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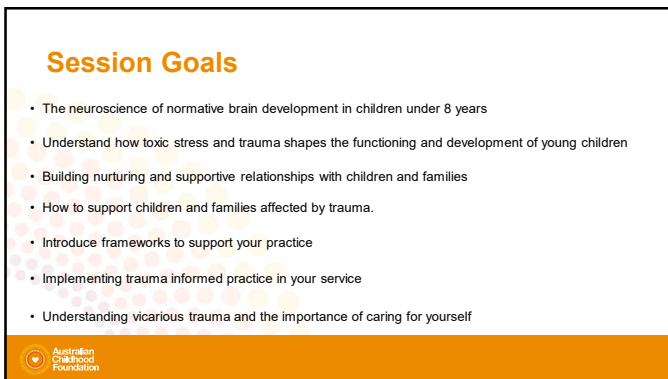
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## Defining Trauma



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### Trauma and Me

- *Where has trauma touched my life?*
- *What does it mean for me, to be working with children affected by relational trauma?*



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### Developmental Trauma

- The better integrated the different parts of the brain are the more adaptive we can be to our environment
- Developmental trauma is dis-integrative, disconnecting, and disruptive to both brain and body



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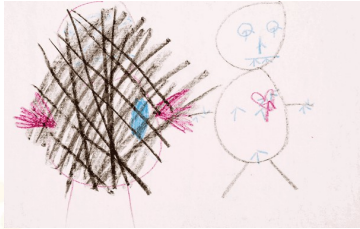
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### Defining Trauma

Trauma is not what happens to you, but what happens inside you.

(Gabor Mate 2018)



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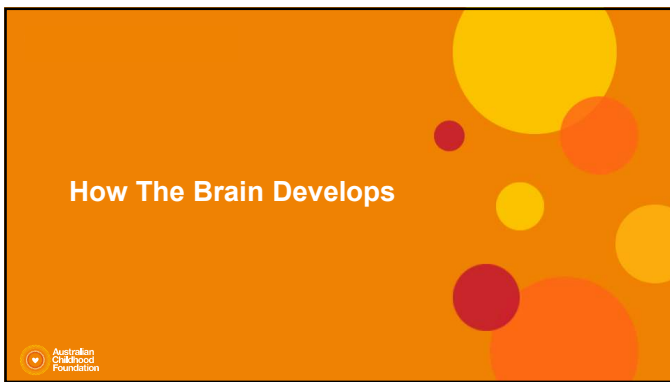
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### How The Brain Develops



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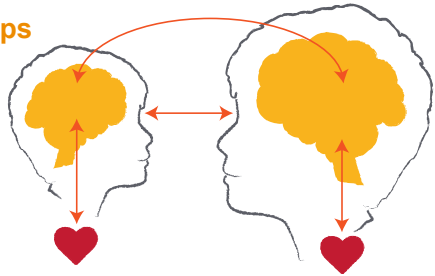
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### Relationships



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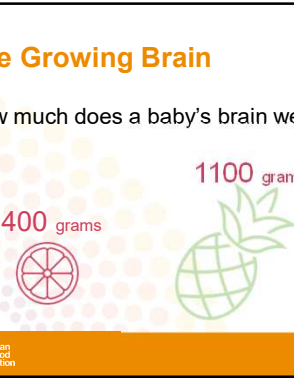
### The Growing Brain

How much does a baby's brain weigh?

400 grams

1100 grams

1300-1400 grams



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### Neuronal Connection

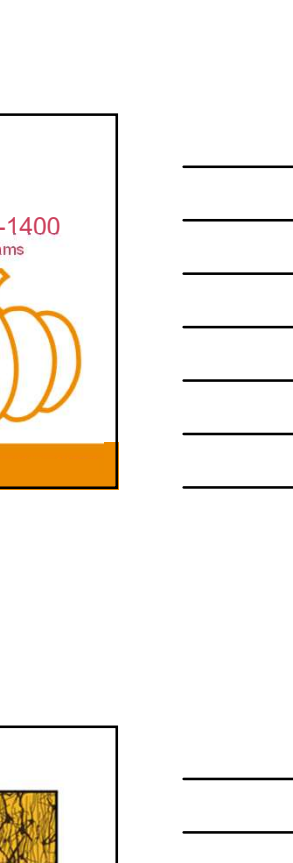
Birth

6 Years

Newborn

2 Years

Adult



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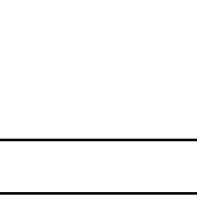
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### Attachment and the Right Brain

- Neuroimaging studies show areas of the right hemisphere lighting up in the brains of parents & infants during non-verbal interactions. (Schore, 2003)
- A secure attachment relationship facilitates right brain development and promotes efficient affect regulation.



