

BERRY STREET TAKE TWO >

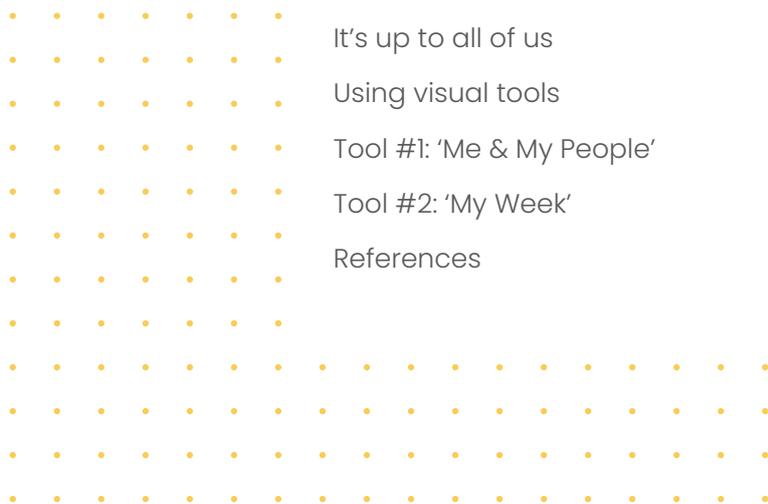
Healing Childhood Trauma



**Crucial connections:
Understanding a child's relational health**

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Terminology

We've used the term child to refer to all infants, children and young people under 18 years old. The term Aboriginal is used to describe all Aboriginal and Torres Strait Islander people.

Approximately
57,000
children aged
0–17
lived in out-of-home care
during 2020–21.

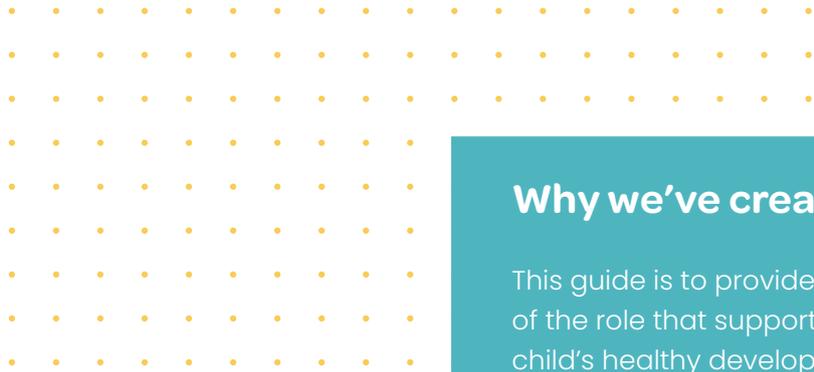


(Australian Institute of Health and Welfare 2022. Child protection Australia 2020–21, Table 2.2. Cat. no. CWS 87. Canberra: AIHW.)

Who is this guide for?

This guide is written for professionals working with children whose development and day-to-day functioning has been significantly impacted by abuse, family violence, neglect and other adverse experiences. These professionals may include case managers, clinicians, therapists, case planners and those in direct caregiving roles including teachers and other educators.





Why we've created this guide

This guide is to provide you with an understanding of the role that supportive relationships play in a child's healthy development. Positive relationships are those that foster growth, are mutually supportive and empowering, contributing to one's relational health. They are critical in protecting against (or buffering the negative impacts of) trauma and supporting a more positive developmental trajectory. The development of a network of safe, supportive relationships in a child's life is also a critical therapeutic element in trauma-informed work with children.

We have provided two tools to support you to understand a child's relational health and consider how it might be enhanced.



<https://youtu.be/Aj1N-I-Vvm0>

Click the image above to watch our short video describing the Take Two trauma-informed approach to supporting mental health needs of children who have experienced neglect, abuse and other adverse experiences.

Relationships are vital for child development

Children grow and develop within relationships. It is through relationships that children learn to communicate, behave, express their emotions, grow, take risks safely and understand their own self-identity, as well as social interactions with others.

This happens through experiences that are:

- repeated
- appropriate for their developmental stage
- done within supportive, encouraging and nurturing relationships.

Children in this context will get the developmental opportunities they need, as well as learn that caregivers and being in relationships with others is a source of comfort, support and regulation (calming, soothing). They will experience relationships as rewarding and learn that it feels good to be in relationship with others.

