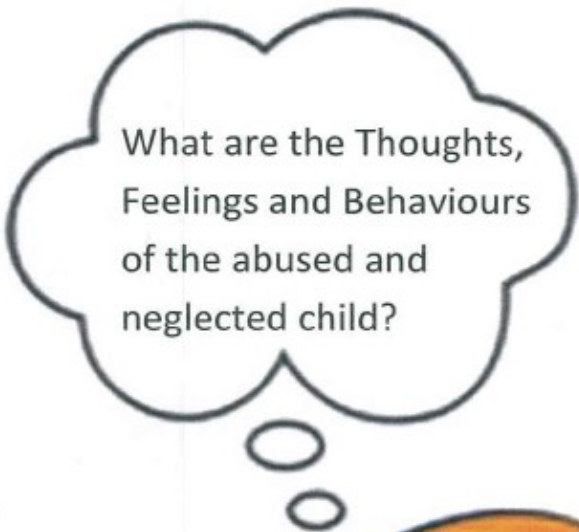
SCENARIO D

A child in foster care who is required to make weekly access visits to her biological parent who was the perpetrator of her trauma.

TRANSITIONS



1. Bring to mind the case study child - or a traumatised infant/child you work with.
2. List some significant transitional times in a typical day or week in the life of that child.
3. Design interventions for the child/parent/carer which include an element of predictability to help the infant/child feel safe, during those transitions.



Thoughts

- 'It's my fault'
- 'I don't care'
- 'I deserve this'
- 'I'm unloved'
- 'Nobody wants me'
- 'I can't trust anybody'
- 'I'm not safe'
- 'I'm better off on my own'
- 'Will they hurt me?'
- 'I'm alone'
- 'Not sure where I fit'
- 'I hate myself'
- 'I'm stupid'
- 'I miss my family'
- 'I hate everybody'
- 'You're not safe'
- 'I never get what I want'
- 'The world owes me'
- 'I'm isolated'
- 'I'm to blame'
- 'Here we go again'
- 'You will leave me'
- 'I want to hurt myself'
- 'I have no control'
- 'It's only a matter of time'
- 'I want to go home'
- 'I'm not good enough'
- 'Who am I?'
- 'I'm different'
- 'I'm ashamed'
- 'I'm an outsider'
- 'I'm bad'
- 'What is the point?'

Feelings

- Angry
- Anxious
- Shame
- Sad
- Terrified
- Depressed
- Guilty
- Vulnerable
- Resentful
- Fear
- Worthless
- Complacent
- Confused
- Unsafe
- Lonely
- Empty
- Alone
- Betrayed
- Frustrated
- Out of control
- Concerned
- Hopeless
- Useless
- Worried
- Helpless
- Unloved
- Unsettled
- Trapped
- Numb
- Nervous
- Suffocated
- Tearful
- Uncomfortable



Behaviours

- Screaming
- Absconding
- Defiant
- Biting
- Eating disorders
- Problem sexual behaviours
- Suicidal
- Destructive
- Substance abuse
- Extreme risk taking
- Trouble making friends
- Aggressive
- Self-harm
- Trouble trusting adults
- Violent
- Manipulative
- Controlling
- Property damage
- Oppositional
- Disruptive
- Depression
- Avoidance
- Poor hygiene
- Withdrawn
- Stealing
- Impulsive
- Hyperactive
- Parentified
- No boundaries
- Hyper-vigilant
- Defensive
- Socially awkward
- Hoarding
- Impatient
- Bullying
- Jealousy

Taming Tigger



- Hugs - *'When I hold my teddy it feels like someone is hugging me.'*
- Hand on heart & hand on belly
- Sitting back- to-back with another
- Body sock
- Pushing against wall/pillows
- Pillow sandwich
- Weighted blankets/wheat bags
- Contained spaces
- Screaming down plug hole
- Punching pillow
- Going for a run, running up and down stairs
- Activities such as karate, taekwondo, etc.
- Progressive Muscle Relaxation /'the noodle'
- Bedtime rituals that lower arousal







Arousing Eeyore

- point to something green/plastic/soft.....
- encourage the child to look up and out rather than down - hang an interesting object at height in the space
- name objects in the room out loud
- open a window
- move outside if you're inside and inside if you're outside
- take shoes off and feel feet on the floor
- notice and name
 - 4 things you can see
 - 3 things you can hear
 - 2 things you can feel/touch
 - 1 thing you can smell
- cool face washer or a moistened wipe
- blinking hard/squeezing toes
- hug a pillow/toy
- cool drink/suck ice
- scratch & sniff stickers
- sand/water/mud play/shaving cream



When the spine is aligned there is no collapse or compression.