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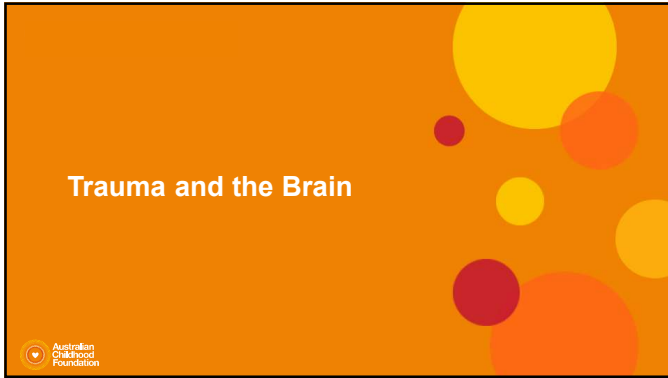
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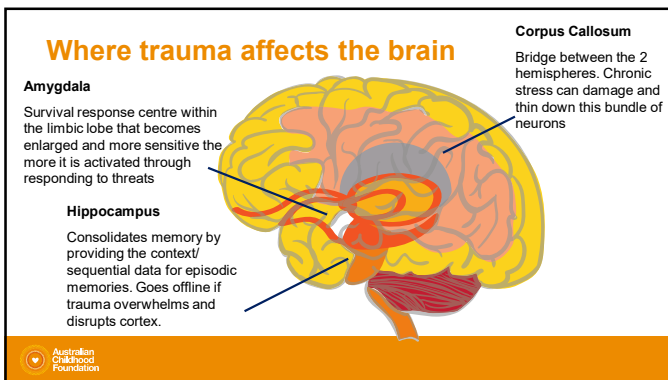
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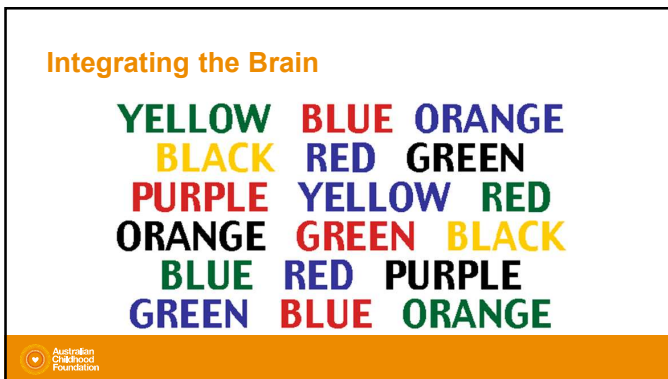
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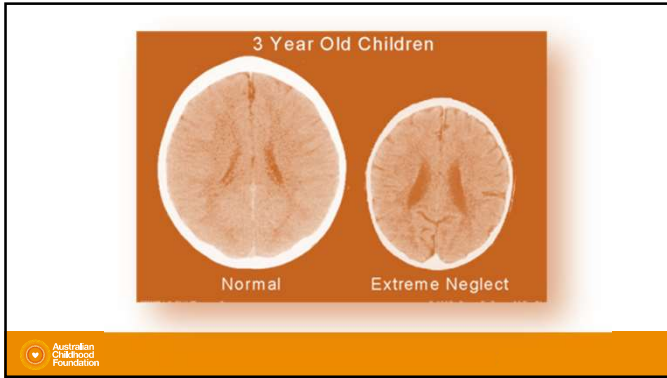
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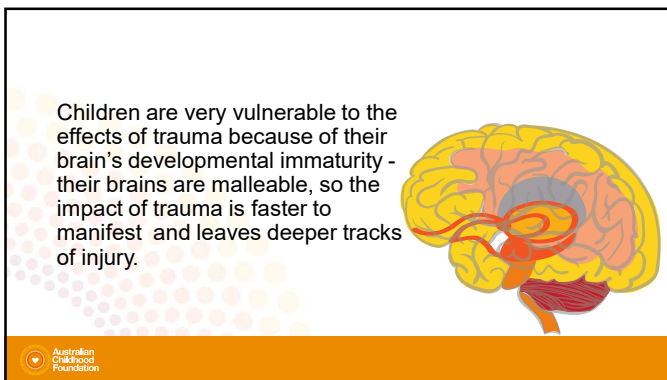
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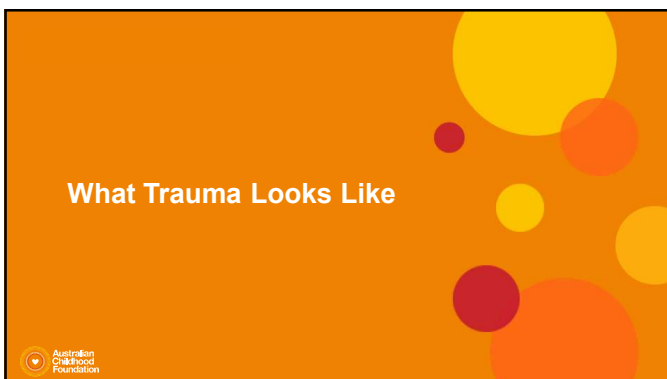
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## Trauma and Relationships

