



Supporting children affected by trauma

Tuesday, 27 October 2015

I would like to acknowledge the traditional custodians of this land and pay my respects to Elders past, present and future, for they hold the memories, the traditions, the culture and hopes of Aboriginal and Torres Strait Islander Australians.

This webinar is presented by



Tonight's panel

- Dr Penny Burns (General Practitioner)
- Michelle Roberts (Psychologist, education sector)
- Janet Williams-Smith (General Manager, Early Childhood Management Services)
- Rachel (a person with a lived experience of family violence related trauma)

Facilitator

Amanda Harris

(Director of the Australian Child & Adolescent Trauma, Loss and Grief Network, at ANU)

Ground rules

To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be respectful of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your comments and questions for panellists in the General Chat box. For help with technical issues, post in the Technical Help chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to hide the chat, click the small down-arrow at the top of the chatbox.
- Your feedback is important. Please complete the short exit survey which will appear as a pop up when you exit the webinar.

Learning outcomes

Through an inter-disciplinary panel discussion about Jack, Matilda and Jacinta and their family, at the completion of the webinar participants will:

- Have a better understanding of how trauma presents in children of school age and in early childhood
- Have a better understanding of the impact that trauma has on children's social and emotional wellbeing
- Both individually and through working collaboratively with other services, be better equipped to respond to the needs of children and families who have experienced trauma

NB: The case study is designed to be open ended in order to raise questions, provoke thought and generate discussion.

Self care

- Self care is essential when working with children, especially those affected by trauma
- We have all had our own experiences that are potentially traumatic
- Learning about trauma can be heavy going
- Be mindful of where you are at, and take a break if you need to



Amanda Harris

What is trauma?

- Experience/s that are overwhelming or overwhelm the capacity to cope.
- Two broad types of trauma:
 - Single incident (Type 1) - single event eg. house fire, disaster, traffic accident
 - Multiple/chronic trauma (Type 2) – multiple events, repeated exposures to traumatic events eg. abuse, neglect, domestic violence, war, or occurrence of several single incident events.
- Complex trauma – a trauma that occurs repeatedly, cumulatively and even increases over time eg. child abuse, domestic violence
- Adversities – more common stressful life events but have a cumulative impact when co-occurring.



Amanda Harris

Exposure for Australian children

- Around 2/3 are exposed to at least one trauma/adversity
- Around 1 in 5 are exposed to multiple (3+) adversities
- These figures are even higher for Indigenous children and families, with up to 70% experiencing multiple adversities.
- Domestic violence – it is difficult to estimate prevalence rates. Australian studies have estimated up to 23% of children exposed.
- Natural disasters - around 5-6% of children exposed each year.



Amanda Harris

Impacts

- An increased perception of threat
- Emotional health – associated with decreased emotional regulation, anxiety and depression in childhood
- Behavioural health – often present with dysregulated behaviours – either overly aroused or under aroused
- Social relationships – difficulties feeling safe and secure in relationships and difficulties reading social cues in others
- Learning – multiple difficulties in cognitive functioning



Amanda Harris

Spokane Elementary School ACE (Adverse Childhood Experiences) Study (2012)

- 2100 children in 10 primary schools in the US
- Teachers reported on children's exposure to traumatic and adverse experiences
- Children who had 3 or more trauma/adverse experiences were:
 - 3 times more likely to have academic failure
 - 5 times more likely to have severe attendance problems
 - 6 times more likely to have severe school behaviour concerns
 - 4 times more likely to have frequently reported poor health



