



# Exploring Trauma Informed Practices and Frameworks Handouts

## 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>



## Taming Tigger

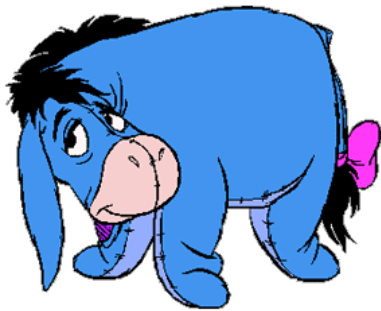
- Hugs - *'When I hold my teddy it feels like someone is hugging me.'*
- Hand on heart & hand on belly
- Sitting back- to-back with another
- Body sock
- Pushing against wall/pillows
- Pillow sandwich
- Weighted blankets/wheat bags
- Contained spaces
- Screaming down plug hole
- Punching pillow
- Going 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*





## 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

## 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



<https://unsplash.com/photos/7VT10Pz3BvI>



## What is meant by PACE?

Playfulness, acceptance, curiosity and empathy.

PACE is a way of thinking, feeling, communicating and behaving that aims to make the child feel safe. It is based upon how parents connect with their very young infants. As with young toddlers, with safety the child can begin to explore.

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

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### Playfulness

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

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

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

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

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

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

A playful stance adds elements of fun and enjoyment in day-to-day life and can also diffuse a difficult or tense situation. The child is less likely to respond with anger and defensiveness when the parent has a touch of playfulness in his or her discipline.

While such a response would not be appropriate at the time of major misbehavior, when applied to minor behaviours, playfulness can help keep it all in perspective.

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## Acceptance

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

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

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

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

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## Curiosity

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

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

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

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

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

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

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

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

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

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

Curiosity lets the child stay open and engaged in conversations.

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

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



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

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## Empathy

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

With empathy, when the child is sad or in distress the adult is feeling the sadness and distress with her and lets the child know that.

The adult is demonstrating that he or she knows how difficult an experience is for the child. The adult is telling the child that she will not have to deal with the distress alone.

The adult will stay with the child emotionally, providing comfort and support, and will not abandon her when she needs the adult the most.

The adult is also communicating strength, love and commitment, with confidence that sharing the child's distress will not be too much. Together they will get through it.

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## The impact of communication using the principles of PACE