As we know a secure relationship is central to the development of:

- a positive sense of self
- empathic and sensitive interaction
- adaptive and flexible emotional regulation skill.



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## Internal Working Models



<b>View of self</b>	I am lovable I am worthy	I am unlovable I am unworthy
<b>View of others /relationships</b>	Others are responsive Others are loving Others are interested in me Others are available to me	Others are unavailable Others are neglectful Others are rejecting Others are unresponsive
<b>View of the world</b>	The world is relatively safe	The world is unsafe

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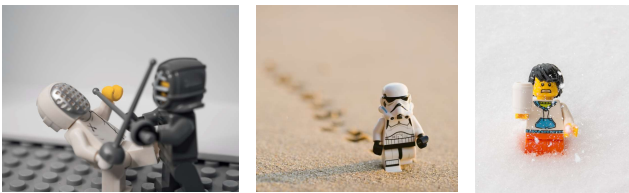
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## Living in Survival Mode



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**Behavioural Functions**      **Body Functions**      by Stephen Porges

<p><b>Social Engagement</b> Soothing and calming Indicates safety</p>	<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>
<p><b>Mobilisation</b> Fight or Flight Active Freeze Moderate or extreme danger</p>	<p><b>Hyper arousal</b></p> <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>
<p><b>Inmobilisation</b> Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations</p>	<p><b>Hypo - arousal</b></p> <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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**The 'Still Face' Experiment – Ed Tronick**



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**Behaviour is a Story**



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**Trauma Informed Practice**

- The adult takes responsibility for the relationship.
- Connects and tries to understand and support the family and child



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**Working with Protective Responses**



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**Shark Music**



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### Recognising Thoughts, Feelings & Behaviours

Thoughts	Feelings	Behaviours
'It's my fault'	Angry	Screaming
'I don't care'	Anxious	Property damage
'I deserve this'	Shame	Controlling
'I'm unloved'	'I'm isolated'	Out of control
'Nobody wants me'	'I'm to blame'	Defiant
'I can't trust anybody'	'Here we go again'	Oppositional
'I'm not safe'	'You will leave me'	Disruptive
'I'm better off on my own'	'I want to hurt myself'	Biting
'Will they hurt me?'	'I have no control'	Depression
'I'm alone'	'It's only a matter of time'	Eating disorders
'Not sure where I fit'	'I want to go home'	Avoidance
'I hate myself'	'I'm not good enough'	Problem sexual behaviours
'I'm stupid'	'Who am I?'	Poor hygiene
'I miss my family'	'I'm ashamed'	Suicidal
'I hate everybody'		Withdrawn
		Destructive
		Stealing
		Substance abuse
		Impulsive
		Extreme risk taking
		Hyperactive
		Trouble making friends
		Paranoid
		Aggressive
		No boundaries
		Self-harm
		Hyper-vigilant
		Defensive
		Socially awkward

What are the Thoughts, Feelings and Behaviours of the above person with mental health?

