

# Trauma Responsive Practice with Children and Families

DPV Health

February 13 2024

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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## 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.

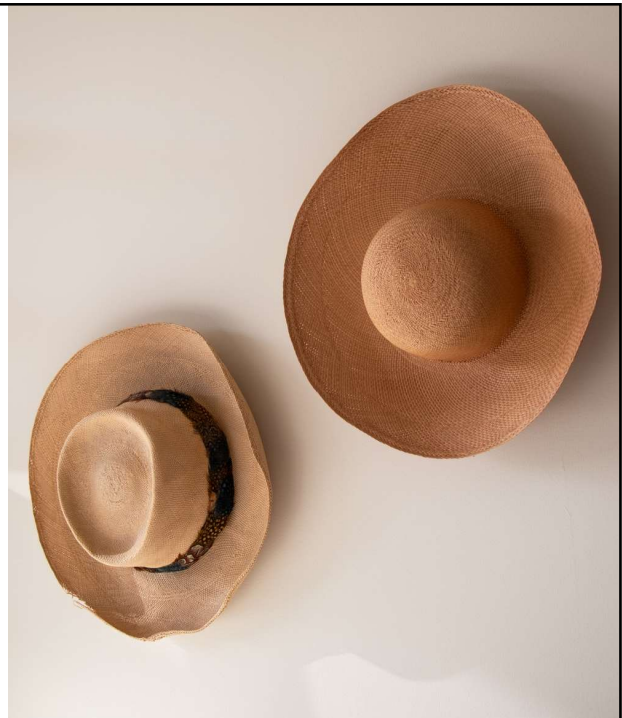
Access our latest offerings:  
<https://professionals.childhood.org.au/safeguarding-children-services/>



## 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.



## Learning Outcomes

- Understanding of neurobiology of complex trauma
- How trauma impacts children and young people states, needs and experience -brain, body, memory, emotions, relationships, behaviour, capacity to learn
- Critical importance of relationships and safe environments for coregulation
- Practical strategies/ interventions to put into use in practice with children and young people who've experienced trauma
- Awareness of self-care and reflection; creating a culture of compassion and curiosity.



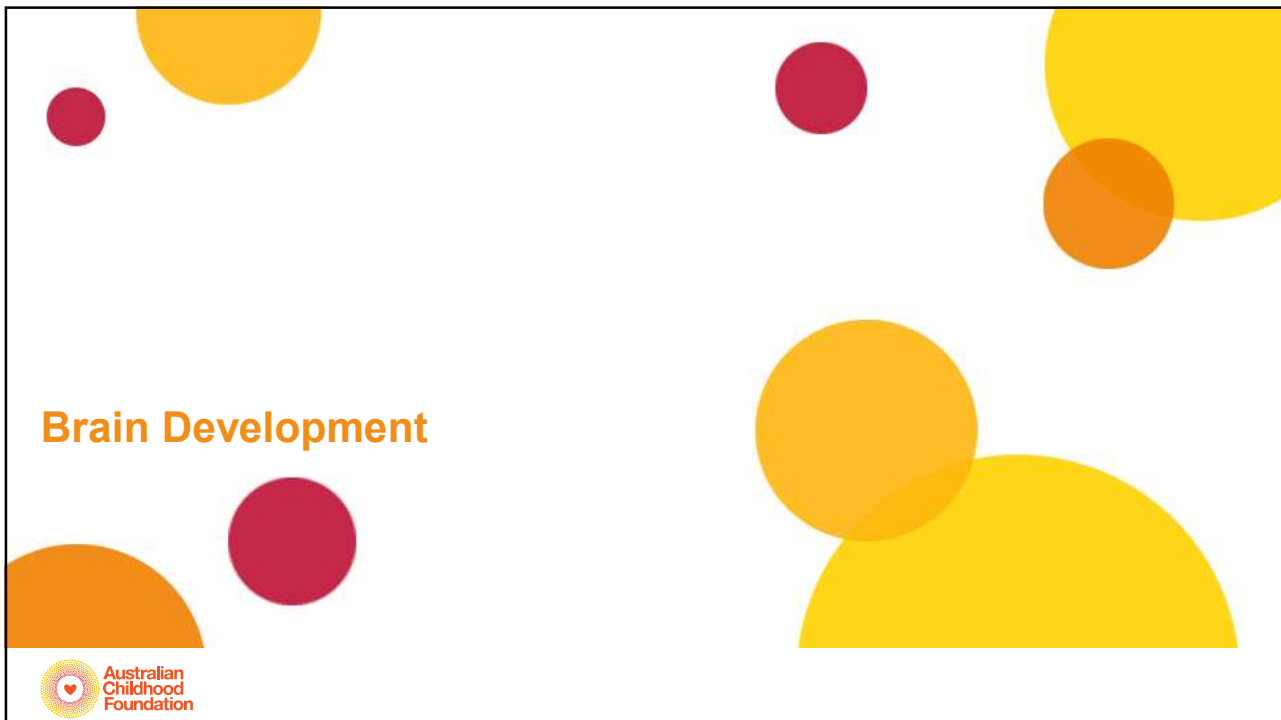
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## ACF Model



