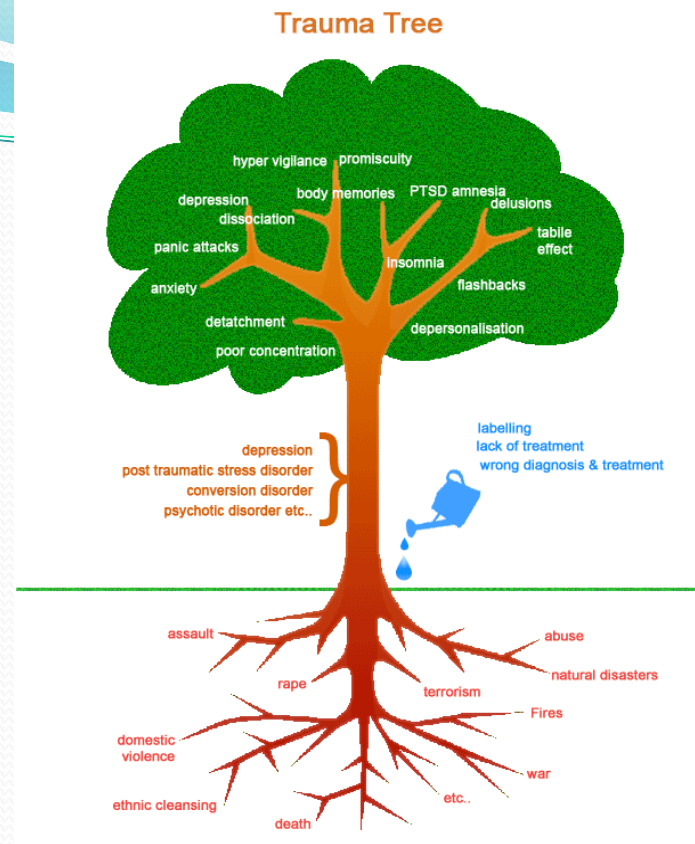


Trauma Training

Learning Goals: to gain a better understanding of:

- Trauma and how to support students with trauma backgrounds
- The neuroscience of the brain and the effects on learning and behaviour
- What attachment is and the impact on relationships
- What schools can do




Acknowledgements:

- Dr Judith Howard
 - Evolve Team
 - Nathan Wallis

Acknowledgment of Country

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past and present.





Understanding Trauma in Children and Young People

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.

- Any event that overwhelms child's capacity to cope (one off or ongoing)
- Emotional shock that creates substantial, lasting damage to psychological development
- An experience that induces an abnormally intense and prolonged stress response

Types of Trauma:

- Simple – single incident, shorter in duration, non intentional (car accident, earthquake)
- Complex – multiple incidents, threat/overwhelming experience, child abuse/neglect, longer in duration, intentional, DV

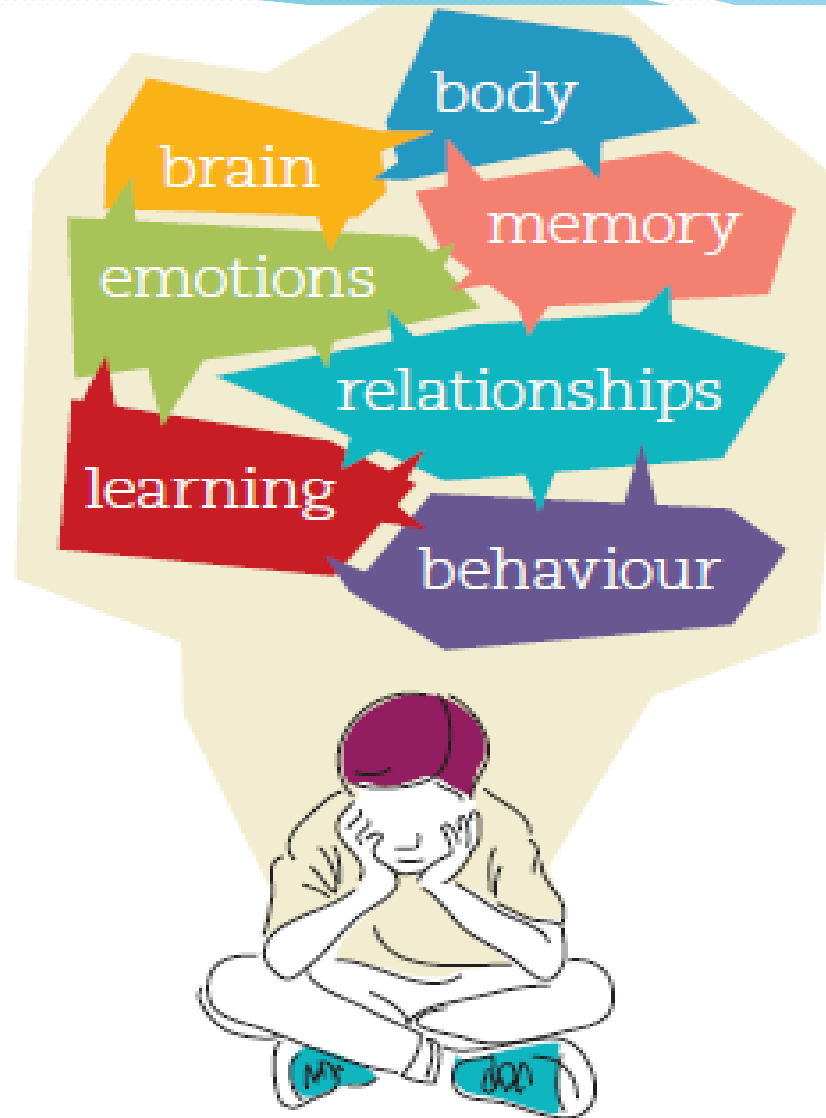


The stats and facts ...

- 80% of trauma is caused by a parent
- 10% of trauma is caused by a relative
- 10% of trauma is unrelated



Trauma and attachment (often go together). Most if not all children who have suffered abuse, trauma or neglect will have a disrupted attachment.



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



The diagram features three text labels arranged in a triangle: 'Child Development' at the top left, 'Attachment' at the top right, and 'Trauma' at the bottom center. Three thick red curved arrows connect them in a clockwise cycle: from 'Child Development' to 'Attachment', from 'Attachment' to 'Trauma', and from 'Trauma' back to 'Child Development'. The background is white with a blue wavy border at the top.

**Child
Development**

Attachment

Trauma

Child Development





Attaching and attuning to a primary care-giver



Attachment Theory

HARLOW & ZIMMERMAN (1959)



- A famous experiment was conducted by Harlow and Zimmerman in 1959, which showed that developing a close bond does not depend on hunger satisfaction.
- They conducted the experiment where rhesus monkey babies were separated from their natural mothers and reared by surrogates- terry cloth covered and other was wire mesh.
- Babies cling to terry cloth mothers even though wire mesh had bottle.
- This shows 'contact comfort' is a more important and need for closeness and affection much deeper.

Attachment Theory:

- is focused on the relationships and bonds between people, particularly long-term relationships including those between a parent/caregiver and child and between romantic partners



Strange Situation:

- Mary Ainsworth (1970's)
- <https://www.youtube.com/watch?v=QTsewNrHUHU>

Parent as a “Secure Base” and “Safe Haven”



Parent is trusted - to allow for exploration and to be there when the child needs to return to be “topped up” or soothed.