You could:

- move like you have a long tail
- tick tock like a clock until you find your centre
- zip yourself up
- walk with a toy balanced on your head
- grow yourself from a seed to a tree

Social engagement Pooh

Engaging muscles from heart to head



For children who have experienced relational trauma, social engagement through eye contact is perceived as threatening and may elicit defensive responses.

Other facial muscles can be safely engaged - e.g. inner ear (Porges)

- prosody (The Listening Project)
- use story-telling voice/upper register pitch
- singing/music
- use breathing techniques to regulate heart beat
 - Bee and Snake breathing
 - 1, 2, 3, Sigh
 - Falling feathers/scarves/leaves
 - Blowing a pin wheel
 - Blowing bubbles
 - Blowing up balloons



Promoting safety using prosody (sing-song voice)

High frequency voice with lots of modulation



Brain detects intonation and feeds back to nervous system



Neural tone of inner ear muscles adjust to dampen background sounds (low frequency 'predator' sounds)



Vagal regulation of the heart



CALM



What is meant by PACE?

Playfulness, acceptance, curiosity and 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. With PACE, the troubled child can start to look at himself and let others start to see him, or get closer emotionally. He can start to trust.

Playfulness

This is about creating an atmosphere of lightness and interest when you communicate. It means learning how to use a light tone with your voice, like you might use when story telling, rather than an irritated or lecturing tone. It's about having fun, and expressing a sense of joy.



It is similar to parent-infant interactions when both parent and infant are delighting in being with each other and getting to know each other. Both are feeling safe and relaxed. Neither feels judged nor criticised. Playful moments reassure both that their conflicts and separations are temporary and will never harm the strength of their relationship.

Having a playful stance isn't about being funny all the time or making jokes when a child is sad. It's about helping children be more open to and experience what is positive in their life, one step at a time.

Sometimes a troubled child has given up on the idea of having good times and doesn't want to experience and share fun or enjoyment. Some children don't like affection or reject hugs. A playful stance can allow closeness but without the scary parts.

When children find it hard to regulate their feelings, anger can become rage, fear, terror, and sadness, despair. If this is the case, then children may also find it hard to regulate feelings of excitement, joy and love. Feeling these emotions can sometimes turn to anxiety.

Playfulness allows children to cope with positive feelings. It also gives hope. If you can help the child discover his own emerging sense of humour, this can help him wonder a little more about his life and how come he behaves in the ways that he does. When children laugh and giggle, they become less defensive or withdrawn and more reflective.

A playful stance adds elements of fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation. The child is less likely to respond with anger and defensiveness when the parent has a touch of playfulness in his or her discipline. While such a response would not be appropriate at the time of major misbehavior, when applied to minor behaviours, playfulness can help keep it all in perspective.

Acceptance

Unconditional acceptance is at the core of the child's sense of safety.



Acceptance is about actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behaviour. It is about accepting, without judgment or evaluation, her inner life. The child's inner life simply *is*; it is not *right* or *wrong*.

Accepting the child's intentions does not imply accepting behavior, which may be hurtful or harmful to another person or to self. The parent may be very firm in limiting behavior while at the same time accepting the motives for the behaviour.

One hopes that the child learns that while behavior may be criticised and limited, this is not the same as criticising the child's *self*. The child then becomes more confident that conflict and discipline involves behavior, not the relationship with parents nor her self-worth.

Curiosity is the foundation of acceptance of whatever underlies the behaviour. Making sense of how the child has learnt to behave in certain ways can help with acceptance.

Curiosity

Curiosity, without judgment, is how we help children become aware of their inner life, reflect upon the reasons for their behaviour, and then communicate it to their parents or therapist. Curiosity is wondering about the meaning behind the behaviour for the child. Curiosity lets the child know that the adults understand.



Children often know that their behavior was not appropriate. They often do not know why they did it or are reluctant to tell adults why.

