Advanced UNOCT

Theory into Practice

19 April 2023

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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this land. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.

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Presentation overview

- Recap of Key Principles of Neurobiology and Impacts of Trauma
- 9 Points of Curiosity
- Trauma Responsive Approaches

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Key Principles Recap

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Key Principles of Neurodevelopment

1. The brain is organized, and develops, in a hierarchical sequence that is connected to the body.
2. Neurons and neural systems are designed to develop and change in a use-dependent function. The more we use a connection the stronger it becomes.
3. The brain develops most rapidly early in life. Childhood is a critical period of brain development.
4. Neural systems (or neuronal connections) can be changed, but some systems are easier to change than others. This is the concept of neuroplasticity.
5. The human brain develops best in connection with other human brains. Relationships and connections are critical to development for all of us.

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Relationships are key

Image source: ©2022 iStock

- Relationships are the key way we learn to engage with the world around us.
- Babies lack the skills to regulate either the intensity or the duration of emotions. Coregulation is how we learn.
- They are key to our survival and remain significant to our wellbeing.
- The quality of relational interactions in childhood influence our development in all areas of life.
- Secure relationships are central to how a child experiences themselves and others.

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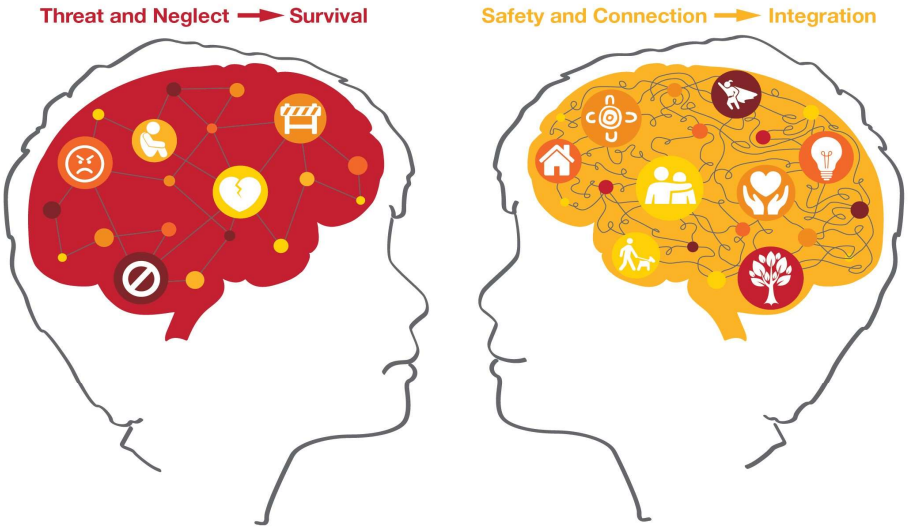
Early experiences shape the architecture of our brain



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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!
- **A child's sense of identity, belonging?** How is that supported/promoted?
- Cultural awareness/ understanding? What does this look like in the way I work?
- Cultural accessibility? Are programs tailored to meet cultural needs?

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Summarising the impact of trauma

- Trauma changes the architecture of the brain
- Trauma changes the connectivity between brain structures
- One of the primary purpose of the brain is to integrate sensory data, trauma is a dis-integrative experience
- Trauma reduces the capacity of the brain to achieve complex adaptive self regulatory states
- Trauma is a whole body experience. "We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body" Bessel van de Kolk

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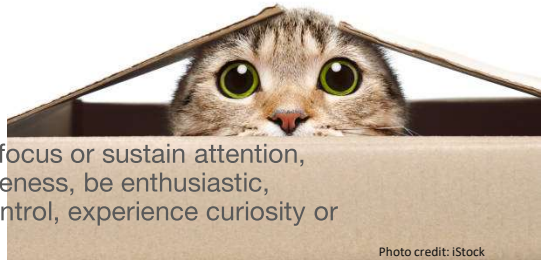
What might it look like?