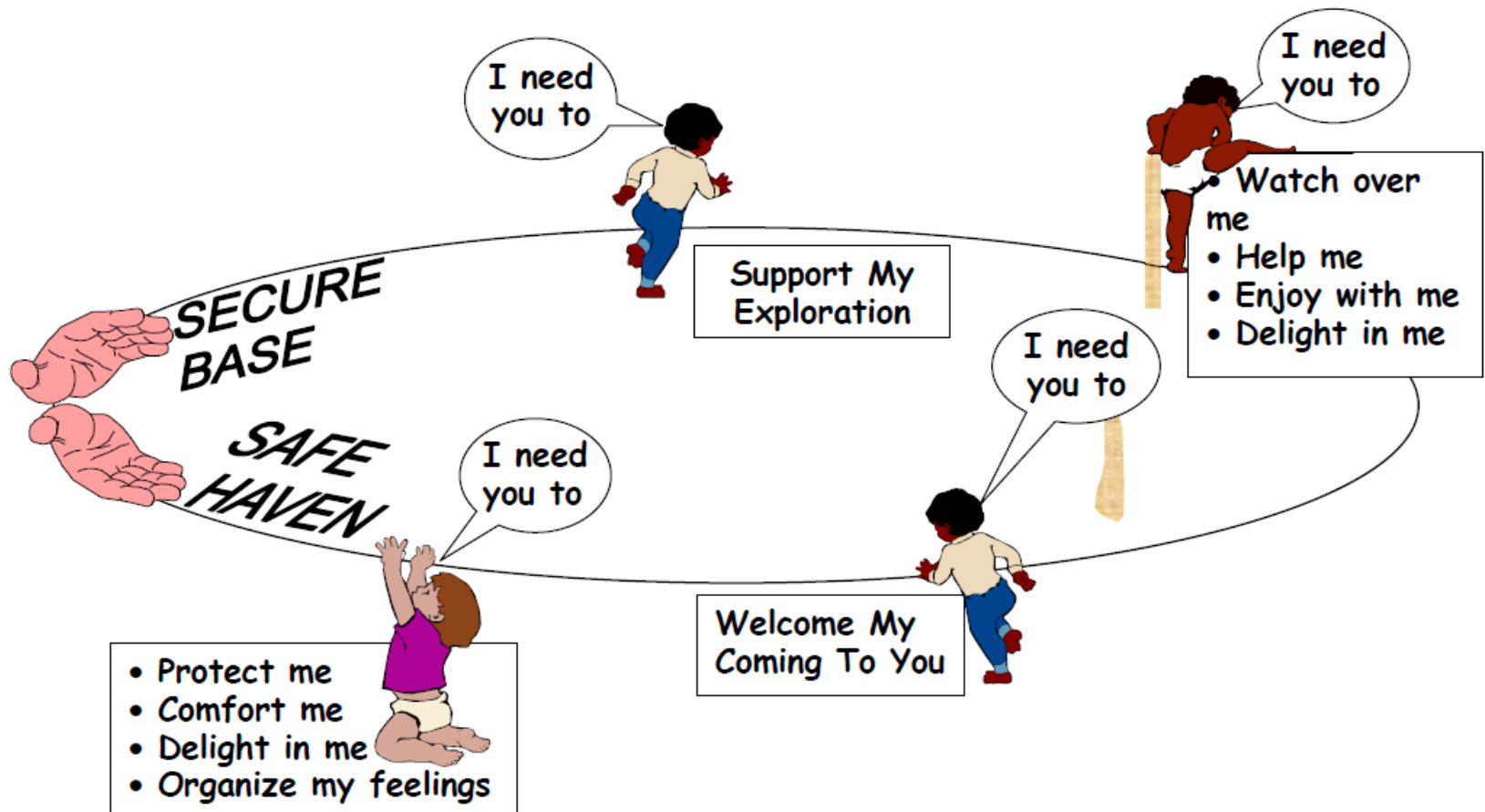
Exposure to stress is followed by protection and comfort – over and over again.



Powell B., Cooper G., Hoffman K. & Marvin, B
(2014) The Circle of Security

Circle of Security

Parent Attending to the Child's Needs



Styles of attachment:

- Secure Attachment
- Ambivalent Attachment
- Avoidance Attachment
- Disorganised Attachment



Characteristics of Secure Attachment

As Children:

- » Are able to separate from parent
- » Seek comfort from parents when frightened
- » Greets return of parents with positive emotions
- » Prefers parents to strangers

As Adults:

- » Have trusting, lasting relationships
- » Tend to have high self-esteem
- » Are comfortable sharing feelings with friends and partners
- » Seek out social support

Characteristics of Ambivalent Attachment

As Children:

- » May be wary of strangers
- » Become greatly distressed when parents leave
- » Do not appear to be comforted when parents return

As Adults:

- » Reluctant to become close to others
- » Worry that their partner does not love them
- » Become very distraught when relationships end

Characteristics of Avoidant Attachment

As Children:

- » May avoid parents
- » Does not seek much contact or comfort from parents
- » Shows little or no preference for parents over strangers

As Adults:

- » May have problems with intimacy
- » Invest little emotion in social and romantic relationships
- » Unwilling or unable to share thoughts and feelings with others

Characteristics of Disorganized Attachment

At Age 1:

- » Show a mixture of avoidant and resistant behaviors
- » May seem dazed, confused, or apprehensive

At Age 6:

- » May take on a parental role
- » Some children act as a caregiver toward the parent

Functions of attachment (+ve and -ve)

FUNCTION	HEALTHY ATTACHMENT	POOR ATTACHMENT
Provide safety and protection for a vulnerable infant or young child.	Grow to feel confident and secure in relatively safe contexts (such as home and school).	Grow to feel anxious and fearful, even in non-threatening environments.
Allows child to explore their environment with feelings of safety and security.	Leads to healthy cognitive and social development.	Can feel unsafe, unprotected, cognitive and social development affected.
Learn basic trust (template for all future emotional relationships).	Grows to trust that adults will reassure and calm them when they feel frightened. Trust becomes usual.	Has difficulty trusting others. Impacts on later relationships. Trust becomes unusual.
Initially co-regulate emotions with help of adult and then grows the capability to self-regulate.	Effective management of impulses and emotions.	Difficulty with emotional self-regulation; easily stressed and impulsive or aggressive when emotionally aroused.

Functions of Attachment

FUNCTION	HEALTHY ATTACHMENT	POOR ATTACHMENT
Formation of identity and sense of self.	Development of self-competence, self-worth, balance between dependence and autonomy.	Poor self-worth and a belief that others don't value them. Can become clingy or over-dependant or alternatively, distant and relationally cold.
Development of a pro-social attitude.	Development of empathy and compassion. Can understand how others feel and respond accordingly.	Difficulty understanding the needs, thoughts or actions of others.
Development of a positive world view.	Grows to believe that people and life are basically good, with reasonable exceptions.	Can believe the worst of most people and of life.
Defence against stress and trauma.	Resourceful and resilient during tough times.	Resilience and resourcefulness is inhibited when under duress.



Disorganised Attachment

There is no predictable or effective pattern of eliciting care giving behaviors by infants when stressed.

Caregivers are often **psychiatrically distressed** and/or are dealing with unresolved personal loss.



They appear to be either frightened and/or are seen as frightening by their infants/children.



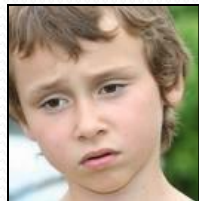
This pattern is typically associated with a high-risk home environment, including such factors as **abuse, stress and poverty.**



These infants have the greatest risk for later psychopathology.

Impact of disorganised attachment:

Without significant support and intervention, insecure, disorganised attachment can lead to significant impairment of the child's ability to regulate their emotions, to manage feelings, events, and relationships across their lifespan.



