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Understanding and Responding to Stress and Trauma in the Early Years

Handouts

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How trauma hijacks learning

A memo from a four year old

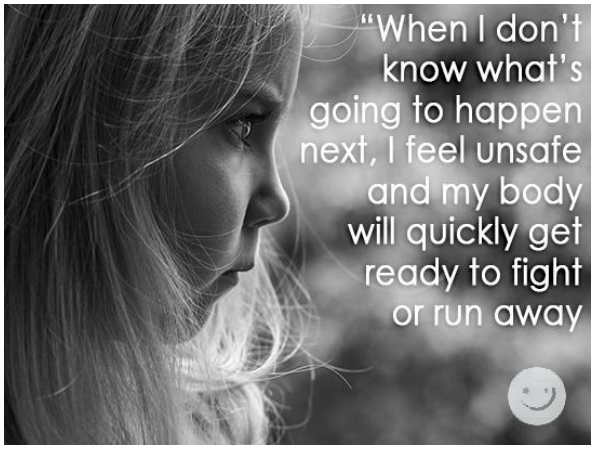
This blog entry was authored by Jeanette Miller, Senior Consultant in the Parenting and Early Years Program, at the Australian Childhood Foundation, from the perspective of a four year old child who has experienced trauma.

'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

1https://unsplash.com/photos/v-NBXj3Yv5o

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.

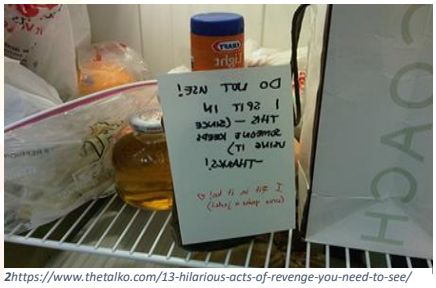
Impact on workers:

- 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

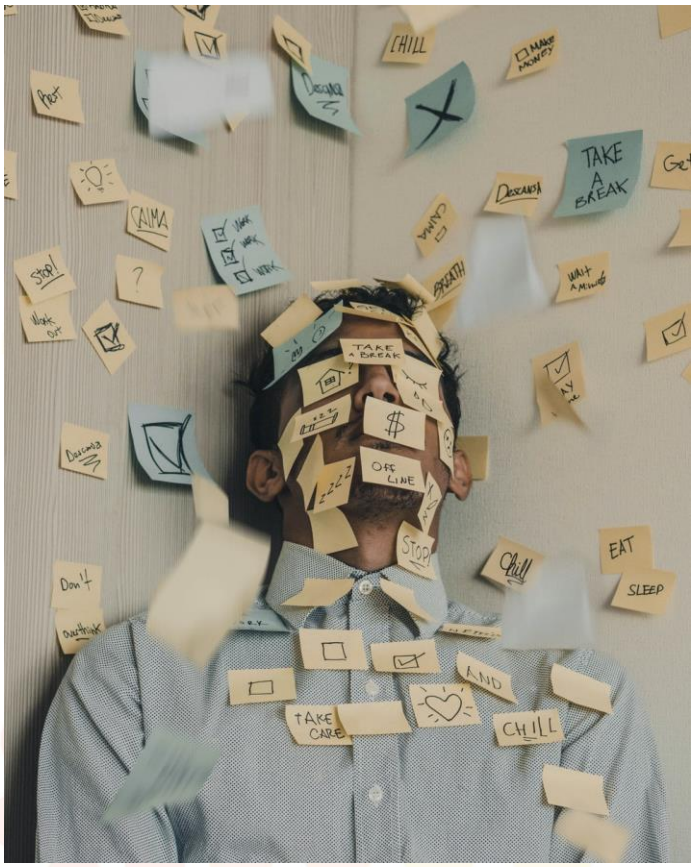
3https://www.holytaco.com/25-passive-aggressive-office-kitchen-notes/



2https://www.thetalko.com/13-hilarious-acts-of-revenge-you-need-to-see/

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.



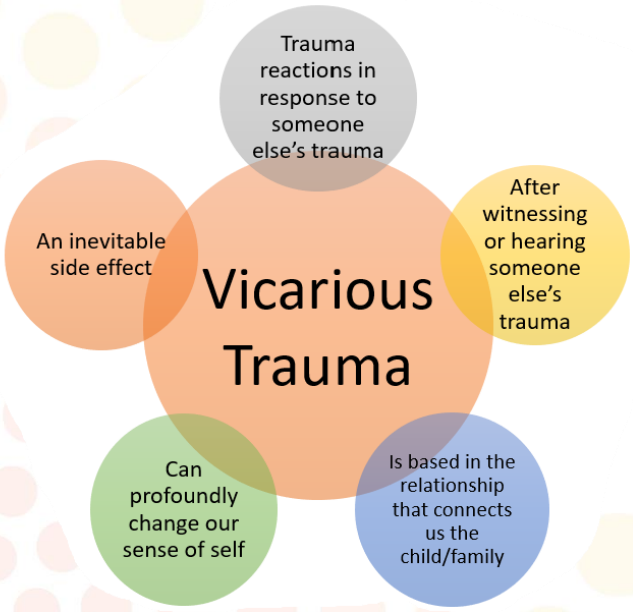
4Photo by Luis Villasmil on Unsplash

Supporting Staff, Transforming Trauma:

5Photo by Brooke Cagle on Unsplash

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.



