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# Trauma Responsive Practice with Families

Women's Shelter  
Armidale  
6<sup>th</sup> July 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 outcomes

- Increased understanding of neurobiology and brain functioning
- Increased understanding of the impacts of developmental trauma
- Build your understanding of intergenerational trauma, trans-generational trauma
- Build approaches and practical strategies that help facilitate trauma recovery for children and families
- Increased awareness of worker vulnerability to the impacts of working with client trauma and the development of self care strategies



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## Bringing awareness to us as workers

What brings you to this work?

Why do you do what you do?

What makes it worthwhile?

What makes it feel successful?

What are the benefits of your job?

What are the challenges?

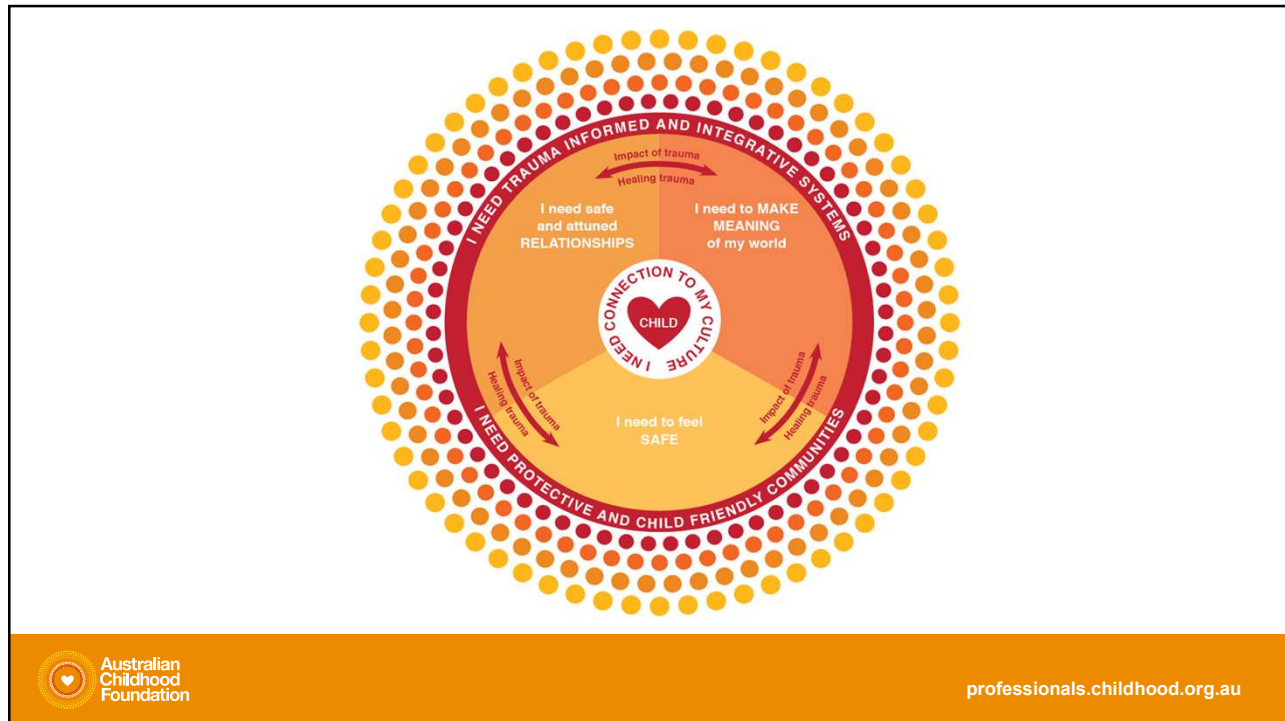
Are there times that feel like it's not worth it?

What strengths do you bring?

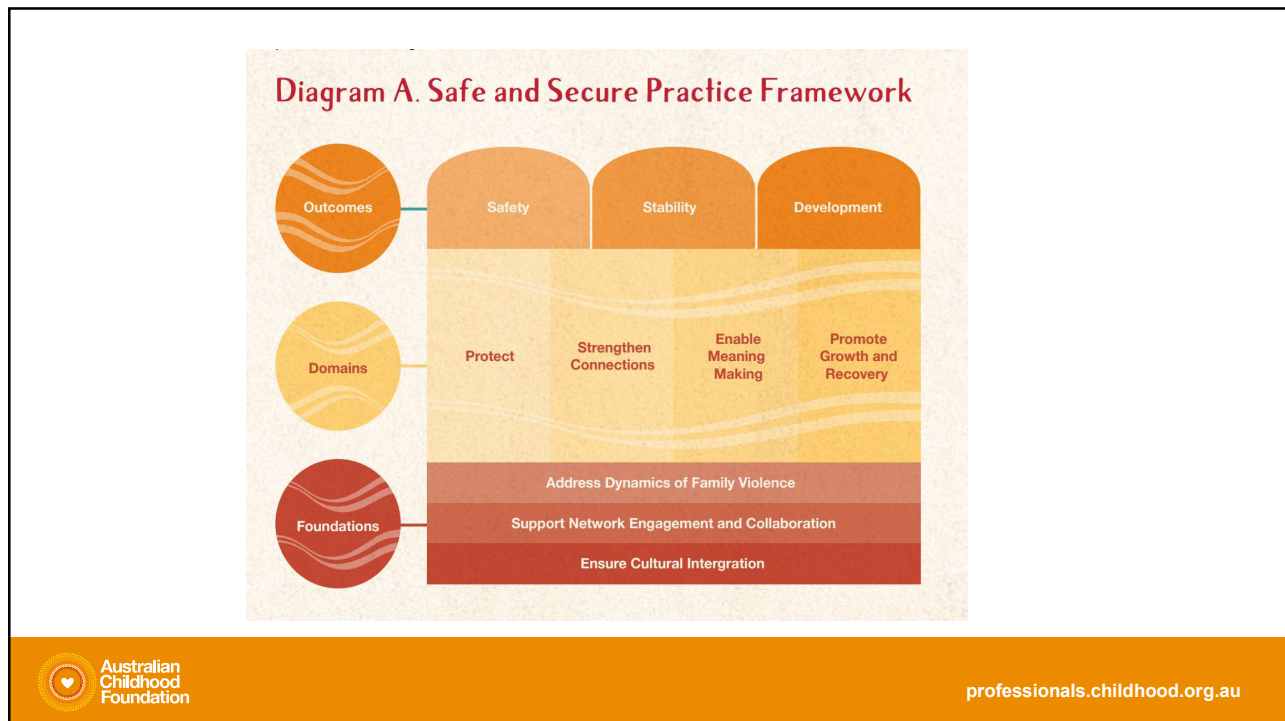
What are your stress triggers?

How do you know when you need a break?