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“To some people, this image was a disturbing reminder of the fragility of human beings. Others were drawn to the way that the two figures, with their clothes and hair and faces invisible, became universal, and could be any human mother and child, at any time or place in history. Still others were simply captivated by how the baby’s brain is different from his mother’s; it’s smaller, smoother and darker—literally, because there’s less white matter.

But I am a neuroscientist, and I worked to create this image; and I am also the mother in it, curled up inside the tube with my infant son.”

Why I Captured This MRI of a Mother and Child  
A venerable symbol of human love, as you’ve never seen it before  
[Rebecca Saxe](#)

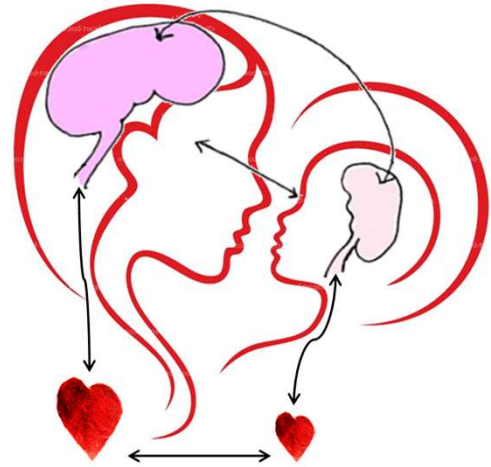


Rebecca Saxe and Atsushi Takahashi / Department of Brain and Cognitive Sciences, MIT / Athinoula A. Martinos Imaging Center at the McGovern Institute for Brain Research, MIT

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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



