


**Trauma Responsive
Practice with
Children & Families**

Jesuit Social Services
October 12 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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The Australian Childhood Foundation



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 traumatised children to be better able to understand and respond to their complex needs.



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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



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Our Safeguarding 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.

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



Housekeeping
 -Breaks & Nourishment
 -Confidentiality
 -Adult Learning Environment

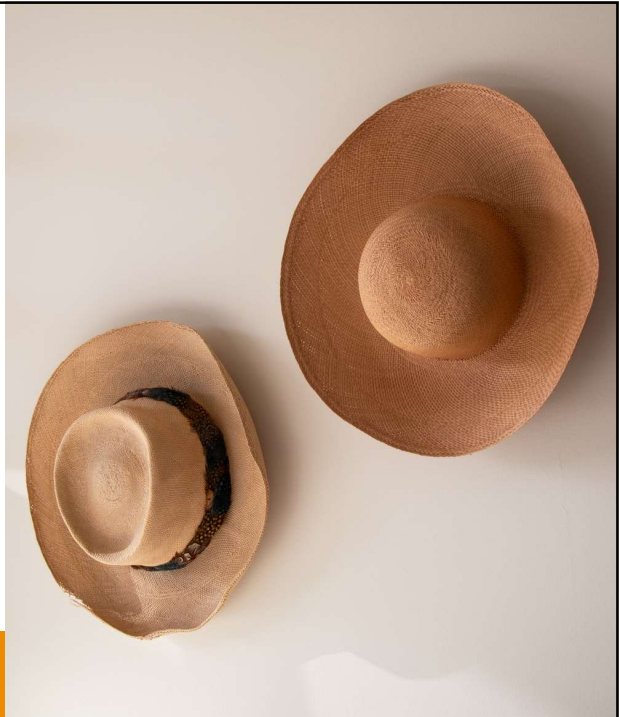
Safety

The content of this training can evoke strong emotions and may stir up personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.



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Learning Outcomes:

Strengthen your understanding of the broad issues vulnerable children face within the context of culture, relationship, environment and experience.

Explore the difficulties in engaging and reengaging parents and carers who have also experienced complex trauma.

Take away practical skills and strategies that help facilitate trauma recovery for children and families

Ensure a staff wellbeing approach is included in a trauma informed practice model.



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ACF Model of Care



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Definition of Trauma

Trauma is the emotional, psychological and physiological reactions caused by the prolonged and overwhelming stress that accompanies experiences of abuse, neglect and family violence.

The trauma that results from experiences of abuse, neglect or family violence is often called **complex trauma** or **developmental trauma**.

This type of trauma occurs in the context of relationships and is different to the trauma that may be caused by a one-off event such as a car accident or bush fire.

Children and young people are very vulnerable to the effects of trauma because of their brains' developmental immaturity.

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Definition of Trauma

People with childhood histories of trauma, abuse and neglect make up almost our entire criminal justice population.



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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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**Child In the Centre
Culture and Brain Development**



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The Importance of Culture

How did you become who you are?

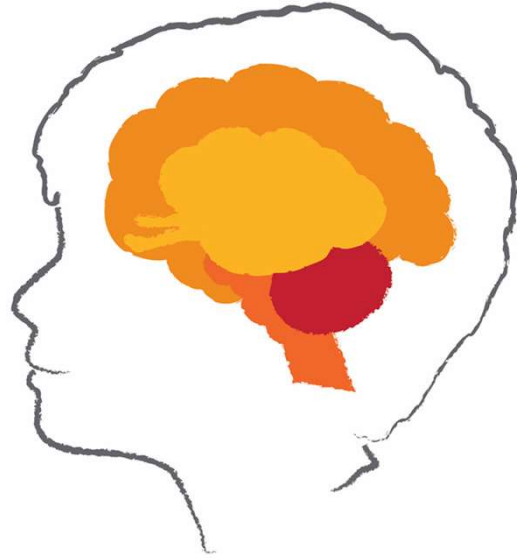
- Safety:** Belonging
- Relationships:** Connection
- Meaning making:** Identity



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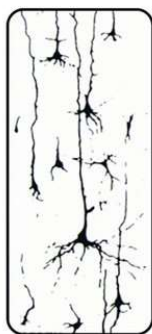
Brain development

