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# Trauma Responsive Practice.

Creating an understanding of the correlation and integration of trauma and attachment theories as they relate to practice with children, adolescents and their families.

NT Families  
February 2024






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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this land and we pay our respect to their Elders past, present and future.



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## Take care of you today....

The content of this training can evoke strong emotions and may trigger **personal experiences of trauma**.

Please be mindful of your own wellbeing during this training and if you need support please do what you need to do to feel safe. We are happy for you to talk to the facilitator if you need to.

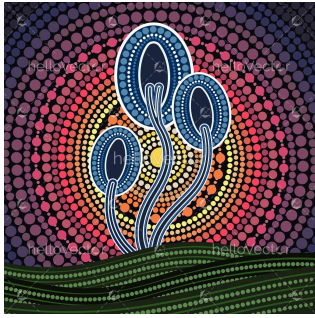





Image: Hellovector.com

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## Our journey today....

- Importance of relationships and culture
- Brain development
- Understanding the impacts of trauma
- Creating Safety
- 5 Parenting Systems
- Repairing the impacts of trauma
- Self Care



Image: Aboriginal Art Store







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## Children, youth and adults at risk of experiencing trauma

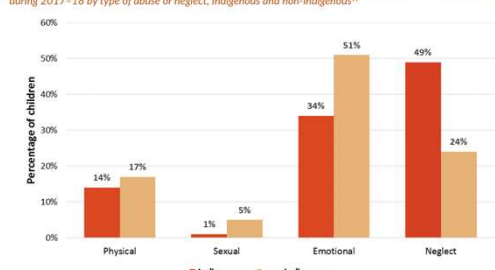
A current context

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## Context of Northern Territory

Figure 06. Proportion of total children (aged 0-17) in the NT who were the subject of substantiations of notifications received during 2017-18 by type of abuse or neglect, Indigenous and non-Indigenous<sup>99</sup>



Type of Abuse or Neglect	Indigenous (%)	non-Indigenous (%)
Physical	14%	17%
Sexual	1%	5%
Emotional	34%	51%
Neglect	49%	24%

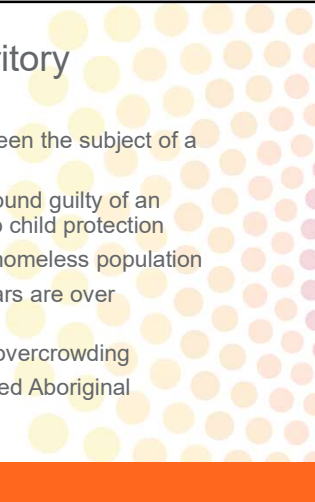

Source: Derived from Australian Institute of Health and Welfare, Data Tables: Child Protection Australia 2017-18. (2019) cat no. CWS 65, Table S14. Note: In the NT, due to recording issues, sexual exploitation is under-reported. This has been addressed and it is expected numbers in this area will be similar to those of other jurisdictions in future years.



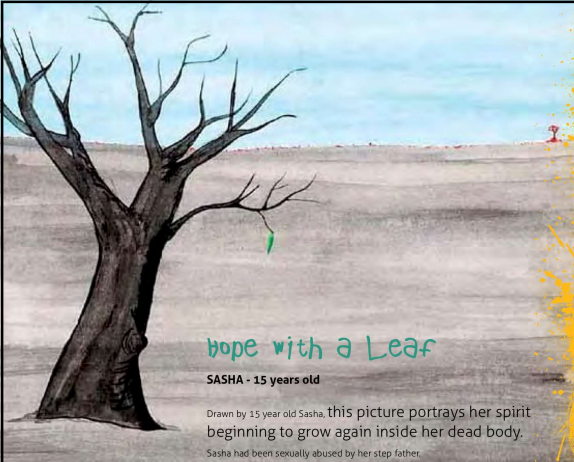
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## Context of Northern Territory

- Over 50% of Aboriginal children in the NT have been the subject of a notification to child protection by the age of ten
- In 2016, 75.2% of Aboriginal children who were found guilty of an offence in the NT had previously been reported to child protection
- Aboriginal Territorians make up 88% of the NT's homeless population
- Suicide rates in the NT for children aged 5-17 years are over three times higher than in any other jurisdiction.
- 81% of all homelessness in the NT is caused by overcrowding
- Research indicates that the majority of incarcerated Aboriginal women are mothers.

