

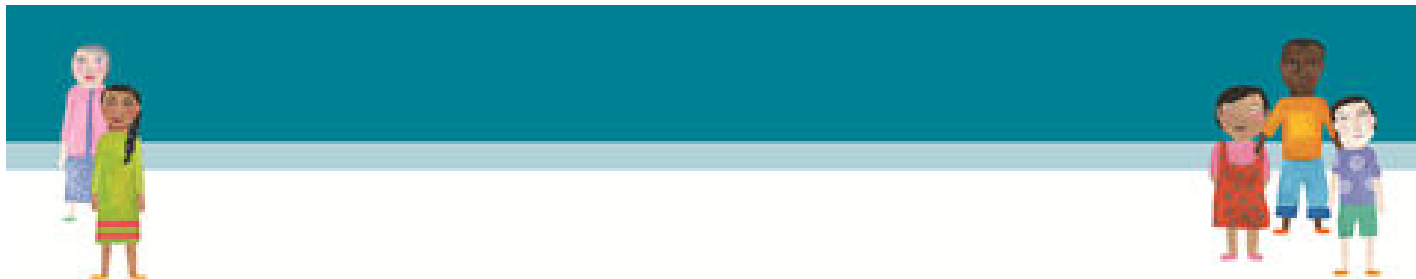
Fostering Hope:

Foster Care Training

Worker Resource

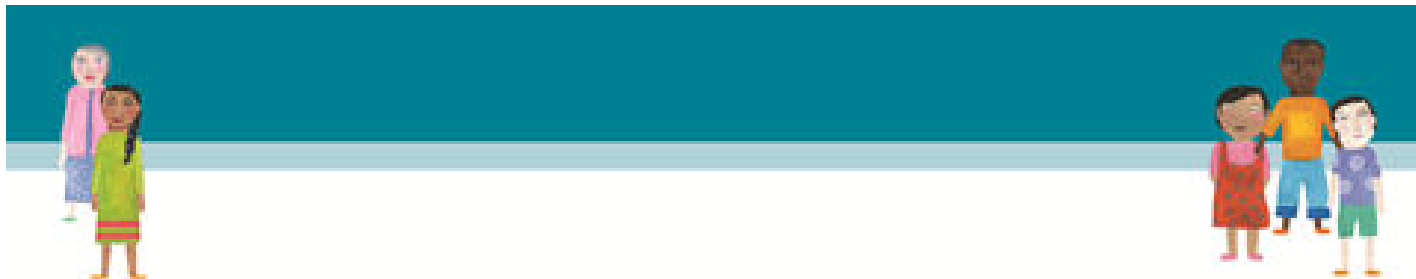






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Acknowledgements

The authors acknowledge the support of the Victorian Government who funded the Fostering Hope initiative and the development of this resource manual.

This manual is a recognition that formal training is simply one element of moving towards a more trauma-informed care system. The authors believe that the greatest opportunity for carers to adopt therapeutic approaches in a sustained way is via the ongoing relationship between the foster care agency and the carers.

Through the incorporation of case studies, tip sheets, reflective activities and training/facilitation information, this manual aims to support foster care staff to promote therapeutic principles in their day-to-day work with carers.

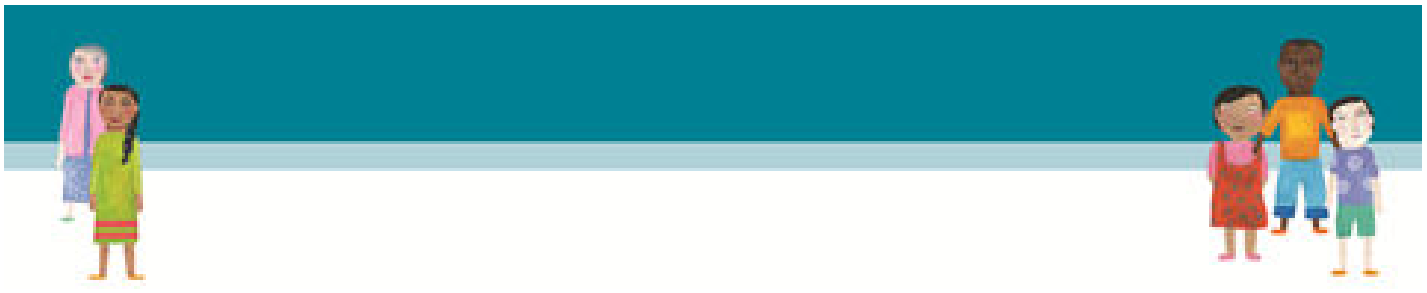
We acknowledge the invaluable contribution carers make to the lives of the children and young people in their care.

Authors

Substantial content in this manual has been drawn from the original Fostering Hope training package developed by the Australian Childhood Foundation and Berry Street Take Two for the Department of Human Services Victoria.

