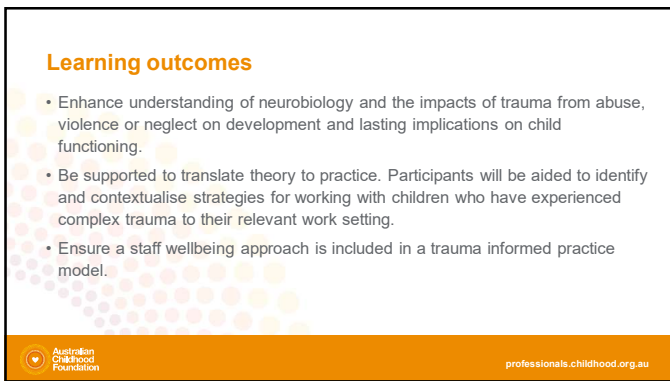




1



2



3

Message of safety

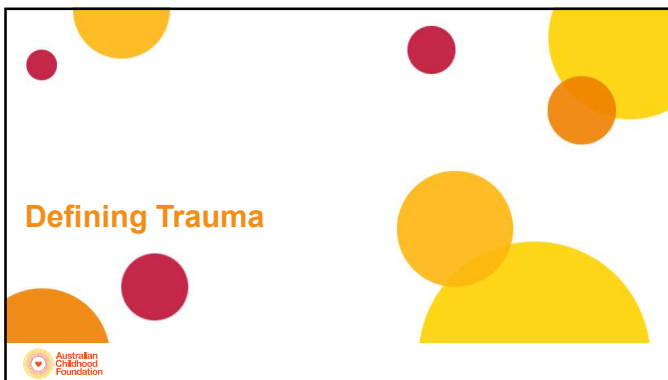
- Looking after yourselves during our time together is important
- When hearing the stories of others, thinking and talking about children who have experienced significant abuse and neglect can sometimes have a triggering effect.
- Our own experiences may also influence how we receive the material discussed here today, so please take care of yourself.
- Your emotional safety is paramount, so please take care of yourself during the course of the day



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4

Defining Trauma



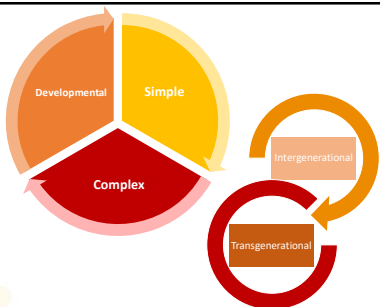
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Defining trauma

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




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6

Case study



The Tree – Richard Rose



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7

Brain Development



8

Activity- Normative development

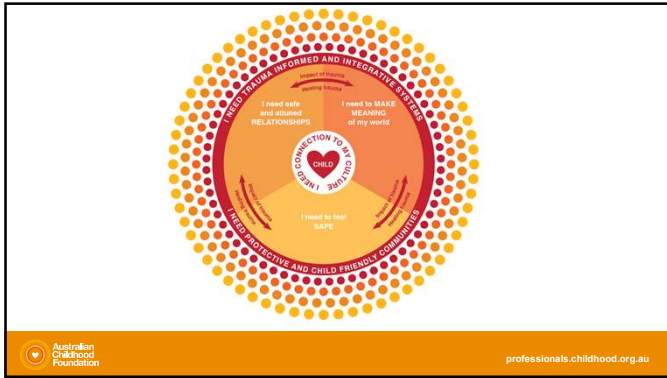


- In what ways does culture influence normative development?
- In what ways do relationships influence development?
- List five key messages about normative brain development



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10

Development: the role of relationships

"I am because we are"
African proverb

"A person's core self – the self that is shaped by early attachment patterns – is defined by who the parental object both perceive him to be and deny him to be"
Bromberg 2001, page 57

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The Importance of Culture

How did you become who you are?