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# Brain Development



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# Brain Development



<https://youtu.be/ZeEKLEcvh9g?t=1>



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## Key Principles of Neurodevelopment

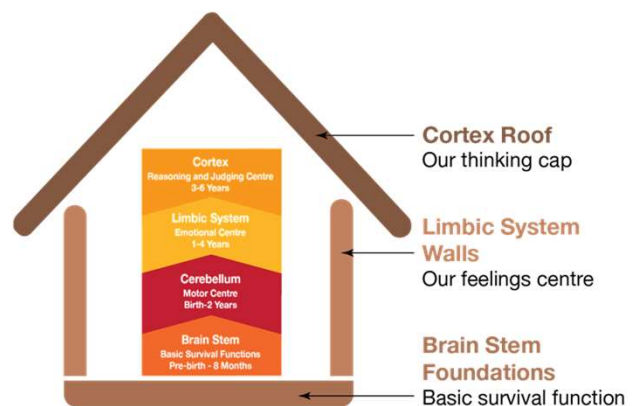
- The brain is organized, and develops, in a hierarchical sequence that is connected to the body.
- Neurons and neural systems are designed to develop and change in a use-dependent function. The more we use a connection the stronger it becomes.
- The brain develops most rapidly early in life. Childhood 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.



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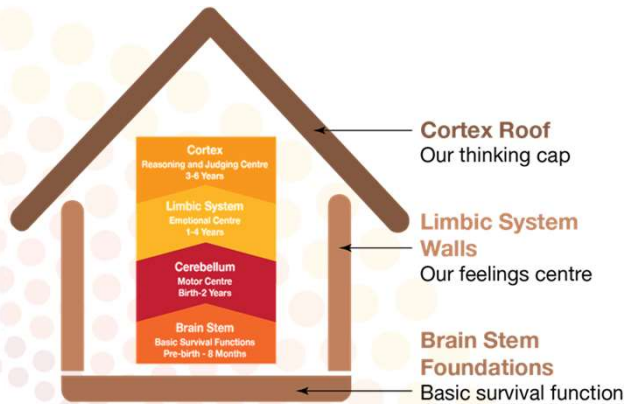
## Staged- A brain development metaphor - My Brain House

- We build our brain from the bottom to the top- like building a house
- We reinforce parts of our house as we grow, with our roof continuing to develop into our mid 20s.
- A child/ young person who is generally calm and can focus will likely be functioning with a strong standing brain house, from foundation to roof.
- In times of great stress parts of our brain house can suffer under the strain or even lose its roof and require repair. This is achievable with consistent appropriate support.



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



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

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

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

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## Relationships are key



Image source: ©2022 iStock

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Relationships are the key way we learn to engage with the world around us

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They are key to our survival and remain significant to our wellbeing

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The quality of relational interactions in childhood influence our development in all areas of life

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Secure relationships are central to how a young person experiences themselves and others

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## Culture as a resource

- Provides a protective factor

**Safety:** Belonging

**Relationships:** Connection

**Meaning making:** identity

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



Photo credit: iStock



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## Culture is part of development


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

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## Early experiences shape the architecture of our brain

Threat and Neglect → Survival



Safety and Connection → Integration




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## Neuroplasticity:

The brain's ability to reorganize itself by forming new neural connections throughout life.

Neuroplasticity allows the neurons (nerve cells) in the brain to compensate for injury and disease and to adjust their activities in response to new situations or to changes in their environment

• <http://www.medterms.com/script/main/art.asp?articlekey=40362>




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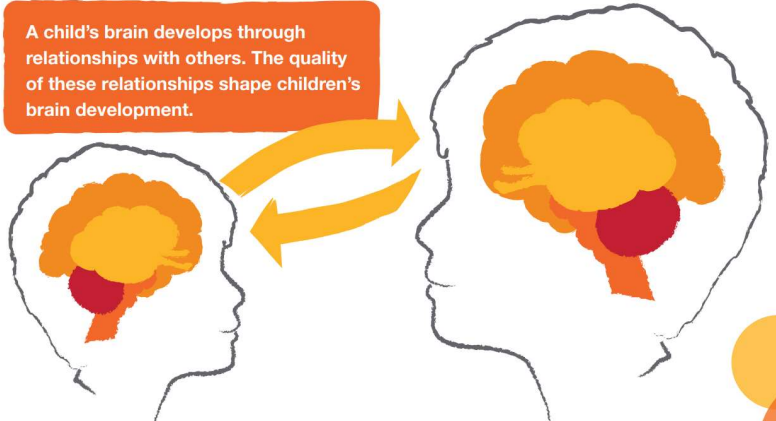
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## Final thoughts on Brain Development

- The brain develops through a mix of genetics and environmental factors.
- Relationships are central to development
- Relationships= survival; Isolation=death
- 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

A child's brain develops through relationships with others. The quality of these relationships shape children's brain development.



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## The impact of trauma

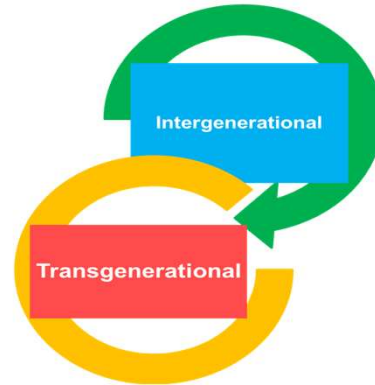
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## Defining trauma

Any single, ongoing or cumulative experience which:

- is a response to a **perceived or real threat**, usually to survival
- **overwhelms** our capacity to cope
- feels/is **outside our control**
- often evokes a **physiological** and **psychological** set of responses based on fear or avoidance

## Types of Trauma



## 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.



Photo credit: iStock

## What might it look like?

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

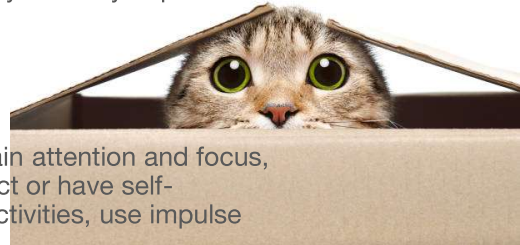


Photo credit: iStock



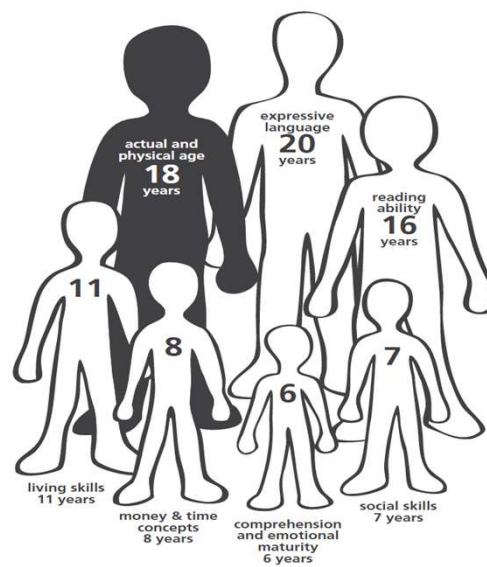
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**Be alert to disparities between chronological age and abilities for all children you work with.**

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

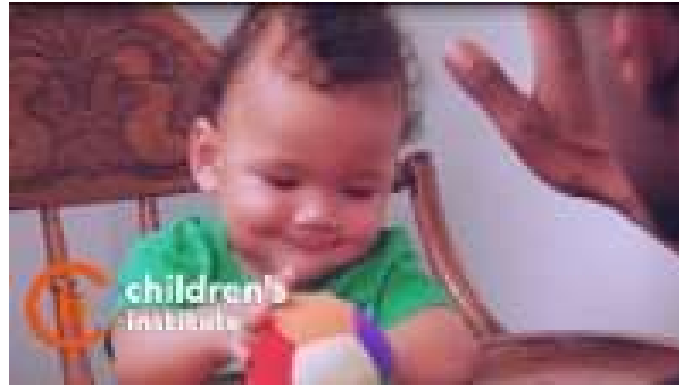
This diagram shows how a child's chronological age and developmental age can vary dramatically at any one time.