- Difficulties coordinating cognitive processes such as planning & weighing up decisions
- 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, organise or prioritise well, reflect or have self-awareness, be enthusiastic, motivated or persist with activities, use impulse control, experience curiosity or playfulness



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What trauma or stress response can look like

Cognitions & Behaviours:

- Asking lots of questions
- Bravado (speech or actions)
- Attention, concentration and memory difficulties
- Black & White thinking, negative thoughts
- Generalised worries
- Rigid thinking & behaviours
- Compulsions/ repetitive behaviours
- Ruminating – what if's, should, cyclic thoughts

Mobilised Responses:

- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- 'silly', loud, over-excitement
- Unsettled, sleep difficulties
- Outbursts, aggression
- Defensive, taking things personally
- Increased expectations of self and others
- Inflexible, 'controlling'
- Sensitive to sensory input

Immobilised Responses:

- Flat, numb affect
- Disengaged, disinterested
- Withdrawn
- "boredom"
- Lethargic, unmotivated
- Disconnected from peers
- Developmental regression – e.g. with abilities to self-soothe, self-care/hygiene, toileting
- Changes to appetite

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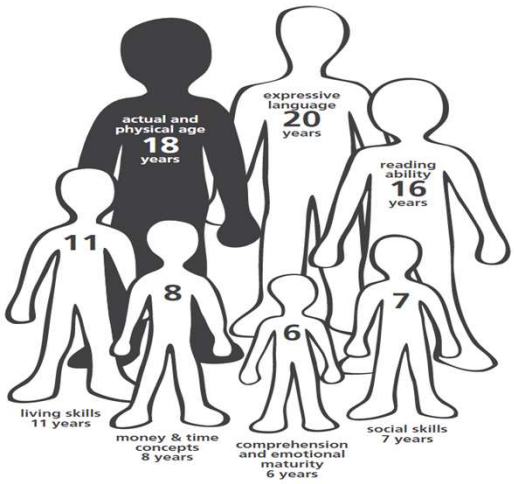
Be alert to disparities between chronological age and abilities for all children you work with.

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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9 Points of Curiosity

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Behaviour and the meaning it holds

1. Current state of the child's nervous system? (hypersensitised, under responsive?)
2. Survival/protective response – fight, flight, freeze, dissociate, collapse
3. What is the function behind the behaviour = meeting an unmet need?
4. Developmental stage of the child?
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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Trauma Responsive Approaches

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TRAUMA RESPONSIVE APPROACHES…

- Always start by developing a felt sense of safety for the young person
- 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
- Embed your understanding of the impacts of trauma on brain development
- 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

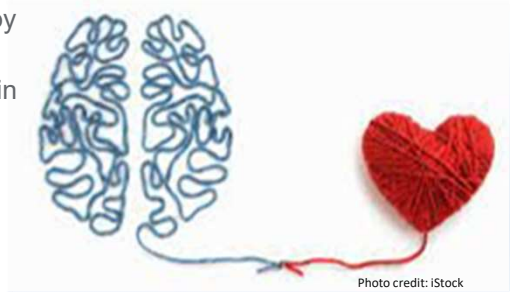

Photo credit: iStock

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Neuroception – 'detection without awareness'

- Familiarity is perceived as safe
- Finding that which is dangerous to be safe
- Finding that which is safe to be dangerous

Neuroception

Our nervous system listens to what's happening inside our bodies. It scans our environment and pays attention to the messages others send us.

When it senses safety, it automatically moves us to a state of connection. When it senses a threat, it moves us into a state of protection to keep us safe.

Beacon Family Services

Image credit: Beacon House

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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 child's perception/ inner sense of safety

- Look to identify the child'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?
- Cultural Safety – How does the organization provide cultural safety?

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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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Knowing and grounding ourselves

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Understanding my perspective

- What brings you to this work?
- What is confronting about your job?
- What makes it worthwhile?
- What are your priorities?
- What values do you bring with you?
- What are the challenges?
- Are there times that feel like it's not worth it?
- What helps you do well at your job?
- How do you balance benefits with the challenges and stay on top?
- How do you know when you need a break?

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Empathy – a strength and a vulnerability

If empathy is to 'walk a mile in someone's shoes' we need to ensure we step out of those shoes at the end of the mile or we will wear those shoes all the time….and that is vicarious trauma.

