

Welcome!



Please be aware that some of the sessions are being recorded for sharing later.

We want people to participate but please use the 'raise hand' facility to ask questions and contribute when others are talking.

Please be considerate to others - together we want to create a safe, open and reflective space to learn.

You can turn on live captions on by clicking on the 3 dots at the top of your screen if you need this.

Please do take the time to provide us with some feedback towards the end of the session.

Thank you!



Norfolk Multi-agency Practice Week



Feedback can be provided through the QR code on the left or through this link which will be shared in the chat:

<https://forms.office.com/e/EM5kEwrFLU>



Supporting families with the impact of childhood developmental trauma



26th May 2023

ACE's

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” (Young Minds, 2018).

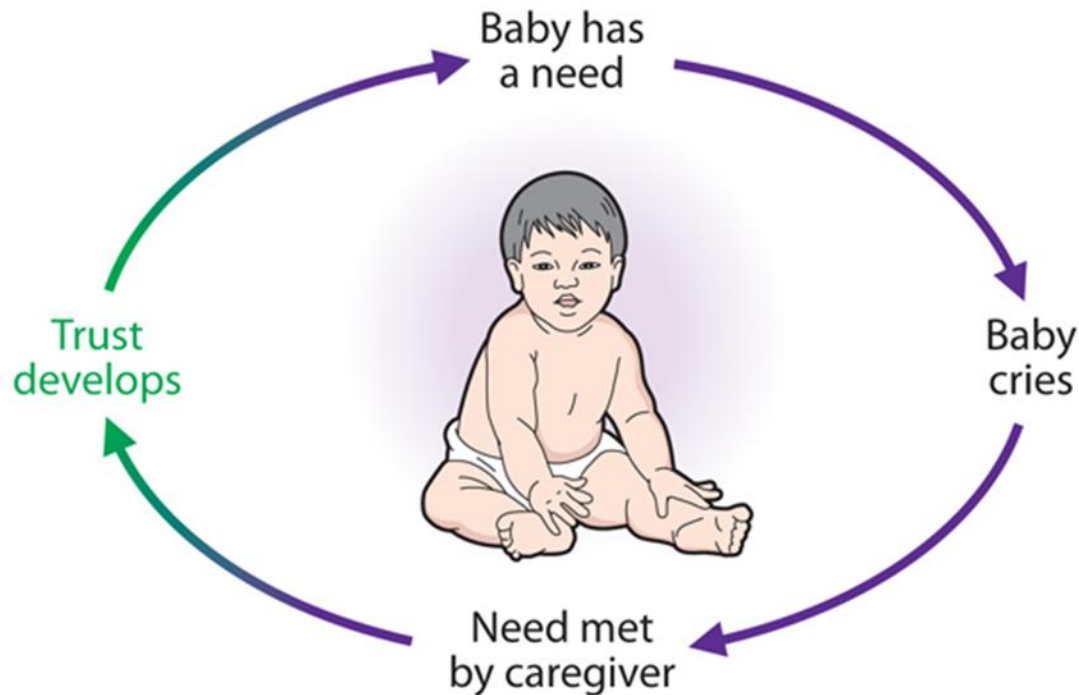
- Physical abuse
- Sexual Abuse
- Emotional Abuse
- Living with someone who abused drugs
- Living with someone who abused alcohol
- Exposure to domestic violence
- Living with someone who has gone to prison
- Living with someone with serious mental illness
- Losing a parent through divorce, death or abandonment

The impact of ACEs

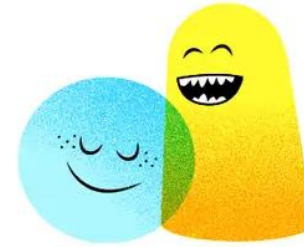


Attachment Theory

Infant Attachment Cycle

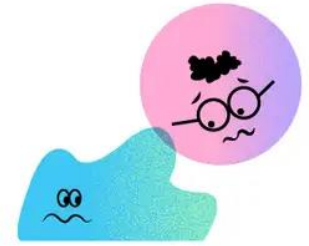


Attachment styles



Secure

- Healthy communication style
 - Able to ask for help when needed
- Can self-regulate emotions



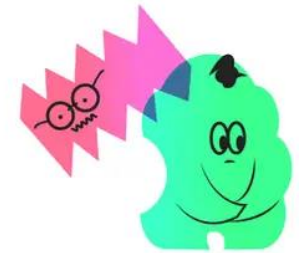
Anxious

- Clinginess
 - Fear of abandonment
- Needs constant reassurance



Avoidant

- Difficulty expressing emotions
- Tends to emotionally withdraw from others
 - Unwilling to ask for help

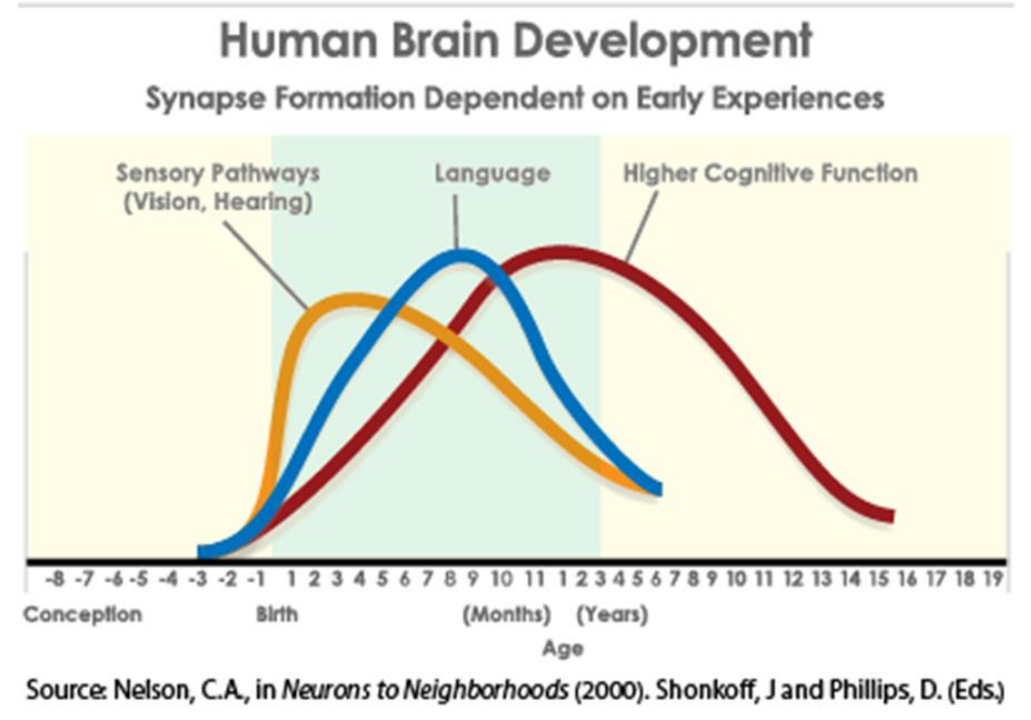


Disorganized

- Incorporates characteristics of anxious and avoidant styles
 - Fear of rejection but difficulty with intimacy
- Low self worth

Attachment in the womb

The parent-foetus relationship during pregnancy is one of the factors that can determine the parent-infant attachment after birth (Theran at al, 2005)