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

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## Still face



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## Impacts of family violence during pregnancy

- High levels of toxic stress in pregnant mothers
- Elevated cortisol is transmitted across the placenta mimicking stress in the foetus.
- The infant is then born with an altered stress response.
- Low birth, premature labour and miscarriage
- Maternal substance abuse and smoking
- Maternal depression/anxiety/post-natal depression

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## Children “Witnessing” family violence

Witnessing family violence includes when a child or young person is exposed to:

- Seeing the impact of the violence (bruising, distress, damaged property etc.)
- Witnessing their mother/father lying about how the mothers injuries occurred
- Sensing their mother’s fear
- Living with the effects of violence on the health and parenting capacity of their mother
- Having their possessions destroyed. (*The Lookout.org.au*)

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## Perpetrator involving the child

**A child or young person may be used by the perpetrator as a way to maintain power and control. Tactics include:**

- Using the child as a hostage or as a means of ensuring the mother returns/stays home
- Forcing a child to watch or participate in assaults
- Interrogating or involving the child in spying on mother
- Undermining the mother by encouraging negative opinions of her abilities, character or appearance. (*The Lookout.org.au*)

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## Impact on parent – child bond

- Diminishes capacity for mother to be present for her child
- Often preoccupied with the perpetrator
- Little capacity to provide nurturing or strengthen attachment with child
- Mother likely to have a diminished sense of self
- Perpetrator often sabotages relationship with the child
- Perpetrating parent, who should be a source of safety is their source of fear



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## Impacts of family violence on children

**Behaviours:** fight, flight, freeze or submit activation can lead to a range of behaviours.

**Development:** developmental delays

**Relationships:** impacts on attachment to primary caregiver

**Emotions:** heightened fear response and poor attachment to secure base can impact on child's sense of self, their emotions and mental health

**Learning:** heightened fear response impairs a child's ability to learn

**Cognitions:** impaired when in a constant state of fight or flight.

**Physical health:** psycho-somatic (Brain-body) symptoms caused by stress response can lead to physical ailments; potential injury from exposure to violence.

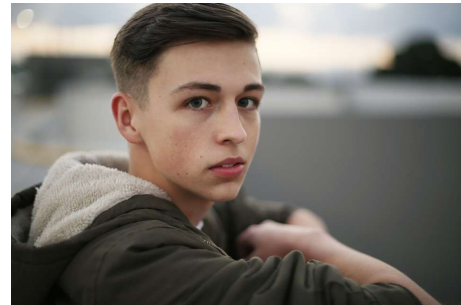
**Cultural identity:** fractures connections to family and culture

*1800Respect.org.au*

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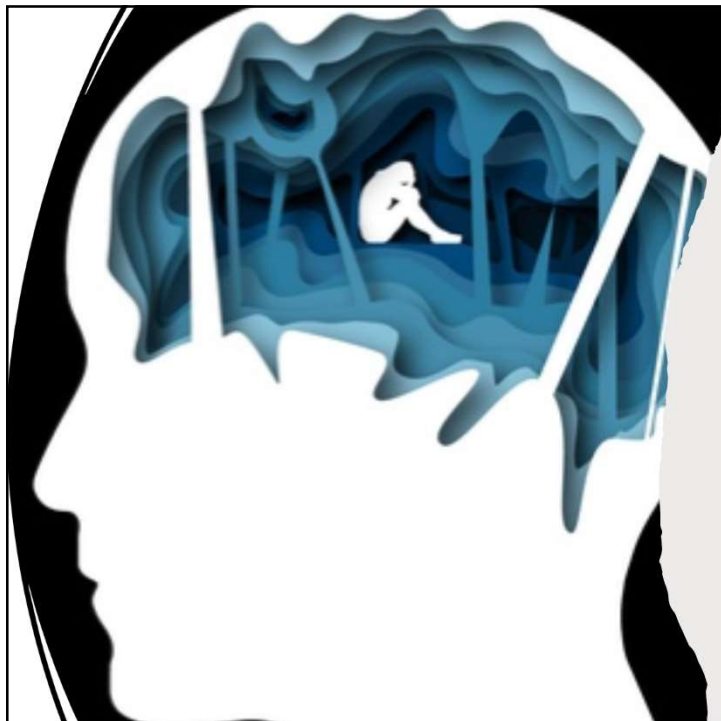
## Impacts on young people

- Depression and/or anxiety
- Violent outbursts
- Low academic achievement
- Eating disorders
- Absconding from home/school
- Risk taking behaviours
- Substance use.
- Violence in their own intimate relationships.



*The Lookout.org.au*

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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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## Impacts of family violence on parent-child relationship



- Reliance on self protection when safety is not provided
- Reliance on self-soothing when co-regulation is not available
- “irresolvable paradox” – biologically primed for dependence on the parent who is the source of terror (perpetrating parent) or unable to protect (non-offending parent)
- Parent locked into stress response (hyper or hypo-arousal) – unable to tune into and respond to child’s cues, states and needs
- Role reversal – instrumental and/or emotional parentification

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## Beliefs a child or young person may hold as a result of family violence

- My needs are not important
- This is what relationships look like
- I have to look after others
- Its my fault
- It’s mum’s fault – she is crazy (Maternal alienation)
- This doesn’t happen to anyone else
- I must be bad
- I can’t get close to anyone or I will get hurt



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## Self Concept: Internal working models

	Positive internal working model	Negative internal working model
View of self	I am lovable I am worthy	I am unlovable I am unworthy
View of the world and relationships	Others are responsive Others are loving Others are interested in me Others are available to me The world is relatively safe	Others are unavailable Others are neglectful Others are rejecting Others are unresponsive The world is unsafe

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## Trauma and loss

Family violence can lead to experiences of loss on multiple levels for children. These include a loss of:

- sense of safety and connection
- predictability and familiarity
- contact
- Routines
- belongings
- Connection to culture, belonging & identity