Relationships as a buffer

Adverse experiences (such as abuse, family violence and neglect) early in a child's life can have a negative impact on their development. However, just because a child experiences adversity in their early life does not mean they will have enduring trauma impacts. If a child has access to positive, attuned relationships, these will have a buffering effect so that the impact is not as damaging as it might have been otherwise.

When we try to understand a child's history of traumatic experiences and their impact, it's essential that we pay attention to the child's experience of the trauma, not just the event. We need to also understand what access the child has had to positive relationships to support and help them make sense of the traumatic events, sometimes referred to as relational buffering.

Relationships as a cause of harm

Some children have had many traumatic and neglectful experiences without the buffer of protective caregiving adults.

Sometimes the adults who were supposed to protect the child have been the source of the harm or have also been harmed. These children may come to associate relationships and adults as harmful and not to be trusted. Children with these experiences have learned that others may not consistently meet their needs, and this can have a profound impact on the child's understanding of relationships and their overall development.

Looking back to understand the way forward

When you start working with a child, there are some important questions to ask yourself so that you can understand their history of relational health.

- What do you know about the child's history of relationships?
- If you don't know this relational history, how can you find it?
- Were there times in the child's life where there were high levels of trauma and adversity, but an absence of positive relational buffering? At what ages did this occur, and what were the developmental milestones the child might have missed out on as a consequence?
- What do a child's past experiences tell you about how they likely think and feel about relationships?
- Are there significant people (extended family, friends, neighbours, educators), pets, culturally significant connections (specific Aboriginal communities, connections to Country, totems, animals) or connections to places (hobbies, schools, neighbourhood skate parks, places of worship or other locations) that the child has lost contact with?
- Are there ways we might reconnect them or help them say goodbye?

Relationships as the first step of healing

Children who have experienced abuse, family violence and neglect can benefit from therapy, but we know that therapy is not the only way to be therapeutic. Research by Perry and Ludy-Dobson (2010) suggests that a child's current level of relational health is the strongest predictor of their current wellbeing and functioning, even more so than their trauma history. This tells us that regardless of any treatment that the child is or isn't receiving, it's essential that their relational health is optimised for the child to develop and recover.

Unfortunately, the importance of trauma-informed relationships as an essential and primary intervention is often overlooked.



Relationships as daily therapy

Children who have been negatively impacted as a result of past experiences need access to a network of safe relationships that can provide new and positive experiences, tailored to their stage of development.

Often these developmental needs seem at odds with their chronological age. Some children may need guidance or support around everyday tasks such as brushing their teeth or eating a meal with a knife and fork. For others, it may mean having access to play opportunities with adults using toys and equipment that might seem too young for them. Understanding the developmental experiences a child might have missed out on can give us some clues about what experiences we need to offer them now. If you know a child has experienced a significant early life trauma, a formal assessment by a specialised service is advisable.

However, even if the child has access to professional help, one hour of therapy a week or month is rarely enough. For children to develop and recover from trauma, they need predictable and repeated positive interactions with others throughout every day. Positive experiences within relationships act as snippets of daily therapy for a child. They need to have these experiences at home, at school, in the community and in the therapy environment.

'The child lives in a world where an hour of any kind of therapy is lost in the welter of all the other hours. If the people in the child's life are not part of the process of change, then change will not occur. Traumatized children face the same dilution, even with weekly hours in therapy. They need an immersion with therapeutic others.'

(Tronick, E., & Perry, B. D., 2015)

Whoever is in the child's daily life and they spend the most time with will have the greatest influence on their overall wellbeing and development. We want these relationships to be part of the child's cheer squad, offering the child regulating and rewarding experiences.

These daily interactions can be moments of connection with an educator in a classroom, encouragement from a sports coach or simply doing something rewarding alongside or with a caregiver.

Despite best intentions

Children who have experienced harm in their caregiving relationships can find it difficult to be in relationship with others, even when these relationships are offering care and nurture. This is because they may not have learned that adults and caregiving relationships can be a source of safety and comfort. Rather, they might associate these relationships as harmful and unsafe. This association can continue even when the child moves to a safe environment.

'While they might be safe, they won't necessarily feel safe.'