- Safety: Belonging
- Relationships: Connection
- Meaning making: Identity

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Sequential Brain Development

Cortex
Reasoning and Judging Centre

Limbic System
Emotional Centre

Cerebellum
Motor Centre

Brain Stem
Basic Survival Functions

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Seven Emotional-Motivational Systems in the Limbic Brain

- Rage
- Fear
- Separation Panic
- Grief

- Seeking
- Play
- Care and Bonding
- Lust

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A brain development metaphor - My Brain House

- We build our brain from the bottom to the top- like building a house
- We reinforce parts of our house as we grow, with our roof continuing to develop into our mid 20s.
- In times of great stress bits of our brain house can come down and require repair. This is achievable and our brain house can stand strong again.

Cortex Roof
Our thinking cap

Limbic System Walls
Our feelings centre

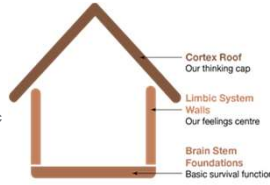
Brain Stem Foundations
Basic survival function

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A brain development metaphor - My Brain House

- Our brain house can experience adversity. This can effect its structural integrity. If we get rattled our thinking cap roof can come off, leaving our feeling walls exposed. This can lead to strong emotions coming out without our thinking cap to help us contain our feelings.
- When this happens we can struggle to find words to communicate as our words flew off with our thinking cap roof.
- If we are deeply shook our roof and walls might come down and leave only our foundation. Our foundation is very strong and reliable. In these times we have our basic life functions to focus on to get us through- eg. our breathing, our heart beat.
- Everyone's rooves blow off from time to time. Given we have all built our own brain houses, we are all equipped to support each other to repair our houses together.



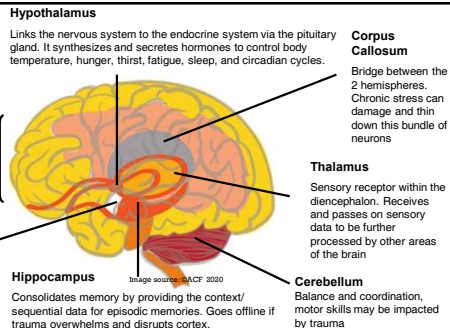
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Trauma and the Brain

- Prefrontal cortex**
Responsible for executive functions, such as judgement, reasoning, and self awareness. Final part of the brain to mature in one's mid 20s.
- Amygdala**
Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats



- Hypothalamus**
Links the nervous system to the endocrine system via the pituitary gland. It synthesizes and secretes hormones to control body temperature, hunger, thirst, fatigue, sleep, and circadian cycles.
- Corpus Callosum**
Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons
- Thalamus**
Sensory receptor within the diencephalon. Receives and passes on sensory data to be further processed by other areas of the brain
- Cerebellum**
Balance and coordination, motor skills may be impacted by trauma

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How does the brain develop?



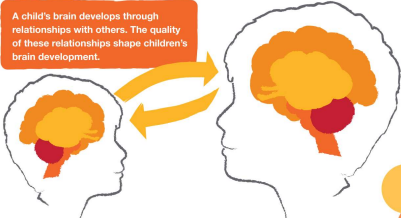
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Final thoughts on Brain Development

- The brain develops through a mix of genetics and environmental factors.
- Relationships are central to development
- Relationships= survival; Isolation=death
- The quality of relational right brain to right brain interactions in childhood influence our development in all areas of life
- There are critical periods of development, trauma experiences during critical periods can result in significant impacts later in childhood and into adulthood
- Culture influences brain development in utero- sensory based

A child's brain develops through relationships with others. The quality of these relationships shape children's brain development.



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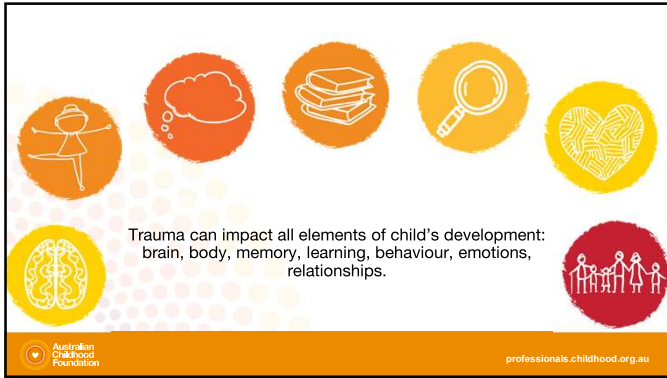
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Impact of Trauma