- Somatic empathy (Rothschild 2004)
- Limbic resonance
- Cortical empathy

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Somatic Empathy

- A **subcortical empathic response** that is based around movement.
- This response is also called mirroring and is often something we do without being aware of it (because it is subcortical!)
- We can bring it to conscious awareness and use this knowledge in our practice.
- Not acknowledging somatic empathy can become problematic if we start to mirror the posture and movement of our clients on a repeated basis.

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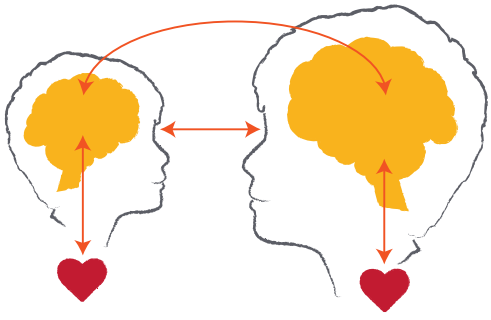
Limbic Resonance

- A subcortical empathic response that is based around the mood or emotional state of the other person.
- We can use this knowledge for 'good' rather than 'evil' when we are aware of our ability to influence the mood of another person by holding our own emotional state.



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Cortical Empathy

- Higher order skill and a **pre-frontal cortical empathic response**.
- It enables us to consider and try to understand the experience of another person and respond based on our understanding.

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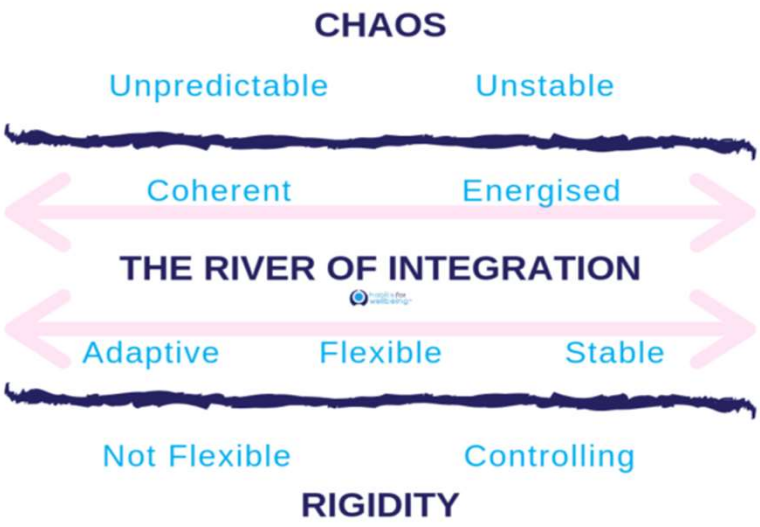
Wellbeing – The River of Integration

(Dan Seigel)



Adapted from - Siegel, D. (2009). Mindsight - The New Science of Personal Transformation. NSW, Australia: Scribe Publications.

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Vicarious Trauma - Possible indicators

Multidimensional:

- Physical
- Sensory
- Emotional
- Cognitive
- Relational

Can include:

- Fatigue
- impaired immune system
- sleep and appetite disturbances
- Anxiety
- hyper vigilance/control issues
- decreased self esteem
- loss of interest in tasks
- Avoidance – avoiding client contact or supervision

Not all indicators in isolation will determine vicarious trauma. However, experienced collectively, these can have a significant impact on the individual, the team and organisation.

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Self assessment

- Useful to monitor impact on the practitioner
- E.g. tools: **Self Assessment Tool** and **ProQol** (Professional Quality of Life)

https://proqol.org/proqol-health-measure

NB. These provide a **snapshot in time** of how a worker is travelling re their sense of self in the work.

Consider ways you might use these in your own workplace and/or practice

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Using Relational Models

EXAMPLES

General Models
- PACE – Dan Hughes
- Kim Goulding

Clinical Models
- - NeuroAffective Relational Model (NARM)

What do we bring to our relationships?

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COREGULATING
Can I pick….
• Where both me and the child/ young person is 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?
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childhood.org.au

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Adapting our repsonses

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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 work?
- **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 (Parents / Carers) – how will this influence your engagement with them?

