

Making

S P A C E

for Learning

Trauma Informed Practice in Schools



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INTRODUCTION

Trauma and children in the school context

Experiences of elevated, prolonged stress or trauma rock the very core of children and young people. In these circumstances, children are overwhelmed with the internal reactions that race through their brains and bodies. They do anything to survive, not because they want to but because they need to. They shut down their feelings. They push away memories of pain. They stop relying on relationships around them to protect them. They stop trusting and believing in others.

They do anything to survive, not because they want to but because they need to.

Even after the stressful or traumatic situation has passed, children's brains and bodies continue to react as if the stress is continuing. They become self-protective. They spend a lot of their energy scanning their environment for threat. Their bodies act as if they are in a constant state of alarm. Their brains are endlessly vigilant.

Traumatised and stressed children and young people have little space left for learning. Their constant state of tension and arousal can leave them unable to concentrate, pay attention, retain and recall new information. Their behaviour is often challenging in the school environment. They struggle to make positive peer relationships.

The consequences of trauma on children and young people are multiple, yet they are not well understood. These children are often labelled as disruptive, defiant and poor learners at high risk of disconnecting from school.

With support, children and young people can, and do, recover from the harmful effects of trauma. To do so, however, they need adults in their lives to be understanding of and responsive to their unique needs. They cannot easily adapt and change to their environment. Their environment and the people in it must adjust to help them. These children and young people need the space to learn to be created for them by those who care for and support them.



INTRODUCTION

Delving inside the brain and body of children and young people

In the last decade, there has been an explosion of research about the inner workings and connections between the brain and body. The knowledge base about neurobiology, relationships and trauma has begun to revolutionise the way we understand traumatised children's behaviour, their abilities and the impact of their past on their capacity to learn and relate to others.

Making SPACE for Learning is a resource guide to assist schools to unlock the potential of traumatised children and young people to grow and develop at school.

If you are a teacher or early childhood professional, this resource guide offers opportunities to build practical strategies which you can use in your setting to support these children and young people.

If you are a school principal, this resource guide offers opportunities to consider how to integrate strategies for supporting traumatised children and young people across the school environment.

If you are a school counsellor or part of a student wellbeing team, this resource guide will help you build on the work you are already doing with traumatised children and young people and explore ways to include other school staff to support your strategies.

By the end of this resource guide, you will better understand why traumatised children and young people act and react in the ways they do. You will achieve this by drawing on the knowledge base that has arisen from research into the neurobiology of trauma and relationship disruption.

Look after yourself

As you work your way through this guide, stay attuned to your own progress and feelings. Reflecting on the impact of trauma on children and young people can sometimes evoke feelings of distress or concern. Be sure to monitor your own emotional reactions to this material. Seek out support from colleagues or others at your school or service.

INTRODUCTION

How do you understand Gemma and John?

Read the short stories about Gemma and John. What do you consider is prompting their behaviour? What do you understand about trauma that could help you to develop a plan to support these two students at school?

As you read through this resource guide, consider what other strategies you might use to respond to the needs of Gemma and John. In the concluding section, you will return to these stories to reflect on what you have found interesting and relevant in this guide.

Gemma

Gemma is 7 years old. She is quiet and withdrawn. She finds it difficult to make friends, and is often ostracised by her peers. They complain that she is weird. She clings to you as her teacher, and will often ask to stay in class during recess. The last time you went on an excursion to the zoo, Gemma reacted with tears.

John

John is a 14-year-old boy who has been described as a trouble maker. He provokes the other children in the class by calling them names. While he is very bright, he never hands his work in on time. All of his teachers complain that he seems to 'attract' trouble. He lacks empathy, and also has difficulty remembering what he has covered in class from one day to the next.



SECTION 1

Understanding trauma in children and young people

The trauma associated with experiences of neglect, violence and relationship disruption is poisonous to the lives of children and young people. It undermines their self-confidence and eats away at their self-esteem. It can make them feel worthless and unlovable. It reinforces their vulnerability.

Traumatised children frequently do not have their feelings acknowledged. They are told that they are not feeling frightened when they really are. They are told to look happy when on the inside they are feeling worried and anxious. They are told to lie about what is going on at home. They can feel ignored. Their confusion about the violence is never clarified.

It is not surprising then that children and young people who have experienced abuse related trauma block their feelings. They do not trust their feelings. The strength of their fear, shame and sadness can overwhelm them. Eventually, they can become disconnected or seem out of touch from their feelings. When asked, they are unable to describe how they feel.

The effects of such trauma can be so encompassing that children's development slows down. Their focus is to stay alert to the next time they will be hurt or rejected. Survival becomes uppermost in their minds. They often experience problems with learning new things, coping with new people or new situations. Anything new is often perceived as a threat to them. It is not surprising then that children and young people affected by abuse and family violence can struggle academically and socially at school. This is why often they cannot feel settled anywhere.

Trauma changes the way children and young people understand their world, the people in it, and how and where they belong. They develop distorted rules about relationships – rules that are built on mistrust, terror and betrayal. They feel out of place in their family and with their friends. They feel separate and do not always belong.

The memories of abuse are pronounced and ever present. Small reminders may cause them to relive their fear and confusion. The world itself is experienced as dangerous for abused children and young people – a place without haven or safety.

This resource guide is divided into two major sections. The first defines trauma and describes the relevant structures of the brain and how they develop. It translates this evidence into understanding how trauma shapes and affects the emotions, behaviour, memory and learning capacity of children and young people.

In the second section, this understanding is used to consider critical strategies that can be applied with individual students, in the classroom and across the whole of school. These ideas and resources aim to build the capacity of schools to optimise the educational outcomes for traumatised children and young people.



SECTION 1.1

What is trauma?

Trauma is the emotional, psychological and physiological residue left over from heightened stress that accompanies experiences of threat, violence, and life-challenging events.

A growing body of research has identified different types of trauma: Simple, Complex and Developmental Trauma.

Simple trauma

Simple trauma is overwhelming and painful. It involves experiences of events that are life threatening and/or have the potential to cause serious injury.

They are often single incidents. They are shorter in duration often involving a discrete crisis. They have less stigma associated with them. There is no societal blaming of the victims. There are also generally supportive and helpful community responses to the people who have experienced the trauma.

Simple trauma includes the experience of being in car accidents, house fires, bushfires, earthquakes and cyclones.

Complex trauma

Complex trauma involves interpersonal threat, violence and violation. It generally includes multiple incidents and is therefore longer in duration. It is almost always associated with stigma and a sense of shame experienced by its victims.

Community responses are often not helpful, further blaming and disempowering the targets of the violence. Individuals who experience complex trauma often feel disconnected from the support of others. They do not feel like they belong to a group with a shared connection. They experience isolation and sometimes a sense of betrayal.

Examples of complex trauma include experiences of child abuse, bullying, domestic violence, rape, war and imprisonment.

Because children rely so much on the adults around them, they are even more intensely affected when it is these adults who cause harm to them.

Developmental trauma

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

Because a child's brain is so malleable, the impact of trauma is faster to manifest. It also leaves deeper tracks of damage.

Children's development can slow down or be impaired following trauma. Trauma can often lead to children experiencing splintered development.

Because children rely so much on the adults around them, they are even more intensely affected when it is these adults who cause harm to them. The trauma associated with experiences of interpersonal violence undermines the very resource that can help children recover – the stability and predictability of their connections with others.

Developmental trauma includes children who are neglected, abused, forced to live with family violence or experience high parental conflict in the context of separation or divorce.

SECTION 1.1

Trauma can impact on all elements of children's development.



Body

Brain

Memory

Emotions

Relationships

Learning

Behaviour

SECTION 1.1

A summary of how complex trauma affects the developing brain

Complex developmental trauma reduces the capacity of the thinking part of children's brains to shape the way they react to challenges in their environment. As a result, children and young people appear to behave instinctively and sometimes inappropriately, without knowing why. They are also not able to easily influence their feelings when faced with perceived threat or increases in their experience of stress.

It impairs the growth and activity of the bridge between the left and right hemispheres of the brain. As a result, children find it difficult to know, name and express their feelings. They can find it difficult to read social cues and respond in social exchanges.

It increases children's base arousal level such that they live in a constant state of vigilance and heightened alarm. As such, traumatised children and young people are easily triggered by seemingly minor issues. Their responses are often seen as 'out of the blue' or 'over-reactions' to situations.

Complex developmental trauma locks down children's capacity to adapt to change in their environment. They are more likely to use fixed and repetitive behavioural routines in situations where they feel distress and unease. These routines

involve movements and actions that feel familiar and comforting to them – even if they are destructive or harmful to others.

These children and young people lack the adaptability and flexibility necessary to respond differentially to varying situations and contexts. They have a limited range of coping strategies. Whilst these strategies may have been effective in assisting them to survive in unsafe situations, they are often inappropriate responses in situations where there is an absence of risk.

Traumatised children find it difficult to make meaning from their experiences. They have few or no effective internal maps to guide their actions. As a result, they react rather than respond.

Their beliefs about themselves are determined by the very people who violate them. They hold onto ideas about relationships which are not helpful to them in their communication with peers and other adults like teachers.

They can find it difficult to see adults as supportive. They are cautious about being hurt and are more likely to stay closed to the development of new connections or relationships.

They do not easily understand or engage with consequential learning. Their brains are so over-activated that they are able to take in very little and not learn new information easily.

In particular, their memory systems continue to remain under stress. They fail to consolidate new learning. Their working memory for even the easiest set of instructions can be severely compromised.

Traumatised children and young people experience the present with little reference to their past, even though their behaviour, feelings and physiology are affected by their experiences of violation. They do not have access to the positive qualities that make them who they are. They have a transient sense of their own identity. Their future is without plans or a sense of possibility. They perceive threat now and almost always.

Complex developmental trauma locks down children's capacity to adapt to change in their environment.



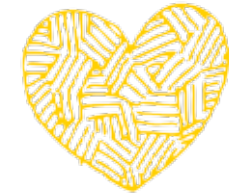
Relationships



Brain



Body



Emotions

TRAUMA

In this section we look at all aspects of complex developmental trauma



Learning



Behaviour



Memory

SECTION 1.2

Trauma and the brain

The purpose of this section is to describe how the brain develops and which areas of the brain perform which functions. This understanding is an essential building block for the rest of this resource guide.

What does 'normal' brain development look like?

The brain develops vertically and sequentially over time. The first structures of the brain to develop form the foundation for the next structures to grow. The brain continues to develop with each successive part responsible for more complex functions (e.g. movement, feeling, identifying emotions, the ability for abstract thought and self-control).

The first part of the brain to develop is the **Brain Stem**. It develops while babies are in utero. It is responsible for key body functions such as controlling heart rate, body temperature and blood pressure. These structures are least capable of change.

The **Cerebellum** is responsible for movement and interpreting physical sensory stimulation.

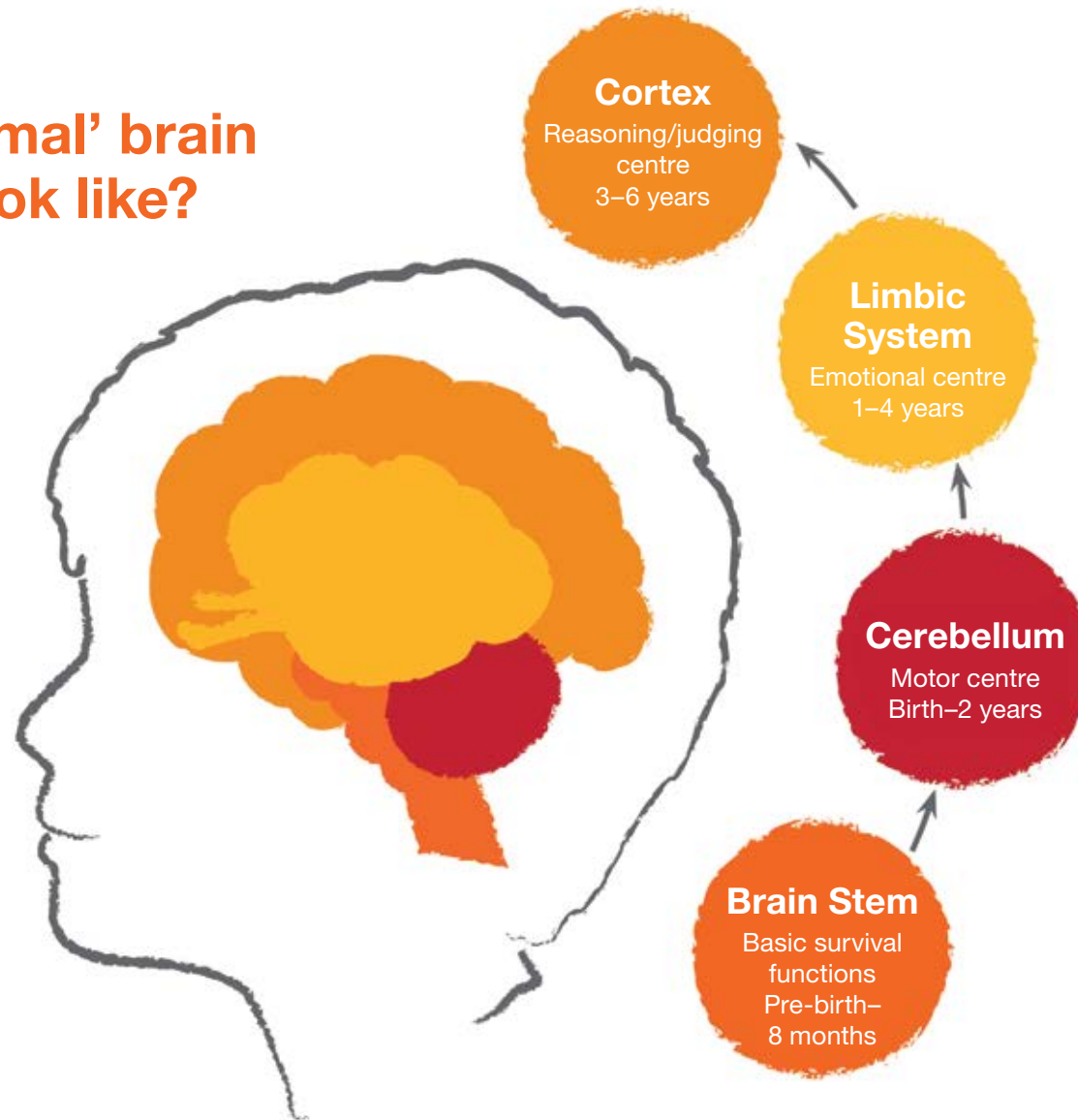
The **Limbic System** evaluates the significance of sensory input in preparation for keeping it in our memory or forgetting it. It stores and helps interpret our emotional state. It also stores certain kinds of memories of experience without requiring any awareness about the process of remembering (unconscious memory).