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### Window of Tolerance

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

**Active Freeze** Physically immobilized, frozen, tense musculature

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

**Sympathetic Hyper-arousal**

**Parasympathetic Hypo-arousal**

**Window of Tolerance**

**A R O U S A L**

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### THE WINDOW OF TOLERANCE

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**Working with Protective Responses**

**1. Mobilisation**

- Rhythm
- Containing
- Grounding



**2. Immobilisation**

- Orientation to space
- Orientation to senses
- Engaging the spine



**3. Social Engagement**

- Prosody
- Breathing




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**Working with MOBILISED Responses**

**Fight**

**What it might look like**

- Angry, aggressive, irritable
- Confrontational, controlling, shouting
- Blaming others, pushing others away, argumentative

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**Working with MOBILISED Responses**

**Fight**

**Supportive responses**

- Help me stabilise my hyper-aroused nervous system
- Rhythm, containing and grounding
- Match my energy before helping me calm down
- Hanging, swinging, climbing, marching
- Stomping, jumping on the spot, drumming

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**Working with MOBILISED Responses**  
**Flight**

**What it might look like**

- Anxious, silly, manic
- Running away, hiding, disruptive
- Difficulty with free play, silly voices, distracting




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**Working with MOBILISED Responses**  
**Flight**

**Supportive responses**

- 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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**Yoga**




Yoga cards – Edna Reinhardt  
[www.overthemoonstudio.com](http://www.overthemoonstudio.com)



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**Working with MOBILISED Responses**  
**Active Freeze**

**What it might look like**

- Arousal is high, but movement is inhibited
- May look confused or distracted
- Scanning the room, dilated pupils, wide eyes

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**Working with MOBILISED Responses**  
**Active Freeze**

**Supportive responses**

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

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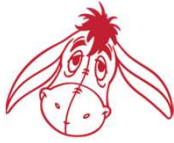
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**Working with IMMOBILISED Responses**  
**Submit**

**What it might look like**

- Low, sad, flat mood
- Quiet, compliant
- Alone, withdrawn



Australian Childhood Foundation logo in the bottom left corner.

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**Working with IMMOBILISED Responses**  
**Submit**

**Supportive responses**

- Orienting to the space/grounding exercises
- Orienting the senses
- Alignment- engaging the spine



Australian Childhood Foundation logo in the bottom left corner.

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**Maintaining – Social Engagement**

**What it might look like**

- Engaged in activities
- Chatty, talks to adults and peers
- Interacts with peers in play




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**Maintaining – Social Engagement**

**Supportive responses**

- Prosody
- Using the sing-song, story-telling voice
- Using breathing techniques





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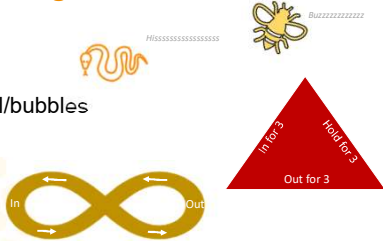
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### Encourage Breathing Activities

- Bee breathing
- Snake Breathing
- Blow the pinwheel/bubbles
- Triangle breath
- Figure Eight



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### 'Rosy and Jack'

by Nicole Reading



ROSY AND JACK LEARNT THAT THEIR BODIES...  
... CAN TELL THEM WHEN THEY ARE FEELING UNSWELL

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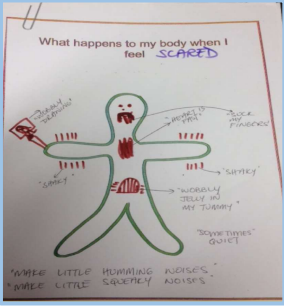
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### What happens to my body when I feel SCARED



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### Social Engagement: Engaging Muscles from Heart to Head

Social engagement through eye contact is perceived as threatening and may elicit defensive responses. Other facial muscles can be safely engaged - e.g. inner ear (Porges)

- prosody
- use story-telling voice/upper register pitch
- singing/music
- use breathing techniques to regulate heart beat



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### Social Engagement:

What does living in the window of tolerance look like for each child?

What do you do to widen their window of tolerance?