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Bottom-Up Brain Development

Cortex
Reasoning and Judging Centre
3-6 Years

Limbic System
Emotional Centre
1-4 Years

Cerebellum
Motor Centre
Birth-2 Years

Brain Stem
Basic Survival Functions
Pre-birth - 8 Months

Cortex
Reasoning and Judging Centre

Limbic System
Emotional Centre

Cerebellum
Motor Centre

Brain Stem
Basic Survival Functions

The brain is comprised of different structures that grow and develop at different rates and different times.

The **brain stem** area of the brain develops first and is responsible for basic functions that **keep us alive** such as heart rate, breathing and regulating our body temperature. The brain stem is fully developed at birth. It is the part of the brain that is 'hard wired' and least susceptible to change.

Connected to the brain stem is the **cerebellum** or motor centre of the brain. This area is responsible for **movement** and develops over the first few years of life. Development in this area is seen in babies gaining head control, sitting, crawling and walking. In the next few years, children will gain greater co-ordination, learn to skip, kick a ball, ride a bicycle, cut, draw and eat with cutlery.

The **limbic system** is the **emotional** centre of the brain and rules the lives of young children up to around four years. During the toddler years, the limbic system goes through a period of rapid development. This helps explain their bursts of irrational behaviour and tantrums. Toddlers need our help to manage their **strong** feelings. Young children **feel** then **act**, they **can't think** then **act**. This is due to the emotional centre of their brain developing before the cortex, or the thinking part of their brain. Young children basically view the world through an emotional lens.

The **cortex**, or thinking part of the brain, is the last part to develop. This is the part of the brain responsible for reasoning, planning and problem solving. This is the part of the brain that enables humans to **think** before they **act**. As children grow and develop, the cortex is gradually able to help us to pause when we are flooded by **strong** emotions, thus allowing us to **feel, think, then act.**

Unlike the brain stem, the limbic system and cortex are highly susceptible to change due to experience and the environment in which the child lives.

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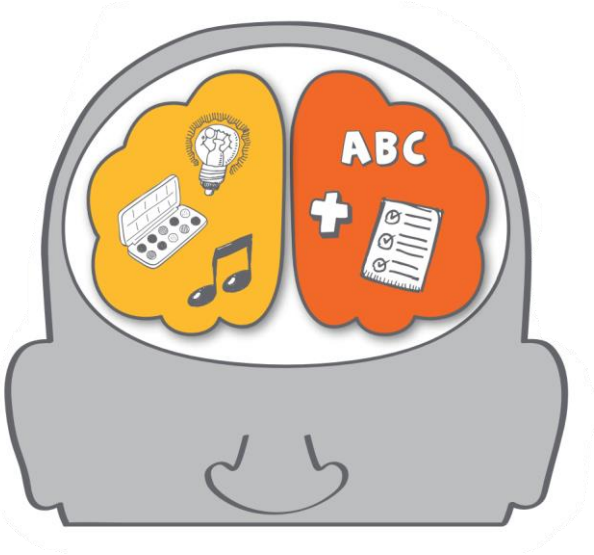
Lateral brain development

RIGHT

- Ambiguous
- Non-verbal
- Big Picture
- Visual
- Emotions – like fear & disgust



LEFT

- Logical
- Linear
- Language
- Lists
- Literal
- Emotions – more positive

Left Hemisphere

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

Right Hemisphere

- Is orientated in the present moment
- Is non-verbal
- Grasps the whole/big picture
- The pessimistic hemisphere
- Relies on the non-verbal:
  - Eye Contact
  - Facial Expression
  - Tone of Voice
  - Posture
  - Gesture
  - Intensity

Trauma and language

The left hemisphere is responsible for

- speech production and
- language comprehension

Under stress, areas in the left hemisphere shut down leaving the traumatised child:

- speechless in the face of terror and
- with impairments in recognising and understanding simple instructions

The shift to the right hemisphere

- Traumatised child is left to respond to intense emotional sensations and experiences without language
- Trauma shifts processing of experiences to the right hemisphere
- Experiences of trauma are acted out in non-verbal communication
- Non-verbal strategies are required to resource change for traumatised children

Transforming trauma

Building right hemisphere/left hemisphere connection

- Any activity that enables you to cross the midline
    - cups games, hokey pokey, clapping chants, mirroring games and physical activity/sports

Building right hemisphere

- Attunement and relationally based activities
    - mutual smiling, mirroring games based on facial expressions, voice copying

Building left hemisphere

- Incorporating cognitive processes into calming or stimulating activities
    - counting for relaxation

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Porges Polyvagal Theory

This document helps us to understand the responses we see in children.

