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# Trauma Responsive Practice

Learning Links  
23<sup>rd</sup> January 2023

Trainers:  
Karyn Robinson & Carolyn Grace



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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this land and we pay our respect to their Elders past, present and future.



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## Outline of our day

### Session 1:

9.30am – 11.00am

**Morning Tea: 11.00am – 11.20am**

### Session 2:

11.20am – 1.00pm

**Lunch: 1.00pm – 1.40pm**

**Session 3:** 1.40pm – 4.00pm

**Part A** 1.40pm – 2.40pm

**Break – 10 minutes**

**Part B** 2.50pm – 3.50pm

**Wrap up:** 3.50pm



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## Our journey today

### Principles underpinning trauma responsive practice

#### Session 1:

1. Informed by best available evidence: childhood development and the neurobiology of trauma

#### Session 2:

2. Cultural humility practice approach  
3. Restoring safety and development

#### Session 3:

**Part A** 4. Prioritises therapeutic relationships

5. Self determination – child centred, meaningful engagement and feedback.

**Part B** 6. Acknowledges the impact on carers/workers and seeks to minimise risk

7. Hope based recovery



Image: Aboriginal Art Store



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## Bringing our focus into focus!

What brings you to this work?

Why do you do what you do?

What makes it worthwhile?

What makes it feel successful?

What are the benefits of your job?

What are the challenges?

Are there times that feel like it's not worth it?

What are the costs or challenges of your job?

How do you balance benefits with costs and stay on top?

How do you know when you need a break?



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## Learning outcomes

- Enhance understanding of neurobiology and the impacts of trauma from abuse, violence or neglect on development and lasting implications on child functioning.
- Enhanced understanding of the impacts of stress on brain functioning
- Application of trauma-informed approaches within the context of your role
- Increased awareness and approaches for monitoring and balancing your own and general staff wellbeing



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## Take care of you today....

The content of this training can evoke strong emotions and may trigger **personal experiences of trauma.**

Please be mindful of your own wellbeing during this training and if you need support, please do what you need to do to feel safe. We are happy for you to talk to the facilitator if you need to.

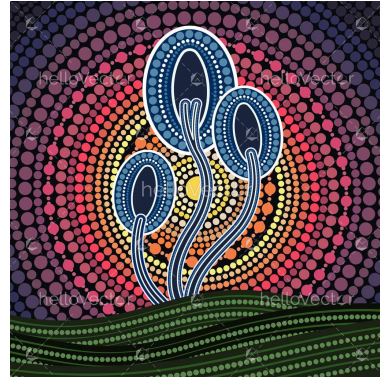


Image: Hellovector.com



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# Principles underpinning trauma responsive practice.



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## Principles underpinning trauma responsive practice

- Informed by best available evidence: Childhood development and the Neurobiology of trauma;
- 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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# 1. Informed by best available evidence: childhood development and the neurobiology of trauma

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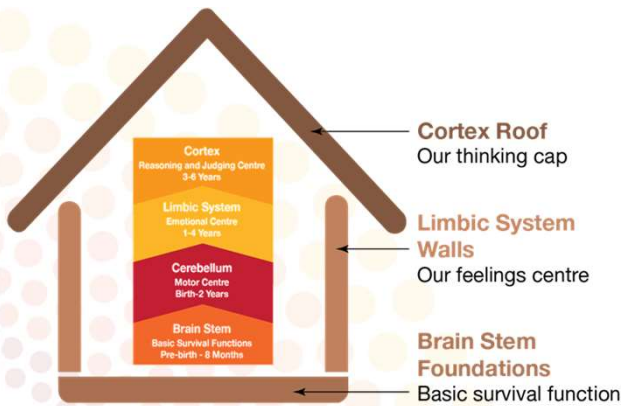
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# Neurodevelopment



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## Staged- A brain development metaphor - My Brain House



**Cortex Roof- Our thinking cap** roof helps us with rationality, judgement, impulse control, decision making and planning. It allows us to talk, add up numbers, and read and write.

**Limbic System Walls- Our Emotions Centre-** The limbic system comes after the brain stem. It is the place where our feelings are hung- especially our survival feelings like fear and anger. We are working hard on building our walls in toddlerhood. Have you noticed that children this age try to negotiate and sort things out led by feelings?

**Brain Stem Foundation- Basic life functions.** The first to be built. Without a solid foundation there can be no house. The more solid the foundation, the stronger the entire house. Our brain stem foundation is functioning at birth (thankfully), and we polish it off early in life.

