



Keeping trauma and adversity in mind at times of transition

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Aims of the session:

A whistlestop look at....

- What are ACEs and Trauma?
- Links to Relevant Theory
- Keeping Trauma and adversity in mind at times of transition
- How we as practitioners can help





What are ACEs and Trauma?



Adverse Childhood Experiences (ACEs)

Initial studies on ACEs grouped them into 3 categories:

| Abuse | Neglect | Household challenges |
|---|---|--|
| <ul style="list-style-type: none">• Emotional abuse• Physical abuse• Sexual abuse  | <ul style="list-style-type: none">• Emotional neglect• Physical neglect  | <ul style="list-style-type: none">• Domestic violence• Substance misuse• Mental ill health• Parental separation• Incarcerated parent |

- In the original ACEs study conducted in USA (Andra et al., 2006) 17,000 patients were asked about ACEs and their emotional, behavioural and health outcomes. The study identified that a high prevalence of ACEs were linked to negative emotional, behavioural and health outcomes,
- First UK based ACEs study (Public Health Wales, 2015) found similar outcomes for people who experienced 4 or more ACEs.



Trauma

Trauma can be experienced, witnessed or 'confronted' with. It can include racism, generational trauma, and community violence.

Trauma can be a single event, or sustained periods of toxic stress over days, weeks, or years.

Developmental trauma is an intense or prolonged stress response to negative events that occur in childhood.

Adversity during childhood impacts on typical development .

Danger is a universal event for humans. Trauma is one response to danger (Dr Gabor Mate)

Not everyone will experience trauma responses to the same dangers (Crittenden)

It is also often of an interpersonal nature (e.g. abandonment, abuse, neglect, domestic violence) commonly within the child's caregiving system.



Responses to Trauma:

- Low mood
- Anxiety and panic
- Rapid reactions to further stress or arousal - fight, flight, freeze
- Low self-esteem - feeling a loss of control, shame and helplessness
- Attachment and relational problems - trust, enjoying social activities
- Difficulty with executive function (attention, concentration, disorganization)
- PTSD and Complex-PTSD, the above plus: dissociation, nightmares, flashbacks, a numbing of emotion (this can lead to seeking out highly emotive or familiar experiences to 'feel something')
- For a child experiencing trauma and adversity, their lives and environment are directly affected. Consequently, there is a need for them to 'adapt'.
- These adaptations may be social, neurobiological, psychological, or behavioural.

Links to relevant theory



Links to other theories, concepts and approaches

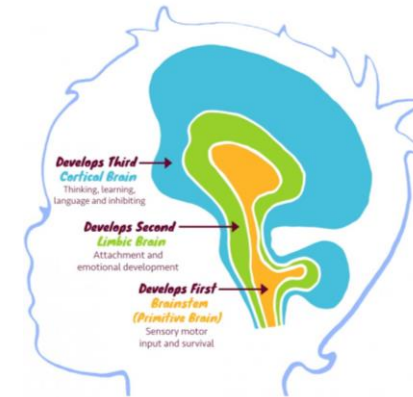
Attachment theory and internal working models (IWM)
(Bowlby; Ainsworth; Crittenden)



Toxic stress

Neurosequential model
(Dr Bruce Perry and Dr Bessel Van De Kolk)

Emotion Coaching
(Gottman; Siegel)



↑ Children's brains develop from the bottom up. ↑
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PACE - Playfulness, Acceptance, Curiosity, Empathy (Hughes)



Bowlby's theory (1969)

Attachment is:

Adaptive & ensures survival

Formed within a critical period- up to 2 ½ yrs

Quality of care; NOT quantity

With a primary caregiver

Central to the development of an INTERNAL
WORKING MODEL



Internal working models

A set of beliefs and cognitive frameworks about ourselves; others and the environment

In the first two years of life our brains are essentially downloading the 'software' as to how relationships work

Securely attached children build **positive internal working models** of, for example, others as trustworthy; of the self as valuable and effective; and of the world as safe