Iceberg Theory



Behaviours – damage property, alcohol, drugs, depression, self harm, anxiety

Psychological – trauma, neglect, disorganised attachment, relationships

Brain Development and Trauma

- We need to understand brain development before we can understand behaviours of children with trauma
- We judge children by their behaviours – provide consequences

BUT

- We need to understand what causes these behaviours and then address them with healing solutions



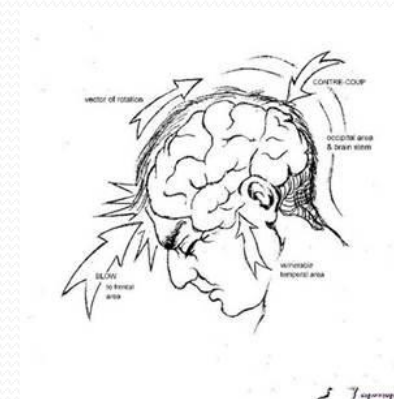
Brain Development and Trauma

- When we're born 15% of the brain is connected
- 85% of connectivity occurs after birth
- Allow us to adapt to our environment
- Therefore our environment is important



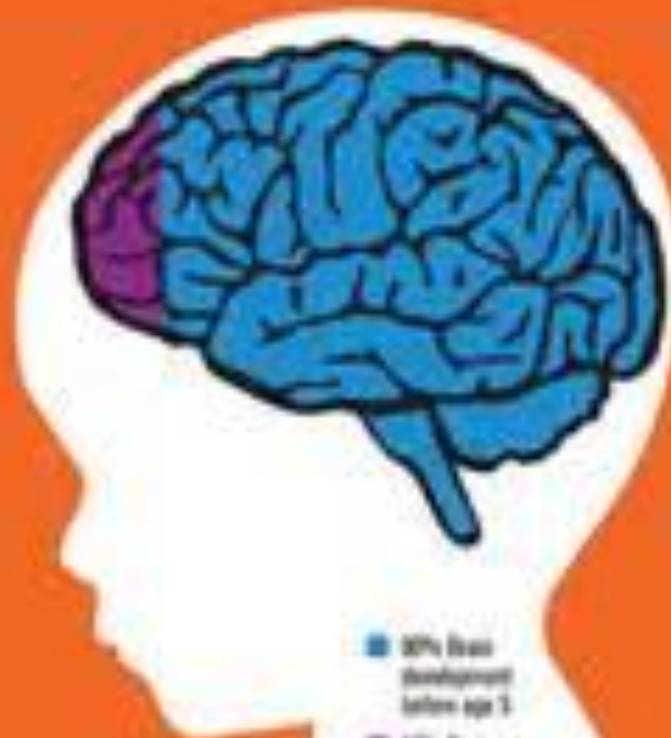
Facts about the brain:

- Weighs approx. 1 ½ kgs
- Mostly water (78%), fat (10%), protein (8%)
- Soft (cut with a butter knife)
- Grapefruit size
- Billions of neurons in the brain (good experiences, bad experiences or no experiences influence how we develop, think, feel, behave)