Amanda Harris

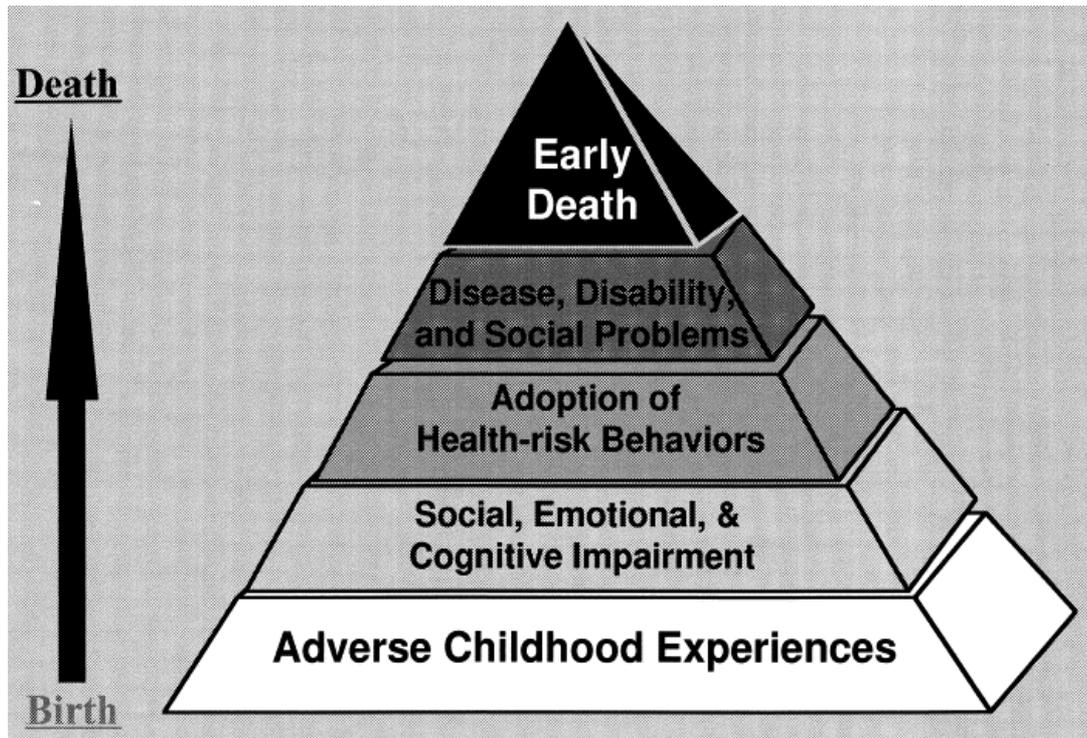
Keep in mind...

- Not all children who experience a traumatic or potentially traumatic event will be traumatised or will develop difficulties
- Trauma arises from an experience that is overwhelming or overwhelms our ability to cope - the perception of the event in the eyes of the child
- There are risk and protective factors for every child
- Can you think of a child or a family you are working with who may be affected by trauma and adversity?



Amanda Harris

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults



- Effects on children may lead to poor mental and physical health outcomes later in life
- Early identification and intervention is so important

Vincent J Felitti, Robert F Anda, Dale Nordenberg, David F Williamson, Alison M Spitz, Valerie Edwards, Mary P Koss, James S Marks, *American Journal of Preventive Medicine*, Volume 14, Issue 4, Pages 245-258 (May 1998) DOI: 10.1016/S0749-3797(98)00017-8



Dr Penny Burns

Identification

Look - Listen – Collaborate - Coordinate

- Existing relationship
 - mutual understanding, trust, sense of support and a safe place
- Existing biopsychosocial knowledge
 - who are they? the individual child, their family, their communities – school, local activities, sport, online
 - what is their medical history? growth & development
 - social determinants of health? finances, employment, living situation
- Early identification
 - an opportunity for prevention

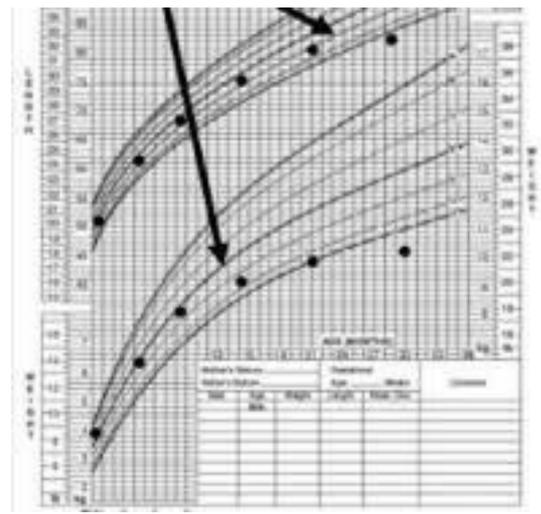


Dr Penny Burns

Understanding

Important elements of GP approach

- Approach depends on existing relationship with Jack.
- Important to also see Jack: what is important to him?
 - listen, build rapport, spend time, gather information
 - strengths and difficulties, his perspective,
 - effects of nightmares on him at home, school, friends
- Physical symptoms, changes in behavior and school performance can all reflect mental health distress in children.
- Physical symptoms:
 - Diarrhea, constipation, incontinence, soiling, abdominal pain, difficulty eating, secondary bedwetting, headaches, etc.
- In younger children failure to grow and gain weight along centile charts.