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Sometimes I Feel - By Pia Jones



Bear Cards - Innovative Resources



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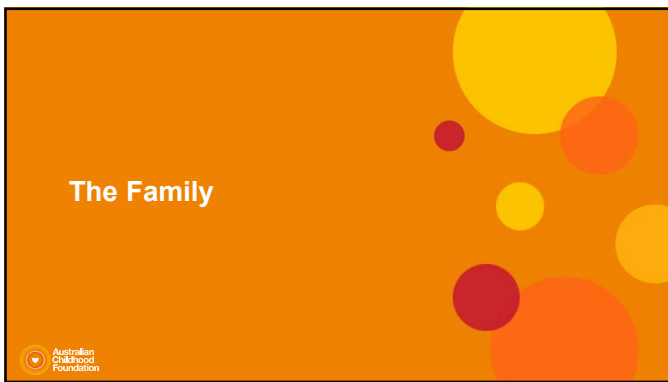
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### Building relationships with families

- Meaningful and empathic engagement
- Non-judgemental interactions



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### Building Safety & Connection

- Children effected by trauma need stable, safe, consistent environments and relationships to help them to be calm and open to learning
- Safety = predictable and consistent routines, relationships and responses



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professionals.childhood.org.au

**“It’s connection not control that cultivates cooperation, trust, love, resilience and independence. Connection is at the heart of our relationships.”**

– Kerry Spina



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### Engagement



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### Neuroception of Safety: Predictability

*Predictability is a metaphor for safety*

“The removal of threat is not the same as the presence of safety”  
(Porges, 2014)



Lip's & Downs Cards - Innovative Resources

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### Building Safety & Connection

Managing transitions and change is extremely difficult for traumatised children

- transitions are experienced as a threat
- they feel a lose of their sense of safety
- they may revert to survival mode

How can you help children to feel safe during  
**TRANSITIONS?**

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### Transitions

How can you provide safe passage for children through the transition?

- ❖ Safe/predictable person
- ❖ Safe/predictable activity or routine
- ❖ Safe/predictable place or object



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### What might you need to change to ensure the following in your work with children:

- Predictability
- Consistency
- Safe transitions
- Engagement



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Resources to Support early childhood educators' Partnership with Parents



professionals.childhood.org.au

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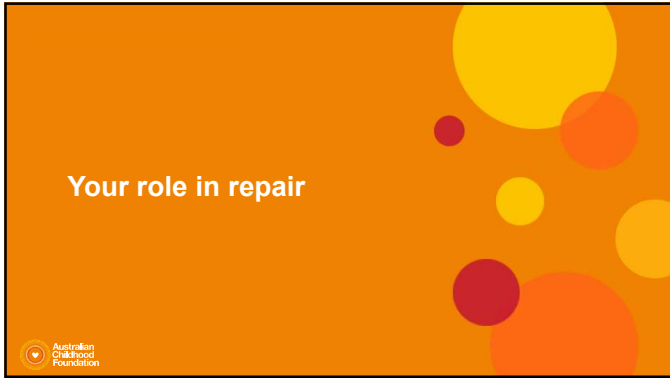
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### Follow the Child's Lead



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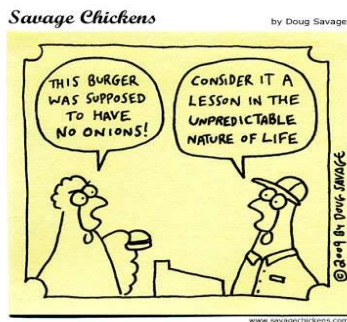
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### Building Predictability



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### Neuroception of Safety: Predictability

*Predictability is a metaphor for safety.*

“The removal of threat is not the same as the presence of safety”  
(Porges, 2014)