## The Importance of Culture

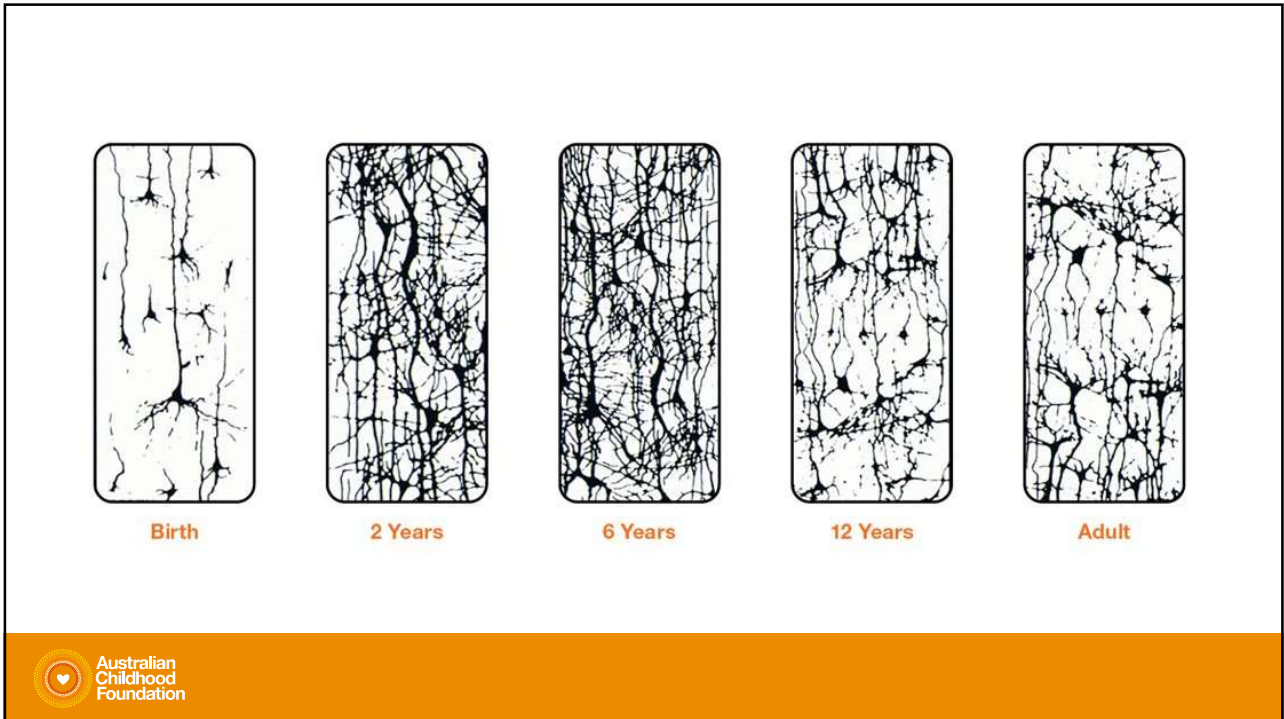
How did you become who you are?