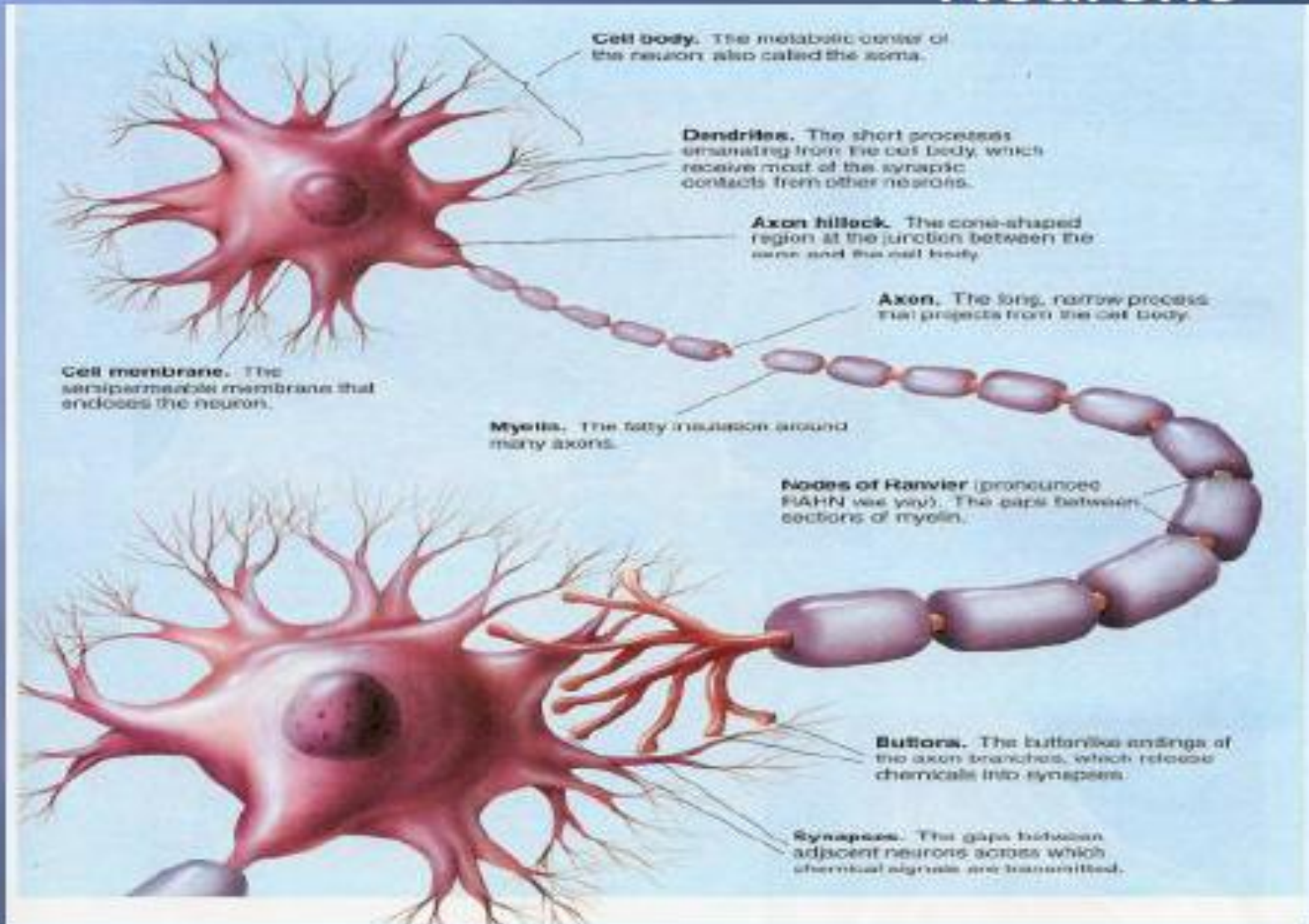
90%

of a child's brain
development
happens
before age 5



- 90% Brain development before age 5
- 10% Brain development after age 5

Neurons



Neural Development and Synaptic Pruning

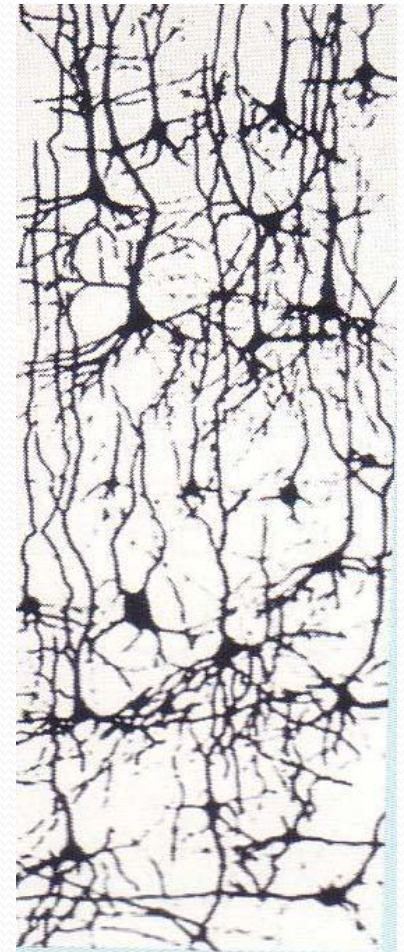
Newborn



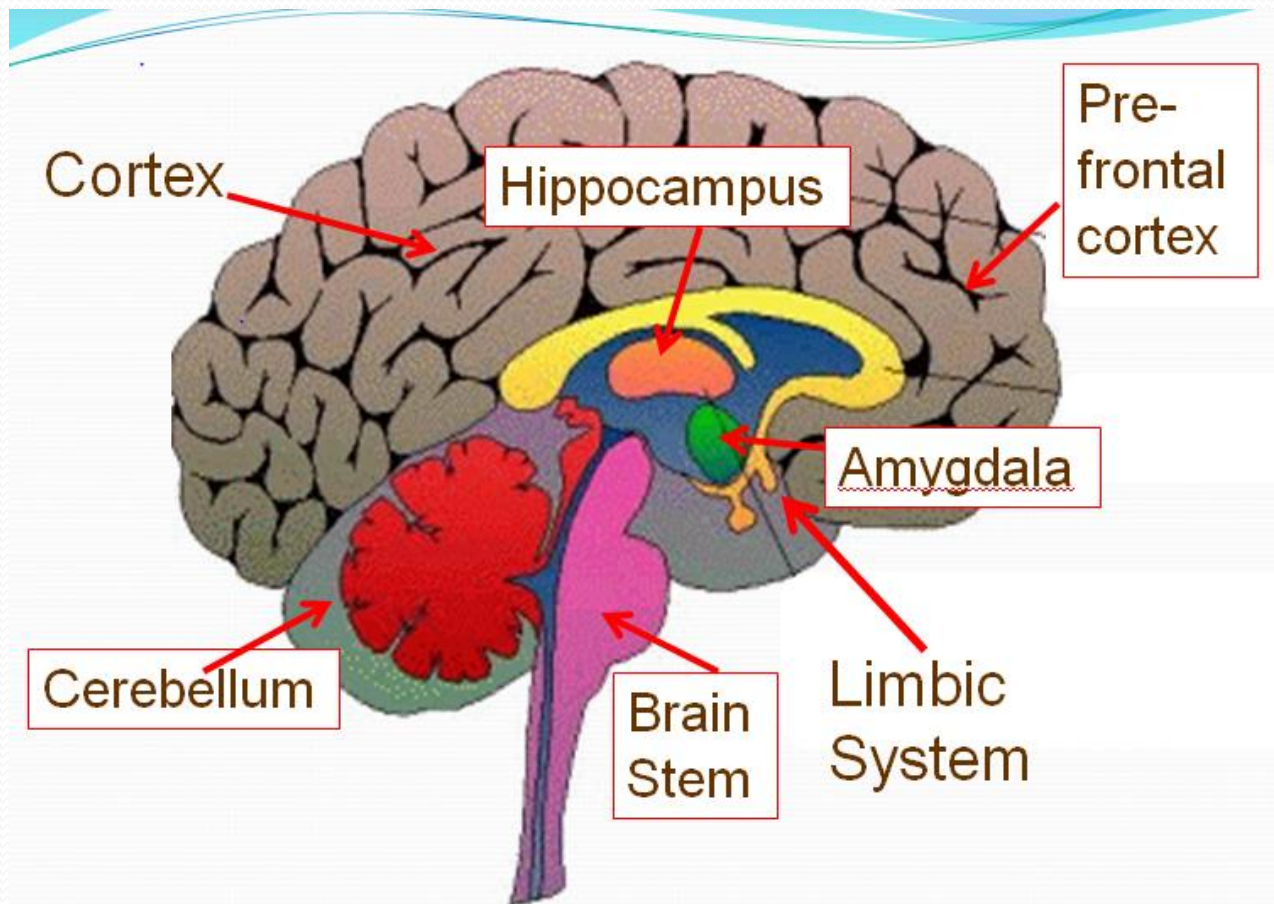
3-6 years



Teenager

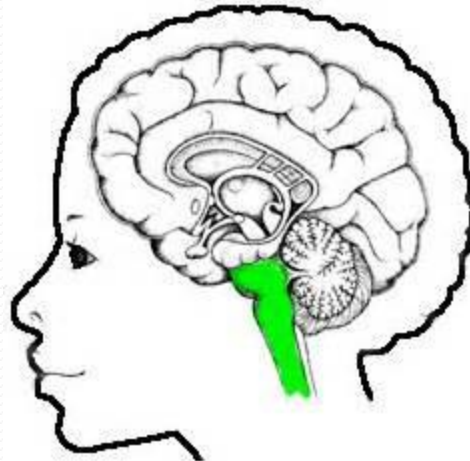


Key parts of the brain: Vital knowledge for every educator!!



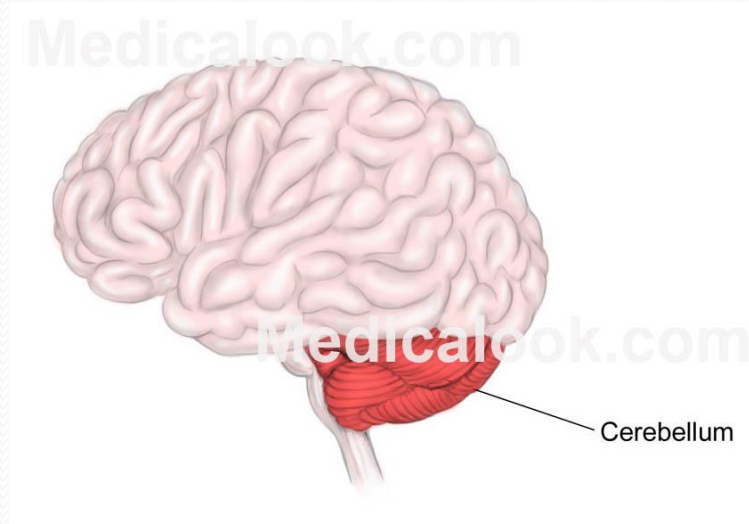
Brain Stem

- Developed at birth
- Controls heart rate, blood pressure, body temp, fight, flight, freeze
- Attuned to safety
- Ensures our wellbeing and help to remain calm



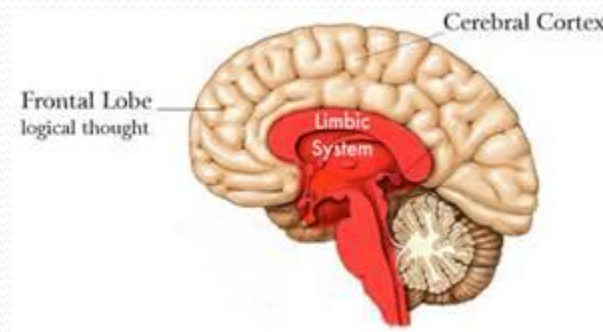
Midbrain (cerebellum)

- Takes first few years to develop
- Coordination, movement
- Attuned with us moving freely



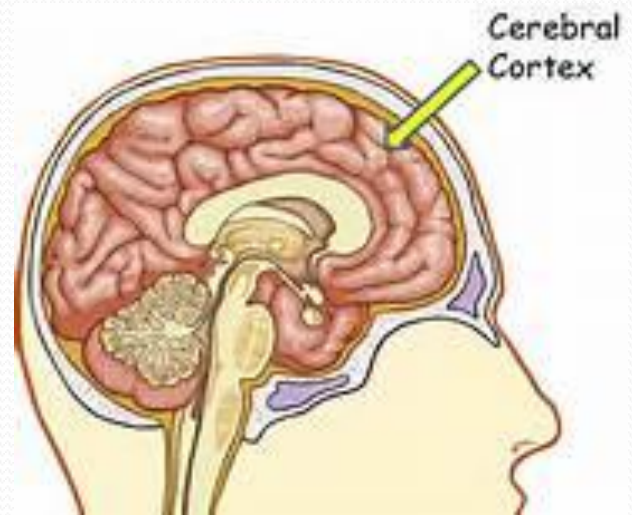
Limbic System (emotional centre)

- Ongoing development
- Emotional Response (sexual behaviour)
- Amygdala controls affective activities (friendship, love, mood)
- Hippocampus - memory



Cortex (pre frontal lobe)

- Ongoing develops into adulthood (mid 20)
- Empathy
- Controlling self
- Learning
- Cognition – decisions, thinking



Brain's responsibilities

- Everything we do (laugh, love, walk, talk, hate, move, think)
- It's a direct reflection of our experiences (forms our personality and who we become)
- Who we are today is a direct reflection of where we have come from
- Repeated experiences (good, bad, none) 'hard wire' our brain