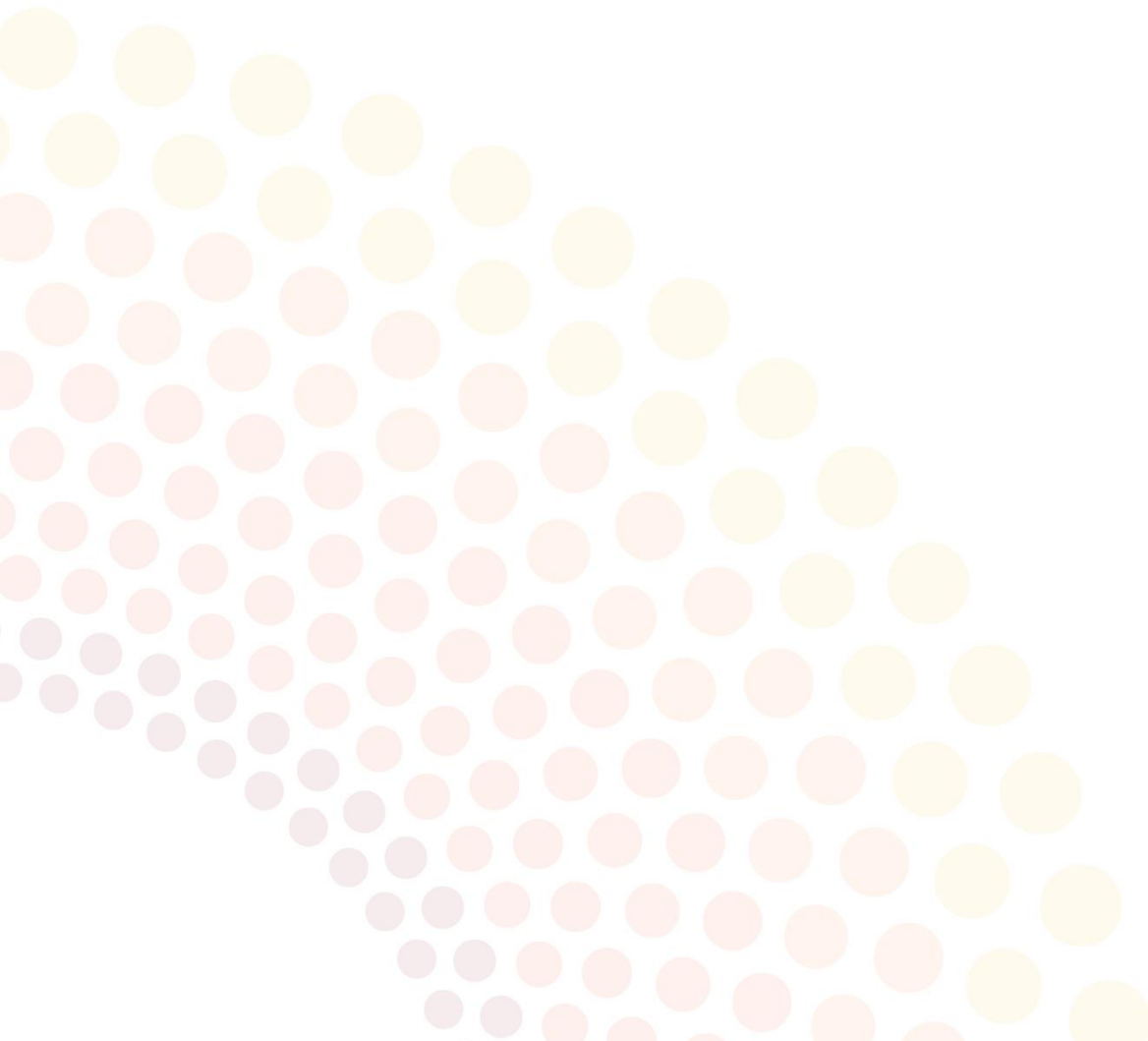
PACE focuses on the whole child, not simply the behavior. It helps children be more secure with the adults and reflect upon themselves, their thoughts, feelings and behaviour, building the skills that are so necessary for maintaining a successful and satisfying life. The child discovers that they are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

Through PACE and feeling safer, children discover that they can now do better. They learn to rely on adults, particularly their parents, and trust them to truly know them.

They learn that their parents can look after them in a way that they could never do on their own.

When children experience the adults doing the best they can to understand them and trying to work out together more effective ways for the child to understand, make sense of and manage their emotions, thoughts and behaviour they start to believe that the adults really will keep on trying until things get better for all of them.

For adults, using PACE most of the time, they can reduce the level of conflict, defensiveness and withdrawal that tends to be ever present in the lives of troubled children. Using PACE enables the adult to see the strengths and positive features that lie underneath more negative and challenging behaviour.



## PACE – Dan Hughes

### Playful

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



### Accepting

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



### Curious

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



### Empathic

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





# Polyvagal Theory

## Behavioural Functions

## Body Functions

by Stephen Porges

### Social Engagement

Soothing and calming  
Indicates safety

- Lowers or raises vocalisation pitch
- Regulates middle ear muscles to perceive human voice
- Changes facial expressivity
- Head turning
- Tears and eyelids
- Slows or speeds heart rate



### Mobilisation

Fight or Flight  
Active Freeze  
Moderate or extreme danger

### Hyper arousal

- Increases heart rate
- Sweat increases
- Inhibits gastrointestinal function
- Narrowing blood vessels - to slow blood flow to extremities
- Release of adrenaline



### Immobilisation

Collapse or submission  
Death feigning  
Increased pain threshold  
Conserves metabolic resources  
Life threatening situations

### Hypo - arousal

- Slows heart rate
- Constricts bronchi
- Stimulates gastrointestinal function



## 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 <b>N</b> needs					
<b>U</b> nconditional positive regard					
<b>R</b> eframe child's perceptions					
<b>T</b> ime in and repair					
<b>U</b> se words for child's experience					
<b>R</b> eflect back child's feelings					
<b>E</b> njoy play together					

# 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 Immobilization 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 (Schoore 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)*