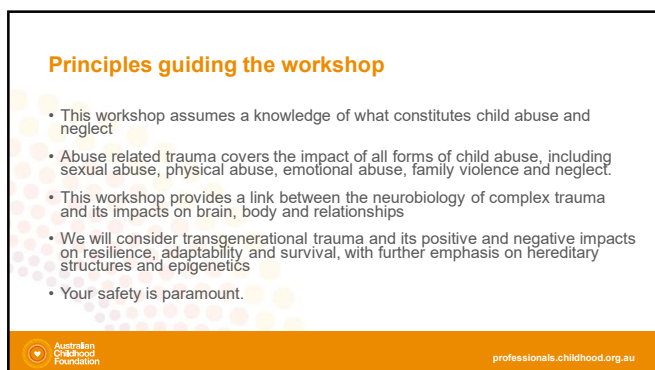


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Learning outcomes

- Strengthen your understanding of the broad issues vulnerable children face within the context of culture, relationship, environment and experience.
- Explore the difficulties in engaging and re-engaging marginalised parents and carers who have also experienced complex trauma and explore the long-term implications of their experiences.
- Build your understanding of intergenerational trauma, trans-generational trauma, the science of epigenetics and its impact on our understanding of family functioning and the developing child.
- Take away practical skills and strategies that help facilitate trauma recovery for children and families.
- Identify strategies for recovery and healing.

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Vulnerable Families in Australia




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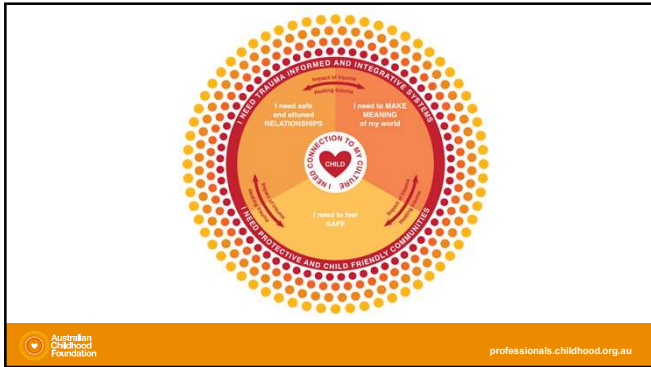
Marginalised Families

- People who are marginalised have relatively little control over their lives and the resources available to them; they may become stigmatised and are often at the receiving end of negative public attitudes.
- There is growing concern for those seeking asylum and refugee status in Australia. Strict visa conditions and slow processing times hinder access to necessities such as medicare, women's shelters etc (2018 Refugee Council).



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

Types of Trauma

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Transgenerational transmission and cultural impacts:

- Our culture influences our brain development
- Our relationships influence our culture and our culture influences our relationships
- Sensory data is interpreted according to our culture long before our ability to think about and understand our culture

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Culture and Transgenerational Trauma



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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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Brain Development and the impact of trauma




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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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Sequential brain development – building blocks



	The Thinking brain 3-5 Years
	The Emotions and Memory Brain - Birth to 4 years
	The Movement Brain Birth – 2 years
	The survival brain Pre birth to 8 months

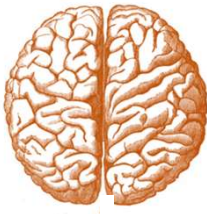
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Hemispheric integration

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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Neuroplasticity:

The brain's ability to reorganize itself by forming new neural connections throughout life.

Neuroplasticity allows the neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment

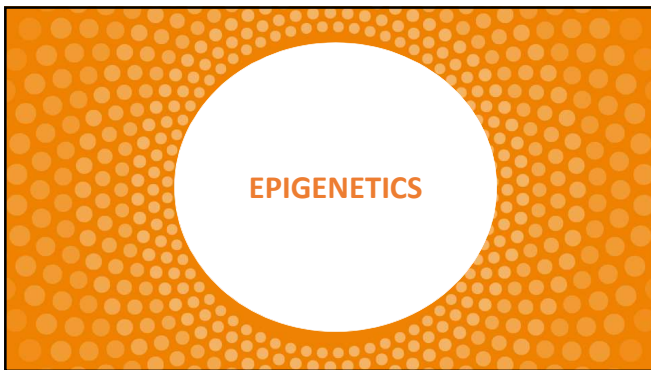
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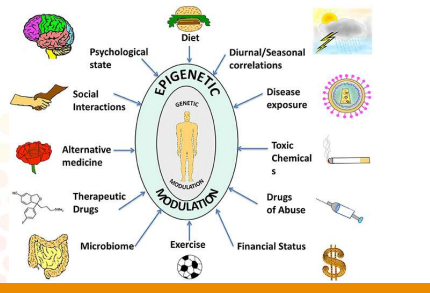
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EPIGENETICS