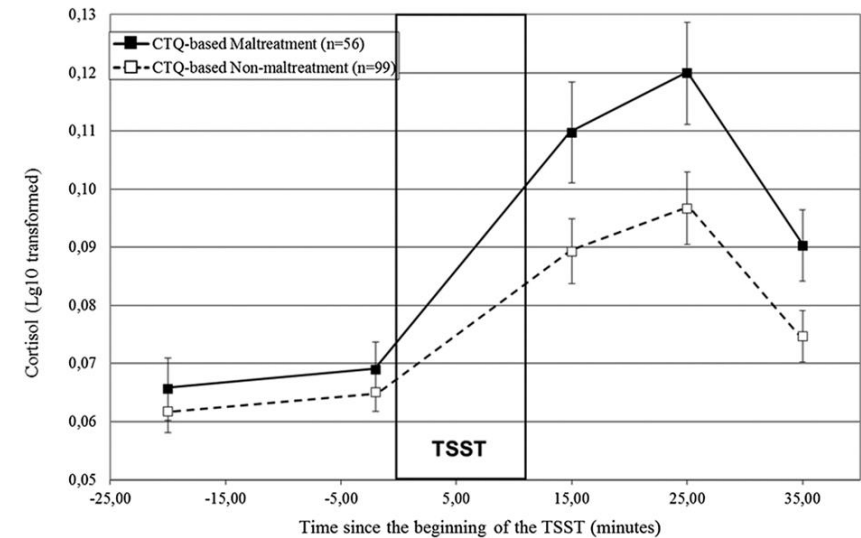


Cortisol is a stress hormone which is produced by the body when it experiences fear or threat. Some stress is fine, as long as it is resolved. When it is not resolved this becomes 'toxic stress' and leads to prolonged high levels of cortisol in our system.

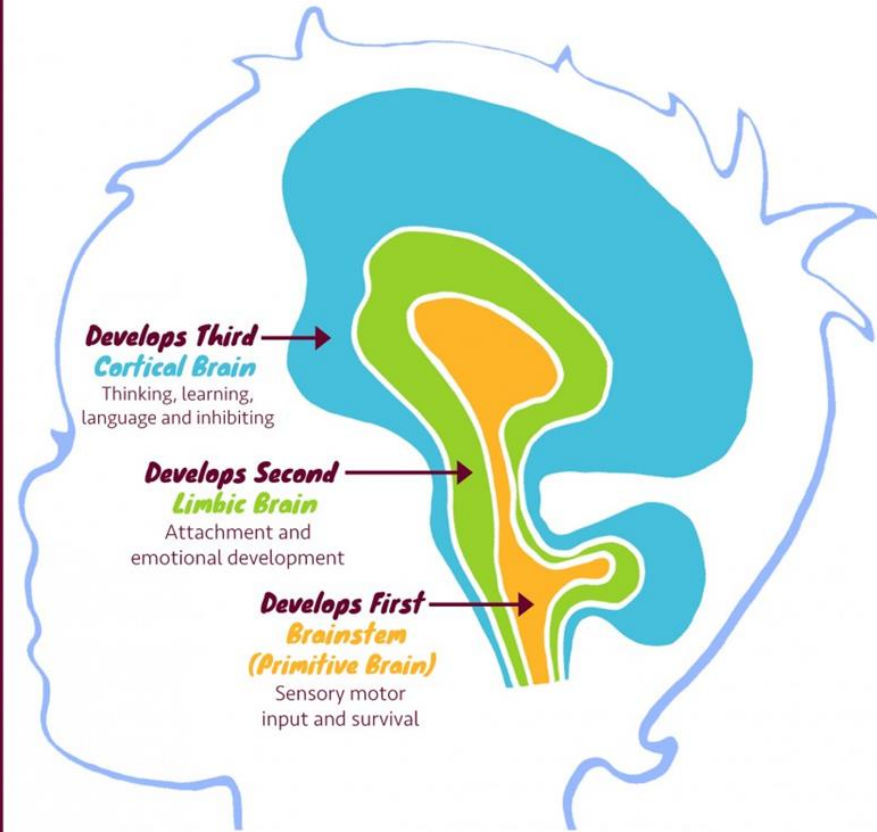
1. During pregnancy, if the mother is experiencing high levels of stress, the cortisol present in her system crosses the placenta and enters the baby's blood stream. Babies are born with raised levels of cortisol.

2. During brain development, high levels of cortisol prevent the layer of fat being laid down over the synapses in our brains. Without this layer, the connections are slow and uncertain.

3. When a high level of cortisol occurs, it shuts down our thinking brain and forces us to rely on our primitive brain.

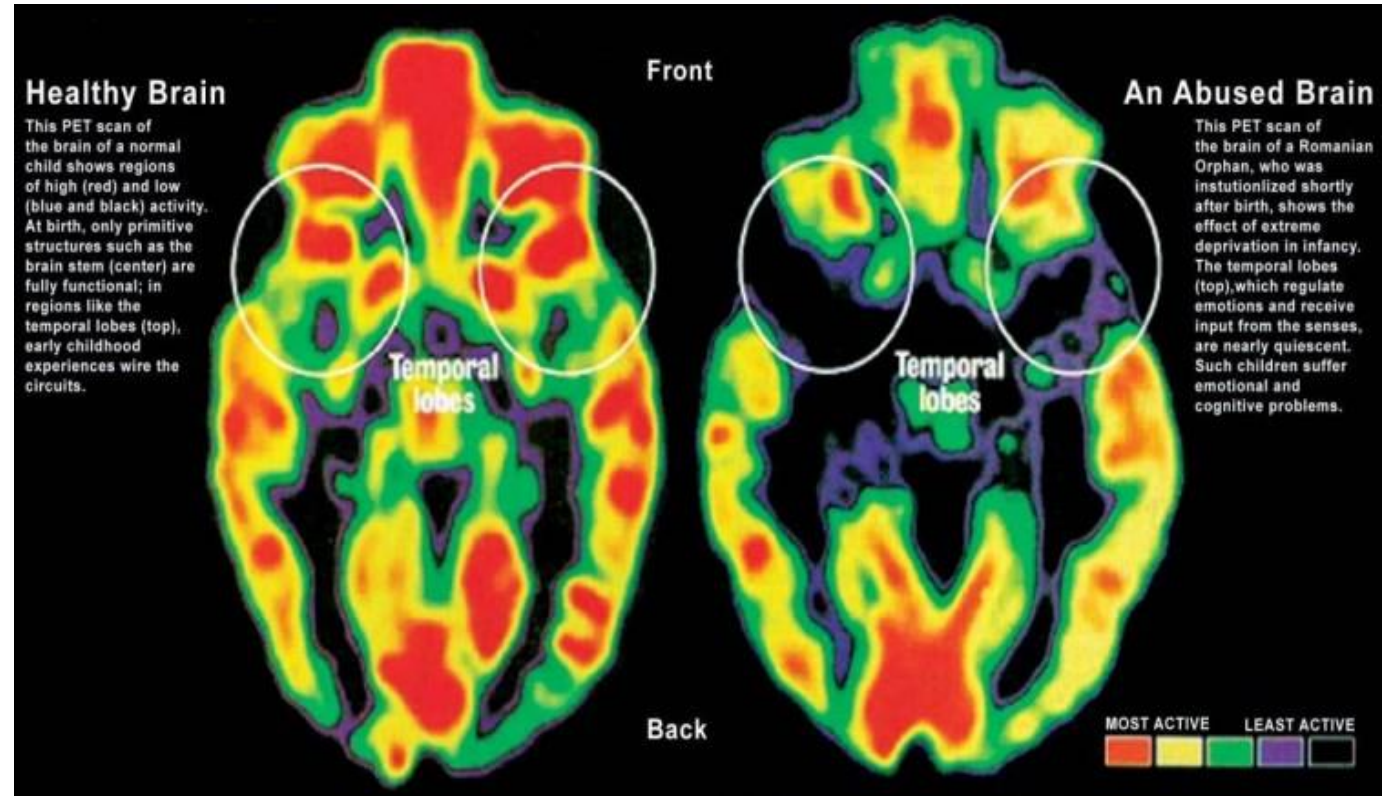


Ouellet-Morin et al. (2018) outcome of young adults who suffered multiple ACE's in early childhood and response to Trier Social Stress Test (TSST) on Cortisol levels.



