

# Relational Exchange

Sharing trauma informed practice ideas and strategies for the ACT's early childhood educators

## Reflecting on the Trauma Responsive Practice in Education – online training in the context of early childhood education

### Welcome

Welcome to the first blog piece, also known as a discussion paper, associated with trauma-informed practice training being delivered for the ACT's early childhood education and care (ECEC) community.

These pieces will provide links to practice and questions for discussion that you might find useful in your work – particularly when reflecting on supporting and educating children who have experienced trauma, and their families.

### Why Relational Exchange?

We have called this blog 'Relational Exchange' for two reasons. Firstly, because this reflects the importance of connection through relationship that underpins both child development and repair or healing from the impacts of trauma. The nature or quality of the relational exchanges we engage with children and their families are critical. And every relational exchange provides an opportunity for understanding and an opportunity for repair.

Secondly, because this can provide an opportunity for an exchange of ideas amongst early childhood educators and other professionals. The topics explore here and the discussion questions presented will provide you with opportunities for reflection and exploration across your team, your site or centre, your networks and the broader communities of practice.

## Linking the Trauma Responsive Practice in Education – online training to early childhood education

One component of this project – provided in partnership between the ACT Education Directorate and the Australian Childhood Foundation (ACF) – is the opportunity to access the Trauma Responsive Practice in Education online training program. This eleven-module self-paced learning program covers some of the key information regarding relationally based complex trauma, its impacts and ideas and strategies for responding to those impacts in the context of educational settings. However, the training is provided for educators from early childhood to senior secondary and this does mean that not all of the content is specifically relevant to your work.

The other components of the program, including the recorded webinar series and the reflective networks, will contextualise this foundational knowledge further but let's start doing that in this first piece of 'Relational Exchange'. To that end, we have broken down modules 2 – 10 and provided some of the key messages from each for early childhood educators. Some of these messages will reinforce and validate your own knowledge and skills, while others might lead you into areas of further reflection and learning you might like to undertake!

### Module 2 – The developing brain

- The brain develops broadly in a set sequence, from the bottom up, and different areas of the brain hold specific functions. What happens in the first 6 years of development is critical to establishing either a sturdy or fragile platform for the rest of children's lives.
- The brain develops through the integration of several factors but then develops through repetition of experience ie; 'Our brains are a representation of the things we have done the most'. As early childhood educators what are the experiences that we want to provide to children most often to support that developmental process?
- The brain develops best in connection with other human brains, or humans need other humans to survive. Relationships are critical to human development and the relationships that we build with the children we work with are fundamental to their development, sense of safety and capacity to grow and learn.

- Much of the functioning of the lower parts of the brain occur sub-cortically, or sub-consciously, meaning they happen without us having to think about them. Our brain's role through these lower parts of the brain is on enabling us to survive in the environment in which we find ourselves. Young children are very adept at finding ways to survive in their environment – even if that doesn't present as particularly helpful in the early learning context.
- The brain is always capable of change - this is the concept of neuroplasticity. However, we need to provide the right inputs to enable that change to happen. Understanding how the brain develops helps us to understand what the right inputs might be eg: they might be physiological, sensory, movement-based or emotionally responsive rather than just being based in language and problem solving. And that is all that early childhood educators do best!

## Module 3 – Trauma and the impacts on the body

- Trauma is any experience that overwhelms our capacity to cope, is experienced as a threat and is outside of our control. We know that young children are more vulnerable to experiences of trauma. The expression 'They are too young to understand' was seen as a positive but we now know it is a significant negative. Being too young to understand an experience from a conscious and cognitive perspective is exactly why it is more impactful.
- Children may have a range of responses to experiences of trauma which are generally grouped into 2 patterns – fight, flight and active freeze AND collapse and surrender. These present very differently in young children. However, their purpose initially has been to support the child to survive an experience of overwhelming threat – whatever that might have been.
- Those who access a fight, flight or active freeze response will be well known in your site. They are likely to be those who bite, kick, spit, punch, run or throw. These children are trying to survive a threat by fighting back or getting away.
- Those who access a collapse and surrender response may not be so well known. They will be very quiet, may sleep a lot, curl up in a ball under a table or don't have a lot of facial

expression. We need to notice these children. They are trying to survive a threat by giving up and sometimes even playing dead.

- We know that children tell us what is going on for them through their behaviour. Our role is to try to unpack the meaning of that behaviour and then address what underlies it. We will certainly look at that in a lot more detail through the components of this program!

## Module 4 – Trauma and memory

- Memory develops sequentially, moving from implicit (or procedural/sub-conscious) to explicit (or conscious memories using the hippocampus). 3 year olds are developing their episodic and narrative memory, giving them the opportunity to add autobiographical detail to their memory and making links between memories to start to build stories of understanding.
- Trauma dis-integrates memory, working to pull memories apart because of the overwhelming nature of trauma and trying to protect the brain and body. However, this pulling apart can occur for all memories, including remembering learned concepts or rules of the centre or other details of their own experience.
- Children who have experienced trauma often need lots of scaffolding strategies to support them being able to remember things from one day to the next. This might include visual timetables, social stories and repetition of stories beyond what we might usually provide.

## Module 5 – Trauma and emotion

- Trauma impacts a range of emotional responses, at a time when children are learning to experience, name, manage and regulate their emotions as a normative developmental process.
- Children who have experienced trauma can struggle with joy. If you think about the physiological experience of excitement and the experience of fear there are a lot of similarities. If a child has consistent experiences of fear their body can then associate excitement and joy with fear and so they seek to avoid that experience. We have to work to provide ‘bite sized’ experiences of joy that the child can tolerate to support them to find safety in these positive emotions.

- One of the most significant emotional impacts of trauma is that children often experience shame – as shame is a relational construct, namely ‘how I see myself reflected in the eyes of the other person’. Shame based behaviours often challenge us as adults because they are so relational. One example of a shame-based behaviour is that children struggle to tolerate praise or positive comments. Like the experience of joy mentioned above, we may also need to provide ‘bite sized’ experiences of praise so the child can actually tolerate it. We will explore this in more detail in one of our later ‘Relational Exchange’ pieces.

## Module 6 – Trauma and connection

- Relationships have often been the source of the trauma for children who experience complex trauma. This means it is also the site of healing and repair.
- This is where we reinforce the meaning of the title of this blog/discussion paper series. Every relational exchange we have with a child every day is a chance to understand how they experience relationships and every relational exchange is also an opportunity for healing and repair. How can you connect with each child on daily basis to support those positive, reparative, relational exchanges?

## Module 7 – Trauma and representation

- People often talk about representations in the context of identity and it certainly encompasses how we could talk about identity. However, a representation is broader than that and integrates aspects from all parts of the brain and body and particularly develops a representation of ‘me’ that children carry with them from early on in their lives. It is influenced by their experiences of the world and relationships around them.
- As educators, we can influence each child’s representation of themselves through what we do as much as, if not more, than what we say.

## Module 8 – Transforming trauma PRACTICE

- This module introduces you to the response framework PRACTICE – which includes:
  - **Predictable:** building routines and processes that are consistent and predictable and support safety
  - **Responsive:** responding to behaviour based on an understanding of the underlying need rather than the presenting manifestation
  - **Attuned:** focusing on tracing children's emotional state to try to find patterns that help build our understanding of what is happening for them
  - **Connecting:** introducing activities and ideas for connecting children's emotional states to cortical labels. These could be words but could also connect internal states to colours, music, textures or other representations
  - **Translating:** building our understanding of each child's unique story and how best we as a team can respond
  - **Involving:** supporting children to make connections with their peers through a range of developmental play-based activities
  - **Calming:** providing opportunities for calming strategies regularly and consistently so children can have experiences of what calm feels like
  - **Engaging:** and the final element in the framework goes back to that ongoing issue of relationships and how critical they are to trauma informed practices!

The elements of this framework will continue to be explored throughout this program and contextualised to working with young children and their families.

## Module 9 – Integrating trauma responsive PRACTICE

- This module explores what is important to enable the implementation of the PRACTICE framework. This includes the importance of planning, working with families, supporting ourselves and working as a team because we cannot do this work alone. Contextualising all of these components of practice to early childhood education will be a focus of several elements of this program and we look forward to talking to you about this in more detail over the duration of the program.

## Module 10 – The adolescent brain

- Why do we need to know about the adolescent brain when working in early childhood? We know that the human brain is not fully developed in terms of its functional capacity until our mid-20's. Subsequently, it means that many of the parents we work with will still be working through this developmental phase. This can help us to understand some of their responses and challenges as parents.
- We also know that experiences of trauma can halt areas of development at the time at which the trauma occurred so it may be that we are working with parents who have experienced trauma and are dealing with it still. Despite being well past childhood and adolescence chronologically, they may not be past it developmentally. The information in this module – and all the others in this program – can help us understand the behaviours and responses of many of the parents and carers with whom we work, as much as it does the children!

## Where to from here?

Every key message in this document can be explored in more detail through this program – and that will be the focus of the overall trauma informed training program.

In the meantime, you might like to reflect on – or discuss with your colleagues – your responses to the following questions:

- What was reinforced for you in your understanding of trauma informed practices through reading this paper?
- What was the message, or messages, that stood out for you in reading this paper?
- What questions does this lead you to with regard to trauma informed practices?
- How does this information link to a child that you currently work with? Is there something you will do to support that child based on this information?