**Safety:** Belonging

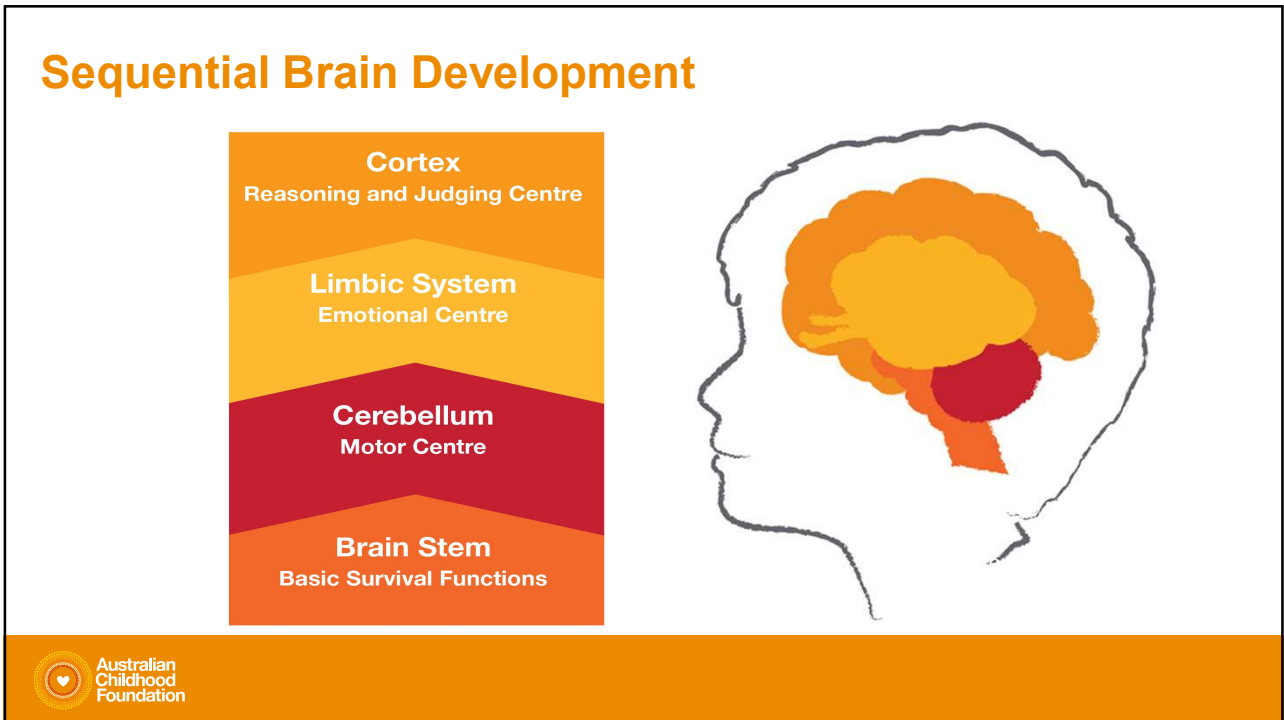
**Relationships:** Connection

**Meaning making:** Identity

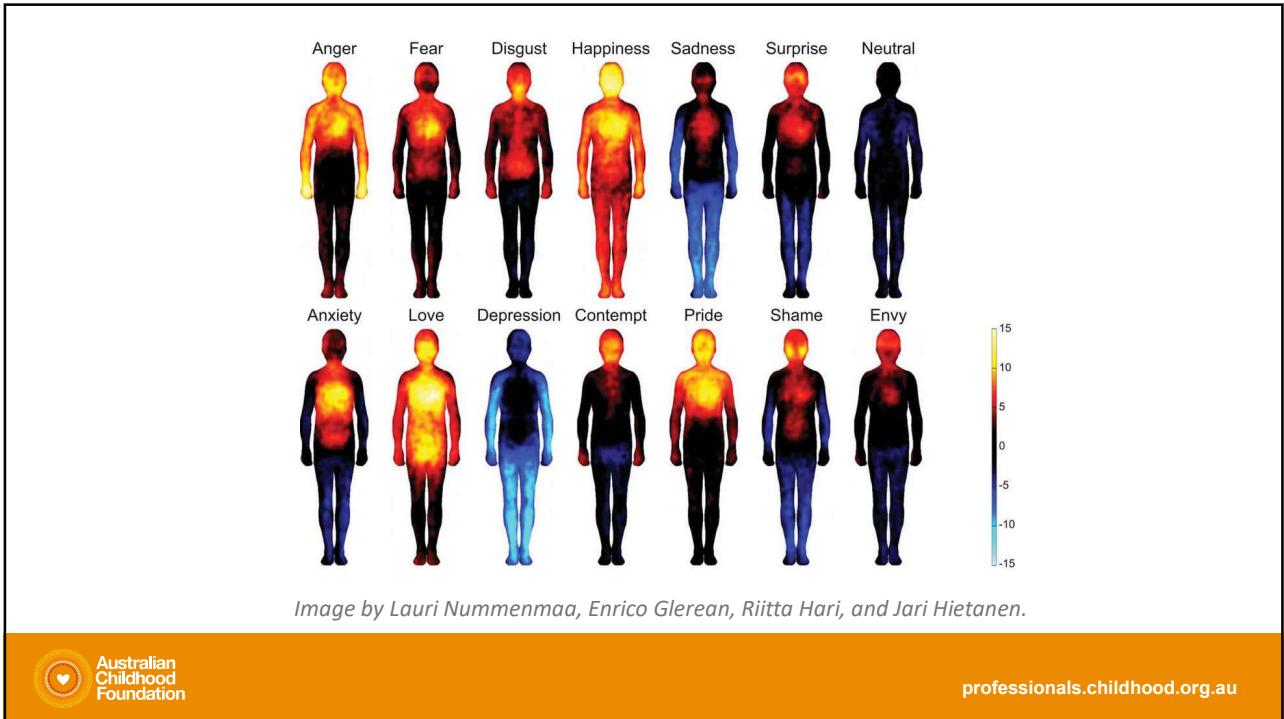




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## How does the brain develop?