↑ Children's brains develop from the bottom up. ↑

Brain Development in children who have experienced early developmental trauma



Trauma Responses



Fight: Confront the threat.

anger
rage
confrontation
high energy



Flight: Run away from the threat.

anxiety
panic
avoidance
high energy



Freeze: Shut down to block out the threat.

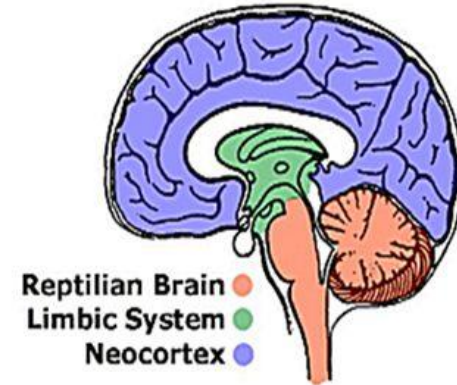
dissociation
numbness
shutdown
low energy



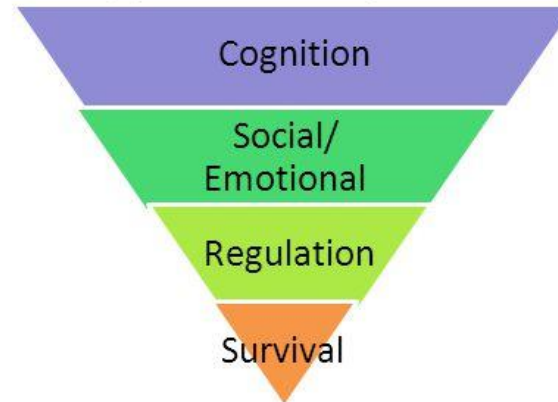
Fawn: Appease the threat.

people-pleasing
codependency
lack of boundaries

Trauma & Brain Development



Typical Development

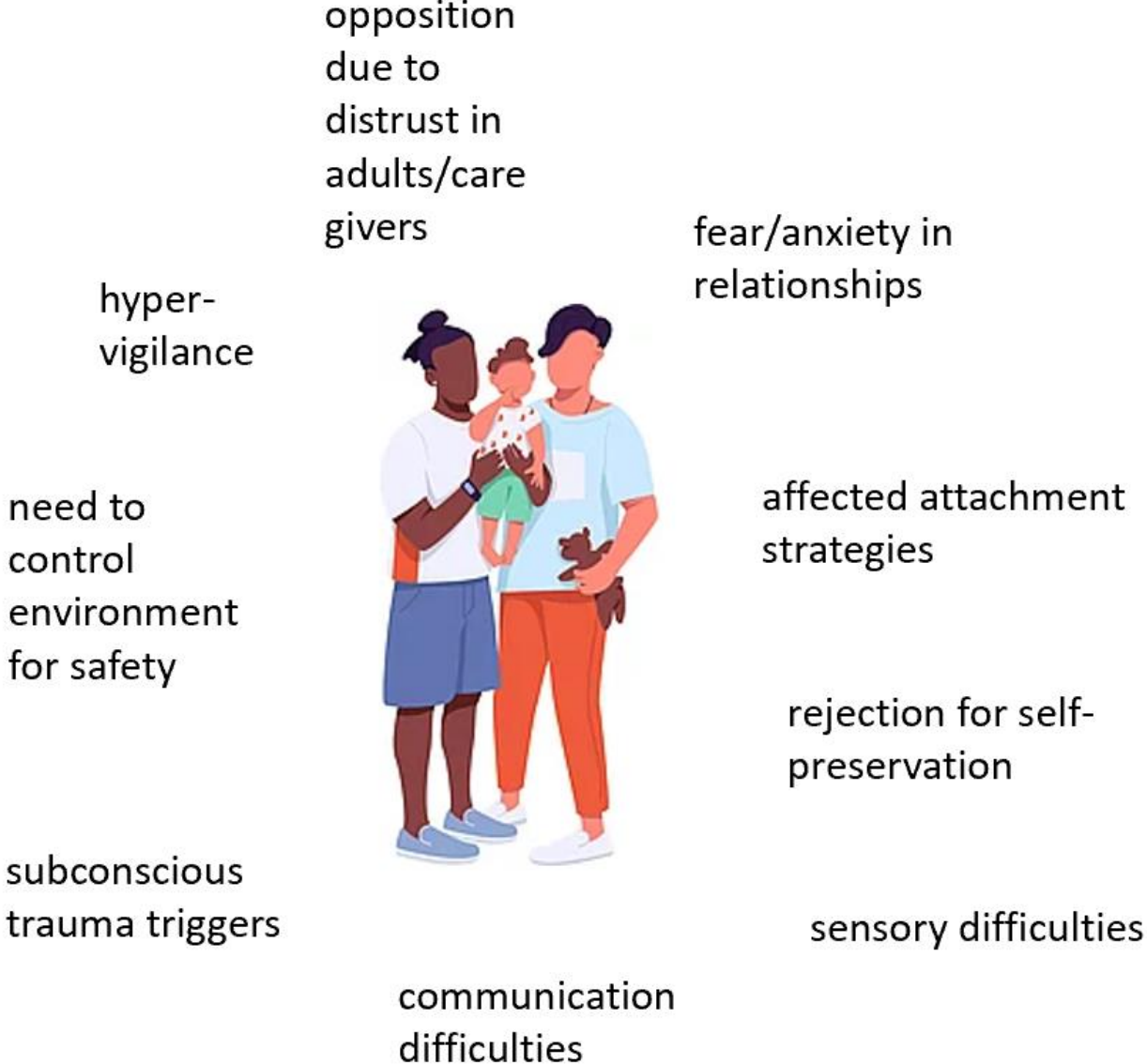


Developmental Trauma



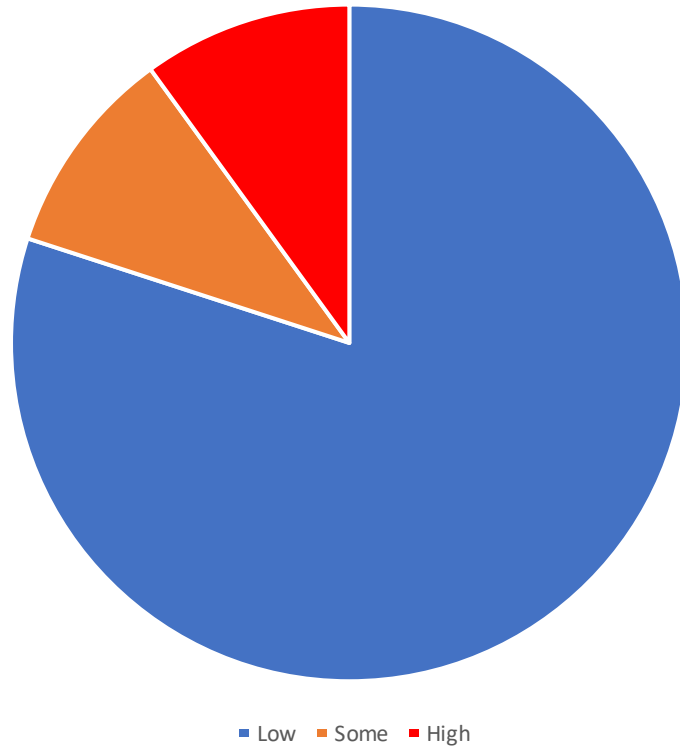
Adapted from Holt & Jordan, Ohio Dept. of Education