Polyvagal Theory outlines three evolutionary stages that took place over millions of years in the development of our autonomic nervous system. It proposes that the three stages are hierarchical in their use, even today.

1. The first formed defence developed uses the older branch of the Vagus and conserved energy for the animal or human in the face of a threat too big to face and would effectively produce an Immobolization response.
2. The next stage was the evolution of the sympathetic-adrenal system which assisted us to mobilise against threats, allowing the heart rate to rise and the SNS to take over.
   (At this point in time we had a 'all or nothing' ANS response to threat – either Mobilized (even in active freeze) or Immobilized)
3. The newest to form to develop was the Social engagement system, where through the use the newer vagus branch we could modulate calm bodily states and social engagement behaviors.

The hierarchy emphasizes that the newer "circuits" inhibit the older ones - we start with our most modern systems, and work our way backward.

The use of this system means we can modulate our response and transition between ANS states, but our capacity to do so depends on modes of regulation set as a result of interactions early in life (Schore 1994).

- We use the newest circuit to promote calm states, to self-soothe and to engage. – We are able to slow down or speed up as required.
- When this doesn't work, we use the sympathetic-adrenal system to mobilize for fight and flight behaviors.
- And when that doesn't work, we use a very old vagal system, the freeze or shutdown system. This can be dangerous due to the extremely high amounts of stress hormones and opioids in the body, people can faint/slip into unconsciousness- and the heart can stop beating.

What does this mean for children?

1. The newer, social engagement system can only be expressed when the nervous system detects the environment as safe.
2. Trauma impacts the use of this branch because it 'tunes' children to scan their environments for threat, thus they cannot apply the "Vagal Brake" and maintain elevated heart rates which in turn inhibit the use of the Social Engagement.

3. The linkage between the nerves the facial nerves and the nerves that regulate the heart and lungs mean that using the facial muscles can calm us down.
4. Children who present with no facial expression (the face has no muscle tone; the eyelids droop and gaze averts) will also highly likely have auditory hypersensitivities and difficulty regulating his or her bodily state… PVT suggests that the neural system that regulates both bodily state and the muscles of the face has gone off-line because their nervous system is not providing information to calm them down.
5. When children are in the distressed state, their nervous system evaluates even neutral things as dangerous, rather than pleasant. But once they become calm and engaged, they see neutral as being neutral, and then they engage people and they start reacting back to them. (Cf the shark music slide or the pussy cat/lion slide).
6. To assist children in regulation (moving them into the middle of the window of tolerance), PVT would suggest strategies to create a sense of safety, like retreating to a quiet environment, changing intonation, presenting familiar faces and familiar people, playing musical instruments, singing, talking softly, or even listening to music… When we do these we can actually recruit these neural circuits, trigger the social engagement system, and this will turn off our stress responses.
7. Therapeutic methods that promote the use of the associated body functions in the social engagement system will be soothing and calming, and will be more metabolically efficient. They will also produce a host of health benefits.
8. When we are in a mobilized anxious state (middle tier) and want to communicate or relate on a calmer personal level, we need to put the brake on our sympathetic-adrenal system and recruit the neural circuit that promotes social behaviors. We can do this by using our facial muscles, making eye contact, modulating our voice, and listening to others. The process of using the muscles in our face and head to modulate our social engagement will actively change our physiological state by increasing vagal influences on the heart and actively blunt the sympathetic-adrenal system. Then we can be more in contact with reality, more alert and engaged.

(How your nervous system sabotages your ability to relate. An interview with Stephen Porges about his polyvagal theory By Ravi Dykema, in Nexus)

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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

1Designmilk.com

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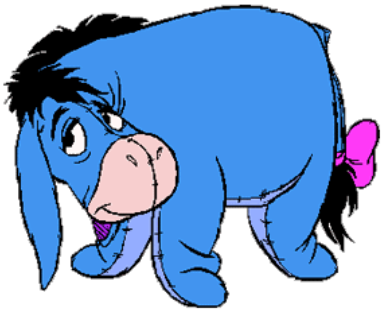

Arousing Eeyore

- 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

https://www.lyonlearning.com

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

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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

1https://unsplash.com/photos/7VT10Pz3BvI

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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

