



# Trauma Informed Practice with Students

Catholic Education

20<sup>th</sup> June 2023



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1



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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2

## Learning outcomes

- Enhanced understanding of neurobiology and the impacts of trauma from abuse, violence or neglect on development and lasting implications on child functioning.
- Be provided a conceptual model of trauma-informed work with children who have experienced complex trauma.
- 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.



3

## Your personal 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 do what you need to do to feel regulated and safe.

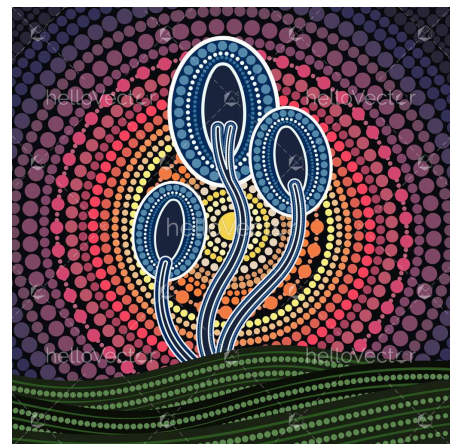


Image: Hellovector.com



4

# Principles underpinning trauma responsive practice.

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5

## 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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6

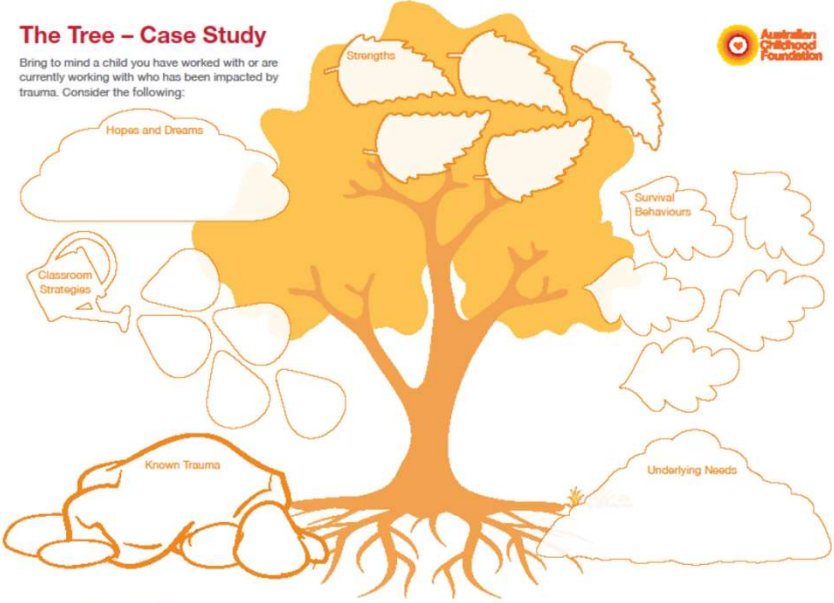

**1. Informed by best available evidence: childhood development and the neurobiology of trauma**



7

**Holding a student in mind.....**

**The Tree – Case Study**  
 Bring to mind a child you have worked with or are currently working with who has been impacted by trauma. Consider the following:

8

# Neurodevelopment



9

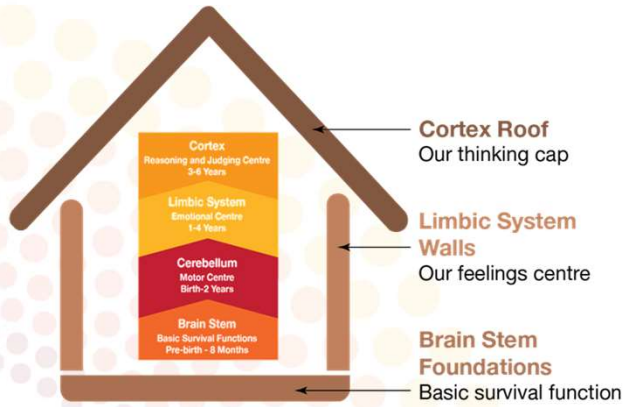
## Key Principles of Neurodevelopment

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



10

## 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.



11

## Brain Development



- <https://www.youtube.com/watch?v=ZeEKLECVh9g>



12

## Early experiences shape the architecture of our brain

Threat and Neglect → Survival

Safety and Connection → Integration

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13

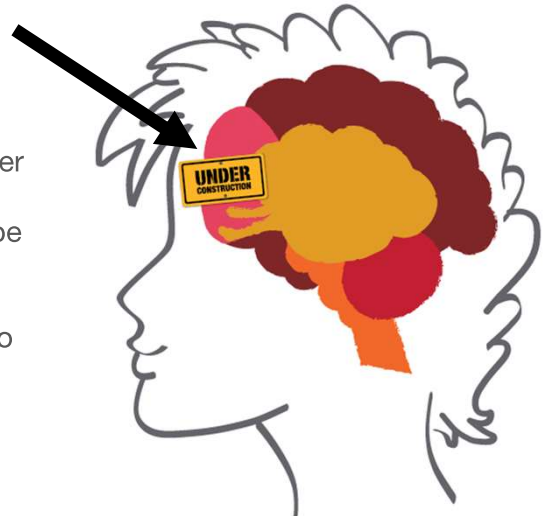
## Adolescent Brain Development

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## The Prefrontal Cortex is remodeling for efficiency!

- Adolescence is a remodelling phase of brain development between 12 and 25 years. Brain is pulling all individual parts into functioning whole.
- A great deal of pruning goes on – brain lets a number of connections go if they are not being used
- Renovation not Construction. Some circuits might be affected during the process
- Drives efficiency, tailored to its environment
- The remodelling creates **INTEGRATION** – the key to well-being that allows us to efficiently perform complex tasks from applying words to feelings to riding a bike...