Dr Penny Burns

Response

Important elements of GP approach.

- Non-judgmental positive child-centred, family-centred approach involving Jack in the decision-making process.
- Work with Jack and his family to give them options and practical tasks to undertake.
- Maintain the normal and the strengths: exercise/sport/school/routine
- Management of children includes supporting & educating parents.
- Safety paramount.
- Collaboration with school/health professionals with Jack's permission.
- Pathways for referral depend on Jack and Fiona, available local services, financial considerations.
- Jack's presentation highlights a need to review Matilda and Jacinta.
- Careful record taking as may be used as evidence.
- Ongoing follow up and engagement crucial.



Dr Penny Burns

Understanding trauma

- An exceptional experience in which powerful and dangerous stimuli overwhelm the child's capacity to regulate emotions
- It can result from an event or a series of events
- Acute trauma (one episode)
- Chronic trauma (repeated)
- Complex trauma (exposure to multiple or prolonged events)
- Trauma is cumulative



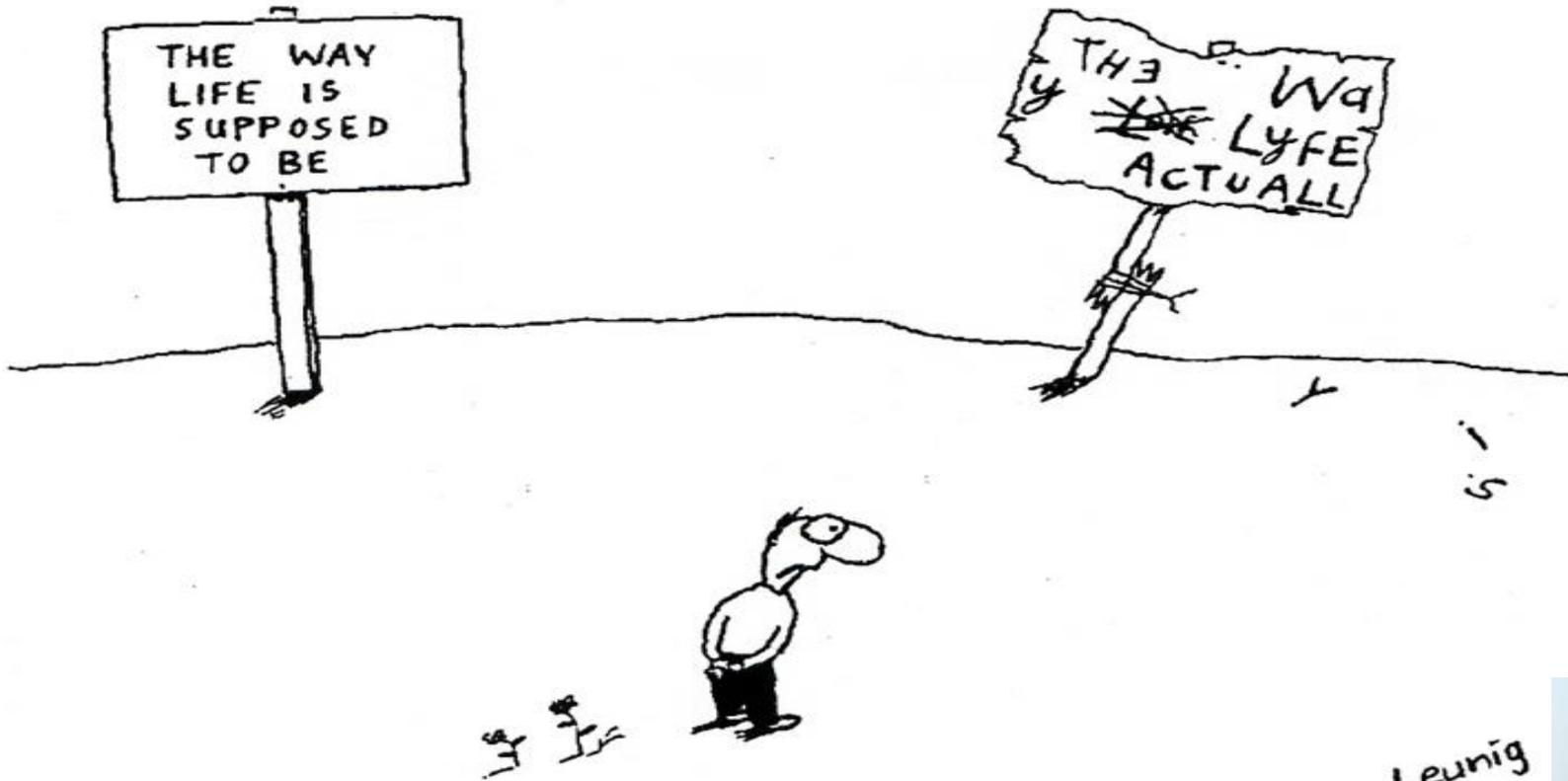
Michelle Roberts

Adverse childhood experiences can impact the acquisition of developmental competencies in

- Cognitive functioning
- Emotional regulation
- Interpersonal relationships



Michelle Roberts



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Michelle Roberts

Jack (aged 10 years)

- nightmares, flashbacks, intrusive imagery, day dreaming, fearful, fatigued, easily distracted and fidgety
- misidentification of problem, ADHD, oppositional, lazy, learning disabled
 - Developmental tasks, identity formation, adolescence, what does it mean to be a man



Michelle Roberts

Regulatory impairment – consequences

- fatigue
- attention
- concentration
- temperament & social relationships
