1

The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.

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The Australian Childhood Foundation

We Help Children Heal

On their own, children do not recover from the devastating impact of abuse, neglect and family violence. They need specialised support to heal. We provide therapeutic services to children.

We Keep Children Safe

We build the ability and confidence of individuals and organisations to protect children. We provide parents with education and support to help them raise happy, safe and loved children.

We Stand Up for Children

We advocate for changes to laws and policies that help to make all children safer. We work to strengthen community attitudes that prioritise the rights of children to love and safe relationships.

We Create Understanding for Children

We educate and support adults who look after and work with traumatised children to be better able to understand and respond to their complex needs.

4

Our Education Services

Access our latest offerings: https://professionals.childhood.org.au/training-development/

- Our Education Services co-create and amplify knowledge that changes children's lives for the better, by creating networks of learning in partnership with professionals and organisations working with children and young people.
- Our efforts include:
  - Accessible learning opportunities for professionals: a range of self-paced modules and virtual classrooms covering trauma prevention, relational healing and evidence-based approaches to best practice.
  - Customised organisational education: tailored training packages designed to support ongoing staff development, including Train The Trainer options for long-term success.
  - Accredited training: our unique Graduate Certificate in Developmental Trauma

5

Our Safeguarding Services

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

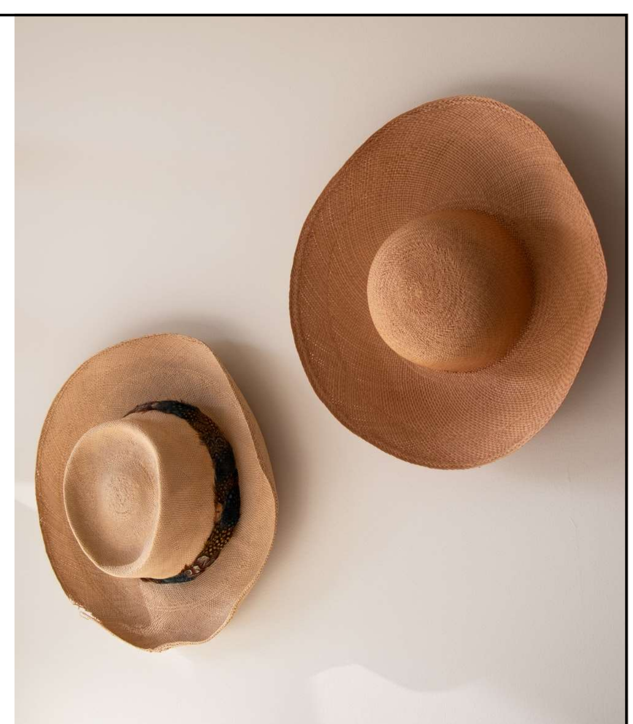
- Over a decade, Safeguarding Services have partnered with over 300 organisations nationally and internationally to strengthen the capacity of institutions to keep children and young people safe.
- We offer a suite of standard and customised solutions that meet national and state Child Safe Standards, aimed at creating organisational culture change.
- We draw on best practice from the Foundation's experience and our network of partners, and evidence, including our recent Safeguarding Evaluation by the Centre for Social Impact.

6

Safety

The content of this training can evoke strong emotions and may stir up personal experiences of trauma.

Please be mindful of your own wellbeing during this training and if you need support please ask the facilitator.



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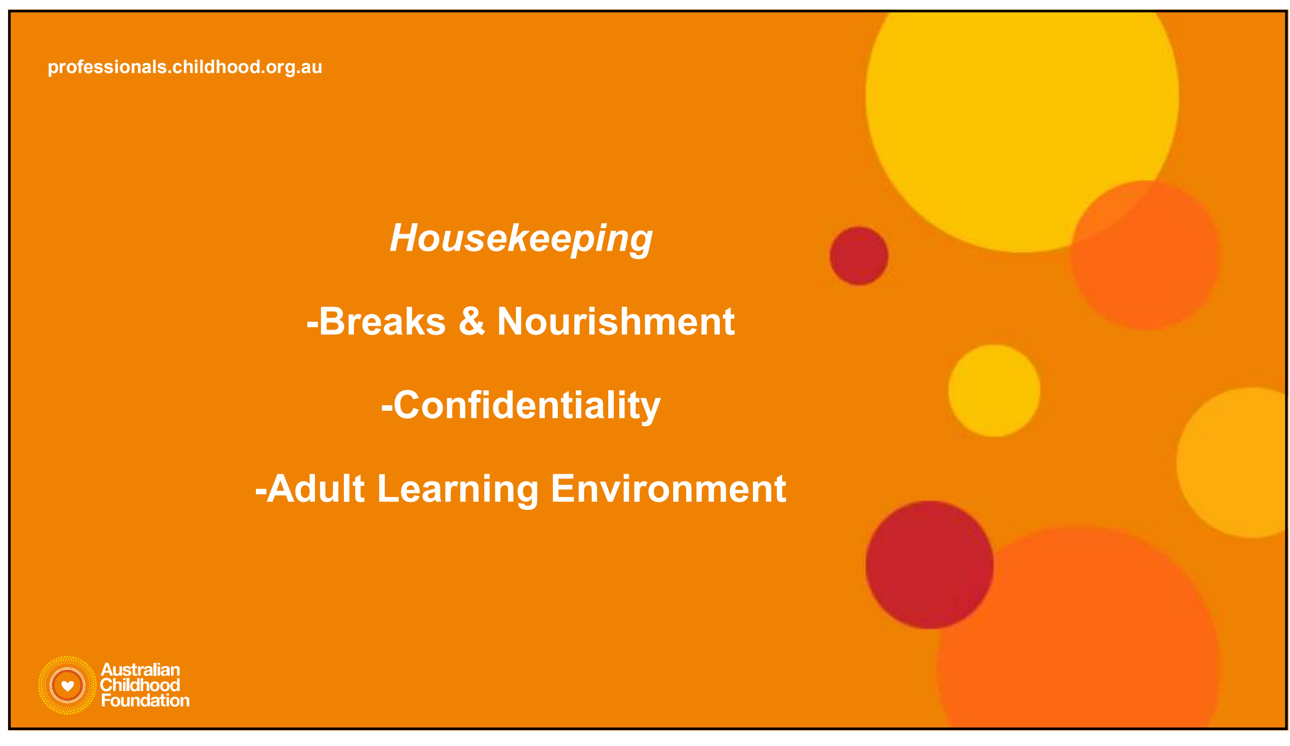

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Learning Outcomes:

Strengthen your understanding of the broad issues vulnerable children face within the context of culture, relationship, environment and experience.

Explore the difficulties in engaging and reengaging marginalised parents and carers who have also experienced complex trauma and explore the long- term implications of their experiences.

Take away practical skills and strategies that help facilitate trauma recovery for children and families

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Introductions

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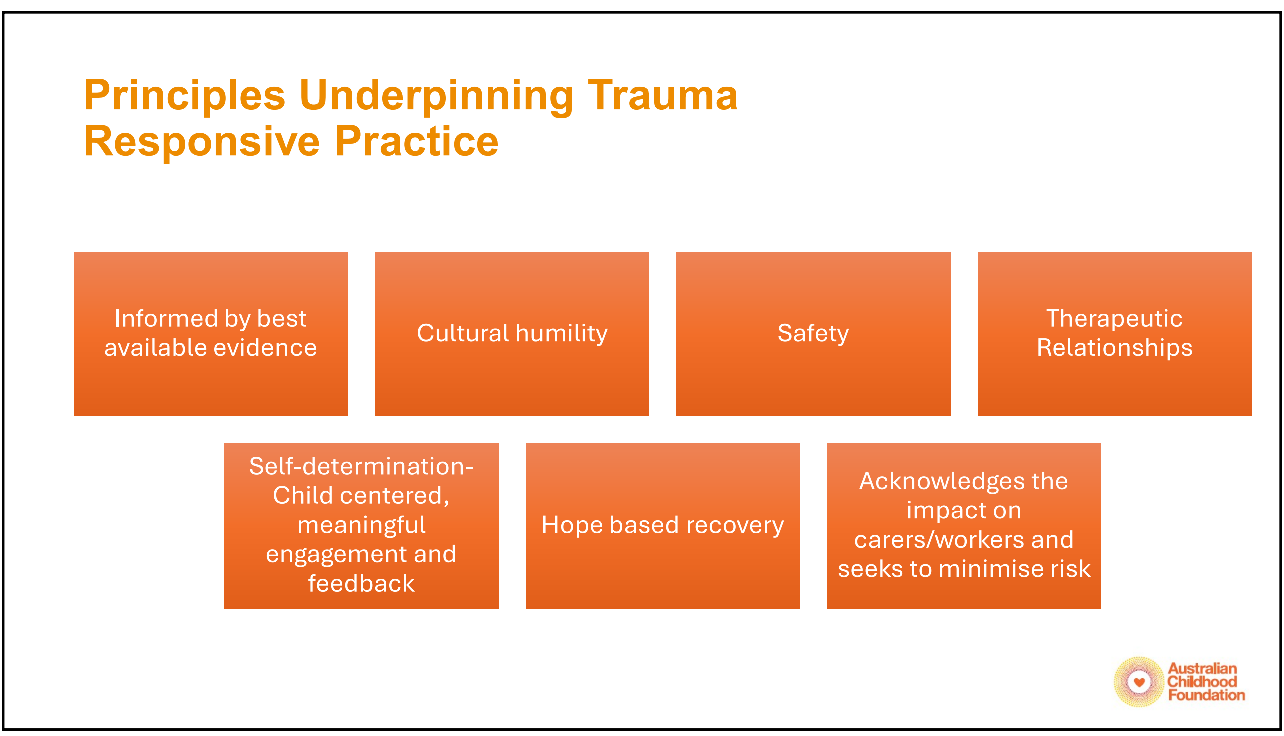

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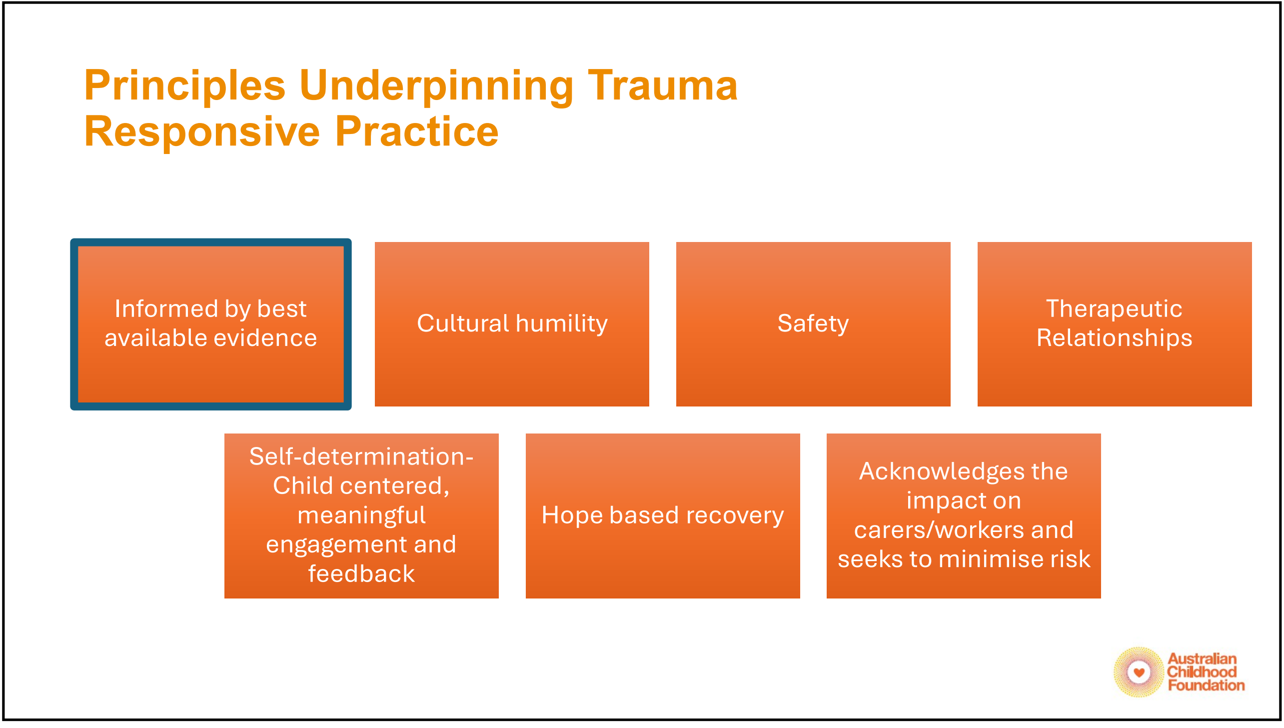

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Neurobiology

Developing our understanding of Neurobiology, the study of brain and nervous system function, provides a clear lens to understand child development and the way trauma can impact that development.