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**What are the strengths you see in the children, young people, families and communities you work with?**

**What are the strengths you bring to your role?**

hope with a Leaf

SASHA - 15 years old

Drawn by 15 year old Sasha, this picture portrays her spirit beginning to grow again inside her dead body. Sasha had been sexually abused by her step father.



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## Understanding the impacts of trauma



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## Experiences of trauma.....Discuss in pairs...

What does trauma:

- Look like
- Sound like
- Feel like

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## Defining trauma

ANY SINGLE, ONGOING OR CUMULATIVE EXPERIENCE WHICH:

- FEELS/IS OUTSIDE OUR CONTROL
- OVERWHELMS OUR CAPACITY TO COPE
- EVOKES A PHYSIOLOGICAL AND PSYCHOLOGICAL SET OF RESPONSES BASED ON FEAR OR AVOIDANCE
- A RESPONSE TO A PERCEIVED THREAT; RESPONSE IS USUALLY BASED IN SURVIVAL

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## Developmental trauma

Occurs when the foetus in utero, baby, child or adolescent experiences trauma, from abuse and neglect during these stages of development




Image source: @ACF2021

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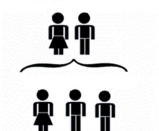
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## Intergenerational Trauma

- 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

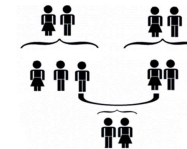


- Inter-generational trauma occurs directly through experiencing the trauma or from seeing or hearing about it

## 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 & Cicirec, 2008)

## Transgenerational transmission and cultural impacts

Duran and Duran (1995) suggest that:

"...historical trauma becomes embedded in the cultural memory of a people and is passed on by the same mechanisms by which culture is generally transmitted, and therefore becomes 'normalised' within that culture."

Atkinson, J., *Trauma Trails: Recreating Song Lines*, 2002



### Culture and development

- Our culture influences our brain development
- Our relationships influence our culture and our culture influences our relationships
- Sensory data is interpreted according to our culture long before our ability to think about and understand our culture

## Trauma impacts



Trauma can impact all elements of adolescent's development: brain, body, memory, learning, behaviour, emotions, relationships and their view of themselves

Image source: ©ACF 2021

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Three Core Concepts in Early Development

# 3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD  
Center on the Developing Child HARVARD UNIVERSITY

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## Medial Pre-frontal Cortex and the Right Orbito-frontal Cortex

**Medial**

- Pre-Frontal Cortex**  
(the centre of Mindfulness/ Self awareness)
- Right Orbitofrontal Cortex**  
(Regulation of Arousal)

- Mindful awareness/ meditation de-activates the amygdala
- Quality co-regulation de-activates the amygdala

Image source: ©ACF 2021

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## Importance of relationship and culture

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## Brain development

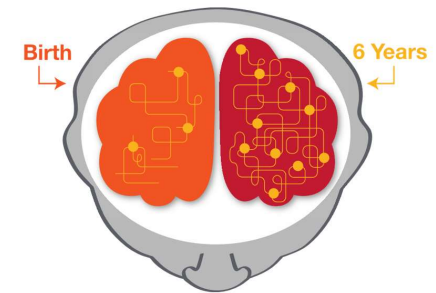
- The brain develops through a mix of genetics and environmental factors.
- Key to this development are relationships
- The brain develops sequentially from the bottom up



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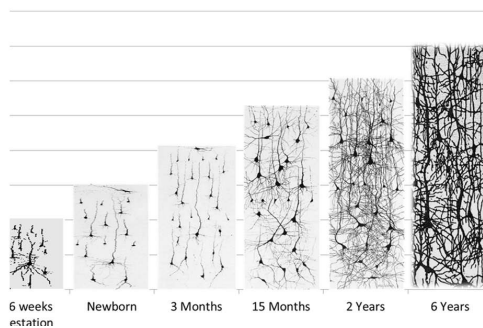
## Neuronal connections

- The neural system has the ability for one neuron to communicate with up to 10,000 other neurons
- The newborn brain has approximately 100 billion neurons