- impaired capacity to learn
- short term memory
- working memory, holding in mind
- executive functioning, planning, organisation, making links between concepts



Michelle Roberts

A trauma framework – regulation and dysregulation

The impact we see is often one of impaired ability to self regulate

- “Neural pathways are primed for threat”
- “Develops a limited tolerance to distress and capacity to self regulate”

(Powell & Morrison. 2015, In Psych, Vol 37. Issue 5. pg 16)



Michelle Roberts

Siegel, 1999, "The Developing Mind"



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Hyper-arousal (fight/flight)
too much arousal



Window of optimal learning/
Window of tolerance in the zone/ flow

Hypo-arousal (freeze)
too little arousal



Michelle Roberts

Matilda (aged 4 years)

- Regression – baby voice & thumb sucking
- Self soothing & dysregulation
- Repetitive play
- Looking for nurturing
- Attachment & stability provided by educators at childcare
 - What will happen when she has to move away to start school?



Michelle Roberts

Jacinta (11 months)

- Detached , blank expression, alterations to attachment, difficult to engage
- Difficult to soothe
- Vigilant and unsettled, sleep is impaired
- Difficulty in managing change



Michelle Roberts

Strategies and repair

- Attachment & positive relationships
- Routine and predictability
- Safety, being and feeling safe
- Regulation, adults are able to regulate and can co-regulate
- Self regulation, calm
- Window of tolerance & optimal learning
- Teaching to match learning needs
- Psychological first aid (care, connectedness, safety)



Michelle Roberts

Psychological First Aid



1. Promotion of a sense of safety
2. Calming
3. Sense of self efficacy/agency
4. Connectedness
5. Hope

Hobfoll et al, 2009, “Five essential elements of immediate & mid term intervention. Empirical evidence”.