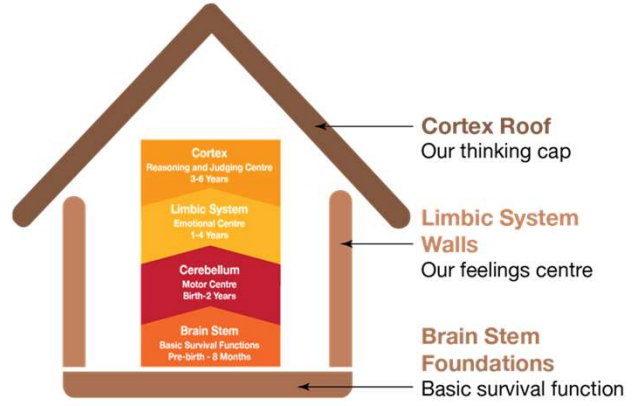


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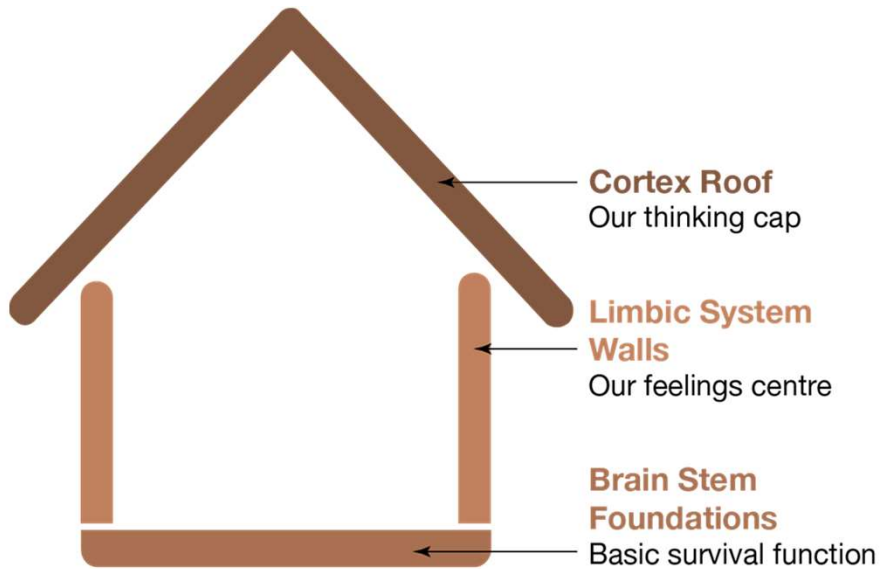
## Staged- A brain development metaphor - My Brain House

- 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.
- A child/ young person who is generally calm and can focus will likely be functioning with a strong standing brain house, from foundation to roof.
- In times of great stress parts of our brain house can suffer under the strain or even lose its roof and require repair. This is achievable with consistent appropriate support.



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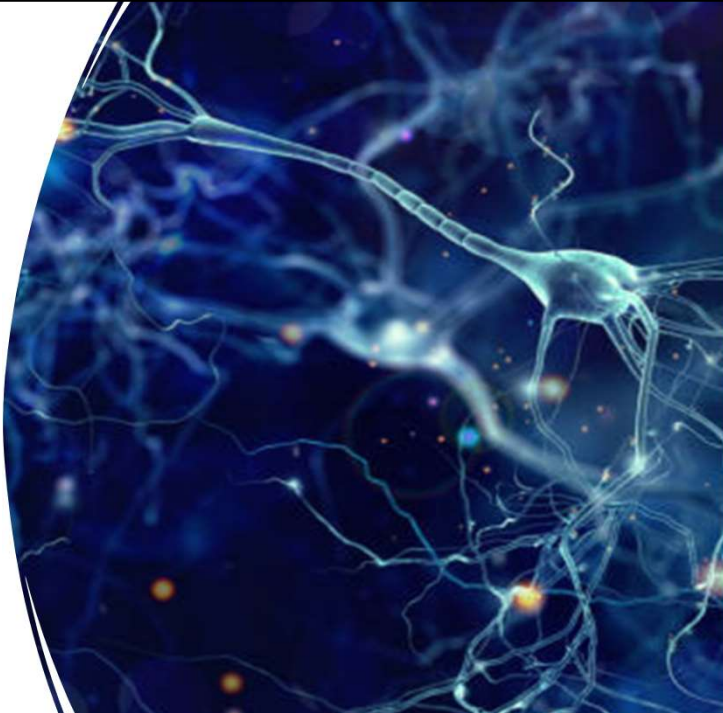


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## Neuroplasticity

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- The brain's ability to reorganize itself by forming new neural connections throughout life.
- Neuroplasticity allows the neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment
- After trauma, with the right support the brain can be repaired through neuroplasticity. By providing opportunity and support to practice new ways of being, doing and thinking we can create new connections and weaken unwanted ones.