When a child moves to their adoptive home

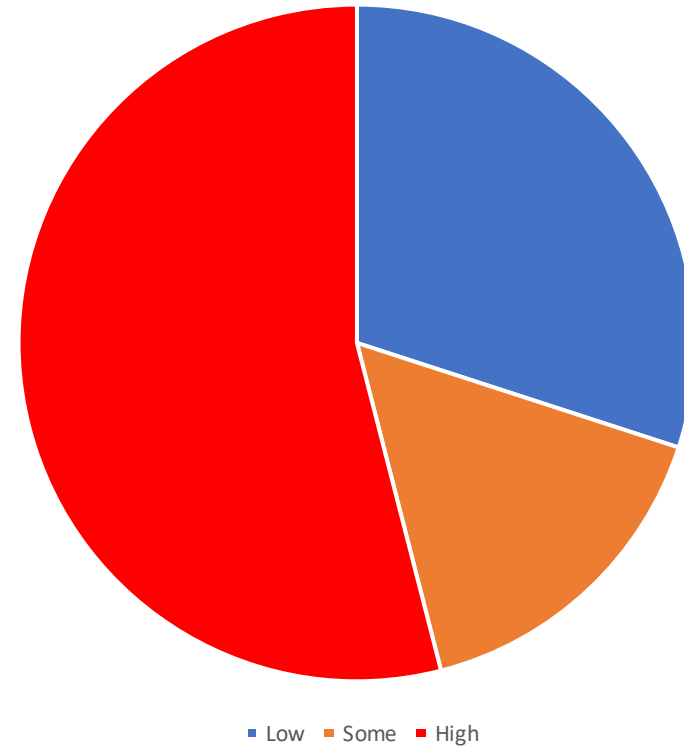


Insight into the level of need

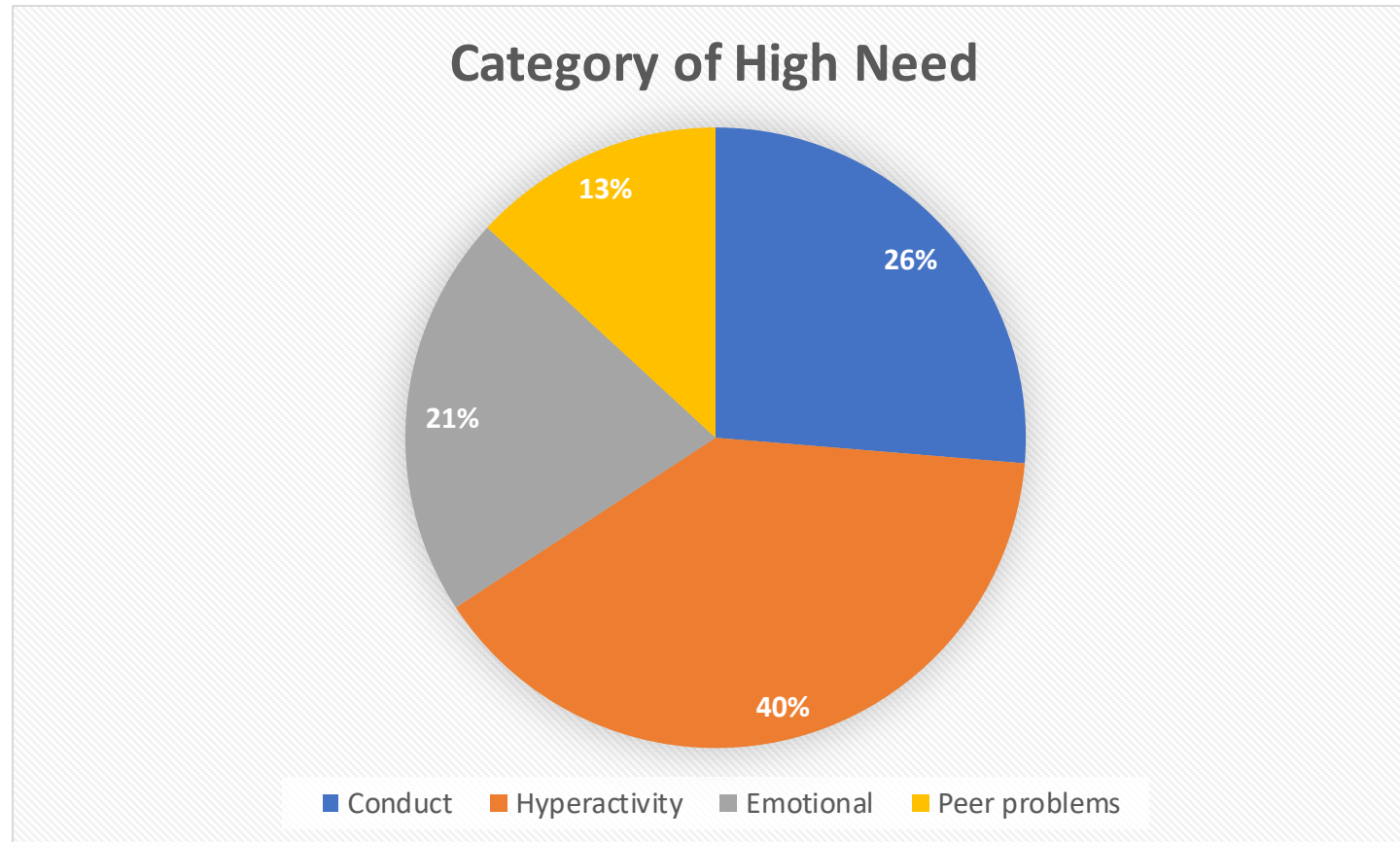
UK Average SDQ 4-18



Parental SDQ for new referrals 2021-2023



Areas of high need identified by SDQ by Norfolk Parents 2021-2023



Therapeutic Groups

The Norfolk Adoption and Kinship Support Team offer three rolling programmes across the year for adopters in Norfolk, accessible via funding from the Adoption Support Fund.

Nurturing Attachments- 2-18 early cohort within 3 years, reflecting on our parenting.

Therapeutic Parenting 2-18 intentional parenting, psycho education.

