



Early Years

Trauma Informed Practice in the Early Years Training Handouts



Australian
Childhood
Foundation

Should you need support after today's workshop:

- Speak to your manager or a colleague
- Contact Employee Assistance Program 1300 084 847
- Lifeline 13 11 14
- Beyond Blue 1300 224 636
- Suicide line 1300 651 251
- Suicide Call back number Ph: 1300 659 467
24/7 referral line for people at risk of suicide, people caring for someone who is suicidal, or people bereaved by suicide.
The service offers six 50-minute telephone counselling sessions to people over 18 years, and up to two call-backs to professionals.
- Mental Health Advice Line 1300 60 60 24

How trauma hijacks learning

A memo from a four year old

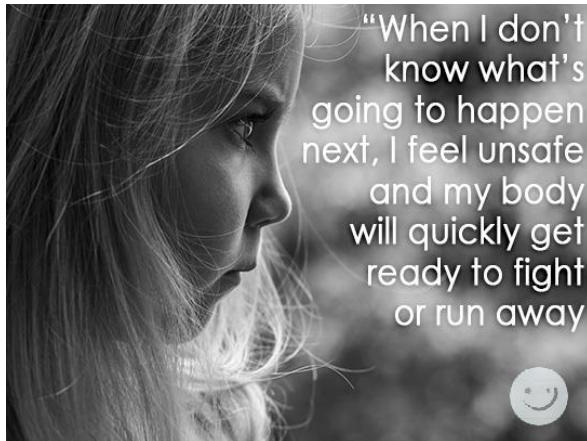
This blog entry was authored by Jeanette Miller, Senior Consultant in the Parenting and Early Years Program, at the Australian Childhood Foundation, from the perspective of a four year old child who has experienced trauma.

'When I was a baby and I got upset, I was totally dependent on bigger, stronger, wiser and kind adults to regulate my stress. But the adults in my life were none of those things and I could not depend on them to understand or meet my needs. Without someone to reliably buffer my stress, I grew to feel unloveable, hopeless and helpless. Because my cries for help were often not answered, I gave up asking for help and now I find it hard to trust people and feel like I have to do everything myself.'

'The toxic levels of stress hormones that remained in my system for long periods of time affected some parts of my brain. Many cells were destroyed in my developing Hippocampus, making it hard for me to make sense of experience and to remember what you taught me last week and yesterday. Those stress hormones also damaged my Corpus Callosum so my left and right brain hemispheres are not well integrated. This means I find language-based activities really tricky and being more right-brain oriented, I'm a visual learner. I'm also particularly tuned in to your non-verbal communication...though I often mis-read facial cues because the big people in my early life never made an effort to 'get' what I was trying to say emotionally. I'm always on the lookout for angry faces and often see anger when it's not really there. Maybe that's why not many of the other kids want to play with me.'

'When I don't feel safe, my ears are tuned in to low-frequency 'predator sounds' like the rumble of traffic or planes outside, or the air-conditioning unit in the room, and I

can't hear what you're saying to me. Please use your storytelling, melodic voice when you talk to me'



'Sometimes a particular smell, sensation, texture, light...or even a facial expression, movement or tone of voice that you use, acts like a trigger to instantly return my body to the traumatised state it was in at the time I was neglected or abused. I have no understanding of when or why or how that happens...it just happens automatically...I can't help it. Please don't take my reactions personally, but try to understand and to observe patterns to make sense of this.'

'When I don't know what's going to happen next, I feel unsafe and my body will quickly get ready to fight or run away. Please make every part of my day predictable with familiar people, places and routines. Stay connected with me through every change of place or activity.'

'When I'm scanning the environment for danger, I can't focus my attention on learning tasks. Please help me to feel safe so that I can connect, play and learn.'

- See more at: <http://childhoodtrauma.org.au/2016/september/how-trauma-hijacks-learning#sthash.mnk3XDrt.dpuf>



What are the Thoughts,
Feelings and Behaviours
of the abused and
neglected child?