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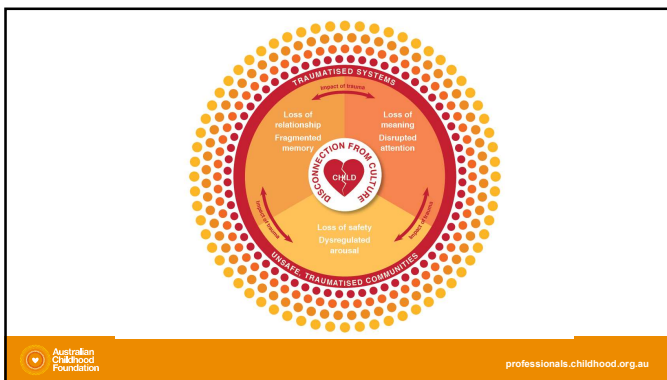
21



Trauma can impact all elements of child's development:
brain, body, memory, learning, behaviour, emotions,
relationships.

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DISCONNECTION FROM CULTURE

TRAUMATISED SYSTEMS

UNSAFE, TRAUMATISED COMMUNITIES

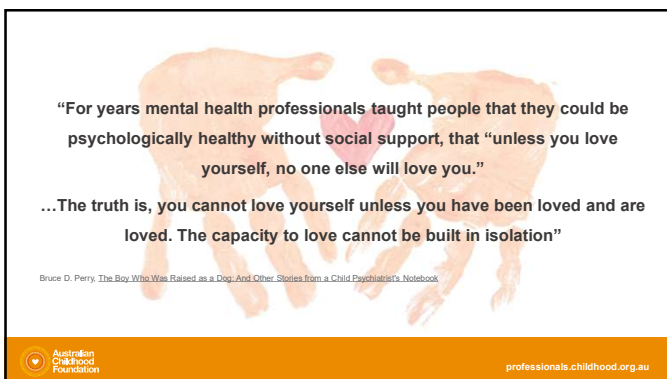
Loss of relationship
Fragmented memory

Loss of meaning
Disrupted attention

Loss of safety
Dysregulated arousal

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“For years mental health professionals taught people that they could be psychologically healthy without social support, that “unless you love yourself, no one else will love you.”

...The truth is, you cannot love yourself unless you have been loved and are loved. The capacity to love cannot be built in isolation”

Bruce D. Perry, The Boy Who Was Raised as a Dog: And Other Stories from a Child Psychiatrist's Notebook

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Effects of trauma on behaviour

- To cope with trauma children use initial adaptive responses to survive
- This is reasonable as a once off occurrence, but, if they continue they can become maladaptive patterns of behaviour
- These responses will be different for an individual child at different developmental stages
- Often a combination of appropriate developmental behaviours and maladaptive patterns of behaviour emerge

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The Social Engagement System



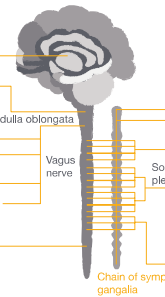
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Immobilisation hypo-arousal

Parasympathetic

- Ganglion
- Stimulates flow of saliva
- Slows heartbeat
- Constricts bronchi
- Stimulates peristalsis and secretion
- Stimulates release of bile
- Contracts bladder



Mobilisation hyper-arousal

Sympathetic

- Dilates pupil
- Inhibits flow of saliva
- Accelerates heartbeat
- Dilates bronchi
- Inhibits peristalsis and secretion
- Conversion of glycogen to glucose
- Secretion of adrenaline and noradrenaline
- Inhibits bladder contraction