- The brain develops sequentially from the bottom up
- All brains are wired, or connected, by **experience**
- As we grow and develop, our primary function- through brain connected with body- **is to integrate sensory data to enable us to adapt successfully to our environment, thus facilitating *survival and growth***



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Birth



2 Years



6 Years



12 Years



Adult



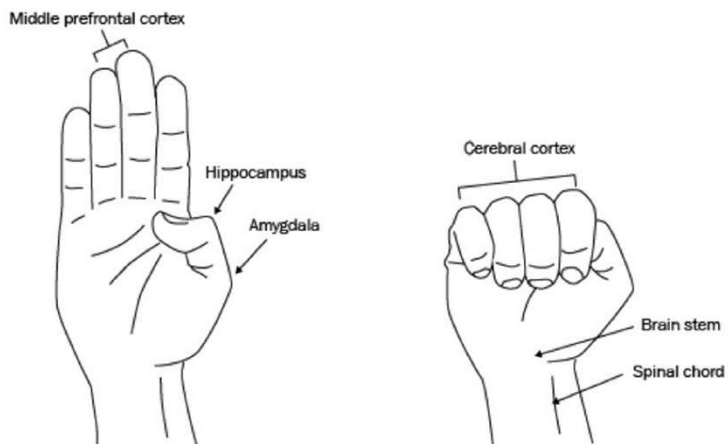
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Sequential brain development – building blocks



Flipping a Lid



Hand model courtesy of Dan Siegel

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

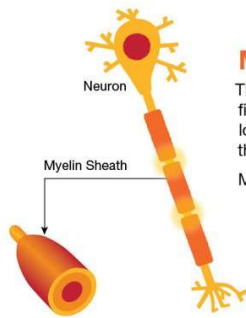


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Adolescent Brain



Myelination

The second change is in myelination: in adolescence, it is not finished. The last part of the brain to myelinate is the frontal lobes. And myelination is not complete in the frontal lobes of the brain until around 18 to 20 or later.

Myelination on a neuron allows it to operate more efficiently.



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Activity



	The Thinking brain 3-5 Years
	The Emotions and Memory Brain - Birth to 4 years
	The Movement Brain Birth – 2 years
	The survival brain Pre birth to 8 months

- 1) Creatively express the functions of your part of the brain.
- 2) Create an argument for why your part of the brain is the most important



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I Need to Feel Safe



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Discussion

What is safety?



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Safety

“The removal of threat is not the same as the presence of safety”

Dr Stephen Porges



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Safe & Unsafe States of Being

<div style="background-color: #f47920; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">MOBILISATION</div>	In this state we feel unsafe	<p>We are active and mobilised without a sense of safety</p> <ul style="list-style-type: none"> We fight, or flee, or our bodies actively freeze with tensed muscles.
<div style="background-color: #76c73a; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">SOCIAL ENGAGEMENT</div>	We feel Safe in these states	<p>We are active and mobilised with a sense of safety</p> <ul style="list-style-type: none"> Sometimes known as the 'Play Zone' in this state our bodies are active as we socially engage with others. <p>We are socially engaged</p> <ul style="list-style-type: none"> Our bodies feel calm and relaxed. We feel in synch and connected with others. We are orientated towards each other with welcoming voices & open faces. We find pleasure in stillness.
<div style="background-color: #4a7ebb; color: white; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">IMMOBILISATION</div>	In this state we feel unsafe	<p>Our body slows into an immobilised state without a sense of safety</p> <ul style="list-style-type: none"> We are withdrawn, submissive, collapsed, numb.



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Social Engagement

We feel **safe** in this state.

- Our bodies are calm and relaxed.
- We engage in mirroring and reciprocation with each other.
- We are orientated towards one another with engaged, open faces.



Mobilisation

Our bodies are filled with energy, and we need to move.



Play & Exploration

We experience a blend of mobilisation and social engagement in a **safely mobilised state**.

Fight or Flight or Active Freeze

We are mobilised **without a sense of safety** in this state.



Mobilisation without feeling safe

Our bodies are filled with energy, and we need to move.