With curiosity the adults are conveying their intention to simply understand *why* and to help the child with understanding. The adult's intentions are to truly understand and help the child, not to lecture or convey that the child's inner life is *wrong* in some way.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: *"What do you think was going on? What do you think that was about?"* or *"I wonder what...?"*

You say this without anticipating an answer or response from a child.

This is different from asking the child, *"Why did you do that?"* with the expectation of a reply.

It is not interpretation or fact gathering. It's just about getting to know the child and letting her know that.

Curiosity must be communicated without annoyance about the behaviour. Being curious can, for example, include an attitude of being sad rather than angry when the child makes a mistake. A light curious tone and stance can get through to a child in a way that anger cannot.

You might make guesses about what a child may be thinking and feeling, saying this aloud, and keeping it connected to the present. It can be about having a conversation, almost with yourself, with the child in the room, without anticipating a response.

If an adult can stay curious about why their child is behaving as they are, the child and adult are less likely to feel cross or frustrated. As curiosity is non-judgmental, this can help the child to be open to how she, and other people, are thinking and feeling. Curiosity lets the child stay open and engaged in conversations.

Children then start to reflect upon their own inner life with their parent and therapist and start to understand themselves. As the understanding deepens, the child can

discover that her behavior does not reflect something *bad* inside her, but rather a thought, feeling, perception, or motive that was stressful, frightening, or confusing and could only be expressed through her behavior.

As the child communicates this to the adults, the need for the behaviour may reduce, and with that the behaviour itself. The child's feelings about the behaviour may change, with less defensiveness and shame but more guilt, leading to less of the behaviour.

Empathy

Empathy lets the child feel *the adult's* compassion for her. Being empathic means the adult actively showing the child that the child's inner life is important to the adult and he or she wants to be with the child in her hard times.

With empathy, when the child is sad or in distress the adult is feeling the sadness and distress with her and lets the child know that. The adult is demonstrating that he or she knows how difficult an experience is for the child. The adult is telling the child that she will not have to deal with the distress alone.

The adult will stay with the child emotionally, providing comfort and support, and will not abandon her when she needs the adult the most. The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.

The impact of communication using the principles of PACE

PACE focuses on the whole child, not simply the behavior. It helps children be more secure with the adults and reflect upon themselves, their thoughts, feelings and behaviour, building the skills that are so necessary for maintaining a successful and satisfying life. The child discovers that they are doing the best that they can, and are not *bad* or *lazy* or *selfish*. Problems diminish as the need for them reduces.

Through PACE and feeling safer, children discover that they can now do better. They learn to rely on adults, particularly their parents, and trust them to truly know them. They learn that their parents can look after them in a way that they could never do on their own.

When children experience the adults doing the best they can to understand them and trying to work out together more effective ways for the child to understand, make sense of and manage their emotions, thoughts and behaviour they start to believe that the adults really will keep on trying until things get better for all of them. For adults, using PACE most of the time, they can reduce the level of conflict, defensiveness and withdrawal that tends to be ever present in the lives of troubled children. Using PACE enables the adult to see the strengths and positive features that lie underneath more negative and challenging behaviour.

PACE - Dan Hughes



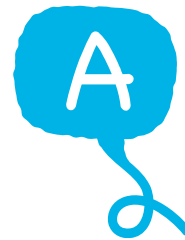
Playful

- ★ Creates an atmosphere of lightness, openness and interest
- ★ Antidote to shame, anger and fear; “*stress buster*”
- ★ Involves smiling, laughter and humour
- ★ Telling funny stories
- ★ Being able to laugh at yourself and not take yourself too seriously
- ★ Being together, enjoying each other’s company, having fun!
Generates pleasure and delight; desire to spend more time together.
- ★ Caution! Don’t use sarcasm or laugh at the young person



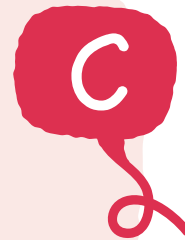
Accepting

- ★ Being able to see the child underneath the behaviours
- ★ Unconditional acceptance for the child (but not their behaviours)
- ★ Creates a sense of safety and security for the child
- ★ Non-judgementally accepting the young person’s views, feelings, thoughts, motives, perceptions, regardless if they are true or not
- ★ Avoid negative judgements – e.g. don’t say I “you just took that money because you have no respect”; instead you can say “I am cross that you took that money”