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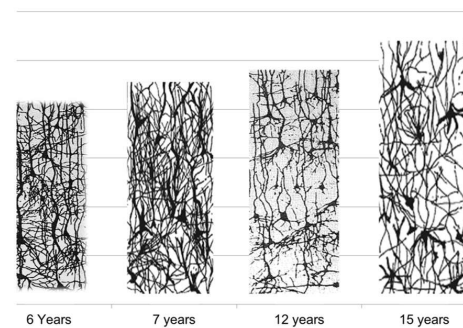
## Neuronal development



- Rapid growth occurs from birth to 6 years
- **Critical period** of development
- Healthy neuronal development occurs through **relationships, regulation, repetition**

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## Neuronal development



- Early years – period of **rapid growth**
- Followed by onset of puberty in which **synaptic pruning and formation of new neurons** occurs.

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## Sequential brain development – building blocks



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

## Brainstem - basic life functions

- Basic life functions
- First part of our brain to develop
- This is the most developed brain part at birth
- Responsible for our heart beat, breathing, sucking, temperature control, blood pressure



## Cerebellum- movement and balance

- Helps us to know where our body is in space
- Helps us with our posture and balance
- Helps us not to fall over and to control our movements
- Has its own connective pathways between the 2 halves- cerebellar vermis



## Infancy-0-12 months

Primary developmental goal:

- State regulation
- Primary attachment
- Flexible stress response
- Resilience

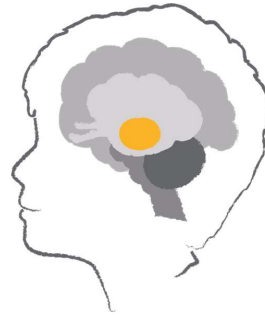


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## Diencephalon - sorting & sending centre

- This area of the brain develops mainly after birth
- It sorts out messages coming into the brain and sends them
- It uses hormones to send signals to body
- Hormonal signals tell your body what it needs, eg. food, water, love



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## Early Childhood- 1-3 Years

- Critical functions being organised:
  - Integration of multiple sensory inputs
  - Fine motor control
  - Emotional states
  - Social language; interpretation of nonverbal information



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## Limbic lobe- emotional gateway

- The part of the brain that helps us attach an emotion to an experience or memory
- This part of the brain is particularly involved with the emotions of fear and anger
- Also heavily involved in attachment processes
- This area develops mainly after birth



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## Amygdala – smoke alarm

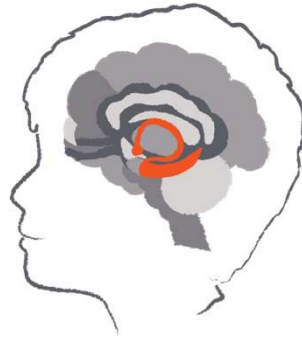
- Detects threat
- Develops from birth
- Learns by association
- Involved in implicit memory processes



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## Hippocampus – Brain's historian

- Explicit memory system
- Develops approximately 2-3 years of age
- Provides context to memory and embeds long term memory



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## Neuroplasticity is hope

- The brain is at its most plastic in early childhood
- In early childhood, the brain is most vulnerable to harm, but also has the greatest potential for healing
- Neuroplasticity gives us hope



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## Cerebral cortex- complex thinking

- The largest part of the brain
- Associated with higher brain function such as thought and action
- Examples of functions:
  - Reasoning
  - Logic
  - Judgement
  - Voluntary movement



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## The prefrontal cortex- executive function

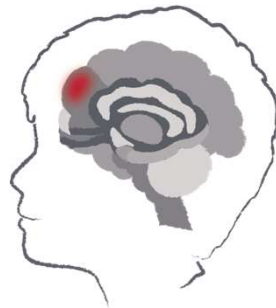
- Responsible for executive functions, such as judgement, reasoning, and self-awareness
- Final part of the brain to reach maturity in one's mid 20s
- Under reconstruction in adolescents from the age of approximately 12 years



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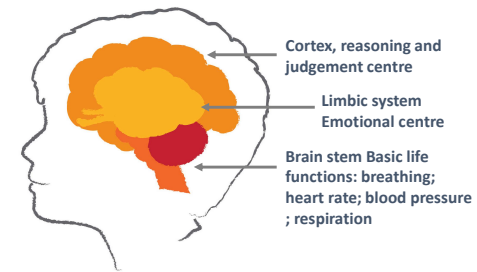
### Medial prefrontal cortex

- Associated with perceptions of self and similar others
- Known as centre for mindfulness
- Involved in maternal bonding – the parent child dyad and inter-subjectivity



### Brain development

- Brain development is sequential
- One of the ways our brain develops is vertically, from the bottom to the top
- Some neurodevelopmental delays such as those effected by trauma can cause brain changes. However with the right support the brain can be repaired through neuroplasticity.