Up's & Downs Cards – Innovative Resources



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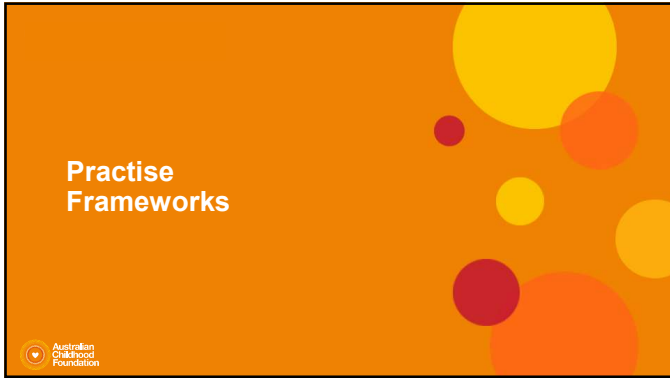
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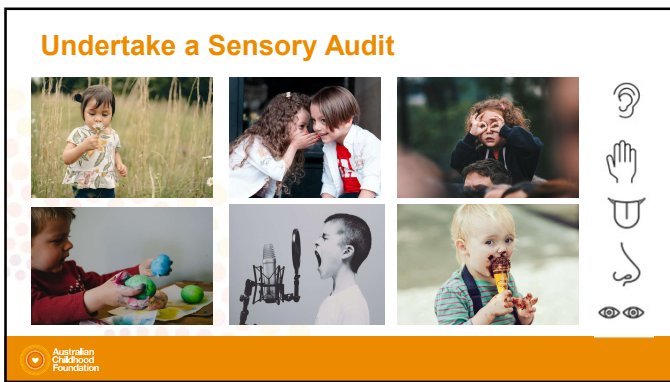
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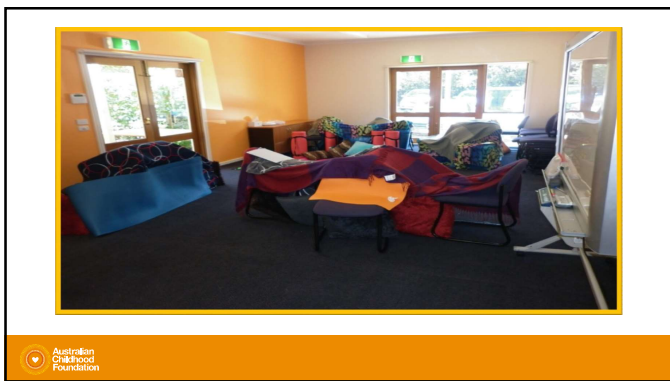
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**Models of Trauma Informed Practice**

- Playful
- Accepting
- Curious
- Empathic

**P.A.C.E**  
(Dan Hughes)



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**P.A.C.E**

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

Dan Hughes (2009)

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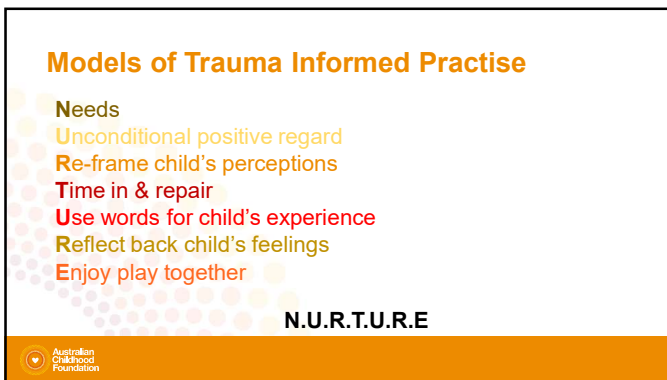
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Anticipate child's Needs					
Unconditional positive regard					
Reframe child's perceptions					
Time in and repair					
Use words for child's experience					
Reflect back child's feelings					
Enjoy play together					

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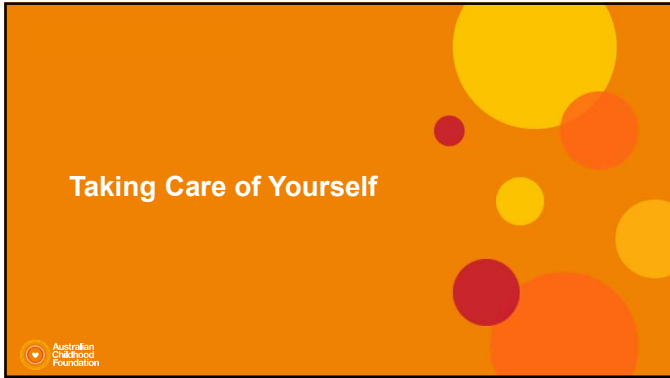
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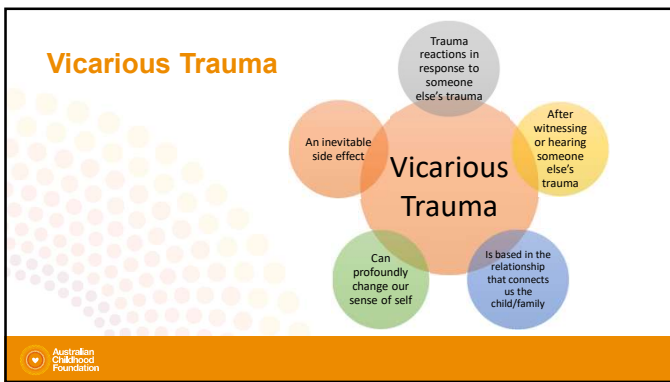
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### Signs & Symptoms of Vicarious Trauma