Thoughts

- 'It's my fault'
- 'I don't care'
- 'I deserve this'
- 'I'm unloved'
- 'Nobody wants me'
- 'I can't trust anybody'
- 'I'm not safe'
- 'I'm better off on my own'
- 'Will they hurt me?'
- 'I'm alone'
- 'Not sure where I fit'
- 'I hate myself'
- 'I'm stupid'
- 'I miss my family'
- 'I hate everybody'
- 'You're not safe'
- 'I never get what I want'
- 'The world owes me'
- 'I'm isolated'
- 'I'm to blame'
- 'Here we go again'
- 'You will leave me'
- 'I want to hurt myself'
- 'I have no control'
- 'It's only a matter of time'
- 'I want to go home'
- 'I'm not good enough'
- 'Who am I?'
- 'I'm different'
- 'I'm ashamed'
- 'I'm an outsider'
- 'I'm bad'
- 'What is the point?'

Feelings

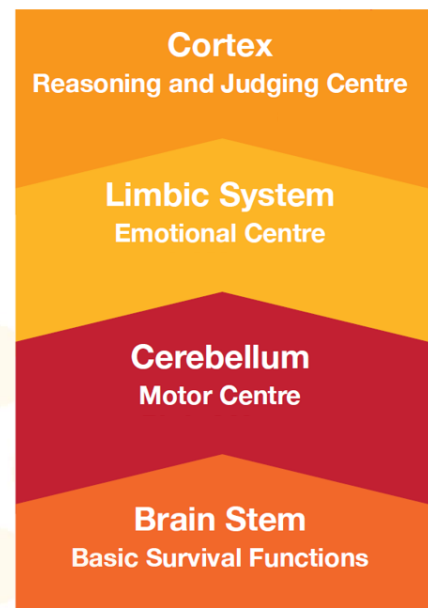
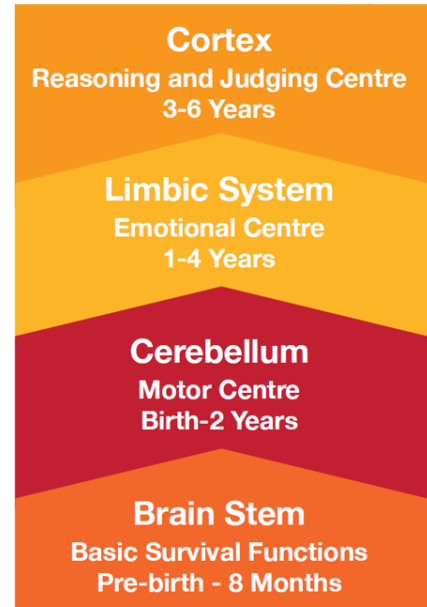
- Angry
- Anxious
- Shame
- Sad
- Terrified
- Depressed
- Guilty
- Vulnerable
- Resentful
- Fear
- Worthless
- Complacent
- Confused
- Unsafe
- Lonely
- Empty
- Alone
- Betrayed
- Out of control
- Concerned
- Hopeless
- Useless
- Worried
- Helpless
- Unloved
- Unsettled
- Trapped
- Numb
- Nervous
- Suffocated
- Tearful
- Uncomfortable



Behaviours

- Screaming
- Abducting
- Defiant
- Biting
- Eating disorders
- Problem sexual behaviours
- Suicidal
- Destructive
- Substance abuse
- Extreme risk taking
- Trouble making friends
- Aggressive
- Self-harm
- Trouble trusting adults
- Violent
- Manipulative
- Controlling
- Property damage
- Oppositional
- Disruptive
- Depression
- Avoidance
- Poor hygiene
- Withdrawn
- Stealing
- Impulsive
- Hyperactive
- Parentified
- No boundaries
- Hyper-vigilant
- Defensive
- Socially awkward
- Hoarding
- Impatient
- Bullying
- Jealousy

Bottom-Up Brain Development



The brain is comprised of different structures that grow and develop at different rates and different times.

The **brain stem** area of the brain develops first and is responsible for basic functions that **keep us alive** such as heart rate, breathing and regulating our body temperature. The brain stem is fully developed at birth. It is the part of the brain that is 'hard wired' and least susceptible to change.

Connected to the brain stem is the **cerebellum** or motor centre of the brain. This area is responsible for **movement** and develops over the first few years of life. Development in this area is seen in babies gaining head control, sitting, crawling and walking. In the next few years, children will gain greater co-ordination, learn to skip, kick a ball, ride a bicycle, cut, draw and eat with cutlery.

