

# Module One Training Notes



**Challenging behaviours and mental health symptoms... can be understood as the individual's best adaptations to their life experiences.**

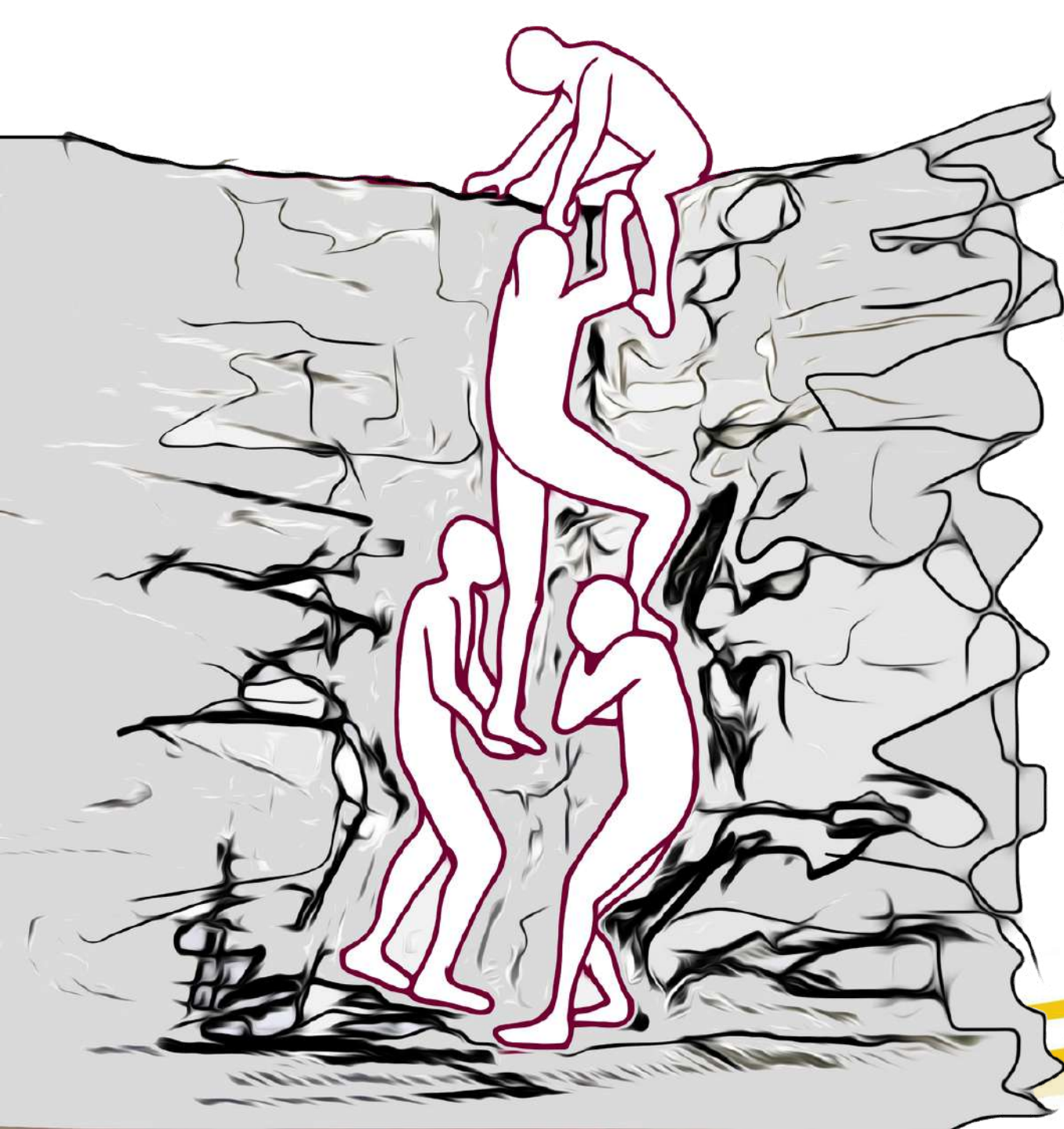


**Trauma informed perspective** is understanding that what you're seeing is an outward sign of a survival response in an individual



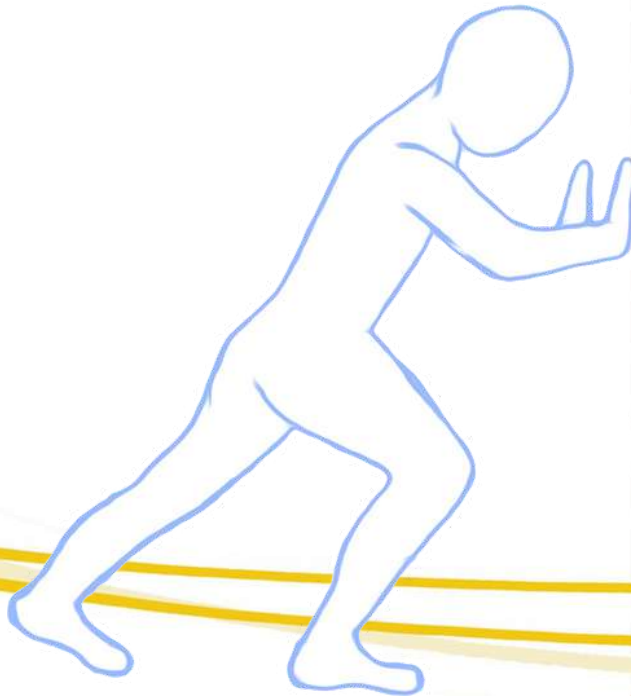
This training will  
provide you with  
a framework for  
**understanding**  
how an individual  
has adapted  
to their  
environment





As an adult in that  
child's life you can  
**contribute to the**  
**repair** of the impact  
of their early trauma

## Shared with us by other professionals



"Overwhelmed and deskilled when facing the vast breadth and complexity of difficulties that children who are chronically traumatised experience, leading to helplessness and hopelessness."

"Not having enough time, resources and permission in the context you are working in to give the children & families what they need, when they need it and for as long as they need it."

"Hope and empowerment  
when the work that they  
have done has small but  
significant changes  
in the child's life and  
within the child's family."