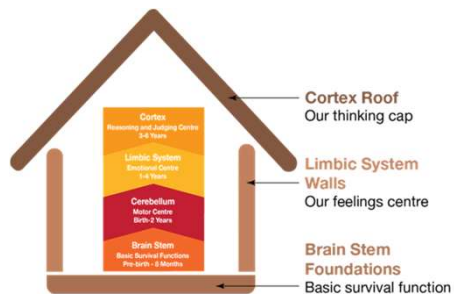


Children's brains need support to grow and learn

My brain grows upwards, step by step.

### 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 who is calm and focused will likely be functioning with a strong standing brain house, from foundation to roof.
- 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.

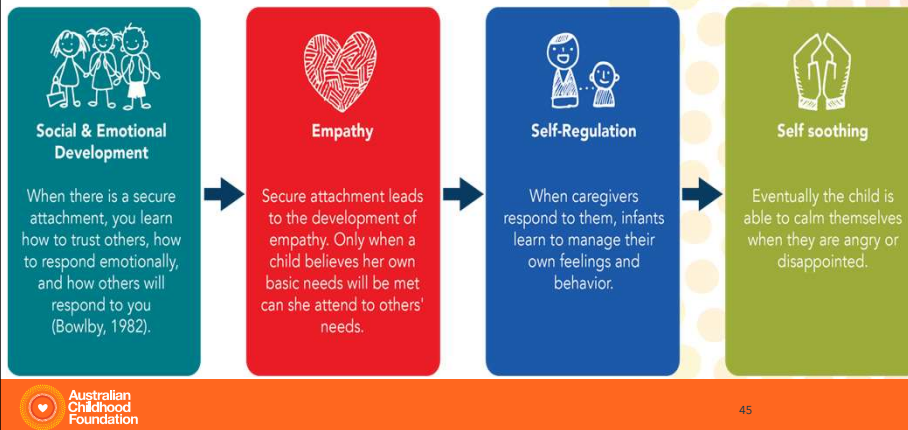


### Unmet early needs creates insecure walls thus destabilising the brain house and the future.



Adapted from Adoption UK-the wall

## Why attuned secure attachment is so important



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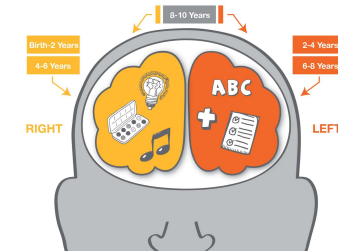
## Horizontal Brain Development & Functioning

### Left Hemisphere

- Evaluates language content
- Optimistic hemisphere
- Understands beginning, middle and end
- Learns from the past and expects the future
- Looks for patterns

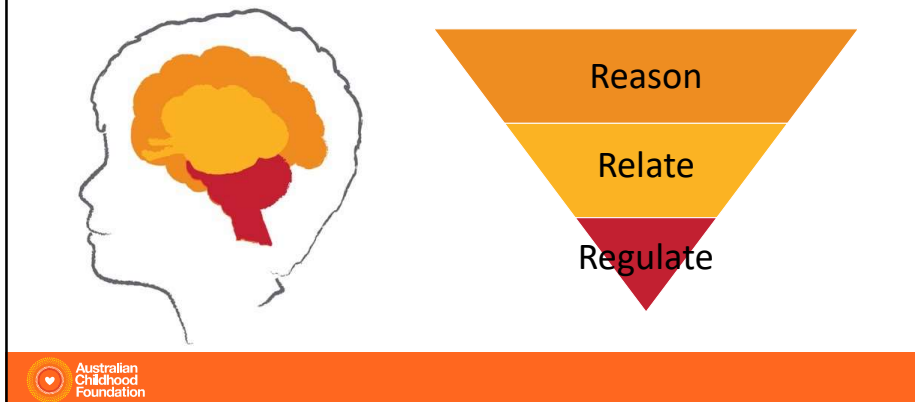
### Right Hemisphere

- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity



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## Sequence of Engagement



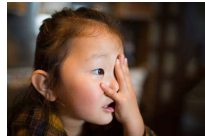
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## Understanding and creating safety

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## Neuroception

- “The removal of threat is not the same as the presence of safety” (Porges, 2014).
- A way that neural circuits of the brain distinguish between whether situations or people are safe, dangerous or life threatening.
- The detection of this triggers neurobiologically determined pro- social or defensive behaviours.



