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Trauma Responsive Practice



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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.



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Housekeeping

- Breaks
- Neurobiology of learning
- Mobile phones off /on mute
- Questions & discussion
- Handouts/references





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Learning outcomes

- ✓ Learn in detail about brain/body development through childhood and adolescence,
- ✓ Understand the ways that trauma shapes children, young people and adult's states, needs and experiences,
- ✓ Develop creative and evidence based approaches and practice strategies to stay emotionally regulated and enable your clients to regulate
- ✓ Build approaches that resource change and connections across all environments

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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.

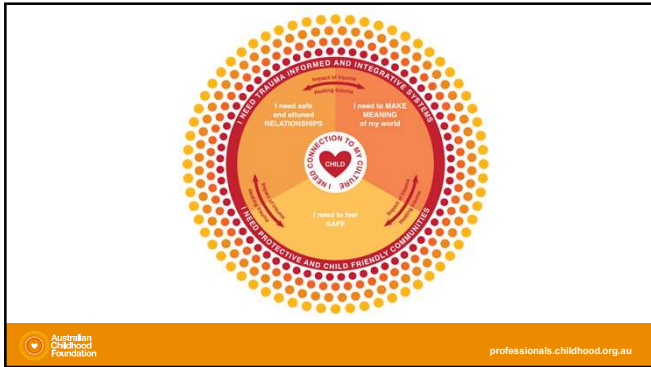
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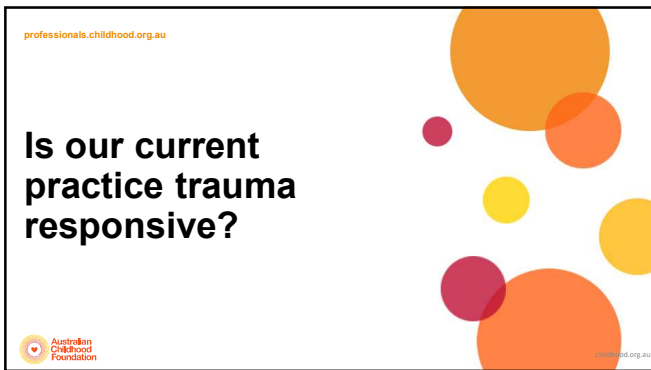
Trauma Responsive Model

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What is Trauma?

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
- evokes a physiological and psychological set of responses based on fear or avoidance



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Culture is part of development

Our culture influences our brain development.

How has it influenced yours? Think about:

- Sense of safety
- Relationships
- Meaning making



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Brain development


- The brain develops through a mix of genetics and environmental factors.
- Key to this development are relationships
- The brain develops sequentially from the bottom up



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Brainstem - basic life functions

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




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Superior Colliculus

- Processes visual threats – looming objects identified by cells in the retina of the eye
- Retinal neuronal input received by Superior Colliculus which engages the body in **Avoidance and defensive behaviours**




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Cerebellum- movement and balance

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

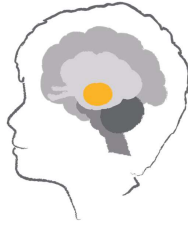


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Diencephalon - sorting & sending centre

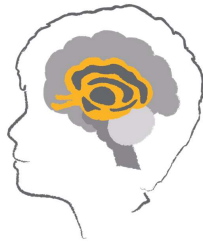
- This area of the brain develops mainly after birth
- It sorts out messages coming into the brain and sends them
- It uses hormones to send signals to body
- Hormonal signals tell your body what it needs, eg. food, water, love



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Limbic lobe- emotional gateway

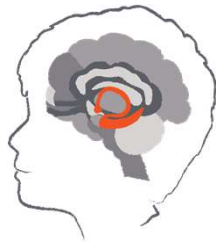
- The part of the brain that helps us attach an emotion to an experience or memory
- This part of the brain is particularly involved with the emotions of fear and anger
- Also heavily involved in attachment processes
- This area develops mainly after birth



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Hippocampus – Brain’s historian

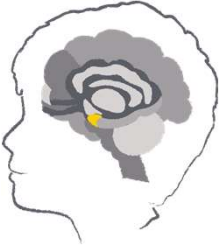
- Explicit memory system
- Develops approximately 2-3 years of age
- Provides context to memory and embeds long term memory



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Amygdala – smoke alarm

- Detects threat
- Develops from birth
- Learns by association
- Involved in implicit memory processes