Knowledge of how our brain takes in, processes, and reacts to information allows us as educators to have a wider understanding of what is happening *within* the child as they move through our school environments.

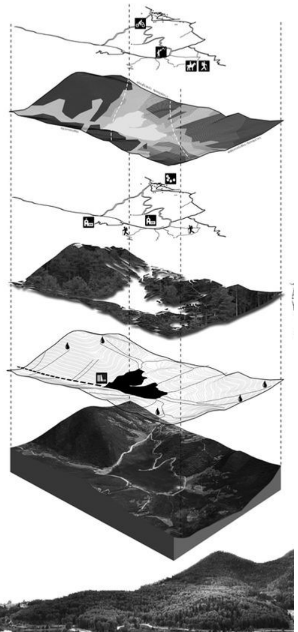
13

We are biologically primed to use relationships to develop as human beings.

The way our need for safety, love, and connection in our earliest of moments was met inform our brains development and the way we see others around us.

Our needs, experiences of Trauma, our learned patterns of attachment join together to create an individual landscape of Mental Health.

Like different layers of a map each concept informs the way an individual has developed and the way in which they encage the world.



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Defining Trauma

Trauma is the emotional, psychological and physiological
reactions caused by the prolonged and overwhelming stress that accompanies experiences of abuse, neglect and family violence.

The trauma that results from experiences of abuse, neglect or family violence is often called **complex trauma** or **developmental trauma.**

This type of trauma occurs in the context of relationships and is different to the trauma that may be caused by a one-off event such as a car accident or bush fire.

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

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Trauma and Needs

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

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

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

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

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Trauma and Needs

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

For example:

An experience of being alone, can be met with accompaniment

An experience of fear met with protection, and

An experience of shame met with acceptance.

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

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Why trauma informed practice with families is important

- Families we work with have experienced both current, historical and generational trauma
- Trauma impacts how people access services
- Responses to trauma are adaptive – without a trauma lens, behaviours can be seen as 'antisocial' or 'maladaptive'
- Trauma survivors require specific, tailored interventions that minimise re-traumatisation and understand individual needs and responses to trauma

Child Serving Systems:

•All involved with child contribute to healing for child

•They restore sense of safety and control to child

•Creating a team around the child

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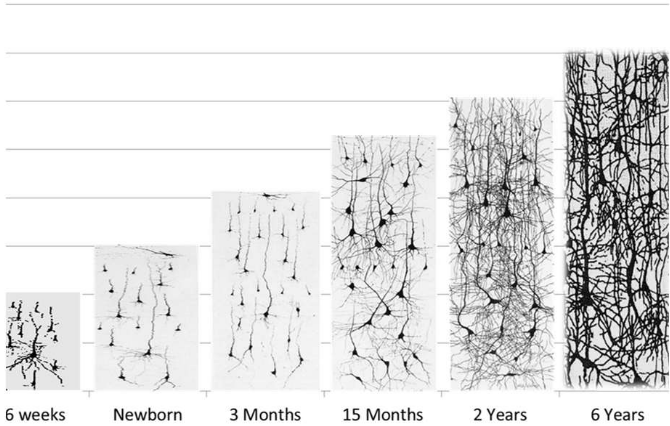
Neuronal development



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

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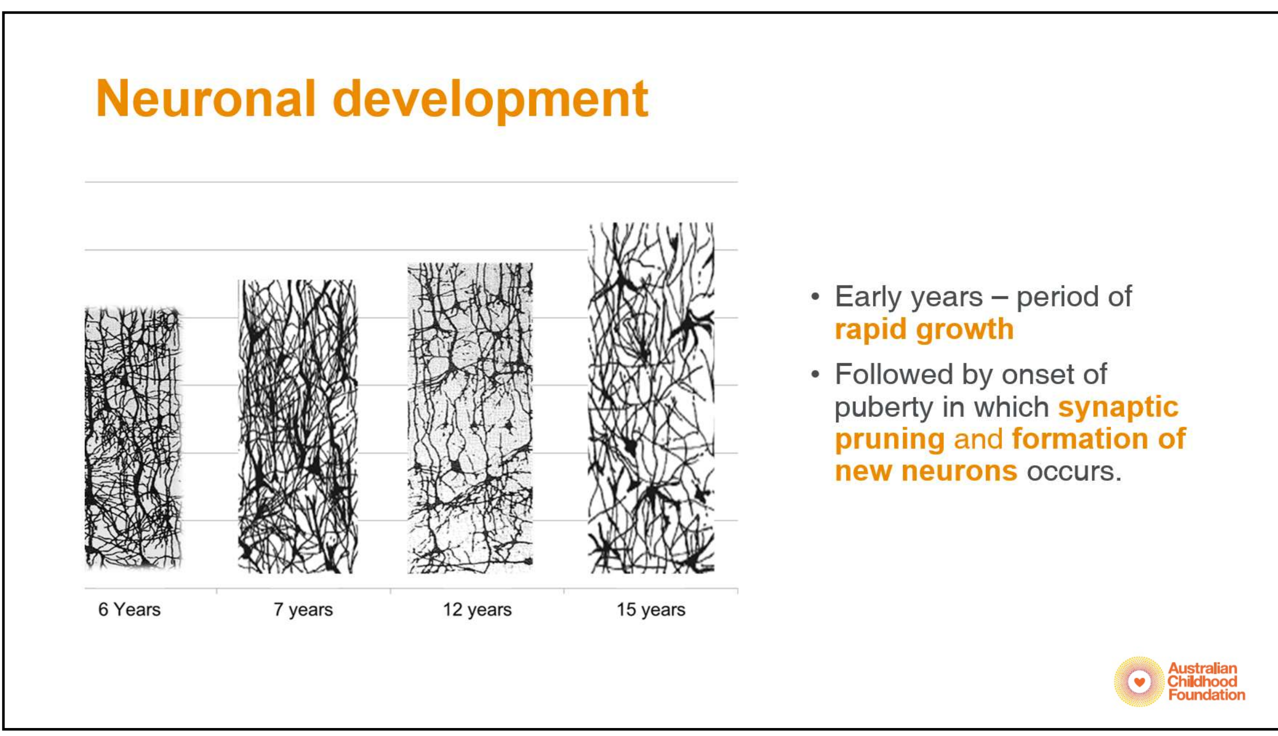

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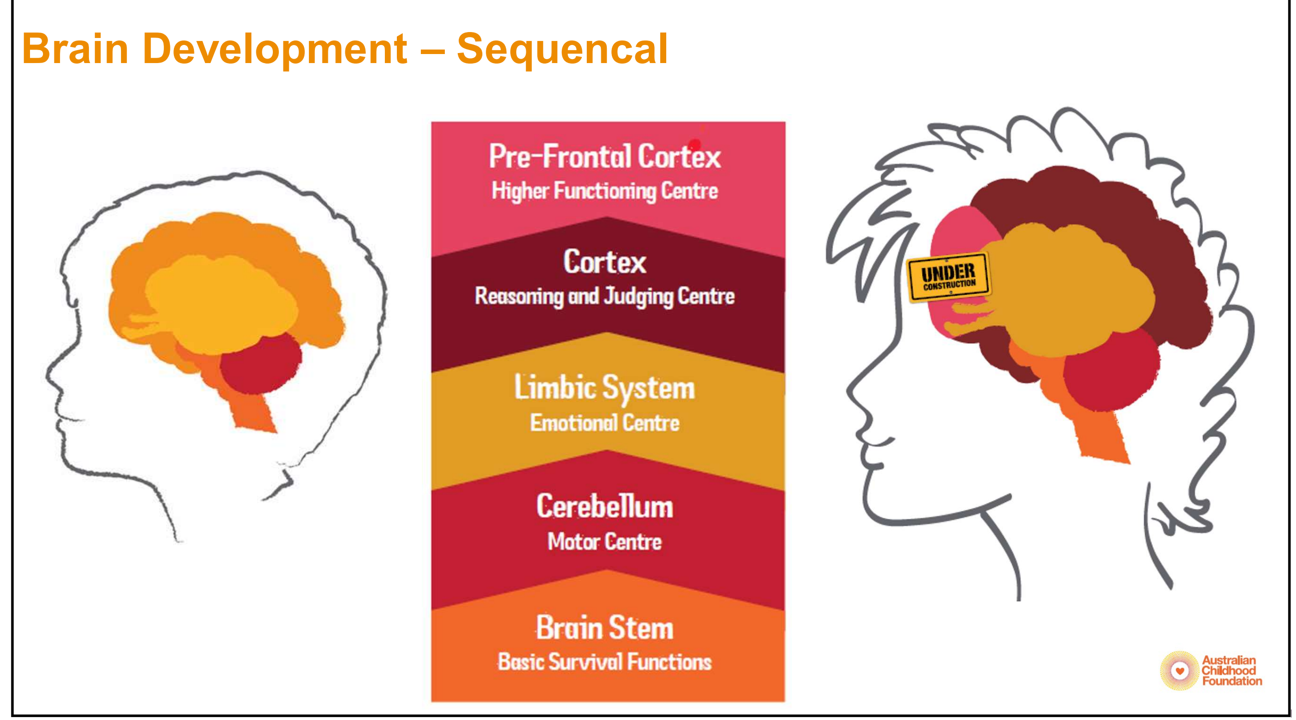

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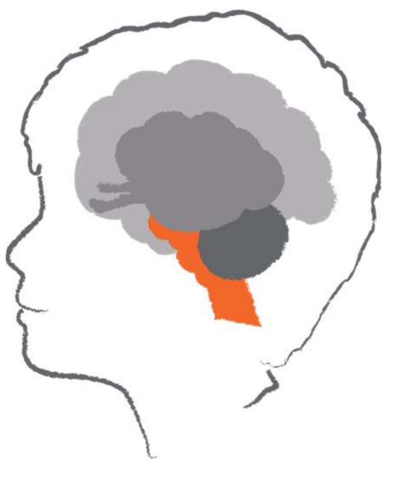
Brainstem - basic life functions

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



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Cerebellum- movement and balance

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

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Limbic lobe- emotional gateway

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

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Amygdala & Hippocampus

Amygdala

- the 'smoke detector' of the brain
- is mature at birth
- processes & stores implicit memories

Hippocampus

- matures between 2-3yrs of age
- provides context to memories & embeds into long-term memory

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Cerebral cortex- complex thinking

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

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Prefrontal Cortex

Final part of the brain to reach maturity in one's mid to late twenties

- self awareness
- reasoning and judgement
- foresight and anticipation
- focusing and sustaining attention
- planning organising and prioritising
- decision making
- reflecting
- enthusiasm, motivation and persistence
- impulse control
- working memory

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Trauma Impact

Behaviours associated with an overactive **limbic system** and under-active **pre-frontal cortex**

- Lack of impulse control
- Increased risk taking
- Emotional dysregulation
- Inability to regulate
- Misreading of social cues of others
- Reactive, rather than responsive

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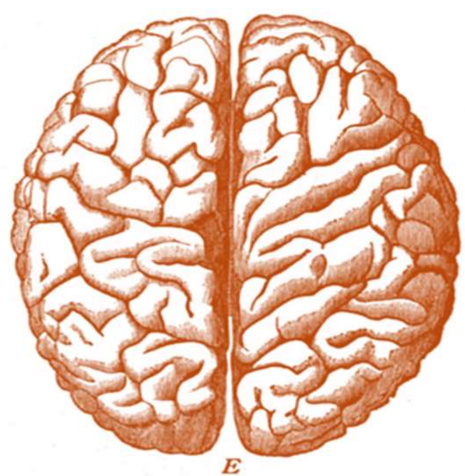
Hemispheric Intergration

Left Hemisphere

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



Right Hemisphere

- In the present moment
- Eye contact
- Facial expression
- Tone of voice
- Posture
- Gesture
- Intensity
- Is mute
- Grasps the whole