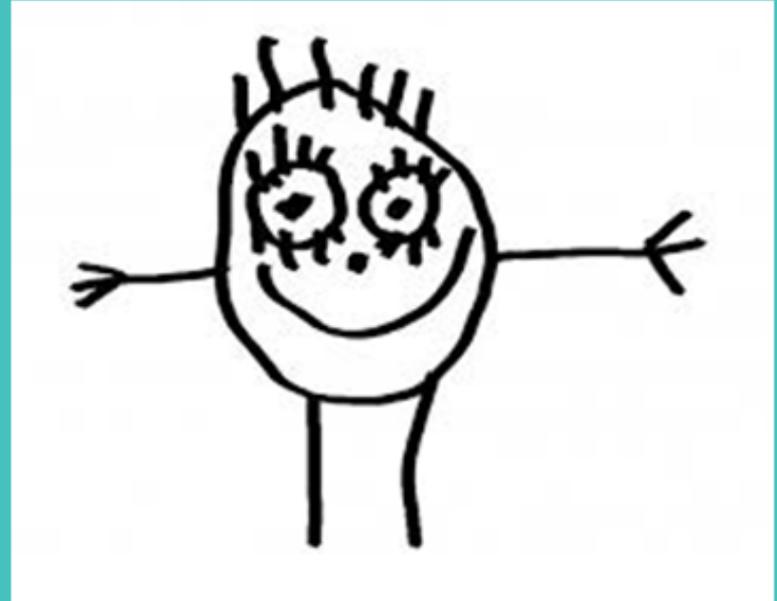
Michelle Roberts

RECOGNISING TRAUMA

Children don't have a narrative for trauma

They are more likely to show you than tell you

Our job is to notice



Janet Williams-Smith

Trauma framework

Best place for learning

Stop hearing

Internal State	CALM ↓	AROUSAL ↓	ALARM ↓	FEAR ↓	TERROR ↓
Cognitive	Abstract	Concrete	Emotional	Reactive	Reflexive
Brain Region	Cortex	Limbic	Midbrain	Brainstem	Autonomic
Arousal State	Restful	Vigilance	Resistance	Defiance	Aggression

Bruce Perry (2007)



Janet Williams-Smith

Consequences



IMPACTS	BEHAVIOURS
LOW SELF ESTEEM	QUIET, WITHDRAWN, MUTE
POOR CONCENTRATION	FRUSTRATED
UNABLE TO SELF REGULATE	CHALLENGING
DIFFICULTY FORMING FRIENDSHIPS	ARGUMENTATIVE
FINDS IT HARD TO TRUST PEOPLE	CONCRETE
DEFENSIVE	LASHING OUT



Janet Williams-Smith

Strategies

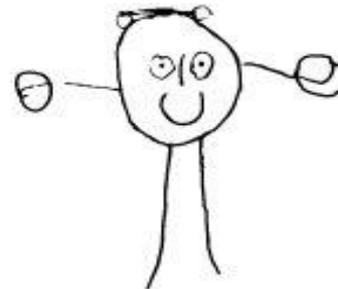
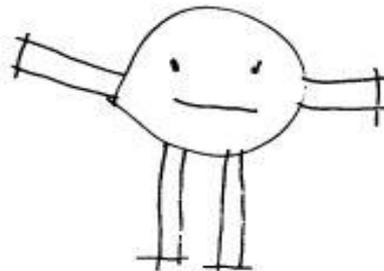
- Much of the behaviour of traumatised children is pain-based, and it is not that they won't behave like other children, but that they can't
- Acknowledge the feeling NOT the behaviour
- Be calm – tell the child you will be staying with them until they FEEL better
- Remember that often children with challenging behaviours are frightened, NOT naughty...
- Treat them like they are frightened. Tell them you know they are frightened and talk to them about how they might be feeling...



Janet Williams-Smith

Purpose and intention

- Make sure the child has a structure to the day and knows the pattern – predictable
- Don't underestimate how important it is for children to know that their caretakers are in control
- Adults are not expected to be perfect or unaffected