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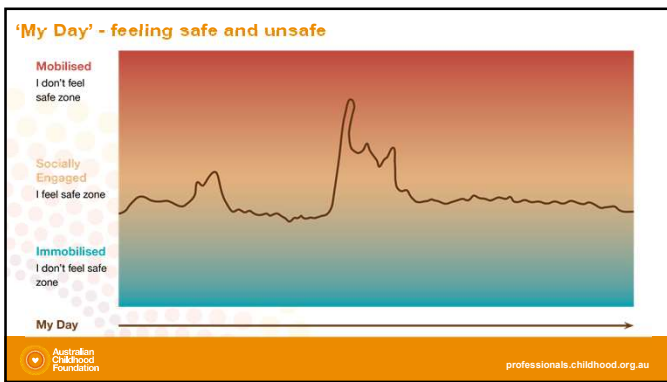
Polyvagal theory and Protective Responses

by Stephen Porges

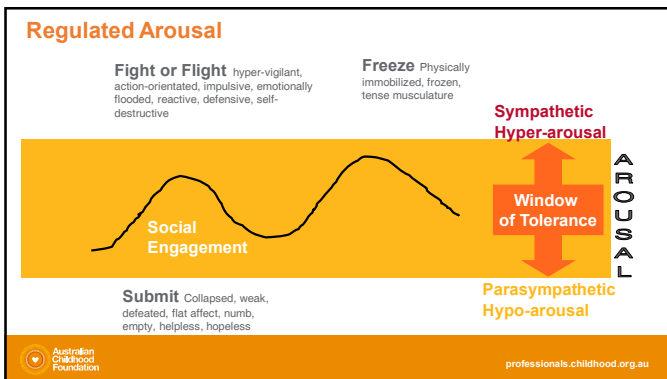
| Behavioural Functions | Body Functions |
|---|---|
| Social Engagement Soothing and calming Indicates safety | <ul style="list-style-type: none"> • Lowers or raises vocalisation pitch • Regulates middle ear muscles to perceive human voice • Changes facial expressivity • Head turning • Tears and eyelids • Slows or speeds heart rate |
| Mobilisation Fight or Flight Active Freeze Moderate or extreme danger | Hyper arousal <ul style="list-style-type: none"> • Increases heart rate • Sweat increases • Inhibits gastrointestinal function • Narrowing blood vessels - to slowblood flow to extremities • Release of adrenaline |
| Immobilisation 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 |

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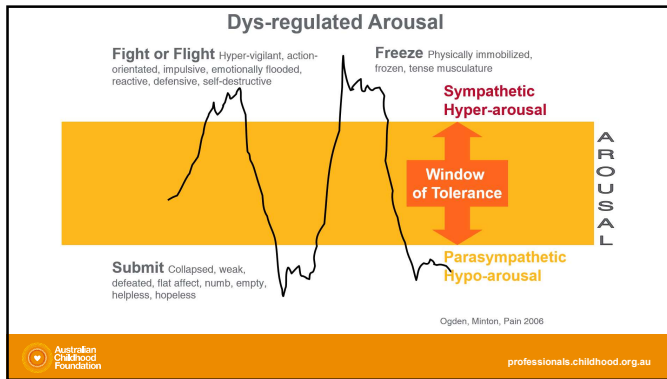
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Co-regulating child's arousal level-Use of Self

Understand my own state of regulation-what is my arousal state

- Match tone
- Match intensity
- Match prosody
- Do not match the emotion


Dan Hughes 2022

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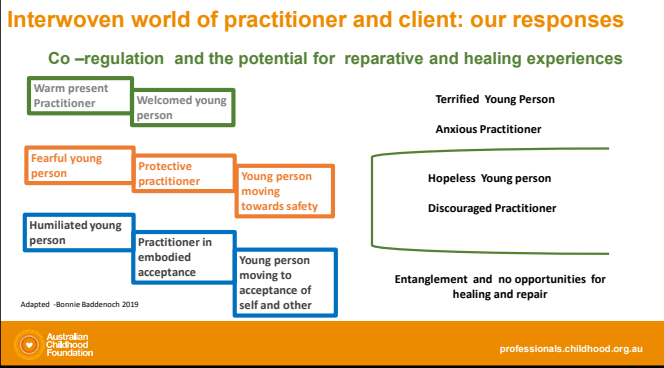
Regulation of child's state using modulation approach

- Where am both I and the child in our window of tolerance?
- What are the indicators?
- How do I use this knowledge to modify my attunement/contact/activities to be self-regulating/regulated?