**Shared with  
us by other  
professionals**



# Learning Aims

To define and identify Developmental Trauma

To explore its impact on children & families

To offer exercises which will help you to connect to your learning

To identify implications for your practice



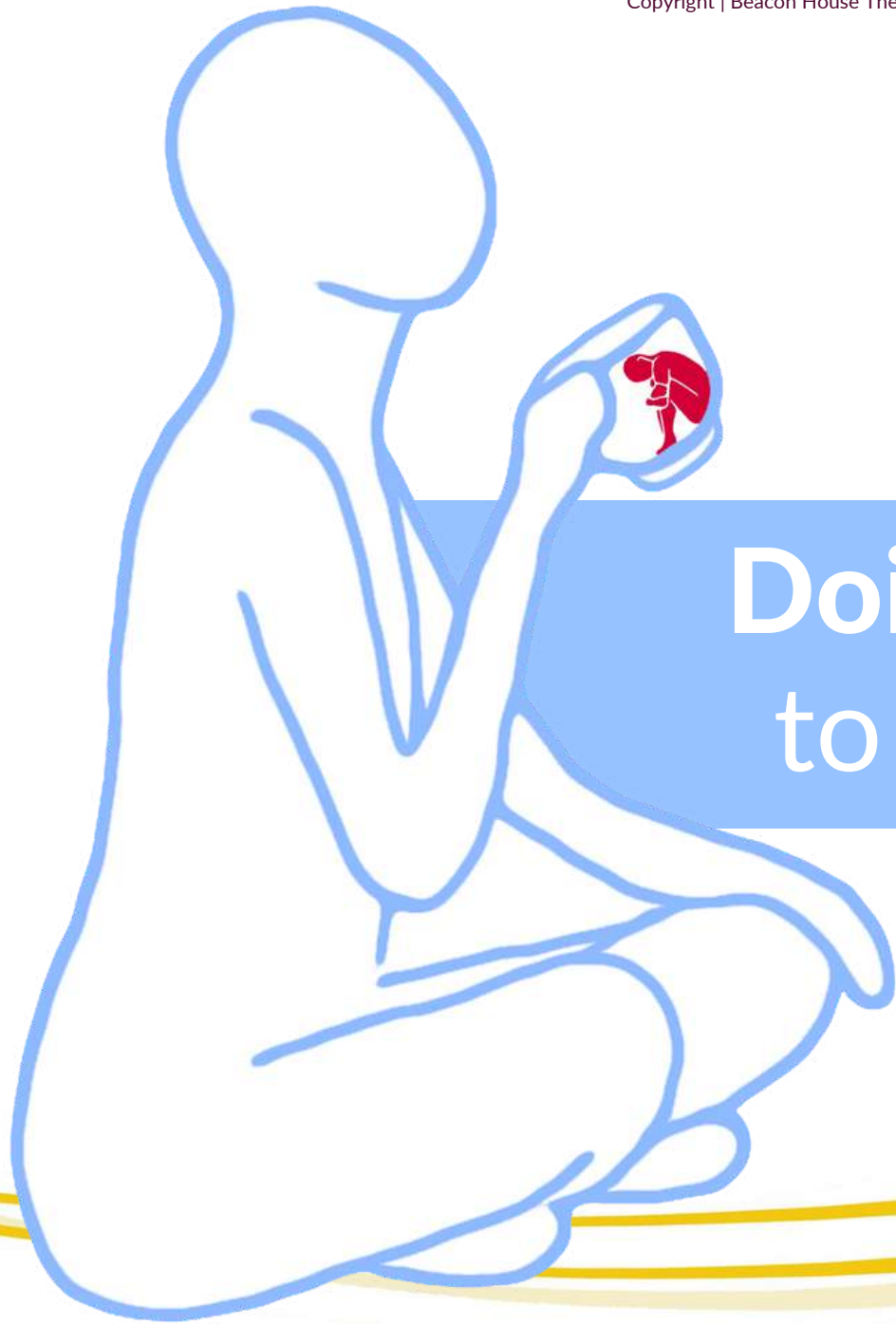




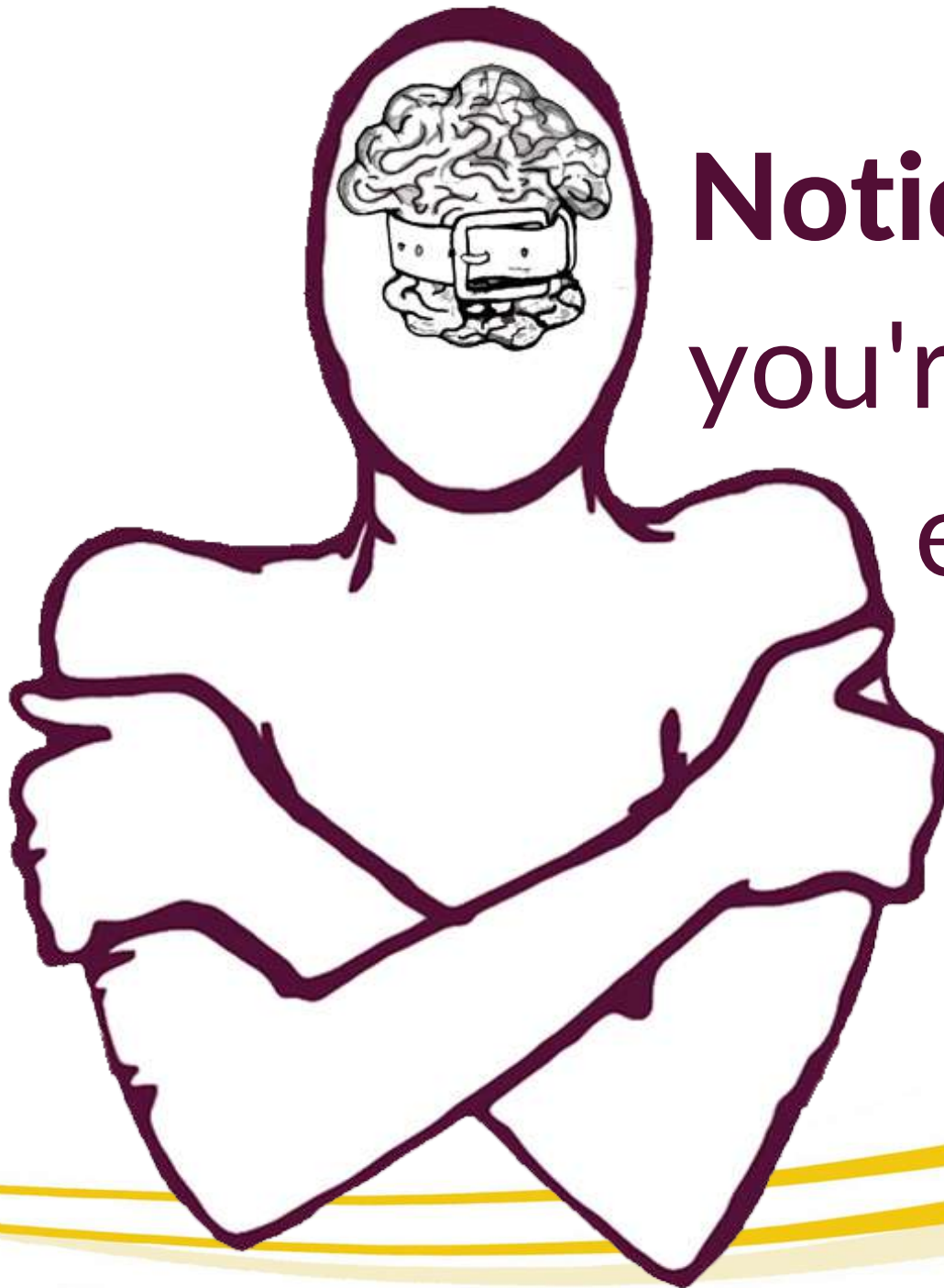
# We all carry our own trauma maps



# Noticing when you are triggered...



**Doing what you need to do  
to become regulated again**



**Notice when  
you're having an  
emotional  
response...**



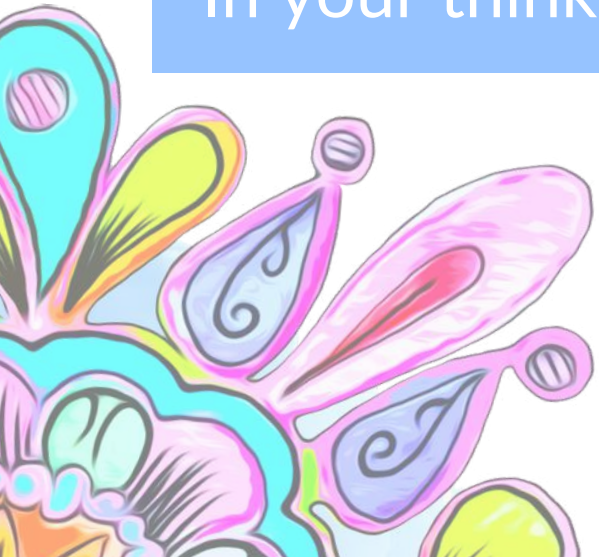
**...do what you  
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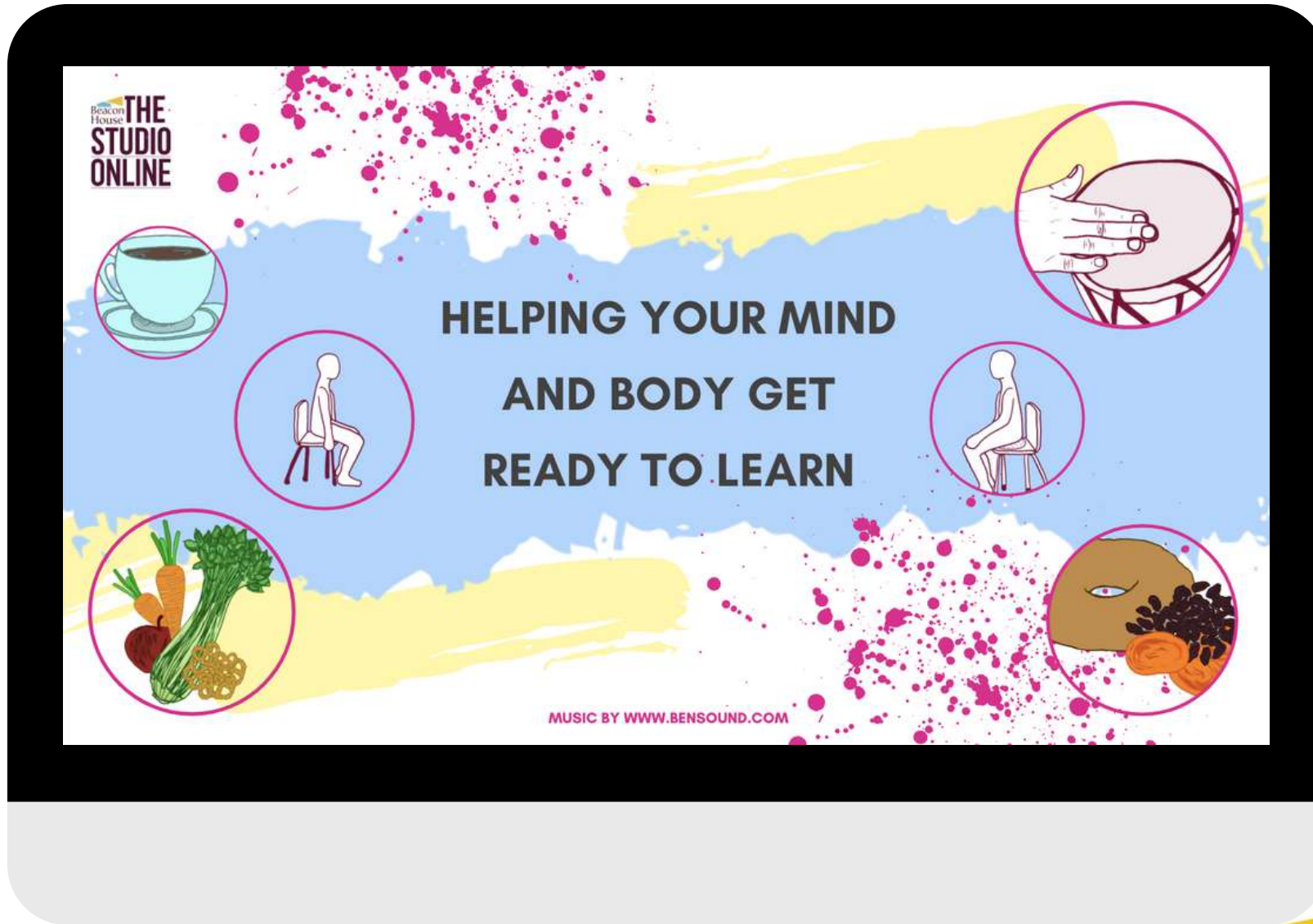
# Keep yourself:

Safe

Regulated

In your thinking brain





For more regulatory ideas, watch the free bonus training 'Ready to Learn'

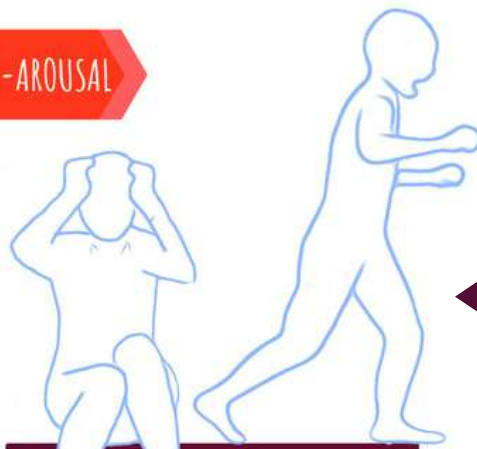


“Trauma is perhaps the most avoided, ignored, belittled, denied, misunderstood, and untreated cause of human suffering”

*Dr Peter Levine, Trauma Psychologist*



HYPER-AROUSAL



REGULATED

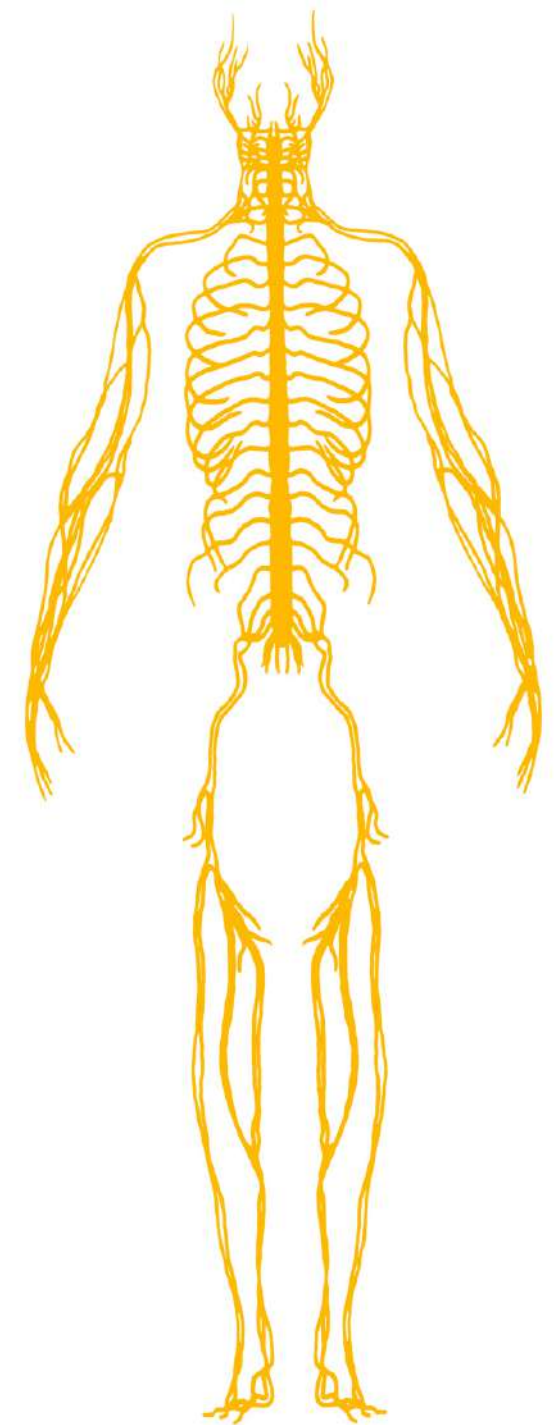


HYPO-AROUSAL



...most concerning behaviours can be understood in terms of hypo and hyper arousal responses...

The ultimate goal is to  
enable them to **regulate**  
their nervous system  
and....





....regulate  
themselves in  
**relation** to other  
people who are  
important to them

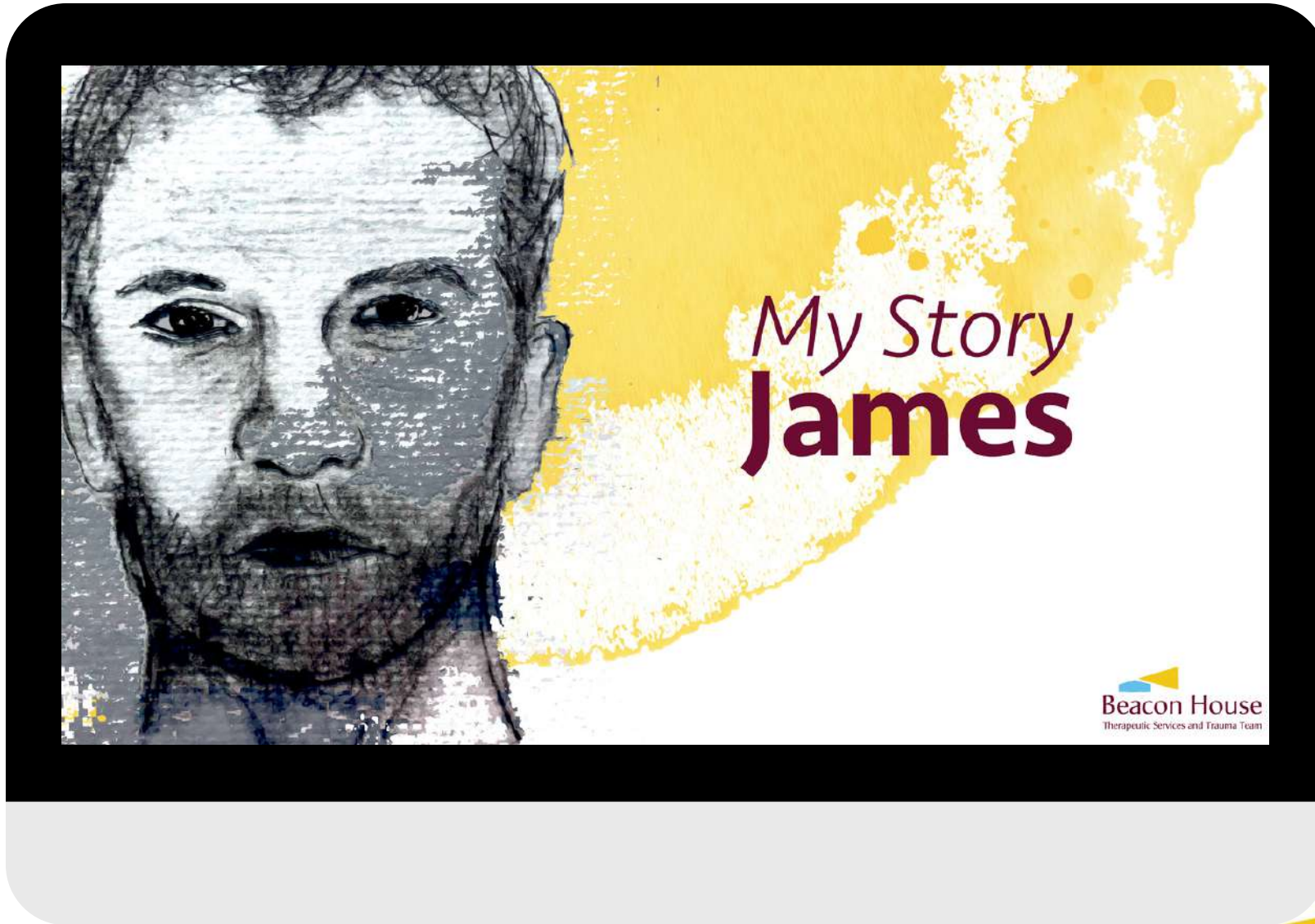


This leads us to a different approach to help... **we get to the heart of the unmet needs...** that are leading the difficult behaviours we are seeing.

**"Insanity is doing the same thing over and over again and expecting different results."**

*Einstein*





**James has  
experienced:**

Acts of  
**Commission**

Acts of  
**Omission**

# Trauma Informed

Understanding what you're seeing through a trauma perspective but **not expecting** the child to find words for their traumatic experiences.



# Trauma Informed

Supporting the adults & network around the child to become more attuned and sensitive to meeting the child's needs.





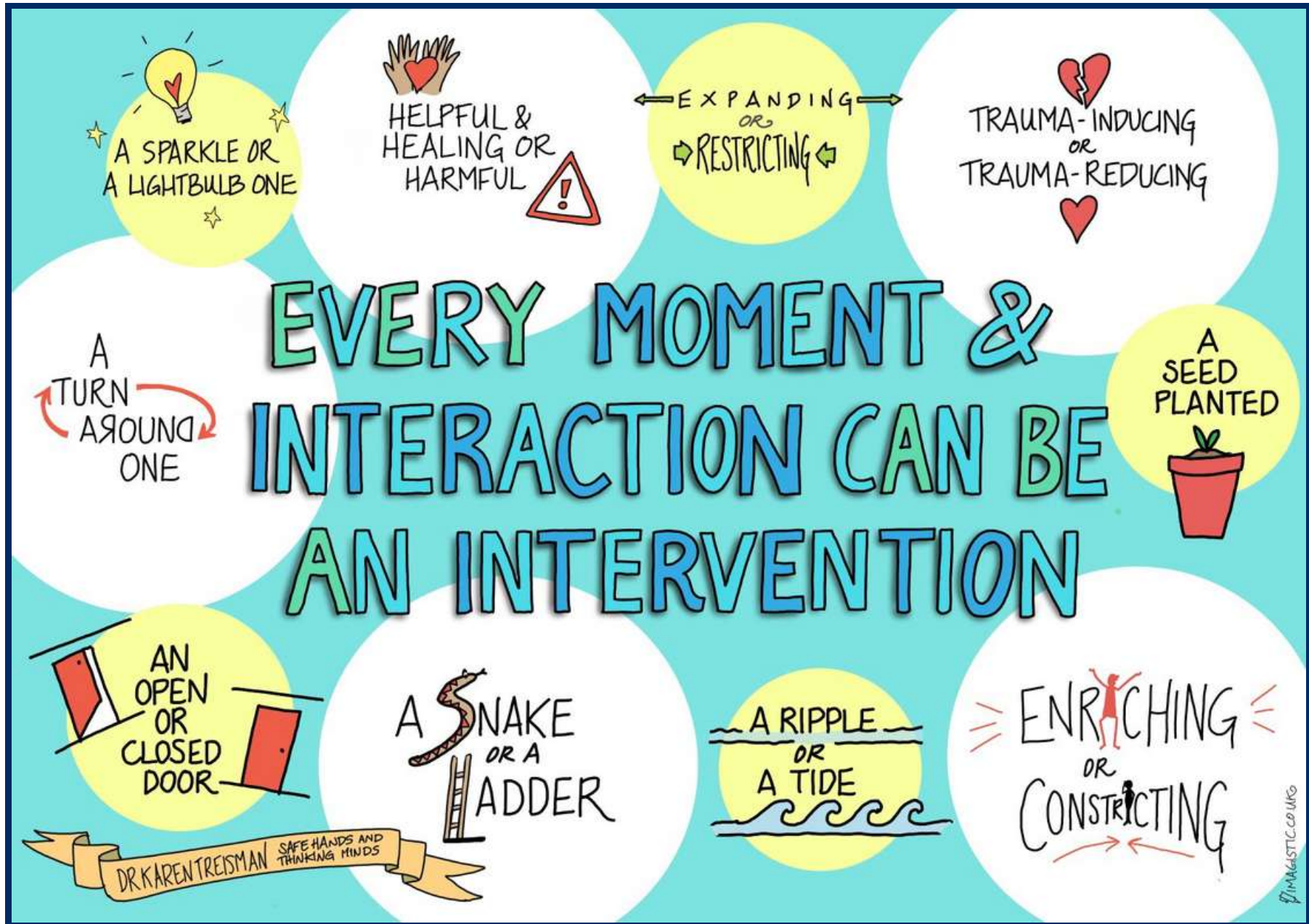
# Trauma Informed

If the child has experienced:

- Adversity
- Loss
- An absence of something they needed
- The presence of frightening and threatening experiences

This is all we need to know that taking a trauma informed approach will be more effective for this child





# Trauma Informed

Every interaction has the potential for an intervention. If every adult in that child's life saw their interactions as an opportunity to give that child a different experience of safety and attachment, the cumulative experience is the very thing that will heal and repair.

Change can be effected by stabilising home and school - this might be enough for this child to meet their potential.



# Myth Busting



Being trauma informed means inviting / forcing the child to talk about their trauma

Traumatised children need trauma therapy

Being trauma informed is only relevant if the child can remember their trauma

Trauma therapy takes years, we don't have the time or resource for that

Trauma is just another label that pathologizes the individual



Our clients have told us how  
empowering, liberating and  
eye opening it is to understand  
that their behaviours and  
symptoms are **sophisticated**  
**adaptations** to the threats  
they have experienced

# Trauma Informed

Re-framing trauma symptoms as survival modes has the potential to be empowering for individuals regardless of their age.





Every single human has the most **impressive capacity** for survival and, through survival there is the **potential for thriving**.

# What counts as trauma?

Acts of **Commission**: things that happen that shouldn't have.

Acts of **Omission**: things that didn't happen that should have.