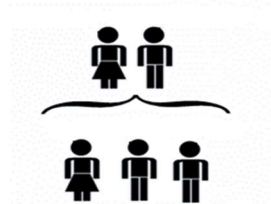


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## Intergenerational Trauma

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

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



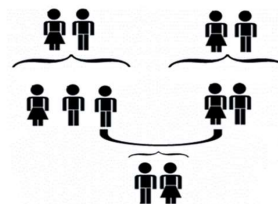
- Inter-generational trauma occurs directly through experiencing the trauma or from seeing or hearing about it

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## Transgenerational trauma

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

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



“This type of trauma occurs without direct stimulus but is instead transmitted from a parent who has experienced a traumatic event”

(Davidson & Mellor 2001 as cited in Goodman, West & Cirecie, 2008)

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## Trans/ intergenerational trauma in populations

<p>deep mistrust of self, others, even within family</p>	<p>self-directed violence-suicide, risk-taking behaviour;</p>	<p>substance misuse; unremitting grief; shame and humiliation</p>
<p>intergenerational conflict; violence against women; role diffusion, including sexual abuse and other boundary violations</p>	<p>cultural genocide, losing traditional values, desecrating land and institutions;</p>	<p>A leadership crisis; a conspiracy of silence - an overall attitude of secrecy.</p>



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## Why trauma informed practice with families is important

- Families we work with have experienced both current, historical and generational trauma
- Trauma impacts how people access services
- Responses to trauma are adaptive – without a trauma lens, behaviours can be seen as ‘antisocial’ or ‘maladaptive’
- Trauma survivors require specific, tailored interventions that minimise re-traumatisation and understand individual needs and responses to trauma



### Child Serving Systems:

- All involved with child contribute to healing for child
- They restore sense of safety and control to child
- Creating a team around the child

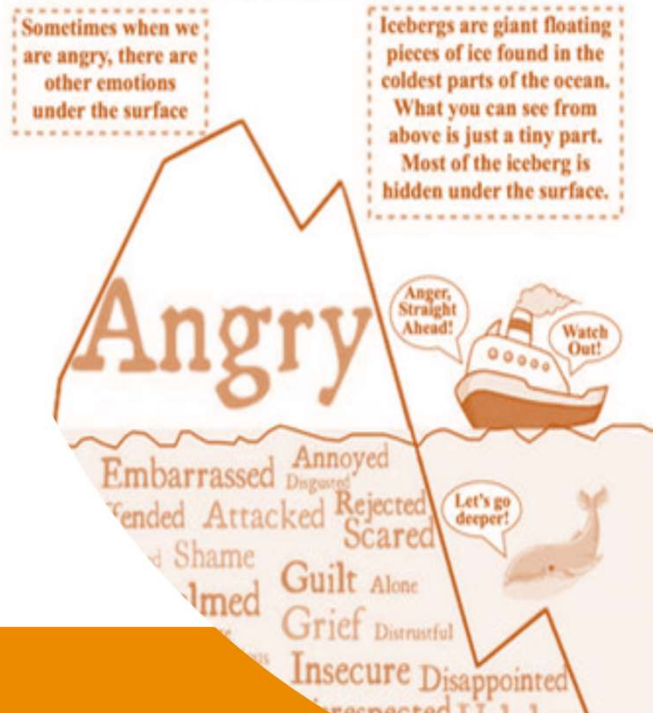


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## Behavioural – narratives of trauma

- **Behaviour tells a story!**
- Traumatized children's behaviour can be difficult and complex for adults around the child to understand, manage and reshape
- However, it is functional and almost always makes sense given their specific experiences of trauma
- Children's behaviour is the manifestation of the impacts of trauma outlined in the previous sections



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

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

## Reframing our thoughts and language



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## Trauma informed approaches


- Understanding **trauma and its impact**
- Promoting **safety**
- Ensuring **cultural humility**
- Healing happens in **relationships**
- Having a sense of control/power in **decision making – having a voice**
- **Integrating** care (collaboration)
- Belief in **hope based recovery**
- **Empowerment/** strength based
- Understanding trauma in the context of **child development**
- Worker **Self care** (NCTIC cited in Steele & Kuban, 2013:53)



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# The 5 Parenting Systems

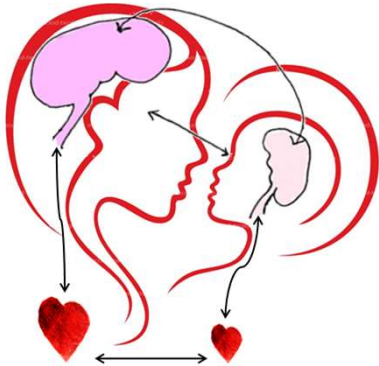



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## Relationships are key

- Relationships are the key way we learn to engage with the world around us
- They are key to our survival, throughout the lifespan
- The quality of relational right – brain to right brain interactions in childhood influence our development in all areas of life

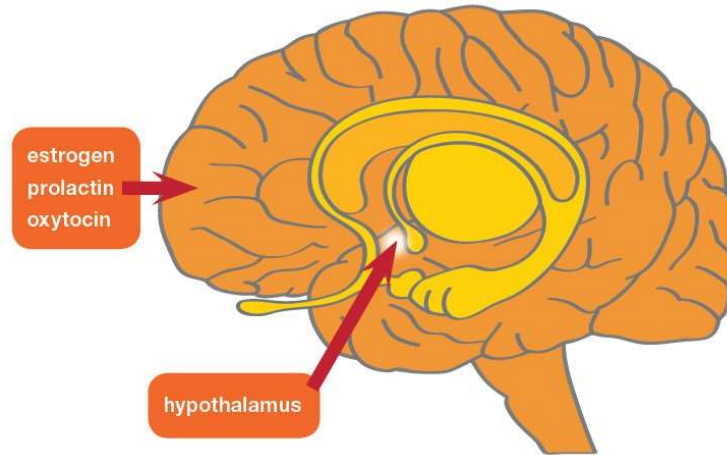



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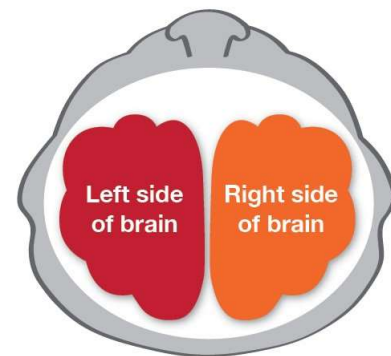
## The Parental Approach System