1Photo by Kelly Sikkema on Unsplash

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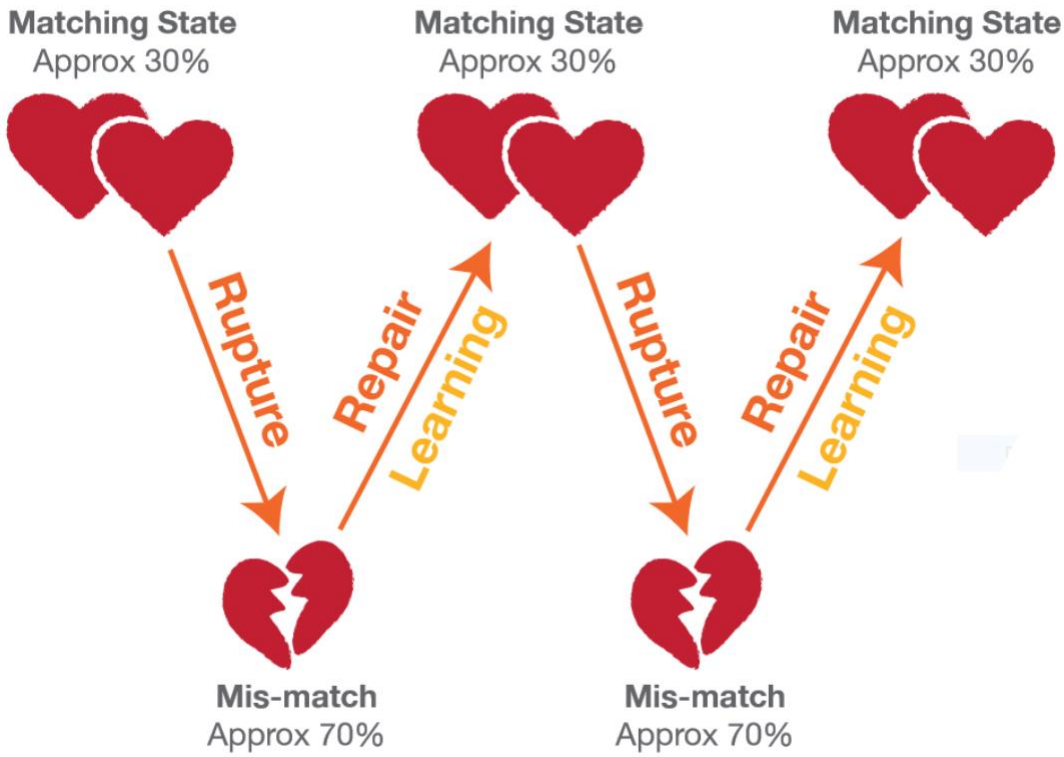
Trauma Informed Approach to Support Children's Development



A child experiences a range of arousal states but is unable to understand or regulate these. A caregiver is required to place limits on child's behaviours, thus becoming MISATTUNED with the child. Limit setting = rupture. The child experiences shame which causes a rupture in the emotional bond with the caregiver.

- The 'good enough' caregiver who has misattuned can regulate the child's negative state by accurately reattuning in a timely manner. This reassures the child and enables continued development, whilst maintaining the relationship. The child is able to integrate pleasure and frustration, affection and anger within self, and in relationship to their caregiver.
- The caregiver is not consistently, sufficiently or predictably available as a regulator to the child.
- The caregiver responds to the child's arousal state and emotions inappropriately (e.g. rejecting, dismissive, inconsistent). Instead of modulating stimulation, the caregiver induces extreme levels of arousal, very high in abuse and/or very low in neglect. The caregiver also doesn't engage in timely attuned interactive repair.
- Results in the child remaining in intense affective states for long periods of time, and having a prolonged experience of shame.

Ed Tronik's study: infants who auto-regulated best were those whose caregivers did the best at **repairing misattunement,** not those whose caregivers were perfectly attuned.

Attuned carers ensure that the child recovers quickly after shame

This reintegration sets the pattern for being able to survive and learn from mistakes throughout life (resilience).

The child who lacks this pattern can't experience shame as transitory - when told 'you made a mistake', hears 'you are bad'.

Recovery, for these children will involve re-creating the attachment process in an age appropriate way (Kate Cairns) so that the child can develop a new template of attachment.

REPAIR is especially important - critical to increasing the child's capacity to regulate stress, emotion and pain.

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Transitions

Understanding that for a traumatised child, any change can be perceived as a potential threat, use the following scenarios to plan transition strategies which could help the child 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 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 B
A child in foster care who is required to make weekly access visits to her biological parent who was the perpetrator of her trauma.

SCENARIO C
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 D
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.

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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.

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Building safety and connection

- Children affected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning
- Safety = predictable and consistent routines, consistent relationships and consistent responses

This work is best practice for all children

One important way that we can help children have a sense of SAFETY, is to provide PREDICTABILITY in their day……a sense that 'I know what's coming next.'

- Focus on creating an environment that is predictable and familiar
- Always prepare child for what is coming up next
- Establish a supportive pattern of one to one communication with child
- Be particularly sensitive to transition experiences

Predictability: a metaphor for SAFETY

Children affected by trauma experience any change as a potential threat.

Consistent caregiving and continuity of care is vitally important to traumatised children.

Protective and predictable relationship provides attachment security.