WORKSHEET 3



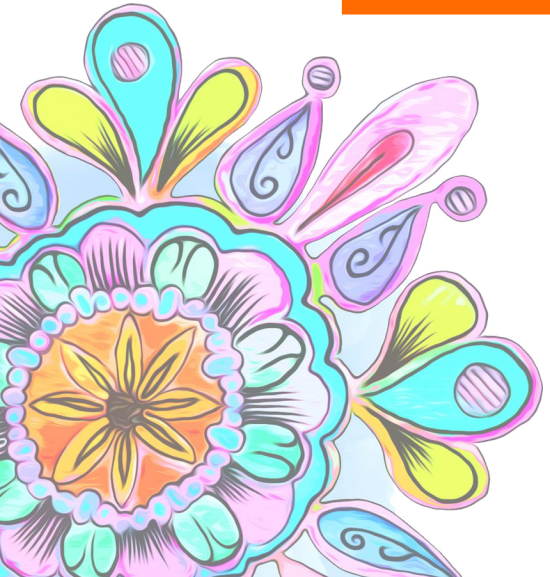
What makes something traumatic?

Deeply disturbing, threatening and frightening, posing a physical threat or threat to their psychological integrity.

**Big 'T' trauma**

Small 't' trauma

They do not pose physical or psychological threat but the experience exceeds their capacity to cope. Cumulatively lots of small 't' traumas (particularly when combined with big 'T' traumas) have a profound impact on the individual's sense of safety and ability to integrate and make sense of their experiences.



# Big 'T' trauma

- Physical abuse
- Emotional abuse
- Sexual abuse
- Natural disaster
- War
- Combat
- Conflict
- Parental mental health
- Parental separation



*examples*

- Moving house
- Bereavement
- Failing at an exam
- Shame/Punitive conversation
- Destructive sibling relationship

Small 't' trauma



# Acts of omission

...often hard to **define**,  
**identify** and **describe**  
with words...





...something was  
missing and so often  
there **isn't a memory or  
defined experience** that  
goes with the absence  
of something...

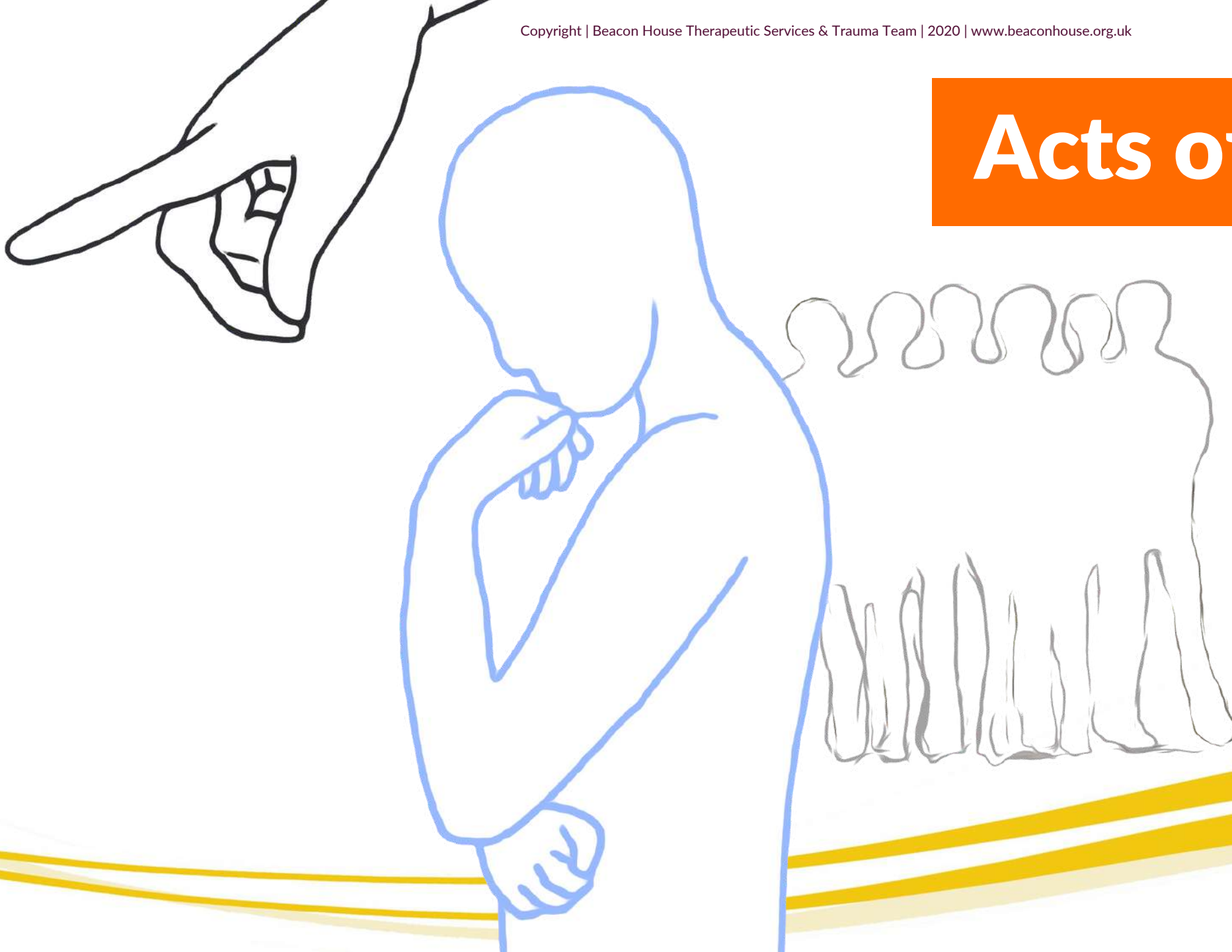
# Acts of omission

Physical neglect - shelter,  
food, clothing, medical  
needs are **neglected**



# Acts of omission

Exclusion or  
isolation  
often used as a  
**punishment** or  
a **consequence**



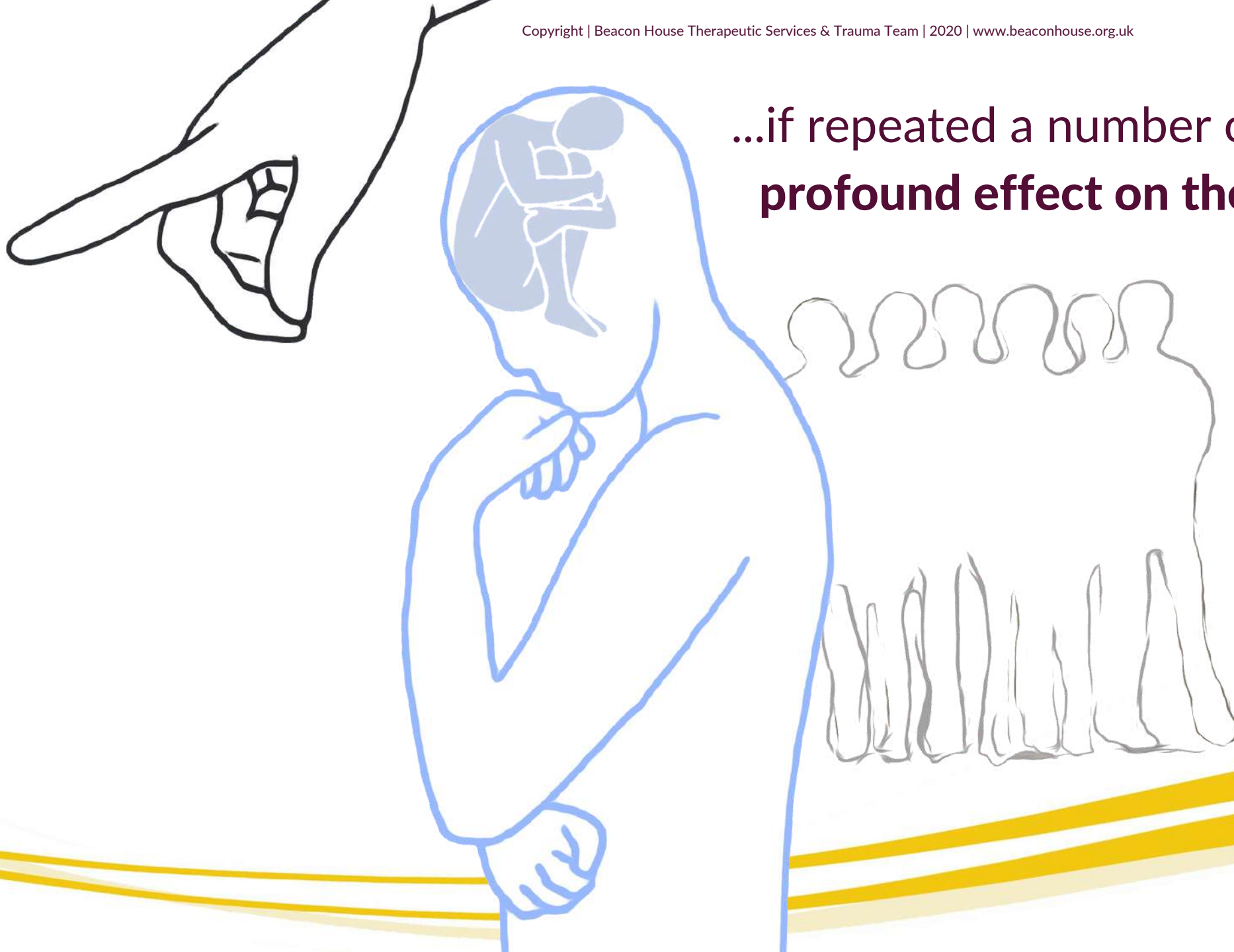
# Acts of omission

...the **repeated experience** of being alone, not connecting and not belonging can be an **act of omission**.





...if repeated a number of times can have a **profound effect on their development.**



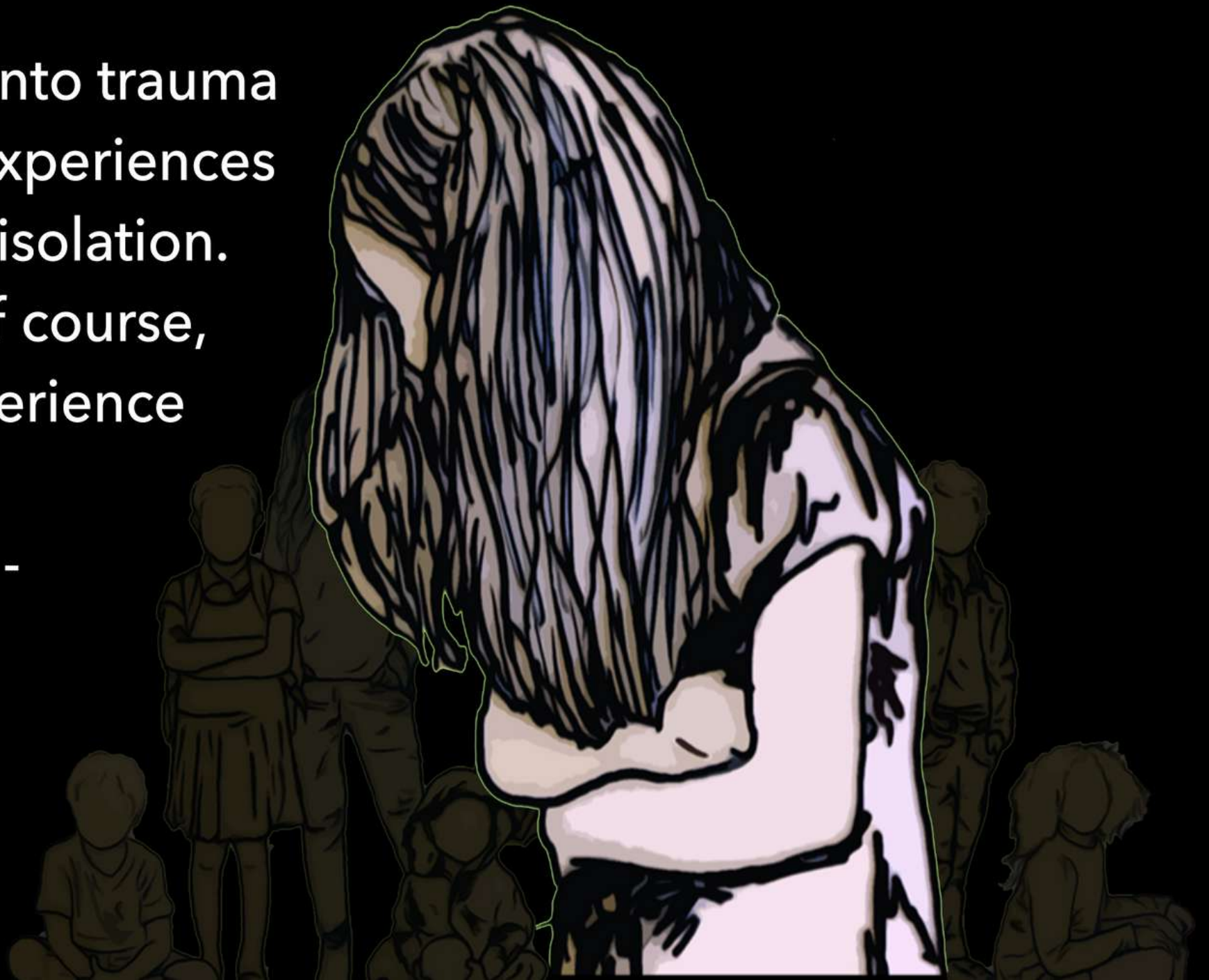
# Acts of Commission

- Verbal, physical or sexual abuse
- Domestic violence
- Chronic bullying at school
- Parental mental health difficulties
- Parental discord
- Separation and divorce
- Multiple house moves
- Traumatic bereavements
- Any experience that is explicitly frightening or threatening to the child's sense of stability or integrity



"Adversity turns into trauma when the mind experiences itself as being in isolation. The tragedy is, of course, that the very experience that caused the trauma - like war - will destroy the social networks needed to overcome it."

*Peter Fonagy*



How **alone the child feels** - in the moment the trauma happens and in the aftermath

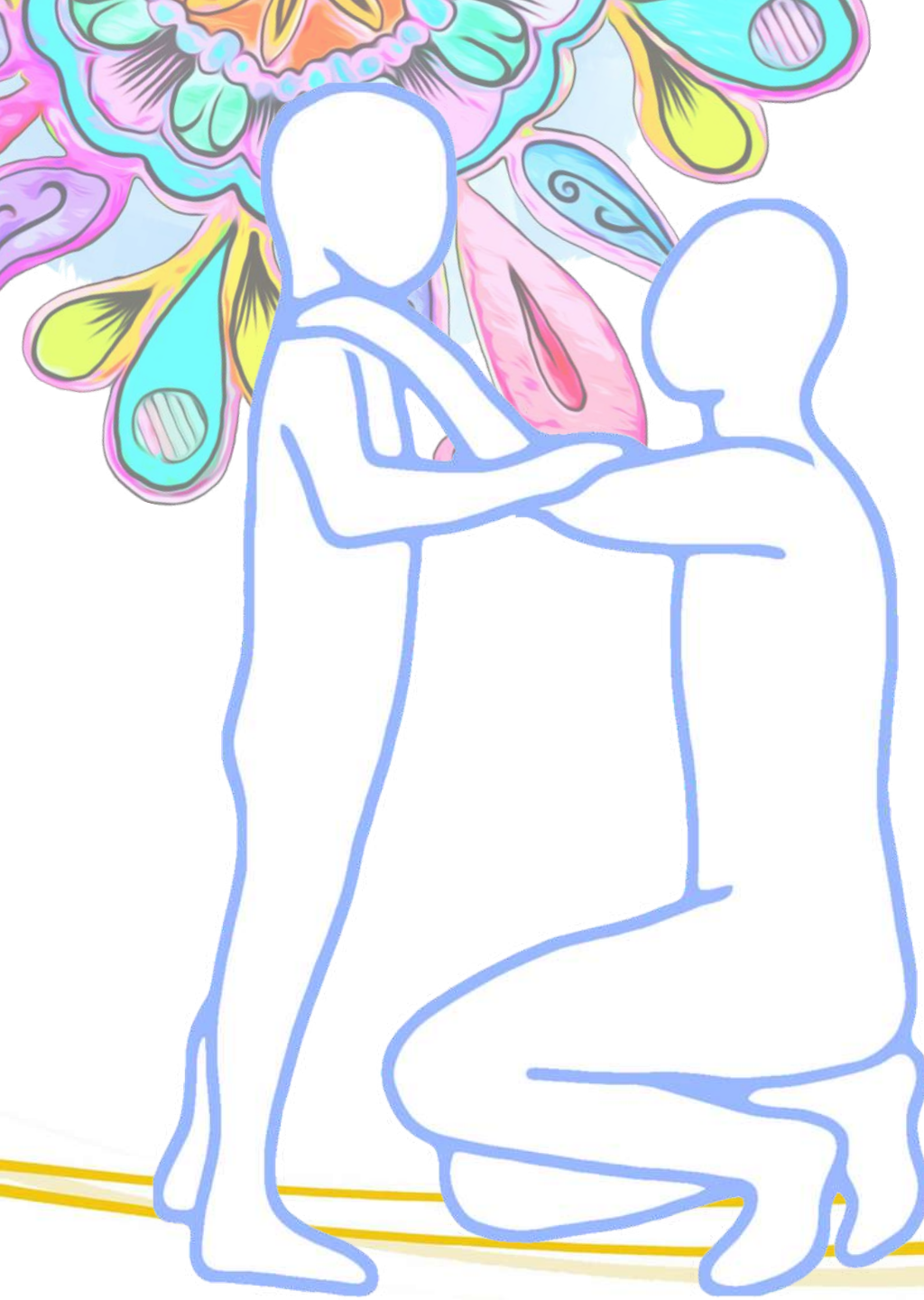
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What extent is the child **seen, heard and protected** by significant adults?