The **limbic system** is the **emotional** centre of the brain and rules the lives of young children up to around four years. During the toddler years, the limbic system goes through a period of rapid development. This helps explain their bursts of irrational behaviour and tantrums. Toddlers need our help to manage their **strong** feelings. Young children **feel** then **act**, they **can't think** then **act**. This is due to the emotional centre of their brain developing before the cortex, or the thinking part of their brain. Young children basically view the world through an emotional lens.

The **cortex**, or thinking part of the brain, is the last part to develop. This is the part of the brain responsible for reasoning, planning and problem solving. This is the part of the brain that enables humans to **think** before they **act**. As children grow and develop, the cortex is gradually able to help us to pause when we are flooded by **strong** emotions, thus allowing us to **feel, think, then act**.

Unlike the brain stem, the limbic system and cortex are highly susceptible to change due to experience and the environment in which the child lives.

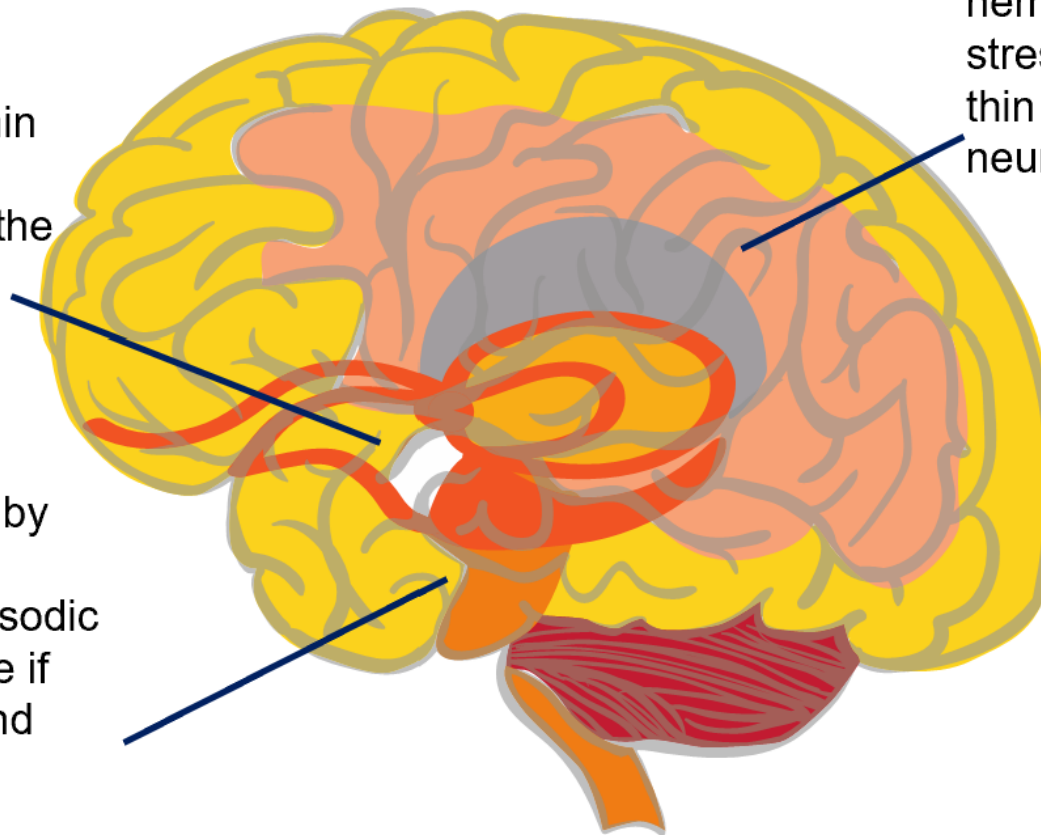
Where trauma affects the brain

Amygdala

Survival response centre within the limbic lobe that becomes enlarged and more sensitive the more it is activated through responding to threats

Hippocampus

Consolidates memory by providing the context/ sequential data for episodic memories. Goes offline if trauma overwhelms and disrupts cortex.



Corpus Callosum

Bridge between the 2 hemispheres. Chronic stress can damage and thin down this bundle of neurons

Internal working model of traumatised child

View of self	I am lovable I am worthy	I am unlovable I am unworthy
View of others /relationships	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
View of the world	The world is relatively safe	The world is unsafe



Predictability

Outline how you would plan for your group of children to go on an outing to.....(an attraction in your local area), or to have a visit by.....(someone who might visit your Centre to talk to the children).