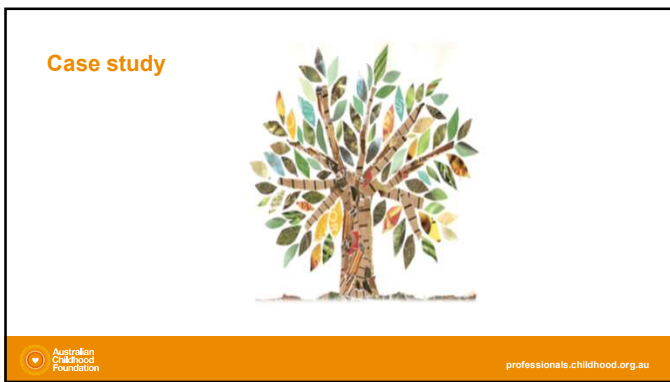


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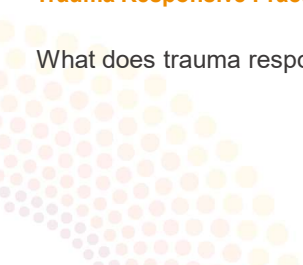


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Trauma Responsive Practice

What does trauma responsive practice mean to you?

What does it look like?
 What does it sound like?
 What does it feel like?



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Principles underpinning trauma responsive practice


- Informed by best available evidence: Childhood development and the Neurobiology of trauma; Systems change theory
- Cultural humility practice approach
- Restoring safety and development
- Prioritises therapeutic relationships
- Self-determination- Child centered, meaningful engagement and feedback
- Hope based recovery
- Acknowledges the impact on carers/workers and seeks to minimise risk

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Understanding of neurobiology of trauma & child development

- Application of the theory into practice
- How do you understand what's happening in the child's brain** and how will that influence your practice? i.e: *behaviour is an unmet need so how will your intervention address that unmet need rather than focussing solely on the behaviour?*
- How do you understand the child's developmental age versus their chronological age?** How will this inform your decision-making around support and intervention for the child and the family?
- Parental brain development – given parents likely trauma history, what is happening in their brain and **how will this influence your engagement with them?**



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Cultural understanding

- Be curious, practice with cultural humility; culture is a resource!
- **Child's sense of identity, belonging?** How is that supported/promoted?
- **Parents history, identity, parenting practices, style?** Where does it come from? How do we work with this?
- Cultural awareness/competence? What does this look like in my practice?
- Cultural competence, accessibility? Programs tailored to meet cultural needs?
- Diversity - **Who has a voice in this space?**



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Key principles and actions that support a developmental trauma informed, culturally safe response to traumatised children and young people:

- Relationships are critical- individual, family, community
- Using stories and story-telling is a valuable and important tool
- Connecting to country and culture needs to be meaningful and not tokenistic
- Continual self-reflection builds cultural humility – who am I? What are my biases? What else do I need to know?
- Children and young people still all come with their own stories and we need to listen to those and not assume
- Holistic approaches




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Safety

- Without 'felt safety' trauma processing is not possible
- Consider child's internal world versus the external world
- Polyvagal theory – biological safety, child's perception of safety (felt safety)
- Human safety – **are the people around me safe?**
- Environmental – **is the environment conducive to the perception of safety?**
Sensory input – smells, sights, sounds, etc.
- Organisational safety - does my organisation promote policies and practices that ensure safety of clients and staff?
- Parents own trauma history and perception of safety – how will this impact on your ability to engage with them? How can you restore safety?



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Felt Safety

- Without 'felt safety' trauma processing is not possible
- Consider child's internal world versus the external world
- Polyvagal theory – biological safety, child's perception of safety (felt safety)



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Promoting safety in your role

Consider your practice...

