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# Trauma Responsive Practice with Children

## Anglicare Victoria 2023




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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. 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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## Learning together online

- Participation welcome
- Cameras on
- Mute yourself when not talking
- Hands up or use the chat button if you have questions
- Please use headphones if children are in your training space
- Confidentiality



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**Safety**

- 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 ask the facilitator.

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**Learning outcomes**

- Be supported to review evidence-based practice strategies for intervention with traumatised children and young people, and their parents, within this conceptual framework.
- Be supported to translate theory to practice. Participants will be aided to identify and contextualise strategies for working with children who have experienced complex trauma to their relevant work setting.
- Ensure a staff wellbeing approach is included in a trauma informed practice model.

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**Trauma impacts**

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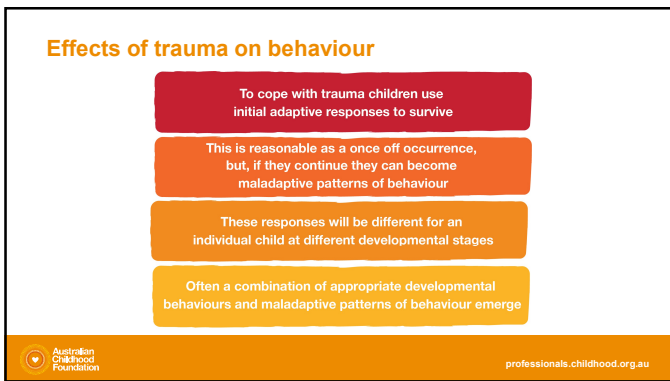
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## The social engagement system



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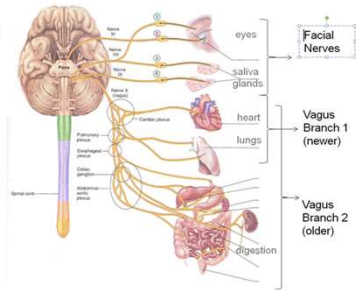
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## The Vagus Nerve



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## Polyvagal Theory and Protective Responses

by Stephen Porges

Behavioural Functions	Body Functions
<b>Social Engagement</b> <ul style="list-style-type: none"><li>Soothing and calming</li><li>Indicates safety</li></ul>	<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> <ul style="list-style-type: none"><li>Fight or Flight</li><li>Active Freeze</li><li>Moderate or extreme danger</li></ul>	<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> <ul style="list-style-type: none"><li>Collapse or submission</li><li>Death Gripping</li><li>Increased pain threshold</li><li>Conserves metabolic resources</li><li>Life threatening situations</li></ul>	<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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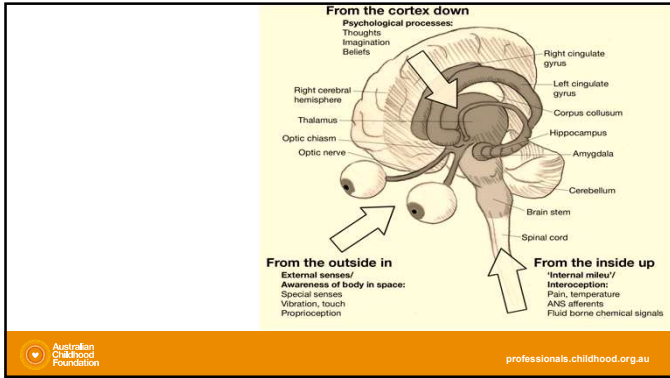
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### Protective responses can present as

**Mobilised Responses**  
*(fight, flight, active freeze):*

- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- ‘silly’, loud, over-excitement
- Unsettled, restless
- Outbursts, aggression
- Defensive, taking things personally
- Inflexible, ‘controlling’
- Sensitive to sensory input

**Immobilised Responses**  
*(collapse, withdraw, dissociate):*

- Flat, numb affect
- Disengaged, disinterested
- Withdrawn
- Frequent “boredom”
- Lethargic, unmotivated
- Disconnected from peers
- Primitive self-soothing
- Hygiene issues
- Wetting or soiling
- Low appetite