The slide features a large black rectangular area in the center, which appears to be a placeholder for content. To the left of this area, there is a decorative pattern of overlapping circles in shades of yellow, orange, and pink, arranged in a grid-like fashion that tapers off to the left. The Australian Childhood Foundation logo is located in the bottom left corner of the slide.

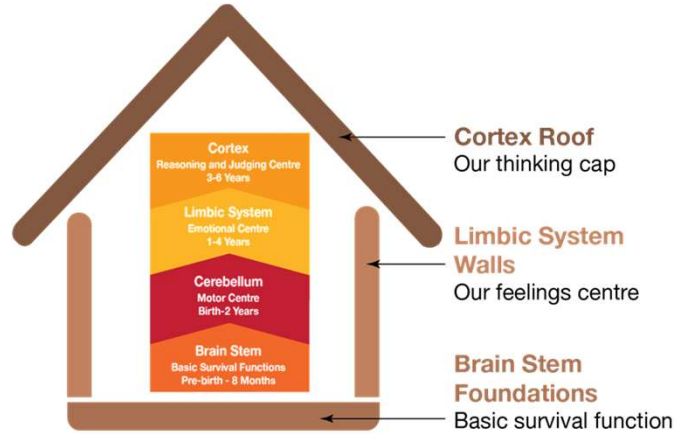
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## A brain development metaphor - My Brain House

- 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.





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

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## 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.