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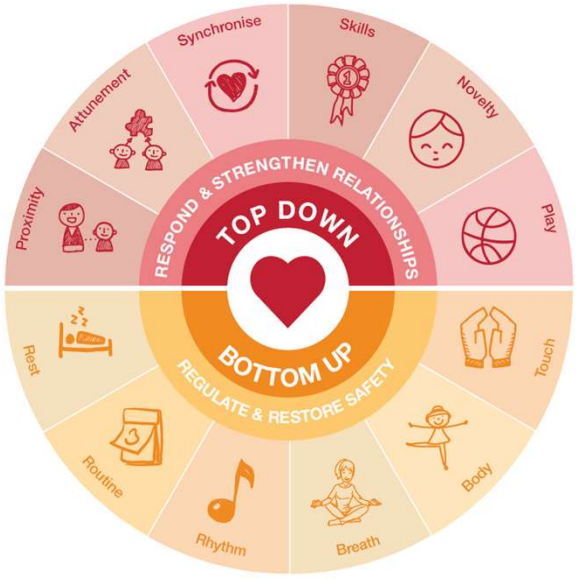
Education example of staged responses; Bottom Up and Top down

"Bottom Up" responding refers to engaging the subcortical (lower) parts of the brain to regulate the higher parts of the brain.

"Top Down" responding refers to engaging the cortical (higher) parts of the brain to regulate the lower parts of the brain.

How would you contextualise your activities and strategies to calm a client's nervous system and engage their cortex?



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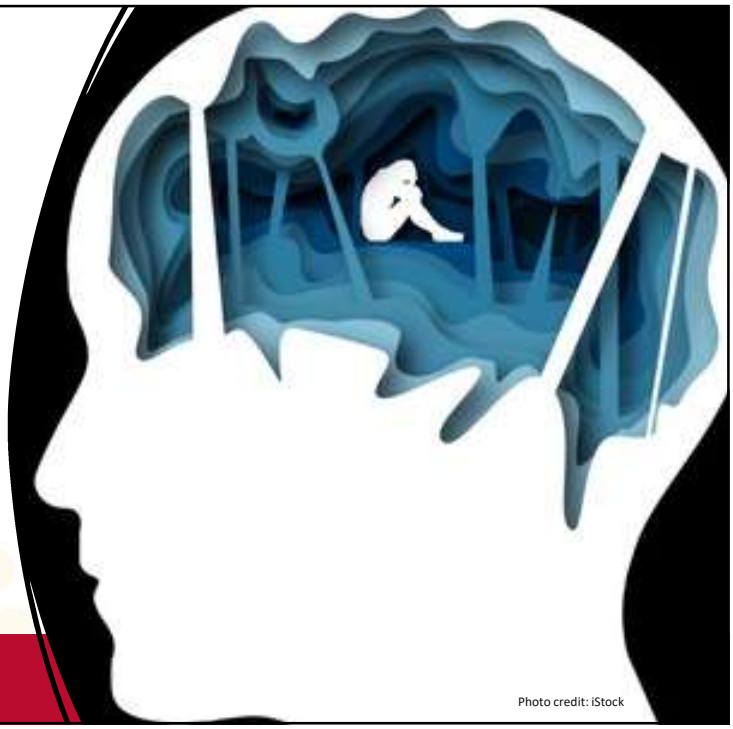
Making meaning of the behaviour

- Behaviour is often a young person's way of **communicating** with us when they can't articulate their state
- Learning how to **understand** a young person's behaviour is a more effective tool then 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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Meaning making

Photo credit: iStock

How children understand and make meaning of their world often occurs through what is reflected back to them through their interactions with significant adults.

If adults respond to the child's behaviour in a punitive way, it reinforces negative self narrative.

So how we experience a child and reflect that back to them influences how they come to understand themselves and build their identity.

WHAT DO YOU REFLECT TO BACK?

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Supporting curiosity and playfulness

- Trauma can smother curiosity and playfulness; there is no room for these if you are trying to survive and have your basic needs met
- Play and the experience of awe and wonder can spark the creation of neuronal connections, promote attunement and experience of healthy relationships, promote exploration of identify, personal growth and a sense of connection; all factors that encourage healing
- Play can lift the burden of lived experience and healing, allowing the process of healing to happen organically.

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Reflections

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