Predictability

Outline how you would plan for your group of children to go on an outing to…….(an attraction in your local area), or to have a visit by……(someone who might visit your Centre to talk to the children).

1Photo by Marcus Wallis on Unsplash

Building predictability

Predictability is achieved by:

- Reliable routines, e.g. greeting children at the door on arrival in morning with a consistent signal - high 5/handshake, same beginning/ending routines e.g. a song or music
- Using visual cues to help children prepare for the day – sequencing…better to use photos of the actual child/activity, than clipart
- Preparing children for what's coming next
- Talking to children about your intentions
- Same caregiver/s every day

Consistency of carer - it's unrealistic to expect that any of you can never be sick, or won't ever take leave.

Ideally each child needs at least one significant person with a committed relationship to him, who acts as his secure base.

Young children develop a hierarchy of attachment figures

Children in Childcare/Pre-school need at least 2 attachment figures to reduce stress if one is unavailable

- Traumatised children will come to trust and rely on their reference point as an interpreter of their environment
- Traumatised children will respond in a less volatile way to changes
- Over time, traumatised children will build an internal platform for responding to change
- Traumatised children will learn to use others as a resource to support them

Predictability is achieved by:

- Asking permission before touch
- Beginning and ending group sessions with same activity
- Giving warning when activity is about to end
- Ensuring relief staff continue regular routines

Think about your service for young children – what do you do that is the same every day?

Why do you have these routines? What is their purpose?

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What is meant by PACE?

Playfulness, acceptance, curiosity and empathy.

PACE is a way of thinking, feeling, communicating and behaving that aims to makethe 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 youmight 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 theirconflicts 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 achild 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 scaryparts.

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 sometimesturns 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 andmore reflective.

A playful stance adds elements of fun and enjoyment in day-to-day life and can alsodiffuse a difficult or tense situation. The child is less likely to respond with anger anddefensiveness 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 limitingbehavior 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, thisis 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 herself-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 canhelp 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 parentsor 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 knowwhy 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 someway.

Curiosity involves a quiet, accepting tone that conveys a simple desire to understandthe 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 ofa reply.
It is not interpretation or fact gathering. It's just about getting to know the child andletting 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 thechild makes a mistake. A light curious tone and stance can get through to a child in away that anger cannot.

You might make guesses about what a child may be thinking and feeling, saying thisaloud, 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 childand 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 confusingand 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 adultand 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 sadnessand distress with her and lets the child know that.

The adult is demonstrating that he or she knows how difficult an experience is for thechild. 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 willnot 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 moresecure 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 arenot *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. Theylearn 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 ontheir 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, makesense 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.

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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

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PACE in Action

Ideas to try:

- Playfulness
- Acceptance
- Curiosity
- Empathy

Activity/ time of day:

Play_____

_____

_____

Daily Care_____

_____

_____

Challenging times /during struggles

_____

_____

_____

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."

Prepared by Simon Holt - Clinical Psychologist

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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.

Anticipate child's **N**eeds					
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					

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NURTURE case study

'B.J.'

BJ is 3years 9 months old and has been attending the local childcare centre for 4 months. He is brought to the Centre 3 days a week by Cheryl, who cares for him in a kinship care arrangement.

Staff are never sure what to expect when BJ arrives at the Centre. Sometimes he clings to Cheryl and screams when she leaves, running after her and banging on the door. At other times he is very quiet and seems not to be bothered about Cheryl leaving. On those mornings, he sits by himself in a corner, rocking and sucking his thumb.

BJ is very small for his age, is still struggling with toilet training and when he does use words, staff find his speech very difficult to understand.

In the time that BJ has been at the Centre, he has never settled at rest time. He has been so disruptive to the other children, that staff have removed him from the room.

At story time, BJ refuses to sit on the mat with the other children. He runs around the room noisily knocking things over. At snack time, staff have learnt that one of them needs to sit with BJ, as he often tries to take food from other children.

At some time during each session, a child will come crying to a staff member complaining that BJ has hurt him, knocked down his blocks, thrown sand at her or taken his toy from him. Recently one of the parents complained when her child came home with bite marks on her arm.

Once when Cheryl arrived to pick him up, a student on placement observed BJ's reaction as follows:

BJ was sitting in the sandpit playing with a truck when Cheryl arrived. When she called his name, he dropped the truck and his face 'froze'. Then he jumped up and ran in circles around the playground, returned to the sandpit, took a handful of sand, ran over to Cheryl and threw the sand at her. When she turned to walk away from him, he began to cry and clung onto her leg.

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.

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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, what could Jennie do in this situation which would 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?