## Polyvagal Theory- Safe and Unsafe states of being



### Tell Tale Signs

**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.



Social Engagement

**Tell Tale Signs** \* Our bodies are filled with energy, and we need to move.

Mobilisation



**Play & Exploration**



**Fight or Flight or Active Freeze**


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

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



**Mobilisation without feeling safe**


- 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**

**Tell Tale Signs** \* 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**


- 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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**Impacts of Trauma**

- Children who have been abused experience an abrupt and forceful violation of safety at multiple levels.
- When adults are the source of the trauma, they cause pain fear and threat without providing the regulatory resources children require to feel safe.
- In the experience of abuse and violence a child's mobilization system stays activated and becomes the steady state until they collapse, immobilize and disconnect to stay alive.
- They experience a lack of safety in their external world and internal physiology.
- They give up on safety and their social engagement systems are not accessible.



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by Stephen Porges

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

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

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### Polyvagal Theory

	I am showing you....	On the inside.....	I need you to....
<b>SOCIAL ENGAGEMENT</b>	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
<b>MOBILISATION</b>	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 not • 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, side 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"
<b>IMMOBILISATION</b>	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 • Curt 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"

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## The Social Engagement System



<https://www.youtube.com/watch?v=kS3bv32-UY>

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## What's Wrong With You? What's Happened To You?

BEHAVIOR				
Lack of physical activity	Smoking	Alcoholism	Drug use	Missed work
PHYSICAL & MENTAL HEALTH				
Severe obesity	Diabetes	Depression	Suicide attempts	STDs
Heart disease	Cancer	Stroke	COPD	Broken bones


  

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical	Physical	Mental Illness	Incarcerated Relative
Emotional	Emotional	Mother treated violently	Substance Abuse
Sexual		Divorce	

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### Childhood Trauma...

- Distorts trust
- Creates chaos
- Hijacks living and lets in danger
- Isolates children
- Leaves relational needs unmet
- Evokes shame
- Debilitates meaning making



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### Creating Safety

A young person's cortical capacity is impaired by trauma-as a result subcortical functioning becomes dysregulated

In order to regain cortical capacity, essential for learning and development, we must restore emotional regulation.

How do we create:

- Regulation (calm)
- Engagement
- Connection
- Control

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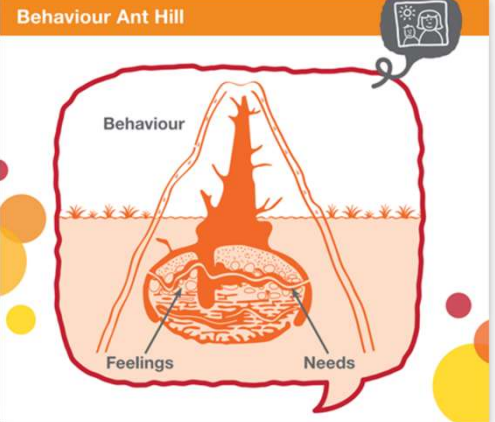
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### Behaviour Ant Hill



Behaviour

Feelings

Needs

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### Activity

How can we create safety for the children, young people and families we are working with?