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Epigenetic influences on humans



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Toxic stress & Epigenetics

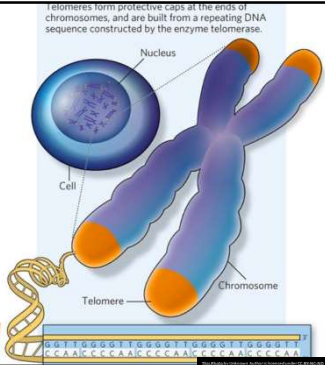



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Telomeres

- 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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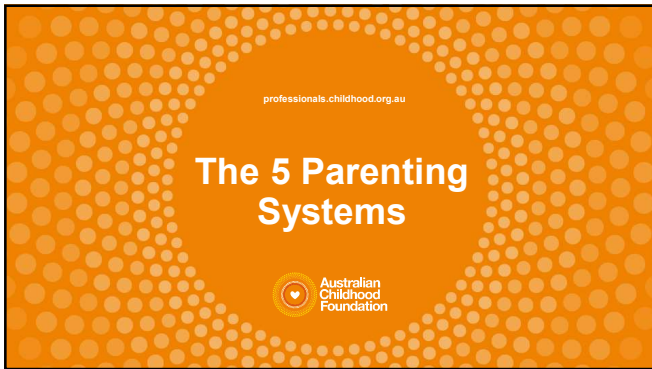
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EPIGENETIC MARKERS ARE NOT FIXED

- Never fear TRAUMA RESPONSIVE PRACTICE IS HERE!!
- Whilst Epigenetics' teaches us that we are impacted by the negative experiences of our previous generations, we are equally shaped by the positive!
- Our ongoing experiences within our relationship with our environment, others and self continue to shape our gene expression for the generations to come.

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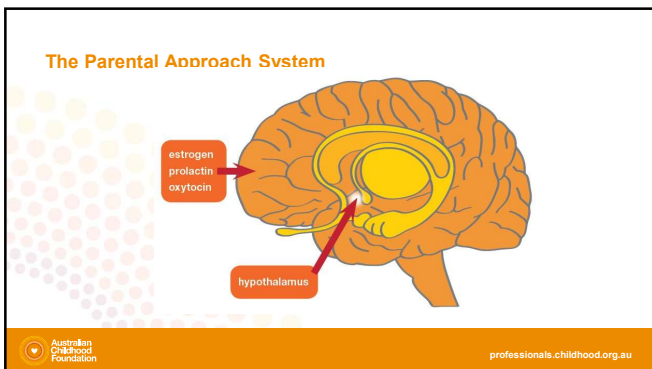
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Early Adversity impacts on our Parenting ability

- The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach. If we begin life exposed to insensitive care giving our right brained harm avoidance system is likely to be used a lot. Instead of feeling protected and connected with our caregiver, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



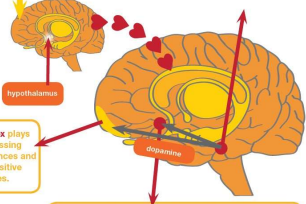
Left side of brain Right side of brain

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The Parental Reward System

- We become a parent which generates hormones that talk to our hypothalamus.
- Our hypothalamus releases oxytocin (the love hormone) which activates the reward system.
- The reward system works by this area sending dopamine to the orbitofrontal cortex and the nucleus accumbens.



hypothalamus

Orbitofrontal cortex plays a key role in processing rewarding experiences and helps us create positive parenting memories.

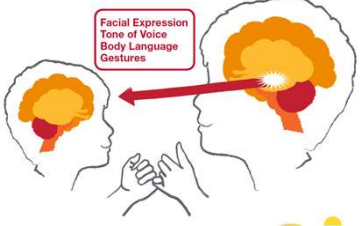
dopamine

When the **Nucleus accumbens** is activated we become highly motivated to approach things that have led to reward in the past. It can become activated responding to expectations of positive interactions with our child.

