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Trauma Informed Care

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The Anna Freud National Centre for Children and Families

- Our vision is for all schools and colleges in the UK to be mentally healthy.
- We are here to help. Through our work, we support education staff to adopt a whole school and college approach to mental health and wellbeing, putting it at the heart of their communities.
- We produce evidence-based training, resources and programmes, helping schools and colleges make the mental health of their pupils and staff a priority.




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Types of trauma

1. Single Incident trauma e.g. assault, road accident, child birth...
2. Developmental/relational trauma e.g. childhood emotional abuse, neglect, DV...
3. Historical/Intergenerational Trauma e.g. racism, slavery, war...
4. Vicarious or Secondary Trauma (being a witness/listening to someone else's trauma)



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- Whether an event is deemed traumatic is defined by the 'subjective experience' of it rather than the event itself..
 - Not all trauma will require intervention....



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Response to trauma can be affected by:

Child's chronological age and developmental stage

Child's perception of the danger

Whether the child was a victim or witness

Child's past experience with trauma

Child's relationship to the perpetrator

Presence/availability of adults to help



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Developmental Trauma

- Trauma comes from the Greek word meaning wound
- Sometimes referred to as Developmental and Relational Trauma

“The most pernicious trauma is deliberately inflicted in a relationship where the traumatised individual is dependent - at worst in a parent-child relationship” (Allen, 1995)



Adverse Childhood Experiences

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

Image: Childhood Trauma Toolkit: Portico.
Robert Wood Johnson Foundation (2019)



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Developmental Trauma

Any child who has lived in an environment where their trusted adults have not consistently met their emotional and physical needs, and any child who has suffered the separation and loss from their family, can suffer developmental trauma.

When this happens, their brain development is affected in significant ways; their development has gone off track and they cannot behave, feel, relate and learn like other children their age.



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Internal Working Model

Through relationships with important attachment figures, children learn to trust others, regulate their emotions, and interact with the world; they develop a sense of the world as safe or unsafe, and come to understand their own value as individuals.

When those relationships are unstable or unpredictable, children learn that they cannot rely on others to help them. When primary caregivers exploit and abuse a child, the child learns that he or she is bad and the world is a terrible place.



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What is the impact?



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The impact of trauma on children:

7 domains within adolescent's typical functioning that can be adversely affected by trauma:

- Attachment
- Biology
- Emotion/Mood regulation
- Cognitive functioning
- Dissociation
- Behavioural control
- Self-concept - shame, being 'bad'

(Cook et al., 2005)



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Maslow's Hierarchy of Need



Impact of Trauma

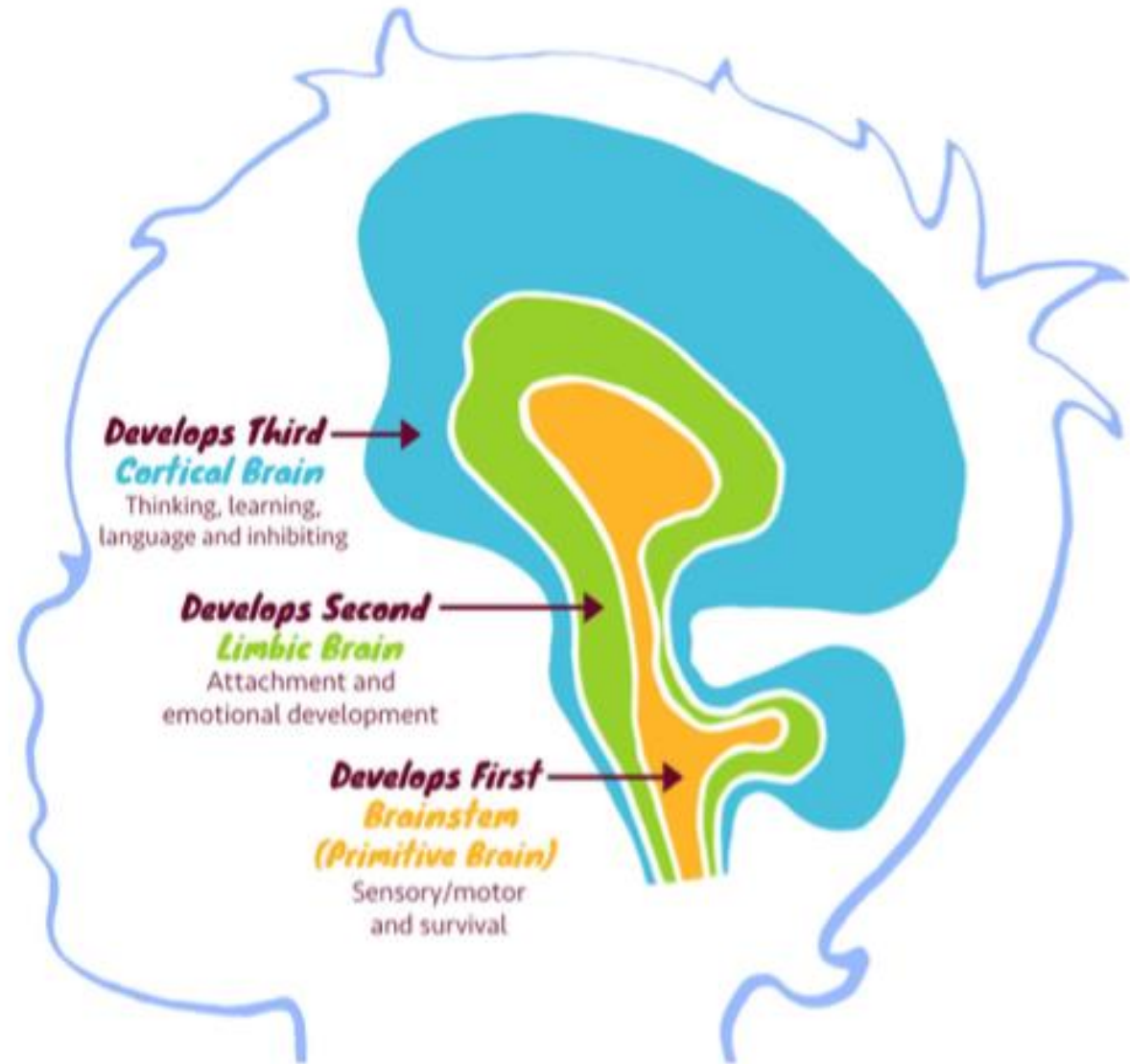
A psychiatrist, Professor Bessel Van der Kolk, showed us that early trauma creates an ‘assault’ on the child’s development over time.