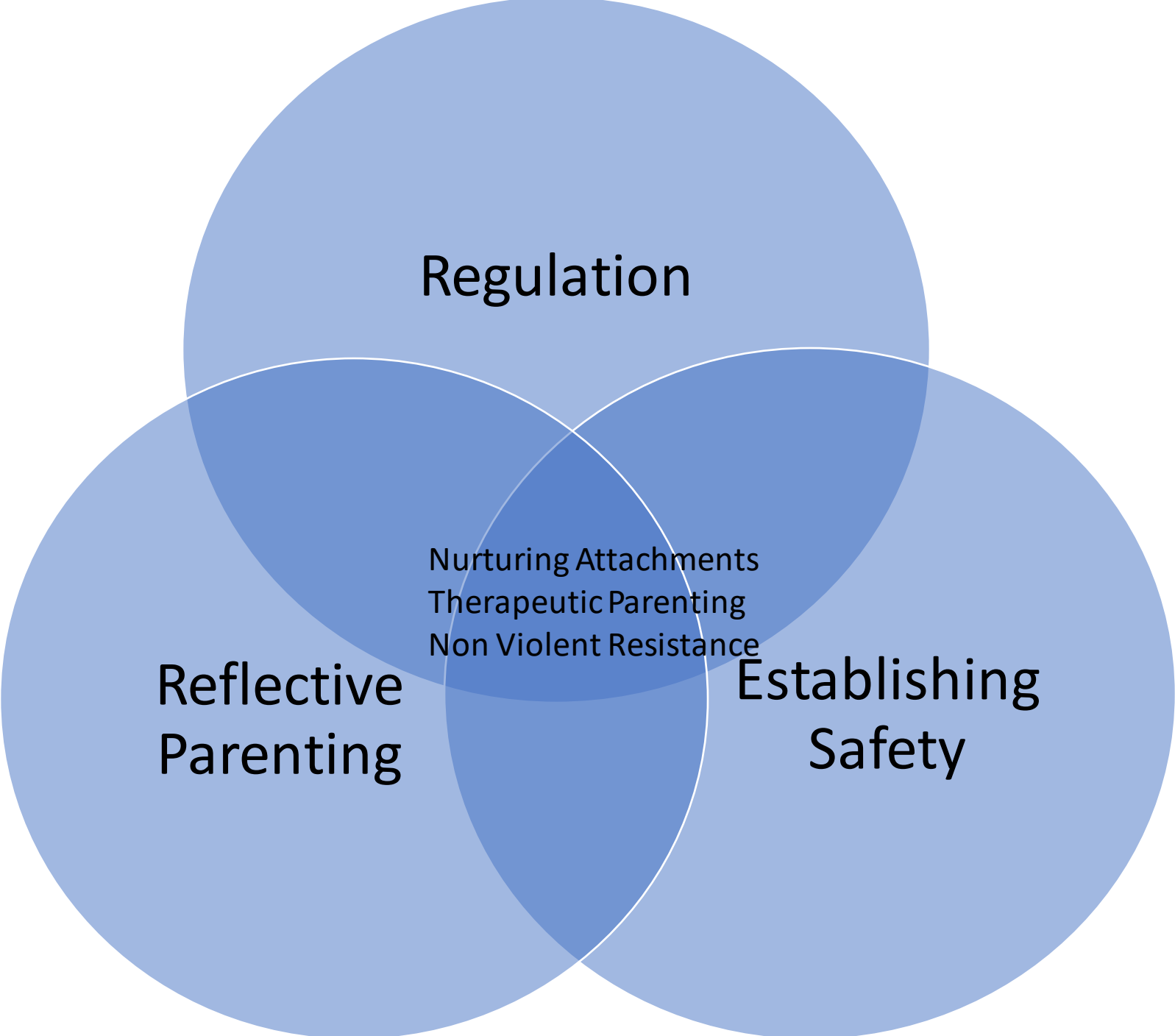
Non Violent Resistance- 2-18 practical strategies to prevent and resist escalation.

Relationships heal trauma

All three programmes are based on the parent- child relationship. While there are often good reasons for investigation into neurological diagnosis and individual therapy for children, we believe there needs to be an emphasis on the way we are parenting and connecting to children who have experienced early developmental trauma.

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love."

-Dr. Bruce Perry



Establishing safety



Establishing safety- using PACE

ESTABLISHING *PACE*

Daniel Hughes

- *P*layfulness
- *A*cceptance
- *C*uriosity
- *E*mpathy



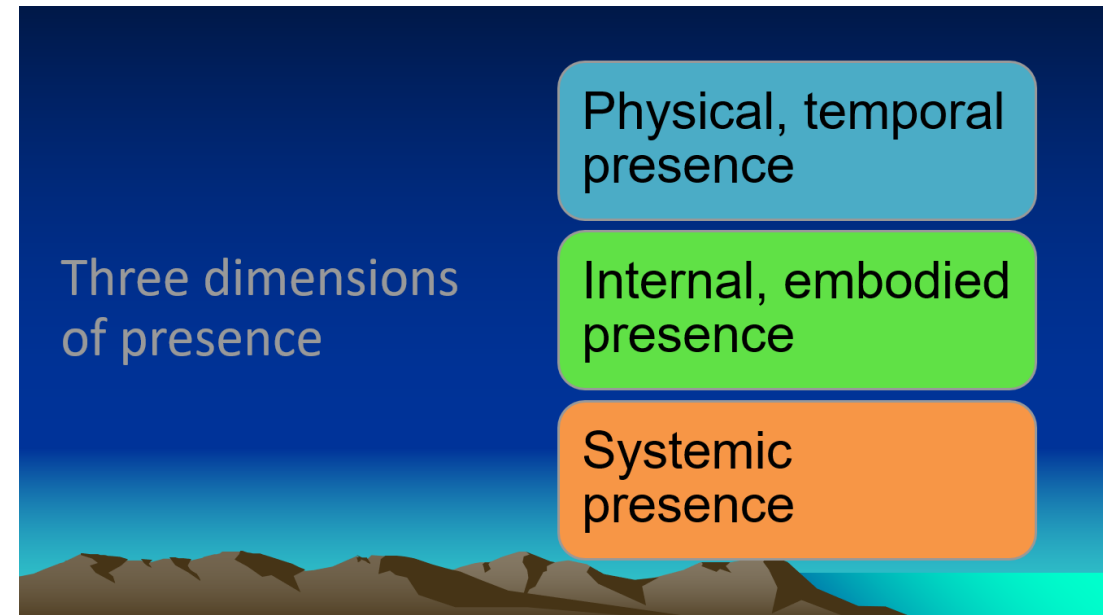
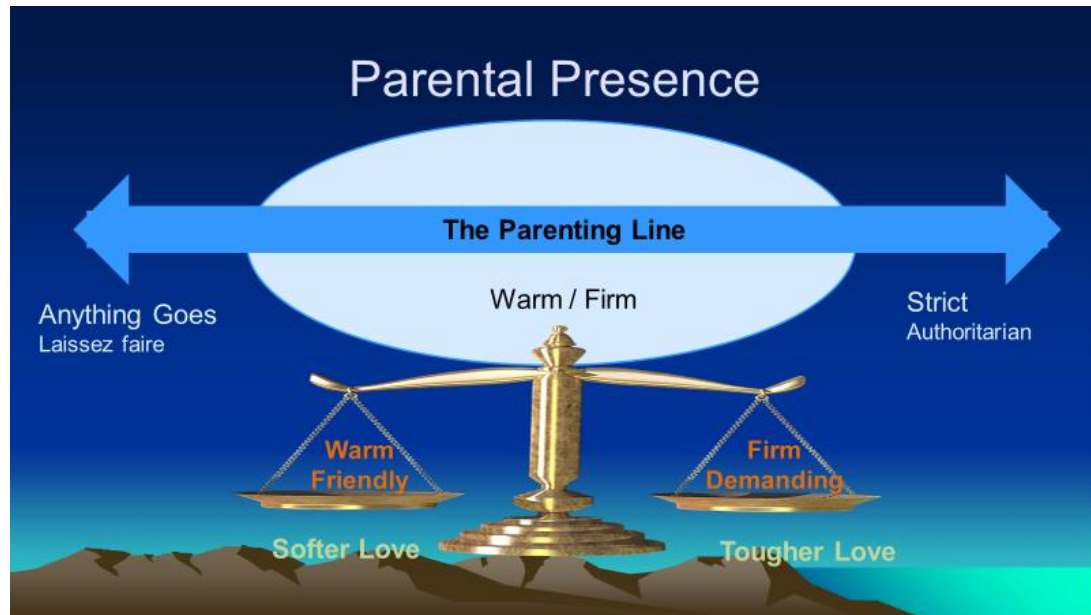
PACE is not about doing; it is not a technique to coerce a child to behave differently. It is a way to get to know the child.