The Cerebral Cortex



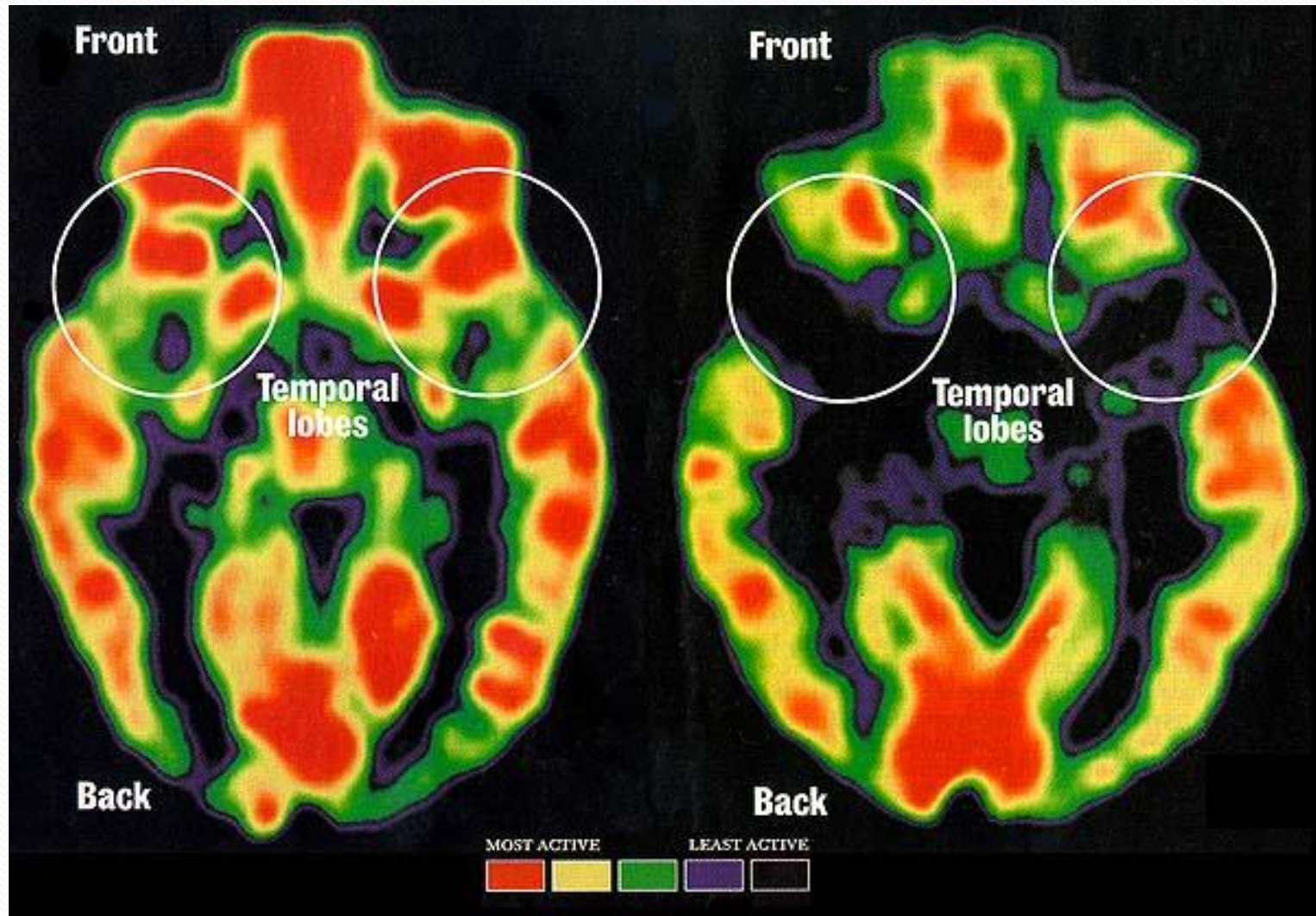
Brain Development during Childhood

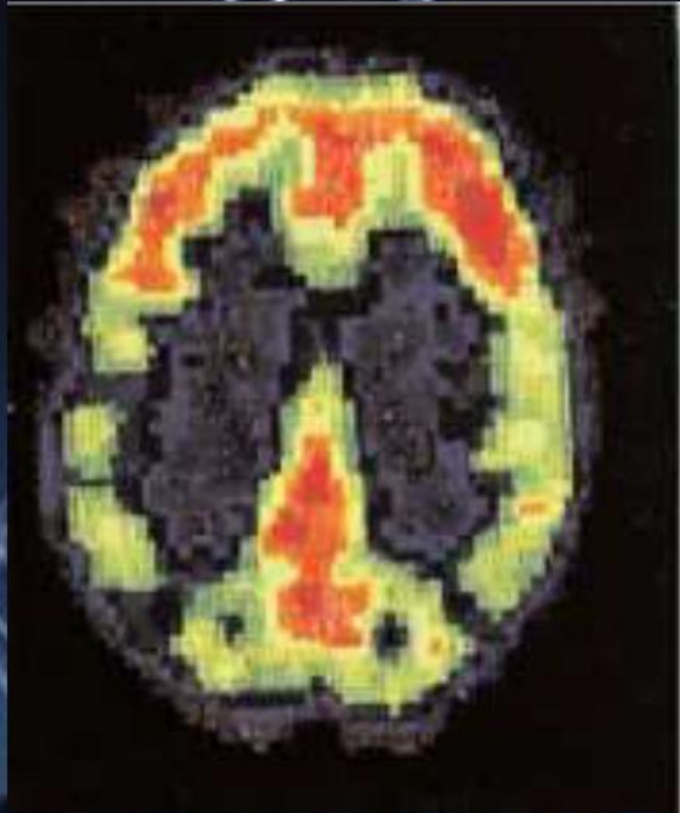


- Our brains develop sequentially, from lower functions to higher functions (Brainstem – pre frontal cortex)
- Different parts of the brain develop at different ages
- Emotion and attachment – development in first years of life

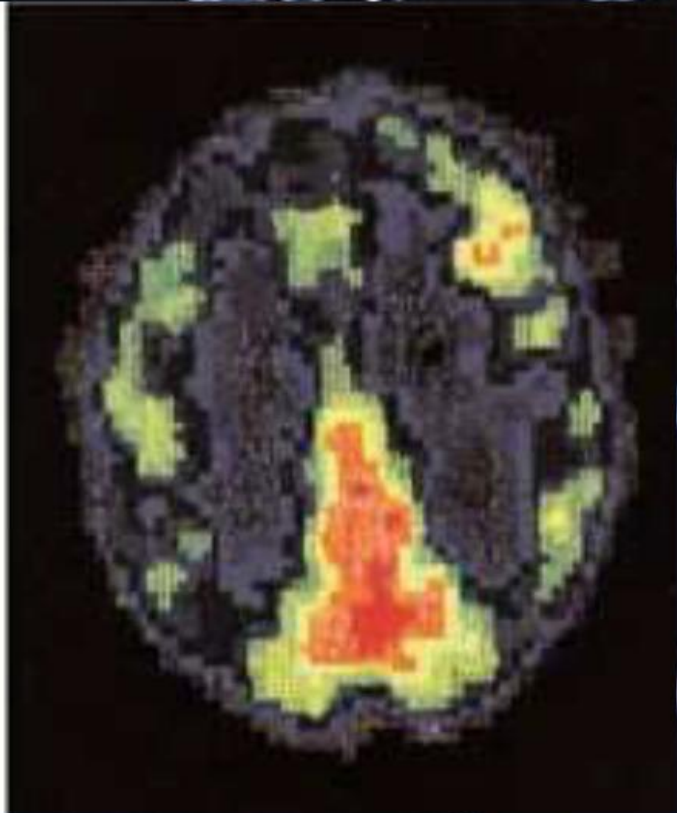
Healthy Child

Chronic Neglect





Normal



Murderer

Image from Raine, A. (2009). *Murderous Minds: Can we see the mark of Cain?* Accessed from <http://www.dana.org/news/cerebrum/detail.aspx?id+3066> On 30/1/2011.