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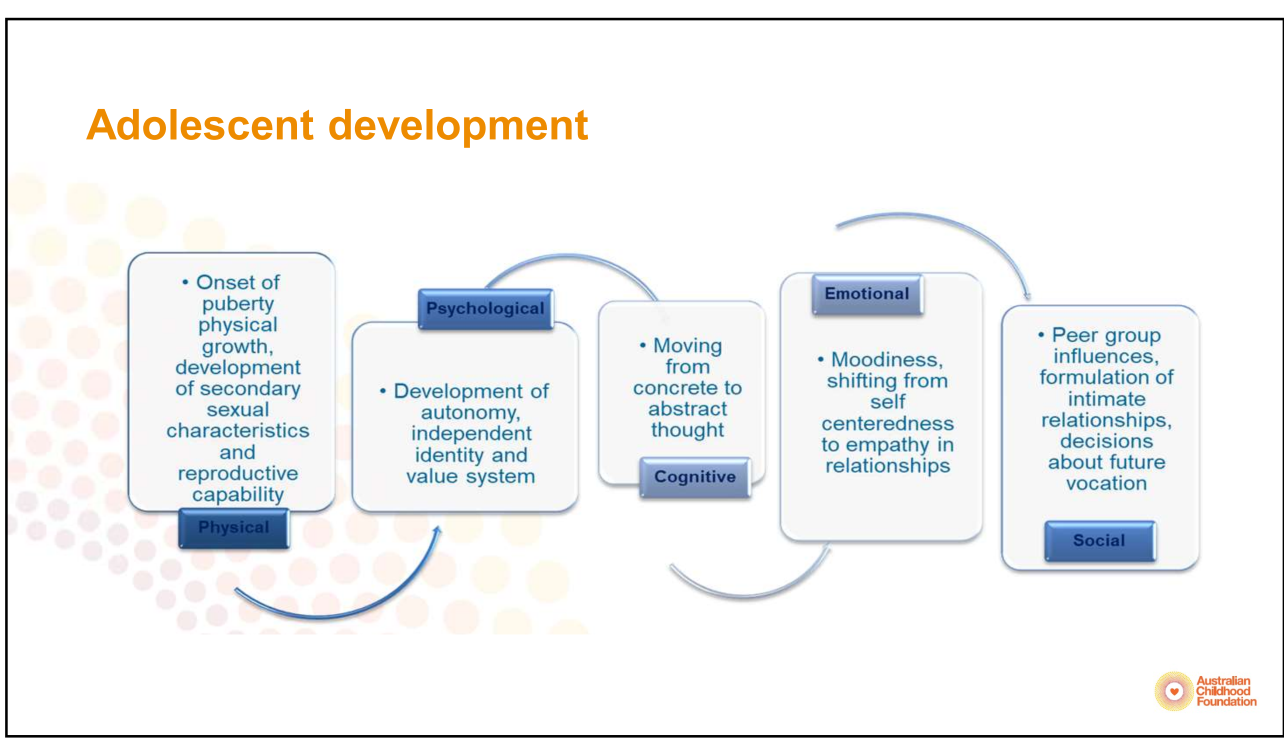
Adolescent development



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Integration

Strategies for transforming: strengthening the individual hemispheres

Building the Right Hemisphere

- Use attunement activities
- Use relational-based activities
- Practice mutual smiling, laughing
- Play mirroring games based on facial expressions
- Practice voice copying
- Model appropriate gestures and proximity

Building the Left Hemisphere

- Provide language and logic activities
- Play strategy games
- Have discussion times in class
- Incorporate cognitive processes into calming or stimulating activities
- Count when doing breathing activities
- Involve students in debates

Strategies for transforming: strengthening the corpus callosum and integrating the hemispheres

Emotionally

- Attune into students' facial expressions & body language
- Notice how they may be feeling
- Provide language: "I notice that you are/ have... (ie tears in your eyes, yawning....)
- Be curious "I wonder if you are feeling..."
- Use emotion cards/worksheets
- See "Amygdala" for more ideas

Physically

- Have activities that cross the "imaginary midline" in the body
- Clapping games
- Doing physical activities and sport activities – ie playing tennis
- Play games and sing songs such as "The "Hokey Pokey"
- Desktop drumming activities
- Cup song games

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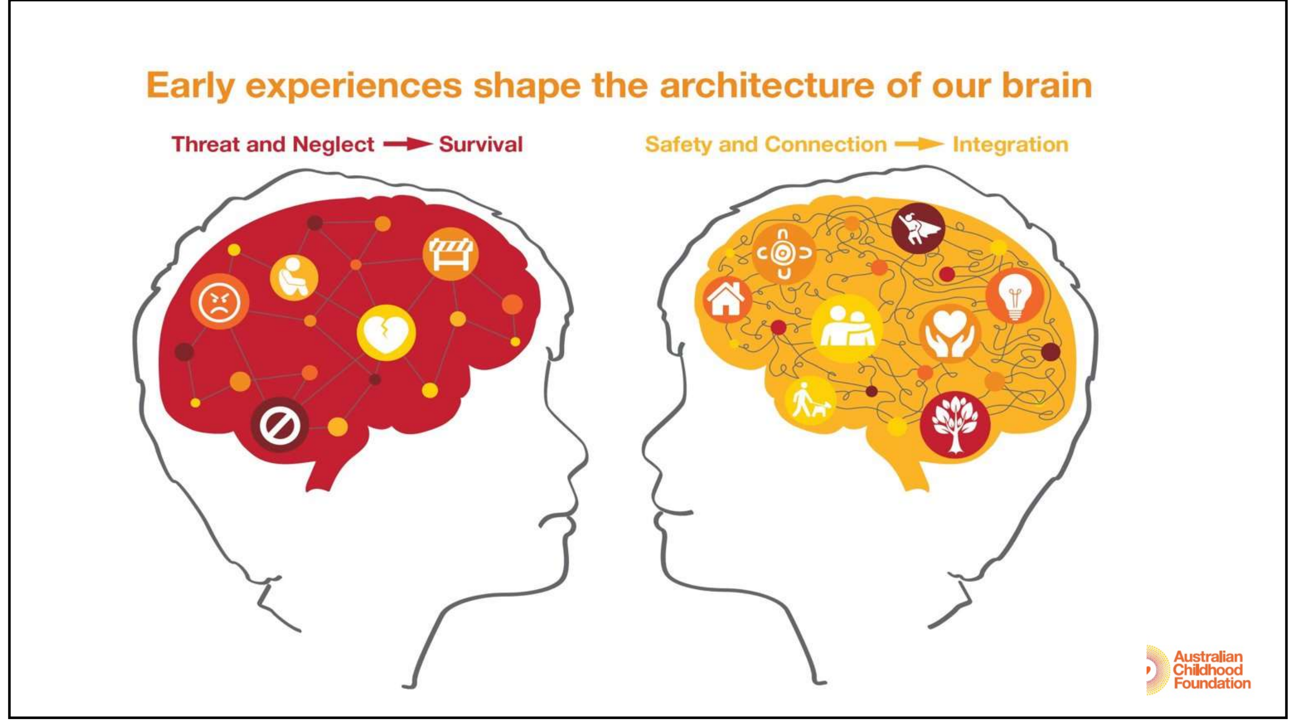

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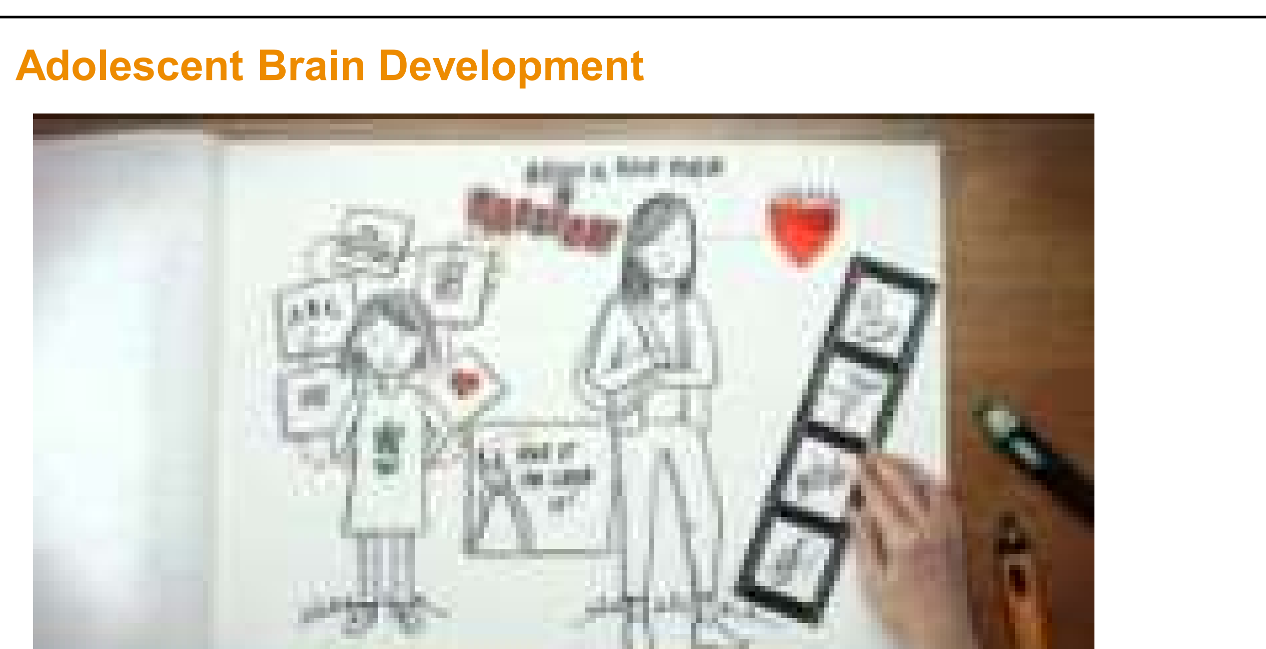

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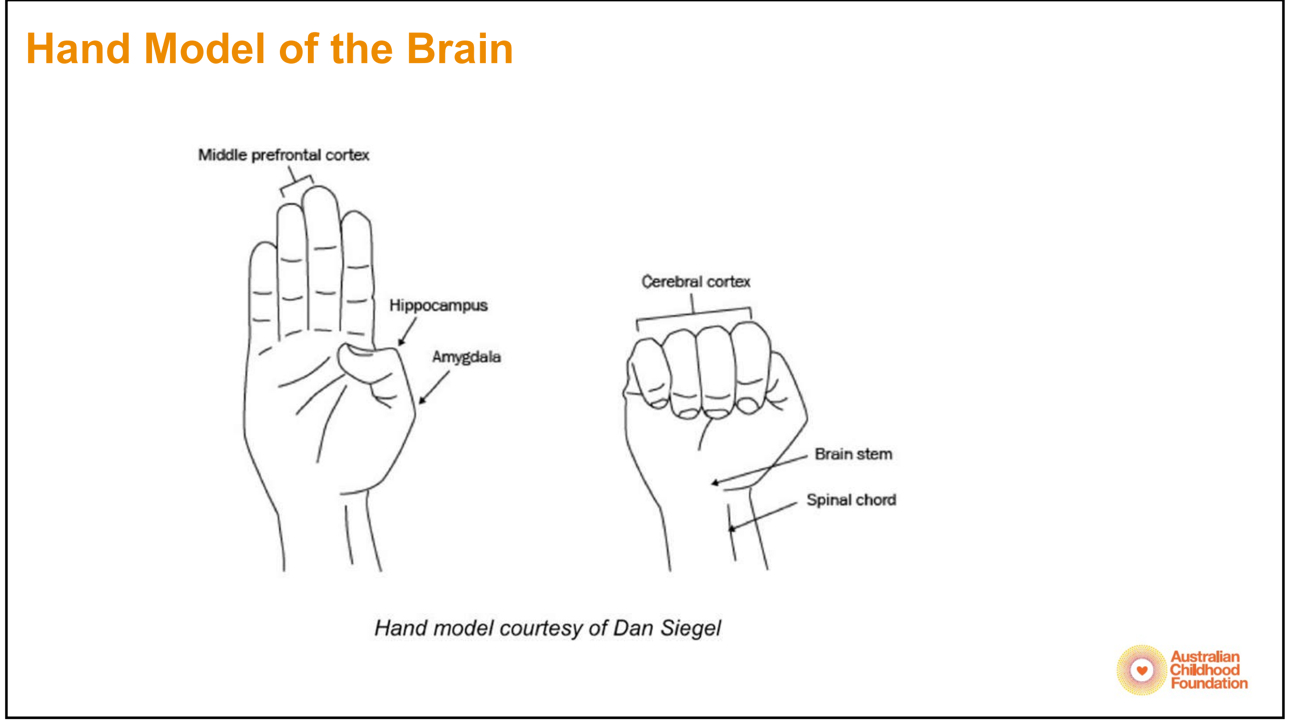