Additional content is authored by the Australian Childhood Foundation and Berry Street Take Two. Where other material has been used, attributions have been made.

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Introduction to the Fostering Hope strategy

The Fostering Hope training package was developed by Take Two, Berry Street and the Australian Childhood Foundation. The overall aim of this training is to enhance the skills, knowledge and capacity of home based carers and other team members from community service organisations involved in caring for and supporting children and young people.

The Victorian Department of Human Services (DHS) has been working with the out of home care sector and Community Service Organisations to develop models of care that improve outcomes for children and young people with complex needs. Fostering Hope is based on material from the Circle Program and has been developed in response to the identification of the need for additional training for carers in a therapeutic approach to care using attachment, trauma and resilience theories.

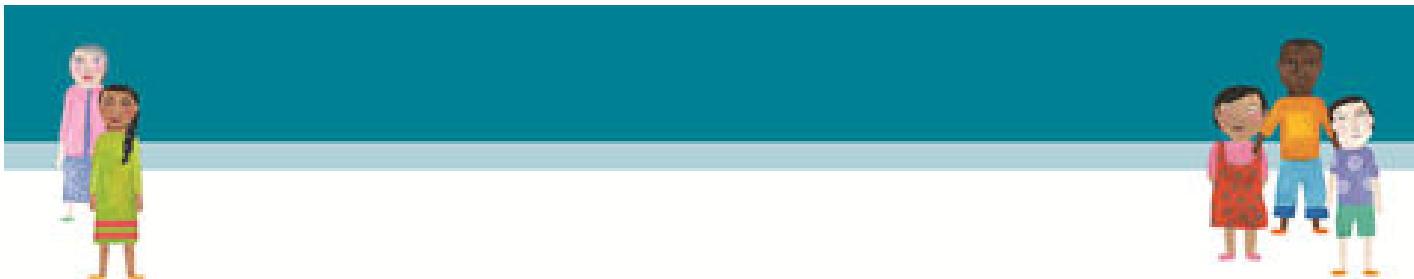
The Fostering Hope Training Package

The overall aim of the training is to provide home based carers and workers with an enhanced understanding of:

- the experiences of children coming in to care
- children's behaviour in the context of attachment and trauma issues
- how children develop
- the impact of trauma on brain development, attachment and behaviour
- therapeutic approaches to fostering and skills development
- how to promote resilience
- how to ensure self care
- a care team approach

Training includes the following themes and topics

- Child development
- Impact of trauma on development
- Role of attachment
- The brain and trauma
- Developing resilience



About this Manual

This Worker Manual is designed to support staff to embed trauma-informed principles of care, of which the Fostering Hope training is simply the beginning foundation.

“But I’m not a trainer, I’m a case manager – it’s not my job!”

It is well-recognised that only a small percentage of what is learned in training is actually remembered in the long term. A study by the Wharton Business School shows that people remember:

- 10% of what they READ
- 20% of what they HEAR
- 30% of what they SEE
- 70% of what they SEE AND HEAR
- 90% of what they SEE AND DO

Real learning requires frequent repetition and application to practice. Think about what you know of neuronal connections in the brain – use it or lose it!

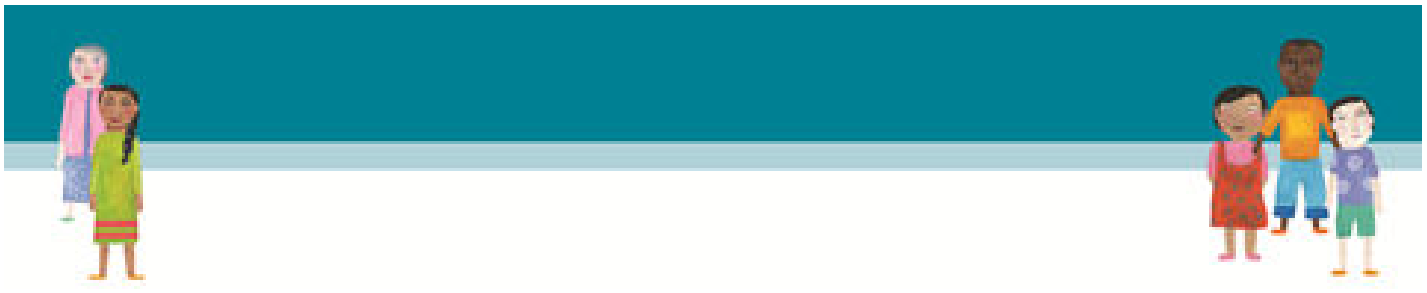
Any professional working with carers can play a role in improving the care system, by taking the key messages of Fostering Hope and keeping them alive in both your work with colleagues, and with carers and children. That is why this manual has been developed.