1Photo by Marcus Wallis on Unsplash

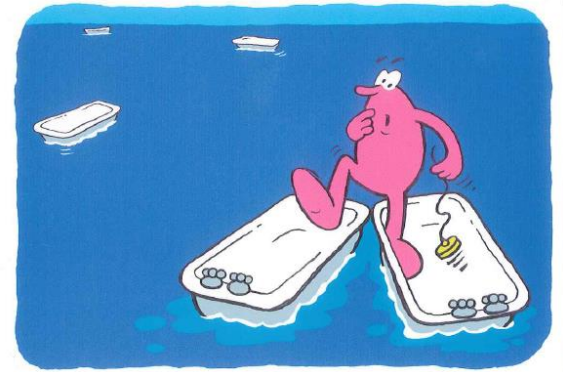
Include in your planning, strategies which would ensure that a child with a trauma history could feel safe enough to participate in, and enjoy, the experience.

Transitions

Understanding that for a traumatised child, any change can be perceived as a potential threat, use the following scenarios to plan transition strategies which could help the child to feel safe, and to stay connected and engaged.

Include in each strategy a:

1. **predictable** person
2. **predictable** routine or activity
3. **predictable** object or sensory element



SCENARIO A

A child in a remote school, who is able to remain regulated within the classroom, but who 'does a runner' every time the bell goes at break times.

SCENARIO B

A child in foster care who is required to make weekly access visits to her biological parent who was the perpetrator of her trauma.

SCENARIO C

A pre-schooler (whose parents are often involved in family violence) arrives at an Early Years Centre an hour after normal start time in the morning. The other children are playing outside.

SCENARIO D

Children in the 3 year-old group at an Early Years Centre have been playing outside, but now it's time to pack up the sandpit toys and for everyone to go inside and sit on the mat for storytime.

Transitions

1. Bring to mind the case study child - or a traumatised infant/child you work with.
2. List some significant transitional times in a typical day or week in the life of that child.
3. Design interventions for the child/parent/carer which include an element of predictability to help the infant/child feel safe, during those transitions.



PACE – Dan Hughes

Playful

- ★ Creates an atmosphere of lightness, openness and interest
- ★ Antidote to shame, anger and fear; *“stress buster”*
- ★ Involves smiling, laughter and humour
- ★ Telling funny stories
- ★ Being able to laugh at yourself and not take yourself too seriously
- ★ Being together, enjoying each other’s company, having fun!
Generates pleasure and delight; desire to spend more time together.
- ★ Caution! Don’t use sarcasm or laugh at the young person



Accepting

- ★ Being able to see the child underneath the behaviours
- ★ Unconditional acceptance for the child (but not their behaviours)
- ★ Creates a sense of safety and security for the child
- ★ Non-judgementally accepting the young person’s views, feelings, thoughts, motives, perceptions, regardless if they are true or not
- ★ Avoid negative judgements – e.g. don’t say I “you just took that money because you have no respect”; instead you can say “I am cross that you took that money”



Curious

- ★ Wanting to get to know and understand the young person
- ★ Interest in understanding what is going on for the young person here and now; show acceptance and empathy – e.g. “how does that seem to you; tell me about that; what do you think about that” etc.
- ★ Attitude of not knowing rather than assuming
- ★ Opens doors for exploration and discovery, the real *“stuff”*
- ★ Can make guesses about what the young person is thinking or feeling (e.g. *“I wonder if...”*); saying out loud as if just to yourself, not expecting an answer



Empathic

- ★ Allows the young person to feel understood, i.e. *“you get me”*
- ★ Shows the young person that adults are kind, strong and able to help
- ★ Capacity to *“sit”* with the feeling, no matter how difficult, and *“hold”* the young person through it
- ★ Communicates *“you are not alone, I am here with you and for you; we will get through this together”*
- ★ Not problem solving or reassurance



PACE Sentence Starters

PLAYFULNESS (matching the child's affect)

- I'll take that as a...
- Was that you trying to say hello/goodnight/goodbye?
- That was some really colourful language you've used there! I know you know other words though!
- Every time you call me a.... I imagine you're saying....because...isn't a word I like!
- I much prefer it when you...!

ACCEPTANCE (meeting the child where they are at, no judgement)

- Thanks for telling me...
- If you think That must be really hard for you
- I feel sad that you experience...
- I'm glad you told me....
- I'm sorry you think that I....