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Cerebral cortex- complex thinking

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




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The prefrontal cortex- executive function

- Responsible for executive functions, such as judgement, reasoning, and self awareness
- Final part of the brain to reach maturity in one's mid 20s
- Under reconstruction in adolescents from the age of approximately 12 years




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Medial prefrontal cortex

- Associated with perceptions of self and similar others
- Known as centre for mindfulness
- Involved in maternal bonding – the parent child dyad and inter-subjectivity



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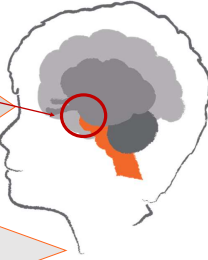
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Superior Colliculus

Processes visual threats – looming objects identified by cells in the retina of the eye

Retinal neuronal input received by Superior Colliculus which engages the body in:
Avoidance and defensive behaviours

May present as hypervigilant behaviours including excessive eye darting, flinching when someone approaches, attention focussed on perceived threat.



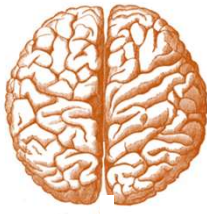
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Hemispheric integration

Left Hemisphere

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

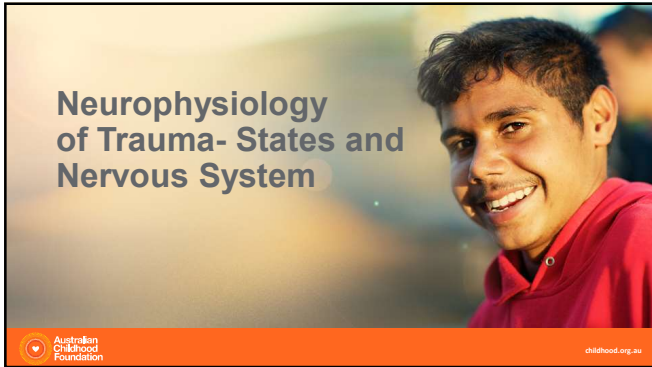


Right Hemisphere

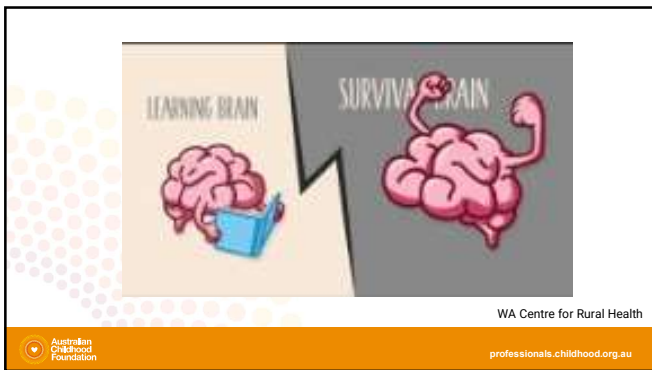
- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity
- Is mute
- Grasps the whole