Symptoms that may present:

- Fatigue
- Impaired immune system
- Sleep and appetite disturbances
- Anxiety
- Hyper vigilance/control issues
- Memory issues
- Increased sick days, late to work



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### Impacts of Working with Trauma

Personal:

- Experiencing current stressful life circumstances
- Blurring the lines between home and work
- Forgetting to take time out or undertaking activities that are pleasurable, relaxing and fun



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### Impacts of Working with Trauma

Professional:

- Hearing stories of children's and family's trauma and abuse
- Lack of experience, training and understanding of children who have experience trauma
- Not accessing supervision



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**Behaviours We Might See**

Signs that may present:

Decreased

- Communication with colleagues
- Ability to accept change or adapt
- Ability to try new things/explore
- Self esteem
- Attendance in staff meetings, PD, other functions



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**Supporting Each Other**

- Recognise signs and symptoms in others
- Provide education about vicarious trauma
- Support and value each other
- Ensure the workplace culture acknowledges and accepts vicarious trauma as a real condition
- Encourage taking time out and taking leave



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**Taking care of yourself**

The 3 key supports to aid positive mental health

- Gratitude
- Empathy including kindness and compassion
- Mindfulness



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## Mindfulness

**Deactivation**

**Medial Pre-Frontal Cortex**  
the centre of Mindfulness/ Self-awareness.

**Mindfulness deactivates the Amygdala**  
(the "worry-detector" of the brain) helping us to calm.

**Mindfulness**  
also develops the Medial Pre-Frontal Cortex, helping us to develop reflection and empathy for others.

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## What Do You Do to Look After Yourself?

**Mental health**

**Physical health**

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## Being PACEful with Ourselves

**Playfulness**

- "We take our work seriously, not ourselves!"
- Find lightness, despite the dark... look for hope and moments of joy

**Acceptance**

- Of the person, not necessarily their actions
- With compassion and understanding, knowing they are probably doing the best they know how
- What is possible and what is not possible (be the calm in the chaos)

**Curiosity**

- Rather than assuming, be open and ask
- "I wonder..." "How are you travelling?"

**Empathy**

- Be understanding and compassionate

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Prescriptions (My self-care activity)	Dose (How long?)	Frequency				
		Daily	Weekly	Fortnightly	Monthly	Yearly
Call or visit a friend or family						
Practice breathing / muscle relaxation						
Walk, play sport or exercise						
Have a bath						
Read a book or magazine						
Have one-to-one time with your partner						
Watch a movie						
Listen or dance to music						
Write, paint or play an instrument						
Cook your favourite meal						
Go out for dinner						
Do some gardening						
See a counsellor						
Go away for a weekend						
Go on holiday						

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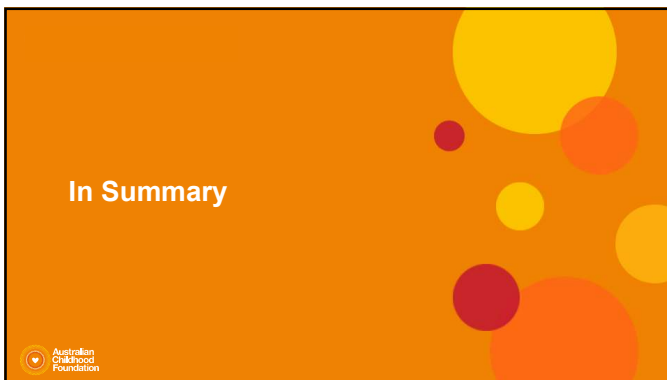
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### Working with traumatised children

Relationships:

- Respect and empathy
- Connection and sense of belonging
- Personal competence



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### Trauma-based behaviours and you

- Don't take the child's behaviour personally
- Don't take the parent's behaviour personally
- Be aware of what presses your own buttons



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### Calming and regulation

- Traumatized children find it difficult to regulate their own feelings of stress/distress.
- The best way to help the extremely dysregulated child is to remain calm and regulated yourself.



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**"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change, and the most powerful therapy is human love."**

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



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**Safe harbour**

*'Be my anchor when I'm all at sea'*  
PREDICTABLE PERSON



*'Ferry me to calmer waters'*  
SING-SONG VOICE  
RHYTHMIC, REPETITIVE ACTIVITY  
SENSORY INPUT

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