CURIOSITY (openness – not making assumptions about the child's behaviour or intentions)

- I Wonder...
- I'm thinking you might be.... Is that right?
- Do you think it's because....?
- Why do you think....
- What was that like.....?
- Are there times when.....?
- What happens when.....?
- I'm wondering if you might be feeling....?

EMPATHY (Feeling with the child...)

- It must be so hard...
- You seem to really want to...
- I know it's really disappointing that you can't go/do...
- It's so difficult when you try really hard and....
- I'm worried you feel...
- I feel sad that you...
- It's really difficult to be told that you can't/have to....
- I'm so sorry that you've been feeling....

PACE in Action

Ideas to try:

- Playfulness
- Acceptance
- Curiosity
- Empathy

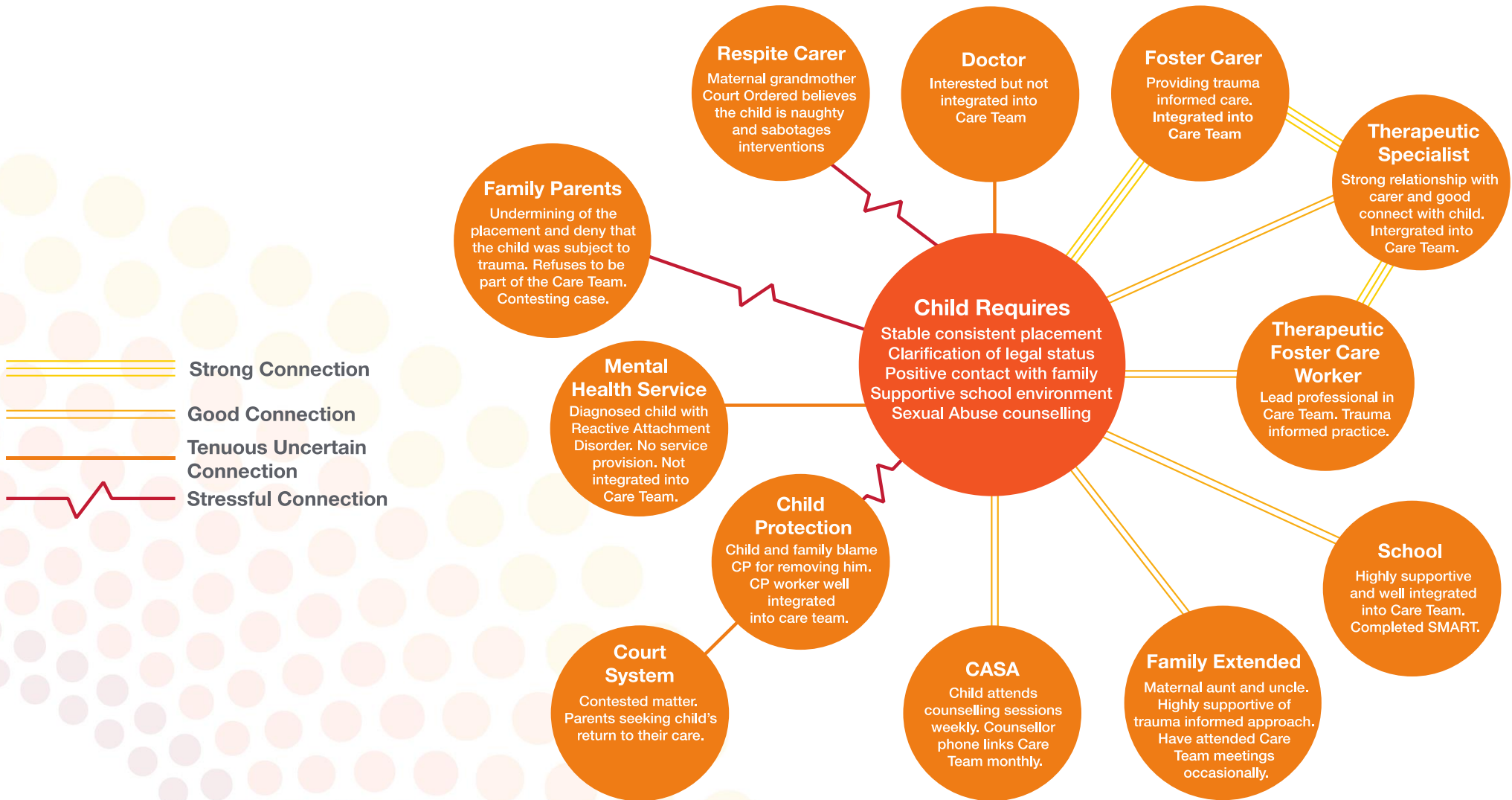
Activity/ time of day:

Play _____

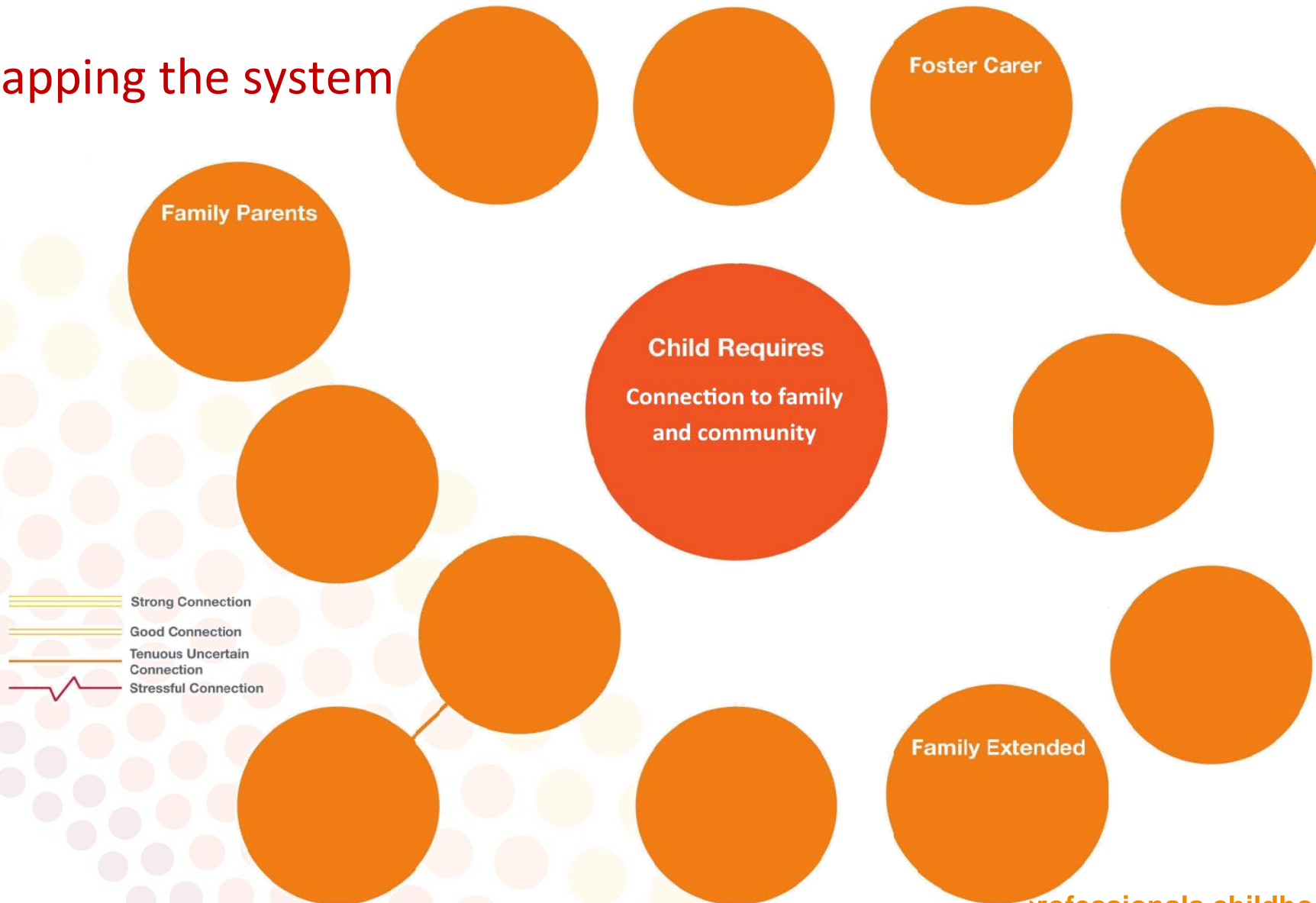
Daily Care _____

Challenging times /during struggles

Mapping the system



Mapping the system



NURTURE Planning Tool

Work with your colleagues to complete the following table, documenting appropriate staff responses to particular children & parents in your care.