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### Building Trust

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### Strategies to promote neuroception of safety

Physiological safety      Relational safety      Environmental safety

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### Working with protective responses

<p><b>Social Engagement</b></p> <ul style="list-style-type: none"> <li>• Prosody</li> <li>• Breathing</li> <li>• Connection</li> </ul>	<p><b>Mobilisation</b></p> <ul style="list-style-type: none"> <li>• Rhythm</li> <li>• Containing</li> <li>• Grounding</li> </ul>	<p><b>Immobilisation</b></p> <ul style="list-style-type: none"> <li>• Orientation to space</li> <li>• Orientation to senses</li> <li>• Engaging the spine</li> </ul>
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### Social Engagement – Regulation

- For children who have experienced relational trauma, social engagement through eye contact can be perceived as threatening, and may elicit defensive responses. **Other facial muscles can be safely engaged- eg. inner ear**
- Prosody
- Use story-telling voice/upper register pitch
- Singing/music
- Use breathing techniques to regulate heart beat.

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## Supporting Social Engagement

Strategies to help clients regulate and maintain or return to a neuroception of safety:

- **Prosody** – gentle calm voice (*brainstem/limbic*)
- **Facial expressions** - (*vagus nerve/ ANS*)
- **Body language** - (*vagus nerve/ANS/right brain*)
- **Check in** with your own emotions/triggers (*right brain to right brain, co-regulation*)
- **Connection** relating (*limbic/cortex*)
- **Draw on strengths** (*limbic/cortex*)
- **Empathy** (*brainstem/limbic/cortex*)
- **Humour** (*limbic/cortex*)



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## Social Engagement – Regulation

- Bee and Snake breathing
- 1, 2, 3, Sigh
- Falling feathers/scarves/leaves
- Blowing a pin wheel
- Blowing bubbles
- Blowing up balloons
- Offer a glass of water – cup of tea
- Breathing - 5-2-7 breath work (*brainstem, limbic*)



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## Working with children who show mobilised responses- fight/flight

- **Rhythm techniques**
- **Containing techniques**
- **Grounding techniques**



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### Rhythm techniques

- Rhythm tools engage the child's natural organisation.
- "Drumming simultaneously activates both hemispheres of the brain and it promotes use of the corpus callosum (bridge between 2 hemispheres which is negatively affected by cumulative trauma)."
- "Drumming enhances recovery through inducing relaxation and enhancing theta-wave production. Drumming produces pleasurable experiences and releases emotional trauma."

Winkelman, 2003



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### Containing techniques

- Body sock
- Pushing against pillows
- Pushing against the wall
- Use weighted blankets / wheat bags
- Medicine ball
- Pillow sandwich
- Caregiver hugs
- Self holding
- Clapping hands
- Martial arts



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### Grounding Techniques

- Guided visualisation – tree
- Magnetic boots
- Feel feet on the floor



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**Working with children who show mobilised responses - Freeze**

- Be curious with the child about the freeze state-are there any places that are less frozen than others?
- Gently facilitate movement eg. wiggling one finger
- Play with metaphors like thawing ice
- Encourage breathing
- Engage senses



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**Working with children who show mobilised responses - Flight**

- Be kind and patient when “finding” or collecting me
- Offer me an easy task/chore to do
- Help me settle my body –weighted blankets, heat packs
- Engage senses
- Encourage me to hang/swing/carry something heavy



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**Working with children who show mobilised responses - Fight**

- Help me stabilise my hyper-aroused nervous system
- Rhythm, containing and grounding
- Match the child's energy before helping them calm down
- Hanging, swinging, climbing, marching



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### Working with children who show immobilised responses- intervention tools

- Orienting to the space
- Orienting the senses
- Alignment- engaging the spine





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### Orienting to the space

- **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 out loud**, objects in the room
- Open a window
- Move outside if you're inside and inside if you're outside
- Take shoes off and **feel feet on the floor**