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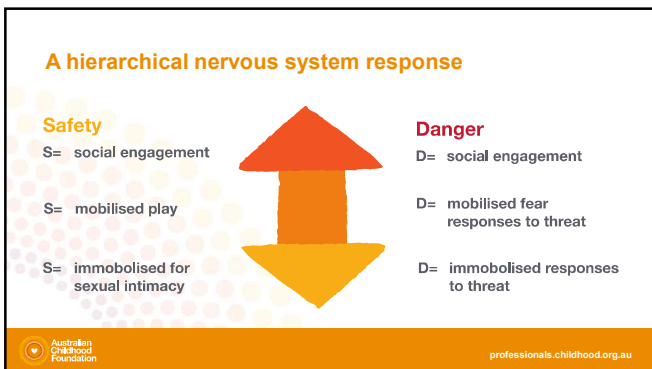
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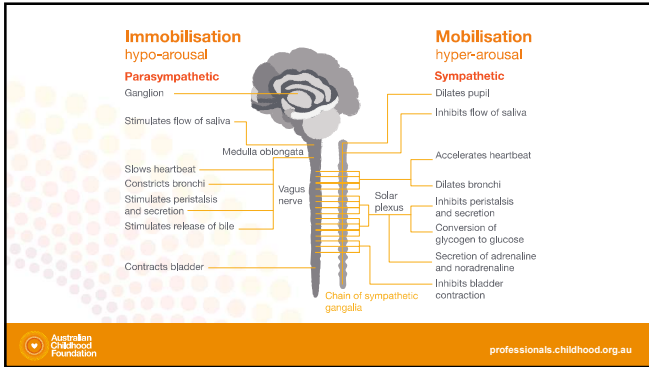
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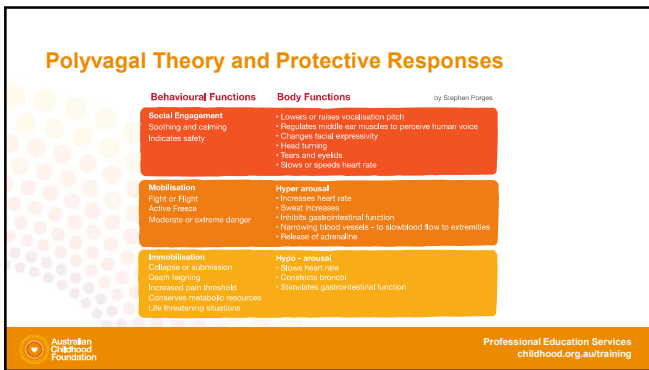
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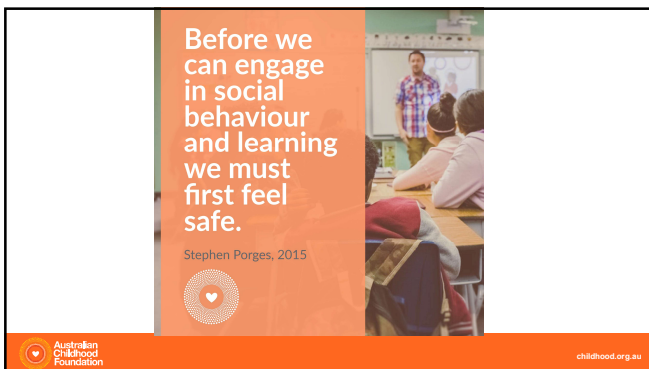
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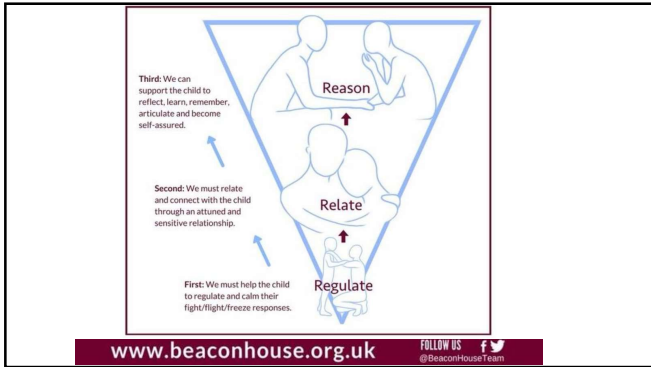
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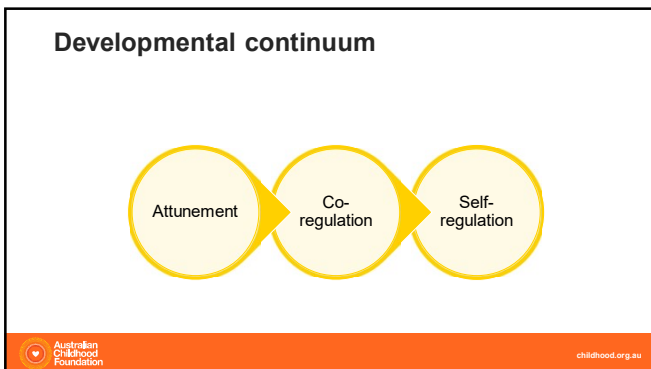


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The Rhythm of life




Heart beat



Rhythm



Rhyme



Intonation


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Regulated Arousal

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

Freeze Physically immobilized, frozen, tense musculature




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Ogden, Minton, Pain 2006 professionals.childhood.org.au

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Dys-regulated Arousal

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

Freeze Physically immobilized, frozen, tense musculature



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Ogden, Minton, Pain 2006

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Important domains of Safety

Physiological safety:
arousal levels the young person will change under different circumstances.

Relational safety:
trauma heals in relationship.

Environmental safety: consider the sensory environment for the young person

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How do you promote safety?