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### Early experiences shape the architecture of our brain

Threat and Neglect → Survival      Safety and Connection → Integration

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## The Autonomic Nervous System




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## Polyvagal theory and Protective Responses


by Stephen Porges

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



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## Polyvagal Theory

I am showing you....	On the inside.....	I need you to....
<div style="background-color: #e67e22; color: white; padding: 2px; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">SOCIAL ENGAGEMENT</div> <p><b>Feeling safe, staying in relationship, connection oriented</b></p> <p>You might say I am:</p> <ul style="list-style-type: none"> <li>• Making eye contact</li> <li>• Listening</li> <li>• Engaging in play and exploration</li> </ul>	<p><b>I am feeling:</b></p> <ul style="list-style-type: none"> <li>• Safe, Calm, Happy, Sad, Annoyed, Reflective, Playful, Curious</li> </ul> <p><b>My body says:</b></p> <ul style="list-style-type: none"> <li>• Approach others</li> <li>• Sit still</li> <li>• Breathe deeply</li> </ul>	<p><b>Help me to stay engaged</b></p> <ul style="list-style-type: none"> <li>• Play and have fun with me</li> <li>• Role model positive relationships</li> <li>• Set boundaries and natural consequences</li> <li>• Use reflective and problem solving skills so I can learn them too</li> <li>• Notice and acknowledge my strengths and my skills</li> </ul>
<div style="background-color: #e67e22; color: white; padding: 2px; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">MOBILISATION</div> <p><b>Fight, flight, active freeze, action oriented</b></p> <p>You might say I am:</p> <ul style="list-style-type: none"> <li>• Aggressive</li> <li>• Loud</li> <li>• Fighting</li> <li>• Running away</li> <li>• Hyperactive</li> </ul>	<p><b>I am feeling:</b></p> <ul style="list-style-type: none"> <li>• Anxious, Frightened, Lonely, Hurt, Confused, Overwhelmed</li> </ul> <p><b>My body says:</b></p> <ul style="list-style-type: none"> <li>• Run away</li> <li>• I'm hot</li> <li>• I can't sit still</li> <li>• I need to move</li> </ul>	<p><b>Help me to down regulate</b></p> <ul style="list-style-type: none"> <li>• Keep me safe</li> <li>• Co-regulate – be safe, attuned and responsive to me</li> <li>• Use movement – big then smaller, jumping, hanging, swinging, climbing, star jumps</li> <li>• Create a safe space near you where I can retreat to until I calm down</li> <li>• Model deep breathing</li> <li>• Repair our relationship – 'we are ok and our relationship is strong'</li> </ul>
<div style="background-color: #e67e22; color: white; padding: 2px; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">IMMOBILISATION</div> <p><b>Withdrawal, collapse, submission, dissociation, avoidant oriented</b></p> <p>You might say I am:</p> <ul style="list-style-type: none"> <li>• Withdrawn</li> <li>• Avoiding contact</li> <li>• Distant</li> <li>• Compliant</li> <li>• Hiding</li> </ul>	<p><b>I am feeling:</b></p> <ul style="list-style-type: none"> <li>• Disconnected, Unfocused, Flat, Withdrawn, I'm disappearing</li> </ul> <p><b>My body says:</b></p> <ul style="list-style-type: none"> <li>• Avoid others</li> <li>• I'm not in my body</li> <li>• I want to hide</li> <li>• Curl up in a ball</li> </ul>	<p><b>Help me to up regulate</b></p> <ul style="list-style-type: none"> <li>• Co-regulate – be safe, attuned and responsive with me</li> <li>• Tell me I am safe and demonstrate it with your actions, gestures and tone of voice</li> <li>• Help me to orient to the room we are in by looking for specific things like something green, something on the roof or something on the floor</li> <li>• Help me to feel my body by noticing different parts, such as my feet on the floor and my bottom on the chair</li> <li>• Repair our relationship – 'we are ok and our relationship is strong'</li> </ul>

Grounded in the work of Dr Dan Siegel, Dr Stephen Porges and Dr Bruce Perry

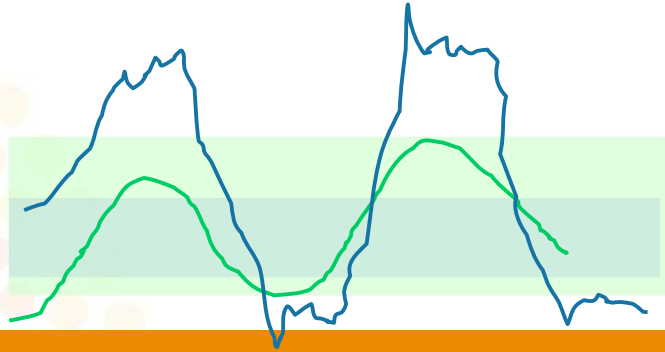
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## Interpersonal Regulation