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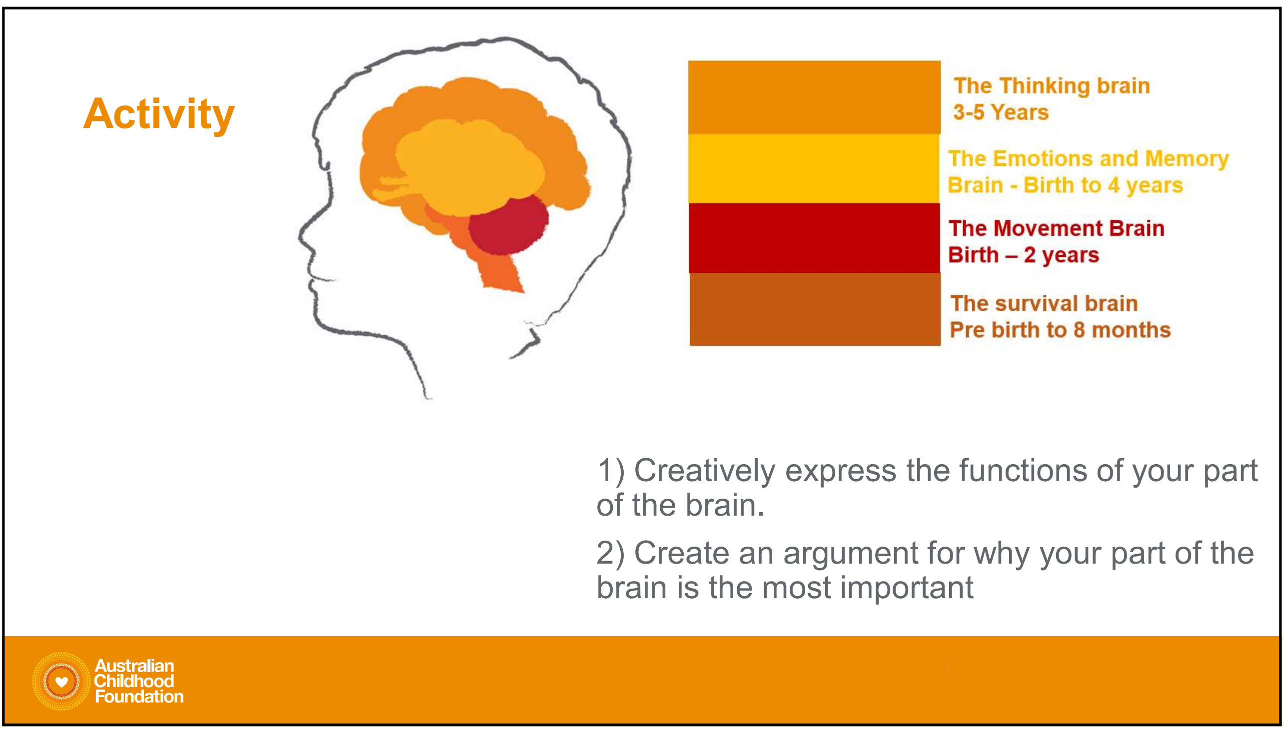

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Trauma Principle Reflection: Understanding of neurobiology of trauma & child development

- Application of the theory into practice
- **How do you understand what's happening in the child's brain and how will that influence your practice?**
- **How do you understand the child's developmental age versus their chronological age?** How will this inform your decision-making around support and intervention for the child and the family?
- Parental brain development – given parents likely trauma history, what is happening in their brain and **how will this influence your engagement with them?**

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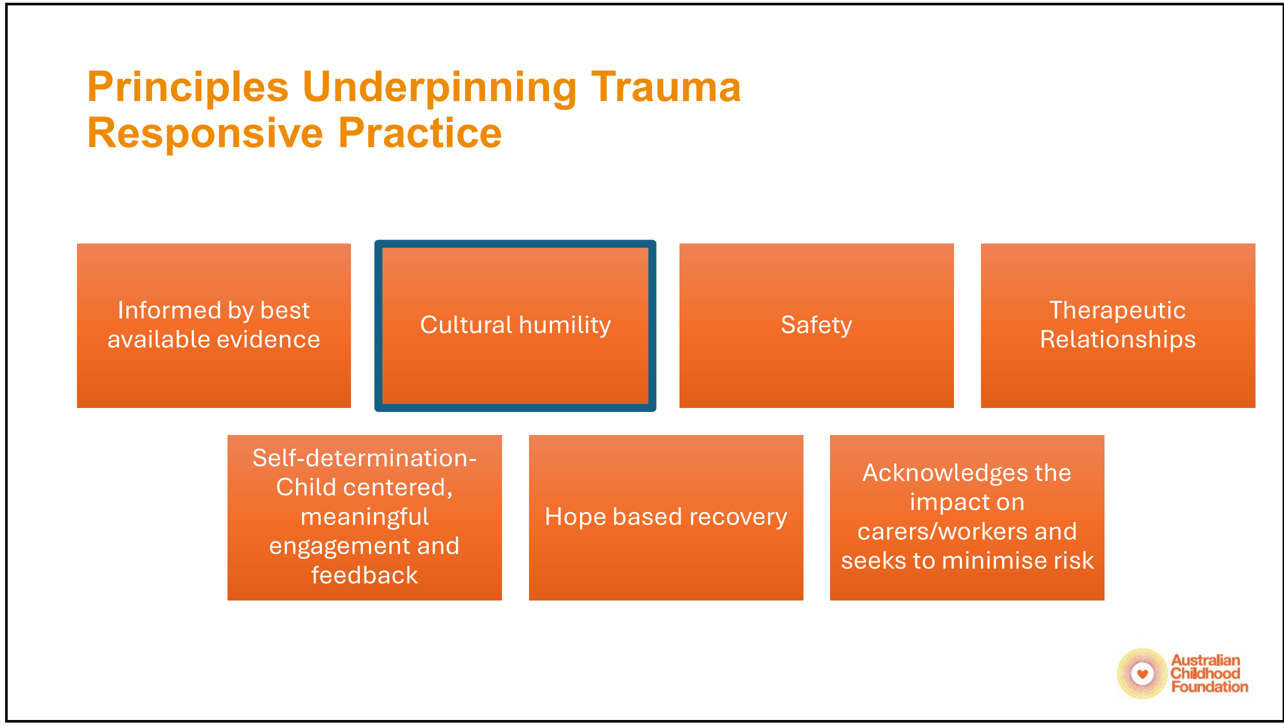
Principles Underpinning Trauma Responsive Practice



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The Importance of Culture

How did you become who you are?

Safety: Belonging
Relationships: Connection
Meaning making: Identity

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Cultural Healing Practices

01	02	03	04	05	06	07
Retell the story.	Hold each other.	Massage, dance, sing.	Create images of the battle.	Fill literature, sculpture, and drama with retelling.	Reconnect to loved ones and to community.	Celebrate, eat, and share.

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

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

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Trauma Principle Reflection: Cultural Humility

- Be curious, practice with cultural humility; culture is a resource!
- **Child's sense of identity, belonging?** How is that supported/promoted?
- **Parents history, identity, parenting practices, style?** Where does it come from? How do we work with this?
- What does this look like in my practice?
- Programs tailored to meet cultural needs?
- Diversity - **Who has a voice in this space?**

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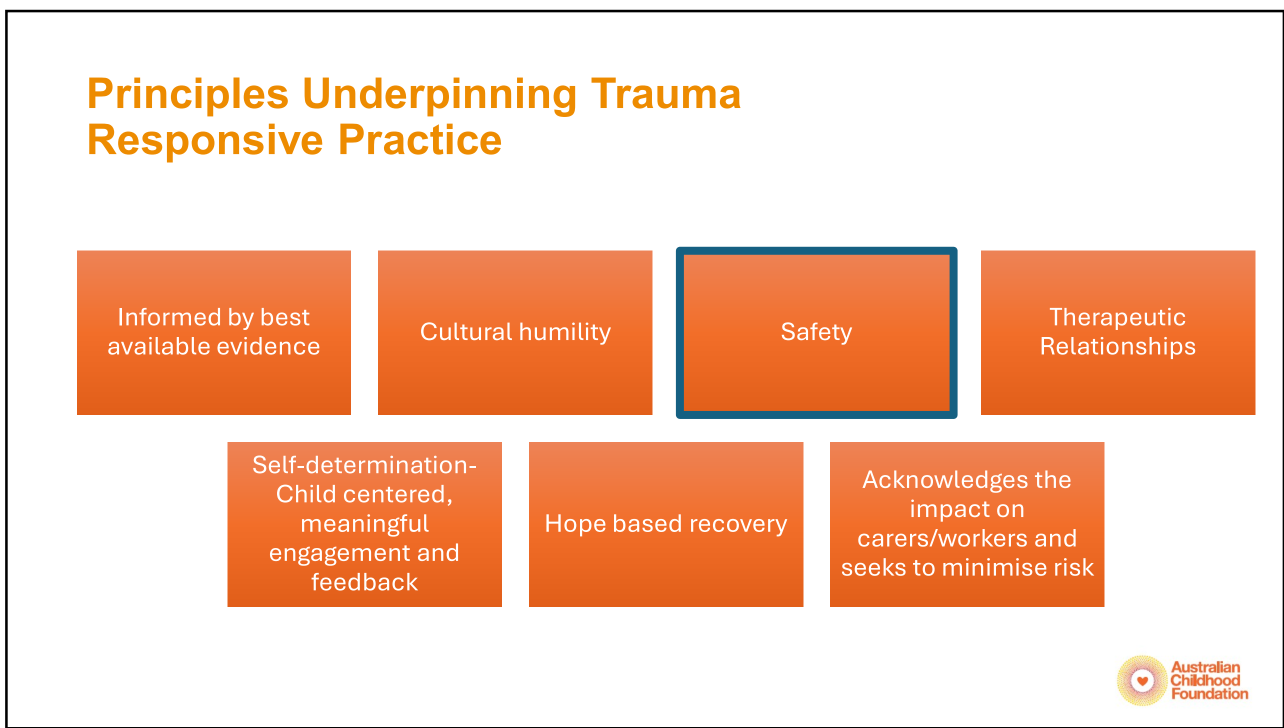

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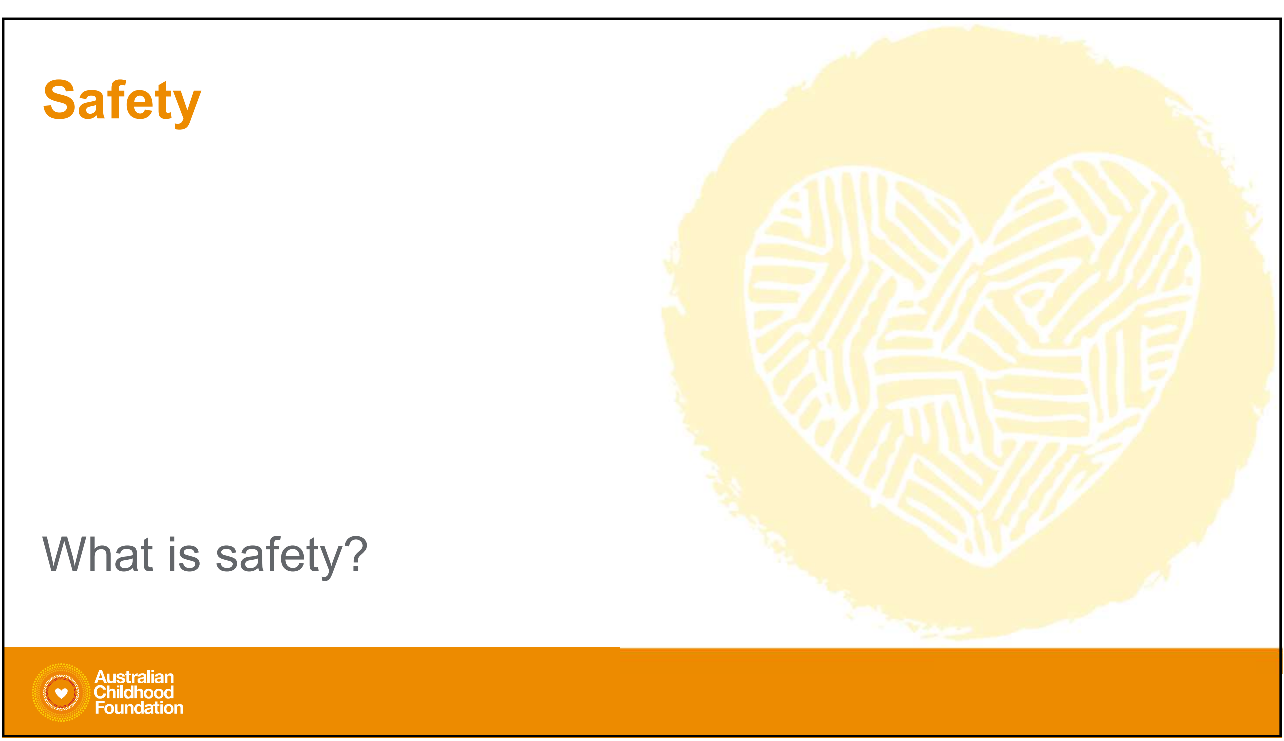