- **Do you (and your workplace) explicitly acknowledge the role of safety in supporting children and young people?**
- **How is the child's experience of safety understood and acknowledged?**
- **In what ways do you promote safety?**
- **What specific strategies do you implement? Verbal and nonverbal**

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Therapeutic relationships

Accompaniment is an experience for a child that offers emotional reciprocity, validation, care and comfort. In this experience they feel heard, met, felt and understood

"Children internalize the people who understand and comfort them, so that they often have the felt sense of accompaniment when they are alone"
Bonnie Badenoch

- Share meaning making experiences
- Understanding that the challenging behaviors result from their specific vulnerabilities and needs
- Focusing on and amplifying the child's strengths and talents
- Using consistent and positive reinforcement

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Therapeutic Relationships

- **Child experiences safe, attuned, consistent relationship/s.** What does this look like?
- **Worker-parent relationship** – minimising re-traumatisation, co-regulating.
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – DDP, sanctuary model



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Self determination

- Child centred practice – child's voice is heard and acknowledged
- How is the parent's experience understood and acknowledged?
- How do you address power imbalance in your role?
- How does the child/parent participate in the care team process?
- Rights of child are always prioritised- safety, developmental opportunities, be involved in decisions that effect them



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Activity: reflection

Consider your practice...

- **In what ways do you promote self determination?**
- **How is the child's experience and wishes understood and acknowledged?**
- **How do you acknowledge the strengths of the child/family/community?**
- **How do you address power imbalance in your role?**
- **How does the child/parent participate in the care team process?**



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Hope based recovery

- Hold hope for your clients until they can hold hope for themselves
- Strength-based approaches
- Support development of a hope based narrative the child can access
- **How does the child understand their future** and the possibilities available to them? (more appropriate for older children)
- **How do parents understand the child's strengths** , as well as their own and have hope for the future?
- **How do you as a worker maintain hope in complex trauma-based work?**

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Self-care

- **How is self-care promoted** to the child and the parent?
- Worker's understanding of **vicarious trauma** and its impacts
- Worker's **self-care plan** style? Predictable, Responsive, Reactive, Non-existent
 - How does the organisation support **worker wellbeing and self-care to minimise VT?**

The best way to help the extremely dysregulated child, is to remain calm and regulated yourself.

What works for you?

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Trauma Responsive Strategies

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Trauma responsive strategies


- Trauma responsive principles underpin all strategies
- Modalities in use and specific strategies may differ, the principles remain the same
- Establishing safety and meaningful relationship is essential
- Strategies will not be effective if used only once: Do it once, do it twice and do it again!
- Repetition is key to reshaping the brain and behaviour
- You are the greatest resource!

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Sequential intervention

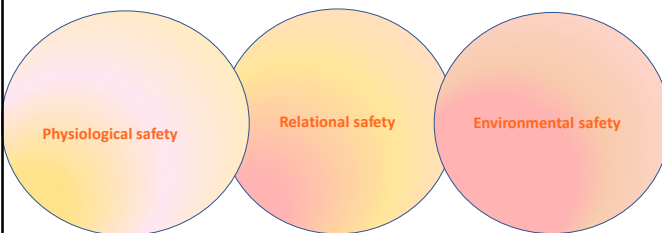
- Understand the child's chronological age as well as their developmental age
- Identify first point of developmental disruption and make conscious efforts to support reshaping and reintegrative development
- Focus on restoring safety and calming the low brain before using cognitive approaches
- Use bottom-up approaches and body based interventions
- Sensorimotor psychotherapy
- Movement based interventions/therapy
- Play therapy
- Sand tray/dance/music/art



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Strategies to promote a neuroception of Safety



Physiological safety Relational safety Environmental safety

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Relationship based strategies

- Safe, enriching, positive relationships with others and the broader community
- Connection to at least one safe adult in their world
- Knowing the child - their history, triggers, needs, desires
- Understand the child's chronological age as well as their developmental age
- Look for opportunities for repair – time in



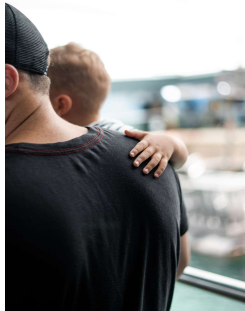
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Relationship based strategies

For very young children:

- Maintaining eye contact
- Physical touch – holding, rocking, patting, sitting near them
- Mirroring responses – smiling, cooing, singing, talking
- Engaging them in play, floor time
- Holding infants whilst bottle feeding

