Trauma-informed practice

What does trauma informed practice actually look like in an education setting? An easy-to-read manual and toolkit have been developed based on the research and practical experience of Rebecca Harris and the team of educators working at Carlton Primary School. Read about it in the case study this month. Find a host of other great resources and links to free online professional learning as well.

Case study

Childhood trauma may occur through relationships where children experience or witness neglect or violence. Traumatic events such as an accident, a natural disaster, war or the sudden loss of a parent/caregiver may also cause individual trauma.

Rebecca Harris is coordinator of student and family wellbeing at Carlton Primary School. In 2017, Rebecca developed a website titled Trauma informed practice in education that is relevant for educators in schools and early years settings. A starting point for all educators is understanding the impact of trauma on daily-life experiences. Rebecca explains:

‘Anyone who works with young children will know how quickly they absorb stuff, whether it’s new language or physical skills. But they also absorb bad stuff at the same rate – whether it’s violence at home or lack of connection or a one-off horrific event. For many, the impact can be that they remain in a constant state of high alert – it’s the body’s response to threat. For most people it might be hard to imagine what it’s like to be on high alert all the time – to imagine what the impact is on normal functions. One experience I think of as relatable is something that most women have experienced – the experience of walking down a dark street at night. On high alert, we are unable to concentrate on much other than the potential danger out there.

Children with less than optimal life experiences may have trouble with memory, with focus and with self-regulation. Teachers are looking for children who are focused and concentrating, and a child may well be concentrating, just not on the teacher’s instruction. A child might be constantly watching, looking for a change in facial expression that warns of threat.’
The school became interested in trauma-informed practice because of the high numbers of children with recent refugee experiences enrolling at the school. Families were struggling with the stress of adapting to life in Australia, struggling with learning English and finding meaningful work, and facing racism and Islamophobia in their new country. For many children, these stresses manifested in behavioural issues at school or learning difficulties. This prompted a radical rethink of the approach taken at the school. Rebecca explains:

’We expect that we will have to teach children the skills of reading or multiplication. But we expect that children will automatically have the skills of good behaviour. The tendency in society is to punish children for bad behaviour rather than recognition that good behaviour is learnt over time. Lots of children do not have ready access to good role models, they just have survival skills.’

Rebecca describes the approach taken by the school as ‘neuroscience meets education’. Understanding the responses of dysregulation, hyperarousal, self-protection and hypervigilance, amongst others, helps educators to respond to children’s behaviours in targeted and effective ways.

The Manual and Toolkit include many practical resources. ‘Big breaths’ is a calming strategy for children. ‘Front door greetings’ is a reminder to educators about connecting with children and families as they enter and leave the setting. ‘When I got here today’ is a way of identifying how children are feeling. ‘Alternatives to “Why did you do that?”’ provides strategies for working differently with children. There are many more in the Toolkit.

Educators draw substantially on the work of researcher and psychologist Carol Dweck who has explored the constraints of a fixed mindset and opportunities provided by a growth mindset in children (and educators).

One of the best outcomes of implementing trauma-informed practice has been that it has benefited all children. Rebecca emphasises:

‘What about those gloriously well-adjusted students, who are supported at home, and live a generally happy and safe life? They also thrive socially and academically in an environment where adults celebrate their successes, guide them kindly when they trip up, and teach them skills for life.’

Relationships are at the heart of trauma-informed practice. And it can take time.

‘If you think back on your own education, it’s likely that the most memorable part will be a teacher or educator who you connected with. We focus on building relationships.

“They know you see them.”

“They feel they belong.”

We try to build a fabulous self-narrative for children as learners. We acknowledge how hard they work. We can tell them “You are a learner.” “You belong.” “You are important to me.”

In terms of lessons learnt so far, Rebecca emphasises the importance of perseverance.

‘With tricky kids, it can take a LONG time. You have to do the same thing again and again to gain the trust of children who have adverse expectations of adults.

One stark example of this is from a grade one child. During a reflection on love, he powerfully identified with a drawing and accompanying words that he is not loved. When gently questioned he reiterated, “No”,

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not by Mum, not by his older sibling. After further gentle questioning, “By [Name of teacher]?” he conceded, yes, by her. We will never know what impact it had for this six-year-old to know that he is worthy of love, but we can assume it is powerful.

She reiterates the importance of self-care on the part of educators. This advice is from the Manual.

‘In the same way that we fit the oxygen mask to ourselves before the child in an emergency, we need to take care of ourselves before we can adequately care for others. We are vulnerable to both vicarious trauma – experiencing trauma as a result of hearing trauma stories – and to secondary trauma – experiencing trauma as a result of the work we do.’

You can find resources to support self-care in the section titled ‘Looking after yourself’ in this newsletter.

Rebecca has suggested the following resources as being useful in thinking about this work:

- ‘What if everything you knew about disciplining kids was wrong?’
- Distressed or deliberately defiant? – a print resource by Judith Howard
- Reaching and teaching children who hurt: Strategies for your classroom – a print resource by Susan Craig

Find out more about trauma-informed practice at Carlton Primary School through the following links:

- ‘Trauma informed practice in action’
- ‘New resource for trauma informed practice in education’

The Australian Childhood Foundation is host to many useful resources that support work in this area.