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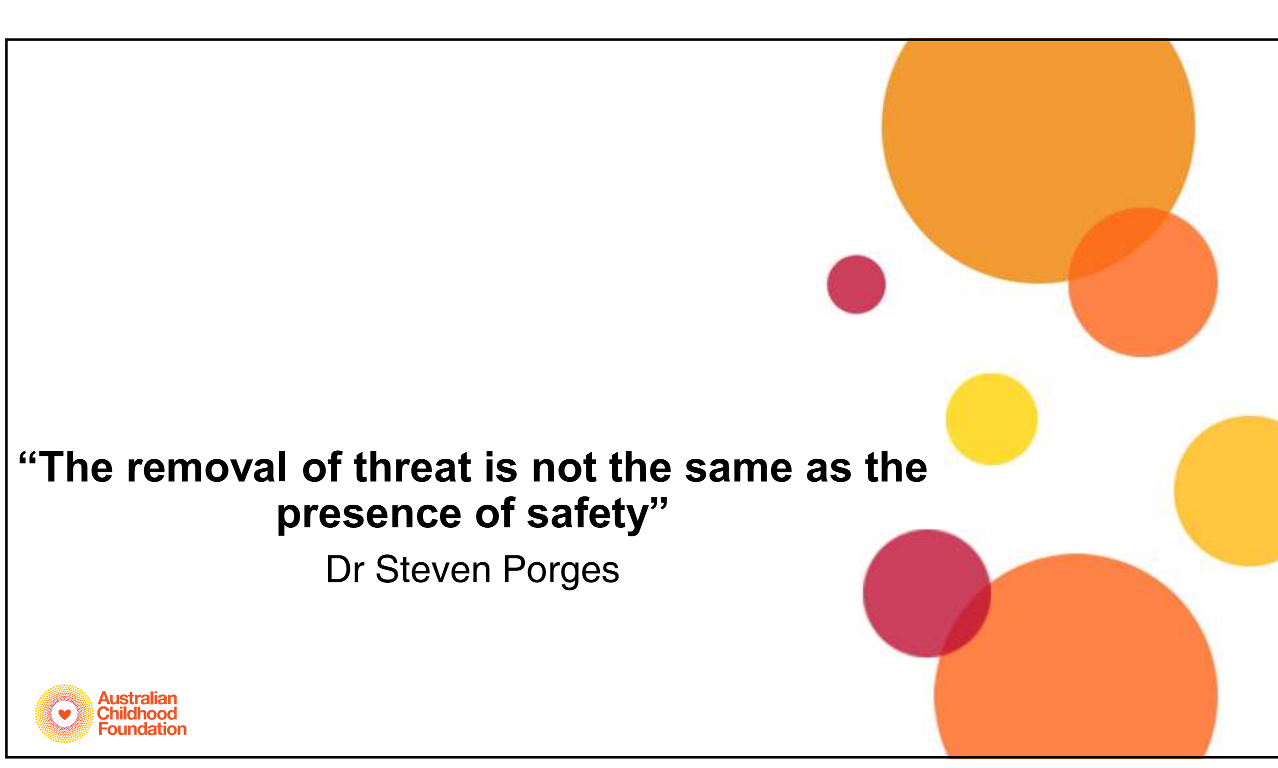

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Safe & Unsafe States of Being

	State	Description	Details
MOBILISATION	In this state we feel unsafe	We are active and mobilised without a sense of safety	• We fight, or flee, or our bodies actively freeze with tensed muscles.
SOCIAL ENGAGEMENT	We feel Safe in these states	We are active and mobilised with a sense of safety	• Sometimes known as the 'Play Zone' in this state our bodies are active as we socially engage with others.
		We are socially engaged	• Our bodies feel calm and relaxed. • We feel in synch and connected with others. • We are orientated towards each other with welcoming voices & open faces.
		We come to be still with a sense of safety	• We find pleasure in stillness.
IMMOBILISATION	In this state we feel unsafe	Our body slows into an immobilised state without a sense of safety	• We are withdrawn, submissive, collapsed, numb.

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Neuroception of Safety

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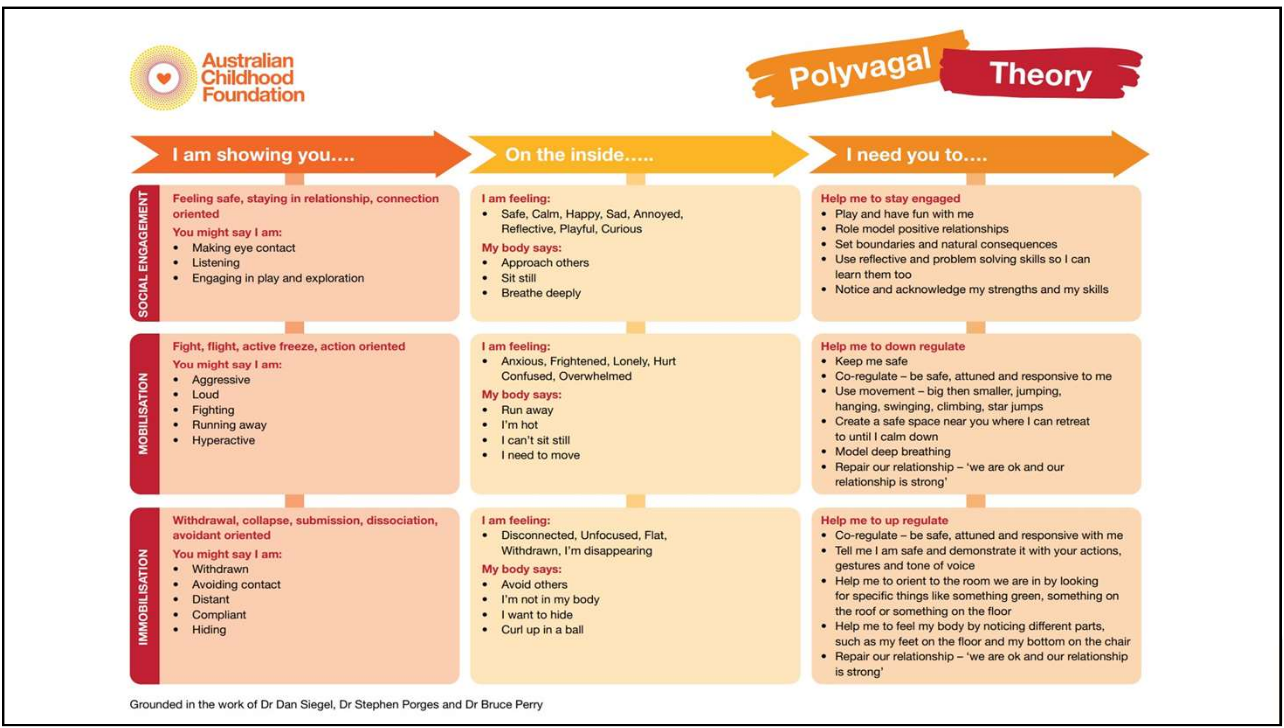

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What trauma or stress response can look like

Cognitions & Behaviours:

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

Mobilised Responses:

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

Immobilised Responses:

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

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Working with Protective Responses

Increase Resources – Regulatory Capabilities

Calm the brain with:

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

De-activate Mobilised Responses with:

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

Counter Immobilised Responses with:

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

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Behaviour is communication

If we can understand what drives a behaviour, we can work out how to respond to it.

If we can meet the need that is driving a behaviour, the behaviour can start to reduce.

Behaviours are functional and almost always makes sense given their specific experiences of trauma.

Openness and curiosity about behaviour is an important response.

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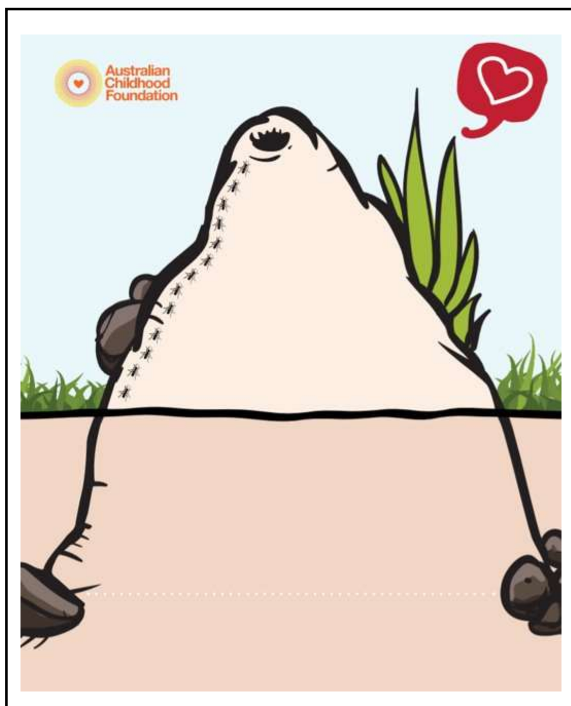

Behaviour is communication

What could be happening under the surface ?

Is it communication about safety?

Is it a bid for connection?

Is it a bid for space?

54

55

The state of ourselves, the state of children

- When we know ourselves we can know the children
- When we attune to our bodies, we build upon our own connection to body.
- Body awareness enhances our ability to assess and make changes to improve our overall health.
- When we ignore our body's signals, we increase our receptiveness to stress, unhelpful habits and narratives.

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Slide 55

MP1 Hi Jen, Sorry i wasnt able to see the comment left around the old version. The other version which is yes more of a deficit focus is in the SMART packages. I dont mind th flip tho, i sometimes wonder if its less impactual tho theyve heard that version before to

Melissa Powney, 26/02/2024

Questions

- *When you were younger, how and who made you feel safe and protected. What did they do, and what was it about them that enabled this?*
- What does feeling comforted feel like for you. What have been some experiences that have enabled this in the face of fear for you?
- *How does someone find their way to your heart. Describe this journey. What does it feel like in your body when they arrive?*
- Whose voice do you hear when you need to feel safe, calm and protected?
- *When you think about your child, what is it that you feel and hold that makes you want to protect her?*

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Questions

- How does your child communicate internal states related to an experience of threat or safety. What does she show you in her eyes, breathing, voice, words?
- *What do you know about your child that signals feelings of anger or distress. Are there triggers or patterns to this?*
- How does your child express withdrawal from social connection or sharing of closeness?
- *What does your child need from you at times of anger or distress?*
- How can you respond to these needs to support her to feel calm and soothed?

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Strategies to promote neuroception of safety

Physiological safety

Relational safety

Environmental safety

How do we create safety for those we work with & ourselves? What does it look like, feel like, sound like?

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Trauma Principle Reflection: Safety

- Do you (and your workplace) explicitly acknowledge the role of safety in supporting children and young people?
- How is the child's experience of safety understood and acknowledged?
- In what ways do you promote safety?
- What specific strategies do you implement? Verbal and nonverbal

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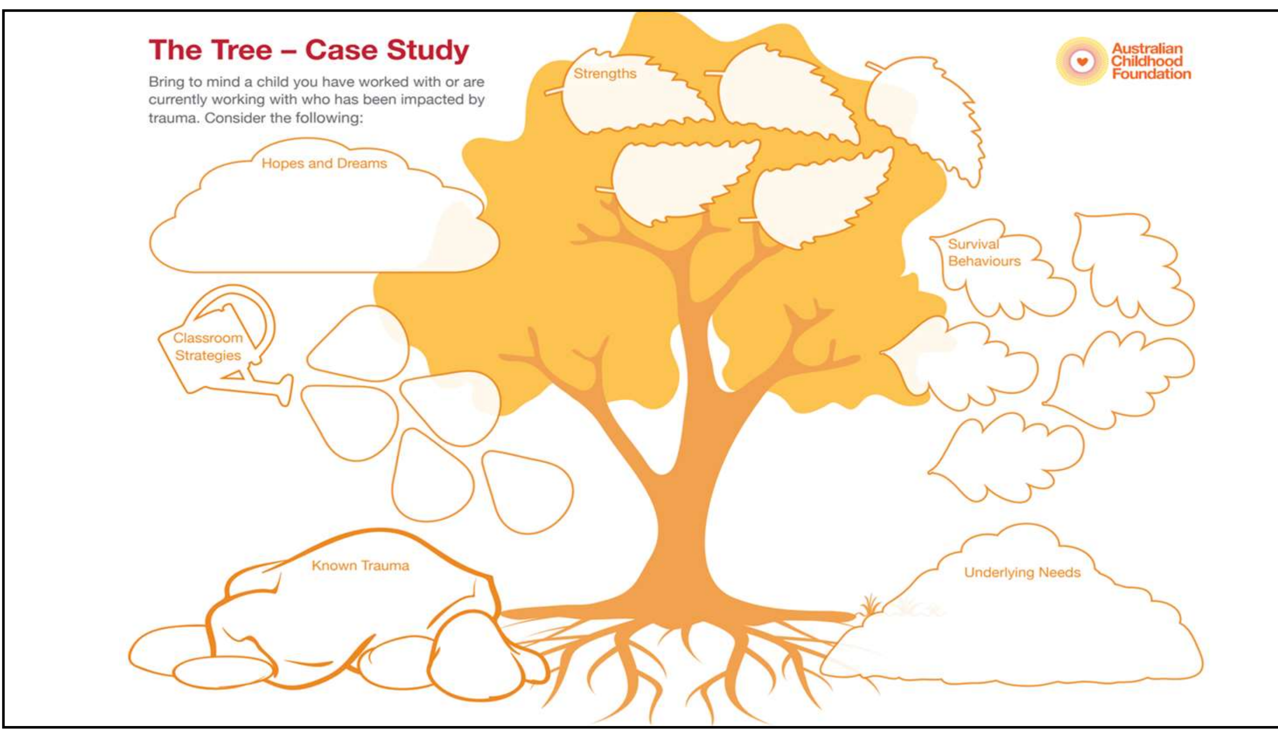