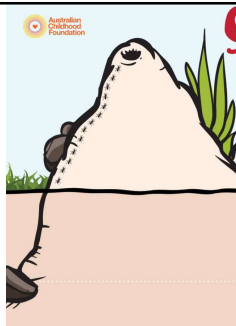


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Behaviour is Communication

- Develop openness and curiosity about behaviour
- If we can understand what drives a behaviour, we can work out how to respond to it
- If we can meet the need that is driving a behaviour, the behaviour can start to reduce
- **Behaviours are** functional and almost always makes sense given their specific experiences of trauma

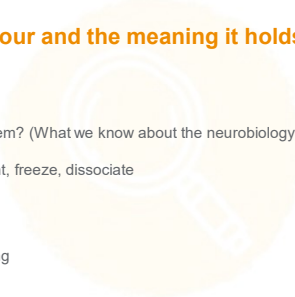


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Be curious about the behaviour and the meaning it holds

1. Behaviour = unmet need
2. Developmental stage of the child?
3. Current state of the child's nervous system? (What we know about the neurobiology of trauma)
4. Survival/protective response – fight, flight, freeze, dissociate
5. Coping strategy (that no longer works)
6. Structural changes in the brain
7. How is this problem the child's solution?
8. Trauma induced thinking and conditioning




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PACE- Dan Hughes

- **P**layful
- **A**ccepting
- **C**urious
- **E**mpathic

Handout: Five steps to helping children manage big feelings



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4 steps to repairing relationship

- 1 Restore Calm and Safety
- 2 See it from your child's point of view
- 3 Repairing Relationships
- 4 Future Plans



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Activities for regulation of child's state of arousal

- **Fight impulse:** Pushing, deep touch pressure
- **Flight impulse:** Run, jump, proprioceptive input,
- **Freeze/Hide impulse:** womb space, body sock, covered up
- **Attach impulse:** interactive, held, rocking, rhythmic interaction, deep touch pressure
- **Dissociate, submit;** standing up, orienting, grounding input to arms and legs, engaging core, spine, breath

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Case study

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Summary

- Trauma impacts the biological structures of developing brain and body – the brain adapts to its experiences
- Complex trauma occurs in the context of relationships and heals in the context of relationships
- Safety, predictability and repetition are key
- Understanding the child's experience is key for trauma responsive practice- the more we understand the more effective we can be in our practice
- Strategies must support both hyper-arousal and hypo-arousal states to help the child return to their window of tolerance or social engagement
- Self care is essential for parents and workers in order to support children experiencing trauma

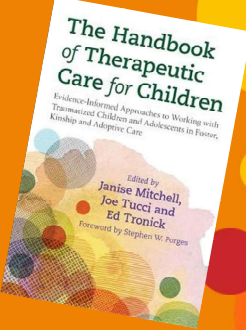

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A valuable resource



Includes chapters from:

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

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Thank you!






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Connection before correction – Kim Golding

- Research shows that we cannot influence children in a positive way until we create a connection with them.
- Connection creates a sense of safety and openness. Punishment, lecturing, nagging, scolding, blaming or shaming create fight, flight, or freeze.
- Validation of intense emotions – mirroring, serve and return, naming emotions
- Body language, facial expression, tone of voice
- Correction is about finding a solution with the child rather than imposing a punishment

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Two hands of therapeutic discipline

Hand One: provides warmth and nurture, and allows:

- Child appropriate autonomy matched to their developmental age.

Hand Two: provides structure, and boundaries:

- Connection before correction
- No correction without understanding
- Avoid lectures and delay problem solving
- Avoid punishing with the relationship
- Adult takes responsibility for relationship repair



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Anticipate child's **N**needs

- U**nconditional positive regard
- R**eframe child's perceptions
- T**ime-in
- U**se words for child's experience
- R**eflect back child's feelings
- E**njoy play together




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Reflective activity

As a table, consider how you currently repair relationships in your role?

- How do you facilitate repair in your role? (adults, children, communities)
- Reflecting on today's content, what are three steps you could take to restore calm?
- How do you (or could you) help yourself 'tune into' the child's view point?
- What would it *look like*, *sound like* and *feel like* to prioritise connection?
- How do you support future planning?



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Understanding and responding to behaviour

"If we set out to change the behaviour we are in danger of destroying the meaning which that behaviour holds"



(Carins, 2002)