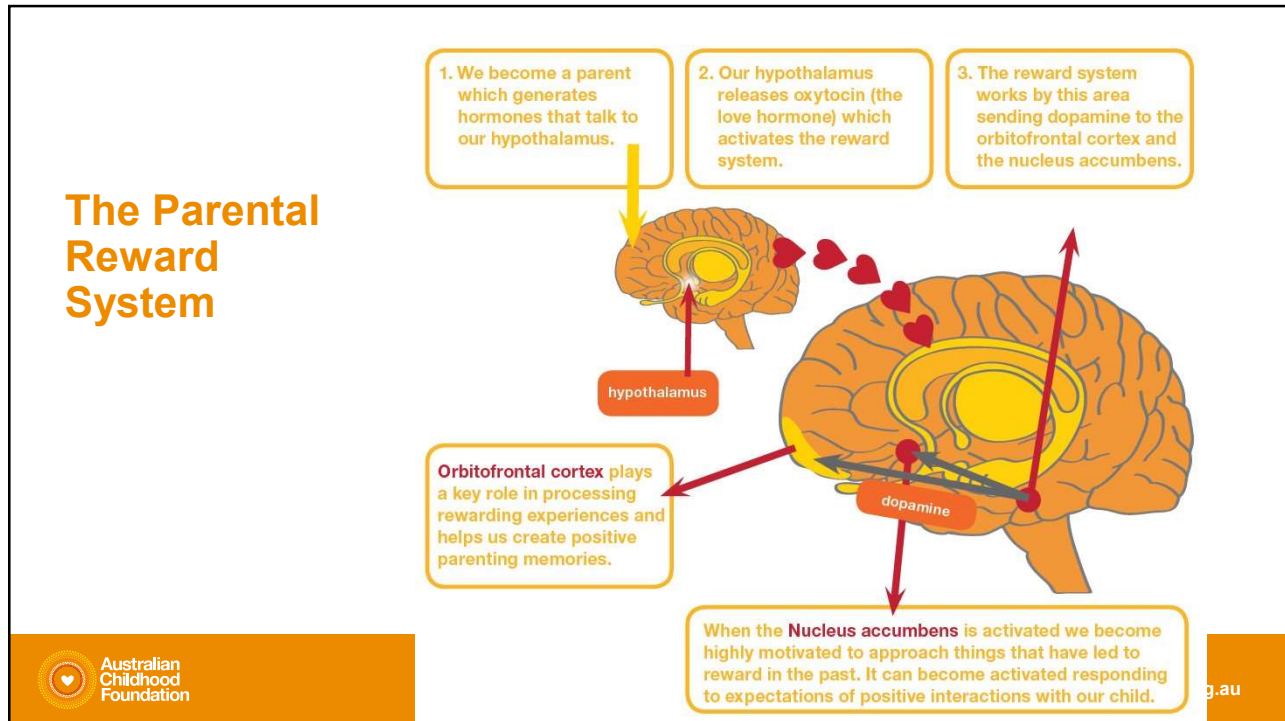
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## Early Adversity impacts on our Parenting ability

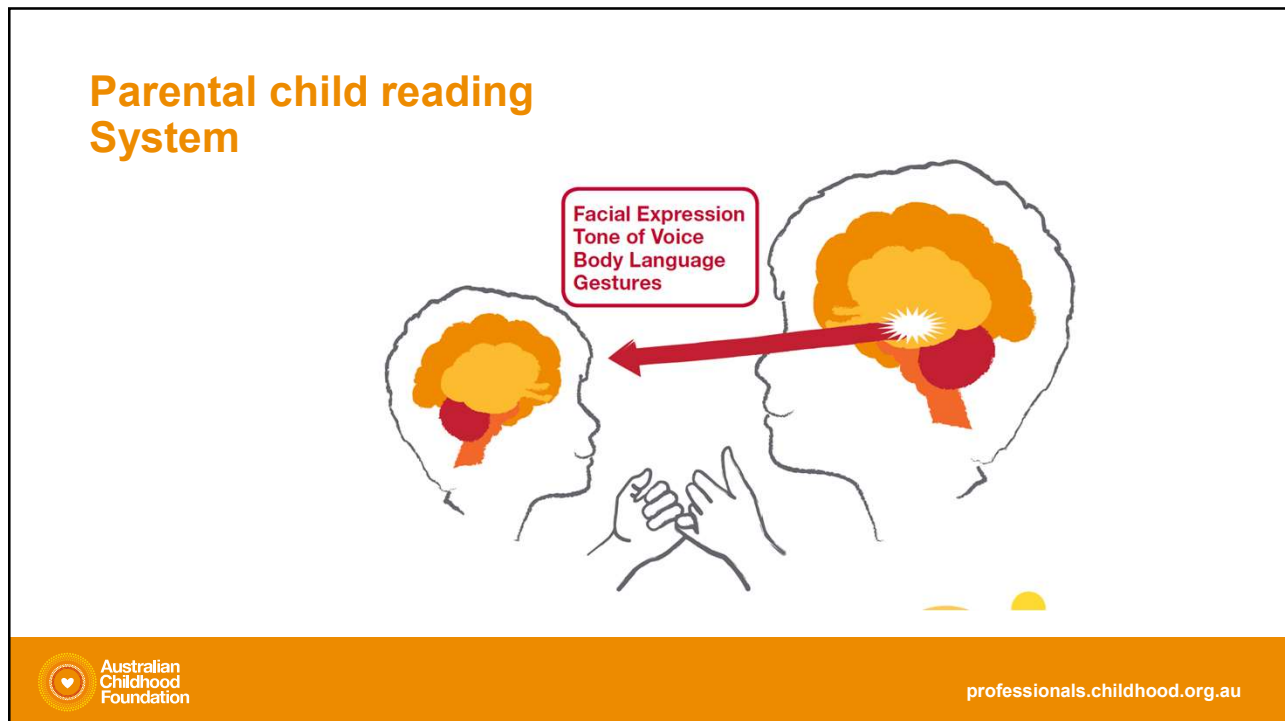
- The environment we grow up in can shape how we use our right and left brain systems of avoidance and approach. If we begin life exposed to insensitive care giving our right brained harm avoidance system is likely to be used a lot. Instead of feeling protected and connected with our caregiver, we are more likely to need to shift into a defensive state of protest or collapse in order to try to protect ourselves.



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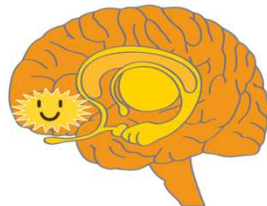


## Activity

- How would you describe yourself as a child?
- How would describe yourself as an adult?
- Consider what influences your understanding of “who you are”

