Webinar 24

Supporting the wellbeing of infants and children through a trauma-informed lens

7:15 pm to 8:30 pm AEDT Wednesday, 2nd March 2022

Emerging Minds.

National Workforce Centre for Child Mental Health





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Emerging Minds and MHPN wish to acknowledge the Traditional Custodians of the lands across Australia upon which our webinar presenters and participants are located.

We wish to pay respect to the Elders past, present and future for the memories, the traditions, the culture and hopes of Indigenous Australia.



Welcome to series four

This is the fourth webinar in the fourth series on infant and child mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Series 4 webinars:

- · Assessment and engagement with infants and children (7 April 2022)
- Building parents' understanding of play to promote infant mental health (June 2022)

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Learning outcomes

At the webinar's completion, participants will be able to:

- Discuss the evidence behind the prevalence and effects of complex trauma on early child development and wellbeing.
- Discuss the approaches which support a trauma-informed approach, and how these can support children and their parents.
- Outline the skills required to recognise and respond to the effects of complex trauma in practice with infants and children, and their parents and caregivers.
- Outline the skills required to have preventative and early intervention conversations with parents and caregivers of infants and children who have experienced complex trauma.

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Tonight's panel



Dr Jasmine MacDonald Senior Research Officer Australian Institute of Family Studies. VIC



Kathryn Lenton
Program Manager of
Therapeutic Services
Australian Childhood Foundation,
TAS



Alma-Jane O'Donnell Perinatal and Infant Mental Health Specialist,



Facilitator: Chris Dolman Emerging Minds, SA



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Senior Researcher's perspective

Complex trauma



Definition: repeated exposure to severe stressors or potentially traumatic events over an extended period of time.

Common kinds of complex trauma experiences in infancy and early childhood in Australia:

- · physical, emotional or sexual abuse
- neglect
- family and domestic violence.



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Senior Researcher's perspective

Risks factors



Negative effects tend to be more long term and severe when trauma experiences:

- · occur earlier in a child's life
- have a longer duration
- · involve multiple forms of trauma experiences.



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Senior Researcher's perspective

Protective factors



Factors that can support positive outcomes and recovery include having a caregiver who:

- is stable and responsive
- applies positive parenting practices (e.g., engaged and warm)
- believes and validates the child's trauma experiences
- can self-regulate their own emotions (their own = caregiver's emotions).

Additionally, a positive emotional support network.



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Senior Researcher's perspective

Changes in stress responses



Perception of threat leads to stress response survival system activation:

- fight (vigilance, agitation, anxiety or aggression)
- · flee/flight
- freeze (changes in state of consciousness).

Complex trauma involves excessive and repeated activation, impacting the development of the system itself:

- · stress may be blunted
- stress may be exaggerated.



Senior Researcher's perspective

Changes in brain development



In the first 3–5 years of life, particular brain regions and connections between regions are especially susceptible to disruption caused by complex trauma experiences.

This can contribute to:

- · social, emotional and behavioural difficulties
- · developmental issues in speech, language, and cognition.

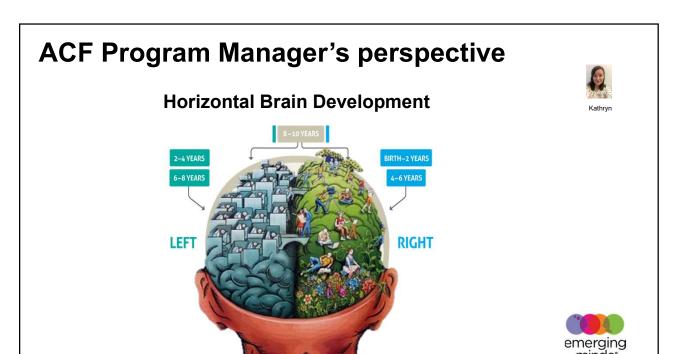


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Vertical Brain Development Cortex Reasoning/judging centre 3-6 years Limbic System Emotional centre 1-4 years Limbic System Emotional centre 1-4 years Cerebellum Motor centre Birth-2 years Brain Stem Rasic survival functions Pre-birth-8 months



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ACF Program Manager's perspective

Building Blocks of Development



The neural structures of children's brains are built on the foundations of repeated experiences.

These experiences may help form a strong tower that functions effectively and can withhold great pressures...



Or a brain structure adapted to toxic stress, with many connections yet to be realised due to unmet needs.





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ACF Program Manager's perspective

What are the unmet needs?





A core focus of recovery is identifying unmet needs in order to promote growth and healing.



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ACF Program Manager's perspective

Impacts of Trauma - Fragmentation



The splintering of a child's sense of self occurs in every way and creates fragmentation across their whole system.