Finally, the **Cortex** is responsible for higher-level thinking, reasoning and conscious processing. It stores explicit memories about events, people and experiences. It provides the basis for self-reflection or the capacity to think about thinking.



SECTION 1.2

What does 'normal' brain development look like?



SECTION 1.2

The flow of sensory data in the brain and body

Every experience fires a network of neurons in parts of the brain that are related to the experience.

A child who recognises a favourite piece of music will have part of his/her cortex activated that recognises musical tones and rhythm. The music will also activate a part of the limbic system which associates that piece of music with the enjoyment it triggers in the child each time it is played. It might also activate part of the brain's movement centres that can result in the child initiating a dance.

The piece of favourite music will activate all these neurons and establish a pattern of activation that will fire whenever the child hears that piece of music or something similar. If the experience is repeated, then the neural pathway becomes stronger and the more defined. If the experience is not repeated, it will disappear.

These neural pathways in the brain enable each individual to efficiently interpret the world, their reactions to it and prompt relevant responses. The brain establishes these pathways as templates to enable quick comparisons of a new situation with memories previously stored and ultimately interpret the next steps or actions that will be taken.



SECTION 1.2

Lateral Brain Development

The brain not only develops vertically in a sequential way, it also develops laterally.

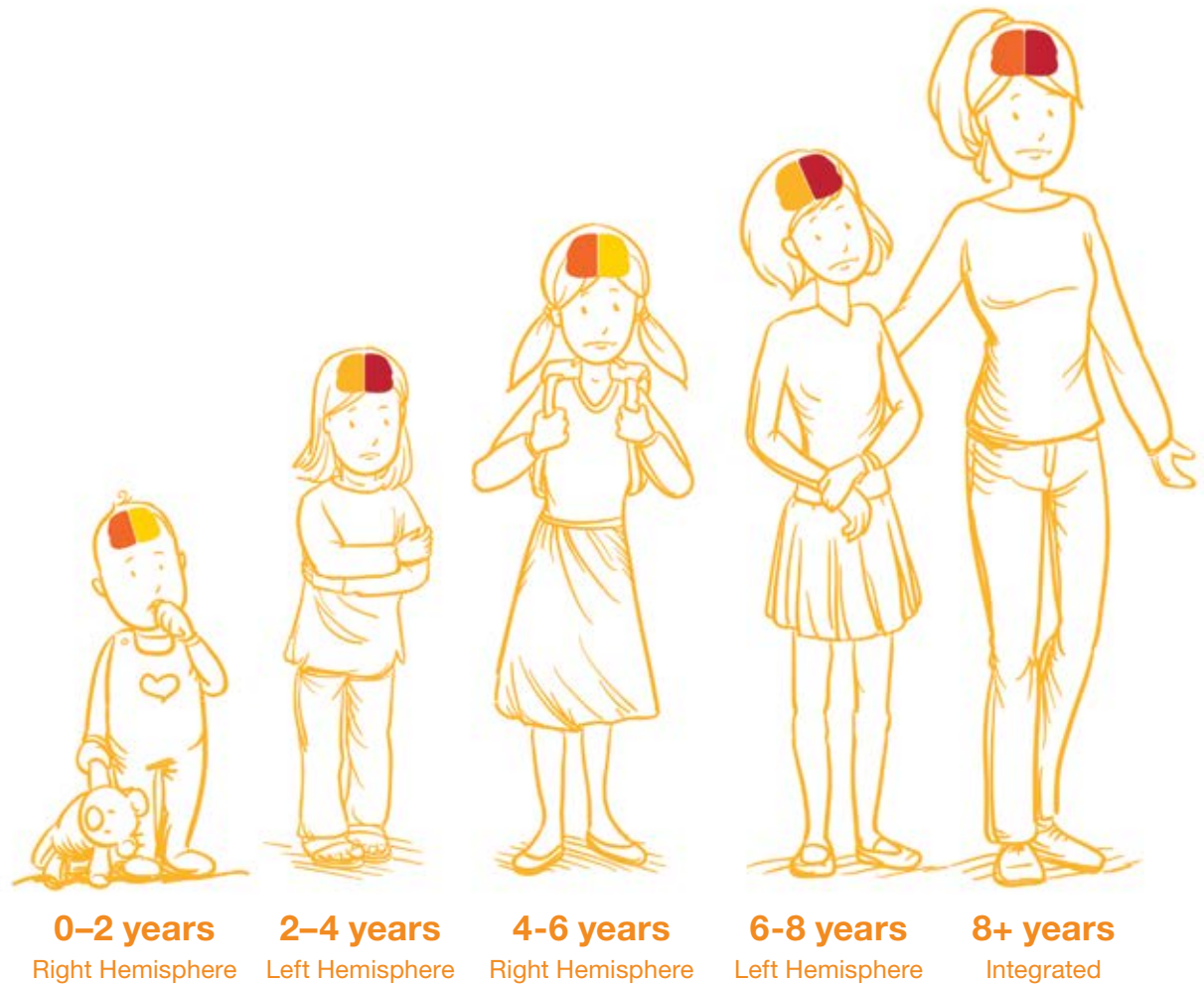
Research about brain development shows that each side of the brain is responsible for different functions.

Essentially, the right hemisphere of the brain is holistic, convergent, and able to see the 'big picture'. The right brain stores and processes emotions, feelings, creativity and intuition.

The left hemisphere brain is linear, divergent, and focuses on one thing at a time. The left brain deals with more logical experiences and challenges, such as language and mathematics.

Research suggests that from birth to about two years of age, the right hemisphere is developing at a greater speed than the left. After two years of age, development of the left hemisphere takes over.

The intensity of development then oscillates between the two hemispheres approximately every two years. This is a very important finding as it has implications for how children, who are in the same family, can be differentially affected by the trauma they experience depending on which hemisphere is more active in its development at the time.



SECTION 1.2

Integration is the key

The brain's primary function is to integrate sensory information in order to enable individuals to adapt to the needs and challenges of the environment in which they live. This environment is not only the physical world that they inhabit, but also the relationships through which adults and children communicate with each other.

The brain develops through the creation of neural pathways which connect different regions of the brain together. The greater the number of pathways, the more the functions of the brain become integrated. Greater integration results in children being more adaptive and flexible.

Integration is the key to wellbeing. Integration is the harmonious flow of sensory data from the body into the brain and out to the body again in a feedback loop that resources individuals to live. In the brain, integration occurs vertically and laterally. It enables individuals to apply words to feelings. It threads together the experiences that build the memory

routines required to ride a bike. It combines the experiences of interpersonal exchanges over time that equates to the experience and feeling of trust. It uses rehearsal to know how to act in a peer group, how to remember the six times tables and whether or not to be frightened of snakes.

Integration of neuronal networks shapes the thoughts, feelings and actions of children and young people. When integration is blocked or put under pressure by stress and trauma, the children's inner world and capacities to adapt to the needs and challenges of their physical and relational environment is significantly hampered.

The goal of any form of support plan for children and young people is to promote integration at a neurobiological and interpersonal level.

Integration of neuronal networks shapes the thoughts, feelings and actions of children and young people.

Having a sense of humour – right and left hemispheres working together

To give a greater understanding of how the right and left hemisphere work, consider hearing a joke.

The left hemisphere is taking in the words of the joke. If it is a limerick or play on words, the left side of the brain appreciates the language component of the joke. The right hemisphere, however, is looking at the body language of the person telling the joke, and listening to the tone of voice to determine if it is funny.

To fully appreciate the joke, and decide if it is funny or not, both the left and right hemispheres need to be involved.

SECTION 1.3

Trauma and the body

The body's reaction to trauma is the same as the body's reaction to prolonged toxic levels of stress. The body uses two brain-body systems to deal with stress.

The first system, or fast-acting stress system, mobilises resources quickly for the body to use in order to immediately act on the stress. In the face of a stressor, the brain tells the body to energise itself, releasing more oxygen and more energy in the form of glucose. It makes the body as efficient as possible at tackling stress by inhibiting any non-survival-related process, such as digestion. It also narrows the attentional focus of the brain so that it is able to more quickly analyse the best option to take in order to resolve the situation and bring the body back into equilibrium. In this sense, this first system of response promotes vigilance, arousal and alertness to environmental and relational threats.

At this stage, the brain-body system is relying on strategies it has used in the past. It activates learned responses to such stress and uses them quickly with the specific intention that they will work as they have in the past. This is an adaptable response using memory routines that have proven advantageous and beneficial when exposed to stress.

This fast-acting stress response system has less than twenty minutes to be successful. If the stress continues, a longer and more sustainable system is switched on. This system releases hormones and chemicals into the body that begin to slow down the body and prepare it to survive a threat that has not immediately been resolved. This enables the body to conserve energy. It supports the brain to relax a little and bring online more complex problem-solving resources. The brain and body work together to develop, consider and implement solutions to reduce the impact of the stress.

At this stage, the brain-body system is adapting to continued stress. It attempts to make space for more of the cortex to become activated and provide more thoughtful possibilities to manage and/or change the situation causing the stress.



For traumatised children and young people, the best option is to stay alert to danger and consider any change, even positive change, a possible threat.

SECTION 1.3

One of these options is to seek out relationships that can help. Relationships themselves can soothe stress when they are positive and nurturing. Unfortunately, when relationships are the cause of the stress, they do not offer this kind of resource. In fact, harmful and distressing exchanges with others can magnify and entrench the brain-body responses to stress.

As the individual is exposed to prolonged stress or trauma with minimal or no change, the brain and body system slows right down. It focuses almost exclusively on conserving as much energy and resources for survival. In these conditions, there is little room for new information to be considered. In this state, adaptability gradually retreats. The brain and body revert to thinking, feeling and behavioural routines that are activated without variation. There is no new learning. The individual becomes stuck in this blocked cycle of response in order to keep everything as familiar as possible. In this way, a child is able to avoid the possibility that the stress will become so great that survival itself is jeopardised.

Once adaptive in the face of the initial stress, the responses of the brain-body system now cannot be reshaped. Even small changes in the environment can signal a large increase in the experience of stress. For traumatised children and young people, the best option is to stay alert to danger and consider any change, even positive change, a possible threat.

This state is particularly damaging for children and young people. Because of their developmental immaturity, they have limited effective routines for managing stress and trauma to fall back on. They have under-developed cortical resources to help them think through strategies to respond to stress. They rely on parents and caring adults around them to help them to calm their stress response systems and support them to remove the threat or reduce its impact. Strong attachment relationships have been shown to act as the primary moderator of children's stress and distress. They keep children and young people safe from danger and protect them from the harsh consequences of ongoing elevated states of alarm and arousal.

However, children and young people affected by violence do not have the strength of bond with their parents or carers. Instead, it is these very relationships which create the unending cycle of toxic physiological and emotional stress that they are forced to endure. Abused children and young people are often left on their own to survive.

In addition, as a consequence of exposure to chronic stress, the very chemicals and hormones that are initially produced to help, ultimately cause harm to the functioning of important brain structures. For example, they disrupt the brain's ability to consolidate memory and therefore make it harder for children and young people to learn. They desensitise the threat detection centre of the brain so that children and young people perceive threat even when none really exists.

Trauma and chronic stress recalibrate the arousal system of children and young people, leaving it switched on all the time. Children and young people need little additional stress in their environment to trigger a full-blown stress response.

SECTION 1.3

The connections between structures of the brain are made less efficient. For example, as a consequence of trauma, the bridge structure between the left and right hemispheres has been found to be smaller and act slower.

These effects are multiplied in children and young people because critical brain structures are developmentally more susceptible to disruption than is the case for mature adult brains.

Trauma and exposure to chronic stress experienced during childhood and adolescence shake the foundations of healthy brain and body development. 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.

Children and young people who have suffered this degree of trauma find it difficult to adapt to their environment. In order to best support them, the environment should adapt to the needs of the child

or young person. This occurs when relationships surrounding children are safe, predictable and nurturing. It starts with a fine-grained understanding of how past trauma has affected the child's brain-body system. This understanding seeks to not only respond to behaviour but also make sense of the meaning of children's behaviour, interpreting it through a lens that delves into the specific strategies that children have used to survive the violation and trauma they have experienced. Such strategies were once adaptive in the face of ongoing stress and trauma. Wearing the hat of a detective and historian, the transformation of trauma for children locates how, when and why children's adaptive responses stop being helpful and now act as a barrier to their development progression.