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

Child's movement in her/his window of tolerance

Movement in my window of tolerance



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## Developmental trauma

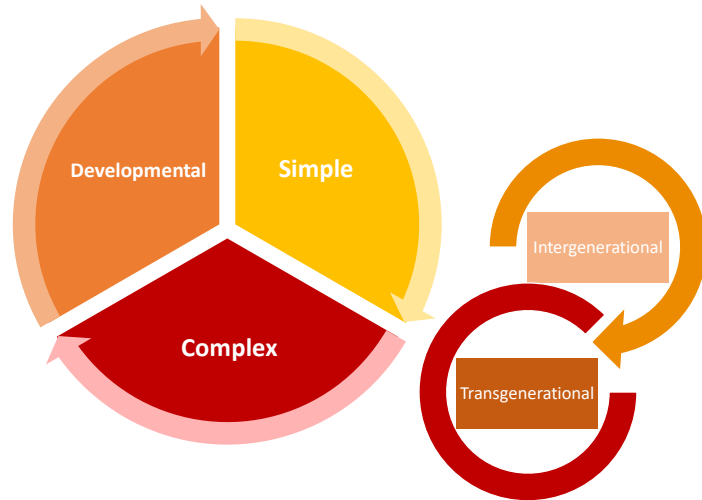


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## Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a **perceived or real 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



“Traumatization occurs when both internal and external resources are inadequate to cope with external threat” (Van der Kolk 1989: 393)



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## Developmental Trauma

- Refers to the period of time the brain is undergoing significant development; in utero through to late adolescence. Exposure to trauma during this time can alter the brain's architecture.
- Usually relational in nature – the trauma happens in relationship (through abuse, neglect, domestic violence, toxic stress etc) and therefore is healed in relationship.



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## Trauma impacts



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

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## What might it look like?

- Difficulties coordinating cognitive processes such as planning & working memory
- Difficulty with voluntary movement tasks – walking or writing
- Becoming overwhelmed and not able to sort incoming sensory information
- Can't place memories in time or place – flooding & flashbacks
- Working memory, retention and recall (retrieval) capacity severely impacted
- Difficulty in emotional regulation
- Difficulty in reading facial expressions
- Constantly perceiving threat where there is none
- Might be unable to use foresight and anticipation, focus or sustain attention and focus, plan, organise or prioritise or make decisions well, reflect or have self-awareness, be enthusiastic, motivated or persist with activities, use impulse control



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Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child  HARVARD UNIVERSITY

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## Brain Break Strategy

# 5-4-3-2-1 Mindfulness

List...

- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

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# Disability and Neurodiversity



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## Neurodiversity



- Neurodiversity describes the idea that people experience and interact with the world around them in many different ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits.
- The word neurodiversity refers to the diversity of all people, but it is often used in the context of autism spectrum disorder (ASD), as well as other neurological or developmental conditions such as ADHD or learning disabilities.

<https://www.health.harvard.edu/blog/what-is-neurodiversity-202111232645>



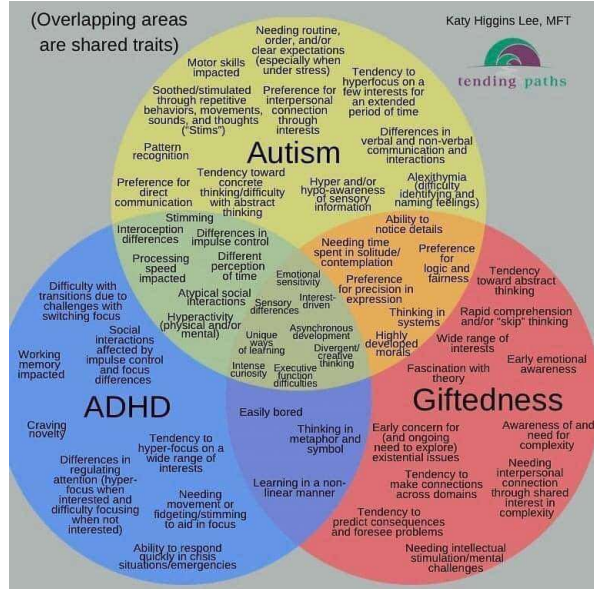
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# Neurodiversity and Disability

Studies indicate there is an over representation of children and young people with neurodiversity and disability in the youth justice system and out of home sector

*Response to Disability Royal Commission  
Criminal justice system issues paper  
Children and Young People with Disability Australia  
July 2020*



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## What is FASD?