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Parental child reading System



Facial Expression
Tone of Voice
Body Language
Gestures

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Activity

- How would you describe yourself as a child?
- How would describe yourself as an adult?
- Consider what influences your understanding of "who you are"

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The Parental Meaning Making System

Well-Connected Brain
Utilizing the front part of the brain



Open Flexible and Adaptive

Stressed out Brain
Utilizing the more primitive middle region of the brain



Closed and Rigid

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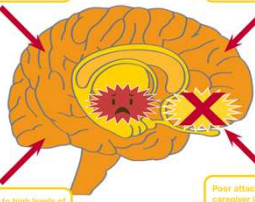
The Blocked Executive Parenting System

Unprocessed trauma history

Experiencing chronic stress

Exposure to high levels of adversity in early life


Poor attachment with caregiver in early childhood



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Legacy of trauma

- Trauma is re-enacted in the relationship with the infant/child
- Unresolved parental attachment trauma is reflected in the handling and care of the infant
- Trauma disrupts emotional interaction and regulation
- Attachment relationship is impaired



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Embedding Safety and Enabling engagement

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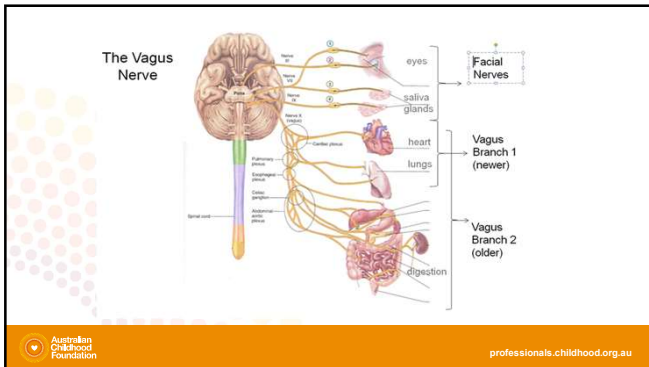
How do you promote safety for the families you work with?

Think about:

- Client's perception of safety
- Physical & emotional safety – triggers
- Risk of re-traumatisation – triggers
- Attunement
- Body language
- Cultural safety
- The language you use
- Environmental safety – service space – warm/cold, dark/light, noise, colours etc
- The worker-client relationship- trust, respect, transparency
- Addressing both child AND parental trauma

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

Evolution

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Mobilisation to social engagement

- 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*)

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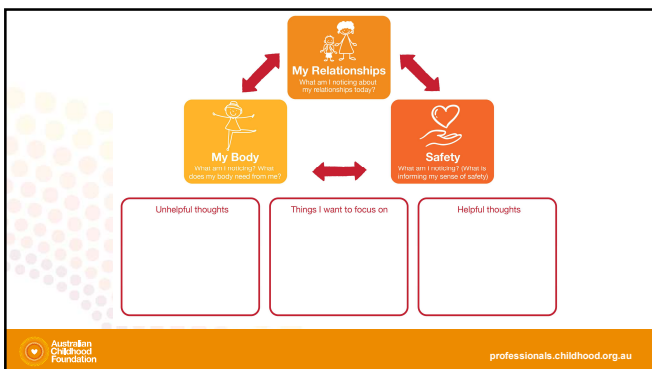
Mobilisation to social engagement

- Listen and validate feelings (*limbic/cortex*)
- Hold space (when safe)
- Check in with your own emotions/triggers (*right brain to right brain, co-regulation*)
- 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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My Body
What am I noticing? What does my body need from me?

My Relationships
What am I noticing about my relationships today?

Safety
What am I noticing? What is informing my sense of safety?

Unhelpful thoughts

Things I want to focus on


Helpful thoughts

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Trauma informed approaches

- Understanding **trauma** and its impact
- Promoting **safety**
- Ensuring **cultural competence**
- Healing happens in **relationships**
- Having a sense of control/power in **decision making – having a voice**
- **Integrating** care (collaboration)
- Belief in **hope based recovery**
- **Empowerment/** strength based
- Understanding trauma in the context of **child development**
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)



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Trauma informed practice with families

Safety is paramount!
Any trauma informed work with families must ensure that **safety is established**

- Family assessments - risk
- Understanding the family context, history, culture, presenting issues
- Minimising re-traumatisation
- Relationship building – unconditional positive regard, respect, empathy




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Trauma Responsive Practice


- Ongoing **observation and assessment** of the child and the relationship with their parents/carers
- Goals and interventions focused on **attunement with the child**
- Understanding and **acknowledging their unique trauma experiences** provides opportunities for healing that come from the child's story – not somebody else's interpretation or version of it
- In the healing environment, **relationship and provision of consistency and predictability are the focus** to help create safety and security, which enables consolidation of healing

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Trauma Responsive Practice acknowledges:

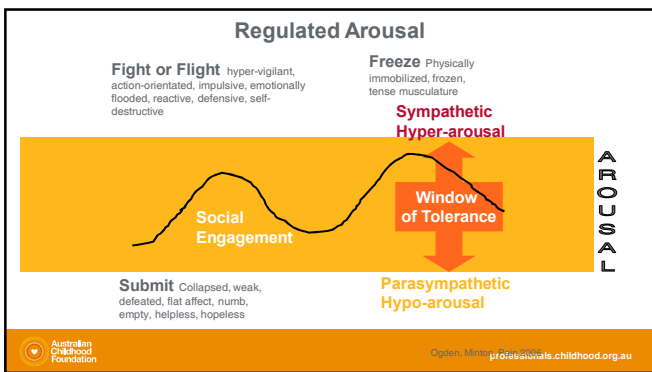
-  **Children can be reliable informants** when their experience of trauma is recognised and processed
-  Healing can be achieved when children and parents are **supported to share their meaning and understanding** of how they are living with the currency or aftermath of their trauma in their own time
-  Co-operation occurs when they feel they **have some control over the decisions that affect them**, when it is safe to do so – risk and safety factors are always paramount

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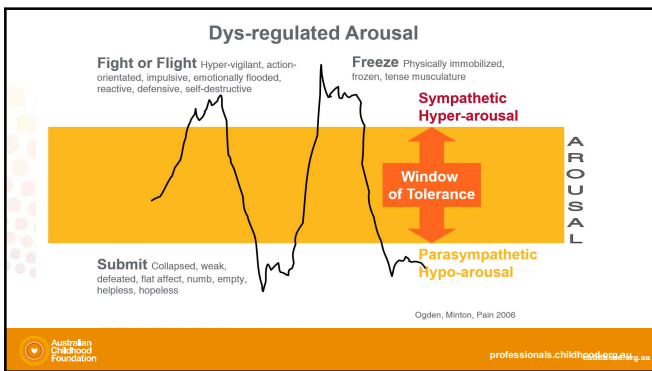
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Interpersonal Regulation

- When people are in relationship, the ability of one to regulate him/herself, affects the other's ability to regulate
- The child's arousal shapes, are shaped by, calming and engaging relationships

Child's movement in her/his window of tolerance

Movement in my window of tolerance

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Helping caregiver and child to repair their relationship

- **Empathise** with how difficult it may be for both parents & infant/child.
- **Encourage/promote** consistent, sensitive, responsive, attuned, caregiving and replicate this in the therapeutic relationship.
- The therapeutic relationship needs to **mimic secure attachment** characteristics including:
 - worker provides consistency, reliability, attunement, reflective capacity,
 - containment by worker (ability of the worker to tolerate the intolerable feelings/thoughts of the parent(s) and/or child and not pass judgement on these feelings/thoughts).

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Helping caregiver and child to repair their relationship

- **Explore** what is getting in the way of parent providing this consistent, sensitive, responsive, attuned, caregiving
- Help parents to **identify arousal states** in their child and explore what's underneath the behaviour
- **Respectfully challenge** the parent about punitive or authoritarian approaches – explore the impact that this style of parenting had on them
- Help families to create **new ways of relating** through:
 - ✓ play, and
 - ✓ exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.

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Managing parents/caregiver responses

"A coherent life story is one in which the adult has made sense of his or her own childhood experience, and has insights into how that past has influenced his development as an adult and as a parent" (Siegel 2006)


- To enable a parent to provide a child with reparative experiences they need to have a coherent life story - self narrative
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attuned to them and healed in relationship

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Managing parents/caregiver responses

- Parents need assistance to make sense of their life experience through a supportive, empathic emotional relationship which encourages authenticity, nurturing and direct communication
- Often, accessing internal recollections can enable a parent to become part of a larger narrative of their life. This is not always comfortable but can assist in discovering new possibilities.....



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Building strength and belonging through story

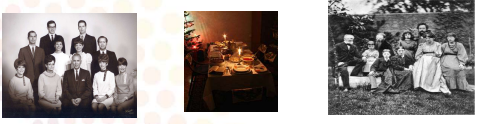
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Building Strength and Belonging through Story

- Develop Family Traditions and Rituals
- Story Telling
- Family/Child Story Book
- Help Families Explore their History

Stories. Connect. People.



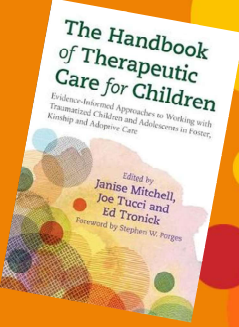
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A valuable resource

Includes chapters from:

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



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