The understanding and compassion of those around them offers traumatised children and young people the orientation for hope and growth.

Trauma and exposure to chronic stress experienced during childhood and adolescence shake the foundations of healthy brain and body development. 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.

SECTION 1.4

Trauma and memory

Trauma profoundly effects memory in a number of ways.

In the early years, children store sensory memory. Experience is lived through the stimulation of our senses. It is at this stage that the right hemisphere is most active, registering the state of the infant's body as he/she responds to touch, sound, light, warmth and the internal sensations of need such as hunger, comfort and rest. The right hemisphere of an infant begins to combine and associate the most consistent responses from carers into templates that serve to create a sense of internalised predictability.

Babies come to rely on these models of continuity as basic mechanisms for dealing with stress. If they are hungry, they know that they will be fed if they cry. If they are tired, they know that a parent will rock them to sleep. The more familiar the routine, the more settled the child. Memory templates act as short circuits to relieving the levels of arousal

that infants experience as they are exposed to the dynamic nature of their environment. These templates are without words – integrating basic physiological need, response and outcome outside of the child's awareness.

When routines change, children can become disrupted. If the routines are re-established, the templates of sensory relational memory are confirmed and further consolidated. The child will settle again in the familiarity of the routines. Interactions between carers and children which repair disrupted routines engender trust in relationships. This further reinforces positive attachments and secures relationships as sources of comfort and care. However, children who are provided with chronically inconsistent responses cannot form the memory templates they subsequently need to feel settled.

**The more familiar the routine,
the more settled the child.**



SECTION 1.4

Children who are neglected experience instability. Their needs are ignored or inconsistently met. Their templates are by definition unpredictable. They do not provide the basis to help children know what is coming next or how to respond to it. These children are left with fragmented blueprints to guide their thinking, feelings or actions. They are reactive and struggle to find relationships safe.

Similarly, children who are abused and violated establish distorted templates that increase their experience of distress. They are hurt and then blamed. They are abused and further criticised. These children's sensory templates are based on their internal stress reactions being amplified by those who are supposed to care for them. They find little relief in their exchanges with adults around them. Relationships cannot be trusted to reassure or soothe their states of tension and arousal.

As children mature, they build their ability to store language and concepts. Key memory structures in the limbic system increasingly develop the capacity to store the sensory dimensions of experience separate to the details (the who, what, when and where) of the experience itself which are recorded in the cortex. Other areas of the brain work to integrate these memory traces together (i.e. the feelings associated with a memory to the details or facts of the memory),

as well as further weaving associations with similar experiences. Recall can bring memories of events without sensations if necessary. Sensations can be described both separately and with the events that precipitated them.

Children and young people become prepared for the complexities of social interaction through this free flow of information. They learn to reflect on memories in calm states. They can replay the strength of shared experiences with others. They can also suspend painful memories at times in order to not be overwhelmed with the intensity of sensory experiences from their past when it is counterproductive to them.

Exposure to chronic toxic stress or complex trauma affects the effectiveness of key brain structures to integrate the different dimensions of memory. 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.

Added to this, research has shown that the intensity with which these sensory memory fragments are stored is also the intensity with which they are retrieved into experience.



SECTION 1.4

As a result, when they are exposed or confronted with cues associated with the traumatic experience from their past, children and young people can be flooded with the full force of the sensory memory fragments being triggered in their present without any awareness that they are responses from their past. For example, the sound of a raised voice in the classroom can trigger a fear response from the child that relates to the raised voice of an abusive parent. The child, in this moment, is unable to understand that the response they are having relates to the threat of harm posed by the raised voice of an abusive parent that is in the past, and not the non-threatening raised voice in the classroom in the present.

Traumatised children and young people are 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.

Their memories are in themselves a source of threats. They shut them down, do not engage with them and avoid them. As such, they do not rehearse building memories about themselves over time. Children and young people struggle to access stories about themselves and relationships. Their memories do not form the stories that they need to understand who they are, what they are good at and what

relationships with others mean to them. They cannot remember examples of themselves with qualities they can own and believe in.

Traumatised children and young people need relationships that provide the memory resources they lack or actively do not use in an effort to protect themselves from their past. Caring adults act as resources that keep track of their moods, their beliefs, their qualities. Safe and reliable relationships are the backup discs for children and young people when their own memory storage units have failed.

Traumatised children and young people need opportunities to keep their memory systems active through practice and rehearsal in conditions in which some of their internal stress and arousal has been reduced. In calmer states, children and young people can access greater cortical resources. They begin to have greater access to their working memory. They are able to consolidate learning. They can recall explicit strategies and even adapt them with support.

Traumatised children and young people need the relief of a safe space to make the most of opportunities to lay down new and helpful memory traces that can over time supersede the painful echoes of their past that continue to be activated and hold currency in the day-to-day moments of their experience.

Caring adults act as resources that keep track of their moods, their beliefs, their qualities. Safe and reliable relationships are the backup discs for children and young people when their own memory storage units have failed.



SECTION 1.5

Trauma and emotions

Children's emotional states are an indicator of their internal world.

Emotions can positively orient children and young people to what is about to come next. For example, in the lead-up to a birthday party, children begin to feel excited. The excitement is part of the fun of the event. The excitement prepares children for the intensity of the feelings they might have at the party and enables them to practice managing some of that intensity.

Emotions can also act as an early warning signal to the brain to be wary about what is about to happen. For example, as a child begins to feel the first strands of fear or confusion associated with hearing dad come home drunk, the child's brain is alerted to pay even more attention to dad's behaviour, the tone of his voice or the way he looks. Fear is an emotion which helps the child adapt to the escalation of threat that might arise as the father engages with his family when intoxicated. Emotions are an internal barometer for children and young people which help them organise the way they respond to and engage with what is happening in their outside world.

The impact of trauma on children's emotional capabilities

Complex developmental trauma significantly shapes the emotional storage and processing facilities of the brain-body systems of children and young people.

Firstly, as indicated earlier, it destabilises the connecting bridge between the left and right hemispheres. 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. They then have little basis to know and understand the feelings of others around them. Under these conditions, children and young people are not given the chance to develop empathy for others. They do not always see the consequences of their own behaviour on their peers, siblings and family.



Emotions are an internal barometer for children and young people which help them organise the way they respond to and engage with what is happening in their outside world.

SECTION 1.5

Indeed, feelings are in themselves perceived as another powerful source of threat for traumatised children and young people. Negative and critical feelings, such as confusion, shame, guilt, disgust and worry can trigger off memory traces of the trauma itself. The experience of these feelings sets off a cascade of physiological changes in the body that deliver stress filled after-shocks to children and young people. In this sense, it is adaptive for them to avoid emotions for the pain and uncertainty they cause.

Secondly, toxic stress and trauma acts to switch off top down-brain circuits from the cortex that are responsible for regulating the intensity of emotional and sensory experiences stored and handled in the lower structures of the brain. Traumatized children and young people are left without access to the resources offered to them by their cortex as it matures. The impact is both immediate and residual throughout their development.

Traumatized children and young people cannot easily access their cortex, or thinking part of their brain, to calm themselves down or regulate the strength of their feelings. They rely on the cortical capacity of the adults who care for and support them. Missing in action, the cortex of traumatized children and young people needs to be supplemented by the functioning of the cortex of significant adults to help calm, soothe and comfort children.

Emotions in social exchanges

A child's emotional orientation to an experience helps determine their behaviour. Because their cortex is still in its early stage of development, there is little buffer between what children feel and do.

When children's behaviour is responded to by parents and carers, they are not only learning about behavioural limits; they are also interpreting how to negotiate their internal and individually oriented feelings with their external socially determined world.

Children and young people become aware of their internal state by experiencing how others react to their feelings. If those feelings are acknowledged, valued and verbalised, then children develop emotional literacy. They come to know when it is appropriate to be excited. They learn when it is okay to be curious and explorative. They know what reactions to expect if they are angry.

Children compose a framework for their feelings from the predictability of the responses that they receive from others to their behaviour and their emotional state. Predictability becomes the key through which children and young people manage to negotiate how they have their needs met in their social exchanges with parents, family and friends. Consistent, congruent and validating responses give them effective blueprints for organising their internal world.

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



SECTION 1.5

Trauma and disruption in emotional engagement

Abuse and violence disrupt the capacity of children to organise their internal emotional domain. Children experience inconsistent and frequently mis-attuned responses to the way they feel and behave.

For example, instead of validating and acknowledging children's feelings, abusive parents or carers may escalate children's confusion or fear by responding aggressively or blaming the children for their behaviour. In unpredictable relationships, parents or carers may sometimes respond safely and supportively, then without warning, they may react angrily, negatively or aggressively. For these children, there is no 'rhyme or reason' to the change in approach by their parents or carers.

In this context, there is no predictability. Children's emotional life remains disorganised.

Children cannot trust the external world to offer them stability. They do not have their feelings acknowledged and verbalised. They learn to distrust their own feelings. They have no barometer to evaluate the intensity of their experience. They react without awareness. They stop seeking out comfort. They close themselves down so that feelings are kept at a safe enough distance from their own experience.

Their brain's arousal system is constantly elevated because they have no sense about what to expect next. In this state, they struggle to find how to feel calm, how to feel safe, how to feel in control. The emotional world of traumatised children and young people is in constant flux.

Mapping the consequences of predictability at school

At school, small changes in the routine of traumatised children can trigger a cascade of physiological, emotional and behavioural responses.

For example, a substitute teacher taking a class because the usual teacher is sick is a major change to the experience of predictability for traumatised children.

At the news of the substitute teacher arriving, the child's internal sensory pathway triggers off the stress responses of the brain-body system. They start to feel agitated but don't understand why. They are easily distracted. They revert to their most basic ways of coping with an experience they perceive as a threat.

They start to distract their own attention from their internal feelings of distress. They act out past behavioural routines that were effective in defusing

the threat and the subsequent stress in the past. They might run away from the class. They might make a series of funny but inappropriate comments. They might pick a fight with another child.

The substitute teacher's response at this time is crucial. If the teacher engages in limit setting and assertive classroom management techniques, it is likely that the child's alarm state and behaviour would only intensify.

Alternatively, the substitute teacher could help to reset the child's internal state by focusing on what has stayed the same with the class even though the teacher has temporarily changed. This could involve praising the usual classroom teacher to the class and maintaining the same routines. In this scenario, the teacher would need to have been prepared by the school to assume this approach. In this way, school communities play a vital role in providing traumatised children with compensatory experiences that promote long term recovery and growth.

SECTION 1.5

Melissa's Story

Melissa is an 18-month-old girl. Like all toddlers, she likes to explore her world. One day she toddles over to a plug and is just about to stick a fork into it. Her mother shouts at Melissa "No Melissa! That is naughty! Stop it!"

Melissa immediately bursts into tears and hangs her head in shame. She is not used to seeing her mother being angry with her. Melissa's mother picks her up and comforts her. She explains that she still loves her, but that it is very dangerous to play with power points and she must not do it again. Eventually Melissa calms down, jumps off her mother's lap and happily plays with her toys.

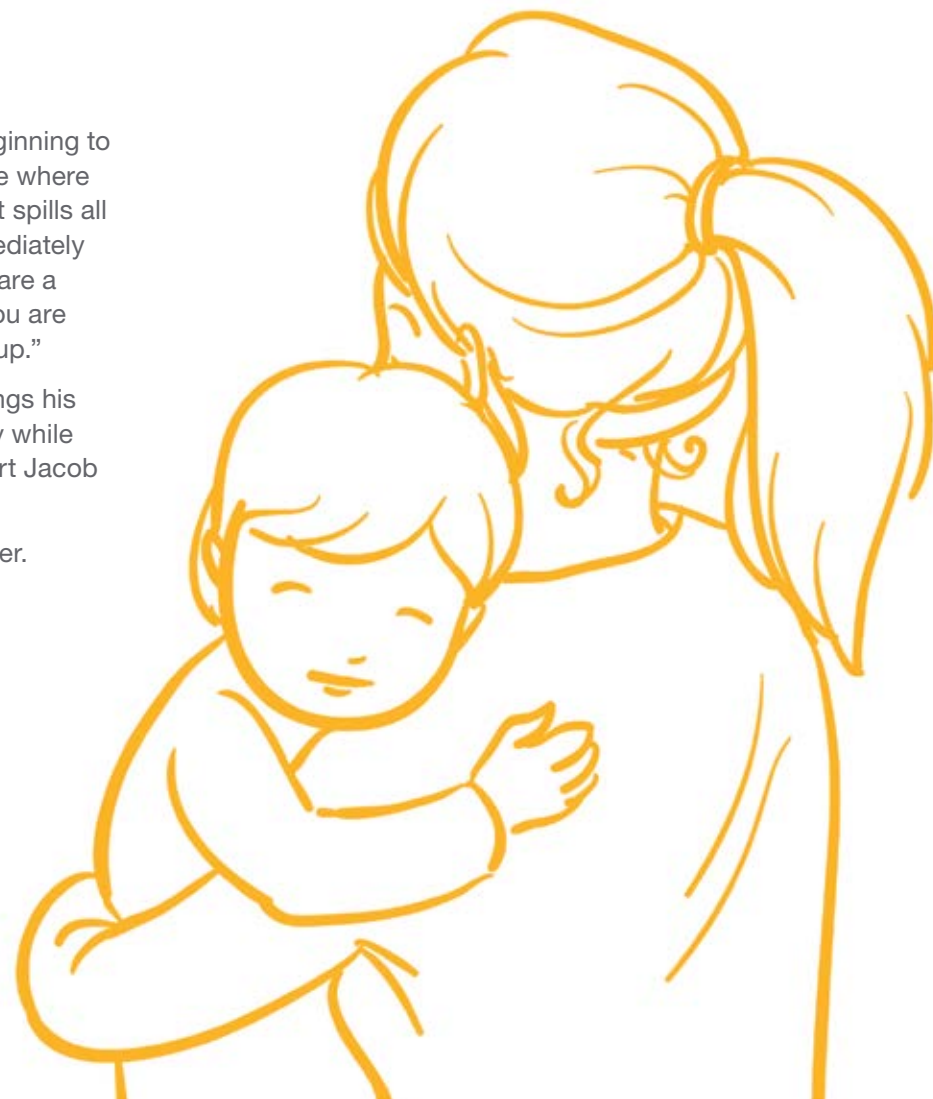
This pattern repeats itself as Melissa gets older.