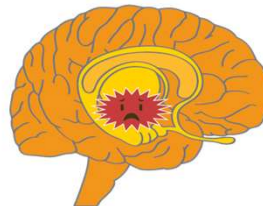
## The Parental Meaning Making System

**Well-Connected Brain**  
Utilizing the front part of the brain

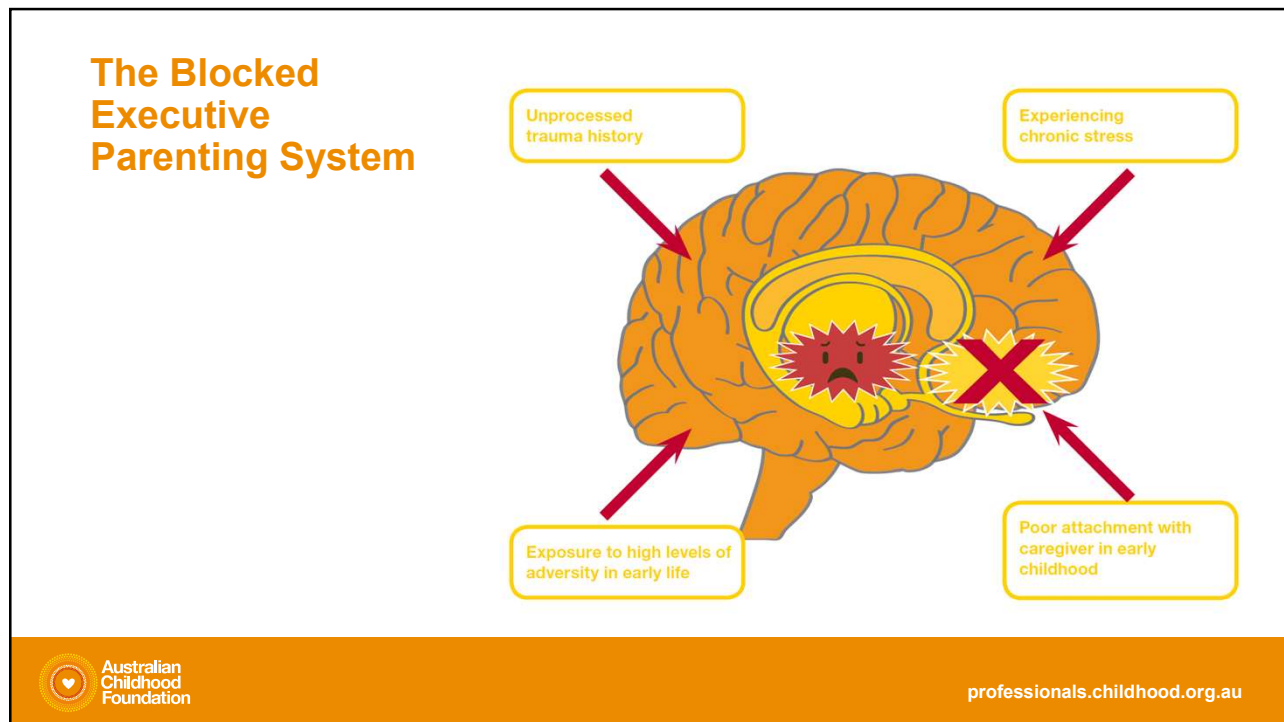


Open Flexible and Adaptive

**Stressed out Brain**  
Utilizing the more primitive middle region  
of the brain



Closed and Rigid



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## Legacy of trauma

- Trauma is re-enacted in the relationship with the infant/child
- Unresolved parental attachment trauma is reflected in the handling and care of the infant
- Trauma disrupts emotional interaction and regulation
- Attachment relationship is impaired

A stylized illustration of a tree with a thick brown trunk and several branches with green leaves. The tree is positioned on the right side of the slide.

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## Trauma Responsive Practice


- Ongoing **observation and assessment** of the child and the relationship with their parents/carers
- Goals and interventions focused on **attunement with the child and their unmet needs**
- Understanding and **acknowledging their unique trauma experiences** provides opportunities for healing that come from the child's story – not somebody else's interpretation or version of it
- In the healing environment, **relationship and provision of consistency and predictability are the focus** to help create safety and security, which enables consolidation of healing



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	Behavioural Functions	Body Functions	
	<b>Social Engagement</b> Soothing and calming Indicates safety	* Lowers or raises vocalization pitch * Regulates middle ear muscles to perceive human voice * Changes facial expressivity * Head turning * Tears and eyelids * Slows or speeds heart rate	
	<b>Mobilization</b> Fight or Flight Active Freeze Moderate to extreme danger	<b>Hyper arousal</b> * Increases heart rate * Sweat increases * Inhibits gastrointestinal function * Narrowing blood vessels- to slow blood flow to extremities * Release of adrenaline	
	<b>Immobilization</b> Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	<b>Hypo- arousal</b> * Slows heart rate * Constricts bronchi * Stimulates gastrointestinal function	 <b>Evolution</b>

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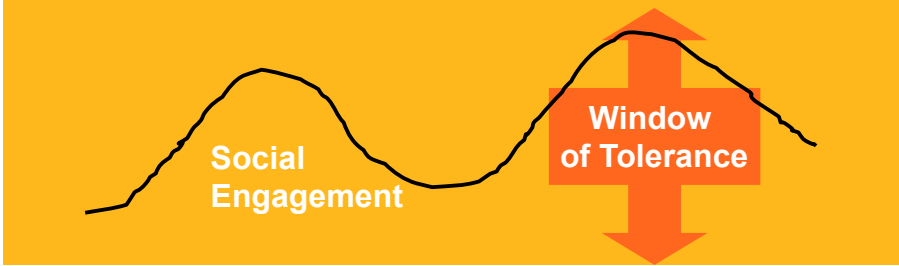
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## Regulated Arousal

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

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


**Sympathetic Hyper-arousal**



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

**Parasympathetic Hypo-arousal**

**TRAUMA OFTEN CREATES A NARROWED WINDOW OF TOLERANCE / SOCIAL ENGAGEMENT**

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## Dys-regulated Arousal

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

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

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

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Ogden, Minton, Pain 2006

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### 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: • Making eye contact • Listening • Engaging in play and exploration	I am feeling: • Safe, Calm, Happy, Sad, Annoyed, Reflective, Playful, Curious My body says: • Approach others • Sit still • Breathe deeply	Help me to stay engaged • Play and have fun with me • Role model positive relationships • Set boundaries and natural consequences • Use reflective and problem solving skills so I can learn them too • Notice and acknowledge my strengths and my skills
MOBILISATION	Fight, flight, active freeze, action oriented You might say I am: • Aggressive • Loud • Fighting • Running away • Hyperactive	I am feeling: • Anxious, Frightened, Lonely, Hurt, Confused, Overwhelmed My body says: • Run away • I'm hot • I can't sit still • I need to move	Help me to down regulate • Keep me safe • Co-regulate – be safe, attuned and responsive to me • Use movement – big then smaller, jumping, hanging, swinging, climbing, star jumps • Create a safe space near you where I can retreat to until I calm down • Model deep breathing • Repair our relationship – 'we are ok and our relationship is strong'
IMMOBILISATION	Withdrawal, collapse, submission, dissociation, avoidant oriented You might say I am: • Withdrawn • Avoiding contact • Distant • Compliant • Hiding	I am feeling: • Disconnected, Unfocused, Flat, Withdrawn, I'm disappearing My body says: • Avoid others • I'm not in my body • I want to hide • Curl up in a ball	Help me to up regulate • Co-regulate – be safe, attuned and responsive with me • Tell me I am safe and demonstrate it with your actions, gestures and tone of voice • 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 • Help me to feel my body by noticing different parts, such as my feet on the floor and my bottom on the chair • Repair our relationship – 'we are ok and our relationship is strong'

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

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## Mobilisation to social engagement

- **Listen and validate feelings** (*limbic/cortex*)
- **Hold space** (when safe)
- **Check in** with your own emotions/triggers (*right brain to right brain, co-regulation*)
- **Empathy** (*limbic/cortex*)
- **Connection** relating (*limbic/cortex*)
- **Draw on strengths** (*limbic/cortex*)
- **Humour** (*limbic/cortex*)
- **Unconditional positive regard** (*right brain/limbic/cortex*)



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Brene Brown 2013 Empathy TEDX

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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.