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**Sensory shopping list**

This list is taken from the Toolkit.

The rule is that these interventions can’t be distractions – and sometimes it takes a while to find the right thing for the right child. Lots of useful resources can be created easily or bought cheaply.

- Mini trampoline to help with regulation
- Noise-cancelling headphones for auditory sensitivity
- Fidget toys to support focus (Blu-Tack works!)
- Hug seats to provide pressure around a child
- Wobble seats for those who need constant movement
- ‘Calm jars’ to help with self-regulation (you can make your own)
- Weighted vests or cushions
- Aromatherapy that provides comforting smells to aid calming
- Therabands to wrap around chair legs – for legs that move a lot
- Small pieces of sensory material, like velvet, to hold while listening is required
- Visual timers (eg hourglass)
- Cush balls and stress balls
- Kinetic sand
- Crash pads against a wall to push against, to engage large muscle groups
- Play dough (can also be scented with essential oils)

Rebecca Harris, 2016, Trauma informed practice in education, Carlton Primary School: Creative Commons BY-NC-ND 4.0

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Bubble-blowing can promote deep breathing
**Literature review: A trauma-sensitive approach for children aged 0–8 years**

This literature review is written for early childhood educators who encounter children, from newborns to 8-year-olds, who have suffered the effects of significant trauma. It aims to enhance existing knowledge of child development through concepts related to attachment, neurobiology and the impact of trauma on learning.

**Child development and trauma guide**

Divided into age-based stages, this guide outlines some of the possible indicators of trauma, the possible impact at the relevant age, and ways to provide parent/carer support for that age-group.

**Creating trauma-sensitive classrooms**

This US-based article outlines ways in which trauma is expressed through deficiencies in the skills of language and communication, capacity to regulate emotions, relationship-building, play, and behaviours such as withdrawal. It provides advice about how to work with families and external services.

**Maximising every child’s potential: Promoting resilience after trauma**

This slide presentation explores some of the signs of trauma in children and provides strategies for working with children who are exhibiting some of these signs.

**Safe and secure**

In Australia, family violence is a major cause of trauma in young children who may have questions such as: Was it my fault? Could I have done something to stop it? Is violence how you show love? Will it happen again?

Section 1 of this guide explores the impact of family violence on children’s experience of themselves, relationships and their world using up-to-date research on the neurobiology of trauma. Section 2 articulates a set of principles that need to be considered in responding to children affected by family violence. Section 3 offers strategies that promote children’s safety and security, assist them to make meaning of their experiences, and aid their recovery from the damaging consequences of family violence.

**Mirror neurons and bucket fillers**

The mirror neuron system plays a key role in our ability to empathise, socialise and communicate our emotions. This blog post outlines the impact on the mirror neuron system on young children who have experienced trauma, and the way in which the bucket filling concept can assist them to build self-esteem. The post is the work of the Australian Childhood Foundation.

**What does it mean to support a child who’s experienced trauma?**

Access a short article exploring the nature of trauma, how it affects brain development, symptoms at various age levels and how educators might respond.
Healing the past by nurturing the future
‘Becoming a parent is a really exciting time for all of us but it is the hardest thing that most of us do.’ Associate Professor Cath Chamberlain is part of a project aiming to strengthen foundations for supporting Indigenous parents who have experienced complex childhood trauma. The project video would make a good starting point for thinking about some of the issues and strategies that are relevant for this topic.

Brain development in children
This fact sheet succinctly summarises the impact of stress on brain development.

Growing our children up strong and deadly
Learn more about how to support and nurture the Aboriginal and Torres Strait Islander families in your care through this guide by the Healing Foundation.

Looking after yourself
Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Secondary traumatic stress can occur unexpectedly and suddenly after just one case, whereas vicarious trauma occurs over time. Educators are at risk of being indirectly traumatised as a result of hearing about the experiences of the children in their care and witnessing the negative effects.

Secondary traumatic stress and self-care packet
This resource identifies signs of vicarious trauma. It includes tools for staff self-care and resilience, and an assessment tool.

Developing a self-care plan
Reach Out provides some tips for looking after yourself in the long-term.

Professional learning
Trauma and the Child
This free online course introduces participants to the prevalence of trauma and its impact on children and families. It uses scenarios and small film clips to engage users and stimulate existing and new knowledge about this topic.
The SMART (Strategies for Managing Abuse Related Trauma) Program

The SMART program is an online course offered by the Australian Childhood Foundation. The six-hour course includes modules titled ‘Understanding the developing brain’, ‘Trauma and Emotion’, ‘Trauma and Representation’ and ‘Transforming trauma through SMART practice’.

Children’s books and TV

Use stories as a beginning point for conversations about difficult or complex issues.

- 44 Children's books about mental health: Best books for helping kids understand emotional and learning challenges
- Explaining the mental illness of a parent or other adult to young children
- 19 Must-read books to help kids understand their emotional and mental health
- Recommended books for children coping with loss or trauma (https://www.nasponline.org/x33507.xml)
- Play school
  Read about how Little Ted from Play school is helping parents and children talk about death and grief. The Notes for families and educators resource was compiled by Laura Stone and Dr Liz Mann