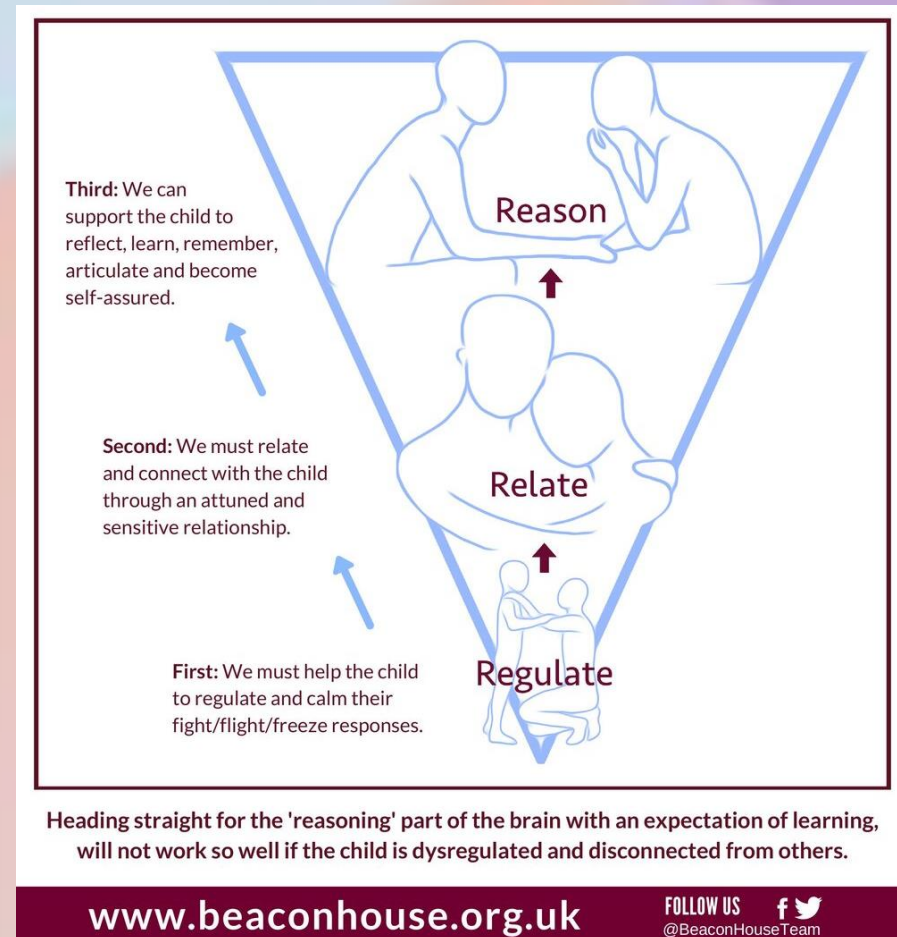
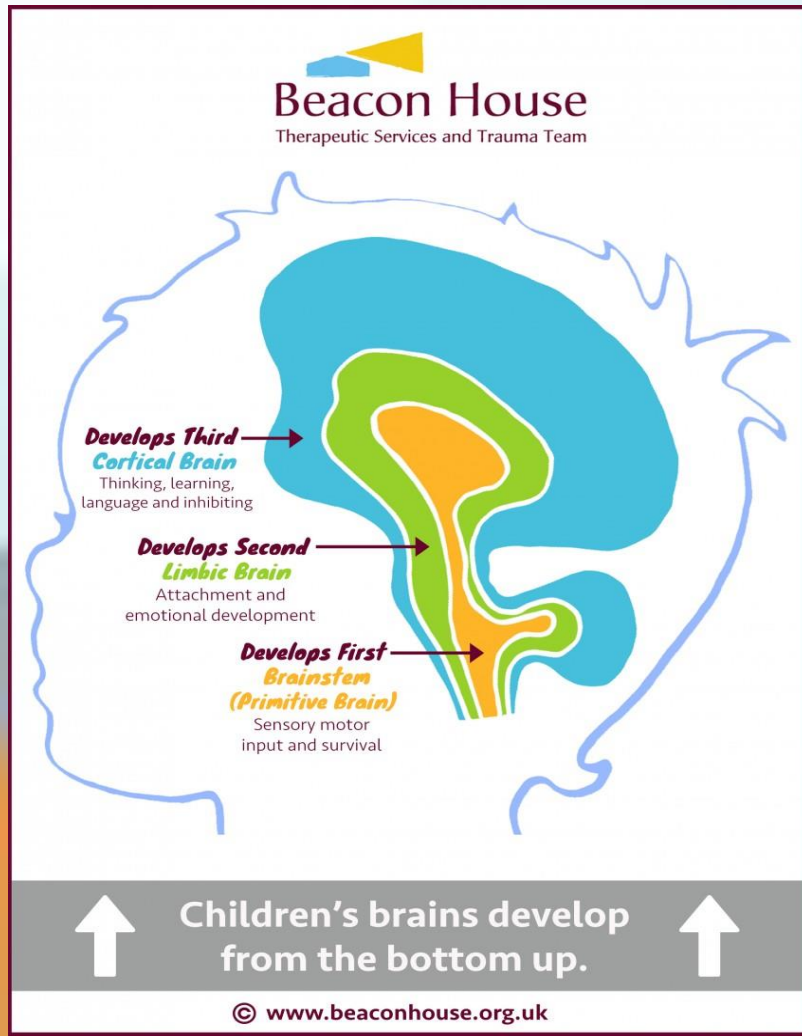
When children view the world through an insecure attachment lens we need to 'translate' for them –introducing them to a world of secure attachment

Exposure to toxic stress is also going to impact on a child's understanding of themselves, others and the world.

The Neurosequential model: Bottom-up brain development and recovery

Perry and Dr Bessel Van De Kolk

Dr Bruce



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Transitions through phases

"Any new situation involves the loss of the old, known one. Memories are particularly likely to be re-awakened by sudden or extreme changes. The more unstructured and strange a new situation, the further we are removed from what is familiar physically, mentally or emotionally, the more disoriented and terrified we tend to feel."