## Risk taking and impulse control

- Heightened novelty seeking and risk taking during adolescence is biologically driven and normative to an extent.
- Pubescent hormones influence young people to look for edgy activities while their underdeveloped pre-frontal cortex doesn't help them to hold the potential negative consequences of these activities in mind and control their impulses.
- They are primed to think outside the box, push boundaries, to seek out novel experiences and become more integrated (efficient) at regularly used processes amongst many other changes!

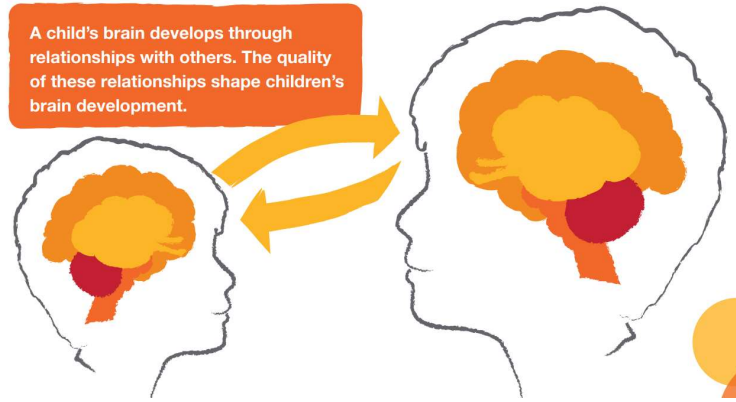


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## Final thoughts on Neurodevelopment

- The brain develops through a mix of genetics and environmental factors.
- Relationships are central to development
- The quality of relational 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 – disconnection from it can create toxic stress and trauma

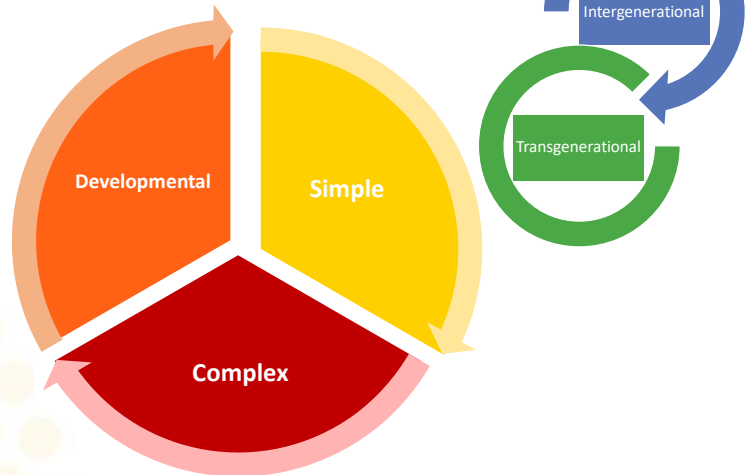


## Trauma and impacts

## Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a **real or 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



19

## 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.



20


**Trauma impacts**



**Trauma can impact all elements of children's development: brain, physiology such as sleep cycles and hormone regulation, body, memory, learning, behaviour, focus, emotions, relationships.**

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21



## **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

22

## What might trauma impacts 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



Photo credit: iStock



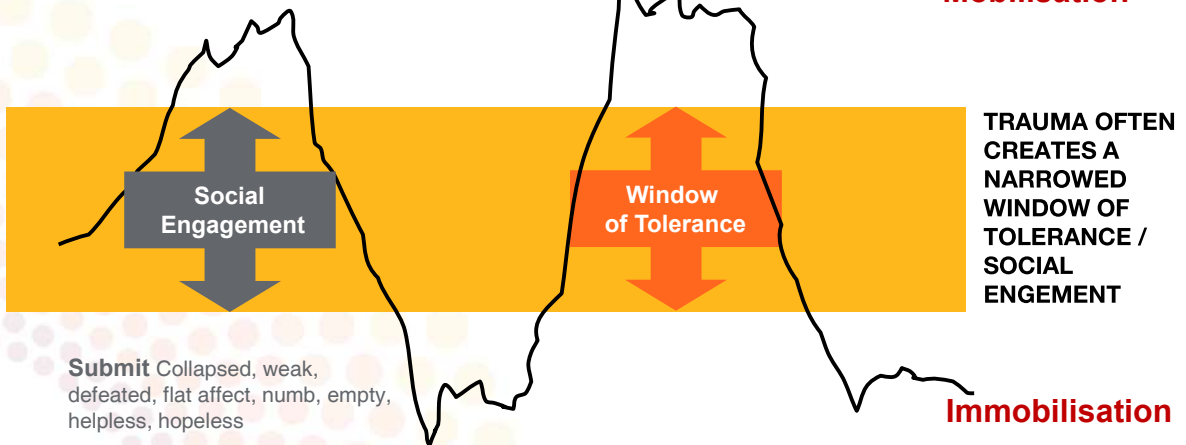
23

## Stress and Threat Nervous System Responses

**Fight or Flight** Hyper-vigilant, action-orientated, impulsive, emotionally flooded, reactive, defensive, self-destructive

**Freeze** Physically frozen, tense musculature

**Mobilisation**



**Submit** Collapsed, weak, defeated, flat affect, numb, empty, helpless, hopeless

**Immobilisation**



24

## Trauma response patterns

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

## Disability and Neurodiversity and the intersectionality with trauma

## How do I know what is trauma-related and what is disability or neurodivergence related?

- Various research indicates children and young people with disabilities and neurodivergence are more vulnerable to experiencing trauma and those identified as experiencing trauma often have diagnosed learning difficulties, sensitivities, and disabilities.
- 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)*
- Due to research into epigenetics, we also know that what life experiences the mother has had can influence the development of her unborn child.
- Misdiagnosis can occur if not all factors are taken into consideration.