Jacob's Story

Jacob is an 18-month-old boy. He too is beginning to explore his world. He reaches up to the table where there is a full cup of milk and pulls it down. It spills all over him and the floor. Jacob's mother immediately leaps up and starts screaming at him. "You are a clumsy child! That is very naughty of you. You are always causing a mess that I need to clean up."

Jacob immediately bursts into tears and hangs his head in shame. His mother leaves him to cry while she cleans up the milk. She does not comfort Jacob and Jacob is left on his own.

This pattern repeats itself as Jacob gets older.



SECTION 1.5

Emotional disruption and re-connection

Melissa is an example of how parent-child interactions help children experience feedback while maintaining a sense of emotional safety and relational connection. Melissa's mother helped her practice how to reduce her experience of distress. As she experiences regulating her own emotional state with her mother's support, Melissa eventually develops the capacity to do this on her own.

On the other hand, Jacob does not experience the reconnection with his mother after she berates him. He is left to find a way to relieve his distress on his own. This is beyond Jacob's capacity at this stage in his development. Over time, Jacob's response to any intense feeling is to disconnect from it, so that it does not keep hurting him. Instead of learning how to regulate his emotions, Jacob learns how to ignore them. Jacob learns that feelings of shame have no end. For him, it is better to deny these feelings than have to own them.

As a chronically traumatised child, Jacob would not own up to anything that he does wrong. He would not be able to empathise how someone else may have been hurt by his behaviours in the playground. Jacob would feel terrible. He would feel worthless. He would not have confidence in social settings. He would not be able to trust himself to stay calm because he

could not control the intensity of his feelings. Jacob would be particularly sensitive to any perception of criticism or being made to feel separate from others. Disciplinary strategies like time out or being sent to the principal's office will probably only exacerbate his sense of shame. Jacob would not be able to know how to reconnect again with the teacher after he did something wrong in the classroom.

Trauma and disconnection

Another emotion experienced by traumatised children is the feeling of being disconnected – from both their feelings and other children. At a feeling level, disconnection initially serves a purpose for traumatised children. It allows them to not feel the intensity of the violence they were originally faced with. However over time, disconnection stops them from feeling even positive feelings. It stops them from knowing that there is a continuum of emotions.

Disconnection cannot work all the time. As noted in a previous section, intense sensory and emotional memory traces are stored in the limbic system of the brain without any cortical reference points to understand them. These references would normally allow children and young people to know when these feelings occurred, who was there and where it happened.

Without these sorts of references, the feelings that are stored have no context and as such little meaning. Whilst they are not consciously remembered, these emotional states can be triggered in the child by cues in the child's environment (a sound, smell, a look, a tone of voice) and/or by a child's internal emotional experiences (such as sadness, anger, confusion). When they are triggered, these emotional states are re-experienced with the similar intensity with which they were stored.

To use an analogy, chronically traumatised children and young people feel like they are in a small boat on a large ocean. They are being tossed around by the ocean. They have no chance of controlling the boat or even getting off the boat. Often, they experience the rocking and chaos associated with a storm, without ever being aware that they are at sea.

When he is older, Jacob is unlikely to own up to anything that he does wrong. He would not be able to empathise how someone else may have been hurt by his behaviours in the playground. Jacob would feel terrible ... Disciplinary strategies like time out or being sent to the principal's office will probably only exacerbate his sense of shame.

SECTION 1.5

The emotional masquerade

Traumatised children and young people find it difficult to decipher their emotional states. Feelings are confusing for them. Their feelings do not feel like they belong to them. Feelings bump into each other. They amalgamate and hide.

For example, because of its intensity, anger can mask a great deal of other feelings in children and young people. It can look a lot like frustration. It can masquerade as uneasiness and confusion. It can also be an outward expression of sadness and distress. Critically for chronically traumatised children, anger acts as a marker pointing to elevated states of arousal.

Importantly, tracking children's emotional states over time is a way of staying in touch with how, why and when different feelings become experienced and expressed. This provides a platform to connecting with children's inner worlds and being able to support them in managing these often overwhelming feelings.

Trauma and disconnection from others

Emotions are also an important way of children experiencing others. They learn to recognise their own feelings by learning how others are feeling.

They learn to know that they can connect with others when their emotional states match. Emotions assist children and young people to belong to a social group who share their feelings.

Through disconnecting children from their own feelings, trauma also disconnects children from others. Traumatised children often feel different to others.

If trauma or stress occurs during the periods of time when the right hemisphere is more dominant in its maturation, then children and young people will experience difficulties with being able to read and interpret social cues of others. They are more likely to perceive many facial gestures as negative or critical, perhaps even threatening. Social exchanges become experiences which add to their levels of stress. Relationships are even more experienced as disjointed and confusing.

They often have trouble reading social cues and as a result struggle to fit in. They look for other children whose history and background makes it easier for them to be with. Traumatised children share disconnection from their feelings with other traumatised children. In this group, they do not have to tolerate other's feelings because there is only a limited range of feelings ever expressed.

However, staying in this group does not help any of the children negotiate social exchanges more effectively. They do not have opportunities to practice how a broad range of feelings and communication can be matched.

Without intervention aimed at supporting better connection and social skills, traumatised children and young people are likely to experience increasing levels of isolation.

Trauma and emotion – Summary

The emotional domain of children is a fundamental building block for development and growth. Trauma and toxic stress severely disrupts the way that a child's brain manages, remembers and processes the emotional dimensions of experience.

Most of the impact of trauma in the emotional domain is outside of children's conscious awareness. As such, these feelings often are not integrated with cortical references that enable children to examine them in a reflective way.

Traumatised emotional states affect children invisibly and without warning.

SECTION 1.6

Trauma and relationships

A strong connection between children and their parents/ carers is critical to children being able to understand and feel safe in their world.

Children who have experienced toxic stress and trauma arising from abuse and neglect are likely to have been exposed to inconsistent, hostile and rejecting models of connection to their parents/ carers. For them, experiences of safety and security are rare. As a consequence, they find it difficult to trust those around them. Traumatized children carry these models of poor connection with them into other relationships, making it difficult for them to feel settled and engaged.

Experiencing positive models of connection for children

Michael is the third child of a loving family. As a baby, Michael was comforted and loved by his parents. If he cried, he was picked up and comforted.

His parents regularly play with him, making him laugh, tickling him, cuddling him, and introducing him to new experiences, sights and sounds.

Now that Michael is three, he has become more mobile and has begun to explore his world. Sometimes he has been frightened by a new experience, sight or sound, but his parents resource him and encourage him.

For example, one day Michael went to the park with his family. He sat on a blanket and one of his brothers put a large coloured ball in front of him.

Michael immediately pushed the ball which rolled away and made a strange noise. Michael started to cry and looked for his mother to pick him up. His mother walked over and sat next to Michael and comforted him.

She then explained that the ball will not hurt him and showed him how to roll it back and forth. Michael tried this for himself. Initially he looked a little scared, but with encouragement from his mother he rolled the ball and eventually toddled off with it in his hand.



A secure connection means that children can explore their world, always knowing that they can come back to their emotional and relational base camp when they do not feel safe or are uncertain.

SECTION 1.6

Connection – feeling safe to explore the world

To use an analogy, positive models of connection are akin to learning rock climbing. For most of us, it is certainly an experience that requires you to move out of your comfort zone. Imagine the feeling of being high on a rock. Below you is a 100-foot drop. Day-to-day sounds have been replaced with the sound of the wind and your heart beating loudly in your ears.

Your senses are heightened and you concentrate on each and every step. As you take your next step up the mountain, you feel the comforting tug of your guide's rope around your waist. Your guide and his expertise give you the confidence to continue climbing upwards. You can relax with the knowledge that you are securely attached with a harness and rope.

As you practice climbing and learn more techniques, you become more and more confident. Eventually you are confident enough in your ability and skill level to climb without a guide.

The more predictable the response ... the more confident children become in understanding the world around them.

The importance of connection

Children's capacity to shape their internal emotional state is interdependent on their carers' ability and willingness to recognise, acknowledge and help them manage those feelings. Parents/carers play the vital role of interpreter between internal and social worlds of children and young people.

Experiences of connection with their parents/carers provide the resources for children to develop internalised working models about what to expect in response to their own needs. By anticipating how their carers will respond, children come to know how to behave and communicate their needs and feelings.

The more predictable the response to them, the greater the confidence that children develop in both what they feel and how they understand the world. In particular, they learn that they are able to solve problems. If they can't do so on their own, they learn that they can find and trust others who can help them.

Children identify relationships as a source of comfort. Children develop implicit memory templates that allow them to transfer the strengths of these experiences to new relationships and other social opportunities.

Trauma and disrupted connection

In the context of abuse and family violence, parents/carers do not try or are unable to take over the function of interpreter and moderator of feelings experienced by children. Traumatized children learn that their external environment cannot provide any relief for them. They do not come to trust others to help them manage their internal states.

They develop few or problematic working models for how to organise their emotions and their behaviour. As such, they struggle to make sense of their experiences, are not confident in new environments and do not easily adapt to new experiences.

Foster families often experience the implications of disrupted connection with traumatized children and young people. When in their care, foster parents begin by trying to be affectionate and loving with children. However, traumatized children often find such love to be confusing. They do not have an effective working model of relationships that enables them to engage with a new carer or family.

Trauma-influenced working models of relationships are generally comprised of mistrust, ambivalence, fear and confusion. When relationships around traumatized children do not work, the children themselves take this failure as reinforcement that they are to blame. In many ways, traumatized children feel responsible for their own chaos and isolation.

SECTION 1.6

Catherine, Justin and Cara are three children who have not experienced consistent and safe experiences of connection.

Catherine's story

As a child growing up, Catherine was not given the opportunity to be explorative. Because Catherine's mother experienced sexual abuse from her uncle from a very young age, she did not trust the world and limited Catherine's contact with others. Catherine's mother has given the message to Catherine that the world is unsafe. As a result, Catherine is a shy, clingy and introverted child.

Catherine has internalised a working model of relationships that alert her to the constant possibility that others might harm her. Her threshold for danger is set very low. She is likely to react to even small challenges with fear. She will not have a sense of herself achieving or developing new skills. As a result, she will probably have low self-esteem. This will affect her motivation to learn and engage with school activities.

Justin's story

Justin was placed in state care at age 6 months, because his parents were not fit to look after him. Justin was in and out of foster homes and different

care arrangements until the age of 5. As an 8-year-old, Justin has extremely challenging behaviour. He will not listen to his teachers and does not follow the school rules. He has no real circle of friends, choosing to be by himself during recess and lunchtime.

Justin has few or no positive working models about the world at all. He has not experienced people being in touch with his feelings. He has had only limited and inconsistent responses to his feelings. He has experienced little comfort. Relationships are not a resource for Justin – they are a source of distress and pain. He finds it difficult to internalise rules. He has no understanding or awareness of his own reactions. He has even less empathy for others.

Cara's story

Cara's mother suffered bi-polar disorder and her father was an alcoholic and in and out of jail while she was growing up. When Cara's mother was in a depressive state, she did not have the energy or motivation to meet Cara's needs. When Cara went to her mother for help, she was told to 'go away'. She

would spend a lot of time crying alone in her room. On the rare occasions Cara's mother was happier, she went out leaving Cara in the care of a range of baby sitters. At school, Cara is quiet but occasionally becomes very aggressive. She has explosive anger that appears to come from nowhere. Cara has been known to engage in cutting her arms with a razor blade. She does not want to be involved in any counselling.

Cara has had her needs ignored even though she has had her mother physically present with her throughout her life. She has internalised the message that relationships are conditional on the mood of others. She has not felt validated. She has experienced herself as the lowest priority in her parents' life, second to alcohol, crime and personal satisfaction. Cara does not feel much a lot of the time. When she does, she cannot manage those feelings. She does not know how to express her internal feelings of distress or how to seek relief or comfort. Catherine uses self harm as a way of externalising her internal pain. She will not attend counselling because she fears intimacy and making herself even more vulnerable in a relationship with an adult.

SECTION 1.6

Relationships make all the difference to traumatised children and young people

The antidote for traumatised children who are suffering the consequences of poor connective experiences is to engage in relationships with them that are positive and sustaining.

These compensatory relational experiences centre around the following key features:

- there is a consistent approach to communication;
- children have their feelings acknowledged and validated by adults;
- children experience adults as being protective towards them; and,
- children experience adults trying to take care of them even when their behaviour is challenging and complex.