- 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



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Immobilisation

Our bodies are slowed right down



Being still with others for pro-social reasons, like sharing a hug. We find pleasure in stillness. This is an intimate state.

We experience a blend of immobilisation and social engagement in a **safely immobilised state.**



Withdrawn, submissive, collapsed, numb

We experience immobilisation **without a sense of safety** in this state.





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Immobilisation
 without feeling safe

Our bodies are slowed right down

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





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

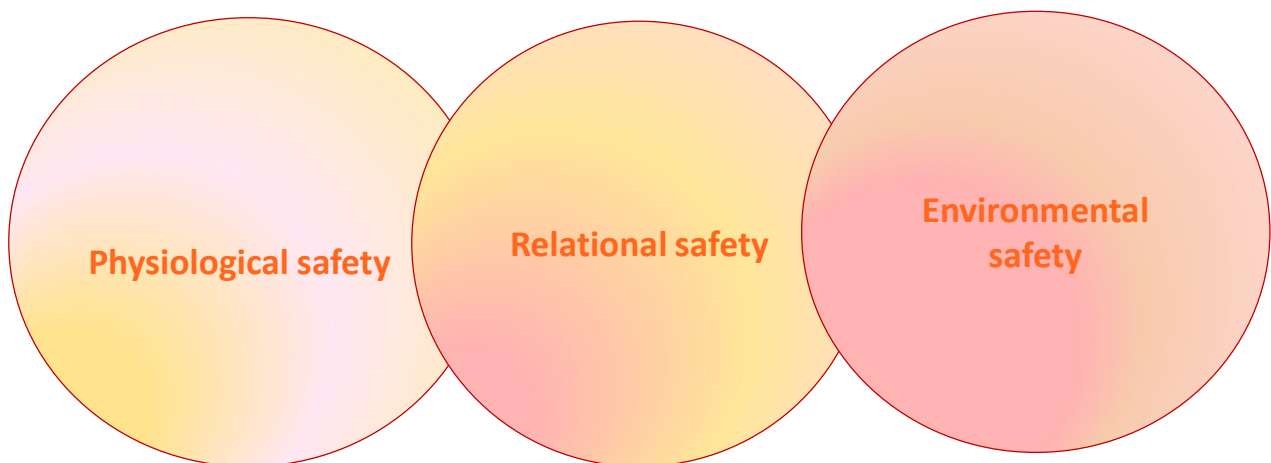
Think about:

- 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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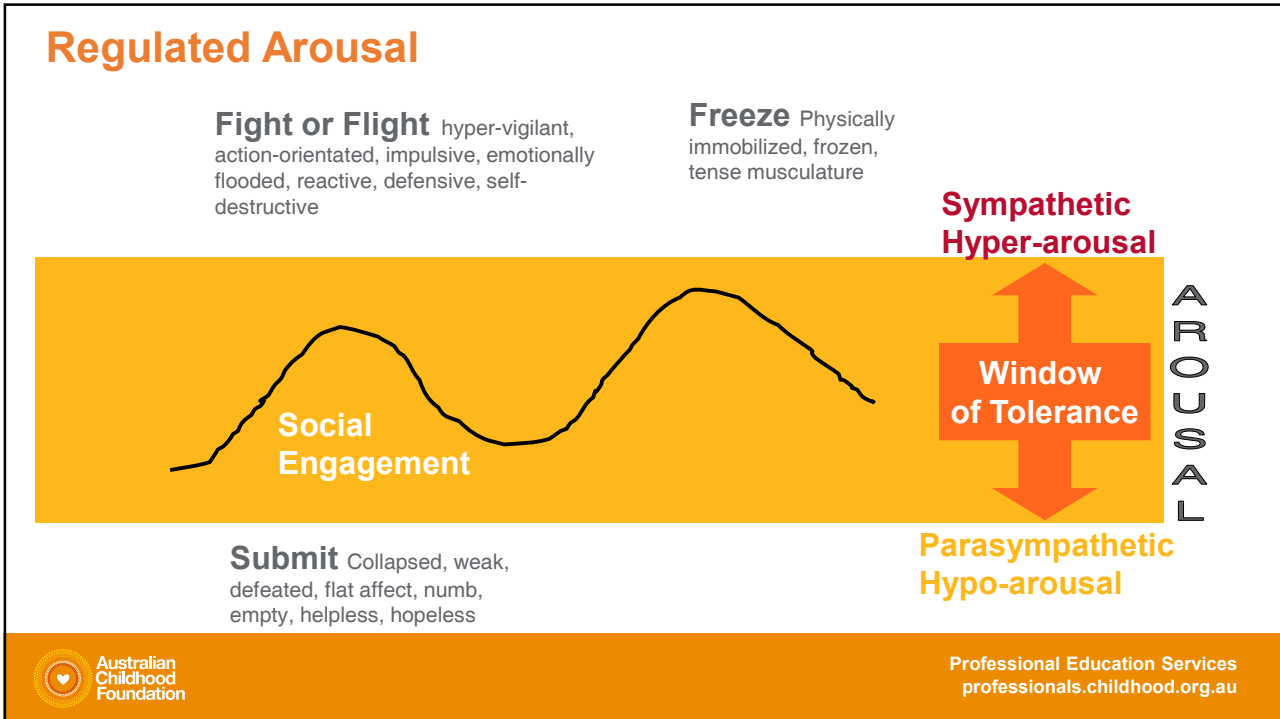
Strategies to promote neuroception of safety