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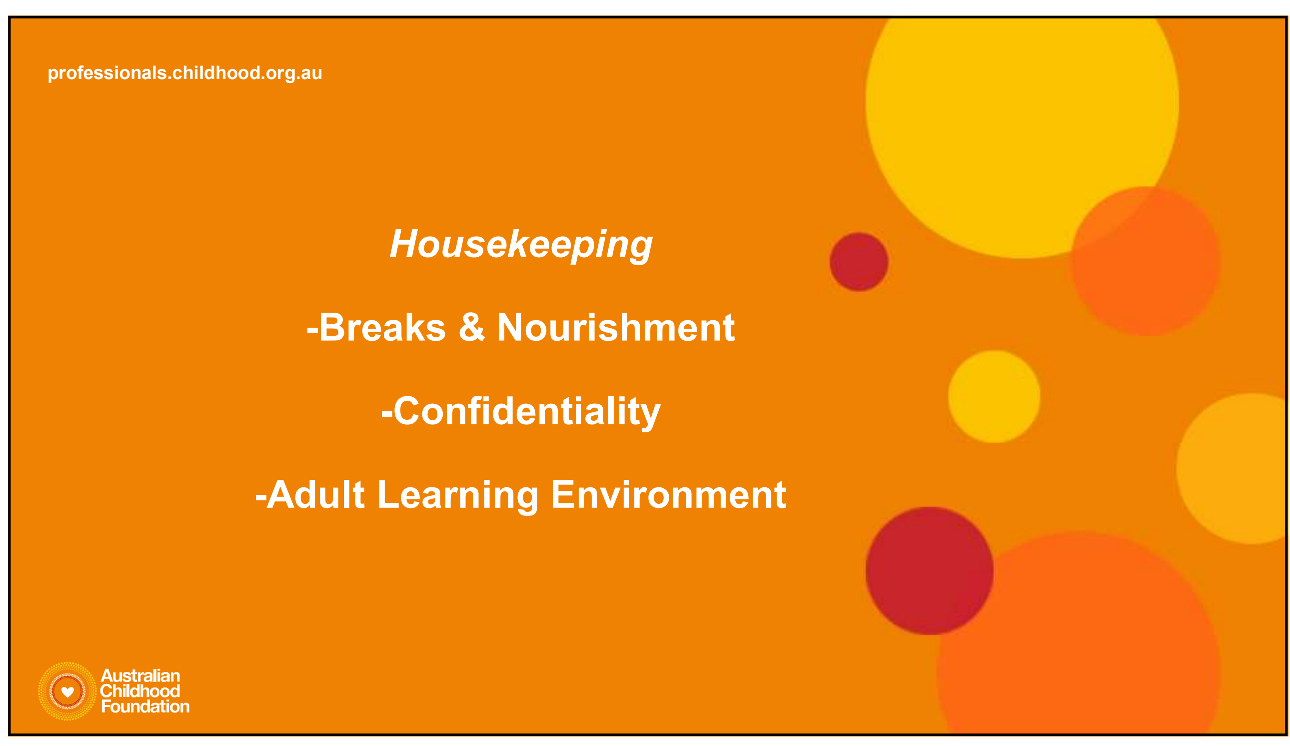

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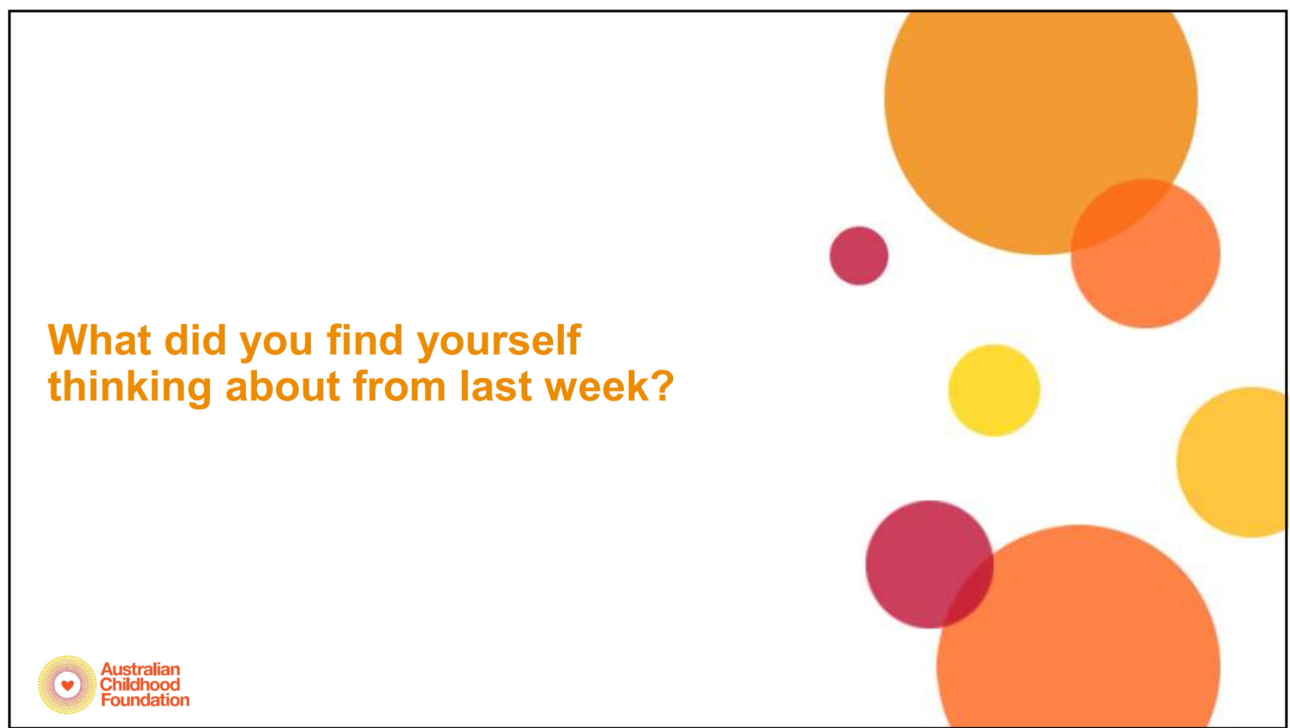

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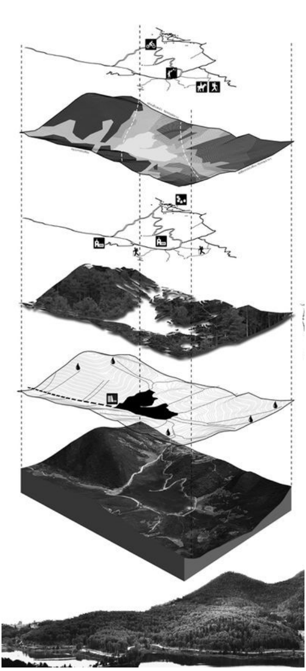

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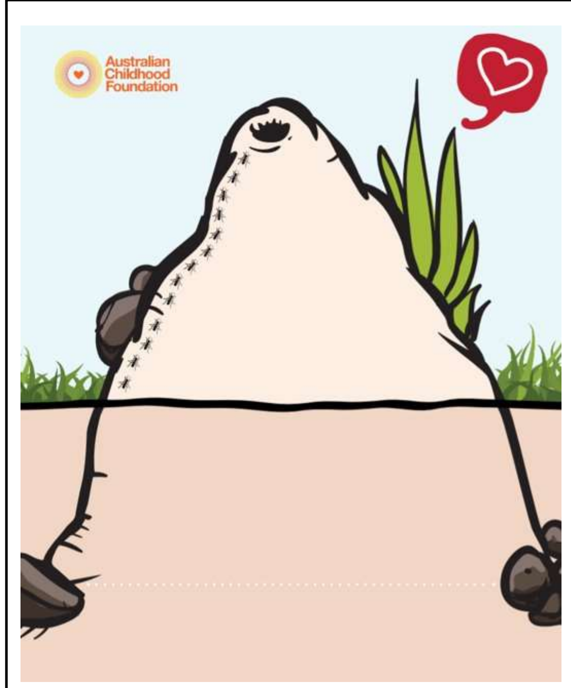

Behaviour is communication

What could be happening under the surface ?

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Is it a bid for connection?

Is it a bid for space?

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Observed behaviour	**Assumed Meaning** (how we might interpret the behaviour)	**Possibly underlying cause/need** (needs might include: safety, calm, connection/engaging)
Eg refuses to make encage when spoken to, despite being asked several times to look at the worker	▪ Defiance ▪ Wants to assert dominance	▪ Physiological response to feelings of unsafety – their body won't allow them to make eye contact (NEED – safety) ▪ Young person has withdrawn and cannot hear/process instructions (NEED – connection/engaging)

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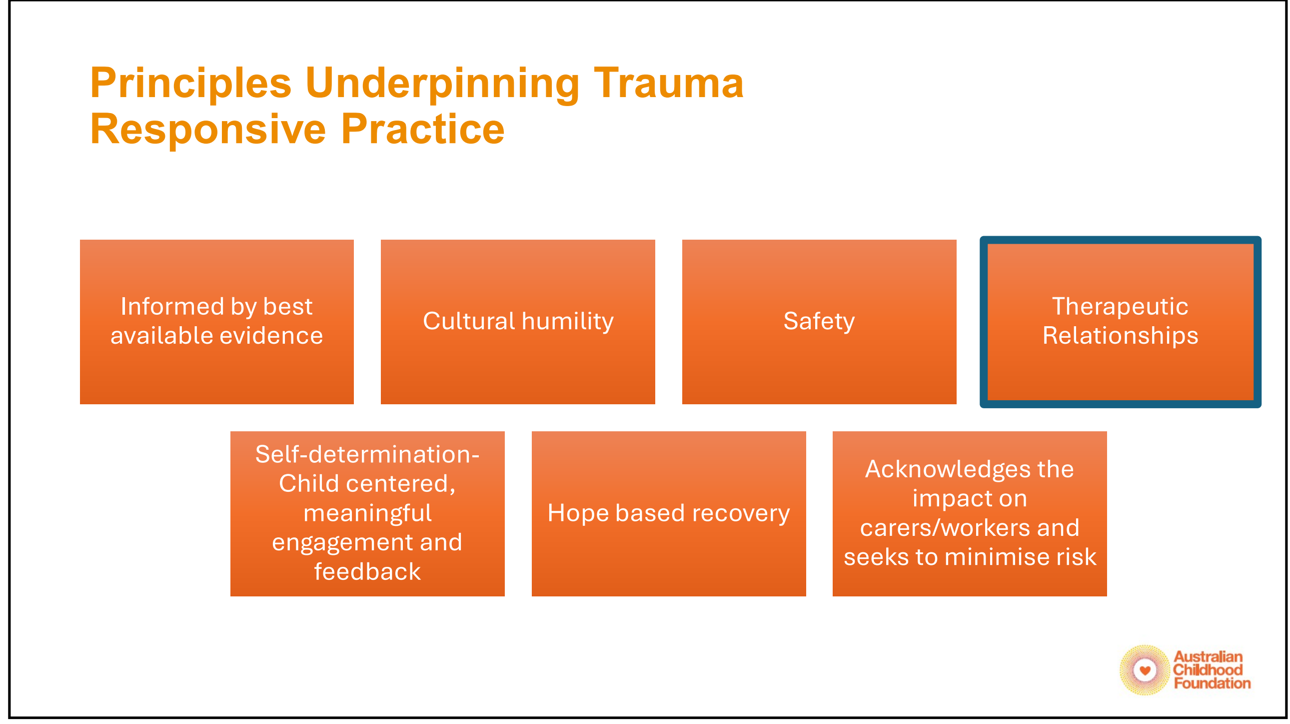

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Therapeutic relationships

Accompaniment is an experience for a child that offers **emotional reciprocity, validation, care and comfort**.