This Manual is not a replacement for the Fostering Hope training – but it recognises that training is a finite resource and there need to be ongoing mechanisms for staff and organisations to keep learning alive and support a trauma-informed, therapeutically-minded care system.

“How do I use this Manual in my current role with carers?”

This manual is not a step-by-step program, it is not a “recipe” for trauma-informed care. This manual has been designed for workers to use in whatever way they find most useful and appropriate, depending on their individual skill and confidence level, and the particular needs of the individual carers and children with whom they work.

The manual has tip sheets on a range of topics, as well as suggested activities to do with carers, and reflective questions to consider both with carers and in supervision. It also lists a range of further reading and web-



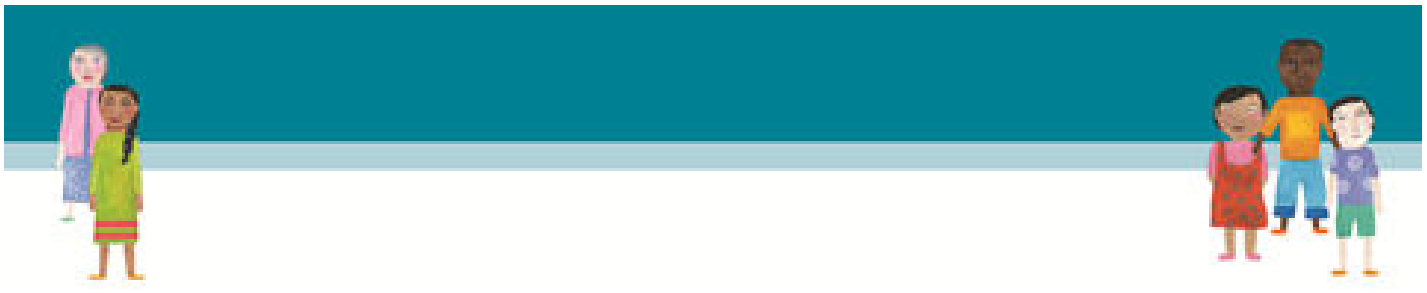
based resources, as well as DVD's that organisations can purchase to support the content of Fostering Hope.

Some ideas on how workers might use this manual are:

- Taking a tip sheet out to a carer and discussing it, using their caregiving experiences to base the suggestions in reality.
- Organising a carer evening with a theme/topic (i.e. Understanding PACE), and facilitating discussion among the carers using a case example and a PACE handout.
- In a team meeting, discussing some reflective questions as a group to develop shared understanding of the key messages of Fostering Hope, and coming up with some shared strategies for communicating these messages to carers.
- Taking some activity ideas out to your carer support group and “teaching” them about the brain.
- Including particular contents in the carer newsletter/ via an email to carers, inviting a shared “chat” about how this might apply.

Accessing supervision and professional development

It is essential that workers identify their own support and supervision arrangements as part of their preparation. Some discussions with carers may be particularly difficult given the nature of disclosures, the activation of trauma and the potential for difficult dynamics to emerge. Ongoing professional development is also important for all workers. Identifying a self-care plan is also recommended.



Navigating this manual

This manual takes you through the following:

1. Considerations for working with and training carers
 - helping you to prepare for challenging questions,
 - managing trauma-activated responses in carers,
 - considering how carers might best learn new ideas.
2. Key concepts to help carers understand the children they care for:

The brain:

- The parts of the brain and how they are impacted under stress
- Abuse and neglect and their impact on the chemical and structural pathways in the brain
- The stress response system – when it develops, how it can disorganise.

Trauma

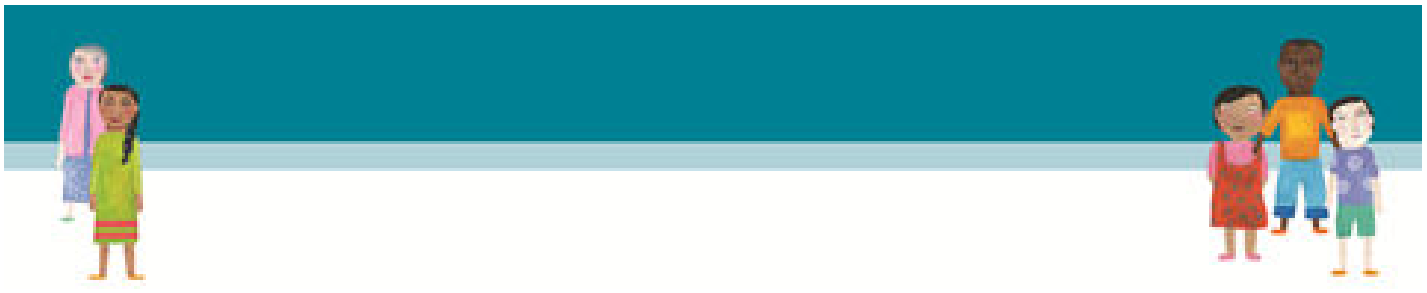
- The fight-flight/dissociative response – understanding children’s behaviour from this perspective
- State-dependence – understanding what children need in order to listen, understand and learn

Relationships

- The Internal Working Model – how it develops, our goal is to change this, not the child’s behaviour!
- Circle of Security – understanding cueing/mis-cueing, supporting carers to “gently challenge” the child towards healthier expression of need.