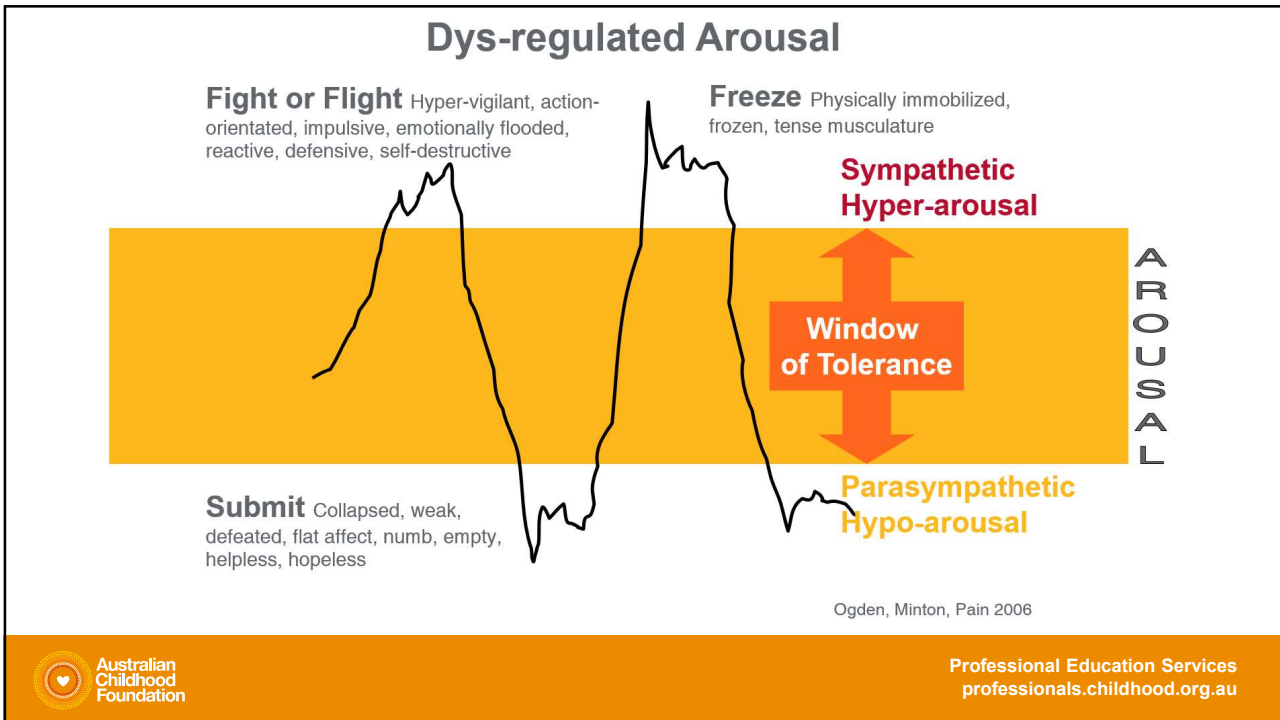
How do we create safety for those we work with & ourselves? What does it look like, feel like, sound like?