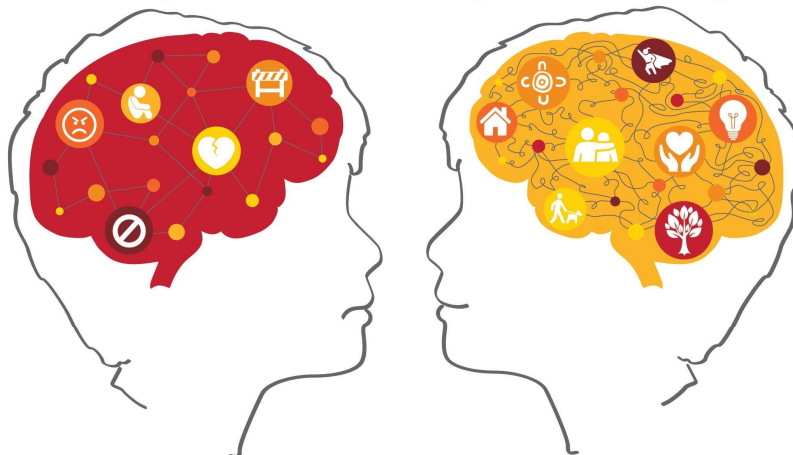


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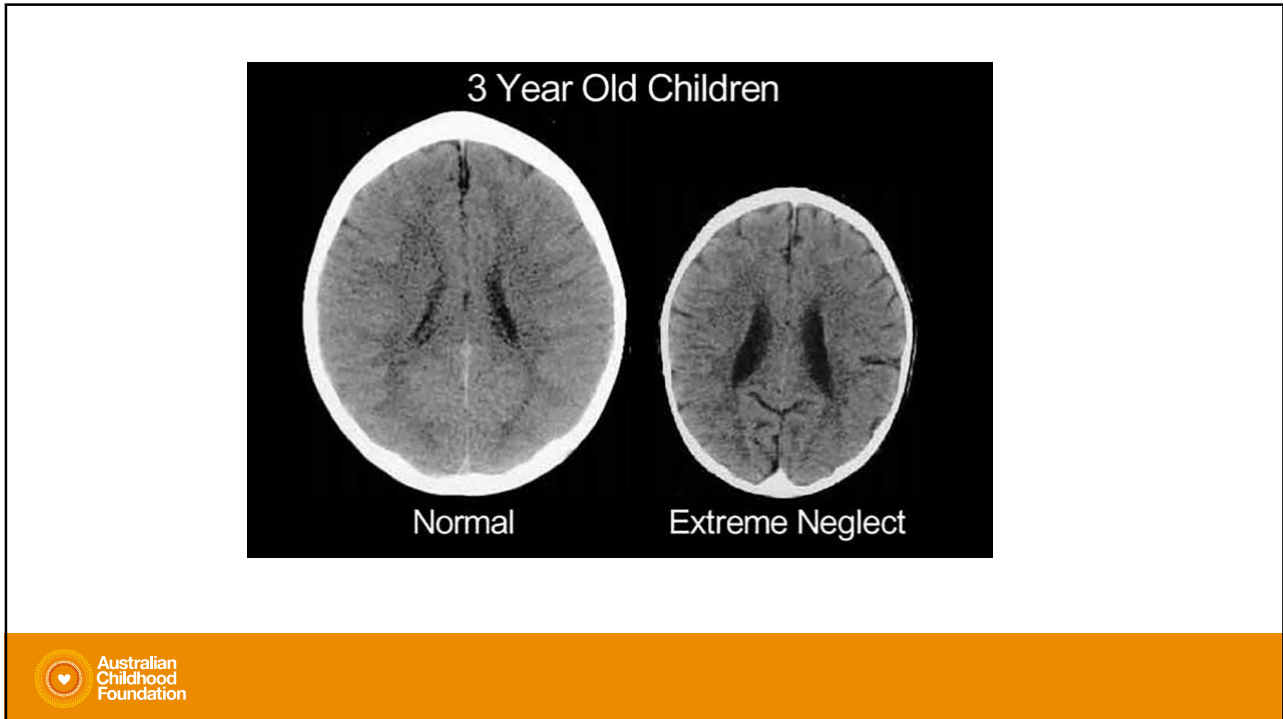
## Early experiences shape the architecture of our brain

Threat and Neglect → Survival

Safety and Connection → Integration



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They alter their trajectory over time. They trap their development and prevent them from maturing emotionally, psychologically and cognitively. Children may not progress much beyond the developmental milestones that they had achieved prior to the start of their experiences of abuse and violence.

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The emotional and physiological resonances of traumatic experiences come to be stored as memory fragments in the limbic system, cerebellum and brain stem without reference points. They do not connect to detailed explicit memories (i.e. the facts) of the events in which these reactions occurred.

Traumatised children and young people can be lost in time. They are not connected to their own reactions. Their present and their past are mixed up and confused. They find it difficult to make sense of what has happened to them and what continues to drive their thoughts, feelings and behaviour.




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Traumatised children and young people stop practising integrating their feeling states (a function of their right hemisphere) with words and constructs (a function of their left hemisphere) they can use to know and communicate about their internal sensations. They have limited emotional literacy. They do not easily understand their own feelings. They find it hard to attribute language to them and describe them meaningfully for others to understand.

Consistent, congruent and validating responses give them effective blueprints for organising their internal world.



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Children need positive experiences of connection as the basis for them to learn how to:

- problem solve;
- feel safe to explore new situations;
- manage their feelings;
- remember the positive feelings associated with forming relationships; and,
- have a working model for initiating and maintaining relationships.



Traumatised children have poor connective experiences. Their working models are built on fear and mistrust. Supporting children to re-experience relationships differently is the key to trauma recovery and change.

Trauma-based behaviour, in general, serves important adaptive functions. It often makes sense in the context in which it first emerged. However, it can become counterproductive if it continues after the need for it has changed.

- Comfort Seeking
- Seeking connection
- Self-Protection

- What feelings are under the behaviour?
- What needs are under the behaviour?