- FASD is a lifelong disability.
- Individuals with FASD will experience some degree of challenges in their daily living, and need support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.
- FASD is a serious public health issue.
- There are more children born each year with FASD than with ASD, Spina Bifida, Cerebral Palsy, Down Syndrome and SIDS combined (Mather Wiles & O'Brien, 2015)



Photo credit: iStock



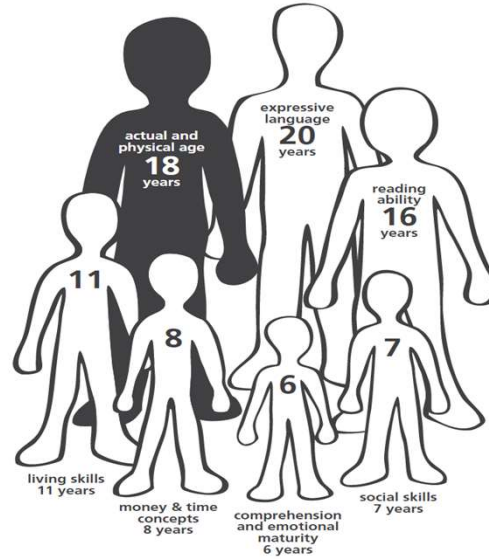
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**Be alert to disparities between chronological age and abilities.**

**Figure 6: The developmental age and ability of an 18-year-old with FASD**

This diagram shows how a child's chronological age and developmental age can vary dramatically at any one time.



Source: Jodee Kulp  
<http://www.betterendings.org>

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## External Brain

The cognitive impairments in children with disability such as FASD can cause them to have poor memory, lack of impulse control, poor judgment, and difficulty with 'cause and effect' reasoning.

Neurodivergent children may have significant strengths in some areas and challenges in others.

This means they need individualised support from others to manage functions they struggle with.

Your young clients may need you and other trusted adults to act as their External Brain.



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## Understanding of neurobiology of trauma & brain development



Photo credit: iStock

### Application of the theory into practice

- **Brain functioning**  
How do you understand what’s happening in the person’s brain, how it ticks and how will that influence your practice?
- **Developmental level**  
How do you understand the person’s developmental age versus their chronological age? How will this inform your decision-making around support and intervention for the child and the family?
- **Adult trauma**  
Adult brain development history – how will this influence your engagement with them?



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## 2. Cultural Humility and Approach

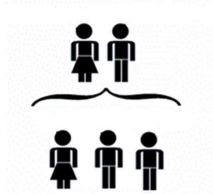


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## Intergenerational Trauma

- The prefix 'inter' is from the Latin meaning between, or among, together or mutually together

- Inter-generational trauma is passed down directly from one generation to the next

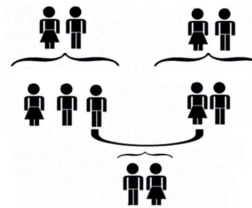


- Inter-generational trauma occurs directly through experiencing the trauma or from seeing or hearing about it

## Transgenerational trauma

- The prefix 'trans' is from the Latin word meaning across or crossing, through, beyond or on the other side

- Trans-generational trauma is transmitted across a number of generations



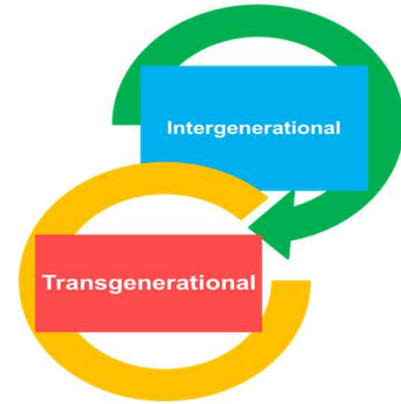
“This type of trauma occurs without direct stimulus but is instead transmitted from a parent who has experienced a traumatic event”  
 (Davidson & Mellor 2001 as cited in Goodman, West & Cirecie, 2008)

## Transgenerational transmission and cultural impacts

Duran and Duran (1995) suggest that:

**“...historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes ‘normalised’ within that culture.”**

*Atkinson, J., Trauma Trails: Recreating Song Lines, 2002*



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## Culture as a resource

- Provides a protective factor

**Safety:** Belonging

**Relationships:** Connection

**Meaning making:** identity

- Guides our interactions with self, others and our lands
- Provides us with a navigational framework, a sense of certainty and predictability = security
- Provides a mental framework that supports meaning making- narrative of self, others and natural world



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## Culture is part of development


- Be curious, practice with cultural humility; culture is a resource!
- **Person's sense of identity, belonging?** How is that supported/promoted?
- **The adult's 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 and the nature and organisation of them such as obligations and are critical
- 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 – What is my frame of reference? What are my biases? How do they differ from others? How do I accommodate for these differences?
- Children and young people still all come with their own stories and we need to listen to those and not assume