PACE is a way of being, allowing the child to get alongside and support and share the experience the child is having.

When a child experiences the parents as trying to change them they are more likely to become oppositional and non compliant.

When a child experiences parent as wanting to know them they are more likely to be engaged.

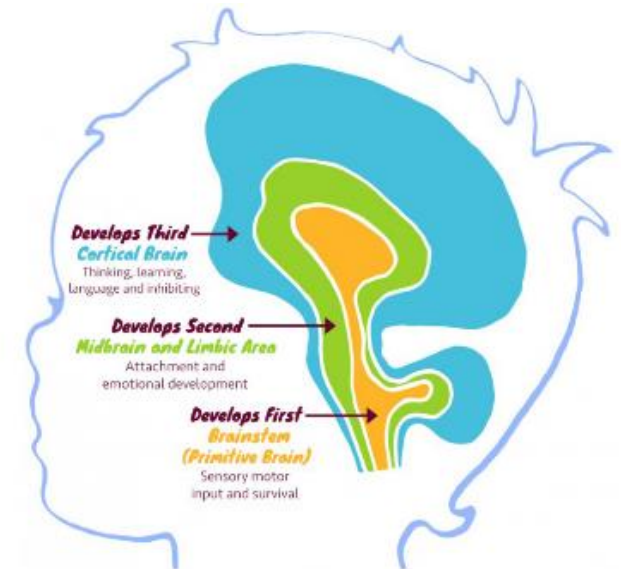
Establishing safety- Raising parental presence.



Regulation-understanding where in their brain our children are

Sequence of intervention

When a child is dysregulated, it really helps to engage and calm each area of the brain in sequence. If you try to engage a child's 'thinking brain' when they are operating from their primitive, survival brain, the situation is likely to escalate, and everyone will be left feeling frustrated and angry.



Part of the Brain that needs to be engaged	How can you tell?	What are you aiming to do?	Strategies that might help
<p>Brainstem</p> <p><i>The brainstem is part of the primitive brain – it is only concerned with survival. We operate with our primitive brain when we perceive danger or threat, and when the level of the stress hormone cortisol is high, for example when we feel shame. When we are operating from our brainstem, we automatically use a fight/flight/freeze response to keep ourselves safe. When we are operating from our brainstem, we literally cannot use the thinking part of our brain – it goes offline. Children who have experienced early trauma have brains that are wired to trigger the primitive brain much more quickly and frequently, and they often perceive threat and danger even when there is none.</i></p>	<p>Child will use a fight/flight/freeze response – this may be obvious, or it may be subtle, and might include:</p> <p>Fight: Verbal aggression, shouting, physical aggression, defiance, presenting as ‘loud’, emotional immaturity, lying, not following rules, inflexibility – not being able to move on or not being able to see other viewpoints.</p> <p>Flight: Physically running away, extremely distractable, fidgeting, poor concentration, keeping very busy, being disruptive</p> <p>Freeze: Physically freezing, hiding, appearing bored, restlessness, scanning the room, Changing the subject, not responding to others, appearing ‘absent’ – withdrawn and in their own world.</p>	<p>Reduce the level of cortisol in the child’s system, so that they can begin to bring their limbic system, and then thinking brain, back ‘online’</p>	<div data-bbox="1961 114 2102 207" data-label="Image"> </div> <p>‘Doing’ rather than talking is helpful – they won’t be processing anything you are saying anyway. Not drawing attention to the fact that you are trying to help them calm is also preferable... ‘I need your help with sorting the felt-tips’ is likely to work much better than ‘let’s go and do some ordering to help you calm down’</p> <ul style="list-style-type: none"> ✚ Walking/running/marching ✚ Hopping ✚ Drumming ✚ Patting/Tapping ✚ Rocking ✚ Pushing/Pulling ✚ Singing/Humming/Chanting ✚ Telling a familiar story ✚ Wheelbarrow walking ✚ Trampolining ✚ Dancing ✚ Breathing ✚ Chewing/Crunching/Sucking ✚ Vibration ✚ Ordering ✚ Stacking ✚ Colouring ✚ Using rhythm ✚ Touch (use with caution – can be triggering for some)

Limbic System

The limbic system is the part of the brain that is concerned with emotions and relationships. When the Limbic System is calm, it is able to connect with others, which reduces the level of stress hormones circulating in the body, and in turn allows the Cortex, rather than the brainstem to be in control. The Limbic system needs connection with a calm, regulated adult.

The initial fight/flight/freeze response will be subsiding, and the child may appear more regulated, though it might feel that they could tip back into dysregulation quite easily.

Support the child to feel connected to a trusted adult, in order to further calm their system and help their 'thinking brain' to get back in control.



It is important that the child is supported to feel a sense of connection with a calm, regulated and trusted adult. It is not about helping the child reconnect with friends, or a person they have hurt or upset – that comes later.

- ✚ Gentle, respectful touch
- ✚ Sensitive, attuned listening
- ✚ Soft, gentle tone of voice
- ✚ Empathy statements – eg. 'That seemed really hard for you', 'I can see how angry you are', 'no wonder you felt frightened'
- ✚ Reflect back what you hear
- ✚ Naming the need beneath the behaviour – eg. 'you were really worried she was too close to you and you needed some space'
- ✚ Normalising and validating the feelings -eg. 'I sometimes get worried when people get too close as well'
- ✚ Curiosity – about feelings, and without expecting an answer -eg. 'I wonder if you were frightened that you were going to get hurt'
- ✚ Playfulness – bring a bit of lightness but avoid this tipping into teasing or sarcasm
- ✚ Unconditional acceptance – eg. 'I know you were frightened' then **stop**, resist the urge to add 'but you can't be pushing people'
- ✚ Time-in – accept the child might need you close
- ✚ Use of a calm space with a trusted other
- ✚ Transitional objects

Cortex

The cortex is the thinking part of the brain. It is the part of the brain we use to learn, to plan, to consider consequences, and to be logical. It is the 'rational' part of our brain which we use when we are calm and regulated. We can only use this part of the brain once our brainstem and limbic system are calm and regulated.