Curious

- ★ Wanting to get to know and understand the young person
- ★ Interest in understanding what is going on for the young person here and now; show acceptance and empathy – e.g. “how does that seem to you; tell me about that; what do you think about that” etc.
- ★ Attitude of not knowing rather than assuming
- ★ Opens doors for exploration and discovery, the real “*stuff*”
- ★ Can make guesses about what the young person is thinking or feeling (e.g. “*I wonder if...*”); saying out loud as if just to yourself, not expecting an answer



Empathic

- ★ Allows the young person to feel understood, i.e. “*you get me*”
- ★ Shows the young person that adults are kind, strong and able to help
- ★ Capacity to “*sit*” with the feeling, no matter how difficult, and “*hold*” the young person through it
- ★ Communicates “*you are not alone, I am here with you and for you; we will get through this together*”
- ★ Not problem solving or reassurance



THE IMPORTANCE OF P.A.C.E.

Being Playful, Accepting, Curious and Empathic

(Adapted from: Hughes, D. A. (2007). *Attachment focused family therapy*. New York: W. W. Norton)

BEING PLAYFUL:

- Is about having fun with and enjoying the child or young person by encouraging a connection with you.
- Being playful brings joy and joy brings connection.
- Children and young people need to know they are fun to be with.
- Remaining playful helps the child or young person remain in tune with you.
- By playing together, you can learn about what games, activities can best help you to remain in tune for longer.

Being playful could mean have fun with shared games or activities that involve you both (and others). It can also mean sharing smiles, laughs, hugs and closeness.

BEING CURIOUS:

Being curious means:

- Making best guesses about what's going on.
- You, with the child and others trying to figure it out.
- Curiosity leads to understanding that increases acceptance of the child's past experiences and reasons behind their behaviour. It also allows the child to be heard and understood.

Carers are asked to be curious about:

- Feelings associated with the child's or young person's statements (e.g. "I know you hate me!")
- Thoughts associated with their statements.
- Implications of these and the coping strategies used by the child or young person.
- Patterns in behaviour that you may both experience.
- How all this may relate to their past experiences of care.
- What's going on right now between the two of you.

Being playful, accepting, curious and empathic are the keys to re-connecting and becoming 'in tune' with the child or young person in your care. Each must be used in a genuine, respectful way in order to increase the emotional bond between you and provide alternatives to the child or young person's previous experiences of care. We use P.A.C.E. because it:

- Helps you and the child feel connected.
- Helps you and the child feel understood.
- Builds trust between you.
- Builds security between you.

BEING ACCEPTING:

Being accepting means:

- Not judging the child.
- Acceptance of the child's behavioural choices (although not necessarily accepting that they are good choices).
- Understanding what may lie behind inappropriate behaviour but not condoning the behaviour.
- Using appropriate consequences that do not shame or humiliate.
- Letting the child know that they are accepted, just as they are and that's ok.

BEING EMPATHIC:

Is about 'feeling' with another; feeling compassion for their hurts, struggles and suffering.

- Empathy eventually allows the child or young person to acknowledge deeper feelings of fear, sadness, hurt, anger etc without fearing judgement.
- Can be used to relieve shame as opposed to praise that can exacerbate shame.
- Genuine empathic responses must 'come from the heart':

"That makes me really sad to hear you say you think I don't love you."

"I'm so sorry that happened to you."

"That must have been very hard for you."

"I'm sad that there was so much in your life that you had to try and forget."

"I want you to see that I really understand what you went through."



PACE – Sentence Starters

PLAYFULNESS (matching the child's affect)

- I'll take that as a...
- Was that you trying to say hello/goodnight/goodbye?
- That was some really colourful language you've used there! I know you know other words though!
- Every time you call me a.... I imagine you're saying....because...isn't a word I like!
- I much prefer it when you...!

ACCEPTANCE (meeting the child where they are at, no judgement)

- Thanks for telling me...
- If you think That must be really hard for you
- I feel sad that you experience...
- I'm glad you told me....
- I'm sorry you think that I....

CURIOSITY (openness – not making assumptions about the child's behaviour or intentions)

- I Wonder...
- I'm thinking you might be.... Is that right?
- Do you think it's because....?
- Why do you think....
- What was that like.....?
- Are there times when.....?
- What happens when.....?
- I'm wondering if you might be feeling.....?