Photo credit: freepik.com



27

## 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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28

## Pathological Demand Avoidance

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I have **pathological demand avoidance**, an autism spectrum condition affecting social interaction and communication. It can also mean I get lost in my imagination. My main challenge is that demands (you must/you need to/you have to) make me very anxious. It can look like aggression or being naughty, but actually I'm panicking.

Please be patient, allow me to make my own decisions where possible, give me time to process change, and help me calm down if needed.

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29

## What is FASD?

- Fetal alcohol spectrum disorder (FASD) refers to a range of problems caused by exposure of a foetus to alcohol during pregnancy.
- FASD is a lifelong disability.
- Individuals with FASD will experience some degree of challenges in their daily living, and need varying levels of support with motor skills, physical health, learning, memory, attention, communication, emotional regulation, and social skills to reach their full potential.
- 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



30

# How misinterpretation and misdiagnosis can occur....

There are many shared traits between disabilities, diversities and trauma impacts.

Without knowledge of all, consistent assessments and access to those assessments, students can be left without appropriate supports.

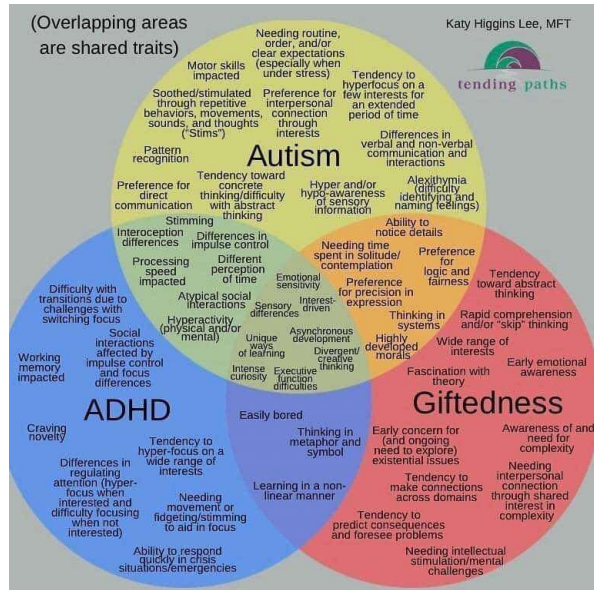
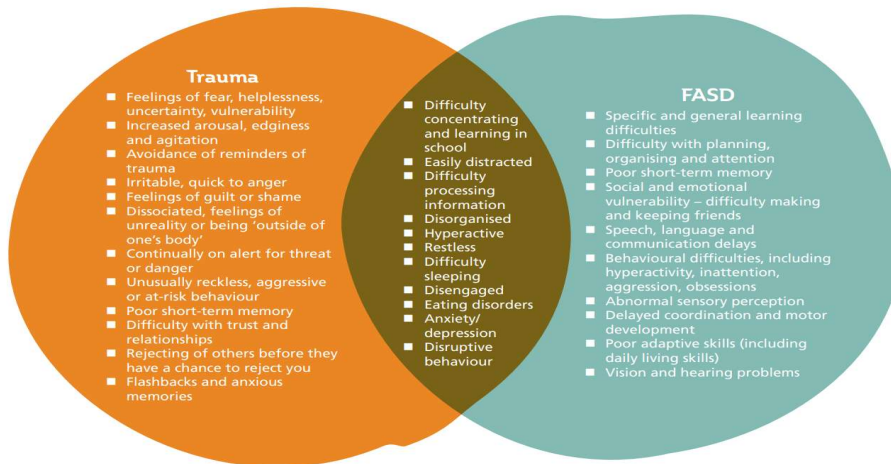


Figure 3: Symptoms of trauma and FASD and areas of overlap



Source: Adapted from National Child Traumatic Stress Network, *Is it ADHD or child traumatic stress? A guide for clinicians*, NCTSN, Los Angeles, 2016, p. 5, [www.nctsn.org/sites/default/files/resources/is\\_it\\_adhd\\_or\\_child\\_traumatic\\_stress.pdf](http://www.nctsn.org/sites/default/files/resources/is_it_adhd_or_child_traumatic_stress.pdf).

Image taken from Fetal alcohol spectrum disorder (FASD) and complex trauma: A resource for educators, 2018 Published by Mariniwarntikura Women's Resource Centre





**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.

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

Skill	Developmental Age
actual and physical age	18 years
expressive language	20 years
reading ability	16 years
living skills	11 years
money & time concepts	8 years
comprehension and emotional maturity	6 years
social skills	7 years

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

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33

## 2. Cultural Humility and Approach

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## What is Cultural Humility?

*The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”*

(Hook, Davis, Owen, Worthington & Utsey, 2013, p. 2).

*“Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience. It is defined not as a discrete end-point but as a commitment to lifelong learning, continuous self-reflection on one’s own assumptions and practices”*

*(‘Dabakan Kooyliny – Go Slowly, Walk Slowly, Walk Together: Culturally Strong Therapeutic Care for Aboriginal and Torres Strait Islander Children, Families and Communities.’ pp. 159 – 182)*



35

## Four factors towards cultural humility

1. Humbly acknowledging oneself as a learner when it comes to understanding another’s experience.
2. A commitment to lifelong learning, continuous self-reflection and self-critique
3. A recognition of the power/privilege imbalance that exists between service users and professionals
4. A desire to develop partnerships with people and groups who advocate for others; and seek to address imbalances which exist



**Cultural humility builds mutual trust and respect and enables cultural safety**

Image credit: Stockton University

Dabakan Kooyliny – Go Slowly, Walk Slowly, Walk Together: Culturally Strong Therapeutic Care for Aboriginal and Torres Strait Islander Children, Families and Communities. pp. 159 – 182