(Wittenberg 1999)



Why transition is difficult

- Transition is difficult for anyone at any age; change involves loss and feelings of uncertainty.
- For children who have experienced trauma and adversity, transitions can be particularly vulnerable times.
- The sense of loss can trigger very powerful feelings for children with attachment difficulties.
- Moreover, those who have experienced trauma and loss may not have fully negotiated the developmental stages of permanency and constancy.
- Being unable to make sense of transition in a healthy and appropriate way can lead to feelings of abandonment or a sense of rejection by significant others.
- It may help for these children to be “kept in mind” by another e.g. the staff/key worker in their pre-school setting.



The importance of relationships

“What comes from the heart, speaks to the heart; relationships are the key agents for change”

James Docherty

“Every adult in a child’s environment has the opportunity to provide buffering, caring, therapeutic moments. Every one of us can seek to optimize the cumulative dose of these moments.”

Dr Nadine Burke-Harris

How you can help

See the child behind the behaviour

Consider what has happened to the child not what is “wrong” with them.

Recognise that behaviour is communication- What is the unmet need?

- Feeling unsafe?
- Feel out of control?
- Uncertain?
- Unaware?
- Disconnected?
- Distrustful?

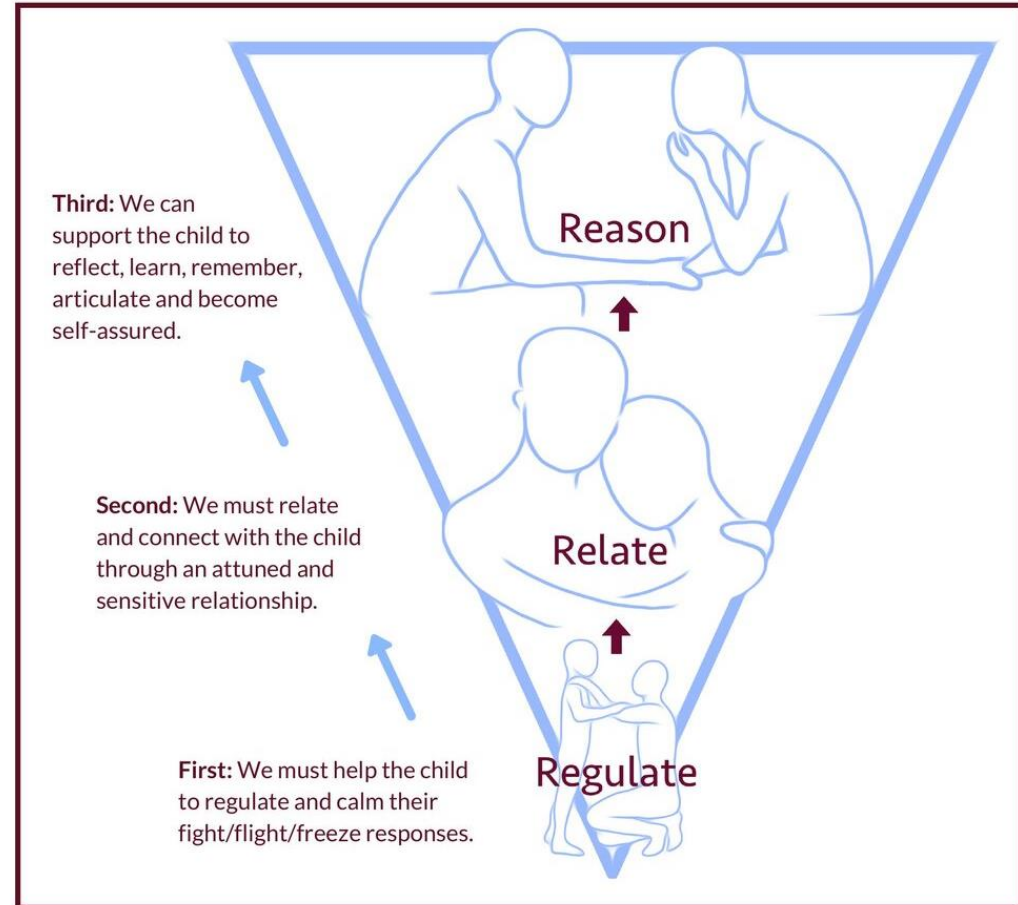


The 3 R's:

Regulate

Relate

Reason



Heading straight for the 'reasoning' part of the brain with an expectation of learning, will not work so well if the child is dysregulated and disconnected from others.

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How to respond



Creating a safe environment

Creating predictability

Co-regulating emotion-
developing self
regulation skills

Managing the sensory
environment - Create a
calm, soothing space

Providing choices to
create a sense of control

Monitoring triggers

Key adult support

Effective
communication across
school/home

Transitional objects –
idea of permanence –
knowing that the child is
being kept in mind
despite separation

Creating positive
experiences with people

Starting School



Preparing for transition: starting school

Sharing key information – pupil passport

Visits to the environment

Exploring different areas, outdoors, toilets, dining areas, classrooms etc.

Identifying and introducing key adults; making steps towards developing positive and trusting relationships

Meeting other children – introducing a small number through initial visits

Reducing uncertainty and increasing feelings of control and confidence.



EVERY INTERACTION



IS AN



INTERVENTION



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