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**Quality** and the **quantity** of rich, attuned, sensitive and protective relationships with the adults around the child





# Be there for them

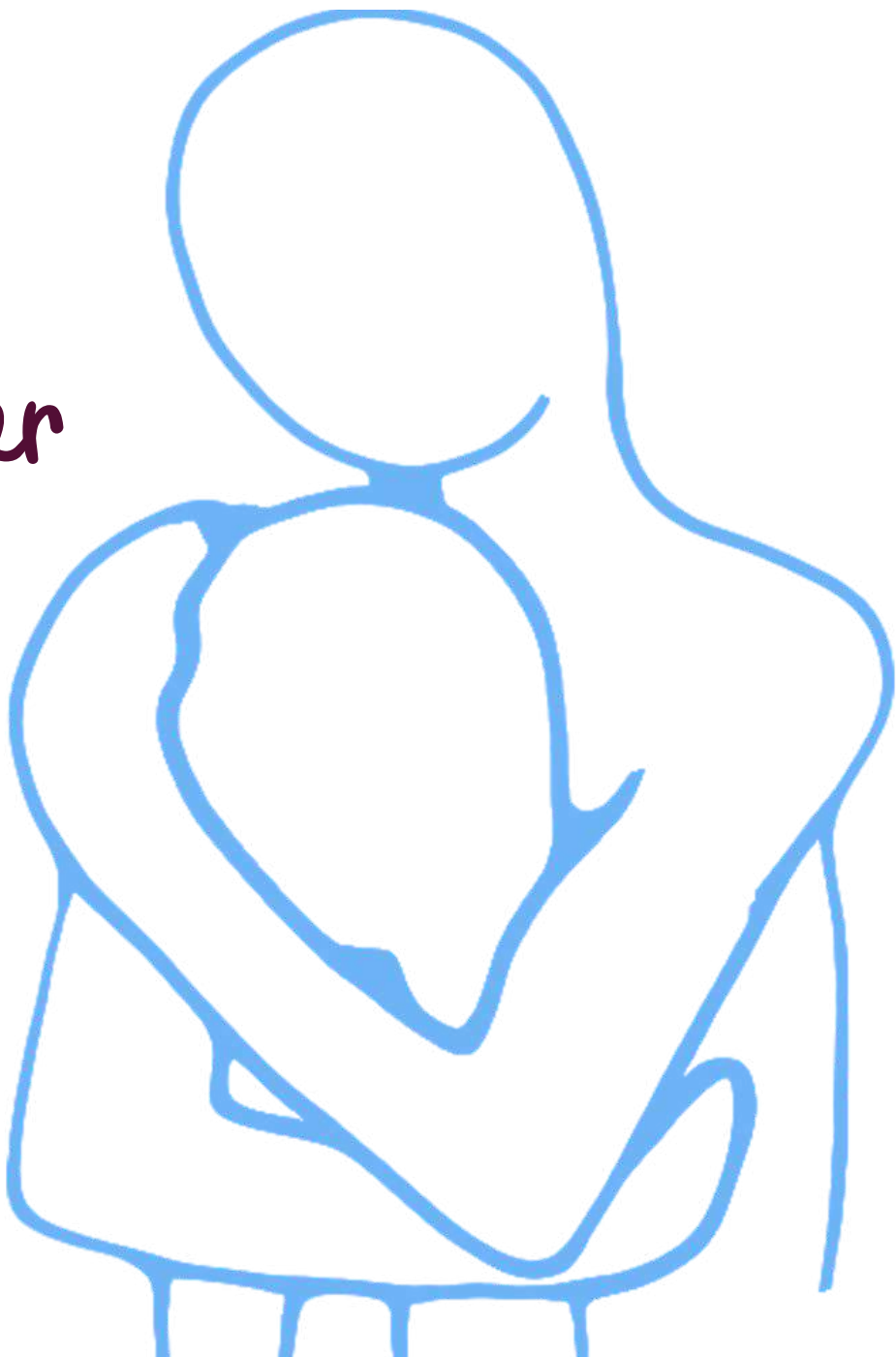
Safe, predictable adult

Doesn't try to solve or take away their problems

Sees, hears and notices them

Lets them know they care

Just one adult  
who is there for  
them is a  
buffer against  
the impact



“A person who encounters danger and is able to **fully** express appropriate defence responses may have no long-term clinical effects.

However, a person who has had his responses **obstructed** will find that the energetic residues of these later become unwelcome intruders on his awareness.”

*(Carrigan, 2014)*



## Completed Response



## Truncated Response



# How can we respond differently?

As adults we are driven to prevent children from seeing through their urge to fight and flee

- Consequences
- Punishment
- Withdrawal
- Shaming

★  
IMPLICATIONS  
FOR PRACTICE

# How can we respond differently?

What safe ways can we support a traumatised child to complete their truncated response?

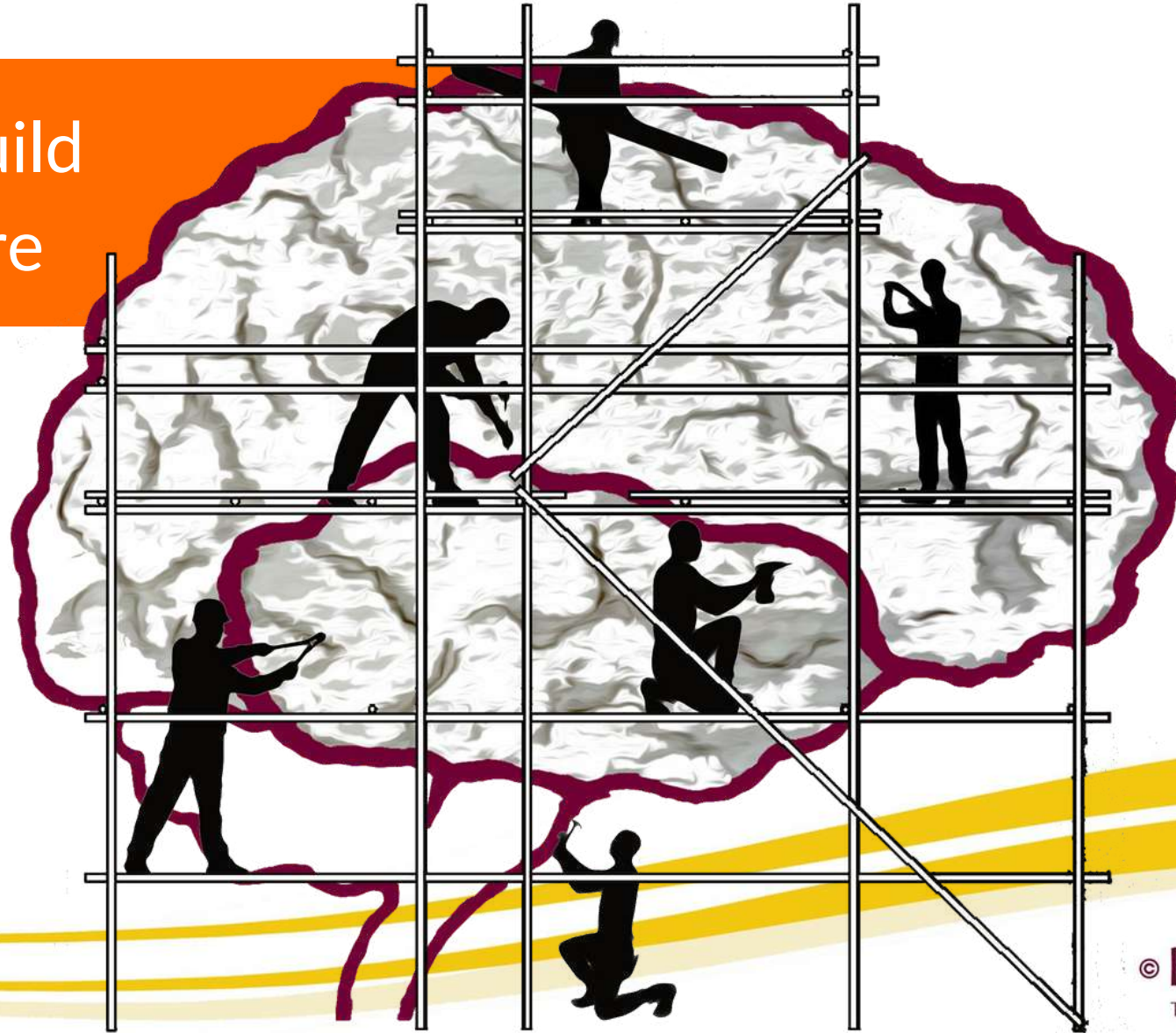
- Martial arts
- Boxing/Wrestling
- Running
- Go karting
- Skateboarding

Repetitive - what would help see through the urge that is stuck on a loop in their nervous system?

★  
IMPLICATIONS  
FOR PRACTICE

# The Impact of Traumatic Experiences & Adversity

Early experiences build  
our brain architecture



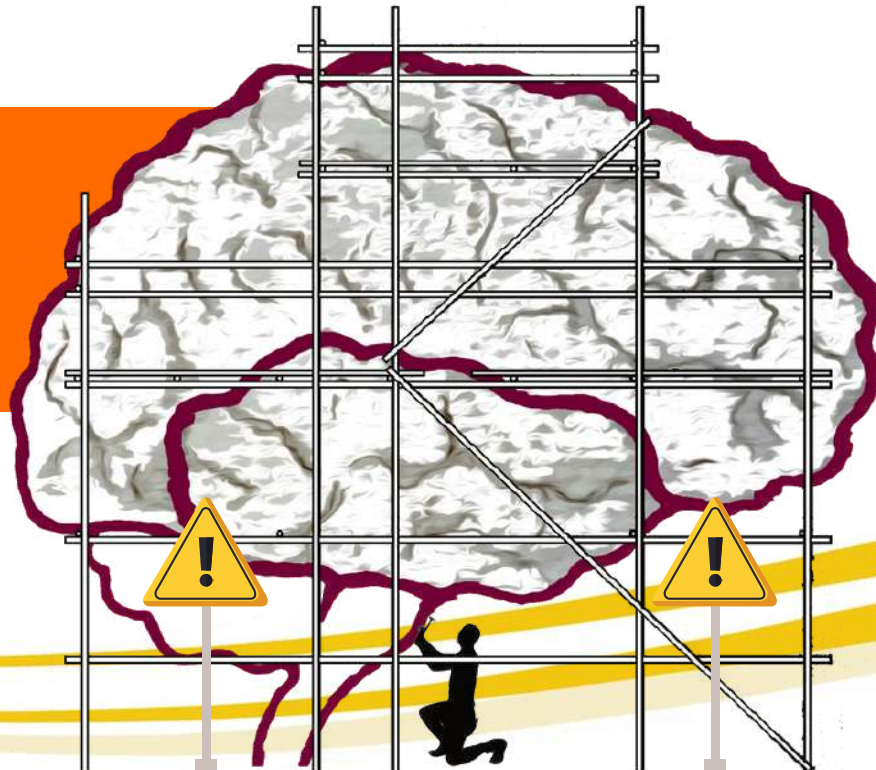
# The Impact of Traumatic Experiences & Adversity

Early experiences build our brain architecture



The experiences of an infant in the **first 2 months** of their life have the greatest influence on their later well-being and development

Toxic stress derails healthy development



# Understanding the Stress Response

Our stress response is **mediated** by the **release** of specific neurotransmitters

The **sensitivity** of the neurotransmitters can be **changed** by the pattern of stress experienced.





# Understanding the Stress Response

- Predictable
- Low to moderate stress
- Repetitive
- Happening to the same intensity with periods of time in between with no low to moderate stress

The nervous system becomes less sensitive to the same level stress - we can **tolerate** it more

**Resilience** is built by the nervous system adapting to low to moderate stress

# Understanding the Stress Response

Over time our nervous system becomes **over-reactive**

**Tiny** stress stimulus leads to **extreme** activation of the stress response system

Chronically traumatised children: a **small** minor stress experience triggers a **disproportionate** response



# Understanding the Stress Response

An illustration of a person climbing a dark, textured rock face. A black flag is attached to the rock, with the words "Toxic Stress" written on it in white cursive. The person is shown in profile, reaching up to a ledge.

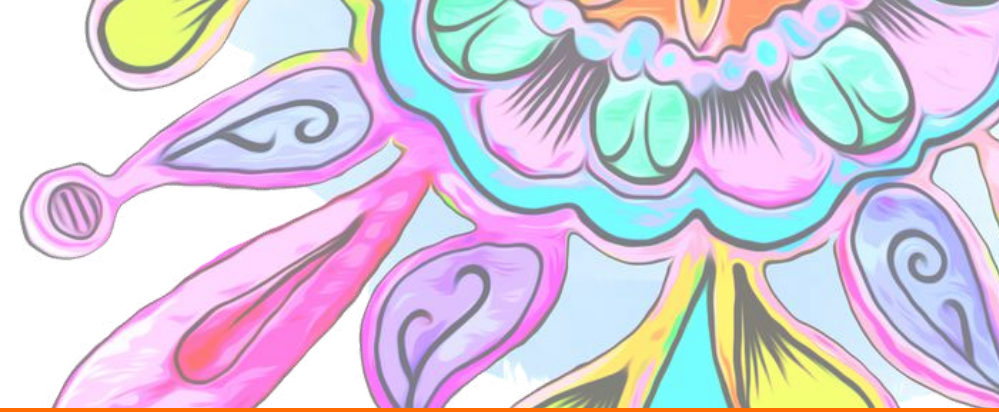
Toxic Stress

- Inconsistent
- Unpredictable
- Different degrees of spacing between each exposure to stress
- Each exposure to stress is different in intensity

Nervous system becomes over sensitive, our neurotransmitters are sensitised to the experience of stress.

We are not able to build a tolerance to stress



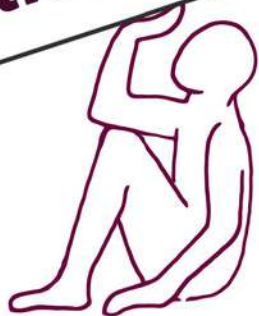


- What kind of experiences create **sensitisation**?
- What kind of experiences create **tolerance**?