36

## Culture as a resource

### Culture 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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37



## Culture is part of development

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

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38

### 3. Restoring safety and development



39

### The importance of safety



40

## What the stress response can look like.... Dysregulated arousal

### 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

## Creating Felt Safety

### Key messages:

- Cues of threat and safety are continually monitored by our nervous system
- Cues of threat or safety can be found in experiences, relationships, and environments
- Change and uncertainty are interpreted by the brain as threats
- Before we can engage in social behaviour and learning, we must feel safe

### Practice Implications:

- Proximity, prosody, facial expression and body language can all provide cues of safety
- Predictability, consistency, familiarity and routine are critical in creating 'felt safety'
- No matter the treatment goal, SAFETY is always priority
- Environmental audits are important – consider the types and levels of sensory input from a child's perspective (in clinic, home & school settings)

### Examples:

- Get down low and use modulated, calm voice and face
- Reduce unnecessary sensory stimuli
- Provide visual cues, diagrams & reminders
- Incorporate familiarity and consistency wherever possible (appointment times, rooms, clinicians / teachers)

## Working with Protective Responses

Increase Resources – Regulatory Capabilities

### Calm the brain with:

- Long outbreaths
- Mindful activities
- Orienting outwards
- Connection & Co-regulation
- “Name it to tame it”

### De-activate Mobilised Responses with:

- Rhythm (drumming, music, swinging, rocking, bouncing)
- Stretching/Yoga
- Carrying heavy items
- Heat pack, weighted blanket
- Reduce stimulation
- Hugging a teddy/cushion

### Counter Immobilised Responses with:

- Grounding through the senses
- Proprioceptive input
- Splash face with cold water
- Something cold or sweet to drink
- Chewing candies/sucking a mint/lollipop



43

## Polyvagal Theory and Protective Responses

### Behavioural Functions

### Body Functions

by Stephen Porges

#### Social Engagement

Soothing and calming  
Indicates safety

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

#### Mobilisation

Fight or Flight  
Active Freeze  
Moderate or extreme danger

#### Hyper arousal

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

#### Immobilisation


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

#### Hypo - arousal

- Slows heart rate
- Constricts bronchi
- Stimulates gastrointestinal function




44



## Polyvagal Theory

	I am showing you....	On the inside.....	I need you to....
SOCIAL ENGAGEMENT	Feeling safe, staying in relationship, connection oriented You might say I am: <ul style="list-style-type: none"> <li>• Making eye contact</li> <li>• Listening</li> <li>• Engaging in play and exploration</li> </ul>	I am feeling: <ul style="list-style-type: none"> <li>• Safe, Calm, Happy, Sad, Annoyed, Reflective, Playful, Curious</li> </ul> My body says: <ul style="list-style-type: none"> <li>• Approach others</li> <li>• Sit still</li> <li>• Breathe deeply</li> </ul>	Help me to stay engaged <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>
MOBILISATION	Fight, flight, active freeze, action oriented You might say I am: <ul style="list-style-type: none"> <li>• Aggressive</li> <li>• Loud</li> <li>• Fighting</li> <li>• Running away</li> <li>• Hyperactive</li> </ul>	I am feeling: <ul style="list-style-type: none"> <li>• Anxious, Frightened, Lonely, Hurt, Confused, Overwhelmed</li> </ul> My body says: <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>	Help me to down regulate <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>
IMMOBILISATION	Withdrawal, collapse, submission, dissociation, avoidant oriented You might say I am: <ul style="list-style-type: none"> <li>• Withdrawn</li> <li>• Avoiding contact</li> <li>• Distant</li> <li>• Compliant</li> <li>• Hiding</li> </ul>	I am feeling: <ul style="list-style-type: none"> <li>• Disconnected, Unfocused, Flat, Withdrawn, I'm disappearing</li> </ul> My body says: <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>	Help me to up regulate <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



45

## Restoring Safety and Reducing Risk



**Without ‘felt safety’ trauma/stress processing, regulation and healing is not possible**

- 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 / school provide cues of safety?
- Cultural Safety – How does the organization / school / school spaces provide cultural safety?



46

## How do you promote safety for the students you work with?

### Think about:

- Student's perception of safety
- Cues for physical & emotional safety
- Risk of re-traumatisation – avoid triggers
- Cultural safety
- Attunement
- Body language
- The language you use
- Environmental safety – service space – warm/cold, dark/light, noise, colours etc
- The teacher/ practitioner and student relationship- trust, respect, transparency



Photo credit: unsplash.com



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47

## 4. Prioritise therapeutic relationships



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48



## Relationships are key



Image source: unsplash

- 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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49

## Using relationship to help healing

- Always start by developing a felt sense of safety for the students
- 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 students strengths and reflect this back to them



Image: hellovector.com



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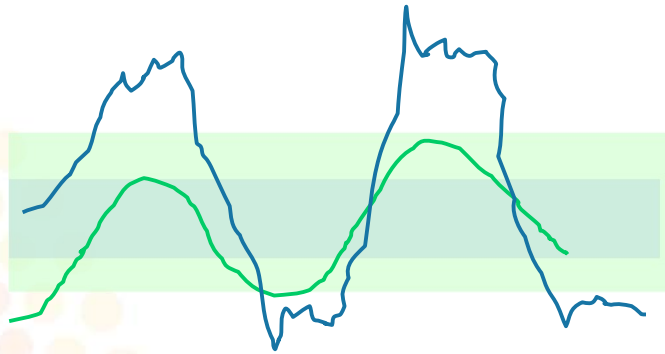
50

## Interpersonal Regulation

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

Student's movement  
in her/his window of  
tolerance

Movement in my window  
of tolerance



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51

## COREGULATING

### Can I pick....

- Where both me and the student 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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52

## Using Relational Models

### EXAMPLES

- PACE – Dan Hughes
- Kim Goulding

What do we bring to our relationships?



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53

## P.A.C.E

- **Playful** – light, open, hopeful, spontaneous.
- **Accepting** – unconditional acceptance of the experience of the student (feelings, emotions and thoughts).
- **Curiosity** – non-judgemental, active interest in the student's experience, as well as behaviours to learn what is triggering them.
- **Empathy** – about past hurts and present challenges. A 'felt' sense of the student, which is actively experienced and communicated.