The quality of relational experiences for traumatised children provides opportunities for different working models to emerge. These working models hold the hope for children that not all adults are the same. As they experience different relational exchanges, children's brains begin to set down alternative neuronal pathways which integrate different kinds of feelings and memories. Over time, as these

experiences are repeated, they become the working templates that children apply to social exchanges and new relationships.

The experience of one significant relationship which has these qualities for children can make the world of difference to them.

Trauma and connection – Summary

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.

Supporting children to re-experience relationships differently is the key to trauma recovery and change.



SECTION 1.7

Trauma and behaviour

The behaviour of traumatised children and young people is an insight into the responses of their brain-body system to toxic stress and trauma. It represents a complex interplay of the experiences of their past, their reactions to the present and the cumulative impact of relational exchanges over time.

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.

Understanding it is the first key in helping children and young people to stop it, reshape it or substitute it for more helpful behaviour.

Trauma-based behaviour can usually be identified as patterns or repetitive routines that play themselves out in the relationships and environments that children and young people are engaged in. It can be a response to traumatic memory traces triggered externally by events or exchanges with others. It can

be familiar strategies used to manage their internal states. It can be driven by change or unpredictability. It can be influenced by increasing levels of stress. It can be shaped by the extent of the rhythms and sensory stimulation of their environment. It is very much influenced by the negative self identities which children and young people believe to be true about themselves.

Without intervention aimed at supporting better connection and social skills, traumatised children and young people are likely to experience increasing levels of isolation.

Categorising trauma-based behaviour

Trauma-based behaviour can be categorised in a range of ways. The examples explored in this section connect with the ways in which the residue of toxic stress has been identified to affect children and young people's brain-body, memory, emotions and relationship systems.

Comfort seeking – Depending on the relational templates that have been established for them in their early phases of development, children and young people will seek out comfort from people whom they perceive as safe, consistent and nurturing. This



includes seeking out physical attention from others, sitting close and engaging in parallel play, wanting to be fed, wanting their hand or hair to be stroked. Some children, whose relational templates are inconsistent, may seek out such comfort from individuals who are not safe or with whom the child or young person misjudges the strength or nature of the relationship. This exposes children to rejection and also increases the possibility of them being exploited.

SECTION 1.7

For some, they may engage in behaviour routines that are aimed at self-soothing. This includes rocking, self-stimulation, sleeping, playing hand-held computer games, listening to music and eating. These patterns can be helpful to children and young people in putting them into a zone of attention and focus that supports a more relaxed state. However, if they become a source of pre-occupation then their benefit is curtailed. In another broken feedback loop, children not only persist, but also intensify their self-comforting behaviour despite it not working in relieving their internal stress state. They then are forced to deal with secondary consequences of this behaviour interrupting other activities.

For example, Josh insists on playing his hand-held computer game in the classroom when it is not allowed. He has broken a rule. His teacher takes the game from Josh and tells him he cannot play with it until lunchtime. Josh becomes even more distressed and pulls the computer game from the teacher's hand. Josh needs to play it now even more than he did before because it is the only way he knows how to make himself feel better. At this, Josh's teacher is more frustrated and asks him to give it back. Josh runs out of the room crying.

In this example, Josh's self soothing strategies are too limited. He cannot tolerate losing the hand held game. A different approach is required from the teacher that engages Josh in collective comforting and calming, until Josh is ready to hand over the game himself.

Self protection – It is critical to consider how the behaviour of traumatised children and young people can act as self-protective measures. For example, some traumatised children and young people have been so damaged by the abusive nature of their interpersonal relationships that adults have stopped being sources of comfort. Instead, these children and young people avoid intimacy at all costs. They do this for their own protection.

Self-protective behaviour can be initiated in response to uncertainty and unpredictability in the environment of traumatised children and young people. In these circumstances, they revert to actions that they have used before. It is critical to understand how current behaviour relates back to past experiences of trauma. These contextual traces offer possible resources for knowing how to support children and young people to more effectively manage the change that occurs around them.

Understanding the function of trauma-based behaviour

The key to reshaping trauma-based behaviour is to understand it and respond at its source rather than how it is expressed. Like emotions, behaviour contains multiple drivers, multiple explanations and multiple ways to respond to it.

For example, Emily, aged seven, has experienced neglect since infancy. She has been asked by the teacher to undertake a task that contains four steps. After she has completed the first three, Emily stops and begins to talk to her classmates, interrupting them with questions about a new show on television. Emily ignores the teacher's prompting to return to her task. Understanding the possible drivers of Emily's behaviour at this point will offer the most effective response to her. Emily may purposefully not be listening. It also may be likely that Emily's stress response system has been activated. Under such stress, working memory in children and young people can deteriorate. It may be that Emily has only retained the first three steps in the task and has forgotten the others. Pairing Emily up with her best friend to undertake the task may serve to reduce her stress system and also give her access to collective efforts to remember what to do next.

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For traumatised children and young people with unstable relationship templates, behaviour often reflects ruptures in relationships. Small examples of teasing can be experienced as large shifts in allegiance, rejection or humiliation. Today's behaviour may have been started with tension between peers and friends a week ago and has simmered unnoticed and unacknowledged in that time. The relational component of behaviour needs to be kept in constant focus when trying to understand the needs of children and young people who have been affected by toxic stress and trauma.

Addressing trauma-based behaviour

Re-shaping trauma-based behaviour has its own set of unique strategies. First and foremost, it draws its effectiveness from an open and flexible orientation. If there are multiple drivers of behaviour in children, by definition there are also multiple approaches to addressing it.

Trauma-based behaviour will shift in intensity and degree when a proactive and planned approach is developed, implemented and refined. In this plan, consideration needs to be given to the following important insights about the nature of trauma-based behaviour.

Trauma-based behaviour has served a survival function for the child or young person. It may continue to serve that same purpose in the child's current context. As such, this behaviour is most likely to stop when its function is no longer needed.

Traumatised children and young people will not necessarily respond to incentive-based systems of behaviour management. Trauma-based behavioural routines have been established over time and in reaction to overwhelming threat. They will not easily be given up in favour of rewards or as a result of rewards being withdrawn.

Strategies for addressing trauma-based behaviour will be most successful when they are applied purposefully across multiple settings in which children and young people live, play and learn. With reduced memory capacity, traumatised children and young people will find it difficult to generalise their learning from specific situations to related and unrelated contexts.

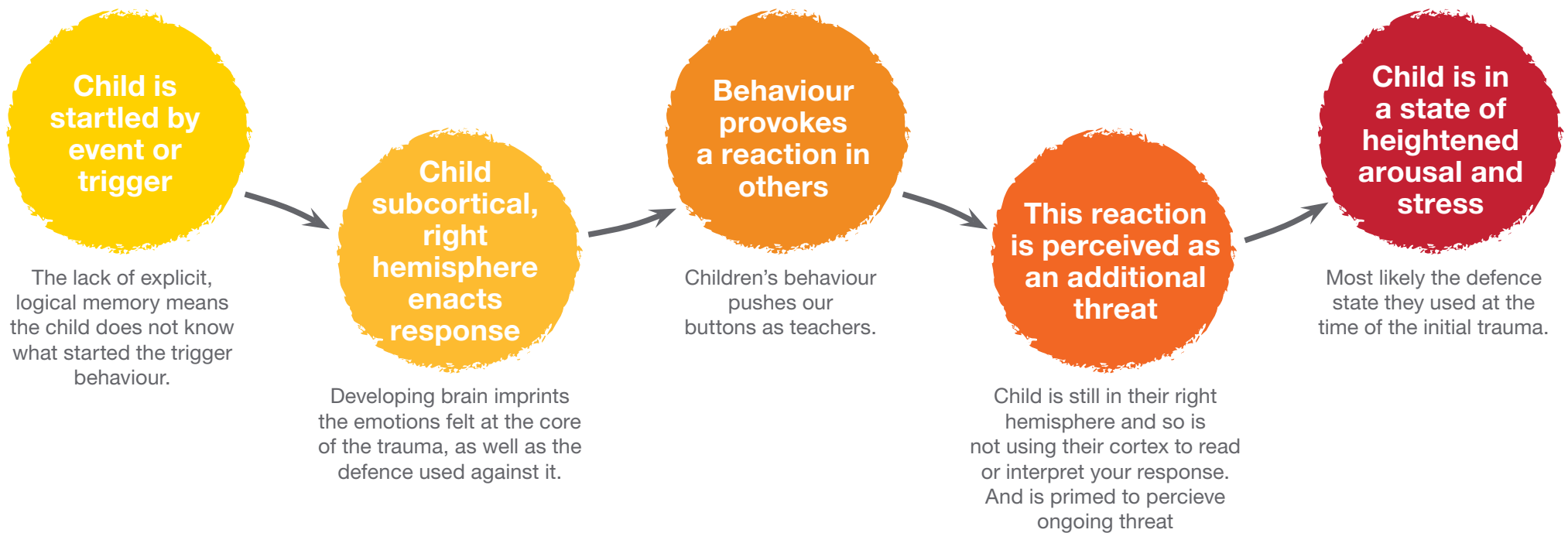
If a strategy does not seem to be effective, change the strategy. No single approach will work all the time. Build strategies that promote safe and caring relationships in the long term. Reconfiguring the relational templates that children carry will take time but are worth investing in.

Always consider the internal stress levels experienced by children and young people. Effective strategies will offer comfort and calm as the basis for change, alleviating additional stress on an already stressed body-brain system. Build in elements that promote predictability and stabilise the routines of children and young people.

Trauma-based behaviour is challenging and sometimes difficult for those who are educating and caring for children and young people. It is important to be mindful of how such behaviour can trigger reactions in the network of individuals who interact and support traumatised children and young people.

Strategies for addressing trauma-based behaviour will be most successful when they are applied purposefully across multiple settings in which children and young people live, play and learn.

SECTION 1.7



Strategies for addressing trauma-based behaviour will be most successful when they are applied purposefully across multiple settings in which children and young people live, play and learn.

SECTION 1.8

Trauma and learning

The capacity of traumatised children and young people to learn is significantly compromised. Their neurobiology is stressed. Their relationships can feel unstable. Their emotional state is in flux. They find it difficult to stay calm or regain a state of calm if they feel distressed or perturbed. Change is perceived as dangerous. Their memory is under pressure. They are disconnected from themselves and time. Their behaviour rules them. New experiences and new information carry with them elements of threat and uncertainty.

The capacity of traumatised children and young people to learn is significantly compromised. Their neurobiology is stressed. Their relationships can feel unstable. Their emotional state is in flux. They find it difficult to stay calm or regain a state of calm if they feel distressed or perturbed. Change is perceived as dangerous. Their memory is under pressure. They are disconnected from themselves and time.

Their behaviour rules them. New experiences and new information carry with them elements of threat and uncertainty.

Children and young people who have experienced toxic levels of stress and trauma find the demands of the school environment extremely challenging to navigate and benefit from. This is due to a range of factors.

Firstly, toxic stress causes memory systems to degrade and fail. The more complex formed systems of memory are dissolved first. Without memory resources, learning is exceptionally difficult to consolidate. Secondly, instead of following the natural rhythm which sees stress hormone level peaking in the morning and gradually wearing down during the afternoon and early evening, stress hormones in traumatised children can stay high constantly through the day. This contributes to limited attention span and difficulties with concentration. It also means that these children may experience eating and sleeping difficulties, which further impact on their capacity to engage positively with learning opportunities.

Thirdly, if trauma or stress occurs during the periods of time when the left hemisphere is more dominant in its maturation, then children and young people will



experience difficulties with being able to process language, possibly leading to delays in language acquisition and comprehension. They are also more likely to experience difficulties with executing logic and sequences tasks. They will therefore find maths and problem-solving tasks particularly testing. They will find narrative-based techniques complex and at times indecipherable. At sport, they will struggle to read the play and flow of a game. They will need additional support to meet these challenges.

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Finally, traumatised children and young people find the constant interaction with others at school a source of ongoing stress. School environments are semi-structured. They allow for change without the need for preparation. In these contexts, traumatised children and young people spend their energy just surviving. There is little room left for much else.

Through adopting trauma-informed approaches that are sensitive and predictable in their implementation, schools can open up a space for traumatised children and young people to learn.

With an understanding of the knowledge base about the neurobiology of trauma and connection for children and young people, the next section sets out principles and strategies for resourcing schools to support children and young people with experiences of chronic stress to make the most of the learning opportunities offered to them.



Narrative memory is lost

Children lose an ability to make sense of their experiences.



Episodic memory is fractured

Children cannot remember events that occurred in that day or over the week. They do not remember who they were with. They do not remember what they learnt.



Working memory is paralysed

Children stop being able to hold information long enough for it to be judged to be valuable by the brain. It is promptly forgotten.

SECTION 2

Responding to traumatised children and young people at school

This section of the booklet takes the knowledge base about the neurobiology of trauma and toxic stress and applies it to working with individual students, with whole classes and across school settings.

Using Space

Making SPACE for Learning was chosen as the title of this resource guide because it reflects the task that confronts schools in supporting traumatised children and young people. The word SPACE itself also acts as an acronym that summarises the five basic principles of trauma informed practice in schools.

Effective responses are those which integrate a comprehensive understanding of the growing knowledge base about the neurobiology of trauma and stress and its implications for children and young people. The first section was written in a way that reflected the interconnected nature of stress,

memory, emotions, relationships and behaviour in children and young people. Key concepts folded in on themselves, relying on their integration with the other dimensions in order to make sense.