This can be difficult for the well-intended adults around the child. They may experience feelings of rejection, frustration or hopelessness when the child seems resistant to the care they are offering. This can mean the adults may not feel much pleasure and reward from the relationship with the child, which makes it hard to offer the necessary positive experiences. When we as the adults are feeling this way, there are some things we can do:

- Pay attention and notice these strong feelings. It can be useful to talk about what's going on for you with your supervisor or someone else. Don't feel ashamed or worry you're not doing a good job. This is a normal way to feel when caring for or working with children with early life trauma.
- Consider what self-care and support strategies you need so that you can remain positively engaged with the child.
- Make sure you schedule time to take care of yourself. A dysregulated, exhausted or stressed out adult cannot regulate a dysregulated child.
- Ensure you have your own support network. These can be professional or personal connections.
- Find activities or moments that you and the child both enjoy. Think about how you can build on or do more of this.
- Take the time and responsibility to repair any ruptures in the relationship. The child will be expecting you to give up and reject them, so it is important to show them you won't.
- Support others caring for and working with the child.

We cannot 'take away' bad memories. But over time, positive connections and experiences build relational health and a child's ability to trust that relationships can be non-threatening and rewarding.

Understanding the child's current 'therapeutic web'

Taking time to consider the child's current network of relationships –which we refer to as the 'therapeutic web' (Ludy-Dobson & Perry 2010)— is an essential part of understanding the child and working out what they need to heal. As well as looking at the child's past relationships, you need to explore who is currently in the child's therapeutic web, and who could be in the future.

Who are the current key relationships in the child's life?

When understanding the child's relational health, it's important to consider a broad range of networks, including:

- Parents or other caregivers
- Siblings
- Pets
- Extended family (cousins, grandparents, aunts, uncles etc.)
- Friends and other peer relationships
- Community (neighbours, sports clubs, hobby groups, programs at community organisations, church or community of faith)
- School (teachers, learning support, wellbeing staff, reception staff, leadership staff, after school care staff)
- Services (case managers, therapists, support workers, health services)
- Culturally significant connections (specific Aboriginal community, connections to Country, totems, animals).

It is essential that the child has access to a network of people, working together in a consistent and predictable way, in their therapeutic web. Some people may need support to be part of the child's therapeutic web.

Some children will have an absence of relationships in their life. This is an essential starting point. Building in repeated experiences of positive relationships is necessary for children to be able to recover from trauma and develop. Consider who can be recruited to the child's life in a more frequent and predictable way. These may be existing positive relationships, or there may be a need to find new safe and supportive opportunities for the child, such as reconnecting with lost connections, starting childcare, joining a new recreational group or linking in with peer groups informally at communal places.



Understanding the quality of the relationships

Once you've thought about the relationships the child already has; you need to think about the quality of these relationships.

- **Positive relationship**
This person provides the child with experiences that are attuned to the child's needs and is a source of empowerment, pleasure and comfort.
- **Neutral relationship**
The child appears not to have strong feelings about them either way.
- **Sometimes positive relationship**
There are instances when this person meets the child's needs, but it is inconsistent or disrupted. The child experiences this relationship as unpredictable. It is sometimes a source of pleasure and comfort, and other times stressful or unavailable.
- **Stressful relationship**
This person doesn't meet the needs of the child. The child experiences this relationship as distressing.



How to find out this information

Asking curious questions—carefully

The best way to uncover this information is by talking with the child, their parents or caregivers, and other significant people involved in the child's life.

Some of this information will be hard for you to find or ask for. If the child is in out-of-home care, the caregivers may not know much about the child's past experiences. If the child is still in parental care, there may be shame attached to things that have happened.

You must avoid doing more harm. If you don't already have a strong relationship with the child and family, you need to establish one before you can start asking questions. You can use the principles in our 'Engaging children in out-of-home care in therapeutic services' (<https://www.berrystreet.org.au/news/trauma-informed-practice-with-children-in-out-of-home-care-a-how-to-guide>) practice guide to support you.

Observations or interactions

It is important when making observations to be careful about jumping to conclusions or judgements. Based on your own experiences, what do you notice about the dynamics of their relationships? What does their behaviour or mood tell you about how they are feeling in different situations and around different people?

