


Trauma Responsive Practice with Children

Thrive Wellness & Consulting

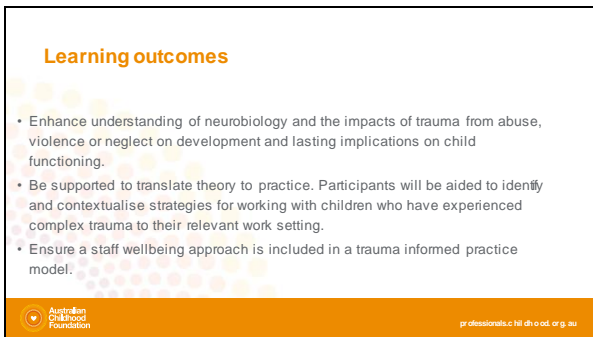
December 4 2023
Facilitated by Jen Knoll

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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

- Enhance understanding of neurobiology and the impacts of trauma from abuse, violence or neglect on development and lasting implications on child functioning.
- Be supported to translate theory to practice. Participants will be aided to identify and contextualise strategies for working with children who have experienced complex trauma to their relevant work setting.
- Ensure a staff wellbeing approach is included in a trauma informed practice model.

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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 specialist 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 promise 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.



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.



ACF Model







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 Importance of Culture

How did you become who you are?

Safety: Belonging
Relationships: Connection
Meaning making: Identity

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Newborn 2 Years Adult

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Sequential Brain Development

Cortex
Reasoning and Judging Centre

Limbic System
Emotional Centre

Cerebellum
Motor Centre

Brain Stem
Basic Survival Functions

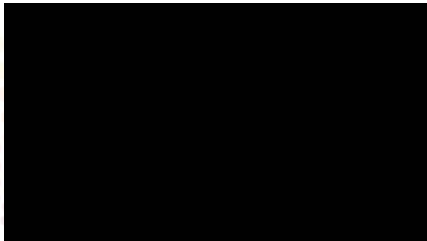
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A brain development metaphor- My Brain House

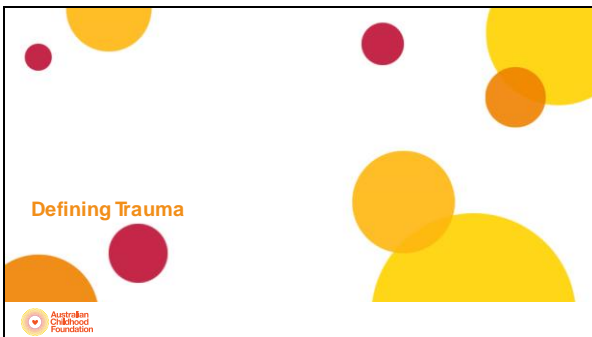
- We build our brain from the bottom to the top- like building a house
- We reinforce parts of our house as we grow, with our roof continuing to develop into our mid 20s.
- In times of great stress bits of our brain house can come down and require repair. This is achievable and our brain house can stand strong again.



How does the brain develop?



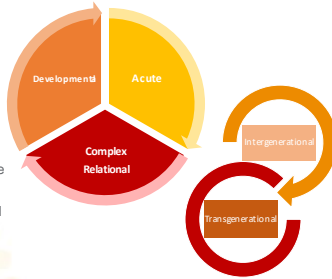
Defining Trauma



Defining trauma

Any single, ongoing or cumulative experience which:

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



Trauma can impact all elements of child's development: brain, body, memory, learning, behaviour, emotions, relationships.



Trauma and Needs

The residue of trauma becomes an experience of unmet needs for children.

Children are left with needs that in the moment of hurt, pain and fear are unfulfilled. These needs stay activated ready for available relationships to respond to them, see them and gradually help them to be met.

These needs are physiological, developmental, and interpersonal, requiring relational investment and presence in order to be resolved.

"It is like they are on a loop hoping that their needs for safety, attention and validation that were not fulfilled will eventually find at least one relationship in the present that meets these needs consistently over time." Joe Tucci



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Trauma and Needs

Connected relationships can restore safety by understanding and addressing the needs that were not met.

For example:

- An experience of being alone, can be met with accompaniment
- An experience of fear met with protection, and
- An experience of shame met with acceptance.

Needs can be identified within the domains of trauma and can be responded to by reparative experiences described in the Making SPACE for learning framework.



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Trauma Responsive Principles



Principles Underpinning Trauma Responsive Practice

Informed by best available evidence

Cultural humility

Safety

Therapeutic Relationships

Self-determination-
Child centered,
meaningful
engagement and
feedback

Hope based recovery

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



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?**
- **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?**



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?**




Key principles and actions that support a developmental trauma informed, culturally safe response to traumatised children and young people:


- Relationships are critical- individual, family, community
- Using stories and story-telling is a valuable and important tool
- Connecting to country and culture needs to be meaningful and not tokenistic
- Continual self-reflection builds cultural humility – who am I? What are my biases? What else do I need to know?
- Children and young people still all come with their own stories and we need to listen to those and not assume
- Holistic approaches



Safety



What is safety?