Integration in the brain-body system works in a parallel way. Structures connect, physiology interacts and functions overlap to create positive mental health and wellbeing. Trauma is the reverse. Trauma acts as disintegrative experiences to the brain-body system of children and young people. Its impact results in closed, rigid and less flexible ongoing responses by children to stress and change. An open and adaptable brain-body system is the ultimate goal in supporting the recovery of children and young people from the effects of trauma and toxic stress. Adaptability and openness to receiving and translating new information is also the basis of learning.

This section of the booklet takes the knowledge base about the neurobiology of trauma and toxic stress and applies it to working with individual students, with whole classes and across school settings.

The examples used to highlight some of the possibilities for action are drawn from real-life examples of school initiatives that have been implemented over the last ten years with various Education Departments, State Governments, Catholic and Independent Schools around Australia.



SECTION 2.1

Principles underpinning trauma informed practice in schools

Research into the neurobiology of trauma suggests that under states of chronic physiological stress, the most complex and last-to-develop functions of the brain are switched off.

Principles underpinning trauma informed practice in schools

Traumatised children and young people respond to their environment with limited access to the resources in their cortex responsible for thinking, logic, analysis and problem solving. This is why trauma informed practice has as its main ambition to support children and young people to reset their baseline internal stress and arousal levels in order to bring their cortex back on line. With these resources available, children and young people are more likely to use their experience of school to learn.

Trauma informed practice supports an emphasis on making the school space – its routines, its relationships and its activities in and around its students – facilitative and flexible to the needs of all children and young people, but in particular those who are affected by the consequences of trauma and toxic stress.



The acronym **SPACE** represents five key dimensions that if incorporated into strategies offer the most potential to establish effective opportunities for schools to respond to the needs of traumatised children and young people.

SECTION 2.1

Staged

The knowledge base about the maturation of the brain highlights that development is sequential by nature. Sophisticated functions of the brain-body system only emerge after basic functions have developed and been consolidated with rehearsal and practice. This is true of the vertical and horizontal structures of the brain. It is also true of the progression of memory for basic facts through to memories of sequences of experience through to narrative memory, which combine experience and interpretation. Skills like reading also increase in complexity through repetition and rehearsal, building on basic building blocks of letters, syllables, words, sentences and paragraphs.

Strategies aimed at resourcing traumatised children and young people need to follow this staged pattern of conceptualisation and implementation for them to succeed.

Predictable

Traumatised children and young people experience change in their relational and physical environment as a source of stress. Their brain-body system maintains itself in a state of arousal readiness in preparation for the re-occurrence of threat. Uncertainty and

unpredictability of routines and reactions from others amplify the stress response used by traumatised children and young people.

The reverse is then also true. Strategies which promote stability and familiarity reduce the need for the stress system to be as actively engaged. This releases the energy that children and young people use to lock down their experience and avoid change. They then have the space to experience themselves as more flexible and more able to tolerate small degrees of change in their environment.

Adaptive

Traumatised children and young people rely on a limited set of behavioural routines to respond to the challenges of their context. These routines are sourced in the history of their physiological reaction to toxic stress and the experiences of relationships through which these reactions were interpreted and responded to. They are left without resources to adapt to the specific requirements of any given environment. As such, they find it difficult to fit in leading them to sit on the outer boundaries of social and community relationships. In school contexts, they struggle to internalise collective rules and understand the consequences for breaking them.

Equally, the intensity and challenging nature of the behaviour of traumatised children and young people can lead to unitary explanations being applied to their motivation and drives. This creates environments in which children and young people are more likely to be excluded from activities which can prove to be beneficial to them. The options for traumatised children and young people in schools can become increasingly focused on discipline and behaviour management. Locked down systems in themselves restrain flexibility.

Strategies which promote adaptability in children and young people are those which are able to maintain multiple meanings for behaviour and remain open to multiple options for intervention.



SECTION 2.1

Connected

Traumatised children and young people develop insecure and unstable templates for forming, maintaining and being in relationships. They have distorted or confusing internal maps to help them navigate intimacy. They have learnt to perceive relationships as possible sources of terror, indifference and inconsistency. They avoid engaging fully in relationships for fear of being hurt or rejected again. At other times, they may have an insatiable need for love and attention, putting inordinate pressure on relationships to deliver these experiences. They also struggle to constructively interpret social cues and can feel isolated and different from their peers. They may use socially inappropriate behaviour to try to engage friends, only to be rebuffed.

In school contexts where relationships are constantly negotiated and renegotiated, traumatised children experience social exchanges as sources of stress which maintain the need for trauma-based behavioural routines.

Effective strategies to support traumatised children and young people emphasise relationships with safe and consistent adults and peers as the foundation for change. Relationships become the primary vehicle through which new meanings about feelings, beliefs, behaviour and identity are resourced to emerge. Connected children and young people are calmer and more able to access their internal systems to learn.

Enabled

Traumatised children and young people find the process of understanding themselves difficult. They are challenged in their capacity to identify their feelings, understand them and communicate them to others. They struggle to piece together a coherent narrative about their qualities, their attributes and their talents. Their memories and interpretive functions have been impaired by the experiences of toxic stress. They do not build stories about how they connect with others or jointly make meaning of experience. They do not easily make sense of their past, they feel separate from their present and have no starting point for creating a path into their future. Traumatised children and young people are not enabled or empowered.

Effective strategies for responding to traumatised children and young people in the school context will enable them to make linkages between and give meaning to their experiences of their past and their present, the feelings and their behaviour, their thoughts and their actions. These strategies will work best when they are located in jointly derived experiences of relationships that help adults and children together to make sense of what underpins their reactions. Together they learn to interpret themselves and their past. Children and young people see themselves as others do. They have identities which feel congruent and hopeful.



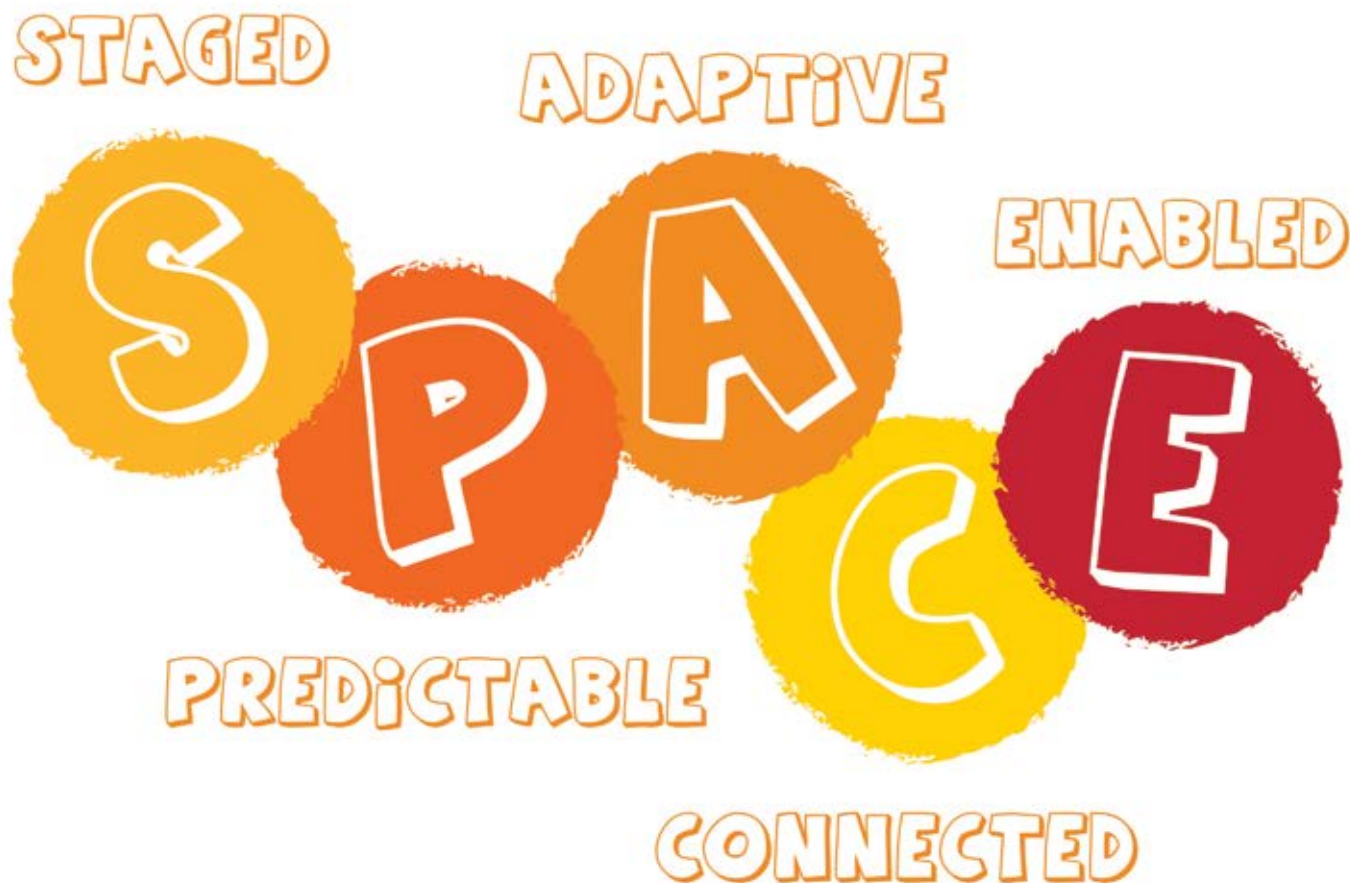
SECTION 2.1

Integrating the principles of SPACE

It is evident that the five dimensions of **SPACE** are inter-related. The more dimensions are addressed by a strategy, the more effective the outcomes. For example, strategies that emphasise the development of a positive connection between a child and a teacher based on the predictability of a classroom routine will help to stabilise the child's stress response and promote more flexible behaviour associated with engaging in shared tasks with a small group of peers. As suggested early on in this guide, integration at multiple levels is the key to equipping traumatised children and young people with opportunities to learn.

*Making **SPACE** for Learning* takes these principles and seeks to apply them in an integrated way to support students individually, at the level of the classroom and across the whole school environment. Examples of strategies that achieve this are explored in turn in the next sections. These ideas do not represent an exhaustive list of possible strategies. They are designed to prompt reflection and discussion. At the end of each of the next three sections, there is space for you to write your own thoughts and discuss them with your colleagues.

From time to time, additional ideas will be described in discussion papers located on the Foundation's website: www.childhood.org.au



SECTION 2.2

Making SPACE for Learning with individual students

It is an understandable challenge to manage individual children and young people who have trauma-responsive behaviour whilst in a classroom setting. Inevitably these students can affect the experience of the whole class group and change the shape of the school day.

Making SPACE for Learning with individual students

Trauma informed practice at the individual student level begins by building or strengthening the relational base around traumatised children and young people. Establish two or three reference points for the student. These are adults with whom the student already experiences a degree of harmony. These adults act as the interpreters of events at school for that student. For example, one of the reference points

can prepare the student for any changes in teaching arrangements. Another may make contact with the student at the beginning and end of the day. They step in for each other's absence, maintaining the relational context as predictable as possible. They help the child to understand and fit into their school routine. They support the student to negotiate social interactions with teachers and peers if required. They build a bridge of understanding between the student's emotional state and behaviour for the student and others.

Having attended to the relational home base that traumatised children and young people need to feel more secure in their environment, there are a myriad of ideas that can be configured together to meet the needs of specific students.

The following list of suggestions has been compiled from strategies used by teachers as they engage with the knowledge base underpinning trauma informed practices in school contexts. **They attend to the five SPACE principles in their intention and outcomes.**



SECTION 2.2



Put SPACE into practice

Below is a list of suggestions currently used by teachers.

1. Create spaces for the student to move into and still be part of the class group. Tactile corners in the classroom that have bean bags or a rocking chair, stress balls or a plush rug can support students to participate in class activity and calm down at the same time.
2. Develop a safe area and/or safe person the student can access if a situation is stressful or threatening.
3. Give children an opportunity to have a sense of agency and control in their own lives. Create structures within which children can make choices during their day.
4. Promote the strengths and interests of the child.
5. Give consideration to the benefit of the student being placed in another class on days where a casual replacement teacher is in attendance. The other class would be taken by a teacher with whom the student has an established connection.
6. Have written plans for children that are made accessible to relevant school staff. These plans will help to ensure consistency and predictability for children both within and outside the classroom (e.g. responses to the child from yard duty teachers at lunchtime should be consistent with the classroom approach).
7. Develop plans in the lead up to excursions and camps that enable the student to adjust and prepare for the new experience.
8. Establish working plans to respond to the individual behaviour of students that is based on understanding the meaning and function of the behaviour. Share the plans with others who have a role in teaching or supporting the student in other contexts around the school. Work together to maintain the response plans consistent across settings.
9. Provide praise that is concrete, specific and delivered with a neutral tone. This offers a student the possibility to learn to interpret positive reinforcement without hearing it through the lens of their past relational experiences.
10. Provide “cool down” time and space for the student that is not described as discipline.
11. Recognise early warning signs and flag these to the child in a range of ways – verbal and nonverbal. For example, observe and note physical arousal cues i.e. foot tapping, fist clenching, body tensing.
12. **Find an activity the child is good at and facilitate them being able to invite others into it.**
13. Utilise naturally occurring breaks during the day to interrupt patterns of trauma-based behaviour which reflect stress.
14. Engage parents and family members to identify behavioural patterns, triggers and effective strategies to respond to the needs of specific students.