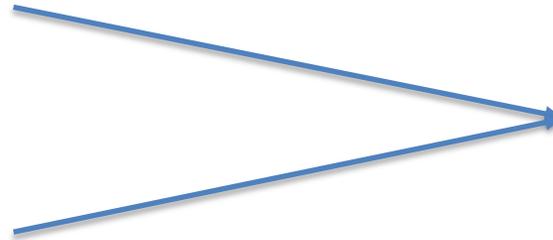


Janet Williams-Smith

Control



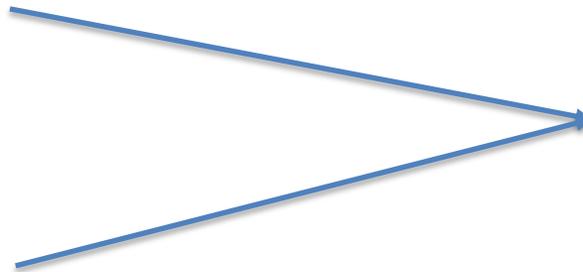
CHOICE
COMFORT
CONTROL



FEELING

- VS -

COMPLIANCE
CONSEQUENCE



BEHAVIOUR



Janet Williams-Smith

Tools



RELATIONSHIPS are key

EMPATHY

TRANSPARENCY

VALIDATION

REMAIN CALM

TAKE TIME

BE CLEAR

IN CONTROL not CONTROLLING



Janet Williams-Smith

Roles and Reward

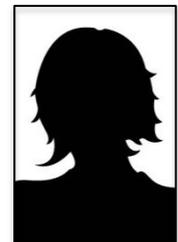
- Roles of children changed with removal of perpetrator: Jack may feel he has to "step into father's shoes": detrimental and positive effects
- Children to participate, chores, tasks, as demand and stress on mother increases
- Children's behaviours: reward and consequence: may not have seen consequences for perp; set boundaries at school whilst being sensitive to changes and rewarding good and inclusive behaviours
- Teachers may need to influence positive friendships, encourage good choices - right or wrong path as they deal with trauma



Rachel

Concerns to be aware of

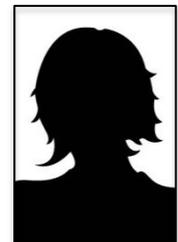
- Safety: fear and anxiety, is there a safety plan and DVO in place? Current Parenting Order? Fear of Dept. of Child Safety intervention; fear of a biased legal system that fails DV victims, especially children, repeatedly
- Legal issues: timeframes & access by perpetrator
- Financial and employment issues
- Possible relocation from family home (refuge, rental, relatives)
- Perpetrator's connections to school and community: avoid identifying information, seek permission before using children's names in newsletters, online, etc.
- What have children experienced? What may seem normal to them (violence) is not acceptable. Acting out, lack of sleep, stress, PTSD, OCD, regression affects friendships, schoolwork, how they see themselves (self blame), attitudes and behaviours.



Rachel

Where to now? Supporting and engaging mother and children

- Victims feel isolated; stigma around domestic and family violence; ensure empathy and care with dialogue and terminology. Call it for what it is "domestic violence" and "trauma".
- Don't make judgements, listen, support, encourage, build trust, note disclosures - may be called upon by court / Department of Child Safety.
- Rebuilding the family unit: positive engagement for quality family time, re-establishing mother-child relationships and sibling relationships
- Imperative to involve mother with decision making and planning, offer choices. Also imperative to involve children with age-appropriate decision making and planning, offer choices, set goals.
- Government and community services: Centrelink (social worker, financial planner, emergency payment), Department of Housing, LegalAid, counselling
- GP response: EPC Plan, Mental Health Plan, bulk billing, holistic treatment
- School engagement: eg. Govt sporting grants, local sporting clubs (PCYC), free library events in newsletter, leadership roles for children and mother in school community



Rachel

Practical Tools

- DV Safety cards at school office, library, doctor's waiting rooms
- National DV Hotline: 1800 RESPECT
- Referral to local services: Google "domestic violence services" and suburb/city; police.
- Encourage your school to have an Open Door policy for families, staff and students; encourage your medical practice or workplace to link with a local DV/community service to build connections and training on domestic and family violence for all staff.
- Regular meetings with chaplain/guidance officer/teacher with parent and each child: ascertain progress, review leadership roles, reward positive behaviour, use encouraging language, ask how THEY think their task or schoolwork or participation is going; encourage the use of a diary
- Respectful Relationships: online tools, explore what a healthy and unhealthy familial relationship looks like.



Rachel

Q&A Session

Upcoming KidsMatter webinars

Invitations will be sent out shortly for the following KidsMatter webinars:

- 24 November 2015: Supporting primary school children with anxiety
- February 2016: Understanding and supporting mental health in infants

More about KidsMatter

- KidsMatter is an Australian mental health and wellbeing initiative set in primary schools and early childhood education and care services.
- It's unique because it brings together all the most important people in a child's life .
- Research clearly shows that children who are mentally healthy are better able to meet life's challenges. They are also better learners and have stronger relationships.
- Good mental health in childhood lays the foundations for the future, and it is never too early for families to start supporting the mental health of children.

More about KidsMatter

The KidsMatter website has children's mental health information for primary schools, Early Childhood services, Health and Community professionals and families:

 www.kidsmatter.edu.au

Subscribe to one of our e-newsletters:

 <https://www.kidsmatter.edu.au/enewsletter>

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- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks
- Each participant will be sent a link to the webinar and online resources associated with this webinar in the next two to three working days

For more information, visit www.kidsmatter.edu.au/webinars.

**Thank you for your
contribution and participation**