# STRESS

- Unpredictable
- Severe
- Prolonged

**Vulnerability**

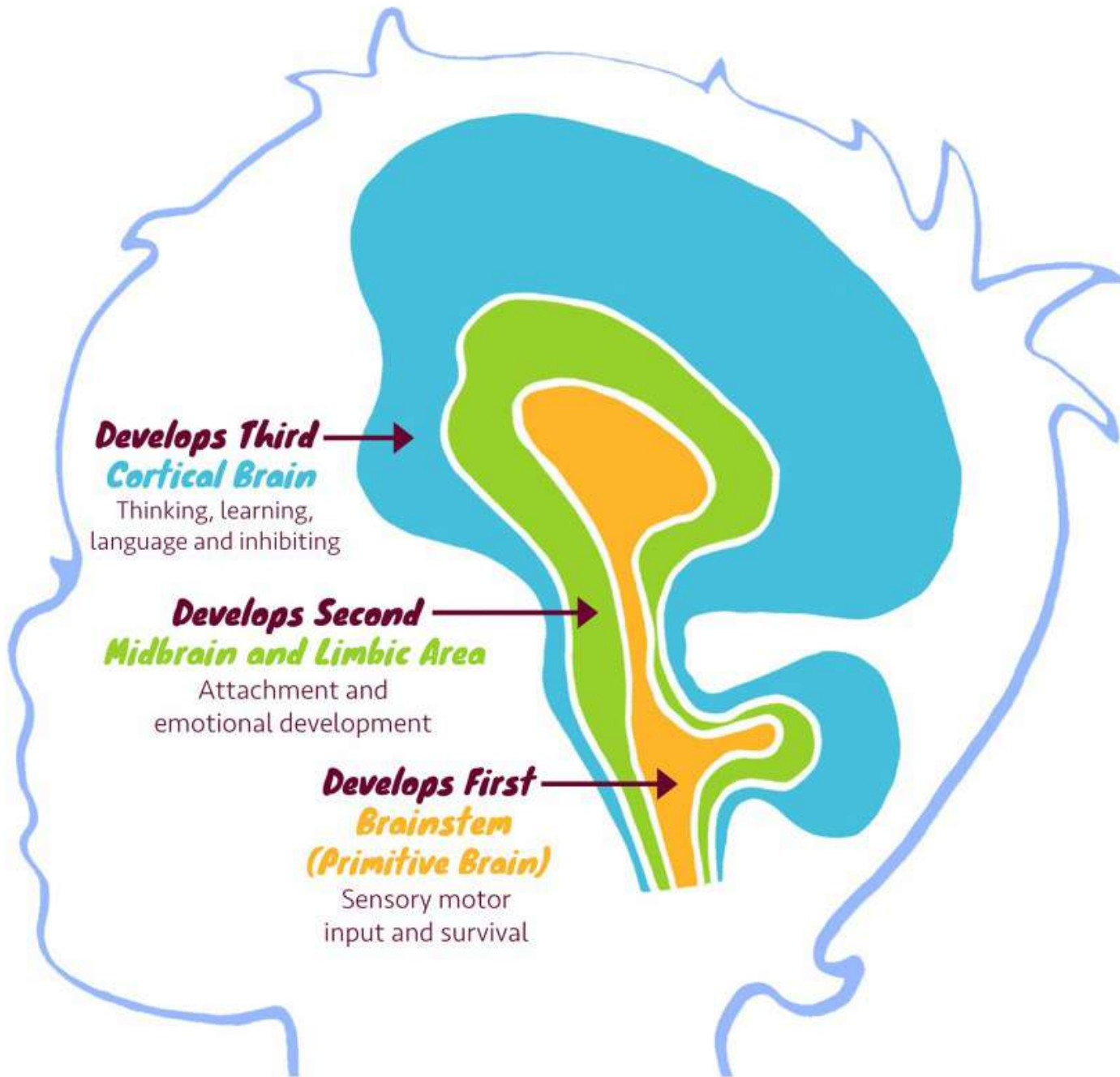


- Predictable
- Moderate
- Controlled

**Resilience**



*Bruce Perry*



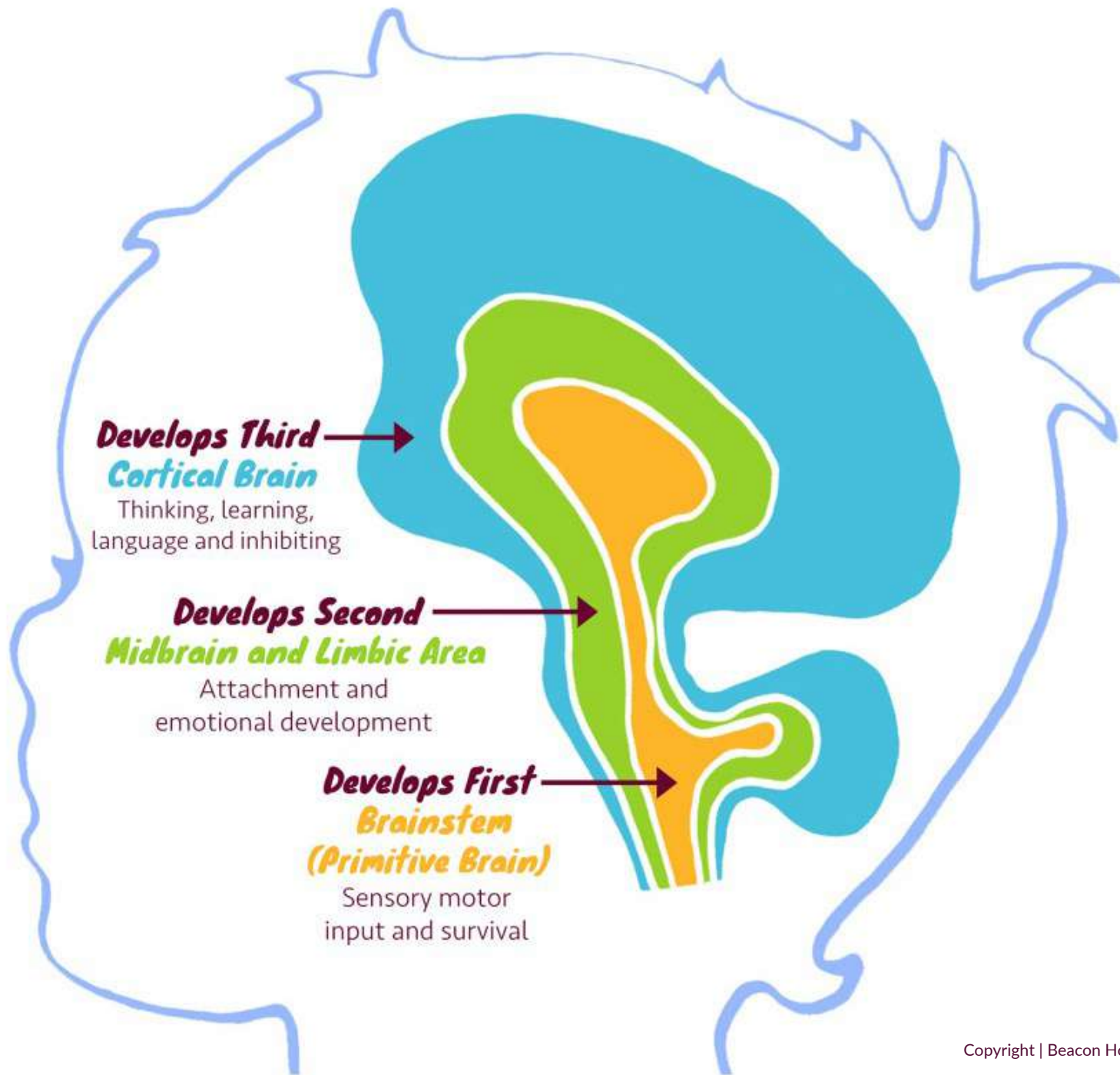
**Develops Third**  
**Cortical Brain**  
Thinking, learning,  
language and inhibiting

**Develops Second**  
**Midbrain and Limbic Area**  
Attachment and  
emotional development

**Develops First**  
**Brainstem**  
**(Primitive Brain)**  
Sensory motor  
input and survival

# Key Principles of Brain Development

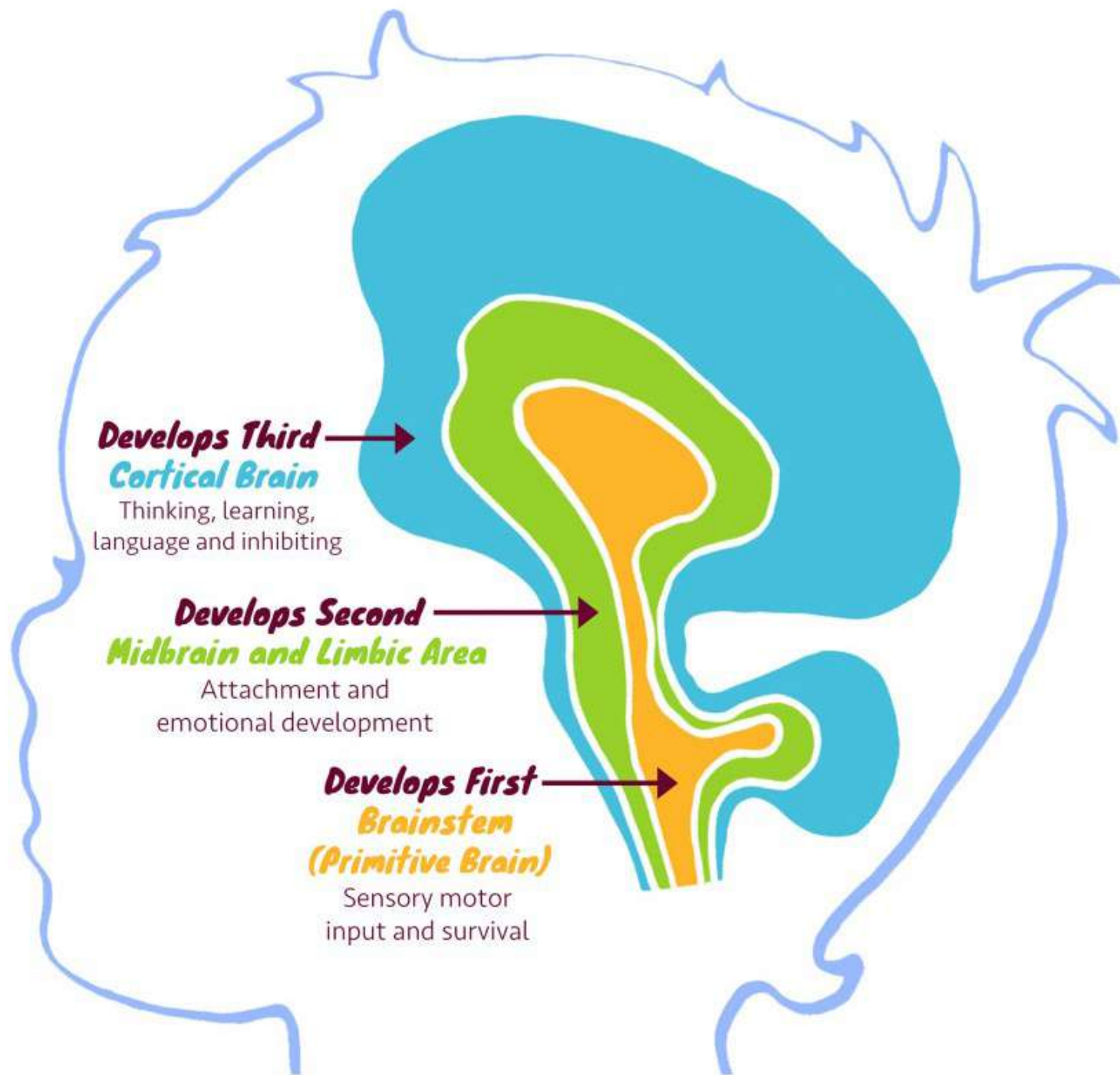




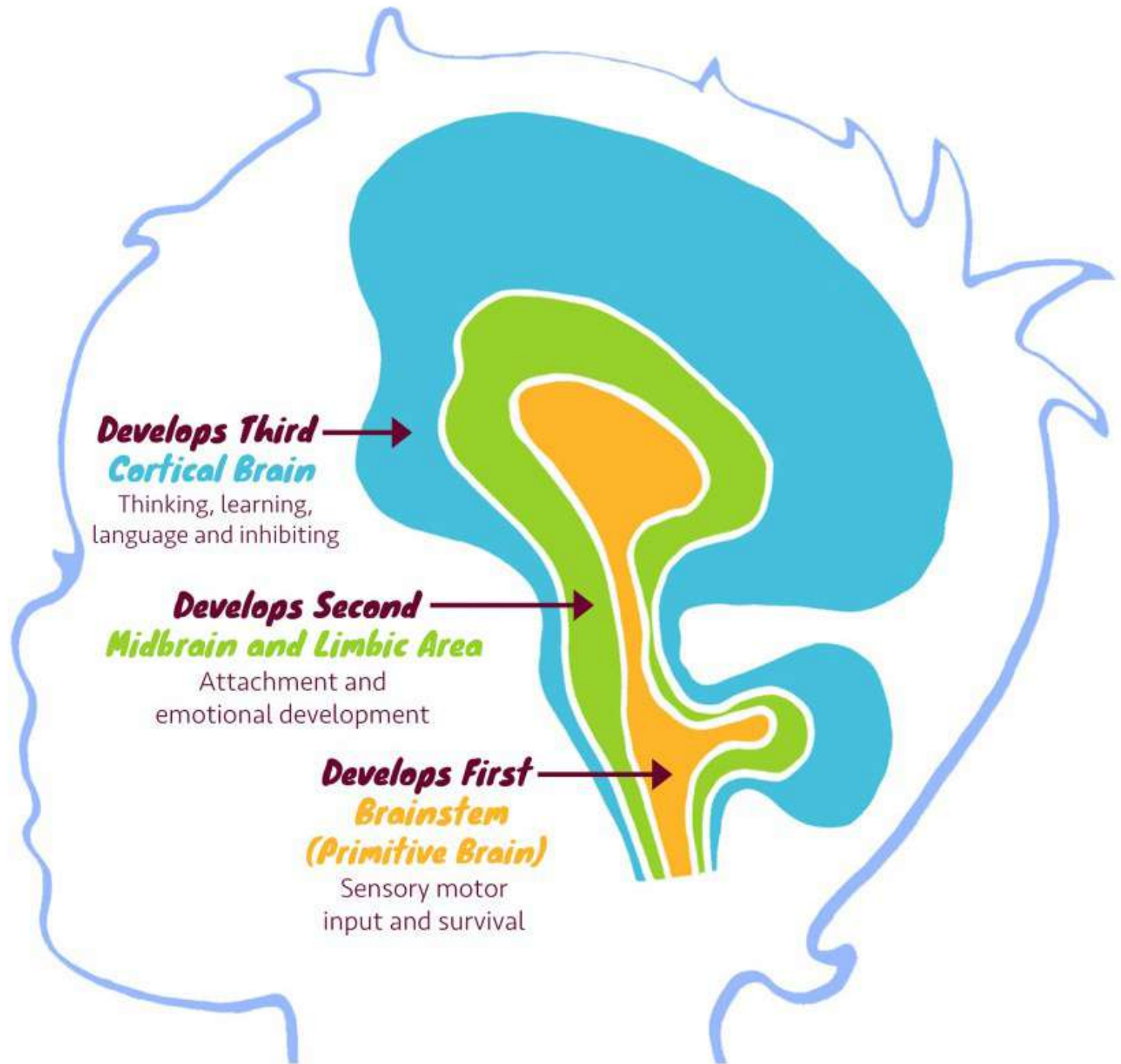
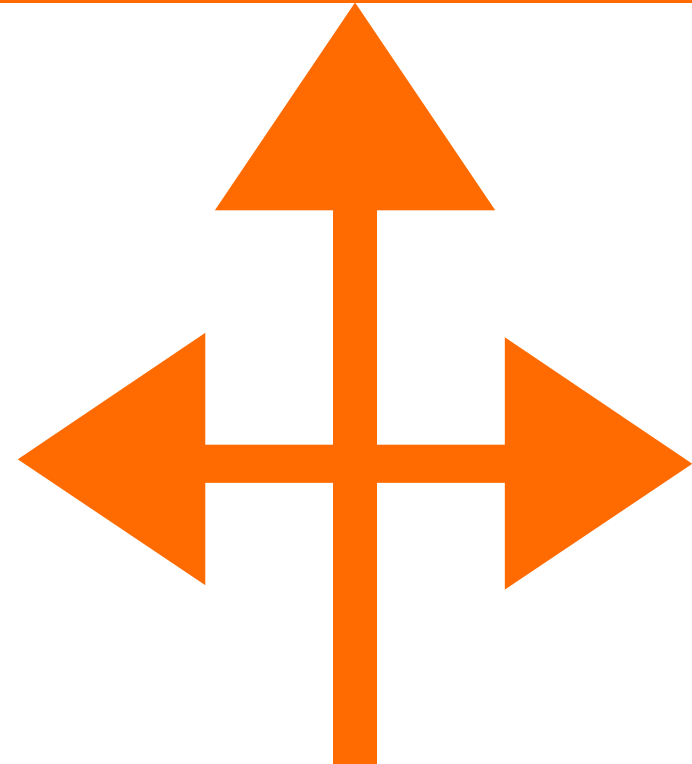
Symbolises  
the three  
main regions  
of the brain