SECTION 2.2

Put SPACE into practice (continued)

15. Keep a journal which tracks the emotional state or mood of the student over the course of a week. Use the journal to rate the intensity of reactions of the student and note any triggers that may have contributed to the trauma-based behaviour. Look back over the journal every month to build a sensitive understanding of the factors that influence a student's behaviour.
16. Capture and record the experiences of a student at school every week. Join the student in reflecting on these experiences in a sequenced way that enables the student to rehearse building a narrative account about their involvement at school. Recognise and acknowledge the student's involvement in school activities.
17. Build in regular resources that enable the teacher to spend one-on-one time listening, talking and/or drawing with the student.
18. Provide tactile activities to explore the dimensions of an experience. For example, ask the student to blow up a balloon to the size of an issue or fold a piece of paper to the size of the issue. Validate the student's assessment of the experience.
19. Offer sensory toys to enable a student to experience different feelings and then connect them to the words that can describe them. For example, link different textures to different feelings.
20. Support students to understand the link between their behaviour and its impact on others. Use strategies that build understanding gradually.
21. Use physical activity like walking to match the emotional state of a student at a particular time and join them in slowing them down to achieve a calmer baseline.
22. Utilise an identity web to explore the strength of children's connections to their family, friends and people at school. Use the pictorial map to help them make sense of themes such as closeness and distance in relationships.
23. Undertake a predictable activity at the same time of the school day that records the day's events in chronological order and categorises the experience according to the interests of the student.
24. **Provide impromptu fun experiences which are not defined as a reward. Fun and playfulness act as resources in the lives of stressed children and young people.**
25. Reflect on qualities that a student shows in undertaking and completing an activity. Link this quality to the kind of person who shares this quality in his/her network or community.
26. Use a digital camera in class to "catch" students doing the right thing and help them to reflect on their own strengths and commitments.
27. Include stretching and physically relaxing activities at predictable times each day.
28. Create a calm box that contains items which help children to feel comfort and ease. It may include sensory-rich objects, photos of favourite things, special toys, items that link the student to an important relationship or other visual reminders which are age appropriate.



The size of a feeling - SPACE exercise

1. Choose a balloon colour to match your feeling.
2. Blow up the balloon to a size that matches the intensity of your feeling.
3. How could you make the feeling smaller?





Identity Web - SPACE exercise

The diagram is a spiderweb with a central square box and six surrounding circles. The central box has a label 'my name' and a blank space for writing. The circles are labeled as follows:

- Top-left: Something I don't like
- Top-right: The thing I am best at
- Middle-left: Something I did last week
- Middle-right: A memory I have
- Bottom-left: Something I will do next week
- Bottom-right: A word I like to hear

A small spider icon is positioned at the bottom center of the web.

SECTION 2.2



Your SPACE

Write down strategies that you have used effectively in the past to support traumatised or stressed students. What other strategies would you now consider developing and trying with individual students?



Mapping the day - SPACE exercise

When I got here today - I was thinking about:



Home



Me



Family



Something else?

My body is / was feeling



Relaxed



Happy



Sad



Grumpy



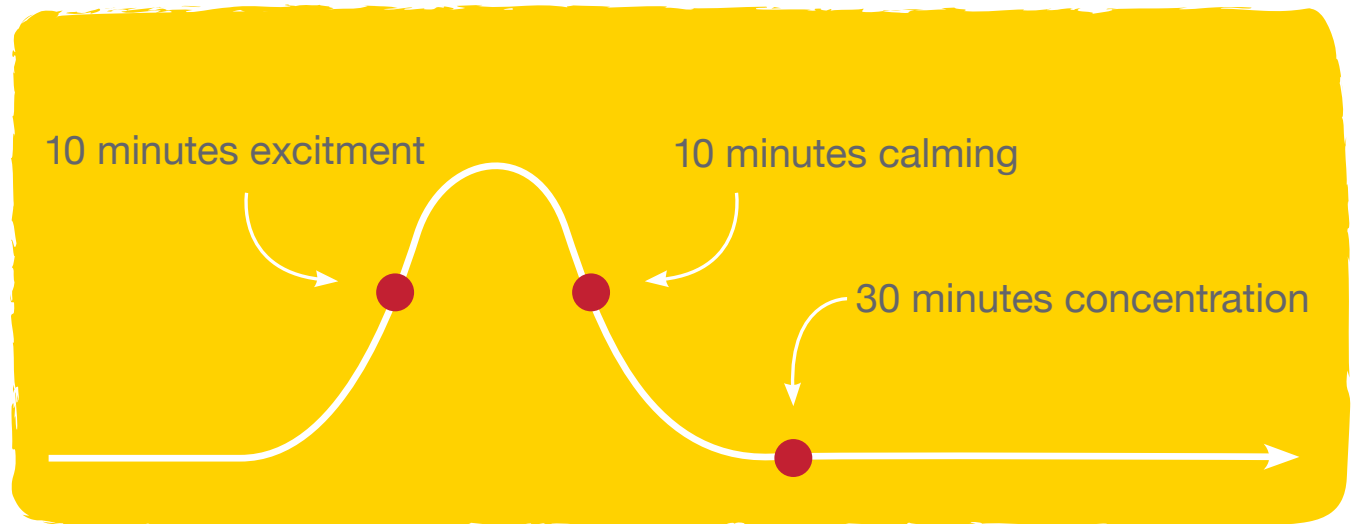
Worried

SECTION 2.3

Making SPACE for Learning in the classroom

The five dimensions of SPACE help to create a learning environment within the classroom which benefits not only students who have experienced trauma, but everyone. The challenges of modern teaching make it difficult to individualise every classroom process. Therefore, classroom strategies offer resources to all students.

Structure everyday experiences to have three distinct phases of activities.



SECTION 2.3



Put SPACE into practice

The list of examples below again integrates the principles of trauma informed practice in ways that can be applied at the classroom level.

29. Display a visual/pictorial class timetable in the classroom or hallway as appropriate. It can include photos of the students doing the tasks and completing them.
30. Use short, clear and sequenced instructions which are repeated periodically as the task is being undertaken. This will support students whose memory systems are under stress and are not functioning at their capacity.
31. Use multiple strategies for communicating information, instructions and setting tasks. This can include verbal instructions, visual reinforcement of what is required, practice and role play.
32. Build rhythmical rehearsal opportunities that support arousal regulation. For example, use the excitement – calming – concentration phases in regular classroom activities throughout the day.
33. Position clocks in view in the classroom and refer to them with statements such as “... we are half way through maths ... When the big hand is on the 12 we will have lunch ...” These statements provide a clear reference point and that encourages children to stick to a task because they can visualise progress and an end point.
34. Prepare and engage peers to support specific students through transition points in the day.
35. Involve students in helping to develop classroom rules. Keep the rules simple and short. Display them in visually appealing ways in the classroom. Build them into classroom activities to provide opportunities for rehearsal.
36. Utilise buddy programs to enable students to manage change with some support.
37. Set up a shadow board outlining what students will need for each class/lesson/subject.
38. Keep all students informed if the room or other element of their environment is being changed or moved around.
39. Develop a shared code of conduct for all classrooms within the school.
40. Provide a range of methods to reinforce behavioural expectations, including visual, auditory, sensory, words and pictures.
41. Integrate emotional literacy activities into the curriculum to support students to recognise, name, manage feelings and learn to respond to others’ expression of feelings.
42. Utilise a tracking sheet or tick sheet to enable all those who work with the student for the day/week to provide feedback about how he/she is feeling. This information can be examined to see if any patterns emerge and provide an opportunity to put strategies in place.
43. Use feelings faces to extend the range of emotional expression that students can interpret. This can include the students drawing them as a group, colouring them in, making 3D faces or playing feelings bingo.
44. Utilise symbols for feelings to promote communication, for example colours, pictures, newspaper headlines, signs.
45. Continually develop and practice different strategies and actions to respond to a feeling and/or behaviour.

SECTION 2.3

Put SPACE into practice (continued)

46. Rehearse narrative structure by drawing the day's journey using different media including chalk, textas, wool, clay. Use the Line of my Day activity.
47. Facilitate opportunities for self-monitoring involving scoring, feelings magnets or visual cues.
48. Create DVD's or videos which provide a history of the year/class/week/camp experience and enable a review of this work.
49. **Integrate discussion about future activities to help make what is about to happen feel familiar. For example, mention and at times discuss activities which will take place in the next session, tomorrow, next week, next term, next year, next school.**
50. Do a check-in at the start of each week and each term: "What do you remember from last week/term? What stands out? Why? What would you like to be the same this week/term? What would you like to be different?"
51. Consider developing and implementing a cross age tutoring program which can draw on the student's strengths. Develop peer-support networks.
52. Look at building groups around areas of interest, rather than social ability.
53. Do class puzzles and improvisational games to have fun and rehearse flexibility.
54. Consider looking after an animal as a group.
55. Provide structured play opportunities during breaks. These could focus on social skills, team work or sharing (as examples).
56. Utilise music in the classroom – particularly rhythmical music such as drumming.
57. Incorporate regular relaxation activities into class time.
58. **Provide explicit commentary, modelling or coaching of strategies to manage stressful situations. Model and discuss your own calming strategies within the classroom.**
59. Provide small challenges with achievable goals.
60. Undertake connecting activities such as footy tipping competition or class lunches.
61. Ensure important information is transferred on transition (between year levels as well as between schools).





Visual class timetable - SPACE exercise

MORNING



MIDDLE

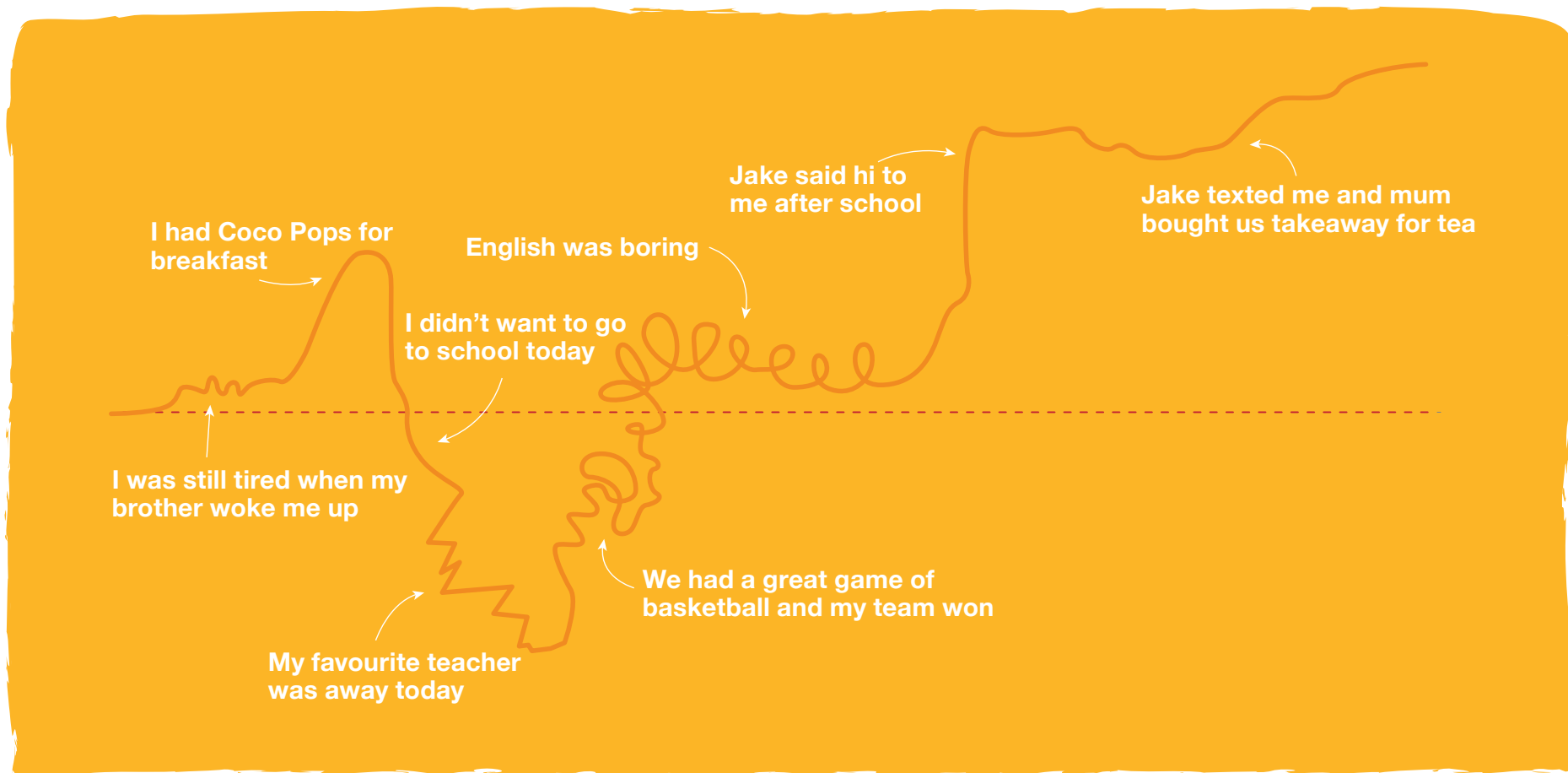


AFTERNOON



SECTION 2.3

Example of 'Line of My Day' exercise





Line of my day - SPACE exercise

If you had to draw your day with one continuous line, how would you draw it?