In this experience they *feel* **heard, met, felt and understood**

" Children internalize the people who understand and comfort them, so that they often have the felt sense of accompaniment when they are alone"

Bonnie Badenoch

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"The space between us"- Intersubjectivity

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

Attunement

Exploration

Responsiveness / Modulation

Self regulation

Acknowledgement/ Validation

Self awareness

Child's self experience

Relational experience

Self experience

Connection

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Therapeutic relationships

"Show me another way"

"Tell me more"

"I could be wrong…I wonder if you feel…"

"I wonder if you could say this out loud it would be…"

"I can see…"

"I hear you, *you wish*…"

"Two things are true…"

"When I was 10 I couldn't do that, you see me now all grown up…"

71

In your group role play some initial responses-

What words are you using?

How does it feel?

72

Therapeutic Relationships

- **Child experiences safe, attuned, consistent relationship/s.** What does this look like?
- **Worker-parent relationship** – minimising re-traumatisation, co-regulating.
- Respected, **supported work relationships**
- Program requirements enable relationship building
- **Practice frameworks** that promote therapeutic relationships – DDP, sanctuary model

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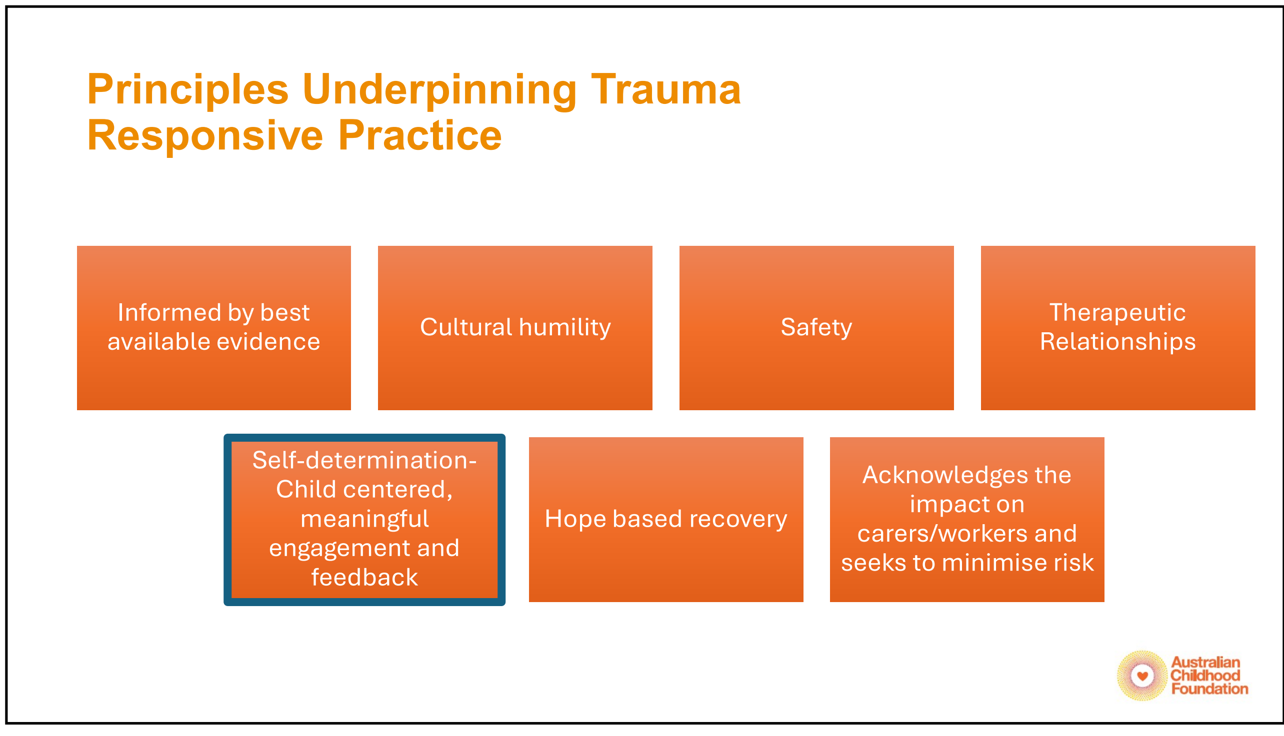

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Foundations for Children/Young People's Active Participation

Children and Young People must have knowledge, opportunity, and support before they can participate effectively. The role played by significant adults (parents, caregivers, caseworkers) is recognized as playing a pivotal role in facilitating or inhibiting participation as they are important players in helping to bring about change. (McDowall, 2016)

Dialogue between children and adults, rather than just 'listening', has been identified as one of the most crucial dimensions of meaningful child participation (Lodge, 2005; Mannion, 2007)

- Child centred practice – child's voice is heard and acknowledged
- Rights of child are always prioritised- safety, developmental opportunities, be involved in decisions that effect them

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Discussion

How do you include child participation in your work?

Why is Child Participation important?

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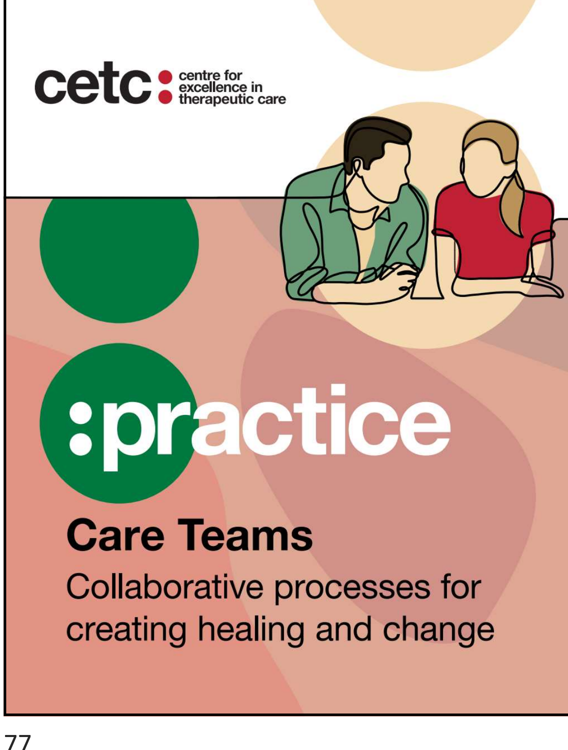

Five qualities that characterise high-functioning Care Teams

Honesty

Care Team members put a high value on effective communication within the Care Team, including transparency about aims, decisions, uncertainty, and mistakes. Honesty is critical to continued improvement and for maintaining the mutual trust necessary for a high-functioning Care Team.

Discipline

Care Team members carry out their roles and responsibilities with discipline, even when it seems inconvenient. At the same time, Care Team members are disciplined in seeking out and sharing new information to improve individual and Care Team functioning, even when doing so may be uncomfortable. Such discipline allows Care Teams to develop and stick to their agreements even as they seek ways to improve.

Creativity

Care Team members are excited by the possibility of tackling new or emerging problems creatively. They see even unanticipated bad outcomes as potential opportunities to learn and improve.

Humility

Care Team members recognise differences in background, expertise or professional training but do not believe that one member is superior to the others. They also recognise that they are human and will make mistakes. Hence, a key value of working in a Care Team is that fellow Care Team members can rely on each other to help recognise and avert failures. In this regard, effective Care Teams work is a practical response to the recognition that each of us is imperfect and no matter who you are, or how experienced or smart you are, you will fail at times.

Curiosity

Care Team members are dedicated to reflecting upon the lessons learned in the course of their daily activities and using those insights for continuous improvement of their own work and the functioning of the Care Team.

(Macnamara, 2020)

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The key functions of the Care Team are to:

- work collaboratively to put the best interests of the young person first

- promote the meaningful participation of young people and family members in planning processes that address all aspects of the young person's life

- get to know the young person well enough to know how best to involve them in decision-making processes and ensure their wishes and views are taken into account

- develop the skills for providing trauma-informed practical care and support

- establish or maintain the young person's connections to their Aboriginal community and culture

- ensure young people from diverse cultural and religious backgrounds have their cultural and religious needs met

- respect each other and acknowledge the knowledge and expertise of other Care Team members

- share relevant information to monitor goals, objectives and progress of therapeutic care plans

- develop, implement, monitor and review therapeutic care plans that address a young person's needs across all key environments and relationships with interventions which have clear, achievable goals, timelines, responsibilities and outcomes

- recommend service provision options, or changes, as necessary to implement the plan

- consider and review the young person's current and longer-term care and needs and how these will be met

- develop strategies and plans to mitigate risk issues

- ensure adequate supports are in place to support the successful engagement of the young person in key environments (eg placement and school) and relationships

- ensure all therapeutic needs of young people are, and continue to be met

- plan for and support transitions for young people (eg placement moves, reunifications, leaving care, school transitions)

- acknowledge and celebrate successes with the young person, no matter how small

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Activity: reflection

Consider your practice…

- In what ways do you promote self determination?
- How is the child's experience and wishes understood and acknowledged?
- How do you acknowledge the strengths of the child/family/community?
- How do you address power imbalance in your role?
- How does the child/parent participate in the care team process?

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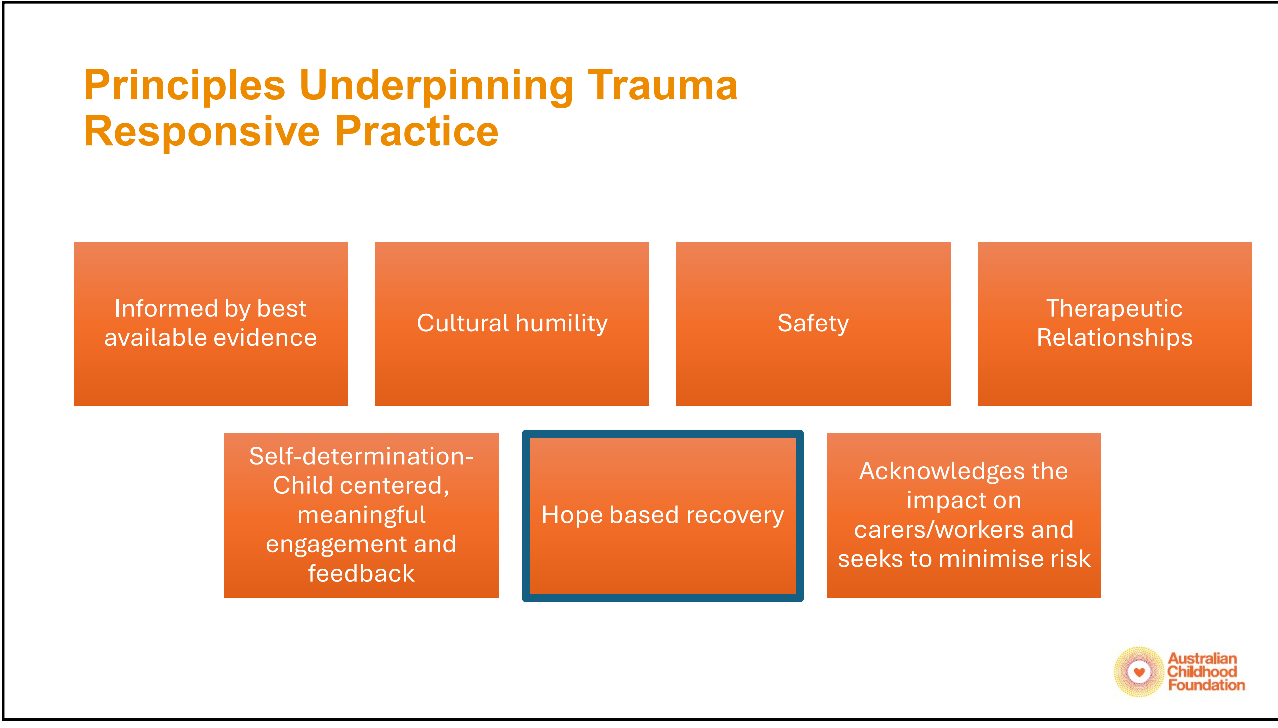

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Discussion

Why did you come into this work?
What drew you to work with young people in the struggles of life?
Where do you draw your hope from?

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Regulation & Connecting

Continuing in exploring your scenario focus on the following Trauma Responsive Practice ideas of Regulation and Connecting.

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Regulation

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

In order to regain cortical capacity, essential for attention and connection, we must restore regulation

- *Be predictable*
- *Be connected to yourself*
- *Be present (grounded)*
- *Promote understanding*
- *Equip the young person with calming tools they can use*

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Connecting

- Traumatised adolescents have had limited experience of healthy and attuned relationships
- They can struggle to form, maintain, understand and be in relationships
- This can only be changed with repetitive opportunities to safely practise and experience these in exchanges with others
- Successful engagement is the responsibility of the staff member or worker, not the adolescent

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Connecting

How do you build connections in your role?