Dan Hughes (2009)

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54

## Two hands for parenting – Kim Golding



### 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

### What does this look like as a teacher/ practitioner?



55

## 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**

### What does this look like as a teacher/ practitioner?



56

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



57

### Self determination



- Child centred practice – **student's voice is heard and acknowledged**
- How is the **students experience** understood and acknowledged?
- How do you promote a student's sense of **self efficacy** in your role?
- **How does the child/parent participate** in school life?
- Rights of child are always prioritised- safety, developmental opportunities, be involved in decisions that affect them



58

## Changing the way we approach student 'Plans' to be child centred, promote self determination and ongoing meaningful engagement



59

### Connection to Learning Plan – a rethink of approaching plans....

- Puts the **student's voice** and experience at the centre
- Translates behaviour through underlying **unmet needs** and shape of relational template
- Takes into account the **neurobiology of trauma** and its impacts
- Strategies used are **individualised** and targeted to student's unique experiences and needs
- Strategies focused on change through **healing**
- **Shifts responsibility** for change from student to the team of adults around the student creating an environment conducive for change
- Allows student to guide process and have a degree of **control**
- **Requires full support from management, teachers and auxiliary school staff.**



60

## What if we asked students...



Some things that make me feel worried...



It would help me if you understood...



I find it hard to....



It would help me if you could...

Record responses, write in student's voice then consult with them for approval.



**My CONNECTION TO LEARNING PLAN**

**What is a Connection to Learning Plan?**

You are an expert on yourself. No one knows you better than you. So it seems sensible that if any plans are going to be made, you should be consulted!

Our brains need a safe calm environment that's well organised with predictable schedules and routines in order to learn and keep things in our memory. They also need supportive people who understand us and know what we need when things are challenging. Your Connection to Learning Plan is designed to bring you and the staff together to help them understand you and your needs more and work out ways to support you and your learning journey. You are a unique individual and so your needs and what works best for you are also unique.

**Your C2LP Lead (Connection to Learning Plan Lead) will help you:**

- Express what's important for people to know to understand you, your challenges and the best ways to support you
- Check at each step to get your feedback, make any changes to the C2LP Plan and seek your permission to move on to the next step
- Be involved in the meetings if you want or advocate on your behalf
- Write the C2LP Plan in a way that makes sure your voice and your experiences are heard and valued
- Identify supports that are easy to use and helpful to you.
- By being there to answer any questions or concerns you have about your C2LP Plan.

**My CONNECTION TO LEARNING PLAN**

Putting the plan together looks something like this:

- 01 Me and my C2LP Lead talk about what is important for adults to understand about me and what I need from them.
- 02 My C2LP Lead talks to the adults about what their concerns are for me.
- 03 My C2LP Lead brings together what I have said and what the adults have said and writes the C2LP Plan so we can better understand how to support me.
- 04 We all meet to work out suitable supports that can be put in place so that I feel safe, calm and confident to take part in things and learn.

**? Got any questions? Ask me!**

**Your Connection to Learning Plan Lead**

**CONNECTION TO LEARNING PLAN**

What are we noticing that worries us?	What might be the meaning of what we notice?	What might help me feel safe?	Who can support me with these things?

**CONNECTION TO LEARNING PLAN**

Connection to Learning Plan Process

Building safe connection with student

Gathering information from staff

Heeding the voice of the student

Draft C2LP for feedback from student

C2LP strategy development meeting

Consult with student

C2LP finalized and implemented

Ongoing review with student and staff

Trusting relationship with the child or young person

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63

**Case study:**  
 15 year old male student.  
 Intelligent  
 Blocked trust/ Dialogue very limited  
 Adverse to vulnerability  
 Pervasive sense of hopelessness  
 Known as defiant, disruptive, aggressive, unpredictable  
 Current school supports/strategies/plans not creating change  
 Close to engagement rupture

**Strategy:**  
 Laminated headings and statements based on understanding of student and what limited comments he did make.  
 Student invited to take out any statements that didn't resonate and change any wording or write his own.  
 This is an example of the statements he identified as expressing his perspective and experience.

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64



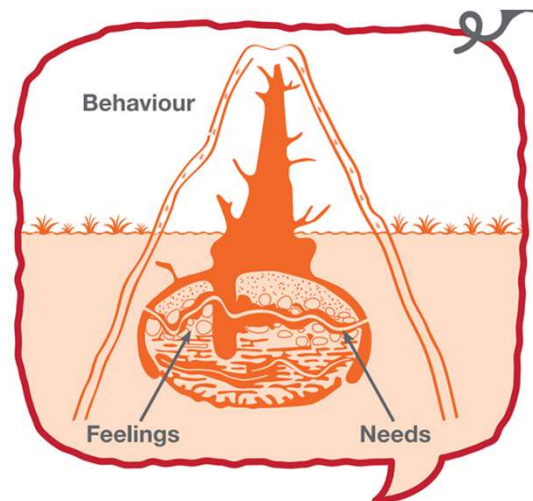
## Other approaches supporting elements of child focus, self determination, meaningful engagement and feedback



65

## Making meaning of the behaviour

- Every behaviour has a **meaning**
- Behaviour is often a student's way of **communicating** with us
- Learning how to **understand** a student'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



66

## 9 points of curiosity - 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...)

## Reframing our thoughts and language



## Considering demands and capacities

What is the task or expectation the child is expected to do (and failing at/"refusing" to do)?

What does the brain— anyone's brain— have to be able to do in order to successfully complete that task or meet that expectation?

What do you know about how your child's brain functions in those areas? Do they have those skills?

**Make adaptations to meet the child where they are at and build from there.**



69



Photo credit: iStock

## 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 identity, 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.