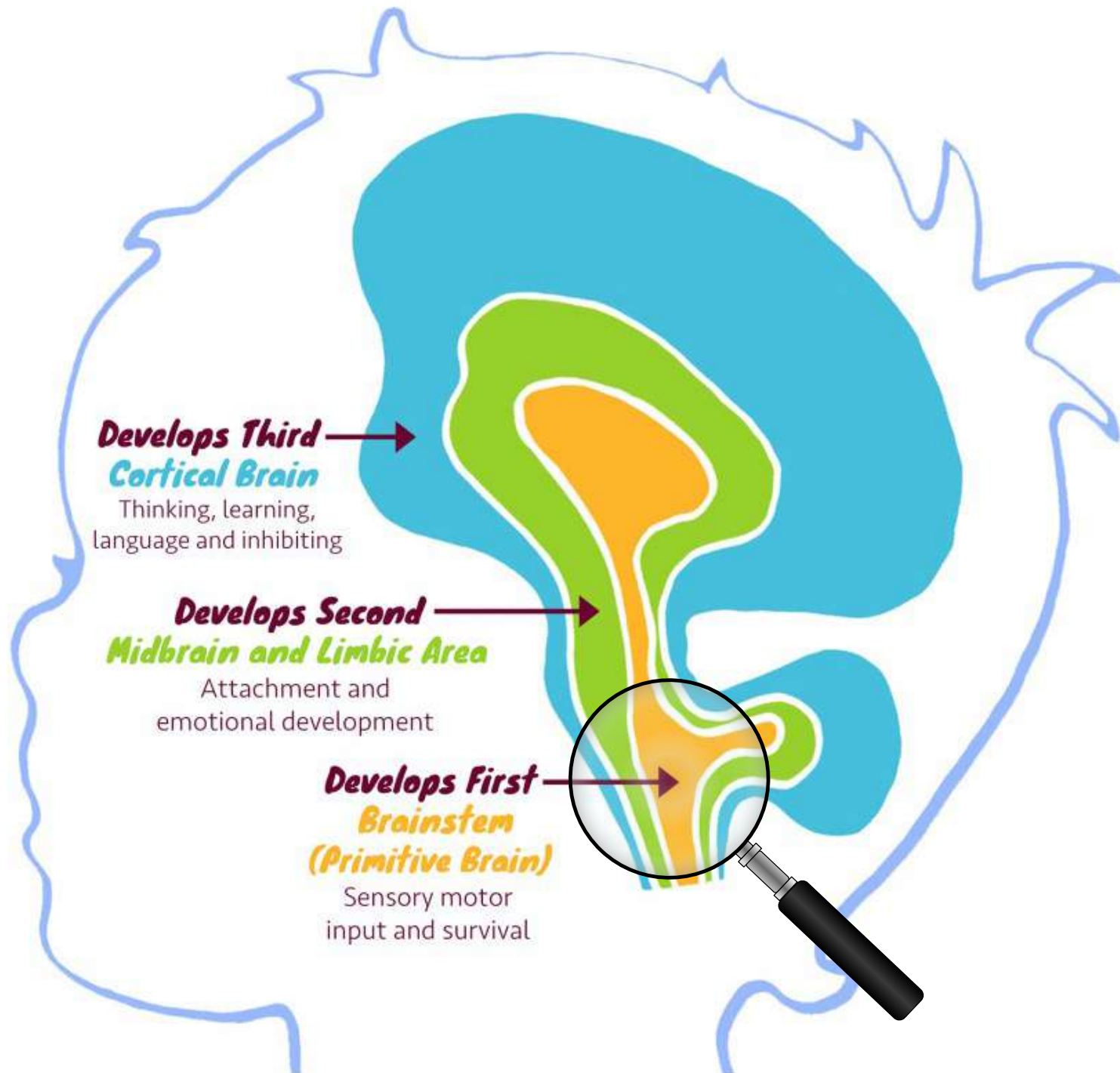


The brain  
develops  
**bottom up**  
and **inside out**



The brain  
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## Brainstem

- Develops in the womb
- Primitive biological functions: heartbeat and temperature
- Primitive reflexive responses to threat: fight/flight/freeze/collapse



# Brainstem

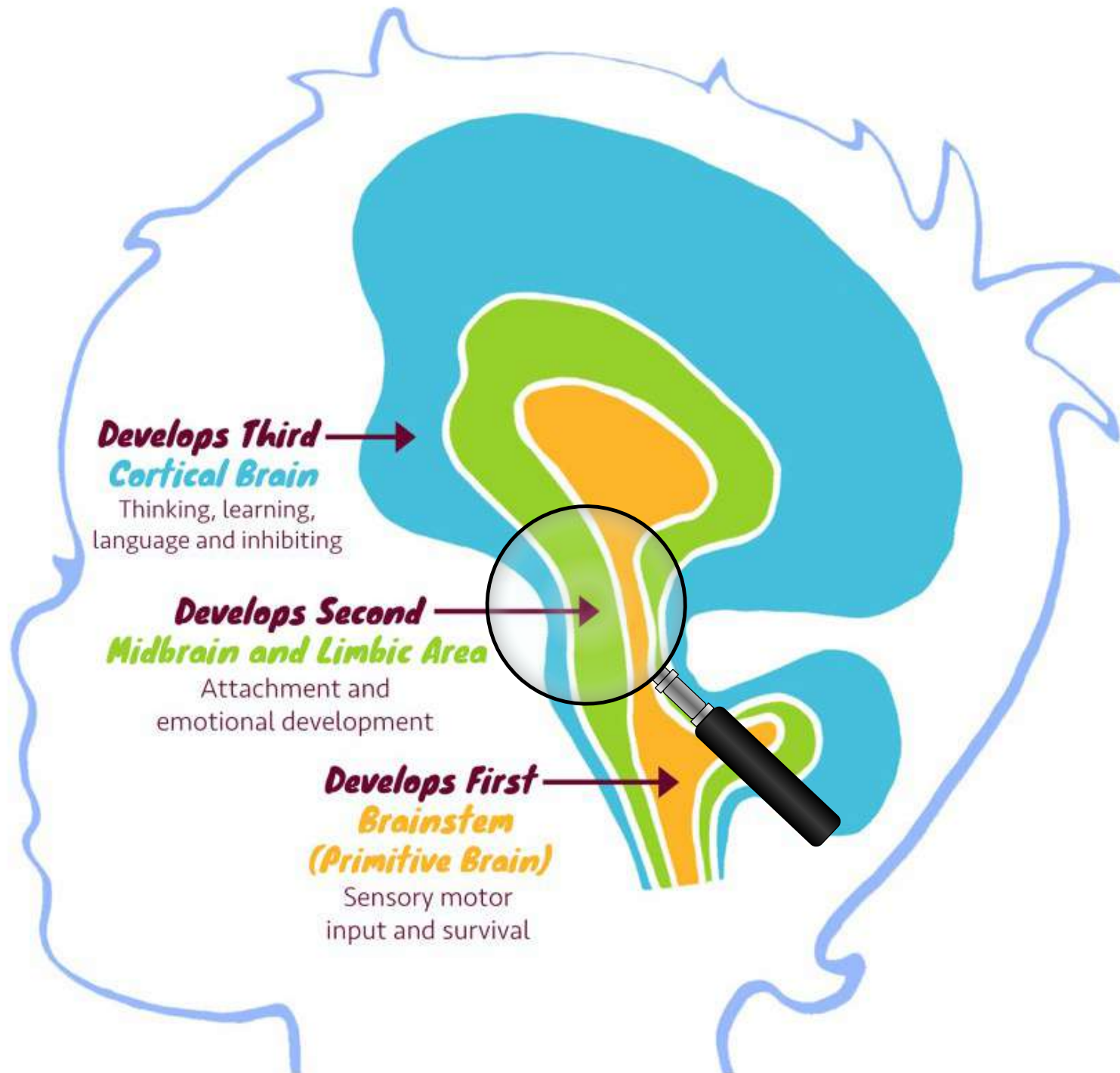
The **brainstem** is like the fire alarm in a house, when there is danger or perceived danger it **alerts** the person to danger and a quick, reflexive response is needed

The **vulnerability** of the brainstem to become sensitised to stress **starts in the womb.**

If the mother is **experiencing** repeated, intermittent stress and adversity, the baby is likely to be born **wired for stress.**

The infant is **pre-disposed** to fight/flight/freeze/collapse



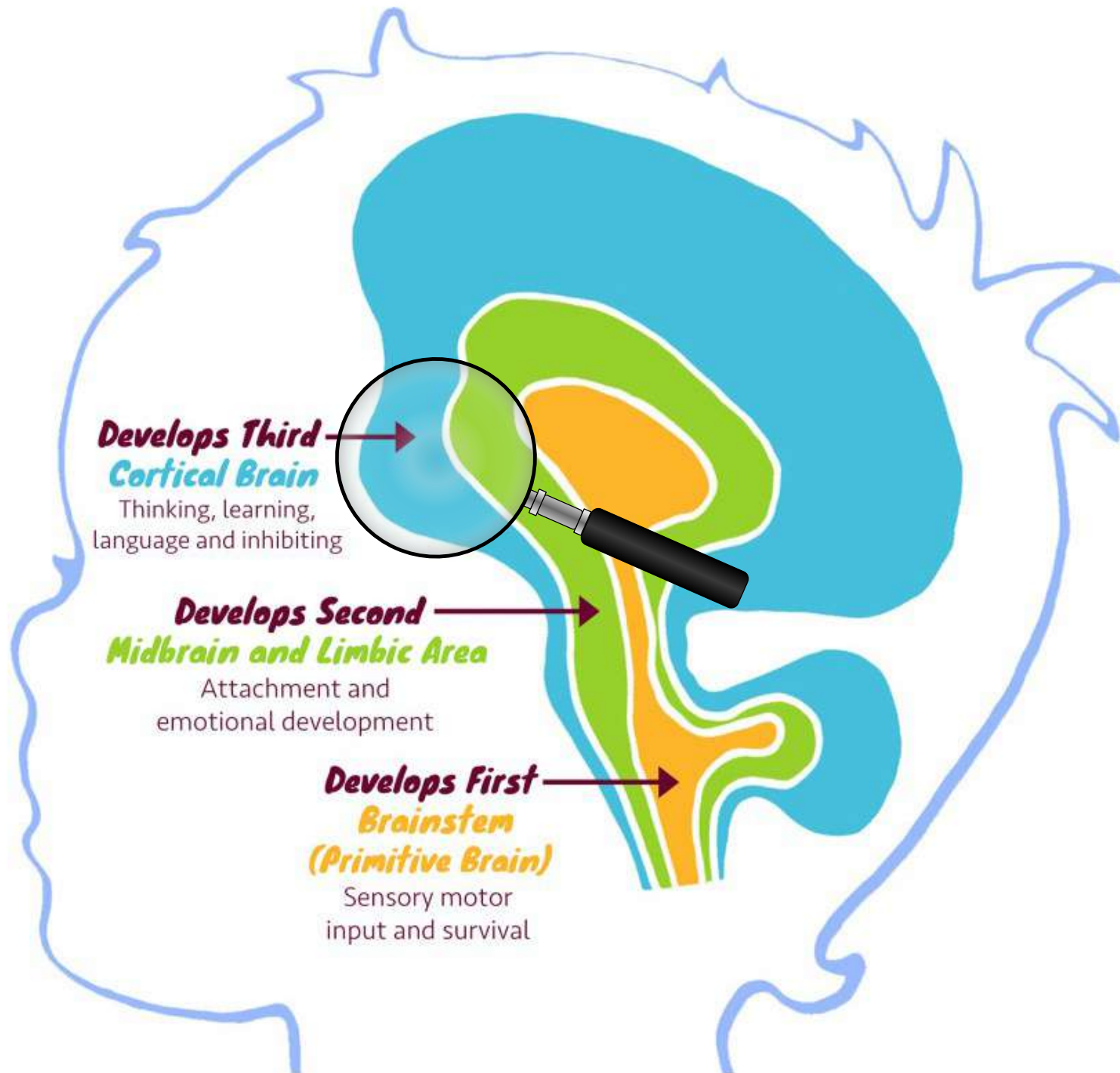


## Mid brain

- Emotional centre of the brain
- Mediates our emotional reactivity, sexual impulses and affiliations
- Core behaviour related to attachment - our capacity to love and be loved

## Brainstem

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## Cortical

- Develops until approx. 25 years old
- Responsible for mediating higher level skills, thinking problem solve, reflect, language, abstract thinking
- Executive functioning skills: decision making, starting and stopping certain actions organising ourselves, sequencing following instructions
- Skills often associated with maturity and core skills needed for learning