- a. include strategies that you are already practising in your organization, to support those children and parents who have an identified trauma history.
- b. add any new strategies that you could implement to better support traumatised children and parents in your service.

Anticipate child's N Needs					
U nconditional positive regard					
R eframe child's perceptions					
T ime in and repair					
U se words for child's experience					
R eflect back child's feelings					
E njoy play together					

Impacts of working with trauma

Personal:

- Age and inexperience
- Little variety in work and inadequate support
- Experience current stressful life circumstances
- Have personal coping strategies – avoidance and internalising
- Supervision experience
- Having limited self-awareness regarding levels of anxiety, stress and physical fatigue.
- Blurring the lines between home and work.
- Bringing non-integrated personal experiences of trauma into the work.
- Forgetting to take time or undertake activities that are pleasurable, relaxing and fun.

Some possible behaviours

- Increase in sick days, late to work
- Memory issues
- Decreased self esteem
- Loss of interest in tasks
- Unexplained changes in health, sleep patterns, physiological arousal, nightmares, hypervigilance
- Fatigue
- Impaired immune system – lots of colds
- Sleep and appetite disturbances



<https://unsplash.com/photos/v-NBXj3Yv5o>

Professional:

- Lack of experience, training and understanding of children who have experienced trauma.
- Working with children and families where concrete signs of success are few.
- Over-empathising with children and their family's experiences and not holding to strong boundaries.
- Not accessing supervision and utilising its benefits in the most effective way.
- Hearing stories of children's and family's trauma and abuse.
- Working with staff who reenact difficult relationships in their work.

Impact on workers:

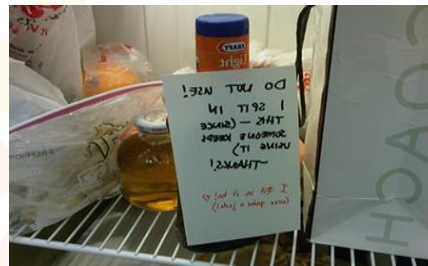
- Changes to the frameworks used to understand the world
- Suffering from disturbed memory flashbacks
- Difficulty in maintaining boundaries with clients and colleagues
- Challenges to our skills and perceptions in relation to self and other
- A person's self-regulatory capacity to integrate one's affect whilst sustaining a compassionate connection.

What this might look like in the centre:

- Decreased communication – ie staff putting notes up to advise of things.
- Decreased ability to accept change or adapt
- Decreased ability to try new things/explore
- Avoidance of working with traumatic material.
- Anxiety – second guessing they can do the job
- Hyper vigilance/control issues
- Decreased self esteem – I don't make a difference
- Doesn't attend staff meetings, PD, informal functions



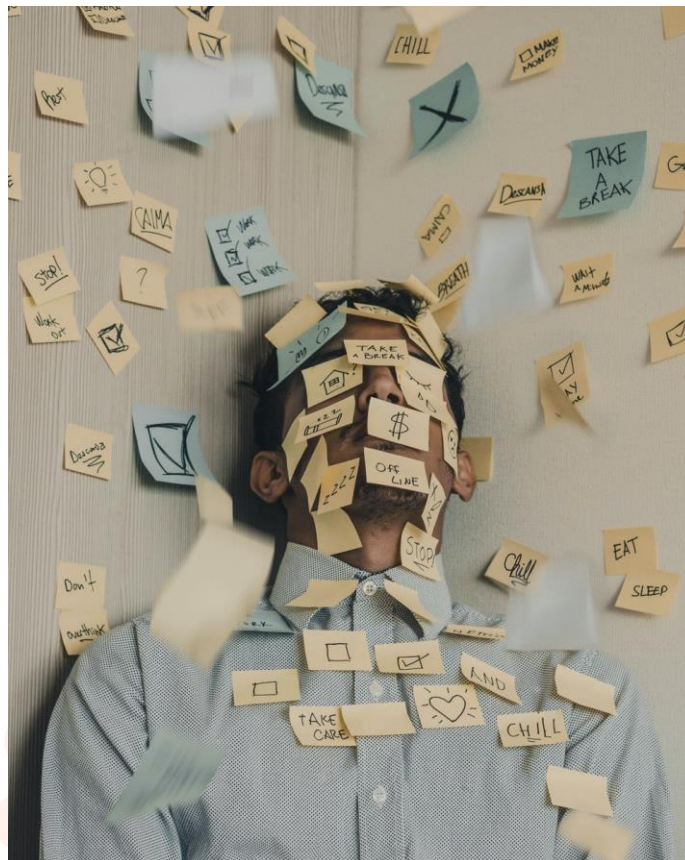
[3https://www.holytaco.com/25-passive-aggressive-office-kitchen-notes/](https://www.holytaco.com/25-passive-aggressive-office-kitchen-notes/)