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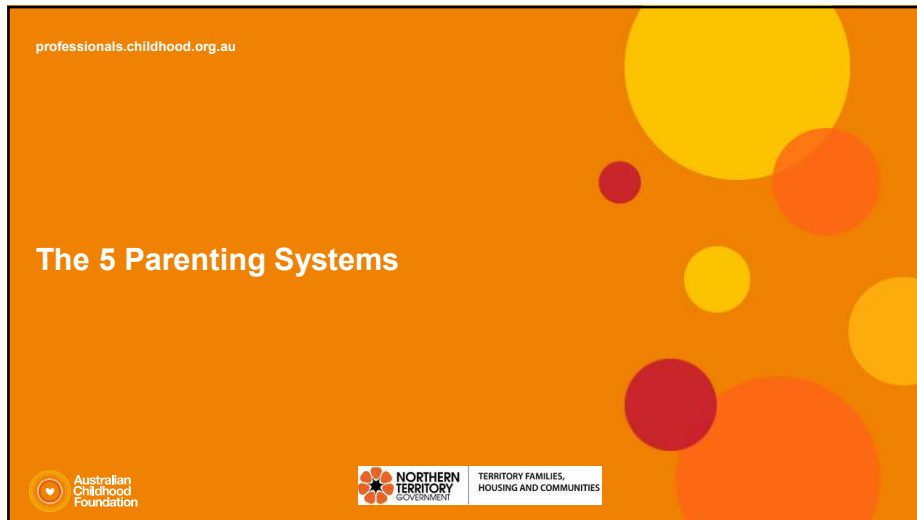
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## The 5 Parenting Systems



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## Relationship is the key! .....Brain systems that support parenting

**Parental Approach System**

- Get close to the child without becoming defensive.

**Parental Reward System**

- Enjoy interacting with the child.

**Parental Child Reading System**

- Understand the mind of the child.

**Parental Meaning Making System**

- Make sense of our experiences with the child and our social life.

**Parental Executive System**

- Regulate interpersonal conflicts between approach and avoidance, pro-social and defensive reactions.




Image source: Dreamtime

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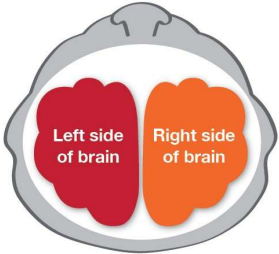
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## Early Adversity impacts our Parenting ability

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 caregiving 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.



Left side of brain

Right side of brain

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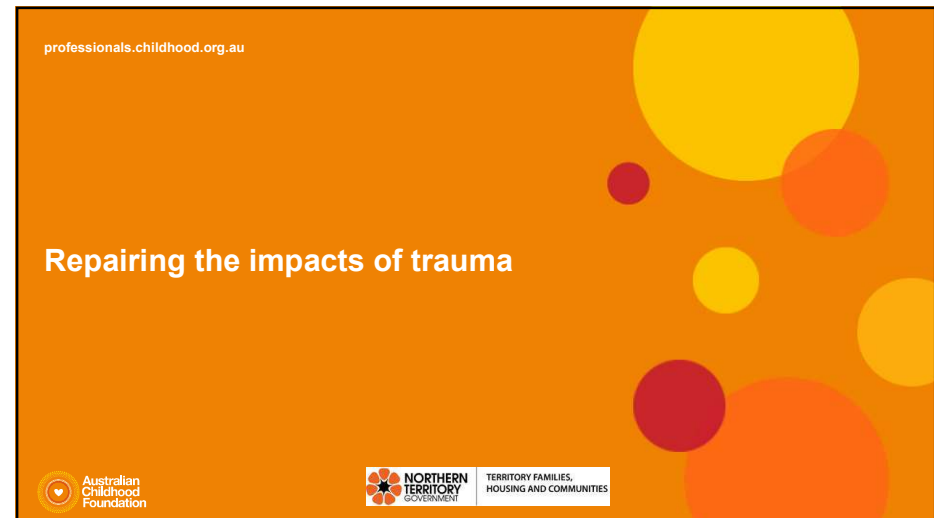
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## Repairing the impacts of trauma



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## Repairing the impacts of trauma

- Relational** (safe)
- Relevant** (developmentally-matched to the individual)
- Repetitive** (patterned)
- Rewarding** (pleasurable)
- Rhythmic** (resonant with neural patterns)
- Respectful** (of the child, family, and culture)



Image: hellovector.com

Bruce Perry, as cited by <https://attachmentdisorderhealing.com/developmental-trauma-3>

## Safety and listening the child

- Model attunement
- Ensure that the child is seen and kept in focus throughout the assessment and that account is always taken of the child's perspective
- Are they ready-how long can you sit and wait
- Validate what the child is feeling
- Check meaning
- Make sense of what is happening for the child
- What will have meaning