2. How might you expect a child like BJ to react, the first few times he is offered NURTURE strategies?

3. Talk about the role of putting BJ's feelings into words.

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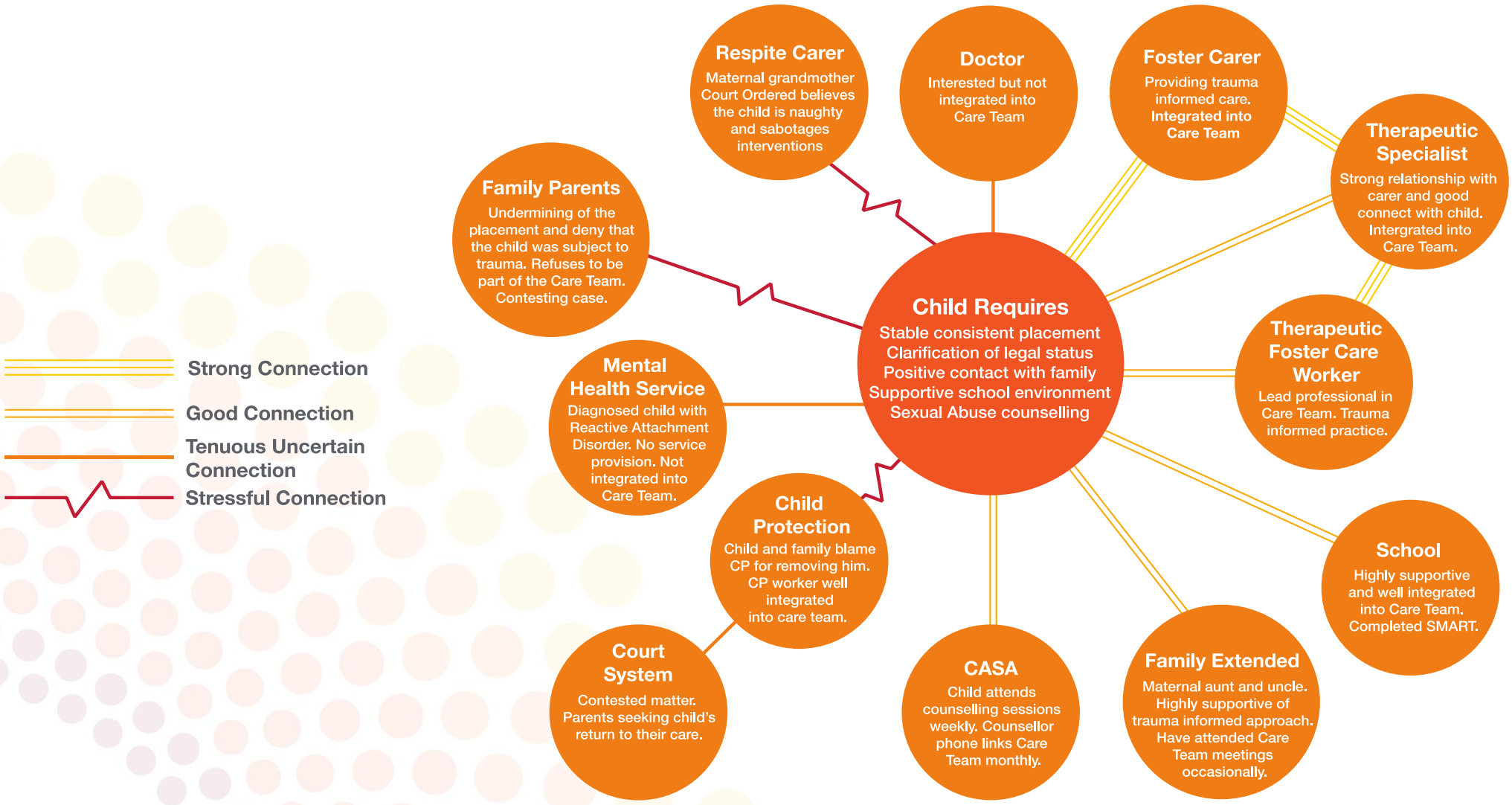
Mapping the system