- Safe, positive social interactions with adults/peers Structure and clear limits
- Physical activity
- Creative expression
- Competence and achievement
- Future focused
- Meaningful participation in families, school, communities,
- Opportunities for self-definition

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Hope based recovery

- Hold hope for your clients until they can hold hope for themselves
- Strength-based approaches
- Support development of a hope based narrative the child can access
- **How does the child understand their future** and the possibilities available to them? (more appropriate for older children)
- **How do parents understand the child's strengths** , as well as their own and have hope for the future?
- **How do you as a worker maintain hope in complex trauma-based work?**

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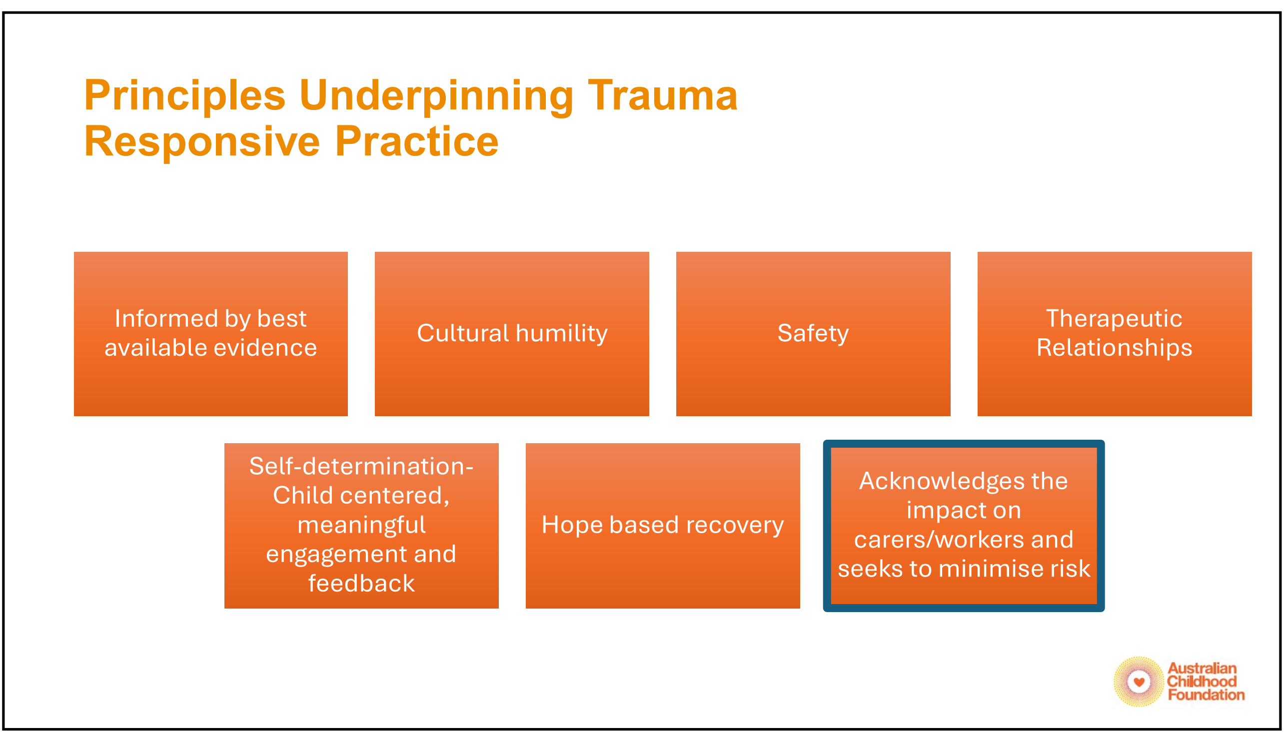

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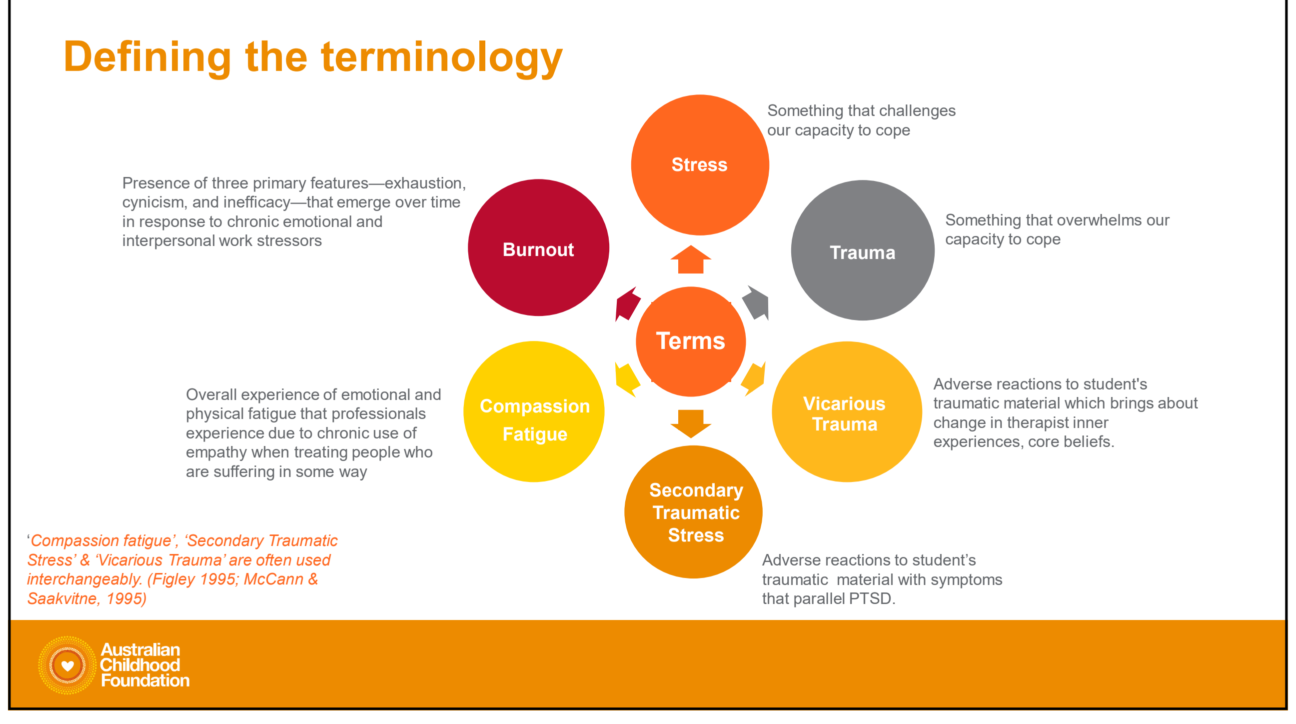

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If empathy is to 'walk a mile in someone's shoes' we need to ensure we step out of those shoes at the end of the mile or we will wear those shoes all the time....and that is vicarious trauma.

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Empathy – a strength and a vulnerability

- Somatic empathy (Rothschild 2004)
- Limbic resonance
- Cortical empathy

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Somatic Empathy – mirroring body states

- An angry parent
- An exhausted staff
- A depressed teenager
- A calm, relaxed worker

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Limbic Resonance & Cortical Empathy

Limbic Resonance
(SUB-CORTICAL)
Our emotional state adjusts to match the emotional state of the person or people we are with

Cortical Empathy
(PRE-FRONTAL CORTEX)
Our attempts to step outside our own experiences and imagine the experience and perspective of others

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Personal Risk & Protective factors

RISK	PROTECTIVE
Low levels of education/socioeconomic status	Relevant qualifications and ongoing professional development
Inexperience in the workplace	More experienced in the workplace, access to mentoring/buddy systems
History of trauma in own life	Has been able to process own trauma history
Over identification with the clients due to own history	Able to maintain appropriate boundaries
Reluctance to ask for support	Seeks support appropriately
Perfectionism, high need for approval	Sets reasonable expectations for self
Low self esteem	Strong sense of self
Low level of self-reflection	Good reflective capacity
Passive or negative coping styles	Resilient
Few self-care strategies	Range or regularly used self-care strategies
Poor diet	Good nutrition
Poor limit setting on work-life balance, few planned breaks/holidays	Good work- life balance, regular breaks/holidays
Few social/family supports	Supportive network of family and friends
Few interests outside of work	Actively engaged in a range of interests

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Organisational Risk & Protective factors

RISK	PROTECTIVE
Lack of role clarity for staff	Good staff support and supervision including the opportunity to reflect on the impact of the work with supervisors
High client demands	Staff training, induction and orientation processes for staff
Insufficient supervision	Support from co-workers/team
Little feedback on performance	Support from family and friends
Few opportunities to participate in decision making	Meaningful processes that are consistently applied for staff to feel a sense of ownership of decisions that impact themselves and/or the young people
High/excessive workloads (hours, complexity, number of demands)	Well-balanced and manageable workload with commitment to work-life balance
Lack of autonomy	Support to develop and grow in the role
Insufficient control over resources needed to accomplish role	Clear processes for decision making and strong channels for communication about the rationale for decisions
Lack of staff recognition	Reward and recognition for work contributions i.e. financial, social, intrinsic)
Disconnected staff, lacking in team environment	Strong team culture
Perceived lack of fairness (inequity of workload or salary, lack of openness and respect regarding decision making)	Inclusive workplace with strong communication processes and staff engagement in the culture of the organisation
Poorly aligned values, priorities and ethics between organisation and staff	High levels of organisational congruence and openness to regularly review systems and processes
Lack of access to external supports for staff where required	Provision of external supports such as Employee Assistance Programs, external supervision for staff
Low levels of interagency collaboration re clients	Strong culture of collaboration and joint working

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Staff Wellbeing

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

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Reflection

- ❑What part of the brain are you/staff in?
- ❑Seven Types of Rest: Physical Mental, Spiritual, Emotional, Sensory, Social, Creative (work of Dr Saundra Dalton-Smith)
- ❑What is sitting under our behaviours? Self Care or Self Comfort?
- ❑Where do we find connection?
- ❑Professional experience- Professional journey

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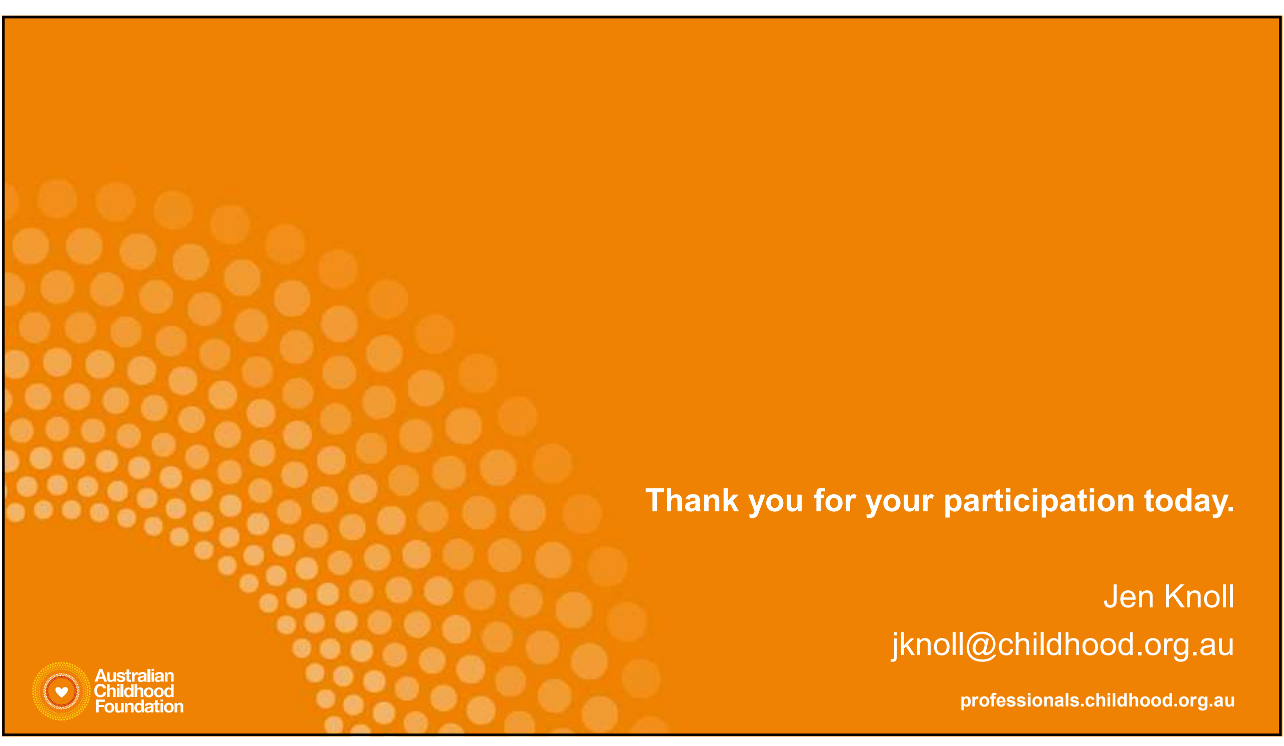

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