70

## Building positive self narratives in our children



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 self narrative / identity.

### WHAT DO YOU REFLECT TO BACK?



71

### Best Practice Approaches for all children...

**Build felt sense of safety**

Build unique profile of **needs** and work to meet them

Honour their voice, strengths, differences, culture, their life journey so far

Routine and predictability

Work to **translate behaviour** into meaning and adapt responses accordingly

### Coregulate

Meet the child/ young person where they are at, not where they 'should' be

Provide opportunities to **make meaning** of their life story

Build necessary skill sets

### And for those with trauma and/ or disability...

**Build safe stable relationships**

Implement **additional supports** where needed such as learning supports

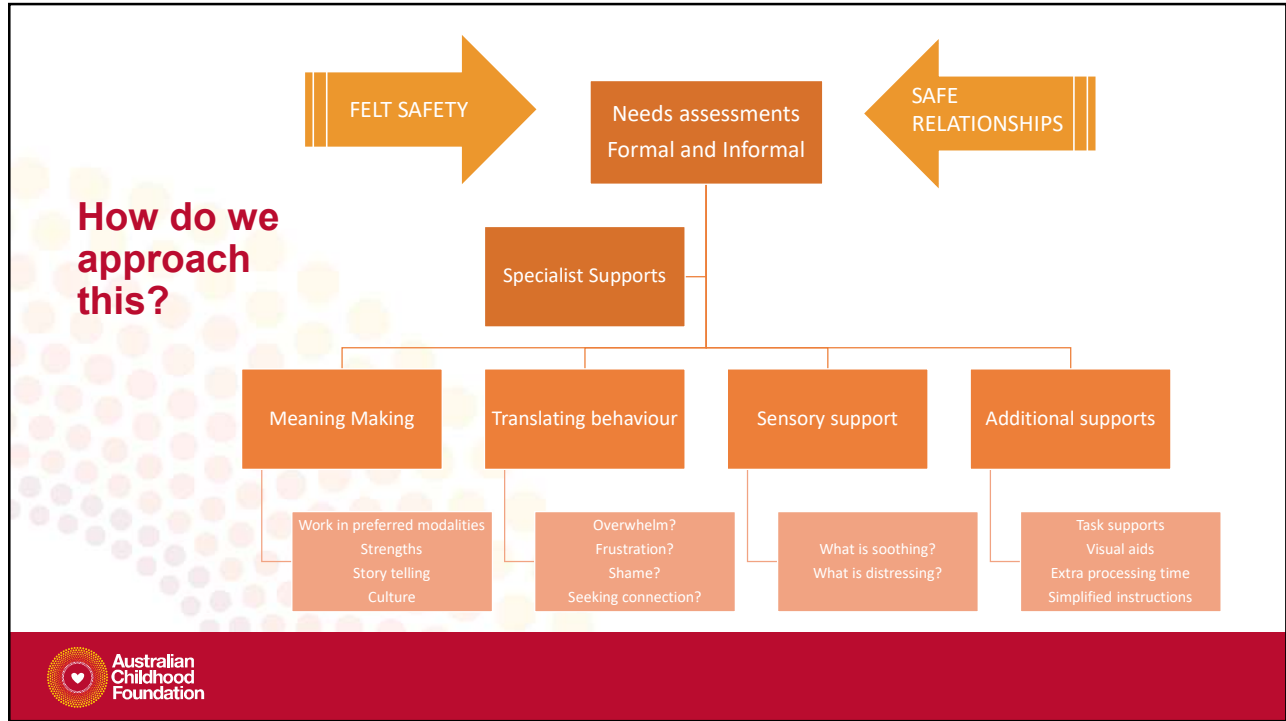
Build emotional literacy

Implement **sensory support** where needed

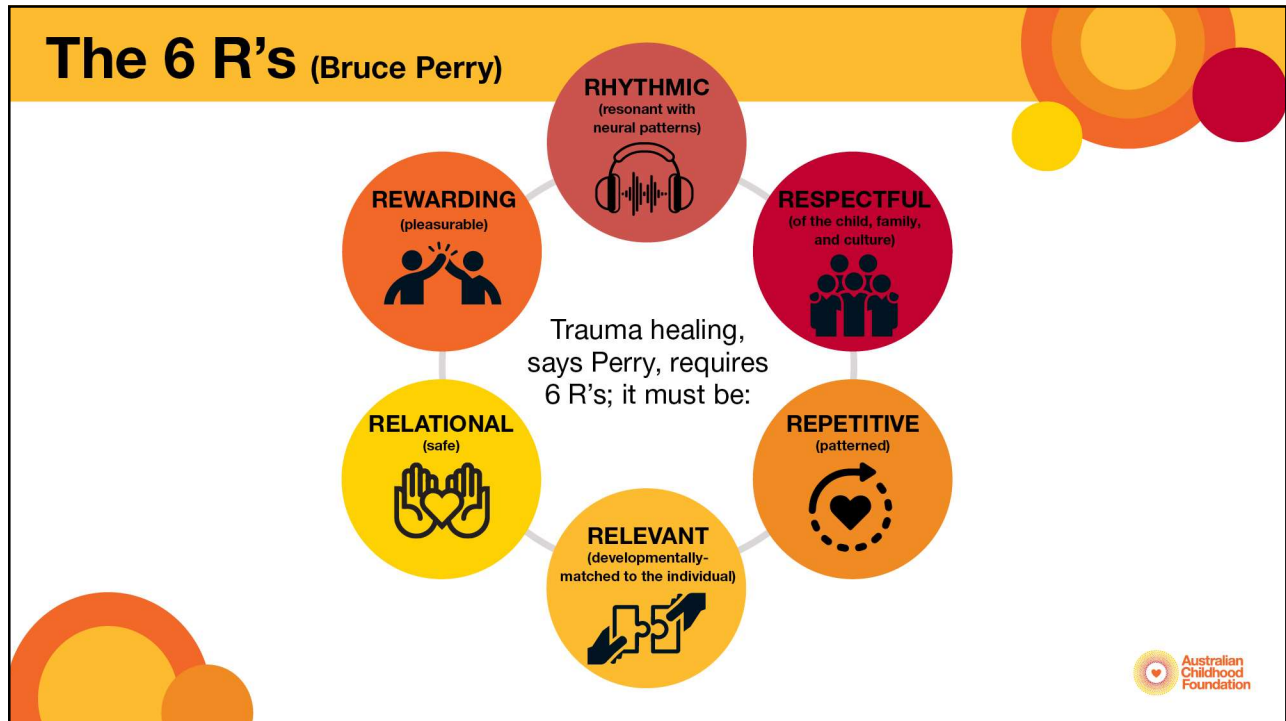
Bring playfulness



72



73



74

## 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.

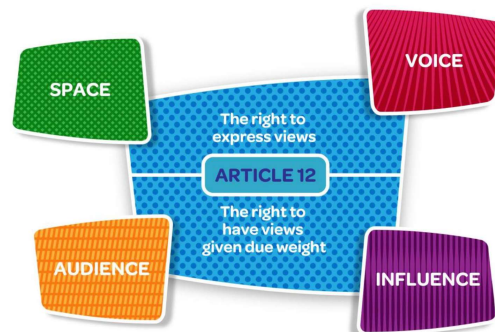
How would you contextualise your activities and strategies to calm a client / student’s nervous system and engage their cortex?



75

## Lundy’s Voice Model Checklist for Participation

- **Space**- Children must be given safe, inclusive opportunities to form and express their view.
- **Voice**- Children must be facilitated to express their view.
- **Audience**-The view must be listened to.
- **Influence**-The view must be acted upon, as appropriate.



76

Lundy's checklist aims to help organisations working with and for children and young people, to comply with Article 12. of the UNCRC and ensure that children

- have the space to express their views;
- their voice is enabled,
- they have an audience for their views; and
- their views will have influence.

### Space

**HOW:** Provide a safe and inclusive space for children to express their views

- Have children's views been actively sought?
- Was there a safe space in which children can express themselves freely?
- Have steps been taken to ensure that all children can take part?

### Voice

**HOW:** Provide appropriate information and facilitate the expression of children's views

- Have children been given the information they need to form a view?
- Do children know that they do not have to take part?
- Have children been given a range of options as to how they might choose to express themselves?

### Audience


**HOW:** Ensure that children's views are communicated to someone with the responsibility to listen

- Is there a process for communicating children's views?
- Do children know who their views are being communicated to?
- Does that person/body have the power to make decisions?

### Influence

**HOW:** Ensure that children's views are taken seriously and acted upon, where appropriate

- Were the children's views considered by those with the power to effect change?