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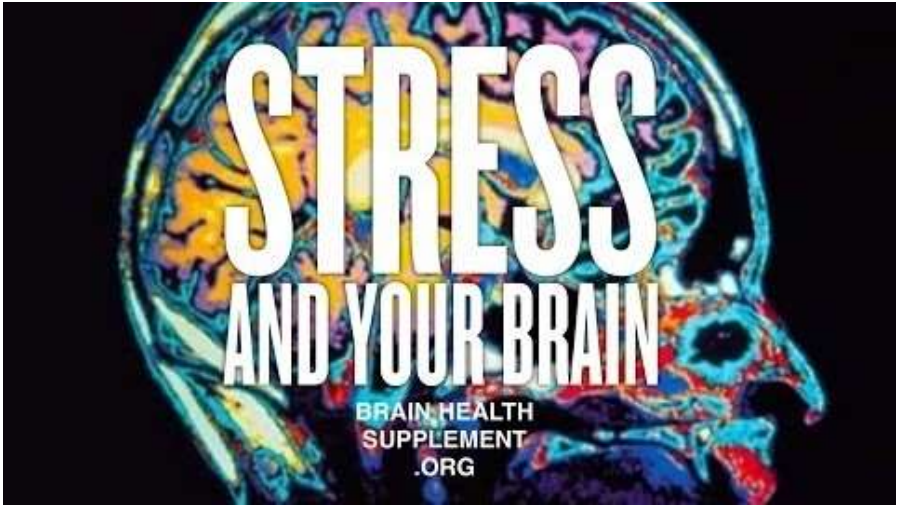
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### 3. Restoring Safety and Development



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### Stress and your brain



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## Restoring Safety and Reducing Risk

**Without 'felt safety' trauma/stress processing and healing is not possible**

A felt sense of safety, the client's perception/ inner sense of safety

- Look to identify the client's perception of safety and threat
- Human safety – Do the people provide cues of safety?
- Environmental – Does the environment provide cues of safety?
- Organisational safety - Does the organisation provide cues of safety?

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## The 5 Parenting Brain Systems



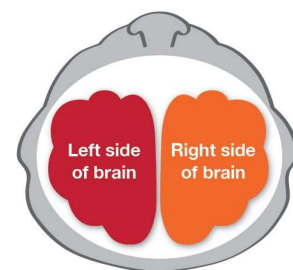
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## Early adversity impacts us...

The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach.

If we begin life exposed to insensitive caregiving our right brained harm avoidance system is likely to be used a lot.

Instead of feeling protected and connected with those that provide care/support, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



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## The 5 Brain Systems – what happens under stress....

### Parental Approach System

- Get close to the child without becoming defensive.

### Parental Reward System

- Enjoy interacting with the child.

### Parental Child Reading System

- Understand the mind of the child.

### Parental Meaning Making System

- Make sense of our experiences with the child and our social life.

### Parental Executive System

- Regulate interpersonal conflicts between approach and avoidance, pro-social and defensive reactions.



Image source: Dreamtime



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## Hand to Hand Attunement

Let's work together to hold an object up between our hands or fingers and *not let it fall.*

We will need to synchronise our movements and attune to one another. What object feels right to hold between us? A big gym ball? A sports ball? A cushion? A balloon? A pencil? Let's try moving the object around. What is that like for you? As you move together, notice if one person is leading or if the movement initiation is swapping between you. Play around with this. When you become accomplished, add another object so you are using both of your hands to hold up two objects between you. What does it feel like to be in synch with another person?



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## 4. Prioritise therapeutic relationships



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### Using relationship to help healing

- Always start by developing a felt sense of safety for the client
- Build predictability and consistency
- Know yourself, your triggers, and how to ground yourself so that you can...
- Use your relationship – seek to connect, co-regulate, lead by example, hold space for their pain
- Learn to translate trauma related behaviours so you can understand and respond to what is needed
- Recognise their strengths and reflect this back to them



Image: hellovector.com



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## PACE

- Playfulness
- Accepting
- Curious
- Empathetic



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## Regulation of child's state using modulation approach

### Can I pick....

- Where both me and the other person are in our nervous systems using indicators such as body movements, muscle tension, voice etc?
- How to use this knowledge to modify my attunement/ communication /activities to be self-regulating and co-regulating?



Photo credit: iStock

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# Brain Break



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## 5. Self determination – child centred, meaningful engagement and feedback.



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## Making meaning of the behaviour

- Every behaviour has a **meaning**
- Behaviour is often a young person's way of **communicating** with us
- Learning how to **understand** a young person's behaviour is a more effective tool than only responding to the surface behaviour
- We need to learn to ask **"What is this behaviour telling me?"** and be curious about what it might mean so that we can best respond



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## Reframing our thoughts and language



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## Be curious about the behaviour and the meaning it holds

1. What is the function behind the behaviour = meeting an unmet need?
2. Developmental stage of the child?
3. Current state of the child's nervous system? (hypersensitised, under responsive? )
4. Survival/protective response – fight, flight, freeze, dissociate
5. Coping strategy (that no longer works)
6. Structural changes in the brain
7. The demands of the environment outstripping the capacity of the person
8. How is this problem the child's solution?
9. Trauma induced thinking and conditioning (the world is an unsafe place, adults cannot be trusted, there is no hope of change, it is not safe to show vulnerability...)