Responding to Challenging Behaviour





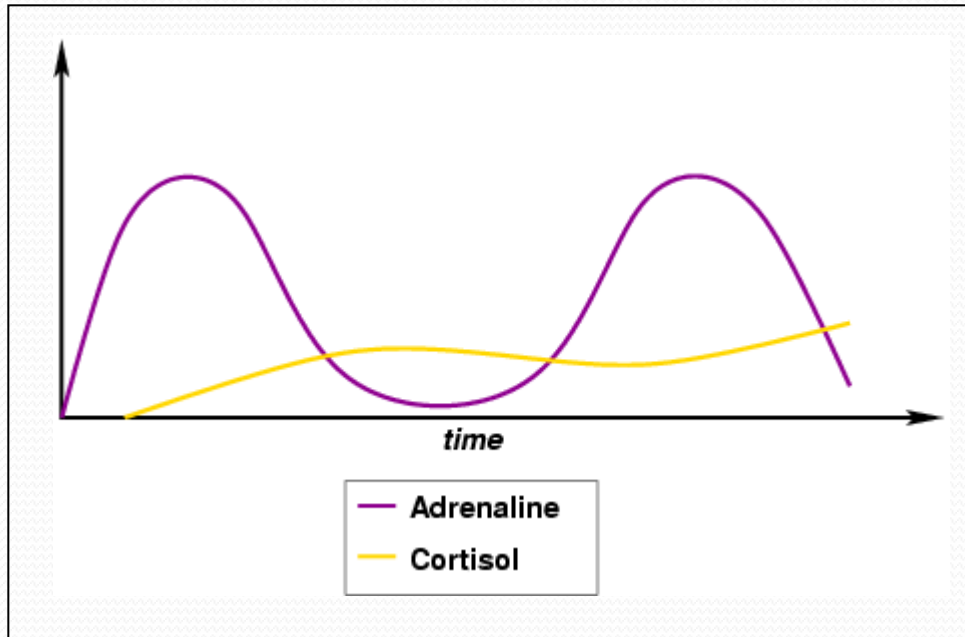
Oral Language

Pamela Snow and Martine Powell, 2012
**Youth (in)justice: Oral language competence
in early life and risk for engagement in
antisocial behaviour in adolescence**



- There is also growing research suggesting that this type of brain development also impacts on children's and adolescents' oral language capabilities.
- So students will be less likely to be able to explain themselves, use language to settle themselves or to resolve conflict.
- Interactions with students with poor speech and language skills can quickly deteriorate into hostility and threats when miscommunication occurs and when they over-depend on the words they know and use well (@#\$%^&* etc.)!

Adrenalin and Cortisol



During a perceived threat, the **Adrenal Glands** immediately release **Adrenalin**.

If the threat is severe or still persists after a couple of minutes, the adrenals then release **Cortisol**.

Once in the brain, Cortisol remains much longer than adrenalin, where it continues to affect brain cells.

Chronic over-secretion of these stress hormones can adversely affect brain function.

Too much Cortisol can damage the **Hippocampus**, which is central to learning and memory.

Think about when we tend to intervene with discipline and how we do it!

If we imagine the brain as a garden....

Endorphins = Fertilizer



Cortisol = weed killer



Trauma Response Patterns



Internal State	Cognitive Style	Regulating Brain Region	Dissociative Continuum	Hyperarousal Continuum
Terror	Reflexive	Brainstem	Fainting	Aggression
Fear	Reactive	Midbrain Brainstem	Dissociation	Defiance/ tantrums
Alarm	Emotional	Limbic System	Compliance – Robotic/ detached	Resistance/ Crying
Arousal	Concrete	Cortex	Avoidance	Vigilance
Calm	Abstract	Cortex	Rest	Rest

What does this look like at school?



**Hyperarousal
Fight or Flight**



**Hyporarousal
Freeze**

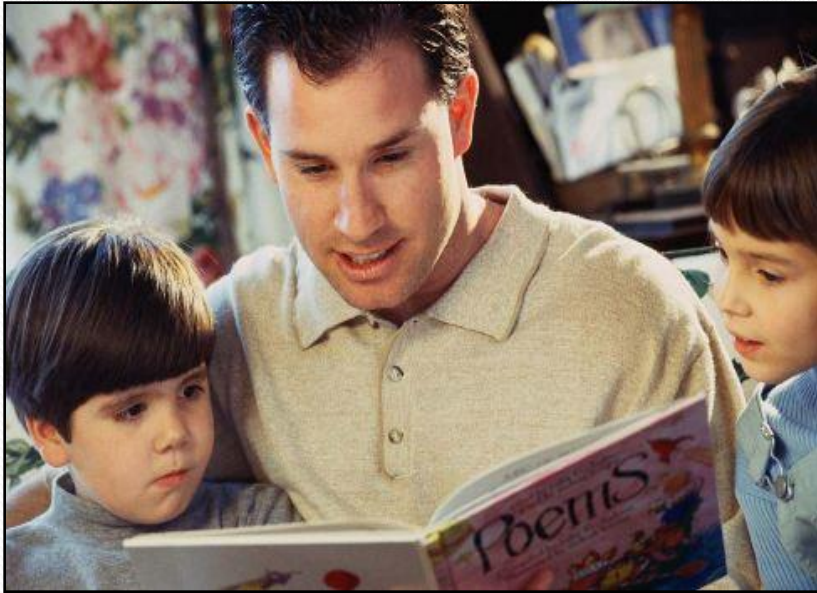


Trauma could present as:

- Asking lots of questions about the event or future
- Avoiding talking about what has happened
- Wanting to help others who have been affected
- Crying, feeling down
- Bad dreams or nightmares about different things
- Being more clingy and having fears of separation from loved ones, homes, pets
- Trouble getting to sleep, waking from sleep, occasionally sleepwalking
- Physical reactions (eg, fast beating heart, upset stomach, headaches)
- Feeling grumpy and losing temper
- Trouble concentrating
- Difficulty with schoolwork
- Agitation
- Difficulty interacting with peers and adults
- Playing, drawing and re-enacting parts of the trauma
- Difficulties with everyday functioning (eg, not completing homework, forgetting to pack bags, bring swim gear)
- Feeling shocked
- Grief and sadness about loss of a loved one, pet or possessions




Developmental Resiliency research:




- Kids with trauma backgrounds who “survive”, tend to have:
 - at least ***one supportive, on-going constructive relationship***
 - ***more than one, shorter-term but consecutive relationships throughout their schooling years.***

Relationships, Relationships, Relationships



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



The experience of
child abuse and family violence rocks
the very core of children.

It undermines their self
confidence and eats away at
their self esteem.