[2https://www.thetalko.com/13-hilarious-acts-of-revenge-you-need-to-see/](https://www.thetalko.com/13-hilarious-acts-of-revenge-you-need-to-see/)

Organisational :

- Absence of trust between individuals towards the workplace
- Absence of supervision or frequent cancellations
- High level of staff turnover and/or sickness
- General inability to acknowledge feelings
- Absence of strategy or planning
- High numbers of complex traumatised children and families.
- Lack of clear reflective supervision model and process.
- Low commitment to professional development.
- Limited understanding of the impacts of vicarious trauma, compassion fatigue and burnout.



4Photo by Luis Villasmil on Unsplash

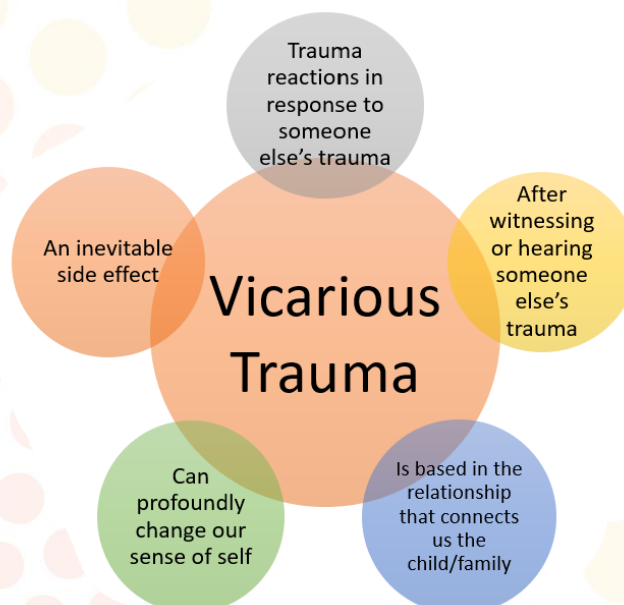
Supporting Staff, Transforming Trauma:



5Photo by Brooke Cagle on Unsplash

Creation of an organisational culture that acknowledges and normalises vicarious trauma reactions and offers practical support.

- Provides education about and exploration of the manifestations of vicarious trauma.
- Challenge, support and value staff
- Make it regular, a priority and in a confidential environment
- Organise a contract and a plan between supervisor and staff and review every three months
- Have a clear understanding of what supervision is and is not.



Self-care reflection

Psychological Self-Care

Activities that help you to feel clear-headed and able to intellectually engage with the professional challenges that are found in your work and personal life.

- Keep a reflective journal
- Engage with a non-work hobby
- Turn off your email and work phone outside of work hours
- Make time for relaxation
- Make time to engage with positive friends and family

Emotional Self-Care

Allowing yourself to safely experience your full range of emotions.

- Develop friendships that are supportive
- Write three good things that you did each day
- Play a sport and have a drink together after training
- Go to the movies or do something else you enjoy
- Meet with a social group
- Talk to a friend about how you are coping with work and life demands

Spiritual Self-Care

This involves having a sense of perspective beyond the day-to-day of life.

- Engage in reflective practices like meditation
- Go on bush walks
- Do yoga
- Reflect with a close friend for support

Relationship Self-Care

Is about maintaining healthy, supportive relationships, and ensuring you have diversity in your relationships so that you are not only connected to people at work but also in your personal life.

- Prioritise close relationships in your life e.g. with partners, family and children
- Attend the special events of your family and friends
- Arrive to work and leave on time every day

In creating a self-care plan it is important to ask yourself, “what might get in the way?” What can you do to remove these barriers? If you can’t remove them you might want to adjust your strategies. Think honestly about whether any of your strategies are negative and how you can adjust your plan to avoid or minimise their impact. It is important that your plan resonates for you.

Self-care prescription

Prescription (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						