Children who have experienced early trauma will require a lot more support than other children to remain in their 'thinking brain', as their earliest experiences taught them to be reliant on the survival strategies of their brainstem and Limbic System – this is how they survived. We know they are safe now, but their brain does not always know this.

They will appear calm and connected to others.

This is when you can help a child to learn from an experience, help them to put things right, and to think about other ways of managing difficult emotions. They will **only** be able to do this once their brainstem and Limbic System are calm and regulated, and their cortex is back 'online'.



- ✚ Redirect
- ✚ Story-telling the event
- ✚ Offer choices
- ✚ Ask curious questions
- ✚ Bring in all aspects of remembering
- ✚ Explore different perspective
- ✚ Ask for ideas
- ✚ Break down information into chunks
- ✚ Repeat communication
- ✚ Problem solving together

If you move on too fast... There will be times when you think a child is ready to move on from brainstem regulation to Limbic, or from Limbic System regulation to Cortex, and you get it wrong (you'll be able to tell because behaviour will quickly escalate again, and it will feel like you're back to square one!) At these times, it's important to stay calm and go back to the strategies from the earlier section. For example, you may have thought the child was completely calm, and tried to move onto the green, cortex strategies, but they start to become dysregulated again. Leave the green strategies for now, and go back to the blue, limbic system strategies – or to the orange brainstem strategies if they are back to fight/flight/freeze.

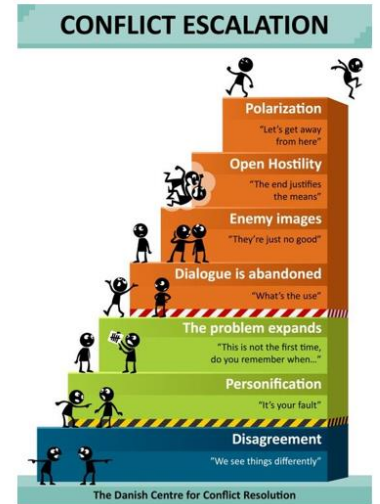
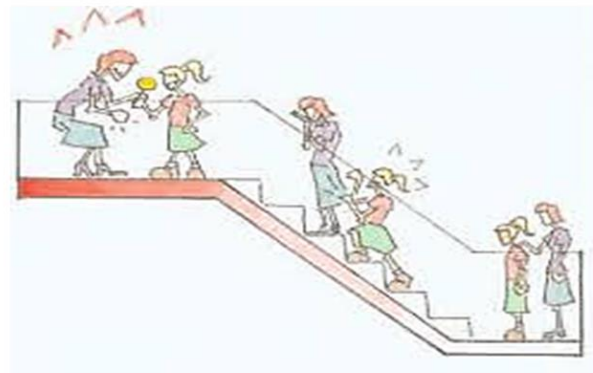
Remember to be aware of, and try to minimise, shame at all times – **shame will trigger a brainstem response again.**

Reflective Parenting- recognising invitations for escalation

Symmetrical escalation or 'joint escalation'



Complimentary Escalation or 'giving-in' escalation

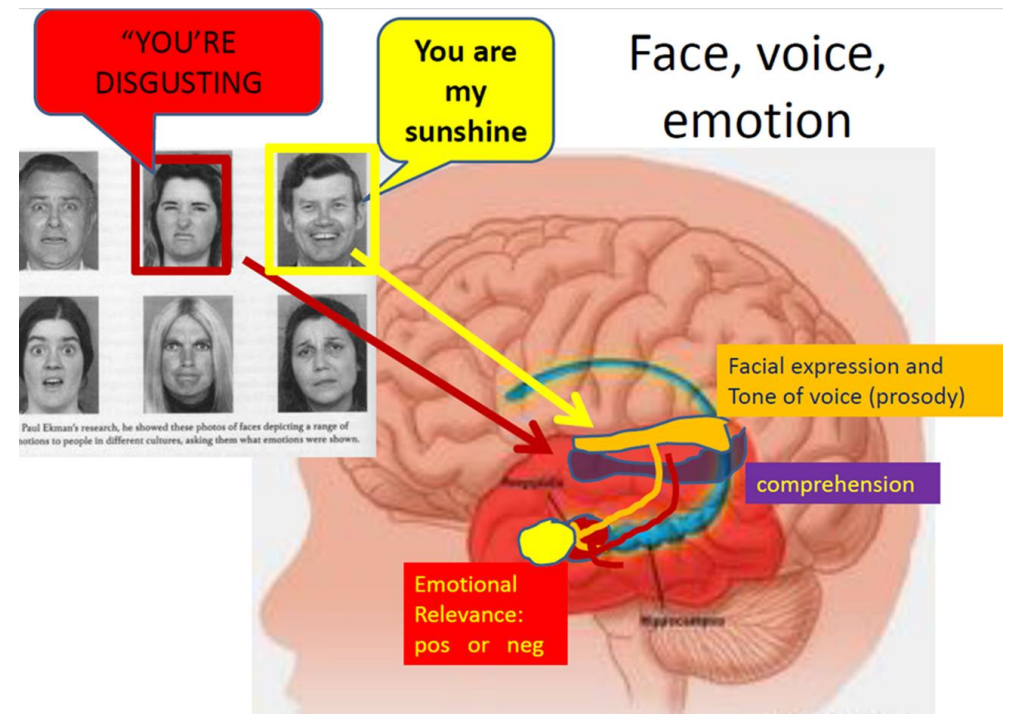


Reflective Parenting- face, voice, emotion

Neuroscientists have shown that our emotional brain, our limbic system, and very specifically our amygdala, responds strongly to ambiguous facial expressions and incongruities between the literal meaning of words and emotional qualities of another person's voice.

The amygdala reacts to incongruities in social signals because part of its job in our brains is to launch a process of "disambiguation" to quickly figure out what we should do about the "thing" that is sending ambiguous messages.

Children with blocked trust have hypersensitive amygdalae and are very biased towards appraising anything ambiguous in another person's communication as negative, as threatening. This is what neuroscientists call the "negativity bias", a form of the brain's survival mechanism, as in "better safe than sorry".



Reflective Parenting- the language we use



You	I
"You need to get dressed now"	"I'm worried that we'll be late for School".
"You haven't had <u>breakfast</u> , you need to eat now"	"I'd really like it if you ate breakfast now" "I think you're brilliant at sport and as it's PE later, I'd be really happy to think you'll have lots of energy at School by eating your breakfast".
"No, you can't have those crisps, you are going to have tea soon".	"I'm making tea and there's a pudding afterwards and I'm looking forward to seeing your face all happy when you eat it".
"You are upsetting me, banging the door like that".	"When I hear the door bang, it makes me upset."

Reflective Parenting- delaying our response



Using silence.



Striking when the iron's cold.