# Trauma Responsive Principles



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## 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	



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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?**
- **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 Humility- What does this look like in my practice?
- Is our practice tailored to meet cultural needs?
- Diversity - **Who has a voice in this space?**



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## 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



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## 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

- 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

- 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

- Slows heart rate
- Constricts bronchi
- Stimulates gastrointestinal function



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## 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
- Defensive, 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



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## 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



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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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## 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

**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

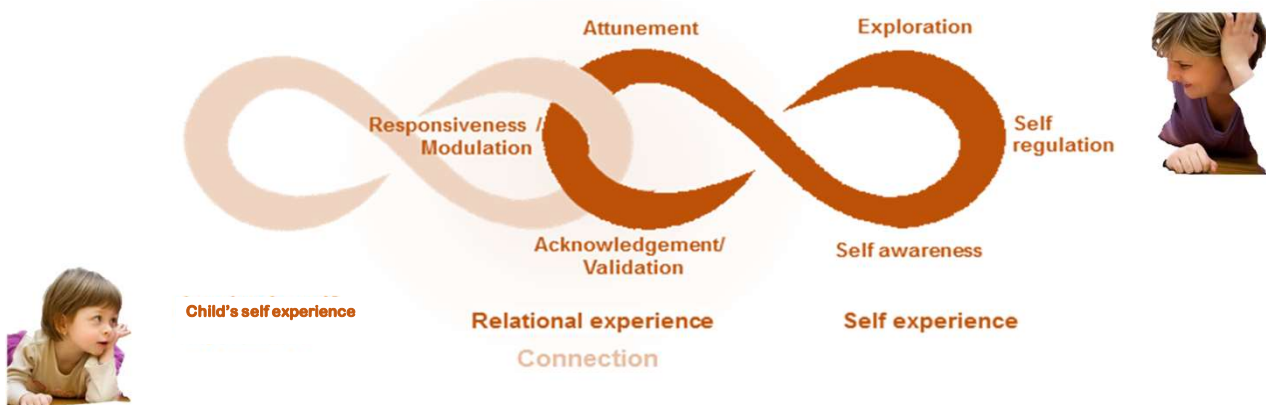
- Share meaning making experiences
- Understanding that the challenging behaviors result from their specific vulnerabilities and needs
- Focusing on and amplifying the child's strengths and talents
- Using consistent and positive reinforcement



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## “The space between us”- Intersubjectivity

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



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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 – 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



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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?



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## 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 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



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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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## Trauma responsive strategies

- Trauma responsive principles underpin all strategies
- Modalities in use and specific strategies may differ, the principles remain the same
- Establishing safety and meaningful relationship is essential
- Strategies will not be effective if used only once: Do it once, do it twice and do it again!
- Repetition is key to reshaping the brain and behaviour
- You are the greatest resource!



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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

## 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



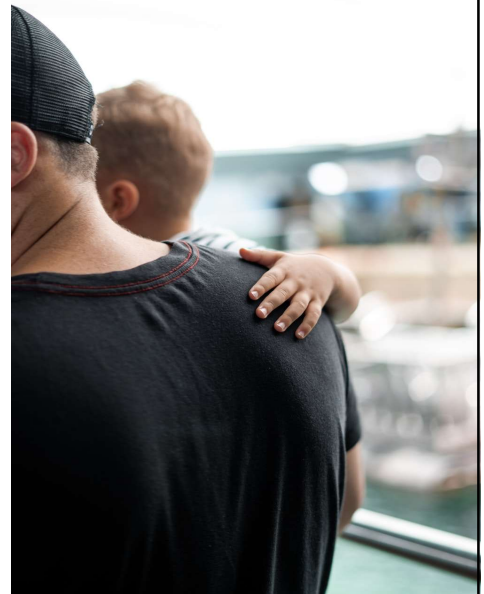
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## Relationship based strategies

### 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



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