3. Strategies

- PACE
- Time-In vs. Time Out
- Activity tip sheets to support and promote regulation



SECTION 1:

Conducting Groups, Adult Learning- Some considerations

Facilitating Small Groups

When running small groups, facilitators require an awareness of barriers to effective communication as well as strategies to enhance group cohesion, rapport and learning. Barriers to effective communication include using difficult words or jargon and failing to account for literacy, linguistic and cultural differences. When it comes to completing activities, clearly explain the purpose, what is expected by the completion and how long it will take. It is customary for dynamics to form within groups and so the facilitator needs to plan for this and how conflict, individual and groups needs may be handled. Discussion surrounding learning agreements at the beginning of the training may also assist. Examples of agreements or 'ground rules' for groups may include:

- all contributions are considered valuable
- avoid interrupting others
- mobile phones on silent
- adhering to break times
- if participants need to, taking breaks from the training

For more on Training Small Groups see the Further Reading section in this guide.

Adult Learning Styles

Adult learners have individual learning preferences which may include one, or a combination of the following:

- **Visual** learners need to **see** what is going on. They will be attracted to visual media, reading, DVD's, photos or cartoons.
- **Auditory** learners learn by **listening**. They will be attracted to talks, discussions, sound and prefer to hear things rather than read them.



- **Kinesthetic** learners learn by **doing**. They learn best through

VISUAL LEARNERS	AUDITORY LEARNERS	KINESTHETIC LEARNERS
Diagrams	Group Work	Role plays
Videos	Group discussion	Demonstrations
OHP	Guest speakers	Games
Models	Lecture	Lots of hands on
Worksheets	Small group problem solving	Going outside for activities
Board work	Tapes	Videoing
Charts	Questioning	Board games
Posters	Oral learner presentation	Step by step
Demonstrations	Learners quiz each other	Practical exercises
Observation	Peer Teaching	Learners writing on the board
Workplace visits	Sharing prior knowledge	Learners write on OHP'S
Workplace experiments	Adding Humor	By doing it!!!
Role plays	Role plays	
Handouts		

- Explain to participants that many people, both professionals and volunteers, working in this sector have histories of trauma. (Note: be mindful that some participants may be struggling with current difficulties and may be feeling particularly vulnerable at this time.) Facilitators should overt, in a way appropriate for that particular group, the possibility that the material discussed may, or may not, “trigger” responses in carers, based on their past or even their current experiences. Facilitators should also note that, even where a participant does not have a history of experiencing trauma, they may still find some of the material distressing – most of us struggle with witnessing the suffering and pain of children and young people. Facilitators do not need to use the terms “triggering” and “trauma” – they may prefer a more informal, low-key approach such as “some people may find some of what we cover heavy going because we are talking about children who have experienced abuse and have suffered”....OR “it’s really understandable that some of us struggle when exploring this material...”
- Follow up the above explanation by highlighting the importance of carers looking after themselves in relation to the managing the personal impact of the material discussed. Encourage participants to reflect (they don’t need to share their reflections with anyone) on who and/or what might support them. Include suggestions – going for a walk, getting a drink of water, phoning a support person. Emphasise the availability of workers to debrief with carers.
- Reinforce the importance of tuning into feelings and responses in relation to trauma when discussing the content in this manual.



Frequently Asked Questions

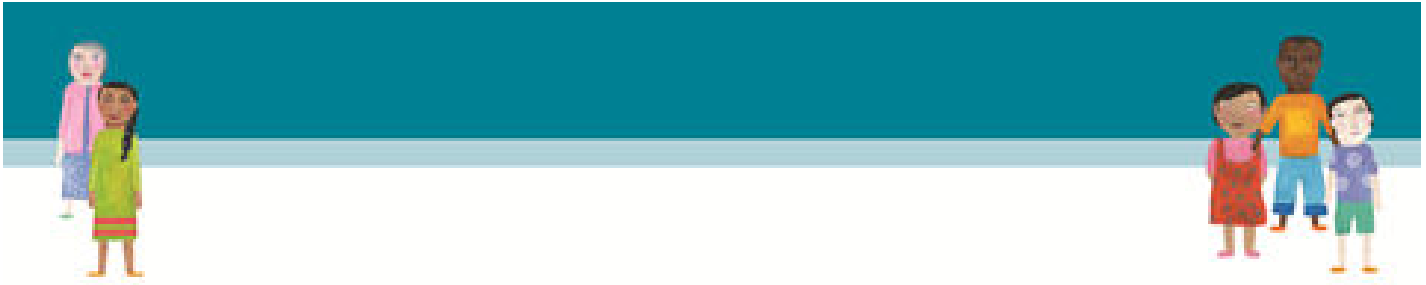
The following two questions are frequently asked by carers in the Circle program and they may arise during your discussions with carers. Suggested responses are included:

Aren't you 'giving in' to the child when you don't give them consequences? Aren't they getting away with it?

This is often asked in the context of "Time In vs Time Out." Participants may also find it difficult to move away from strategies of privilege or possession removal. It is essential for facilitators to explore the messages that these responses send to children who have been traumatised through the experience of abuse. The concept of "standing in my shoes" can be used here to show that these children will generally experience these responses as shaming. This reinforces their sense of themselves as inherently "bad" and also confirms their impression of the world around them as hostile and uncaring. The material on internal working model can be used to illustrate this. Whilst time out and/or the removal of possessions and privileges may well be an effective strategy for children that have not experienced trauma through abuse and neglect, the application of these strategies will generally have unintended and undesirable consequences for children in out of home care.

In summary:

- Consequences should be provided in a way that serves to teach a child not punish them.
- It is critical that the child's sense of security and stability is not undermined through the implementation of a consequence – the child should not have a sense of losing their secure base (relationship with their carer) through the process of receiving a consequence.
- Your response to their behaviour needs to teach them to regulate, for long-term change to occur. This is why time in is used, to help them learn to regulate. Punishment only serves to reinforce the child's belief that they will continue to be abused and deprived.
- If you continually remove privileges from these children, soon they will have nothing left to remove.
- Time in doesn't have to be 'consequence free'. For example, time in may be doing chores with the carer, such as the carer washing the dishes while the child dries them.
- The child doesn't feel like they are getting away with, they are not actually enjoying what is happening.



Why doesn't the system do more? Why won't they change their practices? Why doesn't the court 'get it'?

When carers begin to ask this question, it is actually positive because in many cases they are beginning to understand therapeutic principles and how present practices are not always conducive to this. You will need to manage their anger towards the system.

- Allow them to express and empathise with their anger.
- Explain that individual Child Protection workers are not to blame, that in many cases they are working for the children for very little reward and that they are doing their best within a litigious system. They also often bear the brunt of attacks from 'all sides' e.g. disgruntled parents, magistrates, within their own Department.
- Explain that courts tend to work on an 'evidentiary' system and that there is a gap between the legal and welfare systems (including language, training, theoretical tenets).

Other Frequently Asked Questions that you might like to formulate responses to include:

- What training are magistrates given to understand trauma?
- How do you tell the difference between trauma responses and Aspergers/Autism spectrum disorders?
- How do you tell the difference between ADHD and trauma responses?
- When a child transfers their placement can they transfer their attachment to the new carer?
- Can children present with both hyperarousal and dissociation?
- How do I provide nurture as a male carer, especially if the child has experienced abuse, and keep safe from allegations?
- How do we talk to a child about their experience when other training tells us not to talk about their experience?



Strategies for dealing with difficult questions/statements:

Explore:

Clarify details, for example:

It's too difficult.

Too many/much/little/few.

I want the best.

Find Options:

He (she) would never...

They always...

We've tried that already.

This is the only way to do it.

Move to the Positive:

It will never work.

I won't...

It's a failure.

It's impossible.

Compared to what?

What would be best for you?

How can we find ways for it to happen?

Are there any times they don't?

What was the outcome?

Yes, that's an option. What else could we consider?

What would it take to make it work?

What would make you willing?

How could it work?

What would it take to make it possible?



SECTION 2

Understanding the Child's World – helping carers understand the world from the child's perspective





Why is attention to the child's world important?

Attention must be paid to all parts of the child's world if we are going to be effective in assisting children to recover from the effects of their abuse and neglect, promote their development and provide a range of opportunities for them to participate fully in their lives.

Children and adults are affected by what occurs in the various areas of their lives. We develop a sense of who we are and where we belong through the people in our world. We look to people in our world to understand us, celebrate our successes and support us in times of difficulty. For many of us there may be stresses in one area of our lives. At these times we often receive support from people in other areas of our lives.

The abuse and neglect of children coming into care occurred within the context of their dependent care relationships. These experiences serve to undermine the child's ability to trust and seek support from people in their lives. As such they are not helped to make sense of the abuse, they experience the impact of their trauma in every aspect of their lives and are often misunderstood by those around them.