Reports from others

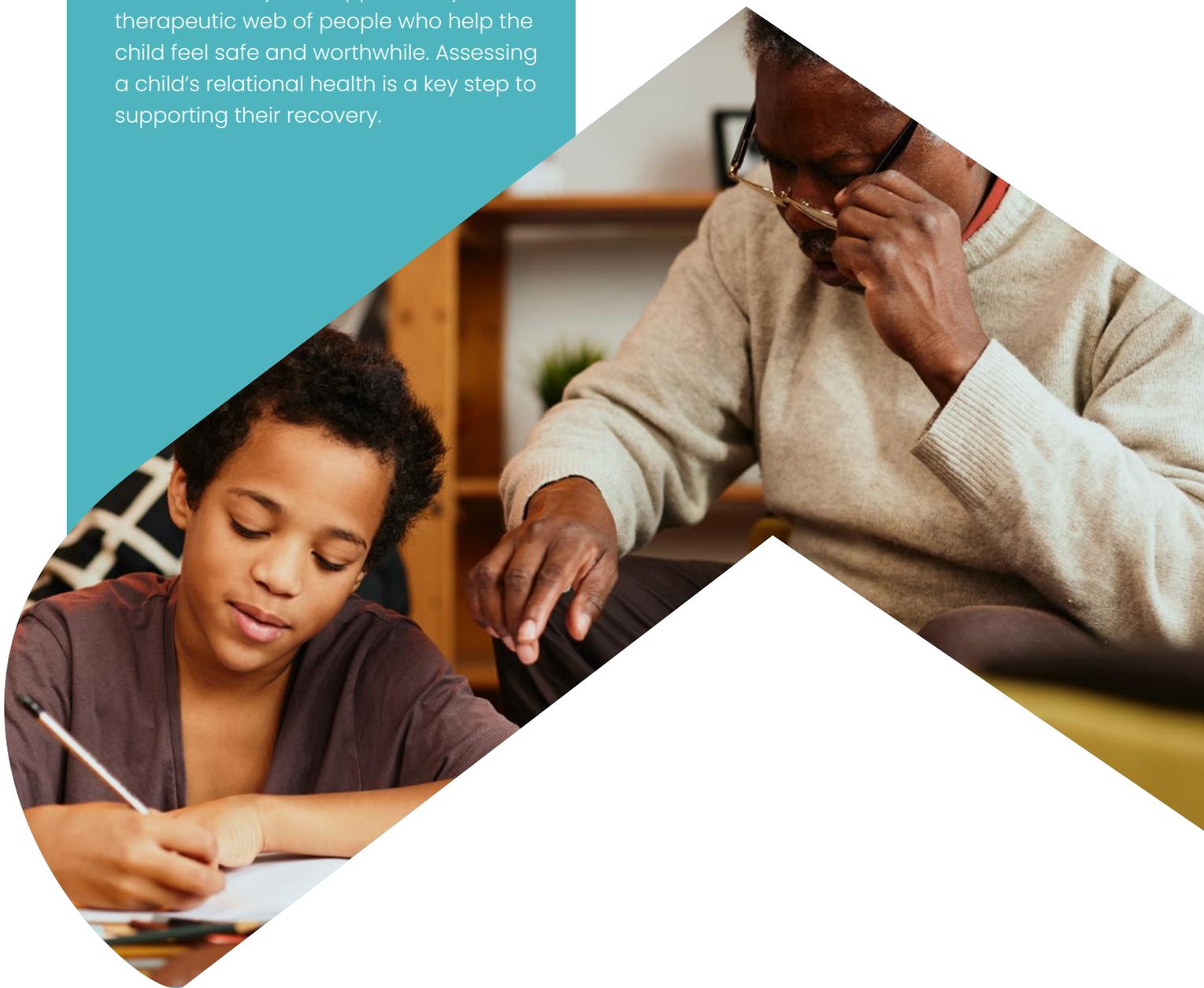
If the child is involved with other services, you may be permitted to access previous assessments, reports or documents. These may include a Looking After Children (LAC) report, cultural plans, intake forms or case notes.

There may be different perspectives among the people in the child's therapeutic web. Seeking information from multiple sources allows you to understand different perspectives.



It's up to all of us

As professionals, we have a collective responsibility to support children who have experienced neglect, abuse or serious adversity to heal and recover. We can better achieve that by understanding that children can only heal when they are supported by a therapeutic web of people who help the child feel safe and worthwhile. Assessing a child's relational health is a key step to supporting their recovery.



Using visual tools

Using visual tools can be helpful when exploring the child's current access to supportive relationships. We've included two tools at the end of this guide to assist.