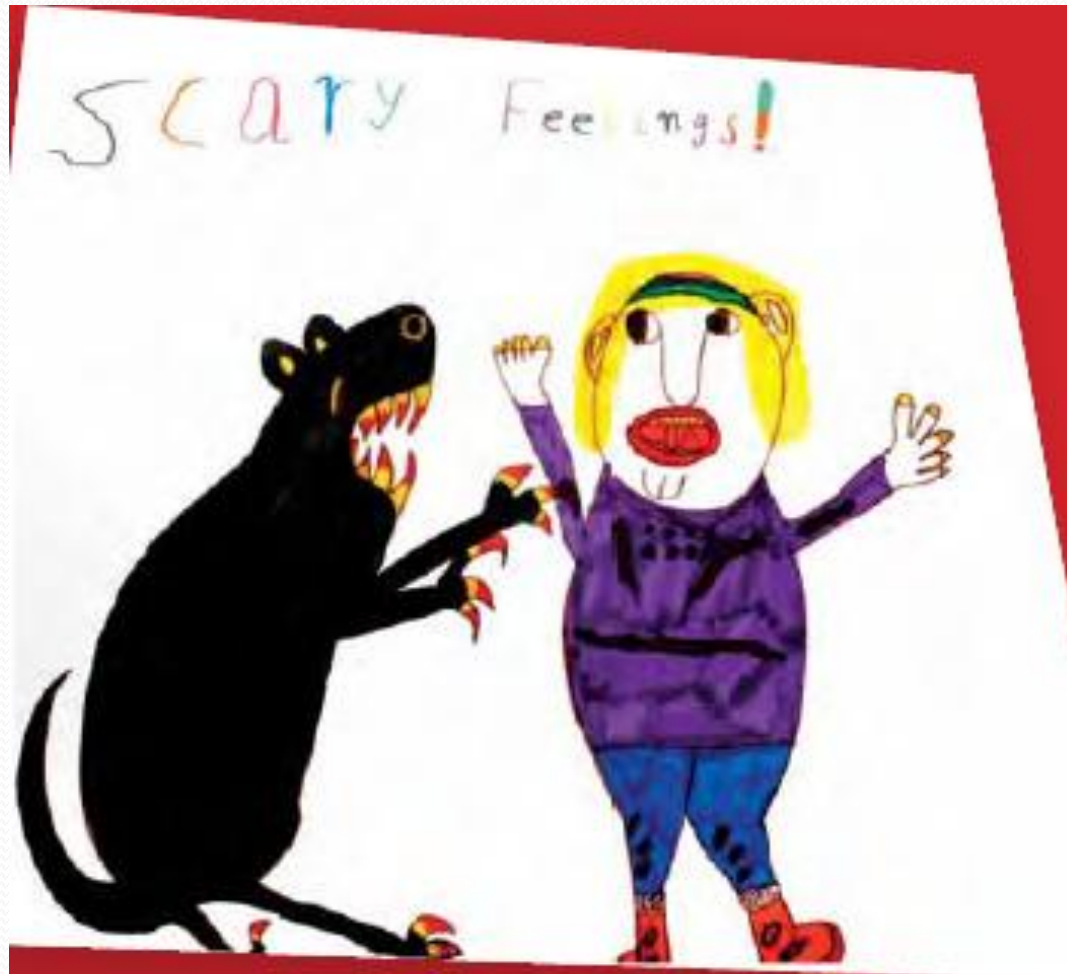
It makes them feel worthless
and unlovable.



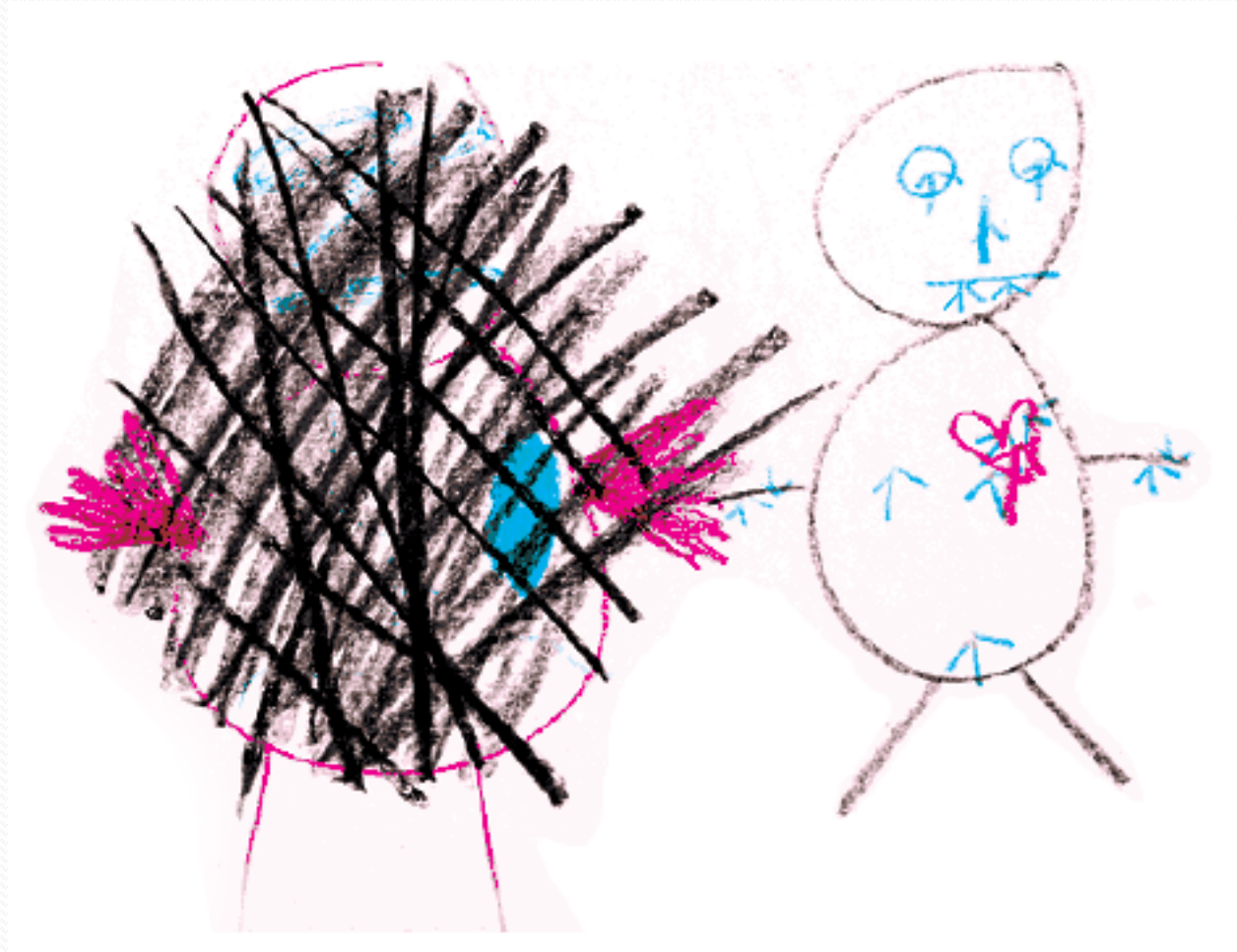
Rebecca was sexually abused by an uncle and rejected by her parents following her disclosure of the abuse. The child has no mouth, fingers or feet. Unable to speak, fight or move, the child in the picture is paralysed other than for the tears dropping into two pools.