When children come into care the positive and negative elements of their world will continue to impact on them and the care environment. For this reason we need to understand and engage with all aspects of the child's world if we are to achieve positive outcomes for the child.

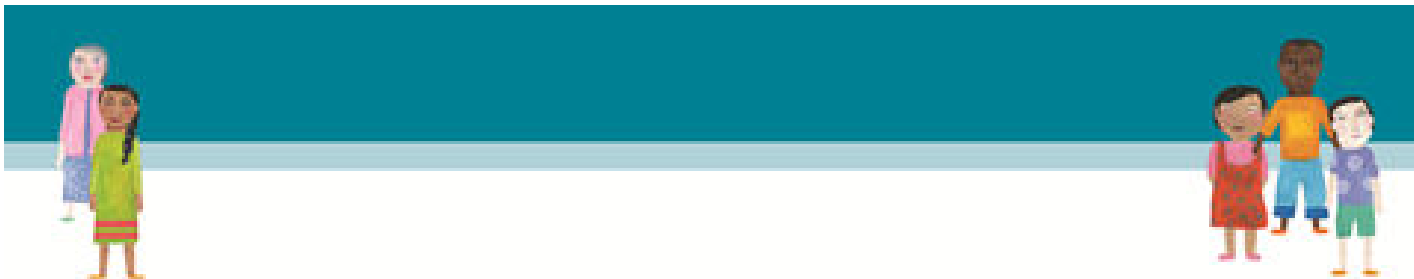
Indeed, coming into care often adds further uncertainty, disruption and dislocation for the child. The child's experience is often compounded by the separation from family, culture, community, peers and frequently school environments. The future is often an unknown for children subject to court processes and these issues must also be sensitively managed.

Finally, children's lives are not the sum of their abuse or neglect. They are children and need to have opportunities to experience their childhood. A focus on their world helps us to consider these issues

Key aspects of the child's world are explored below.

Biological/extended family

Despite the harm that results in children entering care, children often hold a range of complex feelings about their parents and family – good, bad and confused. Effective support of children requires the involvement, where



possible and appropriate of parents, siblings and extended family members in the life of the child. The biological and extended family thus should be actively engaged so as to promote positive and supported relationships between the child and family members. Consideration will be given to the carers needs, rights and preferences when planning involvement with the child's biological family however, the role of carers will be vital during times of transition for the child. Carers will provide critical support to a child and birth family with the return of the child to the care of the family. Effective relationships with biological/extended family members are promoted when the care team communicates an understanding of the challenges the biological parents have faced, supports their involvement in care team meetings, are honest and respectful and share information about their child's progress.

School

Supporting the education of a child in care is a priority and the collaborative partnership with the school is vital. The school is supported by the care team to understand the child's earlier relationship and abuse experiences. The development of a helpful relationship between the school, carer and care team ensures the child has consistent responses and the interactions are aimed at healing.

Sport/recreation/hobbies/interest groups

The child's positive existing social and recreational networks are to be maintained and encouraged whilst new opportunities are explored with the child and tailored to their interests and abilities. Identifying a child's talents or interests will build on the child's strengths, increase self-esteem, develop positive relationships with their peers and help them have fun!

Friends

Many children in care have difficulties expressing and managing feelings which can lead to problems in peer relationships. Children in care may also lack some of the social and moral rules such as turn taking, helping to tidy up, or helping other children in difficulty. Carers can support children in care to build these relationship skills by modelling effective relationships and initiating activities for the child to practice these skills within a safe relationship.

Community and Culture

The cultural background of all children entering care must be acknowledged and respected. Children from other cultures may



experience further trauma and loss as a result of separation from their community and their culture. It is important to understand that *culture provides healing*. Carers can assist children from different cultural backgrounds by maintaining their links to family, community and their culture.

Volunteer network

Children who have experienced trauma and disrupted attachments may have a limited number of significant positive relationships. Children need to experience positive relationships with a variety of people in order to change the blueprints they have of adults and adult/child relationships. A network of volunteers is created to promote the healing and care of the child. Volunteers may be drawn from the child's family/friends or from the carer's family/friends. Volunteers will seek to develop positive and supportive relationships with the child, carer and the child's family where appropriate. Volunteers may also provide practical support to the primary carer (may include respite). Volunteers will receive training and support to assist them in their role.

The Statutory System

Children in care will frequently require involvement with professionals from the statutory system, such as their child protection worker, talking to lawyers, attending court. Carers and the care team can support children in their interactions with these statutory systems by *understanding* that the child's past trauma might be 'stirred up' in such activities, *anticipating* this and *planning* appropriate responses for this.