How do we create safety:

- In our work settings?
- What does neural safety look like in our work setting?
- When the person is in fight/ flight mode?
- When the person is shut down/disassociated in life threat mode?



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Make me feel safe

You can help me feel safe with the following

- Don't stand over me if I am struggling with the task, talk to the whole group and explain further so everyone hears and I am not singled out
- Don't ask me questions in front of everyone by name, ask if anyone knows the answer so I can join in when I feel it is safe
- Accept that things you might think are just 'messing about', may make me feel like I am under attack by others
- Let me choose where to sit so I can find somewhere that does not make me feel threatened, it might be at the back of the class so no-one is behind me or it might be at the front of the class nearer to you
- Try not to get annoyed with me if I have forgotten where I was or what I was supposed to be doing, remind me alongside my friends gently

"When feeling safe and connected, people can unleash their innate genius for radical innovation, ..."

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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
- Transgenerational 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 & Meller 2001 as cited in Goodman, West & Cicchetti, 2008)

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Transgenerational transmission and cultural impacts:

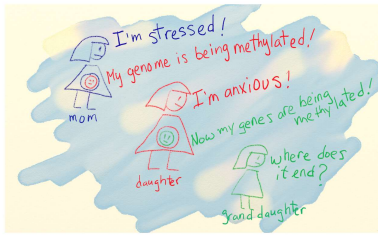
Duran and Duran (1995) suggest:

"...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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Epigenetics and stress



<https://genes2brains2minds2me.com/2009/12/16/epigenetics-and-cognitive-development-quick-sketch-overview/>



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Engaging families with trans-generational trauma

- Client's perception of safety
- Physical and emotional safety
- Attunement and intersubjectivity
- Body language
- Cultural safety
- The language you use
- Environmental safety
- The worker-client relationship
- Child AND parental trauma



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Engaging families with trans-generational trauma

Strategies to help clients calm themselves:

- **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** 5-2-7 breath work (brainstem, limbic)
- **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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Engaging families with trans-generational trauma

- 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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Family violence



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Changing the story



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Impacts of family violence on children

Behaviours: fight, flight, freeze or submit activation can lead to a range of behaviours.

Development: developmental delays

Relationships: impacts on attachment to primary caregiver

Emotions: heightened fear response and poor attachment to secure base can impact on child's sense of self, their emotions and mental health

Learning: heightened fear response impairs a child's ability to learn

Cognitions: impaired when in a constant state of fight or flight.

Physical health: psycho-somatic (Brain-body) symptoms caused by stress response can lead to physical ailments; potential injury from exposure to violence.

Cultural identity: fractures connections to family and culture


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Impact on parent – child bond

- Diminishes capacity for mother to be present for her child
- Often preoccupied with the perpetrator
- Little capacity to provide nurturing or strengthen attachment with child
- Mother likely to have a diminished sense of self
- Perpetrator often sabotages relationship with the child
- Perpetrating parent, who should be a source of safety is their source of fear




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Beliefs a child or young person may hold as a result of family violence

- My needs are not important
- This is what relationships look like
- I have to look after others
- Its my fault
- It's mum's fault – she is crazy (Maternal alienation)
- This doesn't happen to anyone else
- I must be bad
- I can't get close to anyone or I will get hurt



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Impacts of family violence on parent-child relationship

- Reliance on self protection when safety is not provided
- Reliance on self-soothing when co-regulation is not available
- "irresolvable paradox" – biologically primed for dependence on the parent who is the source of terror (perpetrating parent) or unable to protect (non-offending parent)
- Parent locked into stress response (hyper or hypo-arousal) – unable to tune into and respond to child's cues, states and needs
- Role reversal – instrumental and/or emotional parentification

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Understanding Fetal Alcohol Spectrum Disorders (FASD)



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What is FASD?



FETAL ALCOHOL SPECTRUM DISORDER
Awareness of FASD

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What is Fetal Alcohol Spectrum Disorder?

FASD is a lifelong disability caused by alcohol exposure in utero.


Key characteristics caused by brain impairments may include:

- impulsivity
- memory challenges
- slower processing
- difficulty with abstract thinking and predicting skills.

Secondary behavioural characteristics may include:

- fatigue
- the appearance of a lack of motivation
- depression and frustration that may lead to aggression.

• There are more children born each year with FASD than with ASD, Spina Bifida, Cerebral Palsy, Down Syndrome and SIDS combined (Mather Wiles & O'Brien, 2015)



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Who is at risk?