## PACE

- **Playfulness**
- **Accepting**
- **Curious**
- **Empathetic**



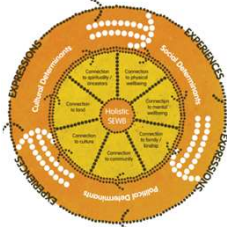
## PACE Helps

- The social engagement system come online
- Connect the prefrontal cortex (thinking brain) to the lower regions of the brain (emotional and survival brain)
- Calm the threat sensing amygdala by sending a message of safety.
- Connect children and their caregivers
- Aid the growth of regulation skills.
- Build the ability to reflect
- Develops the child make meaning of themselves, their stories and their behaviour.

**PACE uses all 5 parent brain systems (approach, reward, child reading, meaning making and executive)**

### Key considerations

- There is no magic wand!
- It takes time and patience: persistence and repetition is a must
- You matter in this work!
- Your relationship with the child is key
- Each child is individual which adds to the complexity
- Trial and error is common
- A titrated approach is important



### Respect diversity in cultures and child rearing practices while keeping child safety paramount

Respecting diversity should be taken to mean 'having the same aims for people's wellbeing and safety but finding different ways to achieve them' that are more appropriate to the person's different perspective.

Being child-safe respects cultural difference:

- thinks about safety and wellbeing concepts from a cultural perspective
- takes steps to develop cultural competence to respond in a culturally appropriate manner
- takes guidance from experienced others (for example, seek advice from recognised Aboriginal or Torres Strait Islander organisations in regards to the needs of children from these backgrounds), and
- approach family cultural contexts with sensitivity.

### Looking after ourselves....

### Self-care



*'Compassion fatigue', 'Secondary Traumatic Stress' & 'Vicarious Trauma' are often used interchangeably. (Figley 1995; McCann & Saakvitne, 1995)*

## Impact of working with trauma

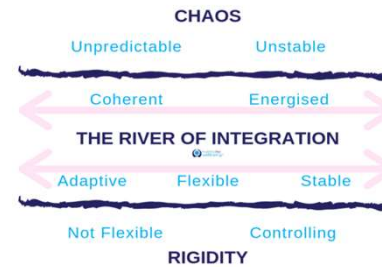
### Signs and symptoms

How this might look at work:

- Decreased communication- staff putting notes up to advise of things
- Decreased ability to accept change or adapt- holding information
- Decreased ability to try new things/explore
- Increased sick days, late to work
- Decreased focus on tasks
- Memory issues
- Avoidance working with traumatic material

## Wellbeing – The River of Integration

(Dan Siegel)



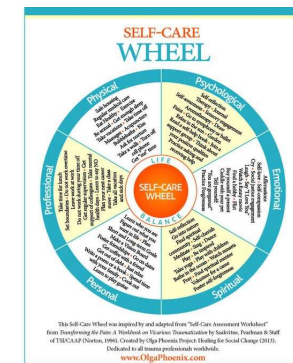
Adapted from - Siegel, D. (2009). Mindsight - The New Science of Personal Transformation. NSW, Australia: Scrib Publications.

## Importance of supervision

- Compared to case conferences, one-on-one supervision better supports the critical reasoning required for child safety (Munro 1999)
- Reflective regular supervision promotes staff well-being
- Reduces staff turnover
- Identify specific and ongoing training
- Formal and informal supervision provide space and permission for workers for workers to reflect on emotional responses to the work
- Peer supervision and support enable the reduction of isolation, promotes safety and develops greater transparency to identify risk and opportunity
- Models of supervision

## Prevention: Personal level

- Maintaining self care and prioritising healthy lifestyle/personal wellbeing
- Life outside of work incorporates: social, relaxing, spiritual, fun aspects
- Supportive and healthy relationships
- Work-life balance : maintaining healthy boundaries
- Personal & professional values align with the work
- Personal wellbeing plans are well-integrated & effective



This Self-Care Wheel was inspired by and adapted from "Self-Care Assessment Worksheet" from *Transforming the Pain: A Workbook on Trauma Documentation by Sublette, Pugh & Staff* (©TRCA of Denver, 2001). Created by Olga Fenwick-Pruitt, Healing for Social Change (HSC). Published to all trauma professionals worldwide. [www.OlgaFenwick.com](http://www.OlgaFenwick.com)