Therapy

Children often require specialist counselling to assist them to recover from the effects of their abusive experiences. Communication between the counsellor and care team will be of critical importance in the ongoing support of the child

The therapeutic specialist will support the exchange of information between counsellors and the care team. Carers may be involved in counselling with the child where deemed helpful.

The child's world now includes you, the carer!

The house in the centre of the child's world depicts the foster care environment. It shows that you now play a significant role in the child's world but that you each bring your own experiences of family and your



world to the relationship with the child. Each member of the carer family will experience a relationship with the child that can have a healing impact.

Children coming into care need relationships that offer them opportunities to experience safety, love and nurture. They need to learn to trust and rely on adults to support them. These are the foundations of the care environment you are offering. In many ways caring for these children means parenting them in ways that gives them the opportunity to experience what they have missed out on earlier in their lives. This is called re-parenting or therapeutic parenting.

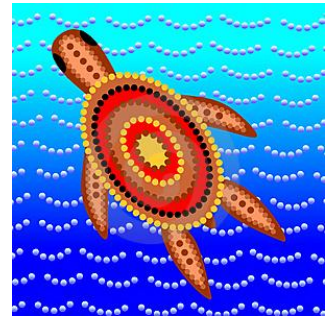
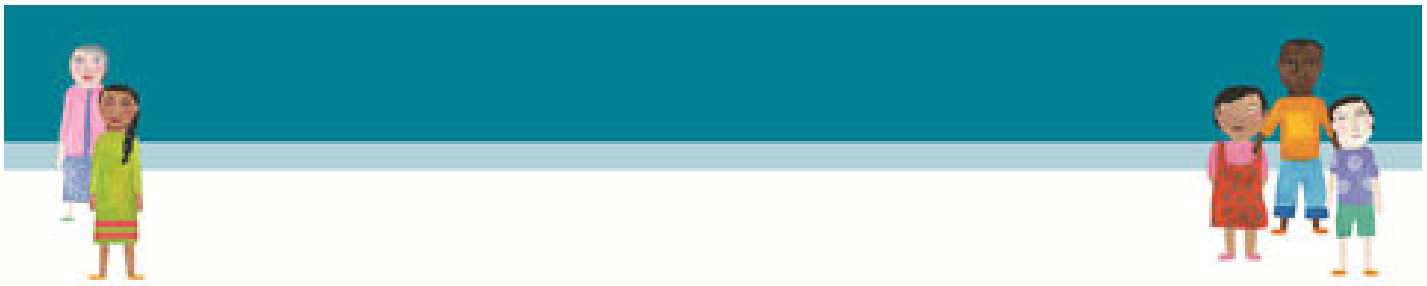
The care team

The care team overarches the care environment, supporting and involving the carer and engaging other aspects of the child's world. The care team seeks to ensure that the child is provided with opportunities in other areas of his/her life to heal, learn, grow and develop.

Summary

We must understand the important parts of the child's world and how abuse and neglect has impacted on them. We must understand how the child, upon entering care, can maintain connections with other parts of their world and how significant people in the child's world can understand and support the child whilst in care and beyond. We must also understand the consequences for the child and their world of coming into care and the impact of new aspects in the child's world (e.g. statutory systems, therapy).

The care team assists in the planning, co ordination, support and communication within and between all aspects of the child's world.



Tips for engaging with Aboriginal Children, Families & Communities

- **Understand that you do not fully understand**

No matter how sensitive and well informed you are, unless you are Aboriginal you cannot fully know the experience of being an Aboriginal person.

- **Broaden your concept of family**

Working with the child = also working with extended Family/Community.

- **Network with Aboriginal workers and agencies**

Get to know and build a relationship with your local Aboriginal Community, e.g. get to know the elders of the Community and other key Aboriginal contacts/organisations. This will greatly assist when working with Aboriginal children and build better linkages across services.

- **Don't be too over-familiar-** 'name dropping' is not always appreciated.

- **Be patient and understand it may take time for trust to develop**

Understandably some Aboriginal people may mistrust Non-Aboriginal people/authority figures. Respect that building trust may take time.

- **Respect and understand silence: learn to LISTEN**

Be prepared to accept long silences without answering on the clients behalf. Silence may mean the person is not ready to talk/or feels uncomfortable expressing an opinion. They may also be listening and reflecting on what was said- don't assume that silence means the person doesn't understand or is not intelligent enough to answer.

- **Never make a promise you can't keep**

It has often been said that the Aboriginal Community have a VERY long memory and won't easily forget something you have promised and not delivered!



- **As general rule avoid too much eye contact**

Some Aboriginal Communities regard eye contact as a sign of respect.

- **Use an Aboriginal cultural consultant where available**

- **Respect gender difference**

In some Communities it is inappropriate for a Male to be talking with a female about certain topics. If unsure- check this out.