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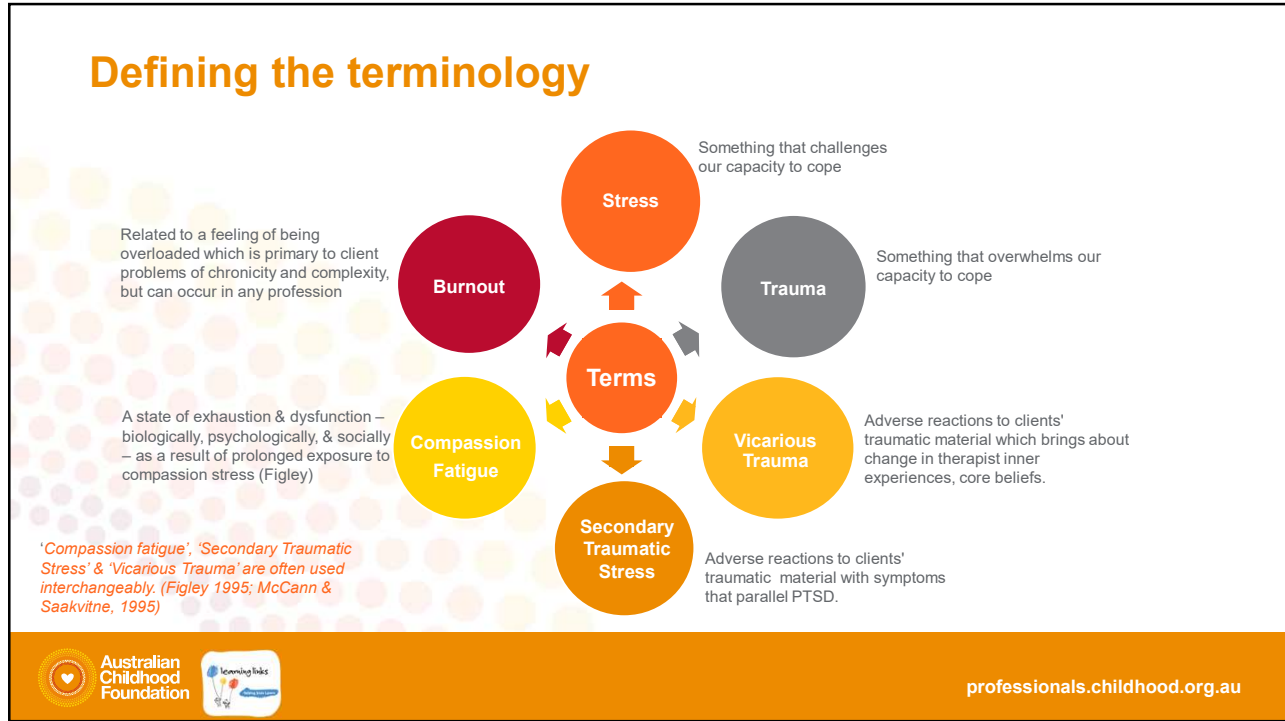
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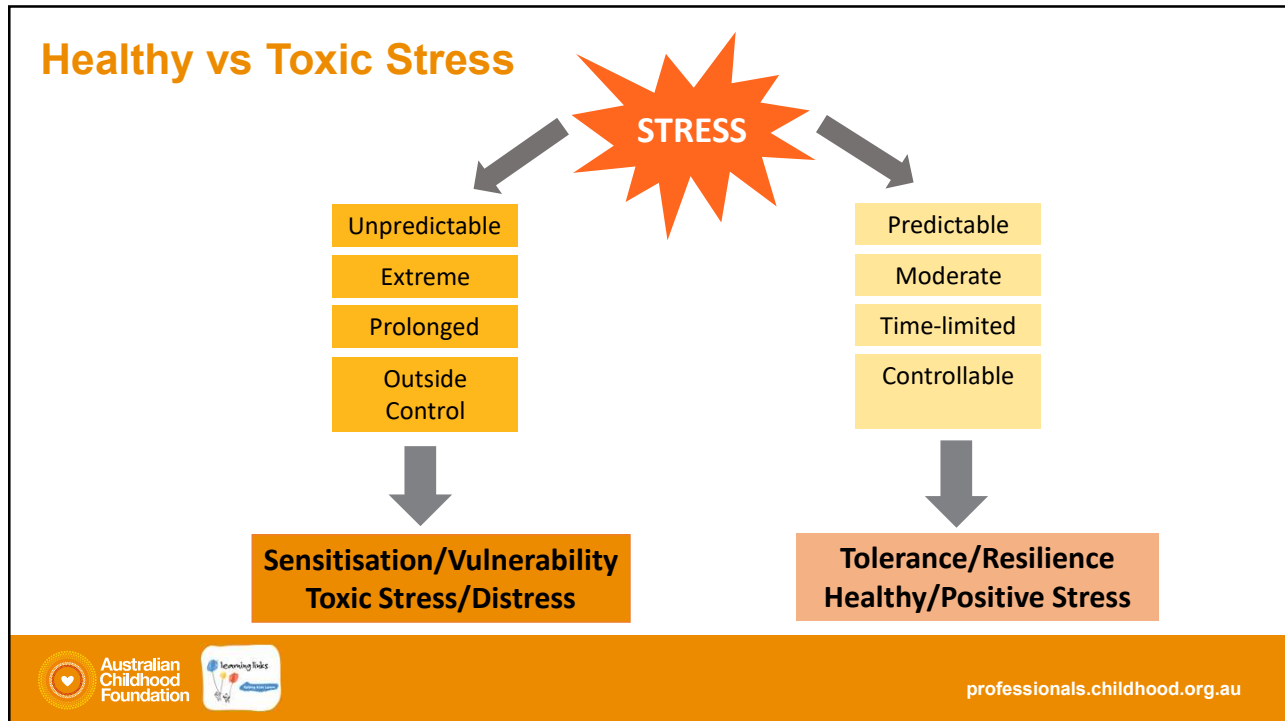
**6. Acknowledges the impact on carers/workers and seeks to minimise risk**