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Neuroception of Safety





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Polyvagal theory and Protective Responses

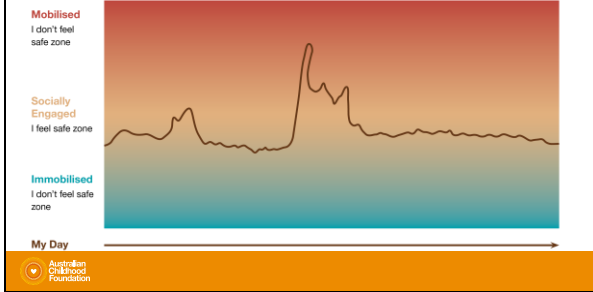
by Stephen Porges

Behavioural Functions	Body Functions
Social Engagement Soothing and calming Indicates safety	<ul style="list-style-type: none"> • Lowers or raises vocalisation pitch • Regulates middle ear muscles to perceive human voice • Changes facial expressivity • Head turning • Tears and eyelids • Slows or speeds heart rate
Mobilisation Fight or Flight Active Freeze Moderate or extreme danger	Hyper arousal <ul style="list-style-type: none"> • Increases heart rate • Sweat increases • Inhibits gastrointestinal function • Narrowing blood vessels - to slow blood flow to extremities • Release of adrenaline
Immobilisation Collapse or submission Death feigning Increased pain threshold Conserves metabolic resources Life threatening situations	Hypo arousal <ul style="list-style-type: none"> • Slows heart rate • Constricts bronchi • Stimulates gastrointestinal function



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'My Day' - feeling safe and unsafe



What trauma or stress response can look like

Cognitions & Behaviours:

- Asking lots of questions
- Bravado (speech or actions)
- Attention, concentration and memory difficulties
- Black & White thinking, negative thoughts
- Generalised worries
- Rigid thinking & behaviours
- Compulsions/ repetitive behaviours
- Ruminating – what if's, should, cyclic thoughts

Mobilised Responses:

- Hypervigilant
- Edgy/jumpy
- Irritable – easily annoyed
- Poor recovery from distraction
- 'silly', loud, over-excitement
- Unsettled, sleep difficulties
- Outbursts, aggression
- Defense, taking things personally
- Increased expectations of self and others
- Inflexible, 'controlling'
- Sensitive to sensory input

Immobilised Responses:

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



Working with Protective Responses

Increase Resources – Regulatory Capabilities

Calm the brain with:

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

De-activate Mobilised Responses with:

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

Counter Immobilised Responses with:

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



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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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



Therapeutic relationships

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

- Share meaning making experiences
- Understanding that the challenging behaviors result from their specific vulnerabilities and needs
- Focusing on and amplifying the child's strengths and talents
- Using consistent and positive reinforcement



"The space between us"- Intersubjectivity

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



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



Self determination

- Child centred practice – child's voice is heard and acknowledged
- How is the parent's experience understood 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



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?



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?**

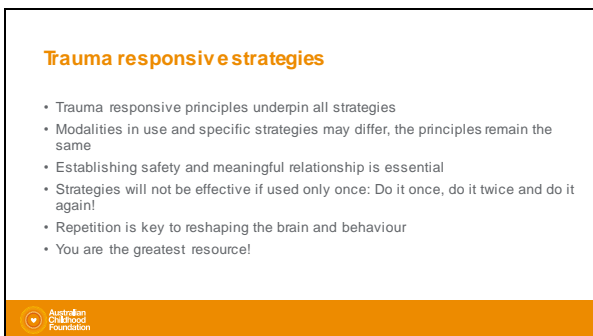


Staff Wellbeing

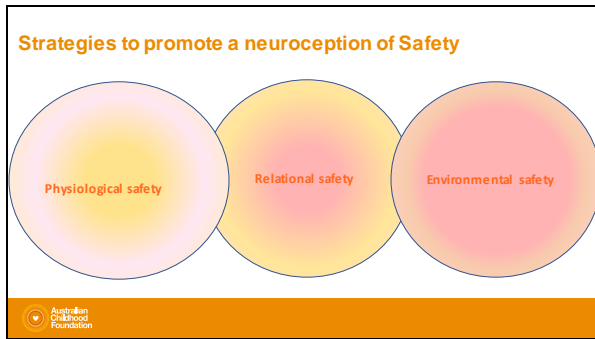
- **BEFORE THE MOMENT** (and all the time)
 - Effective self care
 - Organisational culture
- **IN THE MOMENT:**
 - Physically (regulate our body systems)
 - Mentally (keeping our cortex online)
- **AFTER THE MOMENT:**
 - Supervision/Debrief (social engagement system)
 - Physically - (regulate body systems)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











Relationship based strategies

- Safe, enriching, positive relationships with others and the broader community
- Connection to at least one safe adult in their world
- Knowing the child - their history, triggers, needs, desires
- Understand the child's chronological age as well as their developmental age
- Look for opportunities for repair

A photograph showing a child's hands playing with a wooden tray filled with colorful, egg-shaped blocks. The child is wearing a yellow wristband. The background is slightly blurred, showing other people.

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Relationship based strategies

For very young children:

- Physical proximity – holding, rocking, patting, sitting near them
- Mirroring responses – smiling, cooing, singing, talking
- Engaging them in play, floor time
- Holding infants whilst bottle feeding

A photograph showing a man in a black t-shirt and cap holding a young child. The child is wearing a blue shirt and has their arm around the man's shoulder. They are standing outdoors near a body of water.

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Behaviour is Communication

- Develop openness and curiosity about behaviour
- If we can understand what drives a behaviour, we can work out how to respond to it
- If we can meet the need that is driving a behaviour, the behaviour can start to reduce
- **Behaviours** are functional and almost always makes sense given their specific experiences of trauma



Be curious about the behaviour and the meaning it holds

1. Behaviour = unmet need
2. Developmental stage of the child?
3. Current state of the child's nervous system? (What we know about the neurobiology of trauma)
4. Survival/protective response – fight, flight, freeze, dissociate
5. Coping strategy (that no longer works)
6. Structural changes in the brain
7. How is this problem the child's solution?
8. Trauma induced thinking and conditioning

Thank you!