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

### Think about:

- Client's perception of safety
- Physical & emotional safety – triggers
- Risk of re-traumatisation – triggers
- Attunement
- Body language
- Cultural safety
- The language you use
- Environmental safety – service space – warm/cold, dark/light, noise, colours etc
- The worker-client relationship- trust, respect, transparency
- Addressing both child AND parental trauma



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## Repairing interpersonal relationships



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## Developing relationships (Kim Golding 2007)

- Repeated experiences of safe and predictable relationships
- REPAIR after ruptures
- Caregiver can contain big emotions
- Caregiver understands impacts of trauma
- Opportunities for social development (community, school, friendships)
- Ongoing connection to biological family (non offending family members)



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## Building Strength and Belonging through Story

- Develop Family Traditions and Rituals
- Story Telling
- Family/Child Story Book
- Help Families Explore their History

Stories.  
Connect.  
People.



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## Managing parents/caregiver 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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## Managing parents/caregiver responses

- Parents need assistance to make sense of their life experience through a supportive, empathic emotional relationship which encourages authenticity, nurturing and direct communication
- Often, accessing internal recollections can enable a parent to become part of a larger narrative of their life. This is not always comfortable but can assist in discovering new possibilities.....



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## Helping caregiver and child to repair their relationship


- **Empathise** with how difficult it may be for the parent & infant/child.
- **Encourage/promote** consistent, sensitive, responsive, attuned, caregiving and replicate this in the therapeutic relationship.
- The therapeutic relationship needs to **mimic secure attachment** characteristics including:
  - worker provides consistency, reliability, attunement, reflective capacity,
  - containment by worker (ability of the worker to tolerate the intolerable feelings/thoughts of the parent(s) and/or child and not pass judgement on these feelings/thoughts).

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## Helping caregiver and child to repair their relationship

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- **Explore** what is getting in the way of parent providing this consistent, sensitive, responsive, attuned, caregiving
- Help parents to **identify arousal states** in their child and explore what's underneath the behaviour
- **Respectfully challenge and engage curiosity** with the parent about punitive or authoritarian approaches – explore the impact that this style of parenting had on them.
- Help families to create **new ways of relating** through:
  - play, and
  - exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.



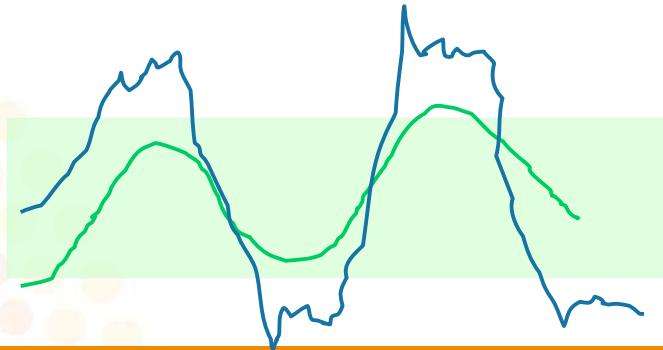
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## Interpersonal Regulation

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

Child's movement in her/his window of tolerance

Movement in my window of tolerance



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## Using Relational Models

### EXAMPLES

- PACE – Dan Hughes
- Kim Goulding

**What do we bring to our relationships?**



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## 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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## P.A.C.E.

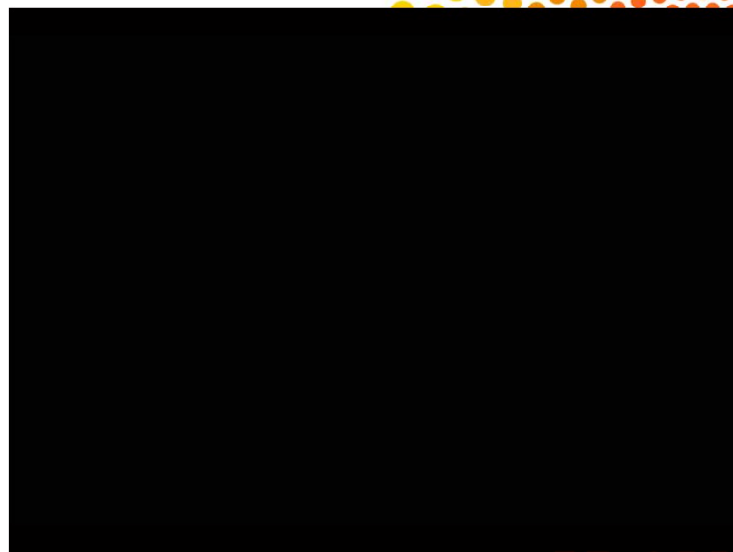
An example of a model of trauma informed practice

**Playful**  
**Accepting**  
**Curious**  
**Empathic**

**P.A.C.E**

(Dan Hughes)

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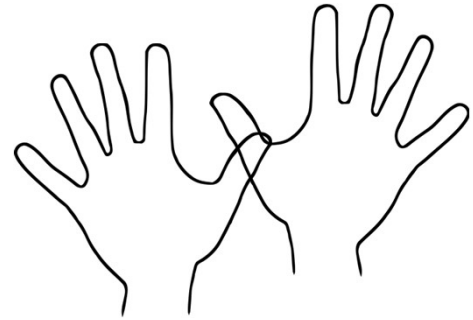
## Two hands of therapeutic discipline – Kim Golding

### 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



**Taking care of  
us! Worker  
wellbeing.**

## Empathy – a strength and a vulnerability

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

- **Somatic empathy (Rothschild 2004)**
  - mirroring body states
- **Limbic resonance**
  - Our emotional state adjusts to match the emotional state of the person or people we are with
- **Cortical empathy**
  - Our attempts to step outside our own experiences and imagine the experience and perspective of others



Photo credit: Forbes

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## 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



Photo credit: iStock

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**SELF-CARE WHEEL**

**Physical**  
Self-hygiene  
Regular medical care  
Get enough sleep  
Be active  
Take regular breaks  
Manage stress  
Take time to relax  
Get out there  
Get some time

**Psychological**  
Self-reflection  
Therapy / Journal  
Plan  
Anticipatory Grief  
Get to know your support network  
Find a hobby  
Practice self-compassion  
Practice self-care  
Practice self-compassion  
Practice self-care