- Are there procedures in place that ensure that the children's views have been taken seriously?
- Have the children and young people been provided with feedback explaining the reasons for decisions taken?



77

How do you honour the voices and experiences of your students?



78

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



79

**Wellbeing – The River of Integration**  
(Dan Siegel)

**CHAOS**

Unpredictable      Unstable

Coherent      Energised


**THE RIVER OF INTEGRATION**

Adaptive      Flexible      Stable

Not Flexible      Controlling

**RIGIDITY**

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



80



## How do we take care of ourselves?

- **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



Photo credit: iStock



Photo credit: iStock



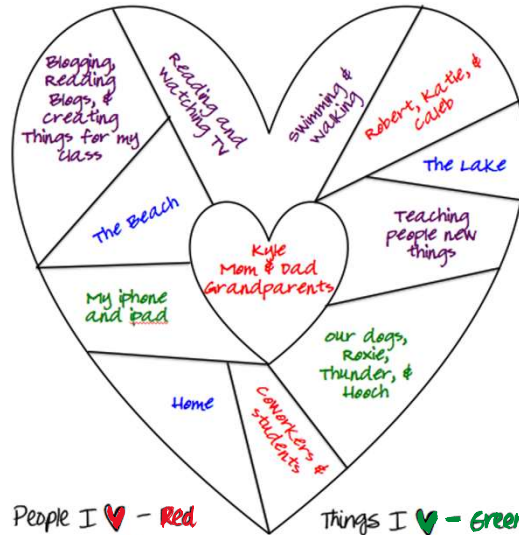
Photo credit: iStock





Holding/cherishing in your heart  
'What lives in your heart?'

### A Map of My Heart in words



People I ♥ - Red  
 Places I ♥ - Blue  
 Things I ♥ - Green  
 Activities I ♥ - Purple



83



Holding/cherishing in your heart  
'What lives in your heart?'

### A Map of My Heart in Words & Pictures



84

**SELF-CARE WHEEL**

**Physical**  
Self-hygiene  
Regular medical care  
Regular exercise  
Get enough sleep  
Be honest - Get enough sleep  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all  
The weather - Make sure all

**Psychological**  
Self-reflection  
Therapy - Journal  
Arts and crafts  
Get enough sleep  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby

**Emotional**  
Self-reflection  
Therapy - Journal  
Arts and crafts  
Get enough sleep  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby

**Spiritual**  
Self-reflection  
Therapy - Journal  
Arts and crafts  
Get enough sleep  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby

**Personal**  
Self-reflection  
Therapy - Journal  
Arts and crafts  
Get enough sleep  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby

**Professional**  
Self-reflection  
Therapy - Journal  
Arts and crafts  
Get enough sleep  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby  
Find a hobby - Find a hobby

**LIFE SELF-CARE WHEEL BALANCE**

This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.  
[www.OlgaPhoenix.com](http://www.OlgaPhoenix.com)

**SELF-CARE WHEEL**

**Physical**

**Psychological**

**Emotional**

**Spiritual**

**Personal**

**Professional**

**LIFE SELF-CARE WHEEL BALANCE**

This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Vicarious Traumatization* by Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996). Created by Olga Phoenix Project: Healing for Social Change (2013). Dedicated to all trauma professionals worldwide.  
[www.OlgaPhoenix.com](http://www.OlgaPhoenix.com)

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85

**ProQOL**

**Pro QOL**  
.....  
Professional Quality of Life

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.