Tool #1: 'Me & My People'

The 'Me & My People' tool will help you understand the relationships in the child's life. It's a good way to capture the child's feelings about the quality of the relationships in their life. Try not to prompt the child too much initially but pay attention to who and what they mention. Listen to what the child is saying, both with their words and their body. Be aware that some children will alter their responses based on who else is listening. You can adapt this activity to suit the age of the child. You may choose to do an example for yourself at the same time to show the child what you mean and build trust.

Instructions:

1. **Print our tool or draw your own.**
2. **Provide a range of coloured pencils.**
3. **Ask the child to draw a picture of themselves in the centre. Consider what their drawing says about their self-image.**
4. **Explain that the circle closest to them is for the people they see often.**
5. **The next circle is for people they see sometimes.**
6. **The space outside the circles is for people they don't see often or at all.**
7. **Start moving outwards one circle at a time. Ask the child to draw or tell you the names of people in their life on the page in the corresponding circles.**
8. **Ask the child to choose colours to represent good relationships, neutral relationships, sometimes good relationships and stressful relationships.**
9. **Ask the child to use those colours on the page to show how they feel about each person.**

Undertaking this exercise should provide useful insights for you into how the child feels about the relationships in their life. Using the same concept, you could try another creative medium such as painting, using toys, or positioning figurines in a sand tray.

Be mindful that for some children it may be confronting or upsetting if they have few people to put in the circles. Or if most of the people are outside the circles because they don't have contact anymore but wish they did. Before doing this activity it is useful to understand if the child will have people to place in the various circles. If they don't, this activity may be experienced as overwhelming or distressing and may be inappropriate.

Tool #2: 'My Week'

This tool allows you to document the child's weekly access to relationships that may be regulating and rewarding. It provides insights into what is currently in place and provides opportunity to consider the pattern and predictability of these experiences, or whether connections need to be built in, increased or strengthened.

Instructions:

1. Print this weekly planner.
2. Sit with the child's caregiver and the child (if developmentally able) to complete it.
3. Identify the child's relational experiences across the week. Include things like: playgroup, kinder, after school care, extracurricular activities such as swimming lessons or sport practice, spending time with extended family, family movie nights at home, playdates and other social activities such as visiting a local playground or skate park.
4. Consider where there are gaps or opportunities in the week for more relational experiences.

You may like to print out copies so the parent or caregiver can fill it in every week. Suggest they stick it somewhere the child can see it and encourage them to have conversations and be curious with the child about these relationships and experiences. This will provide useful insights into the relationships and experiences that build the child's sense of safety and could be increased.