**Emotional**  
Self-reflection  
Therapy / Journal  
Plan  
Anticipatory Grief  
Get to know your support network  
Find a hobby  
Practice self-compassion  
Practice self-care  
Practice self-compassion  
Practice self-care

**Spiritual**  
Self-reflection  
Therapy / Journal  
Plan  
Anticipatory Grief  
Get to know your support network  
Find a hobby  
Practice self-compassion  
Practice self-care  
Practice self-compassion  
Practice self-care

**Personal**  
Self-reflection  
Therapy / Journal  
Plan  
Anticipatory Grief  
Get to know your support network  
Find a hobby  
Practice self-compassion  
Practice self-care  
Practice self-compassion  
Practice self-care

**Professional**  
Self-reflection  
Therapy / Journal  
Plan  
Anticipatory Grief  
Get to know your support network  
Find a hobby  
Practice self-compassion  
Practice self-care  
Practice self-compassion  
Practice self-care

**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**

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# ProQoL

**Pro QOL**  
Professional Quality of Life

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/>

professionals.childhood.org.au

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Professional Education Services  
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 The Four Ms:

<p><b>Movement</b> Something to engage our Bodies</p>	<p><b>Mindful Practice</b> Something for our Minds</p>
<p><b>Making</b> Something to nurture our Imaginations</p>	<p><b>Message</b> Something considering others with gratitude</p>

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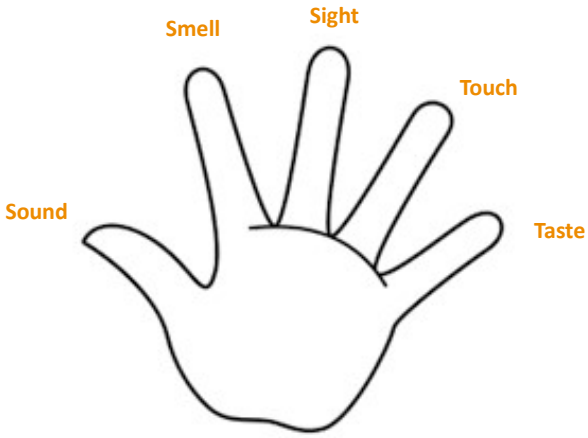



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## Building a safe sensory profile

Think of at least one example of each sense that provides you with a sense of safety / peace / calm and write it in the related finger.

How can you integrate this into your daily/ weekly experience or whenever needed?



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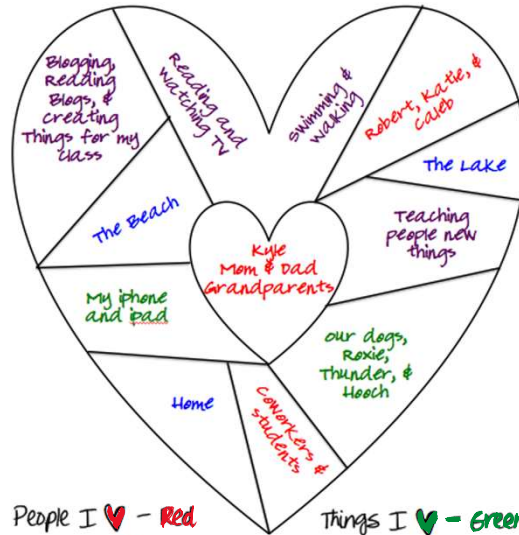
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Holding/cherishing in your heart  
'What lives in your heart?'

# A Map of My Heart in words



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



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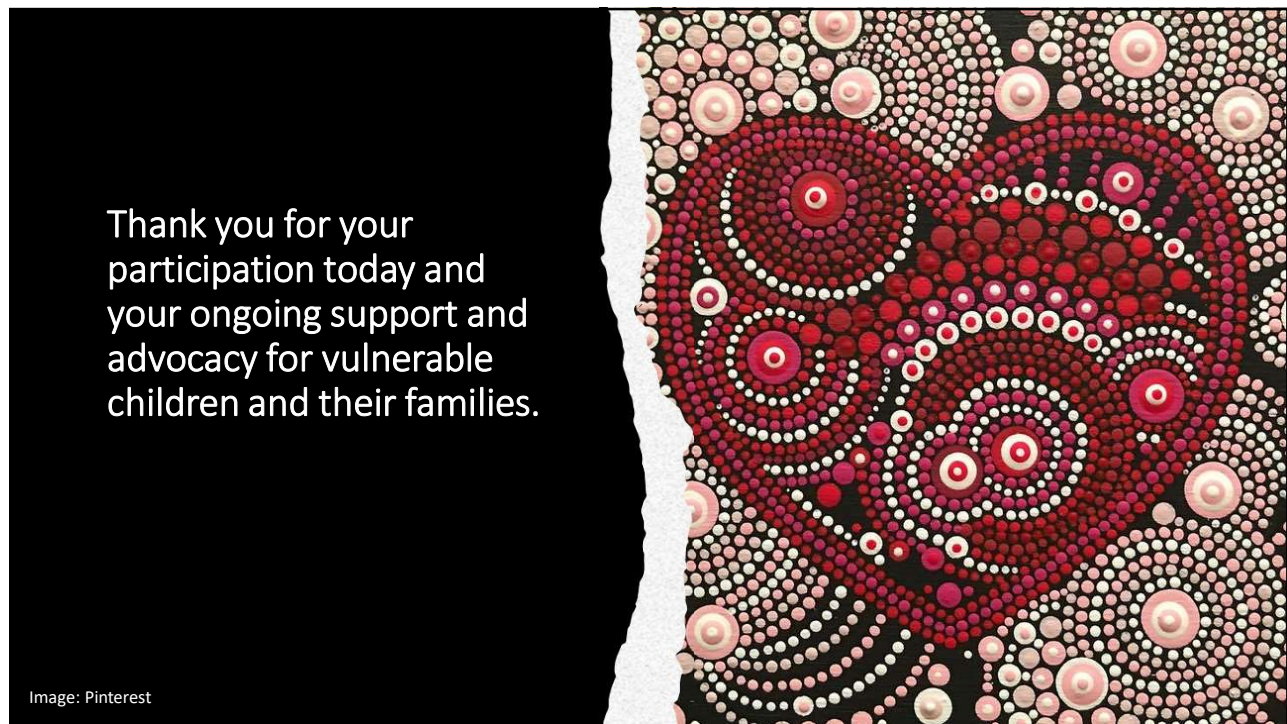


Holding/cherishing in your heart  
'What lives in your heart?'

# A Map of My Heart in Words & Pictures



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## Resource List

- Brown, Brene (2012) Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent, and Lead.
- Coffey, D (2009) Parenting After Violence: A guide for practitioners. Institute for Safe Families. Philadelphia, Pennsylvania
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- Porges, S (2014) The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-regulation. WW Noton and Co: US
- Siegel, D (2007) The Mindful Brain. WW Norton and Co: US
- Siegel, D & Payne Bryson, T (2011) The whole-brain child. Scribe Publications: Australia

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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