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### Orienting the senses

- Notice and name 4 things you can **see**
  - 3 things you can **hear**
  - 2 things you can **feel/touch**
  - 1 thing you can **smell**
- Blinking hard/squeezing toes
  - Eat a peppermint/sour lolly/crunchy food
  - Hug a pillow/toy
  - Listen to singing bowl
  - Cool drink/suck ice




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**Engaging the spine**

- When the spine is aligned there is no collapse
- Move like you have a long tail
- Tick tock like a clock until you find your centre
- Zip yourself up
- Walk with a toy balanced on your head
- Grow yourself from a seed to a tree



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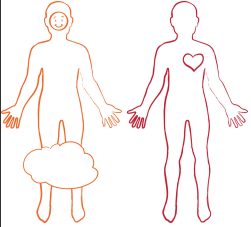
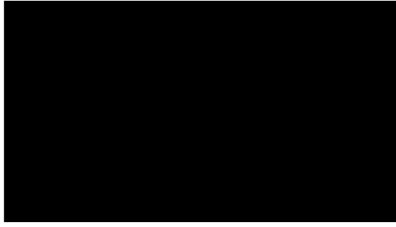
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**Guided meditation Body Scan - Progressive muscle relaxation**

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**Repairing relationships**

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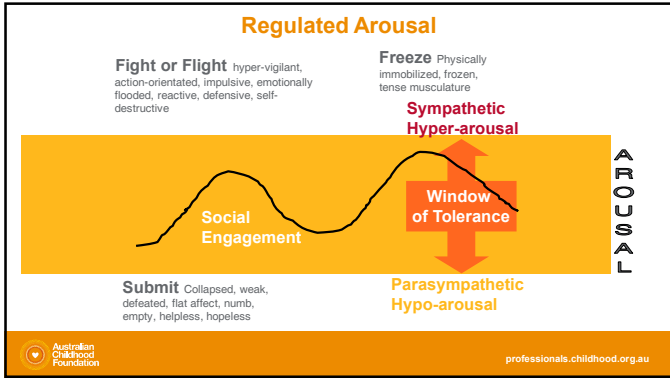
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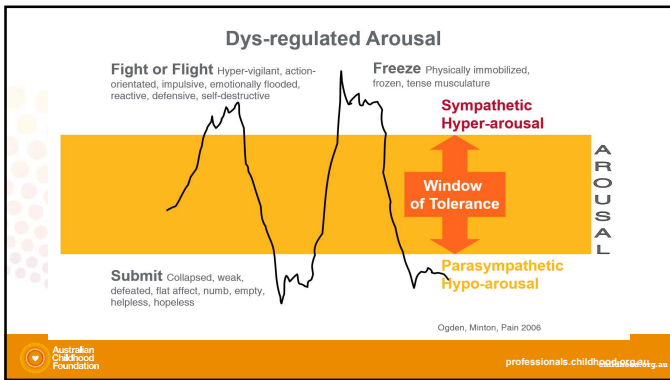
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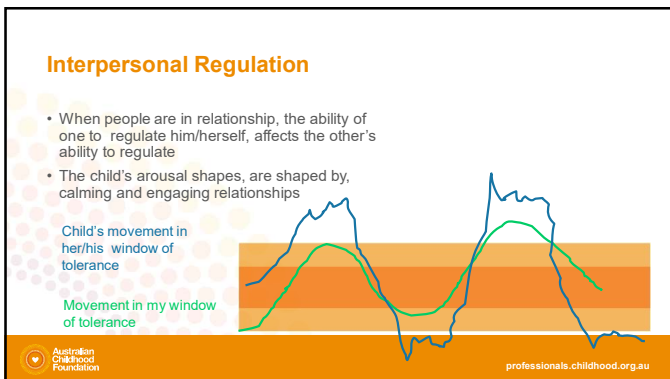
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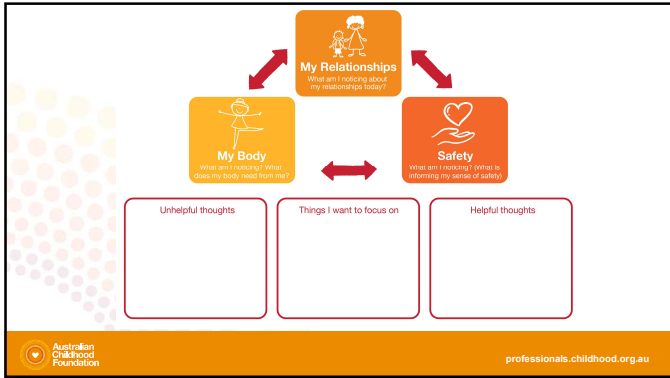
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### Blocked Trust