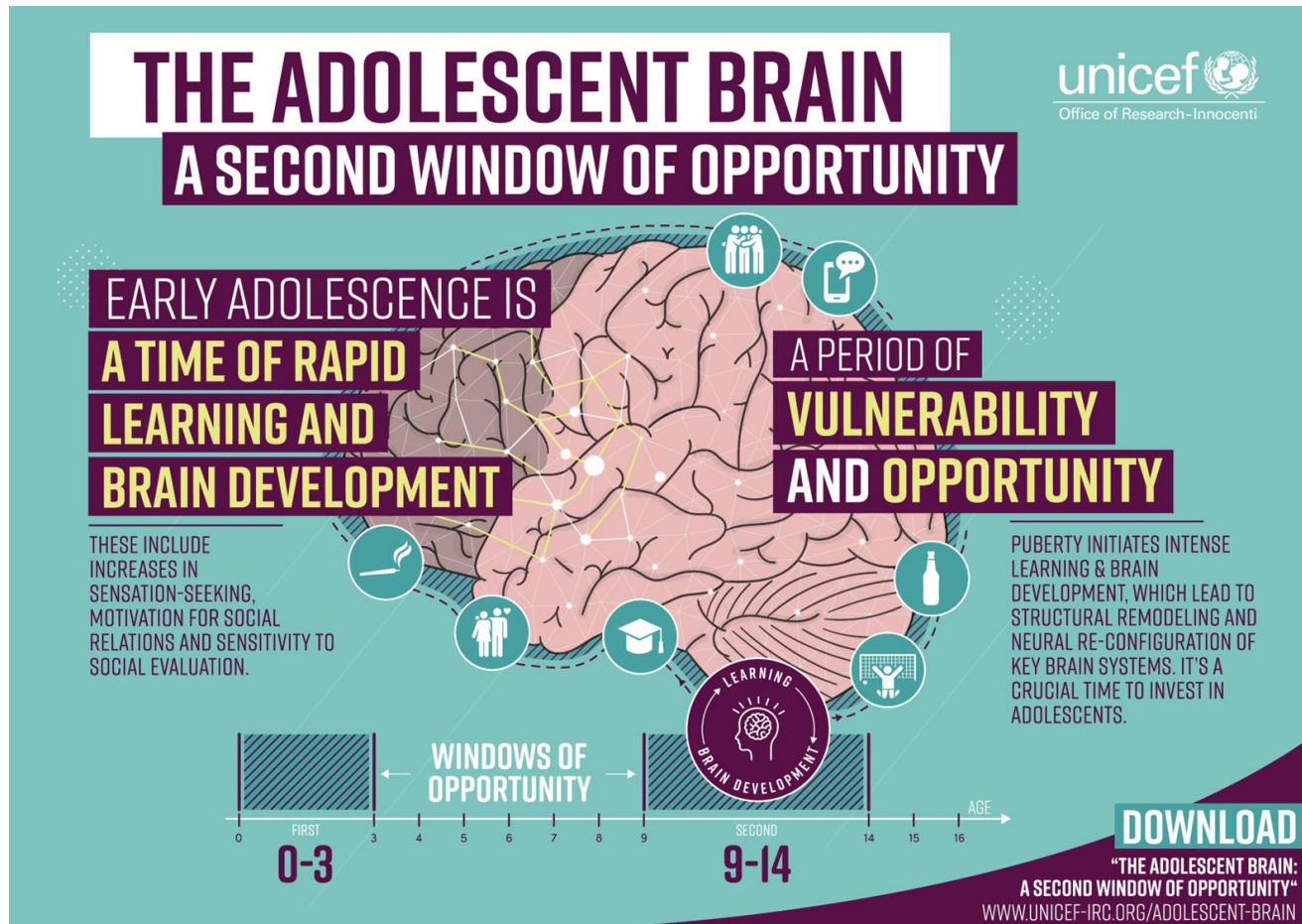


Saying things only once.



Natural consequences

Brain developmental and attachment in later years



Studies suggest that although the concept of a critical period for attachment remained valid, the duration of this period can extend into later childhood. (Tizard, 1977).

It has also been suggested that attachment is a dynamic concept which will change over time and can be influenced by intervening life events and relationships. (Aldgate et al., 2006)

Key messages from the Groups:-

Having a non-judgemental space to learn about the impact of early developmental trauma and learning techniques to help support children is empowering to parents. Parents are also reassured in the groups that no parent gets it right every time. Being present and available for 30% of the time in meeting children's needs is enough to establish positive attachment behaviours. (Tronnick, 1978, Winnicott, 1965), the key thing is repairing after rupture.

Being able to connect with other adopters who are experiencing the same difficulties is an agent for change in itself. Many parents describe experiencing PACE with each other, many groups go on to have contact on WhatsApp and attend face to face meet ups facilitated by the group organisers.

Attending 2 or more of the Therapeutic Parenting, Nurturing Attachments or NVR Groups helps consolidate key themes that run throughout.

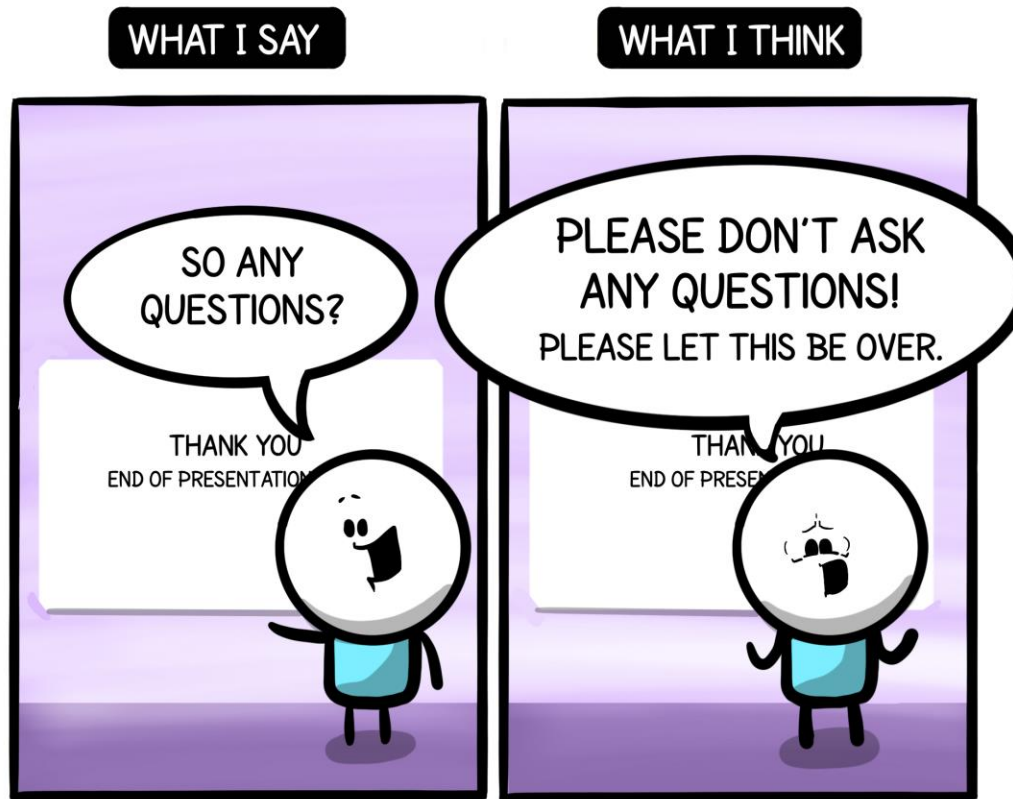
Attending Groups or Professional Contact

Adopters can make referrals to attend any groups or services provided by NAKST by contacting Rebecca.howard@norfolk.gov.uk or yvonne.earl@norfolk.gov.uk or calling the duty number 01603 306632.

Referrals are only accepted by adopter's contacting the Team directly, places are prioritised for parent's who have funding available via the Adoption Support Fund.

Professionals can contact carl.smith@norfolk.gov.uk or laura.Dyson@norfolk.gov.uk for any further detail about the groups we run.

Any Questions?



References

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