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Co-regulating child's arousal level-Use of Self

Understand my own state of regulation-what is my arousal state

- Match tone
- Match intensity
- Match prosody
- Do not match the emotion

Dan Hughes 2022



professionals.childhood.org.au

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I Need Safe and Attuned Relationships



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Relationships as Anchors

Accompaniment is an experience for a child that offers emotional reciprocity, validation, care and comfort. In this experience they feel heard, met, felt and understood.

“Children internalize the people who understand and comfort them, so that they often have the felt sense of accompaniment when they are alone”

Bonnie Badenoch



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Relationships as Anchors

The concept of **“showing up”** which means :

- offering a quality of presence
- bringing your whole being, attention and awareness to the Child/Young Person
- providing an experience that enables them to expect positive interactions from others and themselves
- creating neural pathways in a student that will lead to selfhood, grit, strength and resilience

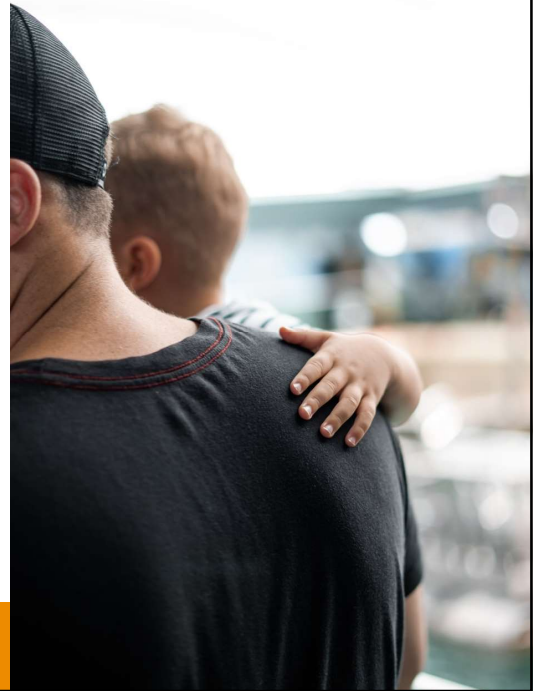
Dan Siegel and Tina Payne – The Power of showing Up: How Parental Presence Shapes Who Our Kids Become and How their Brains Get Wired



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Helping caregiver & child to repair their relationship

- **Empathise** with how difficult it may be for both parents & 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 & child to repair their relationship

- **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** 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
 - ✓ exploratory discussion in order to increase their capacity to reflect and to offer what their infant/child needs.

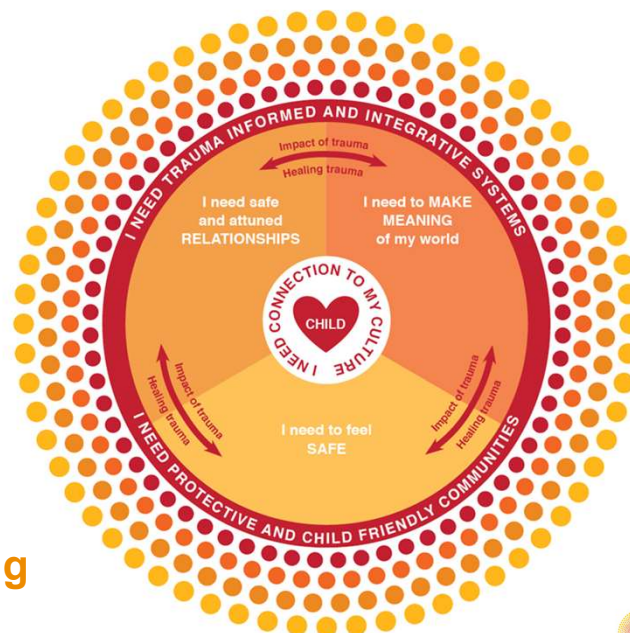


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Managing parents/caregiver responses

“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



I Need to Make Meaning of My World

How do I make meaning of the world?