Blocked trust is a child's way to adapt to very poor care – **it's a survival state**. Blocked trust is blocking the pain of rejection by:

- Negative bias
- Dissociating
- Suppressing social emotions
- Provisioning – self reliance
- Manipulating
- Resisting authority – aggression, 'defiance'
- Story telling – fantasy
- Lying behaviours

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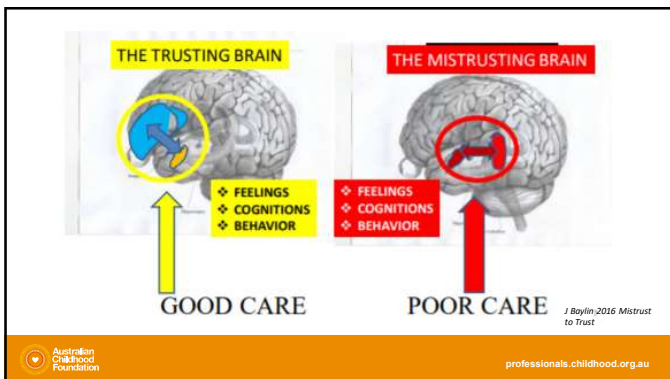
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### Helping the caregiver to repair their relationship with the child

- Empathise with how difficult it may be for both parents & infant/child.
- Encourage and promote consistent, sensitive, responsive, attuned caregiving and replicate this in the therapeutic relationship.
- The therapeutic relationship needs to mimic secure attachment characteristics.
- Explore what is getting in the way of the caregiver providing this consistent, sensitive, responsive, attuned, caregiving
- Help caregivers to identify arousal states in their child and explore what's underneath the behaviour
- Respectfully challenge punitive or authoritarian approaches – explore the impact that these styles can have on the caregivers experience of growing up.
- Help to create new ways of relating through play and exploratory discussion to increase capacity to reflect and to offer what their child needs.

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### P.A.C.E video – Dan Hughes



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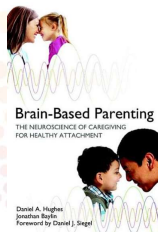
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### PACE – stages to secure attachment



- Stage 1:** mindless mistrust – “you’re mean, I’m bad”
- Stage 2:** confusion: “Who, this is weird! You don’t understand why I don’t trust you and you aren’t angry about it?!”
- Stage 3:** Approach/avoidance/conflict – to trust or mistrust?
- Stage 4:** practicing trust over mistrust – repetition, with predictable, consistent responses
- Stage 5:** resolving the conflict – “I can trust you and I am a good kid”

J Bayliff et al 2014

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### PACE Helps

- The social engagement system come online
- Connect the prefrontal cortex (thinking brain) to the lower regions of the brain (emotional and survival brain)
- Calm the threat sensing amygdala by sending a message of safety.
- Connect children and their caregivers
- Aid the growth of regulation skills.
- Build the ability to reflect
- Develops the child make meaning of themselves, their stories and their behaviour.

**PACE uses all 5 parent brain systems (approach, reward, child reading, meaning making and executive)**



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### “The space between us” (Intersubjectivity)

Where the child and caregiver come together, and start to learn about, feel and ‘get’ themselves and each other.