EMPATHY (Feeling with the child...)

- It must be so hard...
- You seem to really want to...
- I know it's really disappointing that you can't go/do...
- It's so difficult when you try really hard and....
- I'm worried you feel...
- I feel sad that you...
- It's really difficult to be told that you can't/have to....
- I'm so sorry that you've been feeling....



Homework activity

PACE in Action

Ideas to try:

- Playfulness
- Acceptance
- Curiosity
- Empathy

Activity/ time of day:

Play _____

Daily Care _____

Challenging times /during struggles

BJ.....the back story:

BJ was born at 29 weeks gestation when his mother Shanelle, was 19 years old. Shanelle had a history of drug and alcohol misuse during her teen years. She had been sexually abused by an uncle from the time she was 13. Her relationship with BJ's father ended soon after she discovered she was pregnant. Shanelle had two other relationships with men during her pregnancy, both of which were marked by violence.

When BJ was a baby, sometimes Shanelle would feed him and play with him, but at other times she would give him a bottle in his cot and then forget about him because she got drunk or high.

When BJ was a toddler and his Mum took him to Childcare, she always told him she'd come back to pick him up, but sometimes she didn't turn up until all the other children had gone home. On the evening that she didn't arrive at all, a Social Worker came to the Childcare Centre and took him away. That night he was taken to a foster home where he stayed for just one night.

The next morning a Child Protection worker picked up BJ and took him to an office. There was a basket of toys in the office. Late that afternoon, BJ was taken to the home of another foster family. He stayed with that family for 2 weeks until a court decision was made to return BJ to his mother.

Three months later, the police were called to Shanelle's home late at night when neighbours complained of shouting and crashing sounds. BJ was in the house at the time of the police visit. After that incident, BJ was placed with another foster family. Discussions about long-term plans for his care continue.



Working with BJ: knocking down the blocks and re-building



The children have just been told that free play time is ending, and that it's time to come and sit on the mat. A staff member- Jennie, is observing the children.

BJ starts to put away the blocks he's been playing with, but then stands up and begins pacing around the room frenetically. He says 'I hate you' to another child for no particular reason, then pulls onto the floor, some of the blocks he has just put away on the shelf.

Using the NURTURE framework, what could Jennie do in this situation to reflect back BJ's feelings and to give him an experience of 'time in'? How might she put BJ's experience into words?

How might the staff implement a strategy to help all the children feel safe whenever they are asked to transition from one activity or place, to another?

As the rest of the children are sitting down, BJ stands in the middle of the circle and looks around anxiously for a place to sit.

Using the NURTURE framework, what could Jennie do in this situation to show that she has anticipated his needs?

When a child arrives at your Centre in the morning, how might you demonstrate to him/her that you have 'held the child in mind' and thus anticipated his or her needs?

When he starts work on his craft activity, BJ has difficulty pasting a picture onto some paper.

Using the NURTURE framework, how might Jennie use this situation to challenge BJ's assumptions about the way relationships work?

Later, when the children are outside, BJ is playing in the sandpit with a tip truck. Another child comes towards him. He looks interested in joining in BJ's game. BJ looks up at the other boy and immediately scoops up a handful of sand and throws it at him while yelling, 'Go away!' The boy starts to cry.

Using the NURTURE framework, what could Jennie do in this situation to help reframe BJ's perception of the other child's intentions and to give him an experience of the joy of playing together?

1. Which messages about caregivers in relationship, might have informed BJ's behavior at the beginning of this scenario?
2. How does Jennie challenge BJ's assumptions about the way relationships work?
3. How might you expect a child like BJ to react, the first few times he is offered NURTURE strategies?
4. Talk about the role of putting BJ's feelings into words.

NURTURE Planning Tool

Work with your colleagues to complete the following table, documenting appropriate staff responses to particular children & parents in your care.

- a. include strategies that you are already practising in your organization, to support those children and parents who have an identified trauma history.
- b. add any new strategies that you could implement to better support traumatised children and parents in your service

	CHILD 1.	CHILD 2.	PARENT 1.	PARENT 2.	PARENT 3.
Anticipate child's Needs					
Unconditional positive regard					
Reframe child's perceptions					
Time in and repair					
Use words for child's experience					
Reflect back child's feelings					
Enjoy play together					