We are deeply impacted by both our surrounding relationships and the environment on how we perceive and make sense of:

- **The world – safe vs unsafe**
- **Relationships – trustworthy vs unreliable**
- **Self- lovable vs unlovable**
- **Protected vs unprotected**

How do I make meaning of the world?

“Show me another way”

“Tell me more”

“I could be wrong...I wonder if you feel...”

“I wonder if you could say this out loud it would be...”

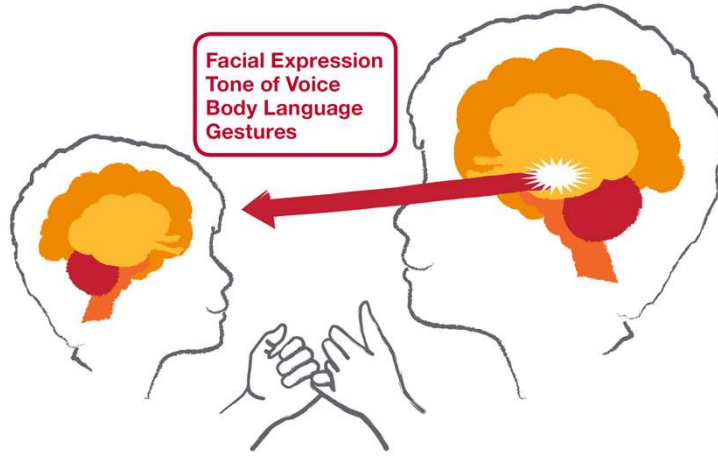
“I can see...”

“I hear you, *you wish*...”

“Two things are true...”

“When I was 10 I couldn’t do that, you see me now all grown up...”

How do I make meaning of the world?



Trauma Responsive Principles



Trauma Responsive Practice

What does trauma responsive practice mean to you?

What does it look like?
 What does it sound like?
 What does it feel like?



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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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Understanding of neurobiology of trauma & child development

- Application of the theory into practice
- **How do you understand what's happening in the child's brain** and how will that influence your practice? i.e: *behaviour is an unmet need so how will your intervention address that unmet need rather than focussing solely on the behaviour?*
- **How do you understand the child's developmental age versus their chronological age?** How will this inform your decision-making around support and intervention for the child and the family?
- Parental brain development – given parents likely trauma history, what is happening in their brain and **how will this influence your engagement with them?**



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Cultural understanding

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



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Safety

- Without 'felt safety' trauma processing is not possible
- Consider child's internal world versus the external world
- Polyvagal theory – biological safety, child's perception of safety (felt safety)
- Human safety – **are the people around me safe?**
- Environmental – **Is the environment conducive to the perception of safety?**
Sensory input – smells, sights, sounds, etc.
- Organisational safety - does my organisation promote policies and practices that ensure safety of clients and staff?
- Parents own trauma history and perception of safety – how will this impact on your ability to engage with them? How can you restore safety?



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Promoting safety in your role

Consider your practice...

- **Do you (and your workplace) explicitly acknowledge the role of safety in supporting children and young people?**
- **How is the child's experience of safety understood and acknowledged?**
- **In what ways do you promote safety?**
- **What specific strategies do you implement? Verbal and nonverbal**



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Therapeutic Relationships

- **Child experiences safe, attuned, consistent relationship/s.** What does this look like?
- **Worker-parent relationship** – minimising re-traumatisation, co-regulating.
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – DDP, sanctuary model



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Self determination

- Child centred practice – **How is the child's voice heard and acknowledged?**
- How do you address power imbalance in your role?
- How does the child/parent participate in the care team process?
- Rights of child are always prioritised- safety, developmental opportunities, be involved in decisions that effect them



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Activity: reflection

Consider your practice...

- In what ways do you promote self determination?
- How is the child's experience and wishes understood and acknowledged?
- How do you acknowledge the strengths of the child/family/community?
- How do you address power imbalance in your role?
- How does the child/parent participate in the care team process?



cetc : centre for excellence in therapeutic care



:practice

Care Teams

Collaborative processes for creating healing and change

Five qualities that characterise high-functioning Care Teams



Honesty

Care Team members put a high value on effective communication within the Care Team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continued improvement and for maintaining the mutual trust necessary for a high-functioning Care Team.