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### Empathy – Brene Brown



<https://www.youtube.com/watch?v=1Ewgu369hw>



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**A dance of feeling and meaning making... beginning with:**

- Enjoy being with each other.
- Be animated when showing feelings.
- Try to 'read' the child's feelings and show that you get it.
- Stay with what is happening here and now.
- Try to get some back and forth happening (in play or talking).
- Use your story telling voice (tone of voice, pace of talking, rhythm, melody and facial expression)
- Help the child make sense of what is going on through story telling.



*Dan Hughes*

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**Meaning making: Building understanding and belonging through stories**

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**Managing parents' or caregivers' responses**

**“A coherent life story is one in which the adult has made sense of his or her own childhood experience, and has insights into how that past has influenced his development as an adult and as a parent” (Siegel 2006)**

- To enable a parent to provide a child with reparative experiences they need to have a coherent life story - self narrative
- How a parent has come to make sense of their early life experiences, is the most robust predictor of how their children will become attuned to them and healed in relationship

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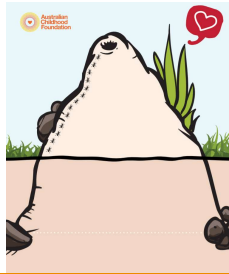
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## Building understanding of behaviour – child and caregiver

- When we feel understood, we become open to trying to understand others
- Always consider the underlying function of a caregiver's behaviours and reactions, as much as the child's
- Help caregivers to wonder about their child's inner world
- 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
- **Some clues:** is the behaviour a fight/flight/freeze/withdraw response? Is it related to hunger/tiredness? Is it a bid for connection or space?



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## What to do?

**Example: Child is engaging in lying behaviours**

**Don't get into a discussion as to why the child lied** – the child will often not know as the behaviour was likely triggered by an implicit memory or a learned behaviour adopted as an implicit survival response

**Relational strategies:**

- **Empathy:** "It must be so hard to feel like you have made a mistake...", I'm so sorry that you find it hard to accept my help right now. I hope that one day you will trust me enough to love what is inside you"
- **Reassurance:** "its ok to make mistakes..."

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## What to do?

- **Wondering,** exploring (curiosity) "I wonder when you find it hard to own up to what you've done if you feel like you are the worst kid in the world and I wont be able to love you?"
- **Collaborating:** Do you think there is anything I can do next time to make it more comfortable for you to make a mistake?
- **Playfulness:** "every time you find it hard to admit a mistake I'm going to tickle your toes, do a funny dance" etc, to remind you that mistakes are normal and I want to help you get it right.

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**Connection before correction**

- Right Brain to Right Brain – connection as a 'felt' sense.
- Meet the child where he or she is at...  
*"If I'm in China, the only place you can really meet me is in China"*  
(Circle of Security International)



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**Discuss in Groups**

Behaviour examples: *clinginess or defiance/refusal*

- Firstly, how do we label these behaviours differently to take away the negative connotation or label?

Then

- What are some different ways we could understand these behaviours?
- How might you wonder with a parent about the function underlying these behaviours?
- What would be some supportive responses to each of these behaviours, depending on how we have understood them?



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**Building strength and belonging through stories**

- Develop family traditions and rituals
- Story telling
- Family/Child story book
- Help families explore their history



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## Practice map

### In groups

Explore how the concepts discussed in this training can be applied across your program/organisation?

Think about:

- Guiding principles/framework for your program/organisation
- Relevance to your practice
- How these concepts can be applied to client work, the workspace – team meetings, supervision space?



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## How do we take care of ourselves?

### Staying regulated during client work:

- **IN THE MOMENT:**
  - Physically (regulate our body systems)
  - Mentally (keeping our cortex online)
- **AFTER THE MOMENT:**
  - Debrief (social engagement system!)
  - Physically - regulate body systems
- **BEFORE THE MOMENT (and all the time)**
  - Effective self care
  - Organisational culture



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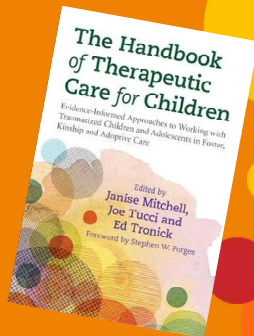
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## A valuable resource

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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