Not only do traumatised children develop a range of unhealthy coping strategies which they believe will help them survive, they also do not develop the essential daily living skills that children need, such as being able to manage impulses, solve problems and executive functioning.



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Trauma and the Brain



Trauma and The Brain



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What does developmental trauma look like?



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What Developmental Trauma might look like:

- **Emotional Regulation Difficulties**
- Developmental regression (emotionally acts like a younger child)
- Frequently crying or crying in inappropriate situations
- Flat or numb emotional expression
- Excessive worry, nervousness, fear, or shyness
- Frequently feels depressed or down
- Negative sense of self (e.g., helplessness, worthlessness)
- Frequent intense emotional outburst or irritability
- Lack of coping skills to deal with stress or adversity



What Developmental Trauma might look like:

Social/Relationship Difficulties

Frequent conflict (e.g. distrust, defiance)

Lack of empathy, compassion and remorse

Engages in inappropriate relationships with peers (e.g. early sexual behaviours, bullying, dysfunctional peer group)



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What Developmental Trauma might look like:

Behaviour Difficulties

Poor impulse control

Self-injury behaviour (head banging, cutting, etc.)

Aggression towards others

High risk behaviour (examples for children: climbing, running into the street; examples for teens: drug or alcohol use, early sexual behaviour)



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What Developmental Trauma might look like:

Physical Problems

- Unexplained physical complaints (e.g., headache or abdominal pain)
- Sleep disturbance
- Eating disturbances (e.g., hoards, gorges, or hides food; refuses to eat; eats strange things)
- Unexplained weight gain or loss
- Failure to thrive
- Enuresis, encopresis, or constipation
- Hair loss
- Poor control of chronic disease (e.g., asthma or diabetes)



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What Developmental Trauma might look like:

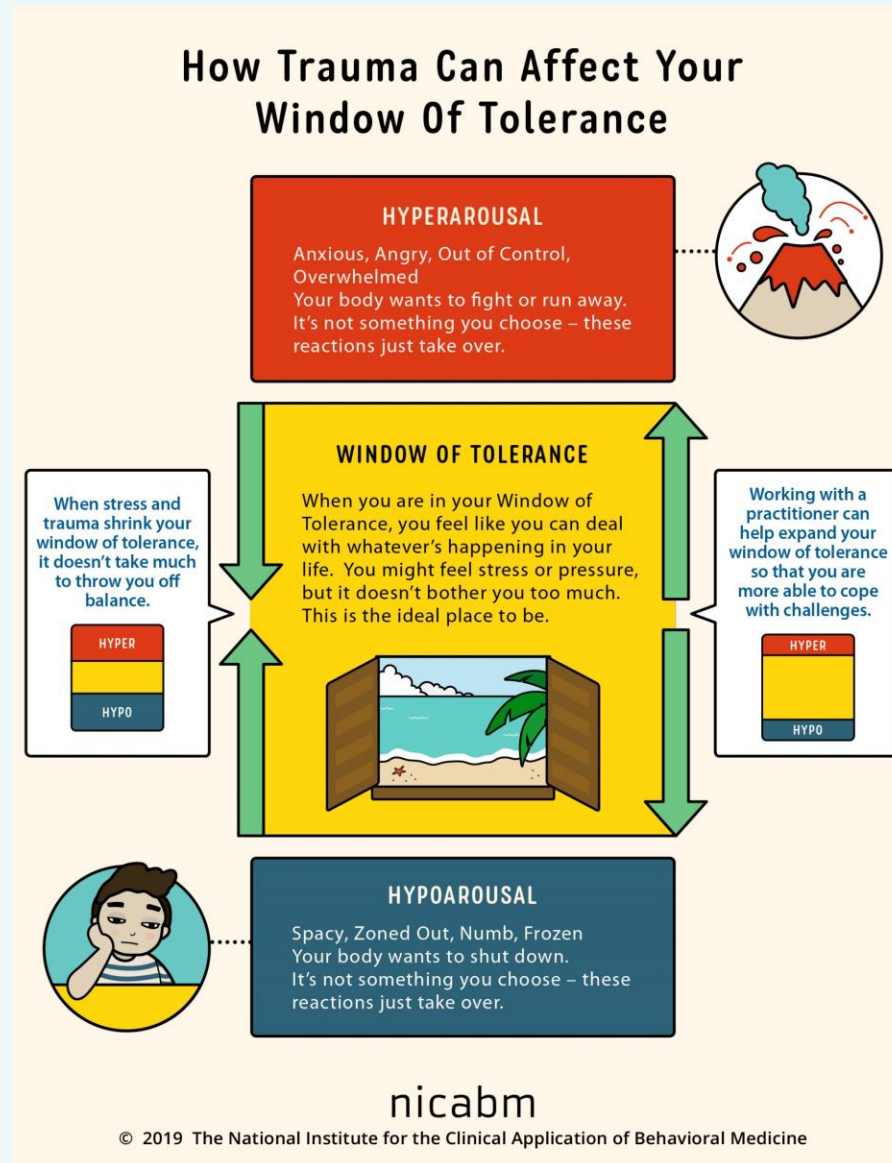
Cognitive/Academic Difficulties

- School failure or absenteeism
- Difficulty thinking clearly, reasoning, or problem solving
- Struggles to plan ahead, anticipate the future, and act accordingly
- Struggles to sustain attention or interest in a task or activity (may be distracted by trauma reminders)
- Speech and language problems
- Memory deficits



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The Window of Tolerance



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What can we do?



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What can we do?

Developmental Trauma can be repaired with a holistic, ‘bottom up’ approach; with safe and sensitive relationships with adults being central.

“...the brain altered in destructive ways by trauma and neglect can also be altered in reparative, healing ways. Exposing the child over and over again to developmentally appropriate experiences is the key. With adequate repetition, this therapeutic healing process will influence those parts of the brain altered by developmental trauma” (Perry, 2006)



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Intervention - what do these children need?

Relational Repair

Change will come more easily for these children if the focus is on relationships rather than behavior management

“Every relationship has the power to confirm or challenge what has gone before” (Louise Bomber)

“those with relational wounds need to experience at least one consistent relationship providing good enough care over time for adaptation and recovery to occur” (Bomber, 2014)



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PACE model (Daniel Hughes)

- **P**layfulness - a light, hopeful, open and spontaneous approach
- **A**cceptance - unconditionally directed at all of the experience of the other
- **C**uriosity - nonjudgmental, not knowing, active interest in the other's experience
- **E**mpathy - felt sense of the other; actively experienced and communicated.



Playfulness

Surprise them with your response!

Find the child's sparkle

Be child like

Use humour

Give up a bit of control

Get involved



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Acceptance

- Be present
- Stay with the uncomfortable feelings for longer than feels comfortable
- Reflect back what you think the child might be saying
- Resist temptation to problem solve
- Be quiet together every now and again



Curiosity

Notice out loud

Wonder out loud

Curiosity is non-threatening, opens up conversations and does not usually evoke defensiveness

Words to evoke curiosity include: I've noticed... I'm wondering...Can you explain... I'm interested... Tell me more



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Empathy

- Match the affect
- Be patient
- Explore the feeling
- “walk a mile in their shoes”



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Case Example

7yo girl on Child Protection Plan and risk of care following violence at home

- Mother did not initially consent to CLiPS. Worked with school to build relationship and engage mother.
- School teacher's concerns that child 'in another world', lots of tummy aches, below expected levels academically.
- Aim for CLiPS to provide another protective and emotionally skilled relationship. Lots of play and storytelling
- Consultation with school staff to find shared psychological formulation and strategies to help child regulate at school
- During intervention child started to be able to talk about personal experiences of family life
- Psychological perspectives provided in safeguarding meetings to provide support to the network.
- Alliance building with mother. Parent sessions to build mentalising capacity.



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Thanks for listening

Any Questions?



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