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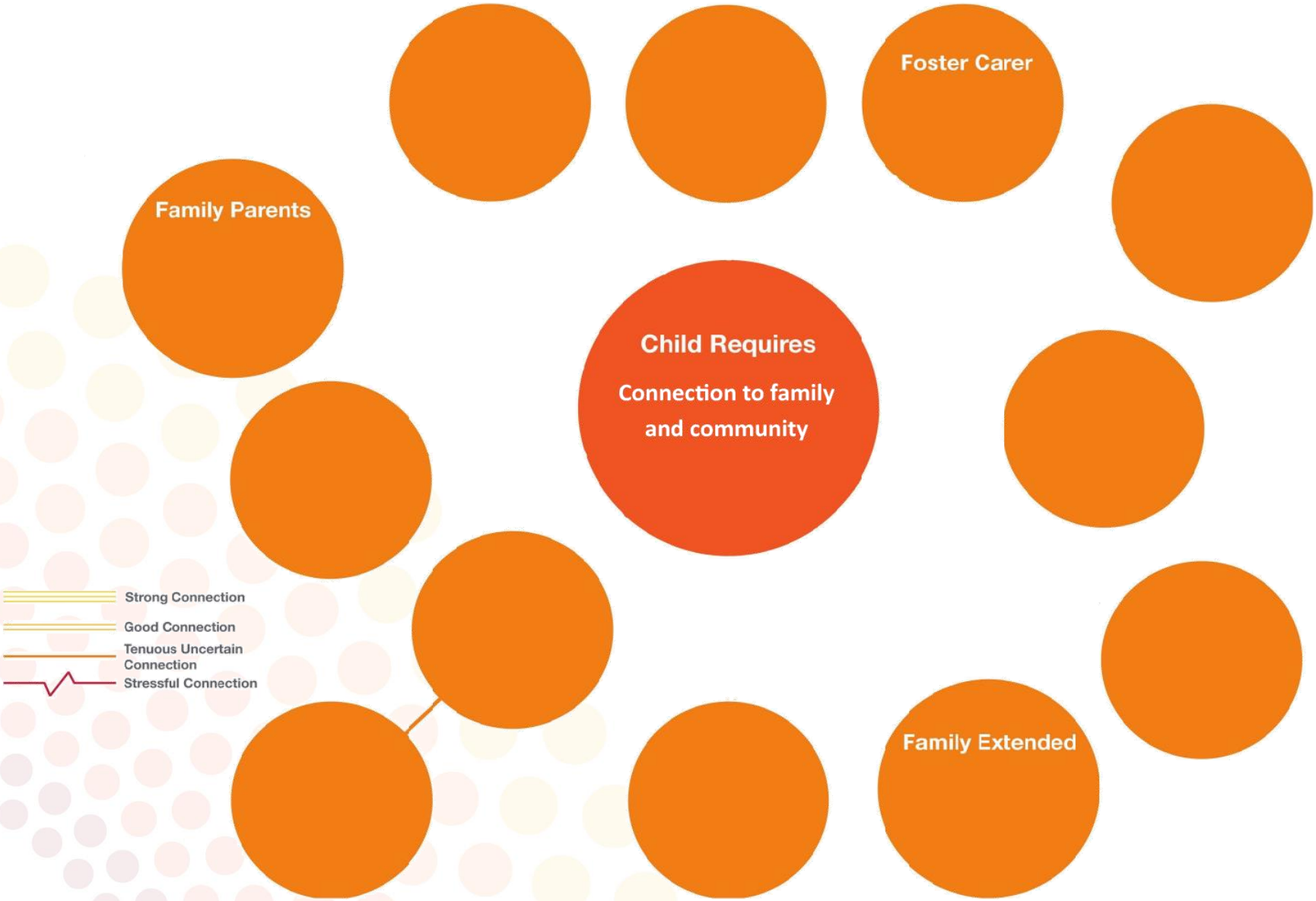

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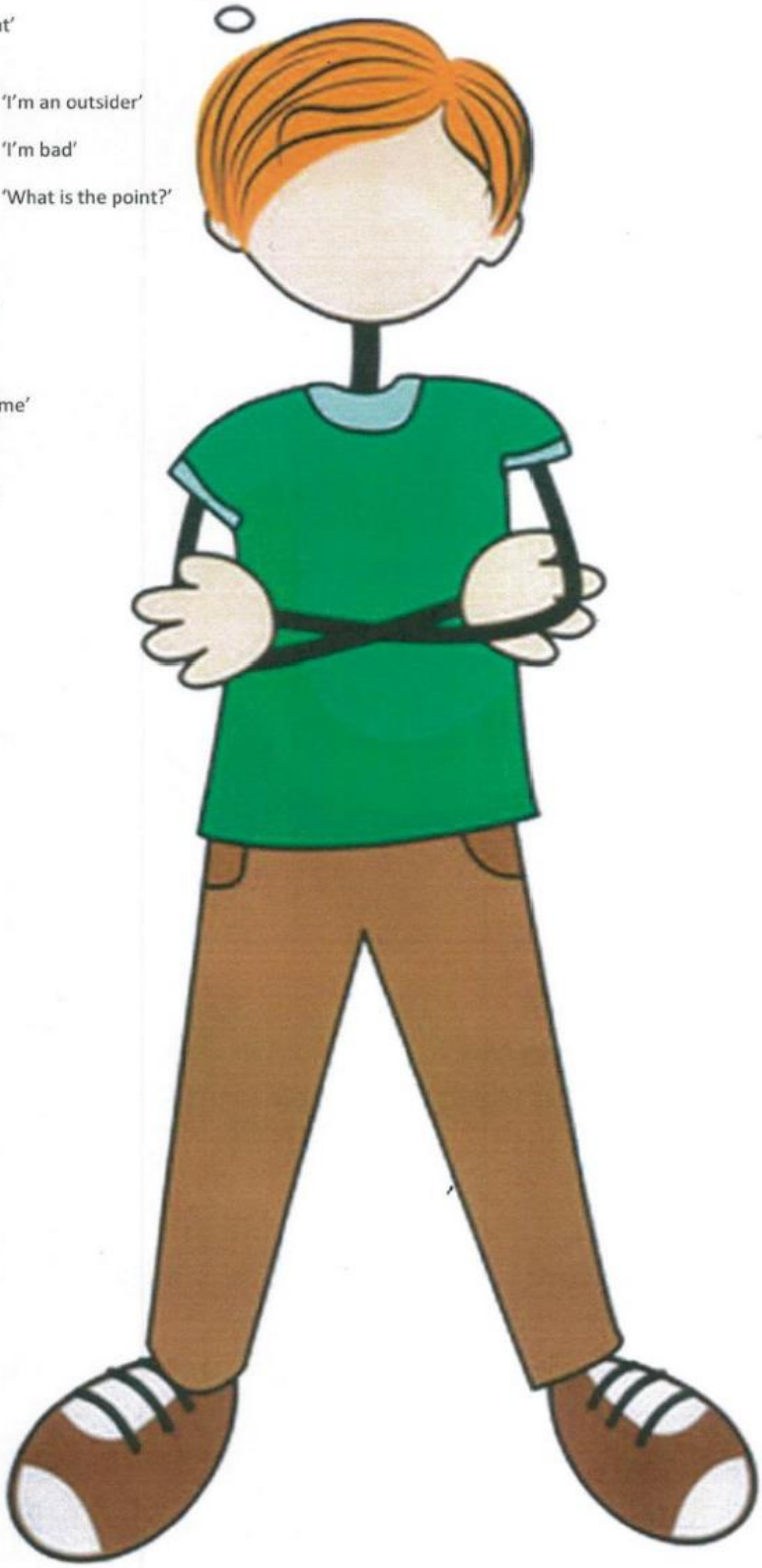
What are the Thoughts, Feelings and Behaviours of the abused and neglected child?