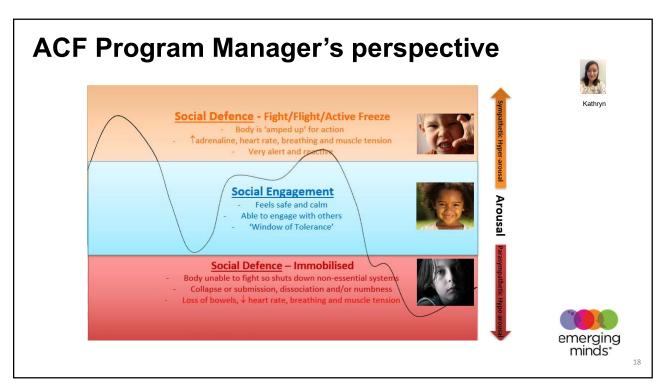






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ACF Program Manager's perspective

Parenting with PACE to promote relational safety



- Playful light, open, hopeful, spontaneous.
- Accepting unconditional acceptance of the experience of the child (feelings, emotions and thoughts).
- Curiosity non-judgemental, active interest in the child's experience, as well as behaviours to learn what is triggering them.
- Empathy about past hurts and present challenges. A 'felt' sense of the child, which is actively experienced and communicated.

Dan Hughes (2009)



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ACF Program Manager's perspective Carer capacity and support needs "You cannot wipe the tears off another's face without getting your hands wet" (Zulu proverb) Carer capacity and support needs "You cannot wipe the tears off another's face without getting your hands wet" (Zulu proverb)

Perinatal and Infant Mental Health Specialist's perspective



Theory to practice, supporting Jack in his early learning world: Practical interventions



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Perinatal and Infant Mental Health Specialist's perspective



What can we do?

- · Taking your service to Jack.
- One hour therapy or embedding therapeutic interventions into his all-day activities.
- · Helping Jack make sense of HIS world.
- · ECEC can provide an opportunity for the traumatised infant to form relationships with others in a way that fosters trust, consistency & predictability.
- For the ECEC educator to do this, they must be supported. (C. Ebert, S. Watson & R. Dolby, 2008).
- · Building staff capacity & encouraging thoughts about child behaviour in terms of social & emotional need will lead to staff being more predictable & emotionally available.



Perinatal and Infant Mental Health Specialist's perspective



Considering Jack's Brain Development for intervention

Brain Region	Age of greatest developmental activity	Age of functional maturity	Key functions
Neocortex	Childhood	Adult	Reasoning Problem solving Abstraction Secondary sensory integration
Limbic	Early childhood	Puberty	Memory Emotional regulation Attachment Affect regulation Sensory integration
Diencephalon	Infancy	Childhood	Motor control Secondary sensory processing
Brainstem	In utero	Infancy	Core physiological state regulation



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Perinatal and Infant Mental Health Specialist's perspective



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Considerations

- How old is Jack developmentally, social emotional age?
- · Does this age match his peers?
- Does his age match the classroom expectations?



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Perinatal and Infant Mental Health Specialist's perspective



"When children suffer trauma, they miss critical developmental stages. Allowing them to go backwards to recapture those stages is the answer to healing & eventually going forward."

Heather T. Forbes, LCSW www.beyondconsequences.com



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Perinatal and Infant Mental Health Specialist's perspective



Alma-Jane

Sharing your knowledge with educators



Perinatal and Infant Mental Health Specialist's perspective



Classroom considerations: Environment

- Noise low voice tones
- Movement predictable/slow/naming initiatives. E.g., not using "Stop! I don't like it" hand gestures
- · Predictable routines



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Perinatal and Infant Mental Health Specialist's perspective



Social Emotional Learning (SEL)

- Kindness
- Empathy
- Patience
- MindUp programme



Perinatal and Infant Mental Health Specialist's perspective



Helping Jack make sense of his world

- Naming initiatives
- Narrating intentions of others
- Social stories pictures of the good & tricky times



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Perinatal and Infant Mental Health Specialist's perspective



From Ghosts in the nursery to Angels in the nursery

Mothers who have had a childhood history of maltreatment but were not classified as abusive towards their children usually had either a positive, additional relationship with an adult or a significant positive relationship in their adult life.

The significant other could have been a childhood teacher, grandparent, uncle or aunt. In adulthood a love partner or a long-term therapeutic relationship.

This influence serves to change the "internal working model", which can change emerging the development of the infants working model for the next generation.



Ask a question

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Q&A Session



Dr Jasmine MacDonald Senior Research Officer Australian Institute of Family Studies. VIC



Kathryn Lenton Program Manager of Therapeutic Services Australian Childhood Foundation, TAS



Alma-Jane O'Donnell Perinatal and Infant Mental Health Specialist, SA



Facilitator: Chris Dolman Emerging Minds, SA



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For more information about Emerging Minds, visit www.emergingminds.com.au

Upcoming webinars in 2022:

- Assessment and engagement with infants and children (7 April)
- Building parents' understanding of play to promote infant mental health (June)

MHPN webinars in 2022:

• Suicide prevention for LGBTQIA+ communities (22 March)



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This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project.

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MHPN supports over 350 networks across the country where mental health practitioners meet either in person or online to discuss issues of local importance.

Visit <u>www.mhpn.org.au</u> to join your local network.

Interested in starting a new network? Email: networks@mhpn.org.au and we will step you through the process, including explaining how we can provide advice, administration and other support.

Thank You

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