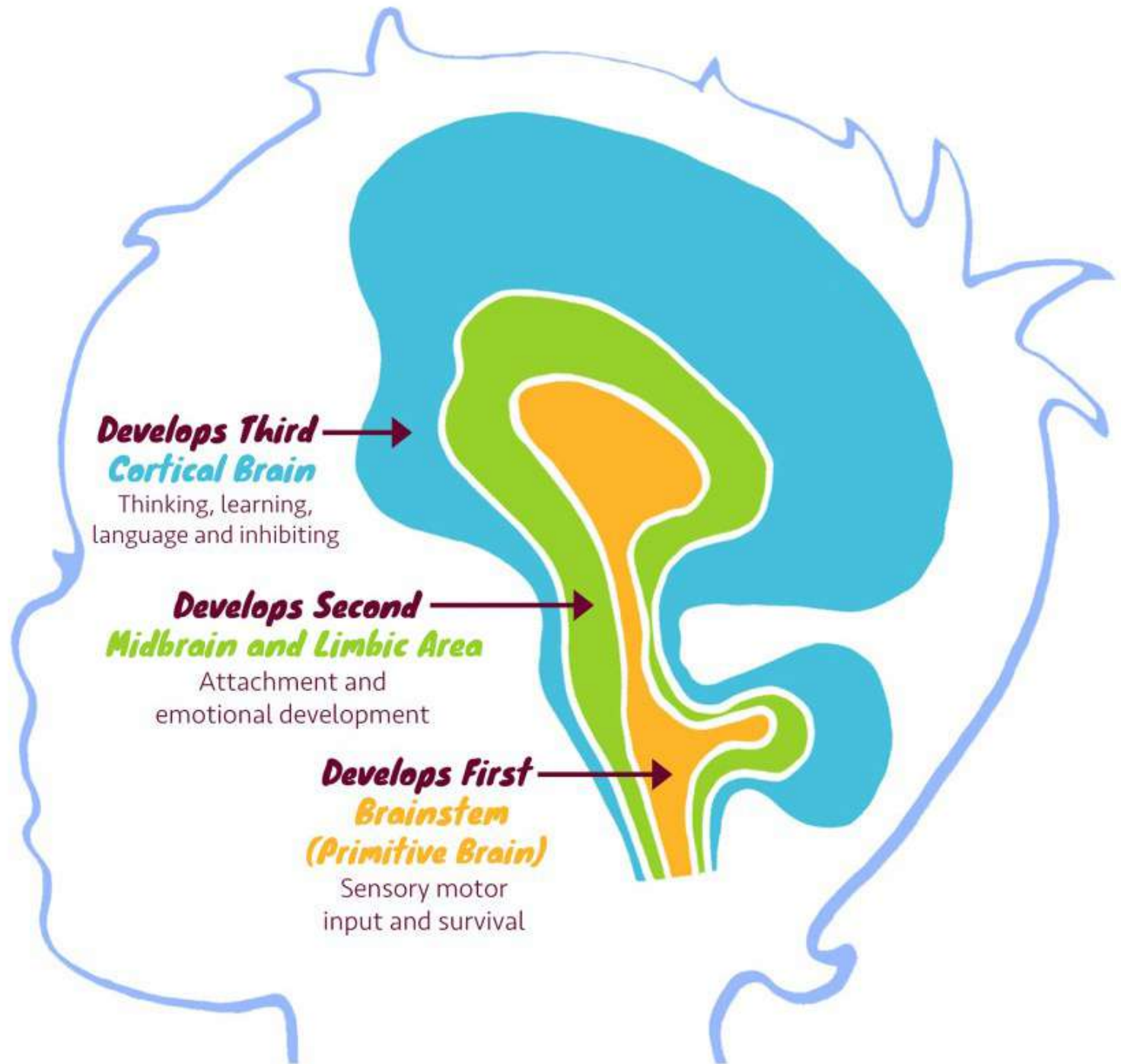
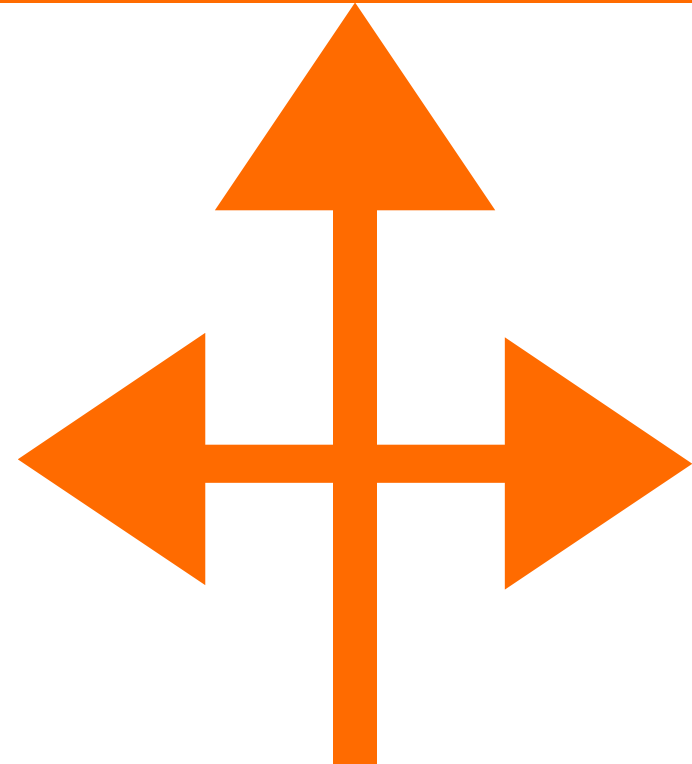
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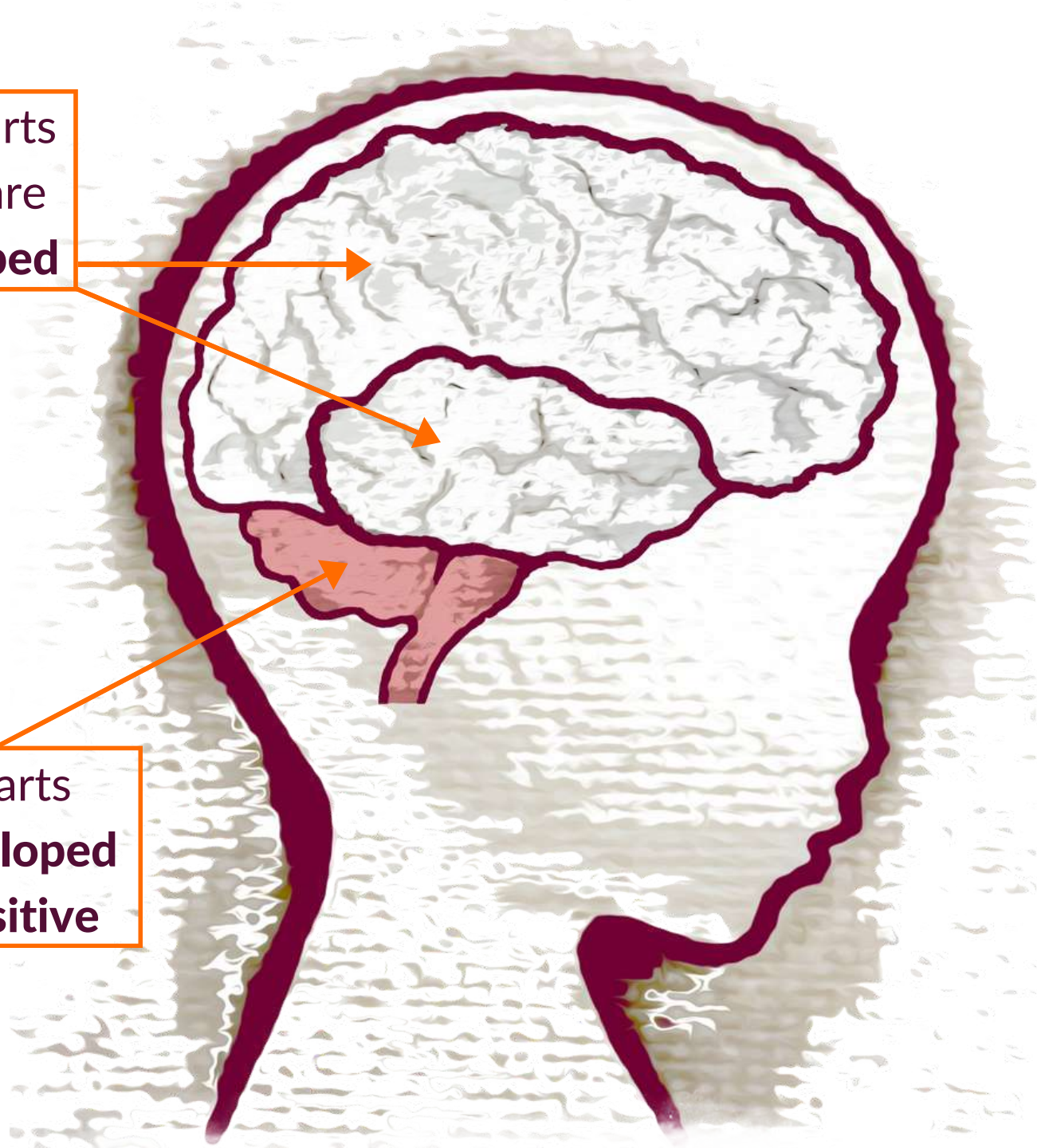
**Develops Third**  
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Thinking, learning,  
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Attachment and  
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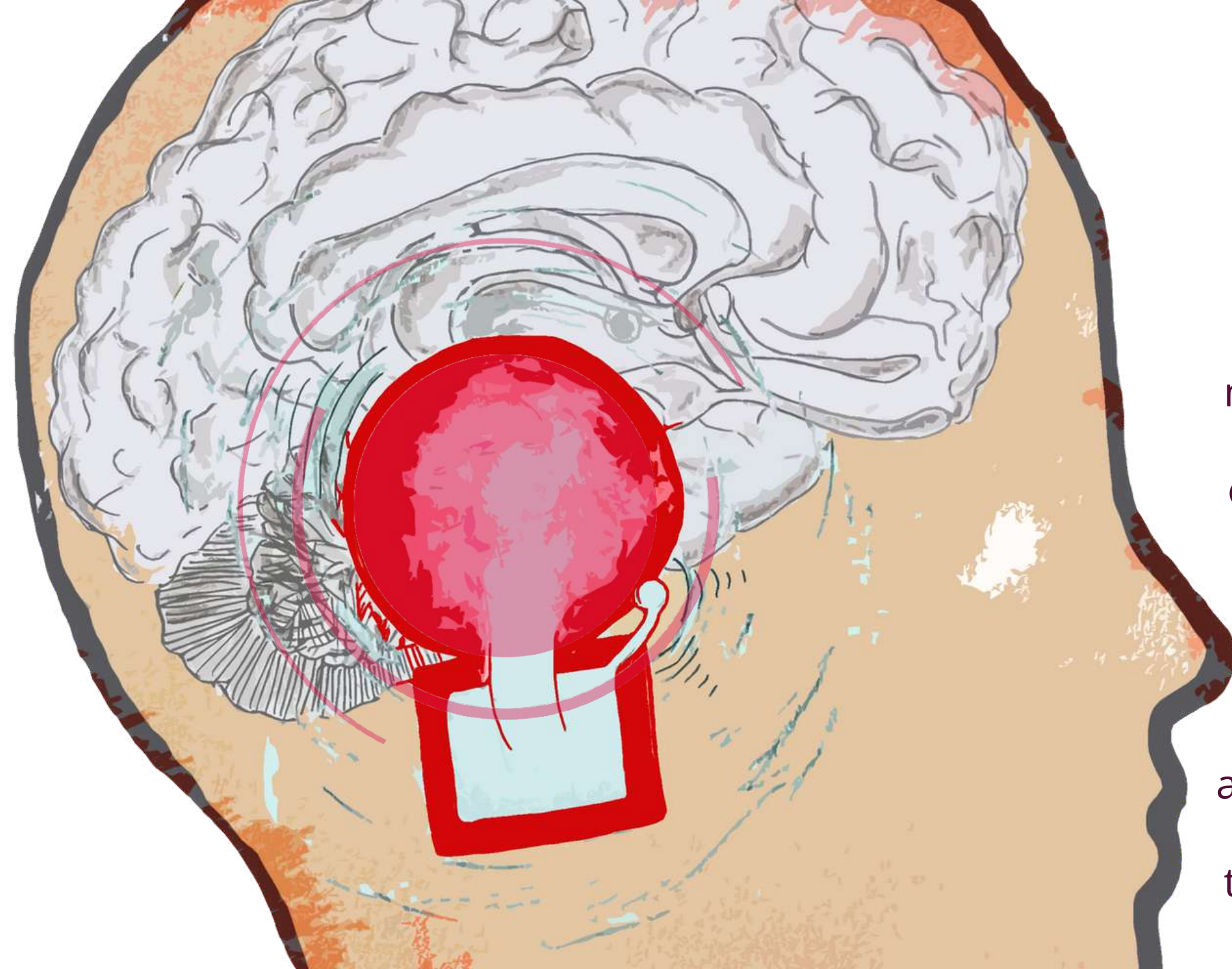
**Develops First**  
**Brainstem**  
**(Primitive Brain)**  
Sensory motor  
input and survival.

The higher parts  
of the brain are  
**under developed**

The lower parts  
are **over developed**  
and **over sensitive**

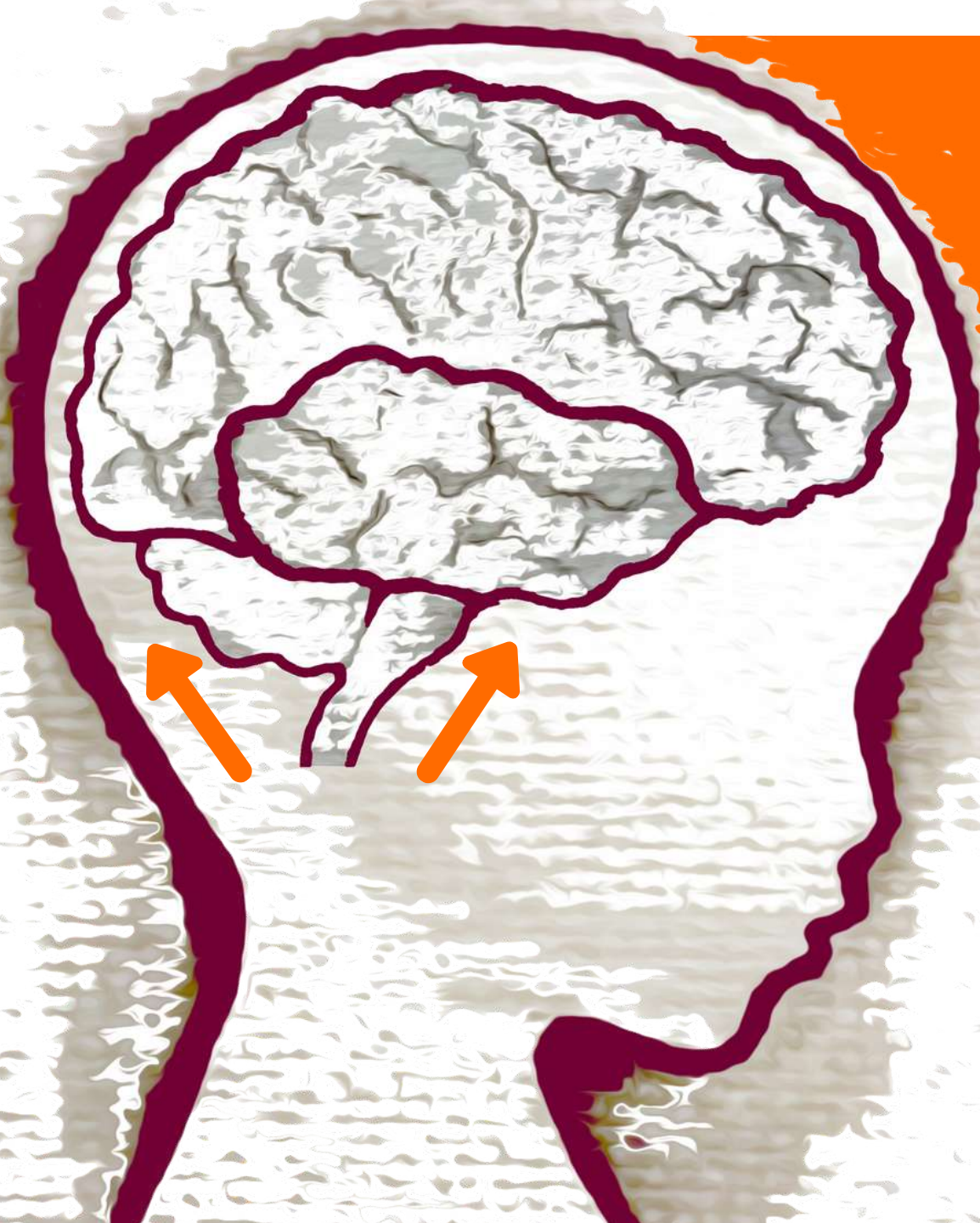



Children who  
have experienced  
developmental  
trauma have a  
**greater density** in  
the lower parts of  
the brain



The fire alarm is going off **so often** and **so loudly** that information needed for learning and emotional development **can't get through** the noise to reach the areas of the brain where those skills can develop.