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
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

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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 import that your plan resonates for you.

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Selfcare Activities

The goal of all self care is to care for the self! Self-care activities should cover a spectrum of areas including physical, emotional, psychological, spiritual and professional. The activities that are most effective for you will depend partly on your personality and individual preference, and partly on the level of impact your work/life environment is currently having on you.

BRAIN REGION	ACTIVITIES
Brain Stem	Soothing activities in your preferred sensory modality. Massage (face, hands, feet, or whole body) Aromatherapy Grooming; brushing hair, painting nails Cuddling, physical affection, Take time to be sexual Singing Eating regularly and healthily Get enough sleep Take holidays Make time for prayer, meditation and reflection Nurture others Arrange your workspace so it is comfortable and comforting
Midbrain (Diencephalon & Cerebellum)	Exercise, go to the gym, Lift weights participate in team sports Practice martial arts Do physical activity that is fun for you Take holidays Say no to extra responsibilities sometimes Yoga
Limbic	Participate in team sports Take time off when you are sick Wear clothes you like Take holidays Go to see a counsellor or psychotherapist for yourself Write in a journal Take a step to decrease stress in your life Spend time with others whose company you enjoy Stay in contact with important people in your life Treat yourself kindly (supportive inner dialogue or self-talk) Feel proud of yourself Re-read favourite books or re-watch favourite movies Identify comforting activities, objects, people, relationships, places- and seek them out Allow yourself to cry Find things that make you laugh Express your outrage in a constructive way Play with children Make time for prayer, meditation and reflection

	Be open to inspiration Cherish your optimism and hope Be open to mystery and not knowing Remember and celebrate loved ones who are dead Have awe-ful experiences Contribute to or participate in causes you believe in Read inspirational literature and listen to inspiring music Take time to chat to co-workers Identify projects or tasks that are exciting, promote growth and are rewarding to you Arrange your workspace so it is comfortable and comforting Get regular supervision or consultation Have a peer support group
Cortex	Participate in team sports Practice martial arts Get regular medical care for prevention and treatment Take holidays Get away from stressful technology such as email, mobile phones Make time for self reflection Go to see a counselor or psychotherapist for yourself Write in a journal Engage your intelligence in a new area- go to an art museum, performance, sports event, exhibit or other event Notice your inner experience- your dreams, thoughts, imagery, feelings Say no to extra responsibilities sometimes Make time for prayer, meditation and reflection Identify what is meaningful to you and notice its place in your life Be open to mystery and not knowing Express gratitude Celebrate milestones with rituals that are meaningful to you Remember and celebrate loved ones who are dead Nurture others Contribute to or participate in causes you believe in Read inspirational literature and listen to inspiring music Make time to complete tasks Identify projects or tasks that are exciting, promote growth and are rewarding to you Set limits with clients and colleagues Balance your caseload so no one day is “too much”! Get regular supervision or consultation Negotiate for your needs (benefits, pay raise etc) Have a peer support group Develop a non-trauma area of professional competence

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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						