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### Organisational

- Poor caseload management
- Lack of reflective supervision
- Organisational culture that is not trauma-informed (impacts are not understood or acknowledged)
- Workplace culture promotes ineffective coping strategies such as minimising, denial or 'competitive stressing'
- High level unpredictability or inflexibility

### Professional

- Nature of work
- Complex client relationships
- Poor boundaries
- Not accessing or making the most of supervision

### Personal

- Lack of self-awareness (re levels of anxiety, stress and fatigue)
- Poor work-life boundaries and balance
- Ineffective coping strategies
- No built in self-care/wellbeing activities
- Unresolved or non-integrated personal trauma experiences
- Lack of social support
- Additional personal stressors such as health, family or finances

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## Improving Balance

### Organisational

- Effective caseload management
- Regular and effective reflective supervision
- Trauma-informed organisational culture
- Workplace culture promotes effective coping strategies such as self-care and honest debriefing
- Workplace characterised by predictability and flexibility

### Professional

?

### Personal

?

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# ProQOL

The ProQOL (Professional Quality of Life) scale asks users to respond to 30 scaled answer questions that measure the user's current compassion satisfaction, burnout and secondary traumatic stress scores. This tool has traditionally been used by foster and residential carers as well as professionals working with a range of clients who have experienced trauma.



Pro  
QOL  
.....  
Professional Quality of Life

<https://proqol.org/>



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## A Handful of M&Ms



Share one thing you do for yourself emotionally



Share one thing you do for yourself mentally



Share one thing you do for yourself physically



Share one thing you do for yourself professionally



Share one thing you do for yourself spiritually



Share one thing you do for yourself relationally



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## 7. Hope based recovery

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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 client can access
- **How does the client understand their future** and the possibilities available to them? (more appropriate for young people and adults)
- **How does the client understand their strengths**, and have hope for the future? How do we encourage this?





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# Tree of Hope

How do you as a worker maintain hope in complex trauma-based work?



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Thank you for your participation today and your ongoing advocacy for vulnerable families



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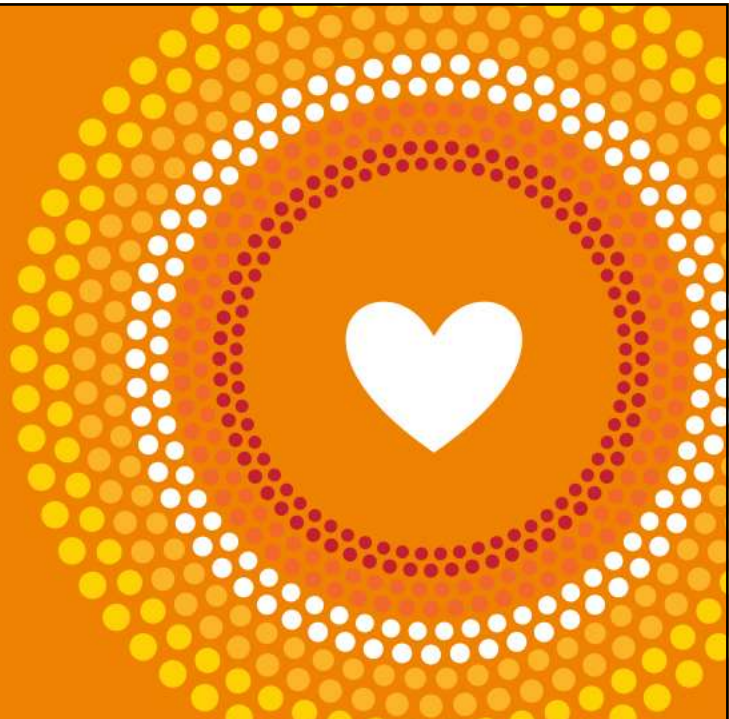
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