Discipline

Care Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. At the same time, Care Team members are disciplined in seeking out and sharing new information to improve individual and Care Team functioning, even when doing so may be uncomfortable. Such discipline allows Care Teams to develop and stick to their agreements even as they seek ways to improve.



Creativity

Care Team members are excited by the possibility of tackling new or emerging problems creatively. They see even unanticipated bad outcomes as potential opportunities to learn and improve.



Humility

Care Team members recognise differences in background, expertise or professional training but do not believe that one member is superior to the others. They also recognise that they are human and will make mistakes. Hence, a key value of working in a Care Team is that fellow Care Team members can rely on each other to help recognise and avert failures. In this regard, effective Care Teams work is a practical response to the recognition that each of us is imperfect and no matter who you are, how experienced or smart you are, you will fail at times.



Curiosity

Care Team members are dedicated to reflecting upon the lessons learned in the course of their daily activities and using those insights for continuous improvement of their own work and the functioning of the Care Team.

(Macnamara, 2020)

Hope based recovery

- Hold hope for your clients until they can hold hope for themselves
- Strength-based approaches
- Support development of a hope based narrative the child can access
- **How does the child understand their future** and the possibilities available to them? (more appropriate for older children)
- **How do parents understand the child's strengths** , as well as their own and have hope for the future?
- **How do you as a worker maintain hope in complex trauma-based work?**



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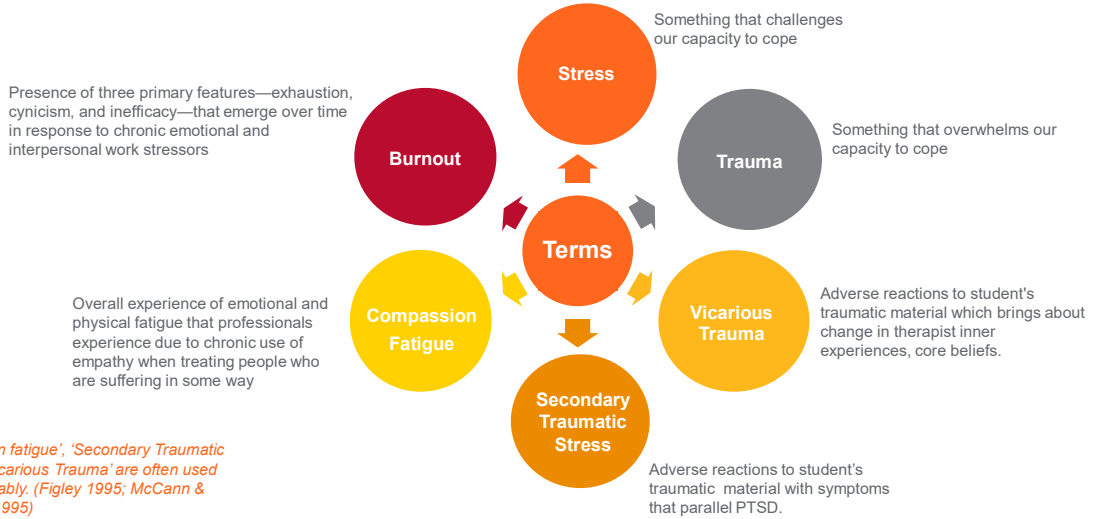
Staff Well Being



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Defining the terminology



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.



Empathy – a strength and a vulnerability

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



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Somatic Empathy – mirroring body states

- An angry parent
- An exhausted staff
- A depressed teenager
- A calm, relaxed worker



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Limbic Resonance & Cortical Empathy

Limbic Resonance (SUB-CORTICAL)

Our emotional state adjusts to match the emotional state of the person or people we are with

Cortical Empathy (PRE-FRONTAL CORTEX)

Our attempts to step outside our own experiences and imagine the experience and perspective of others



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Reflection

- What part of the brain are you/staff in?
- Seven Types of Rest: Physical Mental, Spiritual, Emotional, Sensory, Social, Creative (work of Dr Sandra Dalton-Smith)
- What is sitting under our behaviours? Self Care or Self Comfort?
- Where do we find connection?
- Professional experience- Professional journey



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