SECTION 2.4

Making SPACE for Learning across the school

The involvement of staff groups in all roles within a school is needed in order to effectively implement trauma informed practice. It is based on a school culture that acts as an open, adaptive, consistent, connected and flexible system that communicates and integrates knowledge about the neurobiology of trauma and toxic stress and its implications for children and young people.

Site Audit tool

Whole-of-school strategies that incorporate SPACE principles need to be implemented as part of a suite of policies and initiatives that resource individual teachers and other school staff to be able to meet the needs of traumatised children and young people. The first step is to undertake a simple audit against the SPACE dimensions across different levels of the school environment.

Consider using this simple audit tool to evaluate your school's readiness for trauma informed practice. Also ask the following key questions:

- To what extent is the impact of trauma and stress on the functioning of children and young people widely understood and identified across the school setting?
- To what extent does the existing school culture (embodied in charters/policies/processes) reflect understanding and compassion for the needs of traumatised children and young people?
- To what extent does the school culture demonstrate a positive and shared commitment in relation to the specific needs of traumatised children and young people?
- To what extent does the school incorporate collaborative strategies and processes for supporting traumatised children and young people?

Once you have undertaken the audit, consider what is required to develop policies and initiatives that are missing and that may strengthen the school culture in supporting traumatised children and young people.



Making SPACE for Learning – Site Audit Tool

This audit tool can be used to evaluate the policies and initiatives of a school that resource and equip different levels of the school structure to undertake trauma informed practice. In the following table, list strategies, policies or other processes currently undertaken that support traumatised students at your school.

	Whole Site	Staff	Classroom / Group	Small Group	Individual Student / Child
Staged					
Predictable					
Adaptive					
Connected					
Enabled					



SECTION 2.4



Put SPACE into practice

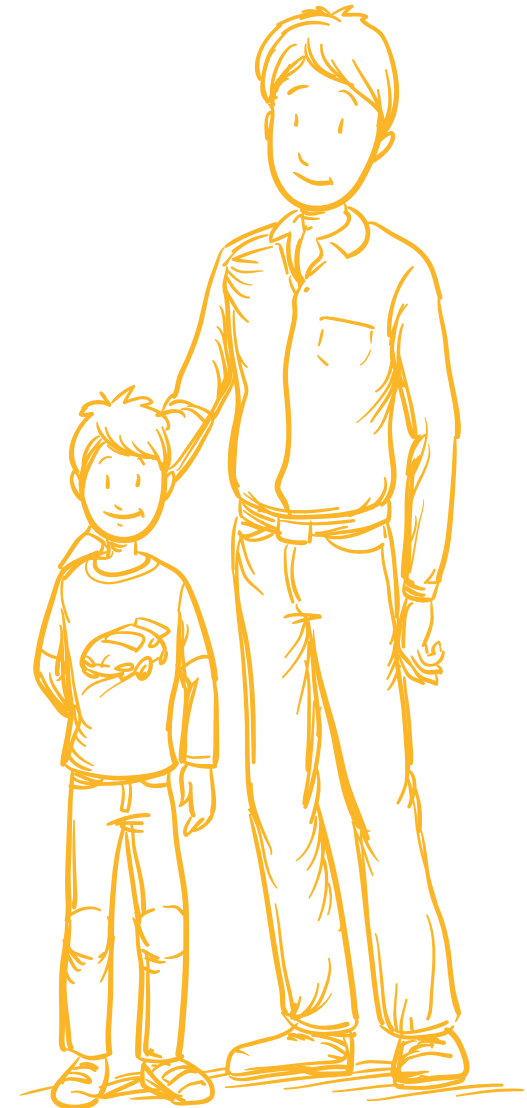
In developing strategies at a whole-of-school level, the following approaches have been identified as being useful by a range of school personnel.

- 62. Ensure that induction of new staff includes an understanding of trauma informed practice and the application of the SPACE principles in supporting specific children and young people.**
- 63.** Communicate with parents/carers regarding any significant changes with the aim of enlisting their support to adequately prepare students at home.
- 64.** Engage support and administrative personnel to be welcoming, consistent, and predictable in their responses to specific students through training and explicit instructions.
- 65.** Implement regular whole-school professional development program about the neurobiology of trauma and stress.
- 66.** Use peer supervision models for staff to monitor and refine specific strategies with individual students.
- 67.** Broaden out plans for responding to trauma-based behaviour of specific students so that it incorporates key staff with different roles across the school. Consistency of approach is pivotal to its success.
- 68.** Provide transparent, clear and known guidelines for behaviour to all students, parents/carers and staff.
- 69.** Ensure a balance between accountability and understanding trauma-based behaviour in discipline policies.
- 70.** Access community-based programs which can reinforce school-based expectations.
- 71.** Have a clearly defined and articulated student-at-risk framework including guidelines for how to evaluate, what to record and what to do.
- 72.** Using the welfare or care team involved with a child to identify possible cues or triggers – putting the pieces of this child's response jigsaw into place.
- 73.** Ensure that there are clear support mechanisms for teaching staff to enable them to implement trauma informed approaches in the classroom.
- 74.** Ensure all school staff model respectful and non-violent relationships within the school environment.
- 75.** Help colleagues to make sense of strategies the students are trying to use to manage their own stressors, encouraging acknowledgement of attempts and successes.
- 76.** Ensure that child protection policy is articulated and understood by all school staff.

SECTION 2.4

Put SPACE into practice (continued)

77. Redesign the way in which the physical spaces around the school are used to allow for different kinds of sensory experiences.
78. Introduce a 20-minute relaxation period after lunchtime for the whole school.
79. Communicate strategies used at school to parents/carers with the aim of transferring their application into the home environment.
80. Be realistic about your role with this child – it is a shared responsibility.
81. Work with leadership team to understand the impact on school personnel of working with and supporting traumatised children and young people. Implement care strategies for staff, including informal and formal opportunities for debriefing, regular supervision, professional development, health and well being initiatives.
82. Enable different levels of relationship with a range of adults within the school community.
83. Encourage positive reflections from family/parents.
84. Ring two families per week with positive comments about their child's week.
85. Consider a broad range of appropriate adults within the school community who could fulfil the role of reference point, including administrative staff, groundskeeper and principal.
86. Develop special interest groups within the whole school that focus on development by staff of activities that promote neurobiological integration, including craft, music, movement and sport.
87. Regular case conferences to enable relevant staff to hear about what is working well, where areas of difficulty are and planning for future goals.
88. Develop a shared learning environment: An open system where teachers can realistically discuss the joys and challenges of the role.



CONCLUSION

Gemma

Gemma is 7 years old. She is quiet and withdrawn. She finds it difficult to make friends, and is often ostracised by her peers. They complain that she is weird. She clings to you as her teacher, and will often ask to stay in class during recess. The last time you went on an excursion to the zoo, Gemma reacted with tears.

John

John is a 14-year-old boy who has been described as a trouble maker. He provokes the other children in the class by calling them names. While he is very bright, he never hands his work in on time. All of his teachers complain that he seems to 'attract' trouble. He lacks empathy, and also has difficulty remembering what he has covered in class from one day to the next.

In the opening section of this resource guide, you were introduced to Gemma and John.

They were two students demonstrating complex behaviour in the classroom. How did you understand their behaviour? How did you describe their needs and how to best meet them?

Having read the contents of this booklet, what difference has it made? What do you understand now about Gemma and John? What would you do to support them if they were in your class or school?

Consider these possible explanations and suggestions.

CONCLUSION

Gemma

Gemma has experienced heightened stress for some time, probably from birth. During her infancy, the development of her right hemisphere was destabilised. She more than likely did not experience her carers as consistent or attuned to her needs.

When she cried, she was not tended to. She was left alone to soothe herself, which at her young age was way beyond her capacity. She could not trust her carers to comfort her and make her feel better. Relationships themselves became sources of stress for Gemma. They were unpredictable and frightening. She failed to develop a sense of connection to the state of her body and her feelings. Without practice, Gemma did not learn to recognise her own needs or communicate them to her carers. She was alone even as she experienced herself surrounded by exchanges with others.

Now, a few years later, Gemma's internal templates still do not help her to experience relationships as reassuring and caring. She finds interactions with her peers confusing and even threatening at times.

As such, she engages in behaviour that leads her to withdraw from those around her. She appears weird and different because she does not read the facial cues of her peers accurately. She does not know how others feel or why they react to her in the way that they do. She probably feels different from the other children. Her sense of herself is fearful and worried. When she is put into new situations, like a school excursion, her brain-body system becomes charged with emotion. It is at these points in time when relationships feel even more alien. She cannot engage with others to help her to feel better and she cries.

Her teacher has been very patient with her. She has known that Gemma needs to feel safe. She has concentrated on comforting Gemma whenever she needed it. She understood that Gemma's brain and body has been programmed to respond to stress by withdrawing from relationships. Instead, Gemma's teacher gave her the space to feel close to someone and not feel afraid. She offered Gemma small staged steps to learn to trust in her. Her responses to

Gemma's behaviour were consistent and predictable. When Gemma stayed with the teacher at lunch time, they played board games together that eventually involved other children. The lunch time "Games Club" became a routine collective experience that enabled Gemma to enjoy being with other children. Gemma slowly practised her friendship skills and applied them to join the school's chess club. The teacher helped Gemma to write a story about a shy little penguin that learnt about how to make friends even when it felt really hard. This story was read out by the School Principal at a school assembly.

Gemma needed to learn to trust. Only then did her relationships move from sources of stress and alienation to become sources of tangible care and comfort.

CONCLUSION

John

John has the telltale characteristics of a young person who has been affected by trauma and prolonged exposure to interpersonal stress. His poor memory for the previous day's lessons shows that his cortical resources are under considerable pressure. His baseline arousal state is elevated. He cannot calm himself down or engage with others in ways that help him to relax his brain and body system. It is likely that he does not remember classroom rules or expectations about timelines for handing in his work.

His behaviour serves to distract his attention away from the feelings of unease that he experiences at school. By creating conflict with his peers, John also manages to keep his peers from forming any kind of close relationship with him. He experiences relationships as potentially dangerous. He does not understand what others need from him because he has not had the experience of having his needs understood. He cannot empathise with the impact of his behaviour on others. He more than likely has impoverished capacity for emotional literacy, finding it difficult to name and describe feelings.

John needs his school environment to be less stressful for him. He will be better able to follow through with key daily milestones if he were given pictorial representations of his diary. If his school routine were made predictable, then he may be able to reduce his sense of alarm and be able to attend more to the present experience of his class.

John also needs support to more effectively interpret his own mood and feelings. John's home room teacher might act as the reference point at school to plot the intensity and nature of John's experience during the school day. John could be helped to practice different ways of describing his feelings.

John would also benefit from connecting with a small team of adults at school. This team would consist of key people who can offer opportunities for John to have his feelings identified, described and validated. They would also help to guide John through the routine of the day with friendly and positive feedback. In this way, John would begin to experience relationships as more supportive. He would not need

to keep himself protected from them. He could let down his guard a little. As he did this, his stressed brain and body system may be able to find some relief. In turn, a calmer John would be experienced by others as less antagonistic opening up the possibility of creating more stable friendship circle with his peers.

As John experiences himself being different, he can be helped to reflect on the emerging qualities that others are appreciating about him. He could practice noticing these qualities about himself.

John's neurobiology, his experience of himself, and the perception of others would begin to be better integrated. This would further dampen his arousal response and create even greater space for John to use the school environment to learn.

CONCLUSION

Gemma and John are children who have experienced complex developmental trauma. The key to supporting them at school is to use the knowledge base about the neurobiology of trauma to understand them – their behaviour and their needs. And with such understanding comes hope.

Hope is the outcome of change for children. It is like a wave that carries them into the future with fun, enthusiasm and optimism. Hope is the first moment in time when they dare to dream.

For these children, hope comes from feeling that their experiences of trauma and stress no longer separate them from their friends and family. They know that they do not have to feel alone any more. They start to really feel a sense of safety in themselves and in those around them. They can look forward to their next birthday without fear. They can look forward to the next school holidays without feeling worried. They can tell their parent or carer or teacher that they are upset or sad and know that the response will be supportive. They can feel secure, safe and loved.

Hope is present for children when they can rely on the adults around them to be consistent, dependable and nurturing. Children begin to feel anchored in the present and trust in the future.

Children with hope and confidence are adaptable in the face of challenges. With belief in themselves they begin to do better at school. They find they can more easily make and keep friends. Their relationships with their family improve. They are happier in themselves.

School itself becomes easier to navigate. Children and young people experience themselves congruently in the classroom. They have greater attentive capacity. They have access to more of their memory resources. They can take in new information and store it. They can recall it and integrate it. They develop skills. They learn and come to enjoy learning. Change becomes something to embrace. Their teachers are safe and supportive. Their potential to succeed at school has been unlocked...

Make SPACE for



REFERENCES

This guide has drawn on the evidence contained in the following references as well as the practice insights of the staff of the Australian Childhood Foundation in their efforts to support children and young people affected by experiences of trauma. Individual references have not been cited in the text in order to facilitate a more integrated experience for the reader.

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The Australian Childhood Foundation has a range of additional free resources and training opportunities on the neurobiology of trauma on our website:

www.childhood.org.au

The Australian Childhood Foundation also offers customised training to schools, local services and service networks on a range of topics associated with trauma and how to support vulnerable children, young people and their families. We can support you in planning and organising a specifically tailored professional development program in any location throughout Australia. Please contact the Training Event Coordinator at training@childhood.org.au to discuss this option further.