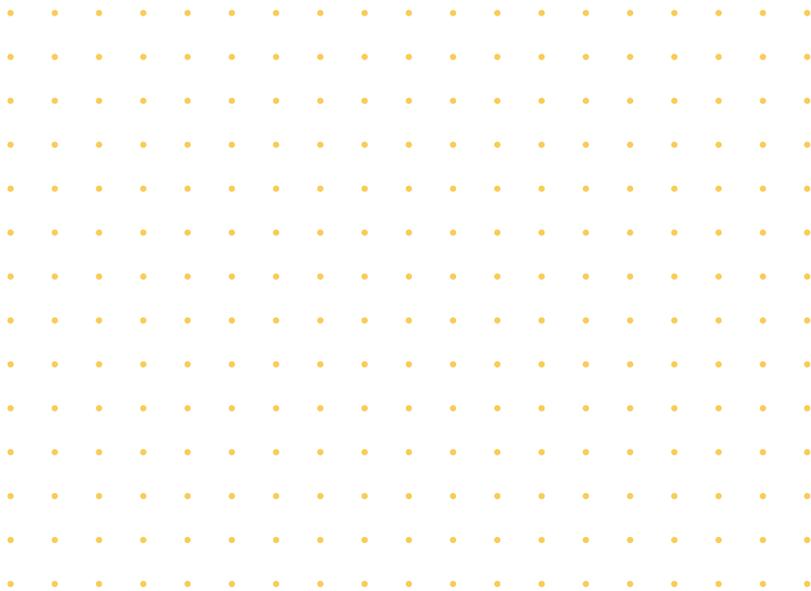
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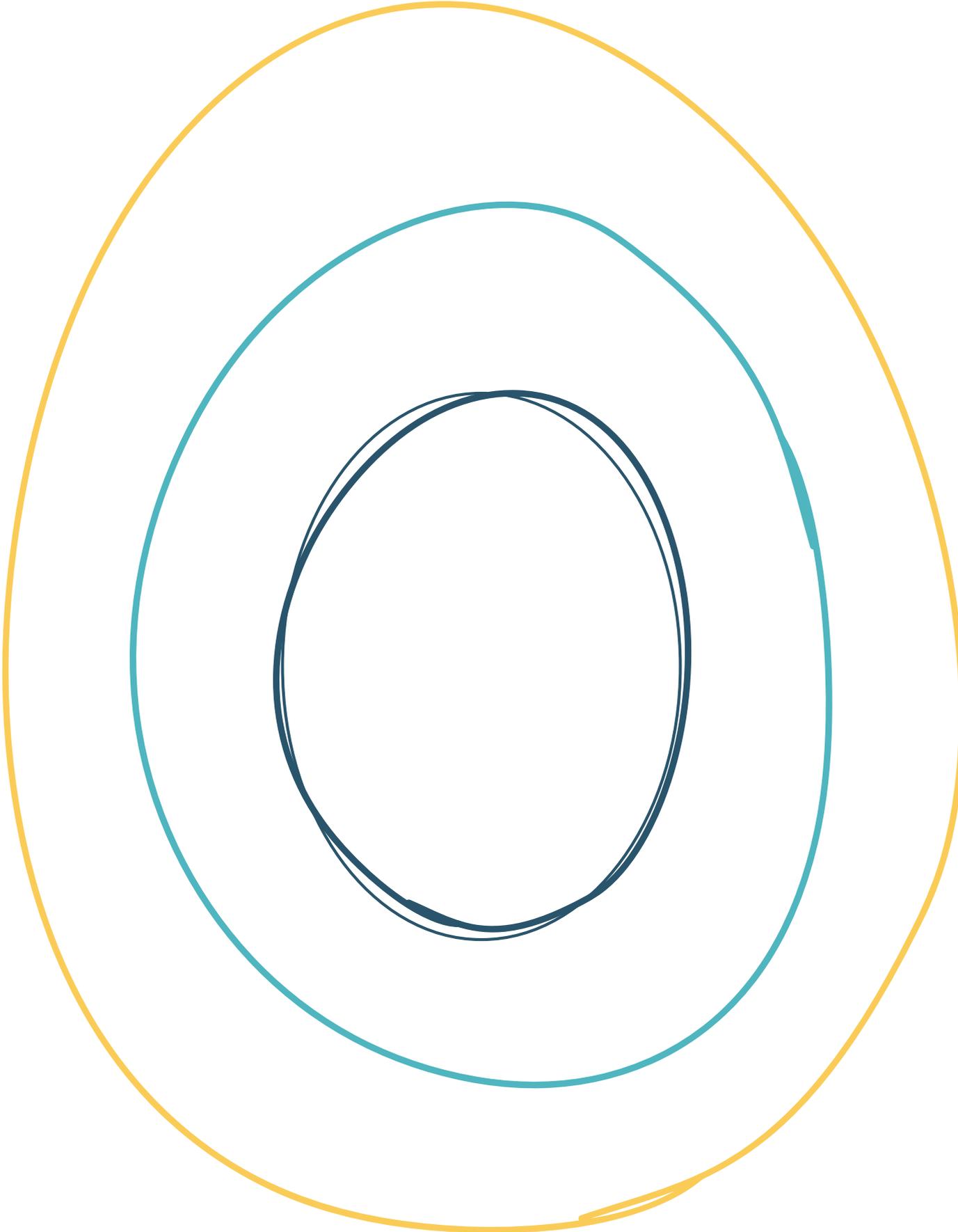
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Me & My People



My Week

MON	TUES	WED	THU	FRI	SAT	SUN
Morning						
Day						
Evening						

BERRY STREET TAKE TWO

Healing Childhood Trauma

Berry Street's Take Two program is a specialist trauma service helping children cope with mental health impacts caused by adverse experiences such as abuse, neglect and family violence. We use evidence-informed approaches, neurobiological research and clinical frameworks to develop networks of supportive adults to provide what the child needs. We believe all infants, children and young people have the right to feel safe, loved and valued.

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Berry Street's Take Two Program is a partnership with:



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Mindful

**Berry Street
believes children, young
people and families should
be safe, thriving and hopeful**

Berry Street is committed to the principles of social justice. We respectfully acknowledge the traditional owners of the lands and waters of Australia.



Models appear in our photographs to protect the identity of our clients.
Please dispose of this flyer responsibly.