<https://proqol.org/>

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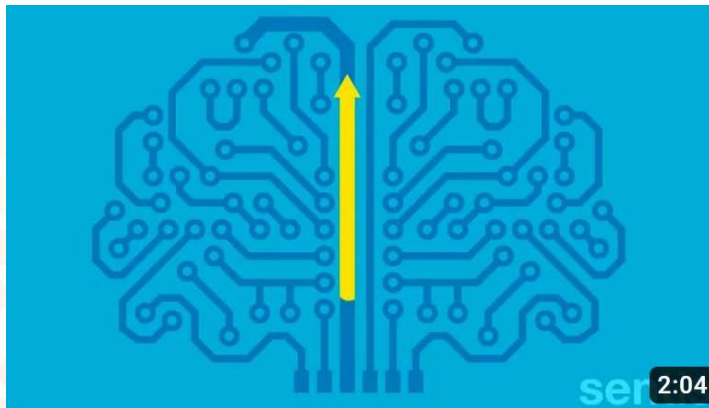
86

# 7. Hope based recovery



87

## Neuroplasticity



• <https://www.youtube.com/watch?v=ELpfYCZa87g>



88

## Neuroplasticity



89

## Hope based recovery

- Hold hope for your students until they can hold hope for themselves
- Strength-based approaches
- Support development of a hope-based narrative the student can access
- **How does the student understand their future** and the possibilities available to them? (more appropriate for young people and adults)
- **How does the student understand their strengths**, and have hope for the future? How do we encourage this?



90

## Review of the Principles underpinning trauma responsive practice

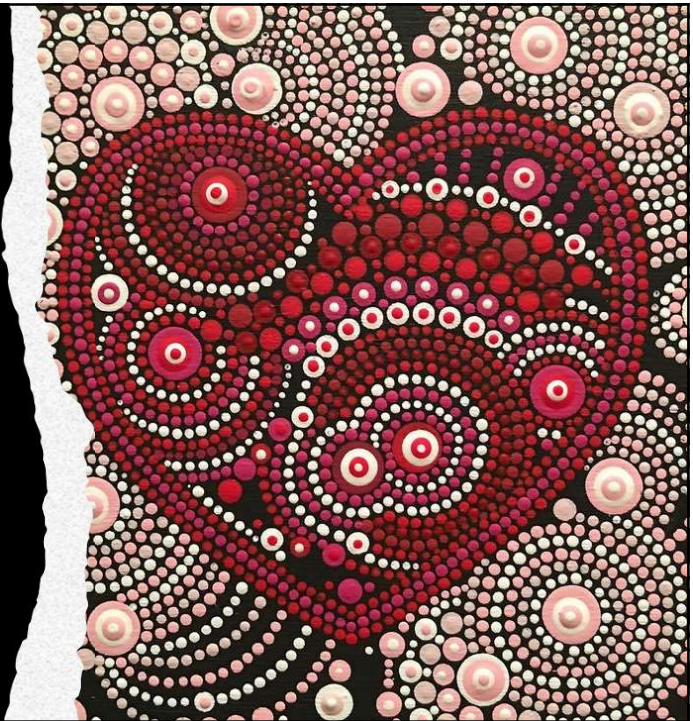
- Informed by best available evidence: Childhood development and the Neurobiology of trauma; Systems change theory
- Cultural humility practice approach
- Restoring safety and development
- Prioritises therapeutic relationships
- Self-determination- Child centered, meaningful engagement and feedback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



91

Thank you for your participation today and your ongoing support and advocacy for vulnerable students.

Image: Pinterest



92

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93

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94



95

## An overview of the Australian Childhood Foundation

We are a Force for Childhood, making an impact in Australia & New Zealand for nearly 40 years



### We Help Children Heal

On their own, children do not recover from the devastating impact of abuse, neglect and family violence. They need specialised support to heal. We provide therapeutic services to children.



### We Keep Children Safe

We build the ability and confidence of individuals and organisations to protect children. We provide parents with education and support to help them raise happy, safe and loved children.



### We Stand Up for Children

We advocate for changes to laws and policies that help to make all children safer. We work to strengthen community attitudes that prioritise the rights of children to love and safe relationships.



### We Create Understanding for Children

We educate and support adults who look after and work with children to be better able to understand and respond to their needs.



96



## Our Education Services

Access our latest offerings:  
<https://professionals.childhood.org.au/training-development/>

- Our Education Services co-create and amplify knowledge that changes children's lives for the better, by creating networks of learning in partnership with professionals and organisations working with children and young people.
- Our efforts include:
  - Accessible learning opportunities for professionals: a range of self-paced modules and virtual classrooms covering trauma prevention, relational healing and evidence-based approaches to best practice.
  - Customised organisational education: tailored training packages designed to support ongoing staff development, including Train The Trainer options for long-term success.
  - Accredited training: our unique Graduate Certificate in Developmental Trauma



97

## Our Safeguarding Services

Access our latest offerings:  
<https://professionals.childhood.org.au/safeguarding-children-services/>

- Over a decade, Safeguarding Services have partnered with over 300 organisations nationally and internationally to strengthen the capacity of institutions to keep children and young people safe.
- We offer a suite of standard and customised solutions that meet national and state Child Safe Standards, aimed at creating organisational culture change.
- We draw on best practice from the Foundation's experience and our network of partners, and evidence, including our recent Safeguarding Evaluation by the Centre for Social Impact.



98