- Prenatal alcohol exposure is a risk to babies from all cultures and socio-economic backgrounds.....

.....wherever there is alcohol, there is the potential for FASD

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Key components of the FASD Diagnostic Assessment include the documentation of:

- History – presenting concerns, developmental, medical, mental health, behavioural and social
- Birth defects- dysmorphic facial features, other major or minor birth defects
- Adverse parental and postnatal exposures, including alcohol
- Known medical conditions – including genetic syndromes and other disorders
- Growth information

Infants and young children under the age of 6 and older adolescents and adults warrant special consideration during the FASD diagnostic assessment process.



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Trauma and FASD....

“The trauma our communities have sustained has brought into being complex harms, of which FASD is one of the most damaging. With better understanding of trauma, we will overcome its harmful effects and ‘Make FASD History’. We will allow our societal strengths to flourish again, as we confront, heal and put an end to all forms of harm caused by intergenerational trauma.”

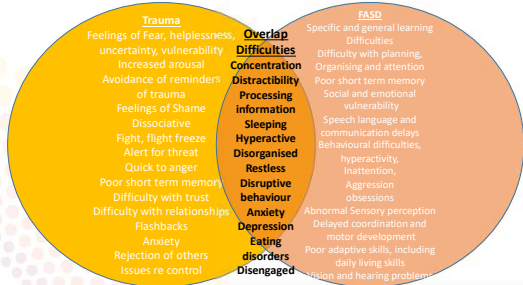
June Oscar AO, Aboriginal and Torres Strait Islander Social Justice Commissioner, 2017



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Symptoms of Trauma and FASD and areas of overlap



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FASD in Youth Justice



George Woods, M.D.
Australian Monash University School of Medicine

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Working with cognitive impairment

Children with FASD require explicit strategies to counteract cognitive impairments that may impact:

- processing speed –slow things down:: use visual and communication tools
- abstract thinking – may not understand future options or goal setting be concrete
- language skills and comprehension – check, use drawings, whiteboard

You will need to provide building blocks that connect new information to child's current knowledge and skills to support cognition and the storing of new information into long term memory.-Repetition, regulation, rhythm and RELATIONSHIP (fun).



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Considerations for your practice.....

- Consider the environment and its fitness for the person with an FASD.
- Prevent problems instead of reacting to them.
- Think: could this be brain
- Discard judgements or negative thoughts about behaviors and try to see them differently.
- Think "can't" not "won't".
- Modify expectations.
- Focus on strengths

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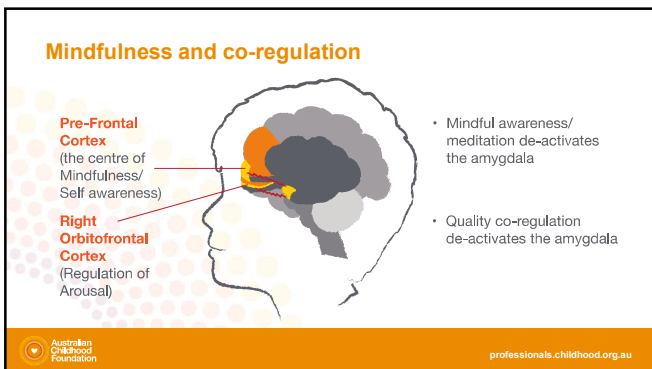
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Relational Repair in Practice

What you did is not ok, but you're still a good person and our relationship is still strong.'



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Wporking with empathy



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Meaning- Restoration of the narrative

- Every behaviour has a **meaning**
- Behaviour is often a person's way of **communicating** with us
- Learning how to **understand** 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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What does the behaviour mean?

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Self care

- Staff need to understand self care, vicarious trauma and compassion fatigue
- Staff require good self reflective functioning and understanding of their own trauma or attachment which leads to a capacity to be *mind-minded*.
- Ability to emotionally regulate when feeling under stress.
- Ongoing organisational support that can meet the needs of the developmentally traumatized person
- View the person through a trauma lens

Self-reflection is only useful when followed by thoughtful action.

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A valuable resource

Includes chapters from:

- Martin Teicher
- Ed Tronick
- Allan Schore
- Bruce Perry
- Dan Hughes & Jon Baylin
- Kim Golding
- Cathy Malchiodi
- Joe Tucci
- Janise Mitchell
- Glenda Kickett
- Noel Macnamara

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