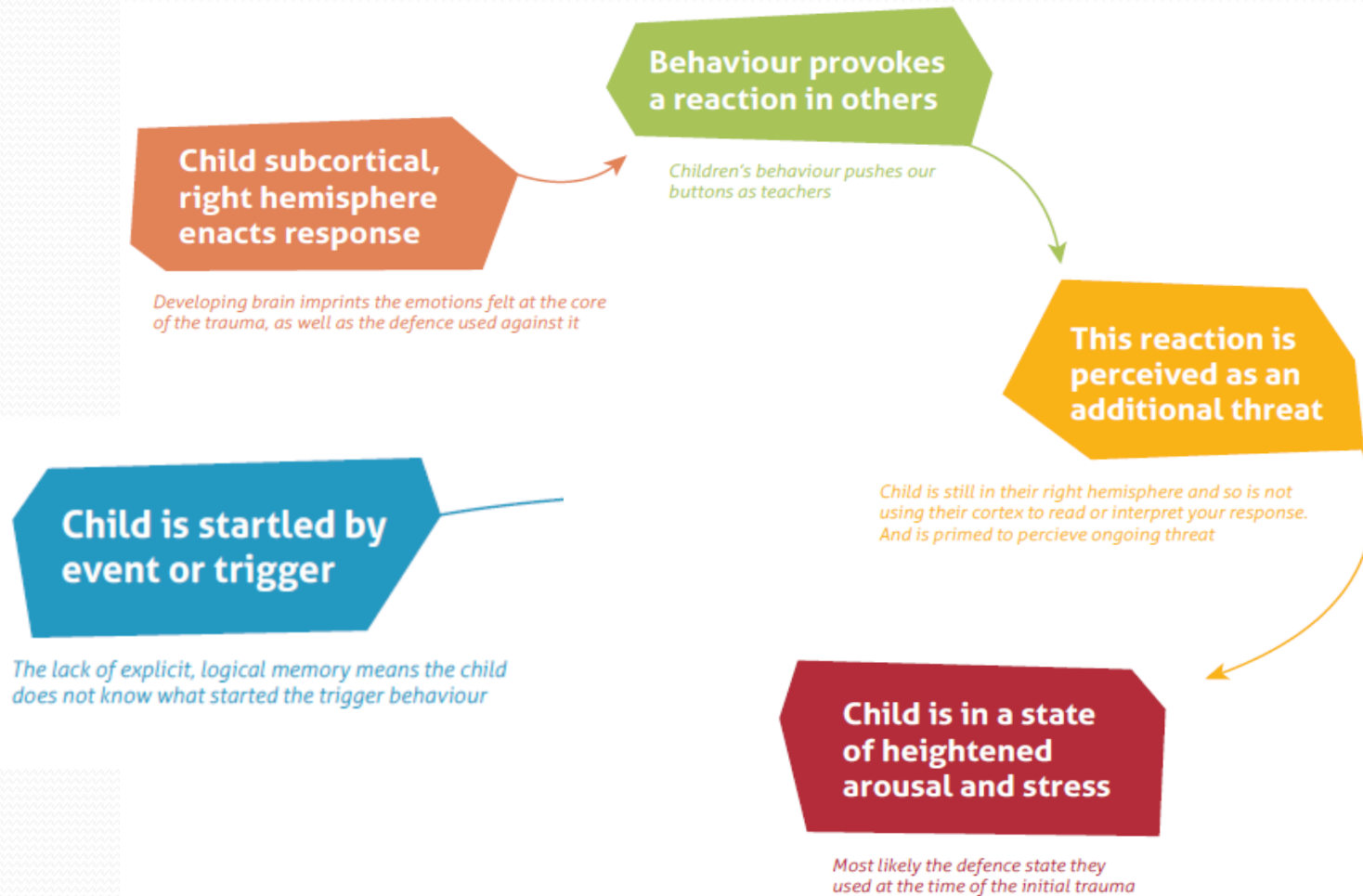
Mitchell witnessed long term domestic violence between his parents. He continues to be afraid of his father's return to the family. Mitchell's explanation about his drawing is that *"...Sometimes I have been scared that I will get hurt by a monster just like the person in the drawing..."*



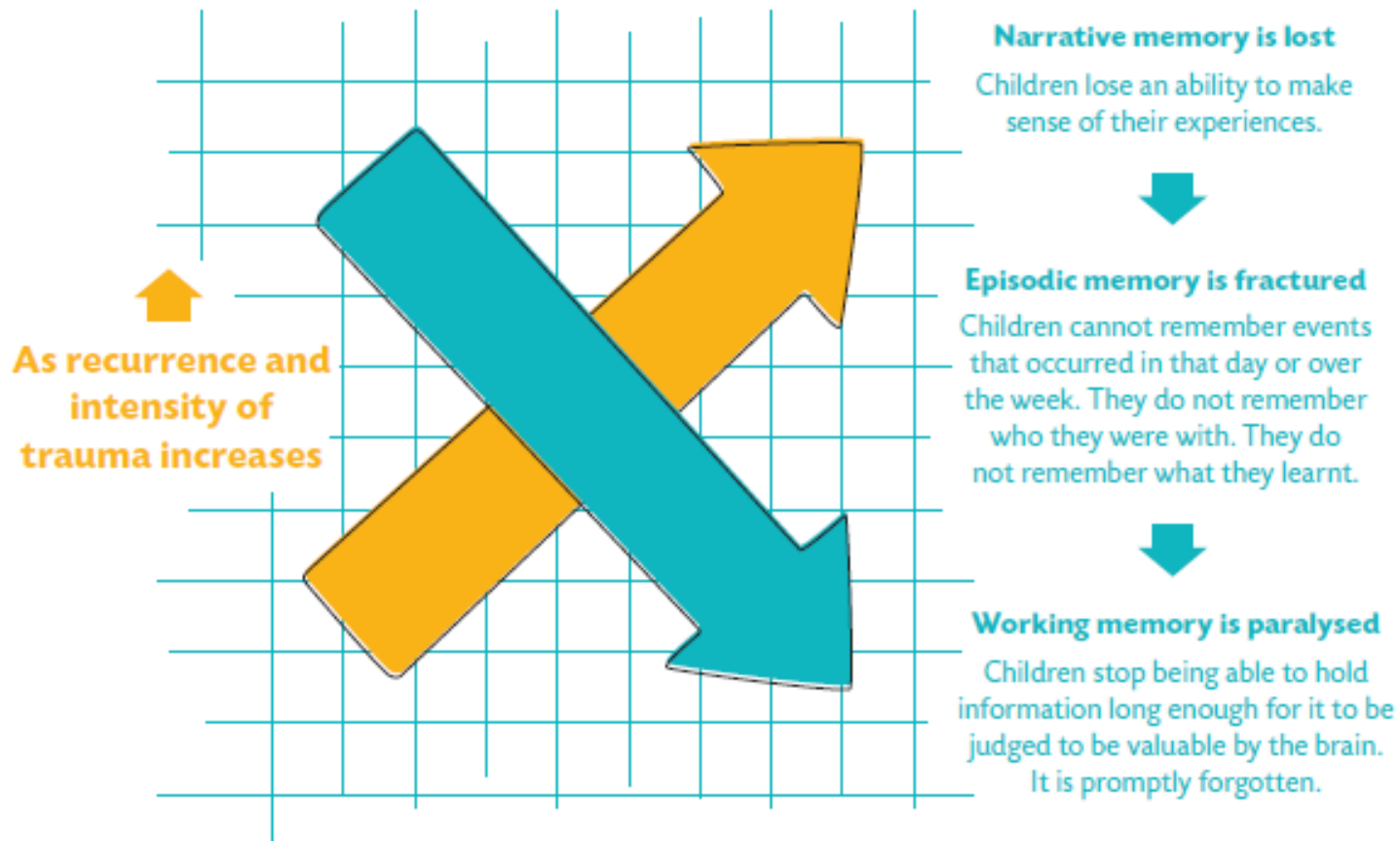
Domestic Violence – where it still hurts



Functions of Trauma based behaviour



Trauma and Learning



What can schools do?

- Provide PD to staff to become more of a trauma sensitive school – knowledge is power, provide research
- Children affected by trauma – not a choice – survival
- Build a school support team (case management)
- On line training (Australian Childhood Foundation)
- Solution focused therapy
- Individual Support Plan (relationships, emotional regulation)
- Behaviour Management Policy (Trauma sensitive)
- Collegial support (look after each other)
- Support programs for children (resilience) Friends
- Implement Restorative Practice

Teachers and relationships:

- Mentoring
- Check in – check out
- Safe space
- Emotional regulation strategies
- Pick your battles
- Codes and symbols
- Look for Gold
- Boundaries, rules
- Relational rewards
- Solution focused
- Reparative work



**Why controversial when it makes so much sense to
caringly support kids who have been through trauma!!**

Behaviourist lens vs neuroscience lens!



Teddy's Story:



Meeting a child's
aggression with adult
aggression only adds
fuel to the fire.

To extinguish
aggressive behaviour
meet it with calmness
and compassion.

Being calm isn't
passive - it's mature.
Be it to teach it.

Rebecca Eanes
Artist: Yuta Onoda



If 20 million people were infected by a virus that caused anxiety, impulsivity, aggression, sleep problems, depression, respiratory, and heart problems, vulnerability to substance abuse, antisocial and criminal behavior, retardation and school failure, we would consider it an urgent public health crisis. Yet, in the United States alone, there are more than 20 million abused, neglected and traumatized children vulnerable to these problems. Our society has yet to recognize this epidemic, let alone develop an immunization strategy.

DR. BRUCE PERRY

Hope from school ...

If a child whose life has been disrupted by abuse and neglect can form a positive attachment to their school, and rely on the school community to help them feel secure in the world, they will be able to learn and grow.

Beautiful vases:

Recovery from trauma will
occur best in the context of
healing relationships.



To smash pieces:

