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A BEGINNER'S GUIDE TO

DEVELOPMENTAL TRAUMA

This free document has been created to support childminders, nurseries and schools in having necessary conversations about the impact of developmental trauma.

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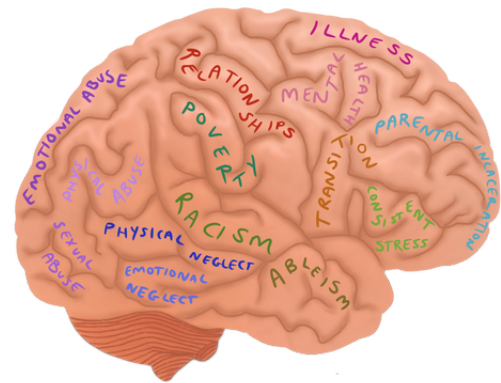
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WHAT DO WE MEAN BY DEVELOPMENTAL TRAUMA?

By the time they enter your education establishment some children may have experienced differing levels of adversity or traumatic events. These events can be scary, violent, dangerous or life-threatening in some form.

When we talk of trauma in children, we are referring to painful experiences and events that have impacted the child directly. This can also include trauma experienced by those around them, for example, intergenerational trauma or abusive relationships in their environment.



It's important to note that children will uniquely interpret their experiences and what is traumatic for one child may not be traumatic for another.

You may already be aware of some types of traumatic experiences but here are some others you may not have considered to be traumatic:

- Relational – neglect, abuse and suffering linked to or caused by a parent/carer/relative, teacher, peer
- Parental divorce/separation
- Moving house, schools, countries
- Living in poverty
- Community violence
- Discrimination such as racism and ableism

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DEVELOPMENTAL TRAUMA AND ATTACHMENT

Trauma can affect the quality of the attachment bond – the wordless emotional communication between a child and their parent/primary caregiver. How emotionally connected, or disconnected, a child feels from their primary caregiver will impact on how understood and secure they feel. These early interactions affect brain development, and form patterns for building future relationships. Researchers refer to two kinds of attachment bonds: secure and insecure. The infographic below names different attachment styles and some of the behaviours that can be associated with them.

Securely Attached

- Uses parent/carer(s) as a secure base (so may seek comfort from them when sad or scared).
- Feels safe exploring their environment.
- Interdependent.
- Happy when their caregiver returns.
- Usually in a happy disposition.
- Engages and stays on task.
- Handles transition well.



Insecure - Avoidant Attached

- May avoid others to protect themselves (including their parents/ carers).
- No distress when parent/carer leaves, and no/little acknowledgement of their return.
- Does not seek or make much contact with caregivers.
- Experiences others as rejecting; has no/little trust in others.
- Self-reliant and may be dismissive of others.
- Emotionally distant/withdrawn.
- May not explore their environment.
- Finds transition difficult.



Insecure - Disorganised Attached

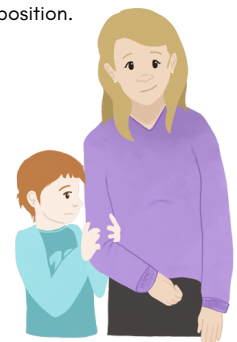
- No predictable pattern of attachment.
- Shows confusion/apprehension in the presence of parent/carer.



- Avoidant and non-engaging.
- Non-responsive to situations.
- Passive disposition.
- Displays of anger and low moods/depression.
- May not be able to follow directions.
- Difficulty making friends.
- Finds transition difficult.

Insecure - Anxious/Ambivalent Attached

- Distressed when parent/carer leaves and may not be comforted by their return.
- Displays an anxious and insecure disposition.
- Seeks help, but then withdraws.
- May be wary of strangers.
- May show anger frequently.
- May not be able to focus on tasks.
- Asks many questions.
- Finds transition difficult.



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THE EFFECT OF TRAUMA AND PAINFUL EXPERIENCES

Experiencing trauma and painful life events can leave children in a state of distress. Emotions are amplified as a reaction to what the child has experienced. In times of distress, if children do not have the ability to self or co-regulate their emotions then they will have an emotional response which is often displayed in a physical way such as crying, hurting themselves or others, or destroying their own work.

Unresolved traumatic events and multiple **Adverse Childhood Experiences (ACEs)** will impact more than their emotional wellbeing. It will impact their emotional responses and ability to self-regulate, their health and development, their capacity to learn and their social skills.

Our brains are our driving force for understanding the world around us. New experiences help develop the brain and can teach it how to respond and what to expect. This is how new neural pathways are developed. For example, if a child does not experience a caring relationship with an adult, then that connection won't be formed for them and they might not know how to experience caring relationships with other adults.

Remember, the brain is adaptable, and you can build new connections for children by providing them with safe relationships and positive attachments.

When emotionally traumatic experiences happen, the brain starts to shut down systems it deems nonessential. It activates our **sympathetic nervous system** and **mammalian brain** to work with our trauma responses, and releases the stress hormone, **cortisol**. It's overall function is survival during these times, to keep us safe.

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PARTS OF THE BRAIN THAT ARE IMPORTANT FOR EARLY BRAIN DEVELOPMENT

The Amygdala

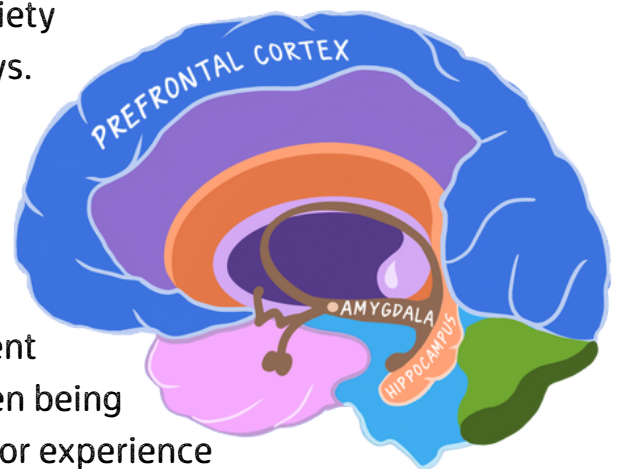
This part of the brain helps to process our emotions. Dan Hughes explains that a good way to think of the amygdala is as the brain's 'first responder'. In 'blocked trust' (we'll explore this further on the next page) children don't recognise the feeling of safety and their default is to look for the stressor because it's familiar. When stress is consistent and continuous the amygdala over-activates, causing our fear response to intensify. When this happens, the brain cannot recognise the difference between a threat from the past or a threat happening now. This means that when we are triggered (reminded of a traumatic event or experience), the amygdala responds in the same way it did during the very first time experiencing it. It will create a high level of anxiety and fear, although that can manifest in different ways.

The Hippocampus

This part of the brain is responsible for storing and retrieving memories. Similar to the amygdala it also has difficulty differentiating between past and present events when in the height of traumatic stress. So even being in environments that remind us of a traumatic event or experience can cause stress, panic and fear in an individual, which stops the brain from creating and storing new memories, with the old traumatic memory at its forefront. This will keep an individual in a hypervigilant and emotionally reactive state.

The Prefrontal Cortex

This part of the brain allows us to process emotions, problem-solve and regulate. Traumatic stress negatively impacts these functions, resulting in the diminishing of our ability to problem solve logically, and to regulate and co-regulate.



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MEETING BASIC NEEDS

Maslow's Hierarchy of Needs states that the basic needs of humans are for physical survival, and the deficit or gain of these needs will impact our behaviour. As you can see from the image below, the physiological needs are: food, drink, shelter, warmth and sleep:

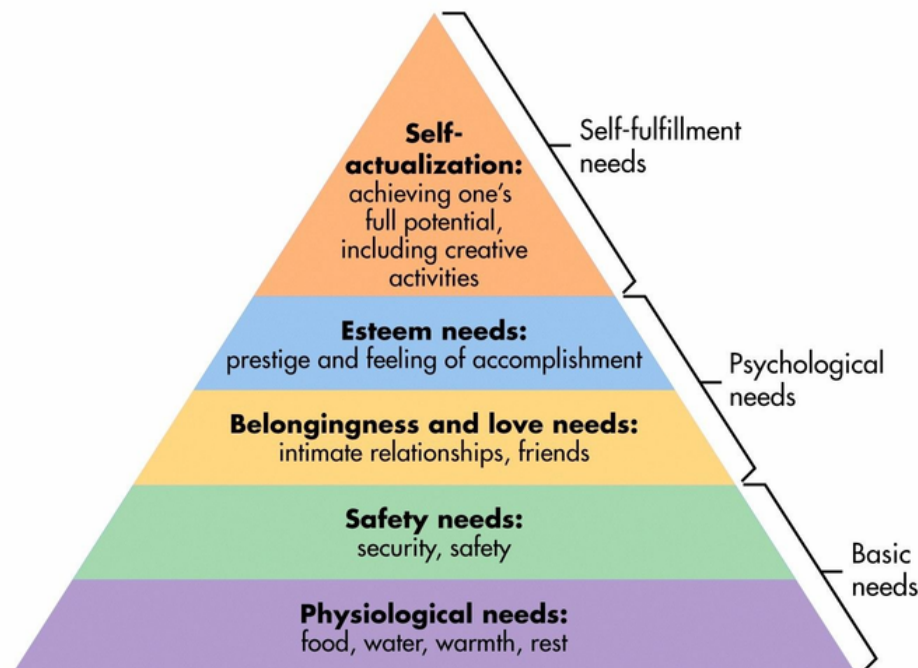


Image from: <https://www.simplypsychology.org/maslow.html>

When these needs are met we come to feel a sense of safety and security.

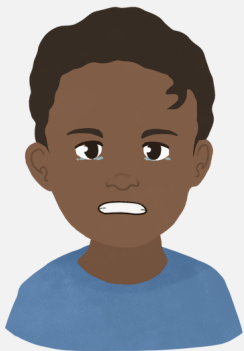
Be mindful of a child's physiological needs: do they need water? Have they had breakfast? Meeting these basic needs will help them to feel more safe and secure, and more receptive to any emotional support you can offer.

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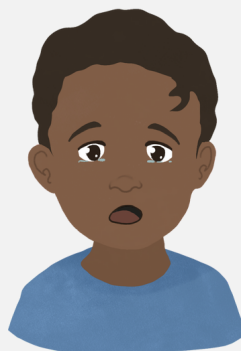
With each experience we have, a connection is made in our brain which teaches us how to respond when we experience something similar in the future. When children have extreme emotional responses they are actively trying to survive their trauma, they are responding to threats in the same way as they previously needed to.

The parts of the brain we explored previously are online during moments of threat, and they can cause 'trauma responses' that come in 3 (most commonly recognised) categories:

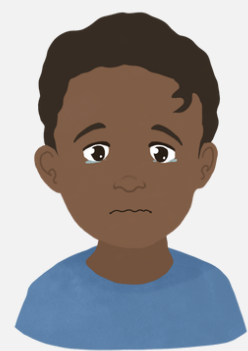
Fight (attack)



Flight (run or hide)



Freeze (immobile)



These are different ways our body and mind react to a perceived threat, and they can happen in both unsafe and safe environments. They are our self-protective defence mechanisms to help us survive in case we need to run, fight back or hide. Triggers can include specific words, smells and sounds.

An example of a self-protective mechanism is 'blocked trust'. In blocked trust, children cannot recognise the feeling of safety. Their default response is to look for the stressor/threat because it's familiar to them. Children in blocked trust need to consistently experience safe adults in order to learn how to feel safe with others and in their environment.

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USING THIS KNOWLEDGE IN AN EDUCATIONAL SETTING

All of us will bring our diverse lived experiences wherever we go. When supporting children we need to be mindful of the traumatic relationships they have experienced and how this has impacted the neural pathways they have made. They may not have had the opportunity to resolve their traumas and painful experiences and so live with a narrative and perception of an experience that for them, can still be confusing, painful or scary.

WHAT YOU MIGHT NOTICE

The effects of traumatic stress can show up in many ways, such as:

- Fear of being separated from their parent/carer.
- Developing new fears and/or anxiety.
- Noticeable changes in emotional responses.
- A change in academic achievements.
- Delay in physical and brain development.
- Difficulty concentrating.
- Repetitive talk of a traumatic event/experience.
- Developing numbness to a traumatic event/experience.
- Difficulty with their sleep.
- Being easily startled.
- Regression to bedwetting.
- Using baby talk as an emotional response.

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BEHAVIOUR IS A FORM OF COMMUNICATION

When children are highly dysregulated and are unable to manage their emotions they may release those emotions verbally and/or physically. **Remember, all forms of behaviour are a form of communication, and not necessarily always an act of assertiveness or defiance.** Some children find it difficult to communicate effectively with adults and other children, as they bring with them relational patterns learnt from their parents/carers in their early life experiences.

DO RESPOND, DON'T REACT

Understanding that they are trying to communicate their feelings with you is key. It is important to actively respond to them in their moment of need and not react to the emotional response. By reacting we can trigger their sympathetic nervous system even more, causing a rupture in the relationship and creating the opportunity for the child to relive a traumatic event or experience, heightening their response in that moment.

NOTICING YOUR OWN FEELINGS AND THE POWER OF APOLOGY

This can be challenging as their response can also be triggering for the adult. Be mindful of your own emotional responses and whether you might also need support in your role. If you do react rather than respond, simply saying you are sorry can help to rebuild your relationship with the child.

We know that children need to feel safe in order to learn and that when they don't feel safe, their brain almost 'switches off' in response to trauma. We need to think about the support we can give to help children to feel more regulated. When they feel regulated again their brains can switch back online. When this happens they will gain the ability to think and process their emotions/emotional response with an emotionally available adult as well as receive an apology. This can create a sense of safety and co-regulation.

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CREATIVE PLAY

Although links to creativity opening up the right side of the brain have recently been challenged, neuroscientific research suggests that participating in creative activities allows more space for creative thinking. Creativity allows for the logical processes (critical thinking or conscious thoughts) in parts of our brain to decrease, which then encourages us to shift our attention and make way for more creative processes and expression.



Children do not always have the vocabulary or knowledge to express or process their feelings and experiences verbally. But they can express them through play. For example, you might notice a child re-enact a traumatic event through small-world play with toy figures/objects.



When a child has a life experience that they need to process, the left brain will try to make sense of and organise what's happening for them. In contrast, through creative play, the right brain can come online and allow for the arousal and expression of feelings and thoughts.

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A WHOLE SETTING/SCHOOL APPROACH

Here are some key ways to foster a team-wide trauma informed approach to supporting children:

- Becoming ACE aware, collecting data for your establishment so you are aware of the social issues that may be occurring in your local community.
- Understanding the impact of traumatic stress on learning and behaviour.
- Proactively promote children and staff's holistic wellbeing.
- Developing clear strategies for providing spaces of safety for children in emotional distress.
- Training for staff in gaining therapeutic wellbeing skills, being emotionally aware and empathic.
- Using therapeutic models such as PACE (Play, Acceptance, Curiosity and Empathy - Dan Hughes) to relationally connect empathically with children.
- Whole-school interventions to teach strategies to children (e.g., deep breathing, connecting feelings to language, empowerment).
- A bank of tools and activities to use with children in distress, that will enable emotional regulation and reduce stress.
- Promoting opportunities for children to express themselves about things that may be bothering them (with the use of trained designated staff members or group spaces).

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To summarise:

- There is no 'one size fits all' model, as variables will differ based on resources available, the setting, the age of the children in your care, how large of an establishment you are, to name but a few. It is important to create a whole setting child-centred approach/awareness to enable children who are experiencing distress, of any kind, to have key spaces that they can be heard, seen and empathically understood.
- Understanding how trauma and consistent stress can impact children's learning, development and emotional responses will mean that you can understand better how to support them.
- Connecting with how to support them better will mean that you can facilitate children to learn and practise self-regulation skills, build self-confidence and develop their own understanding of their emotional responses. When a child connects with an emotionally available adult, 'offline' parts of their brain can be activated, and their brain will continue to develop and create new neural pathways. All of which can increase their ability to feel safe and to learn. Overall, it will allow for the trauma experienced to be processed and understood, creating a more coherent narrative of their life story.

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GLOSSARY OF TERMS

Blocked trust

A term used to reference children whose early life experiences mean that they are mistrustful, or unable to trust others, and the world around them.

Co-regulation

A term used to describe the process between two people to help manage in-the-moment emotions in order to regulate and calm the nervous system of the person affected.

Dysregulated/emotional response

A term used to describe the reaction to a stressor. When a child has an emotional response this will likely be a physical response such as crying, hiding or needing to find a safe space, being destructive with their immediate environment or to themselves.

Emotionally available adult

An emotionally available adult is able to emphatically talk about emotions, they are attachment/trauma aware and able to build a trusting relationship. An emotionally available adult is able to help children regulate and understand their emotional responses.

Intergenerational trauma

This is a term used to describe a trauma that has been passed down through generations of the same family.

Mammalian system

Located in the front part of the brain, which controls memory and learning.

Neural pathways

A neural pathway is a number of connected neurons (the cells that receive information from the world and for telling our bodies to move) that send signals from one part of the brain to another.

Self-regulation

A term used for a person's ability to understand, manage and control their own behaviours, thoughts and reactions to feelings and things happening around them.

Sympathetic nervous system

A part of the body's nervous system that is in charge of the fight or flight response – causing heart rate, blood pressure and breathing rates to increase.

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- The Trauma Informed School – Jim Sporleder
- Building Trauma-Sensitive Schools – Jen Alexander
- Teachers' Guide to Trauma – Dr. Melissa Sadin & Nathan Levy
- Reaching and Teaching Children Who Hurt – Dr Susan Craig