The way a child  
processes information  
day to day is also  
**bottom up**



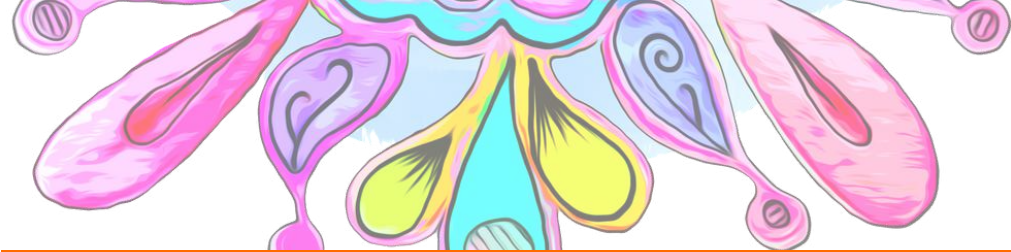
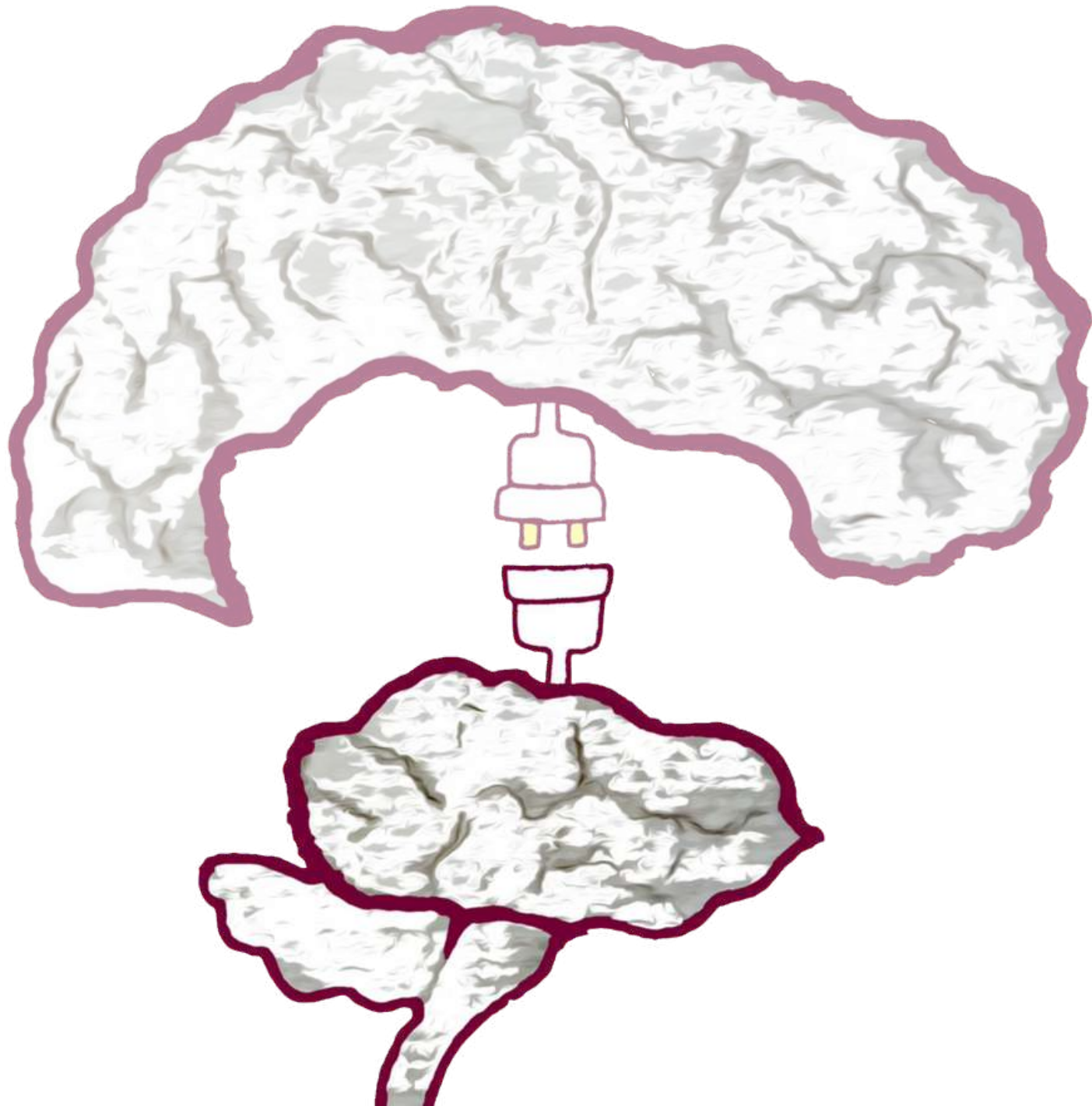


A child **over-sensitised to stress** will respond to experiences and triggers in every day life **starting** in the brainstem.



Child **over-sensitised** to stress + **mild** stimuli = **BIG** reaction  
(as if the danger is significant)





When a child is thrown into fight/flight/freeze/collapse, their **primary goal** is to find safety so, the cortex goes offline.

A child who feels unsafe has a **compromised capacity** for thinking, learning, language, decision making, organising their behaviour.



# Example

Internal response is **triggered**

Child goes into **freeze** (still but highly alert)

Brainstem is **firing** on all cylinders, heart rate has increased

Cortex has gone **offline** - the only priority is to achieve safety. Child has become **dysregulated**

Child **can't** learn





**Regulate the  
brainstem to get  
back into their  
thinking brain**

# Developmental Lag



Child who has  
experienced  
Developmental  
Trauma



Child who hasn't  
experienced  
Developmental  
Trauma

# Developmental Lag

## At key milestones:

- Primary to secondary
- Developing independence
- Significant loss or change

Sudden **deterioration** in behaviour or **regression** in skills and capabilities



# Developmental Lag



Child who has experienced  
Developmental  
Trauma

← The ability to bounce back and respond to developmental milestones **becomes a wider discrepancy** compared to their peers without Developmental Trauma →



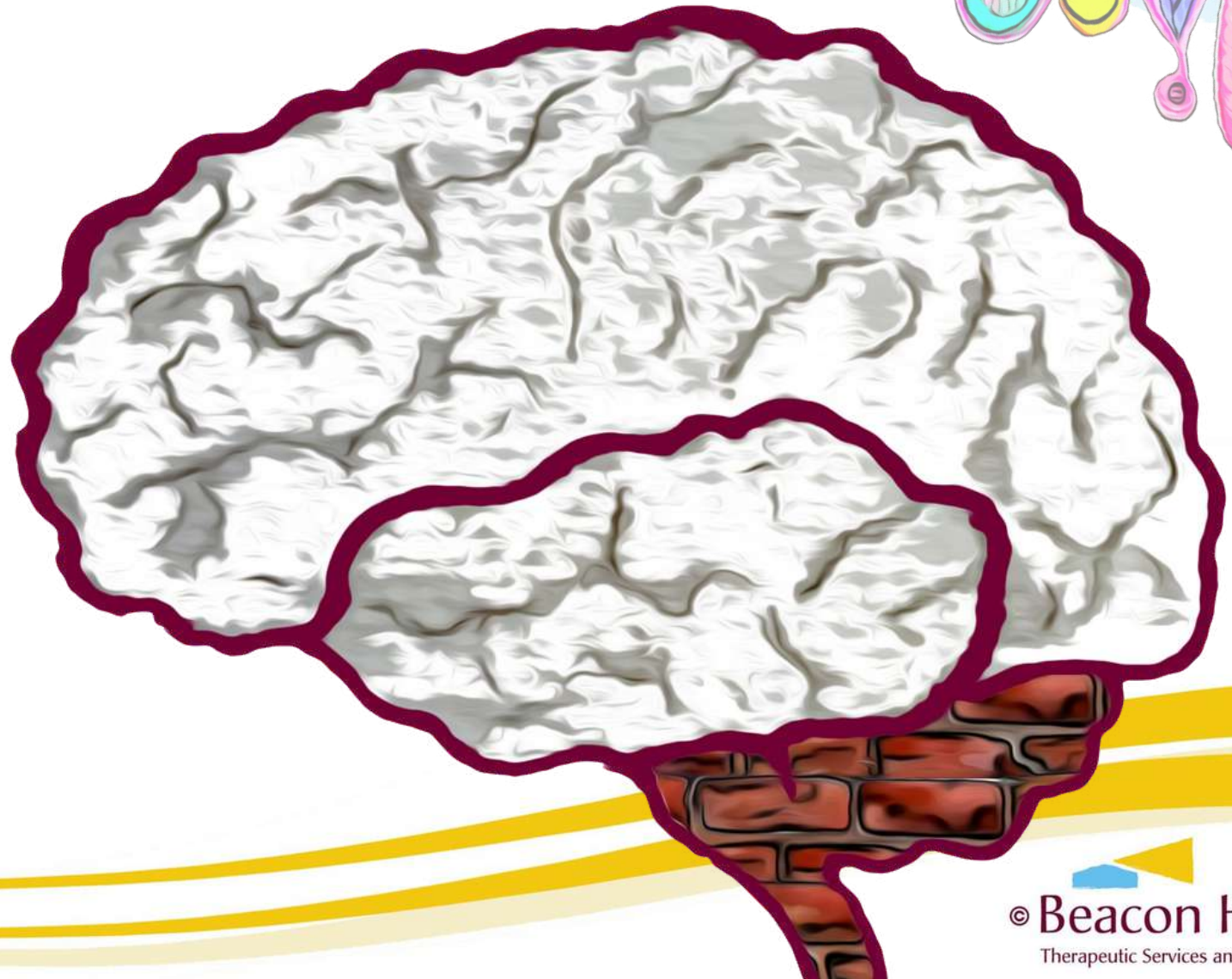
Child who hasn't experienced  
Developmental  
Trauma



To **successfully navigate** each developmental milestone, **greater and more complex skills** are needed: emotional, behavioural, cognitive and social

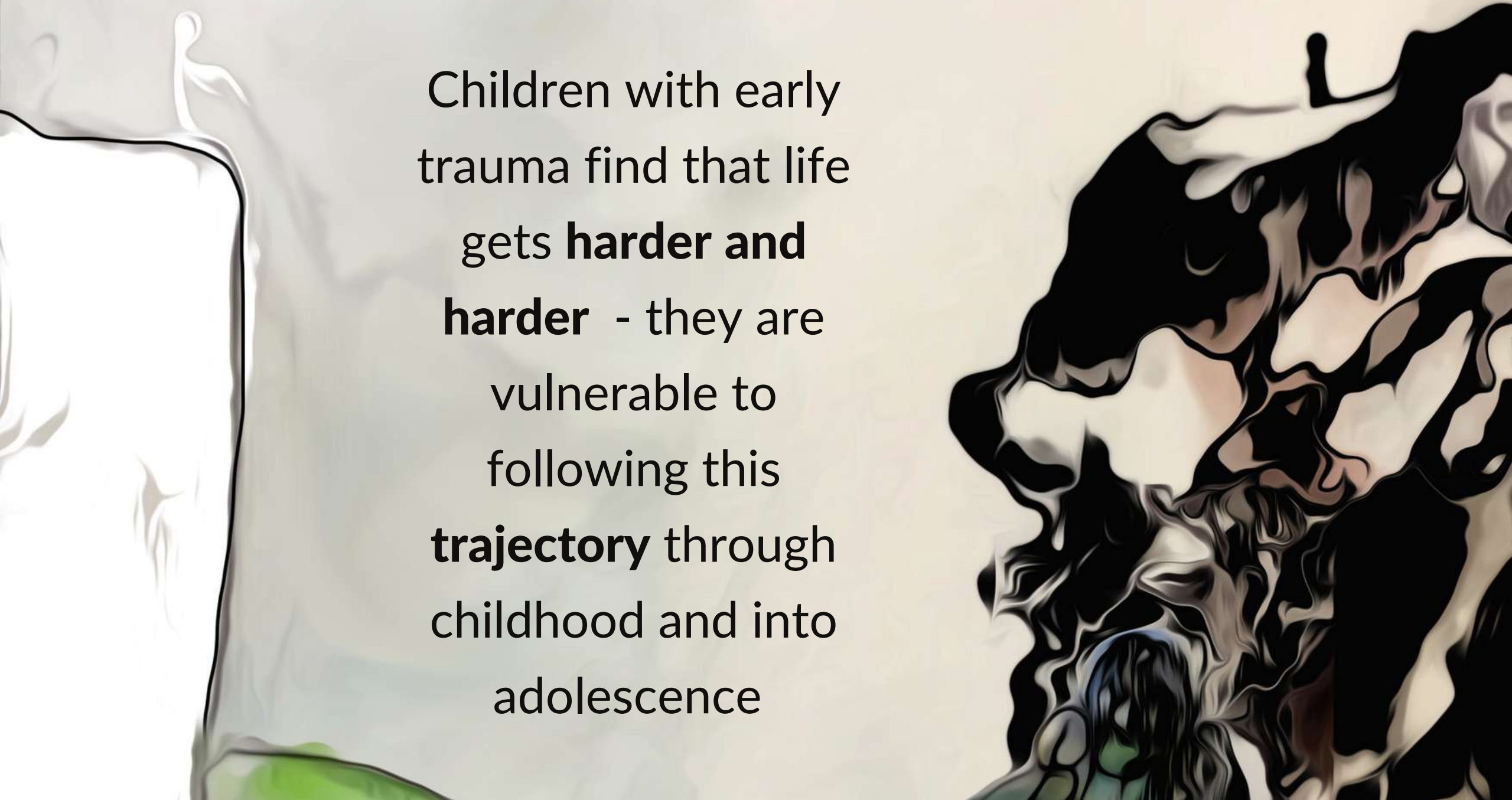
# Developmental Lag

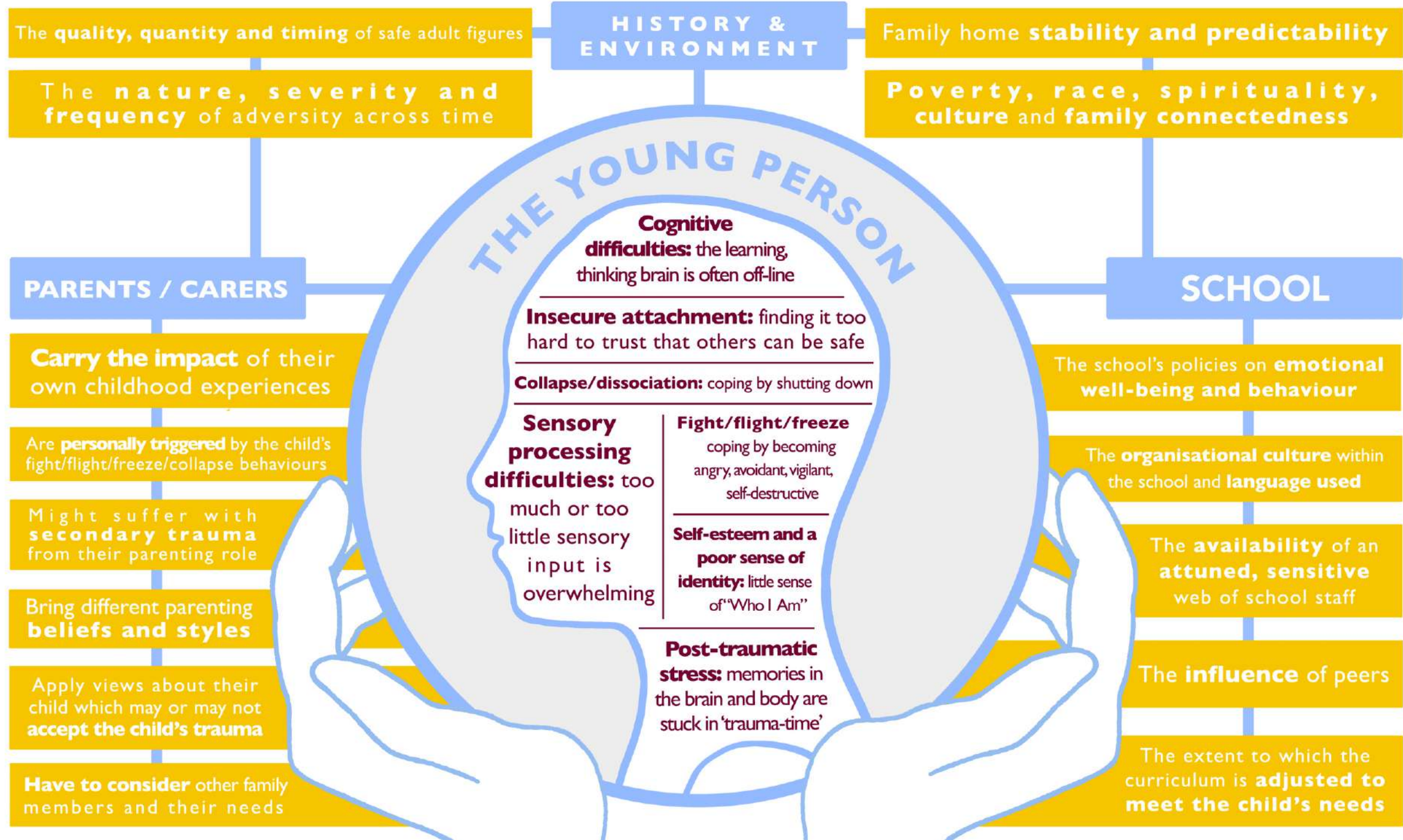
A brain **impacted** by developmental trauma doesn't have a **secure neurological foundation** on which to build the skills needed to **navigate** each developmental milestone





Children with early trauma find that life gets **harder and harder** - they are vulnerable to following this **trajectory** through childhood and into adolescence





# Completed Fight/Flight Response

**THREAT**

Fight/flight response is **mobilised** and physical manifestation of the response **is played out**

Physical & psychological safety is resumed

Resolution of the threat within the nervous system, the body becomes regulated again



# Truncated Fight/Flight Response