- **Be aware of culturally appropriate interventions, and the limitations of using 'western' models.**

- **Be flexible about referral processes wherever possible.**

If you develop a relationship with a Community they may then come to you for other things "outside" your designated role. Assist them to link with the appropriate person not just tell them "*it's not my role*".

- **Koorie time**

Aboriginal people may not live and work at the same pace or to the same schedule as non-Aboriginal people, e.g. may be late for their appointment or miss the appointment or miss public transport. Be attuned to the Aboriginal communities' sense of time and take that into account when organising appointments, meetings, etc... Be flexible to ensure that Aboriginal people are not deterred from accessing services and ensuring services are available when the time is right for them.

- **Slow down.**

Don't be in too much of a rush. Change your pace. Take the time to find out and get to know who you are working with and allow plenty of time to have a yarn. Be prepared for the unexpected and that visits to Aboriginal families/Communities may take longer.

- **Share something about yourself.**

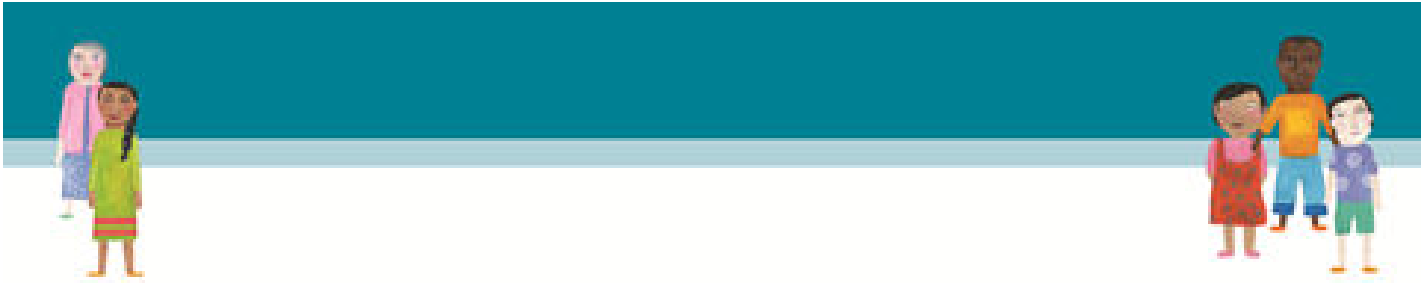
Many university courses currently teach/advise against sharing personal information with clients, seeing this as 'inappropriate'. However, many Aboriginal people will respect and appreciate workers sharing something (appropriate) about themselves to assist in building trust, e.g. worker may also be a parent.



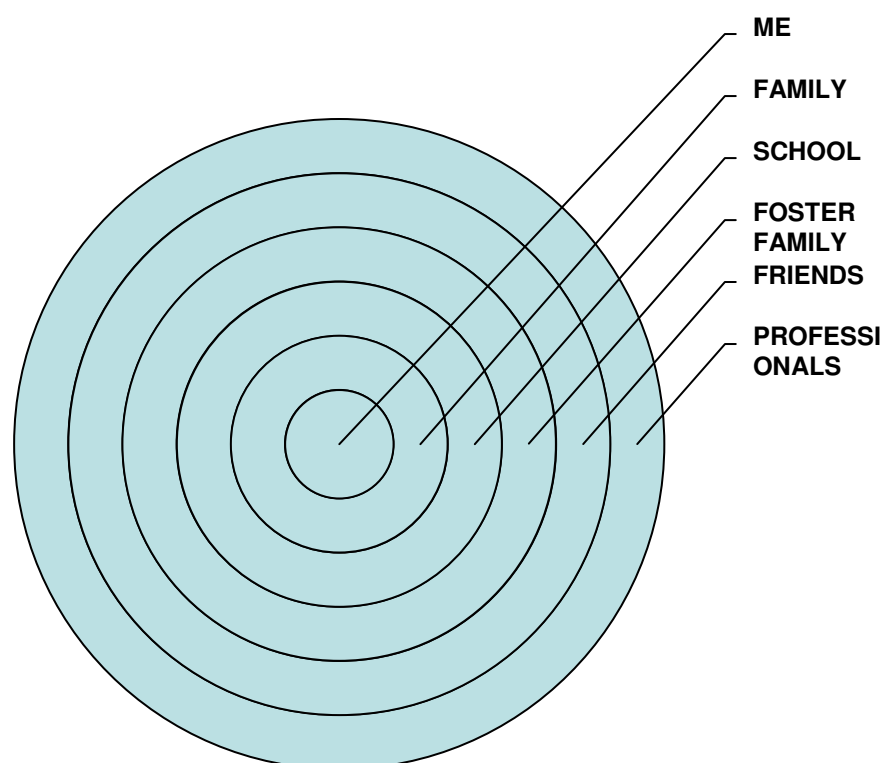
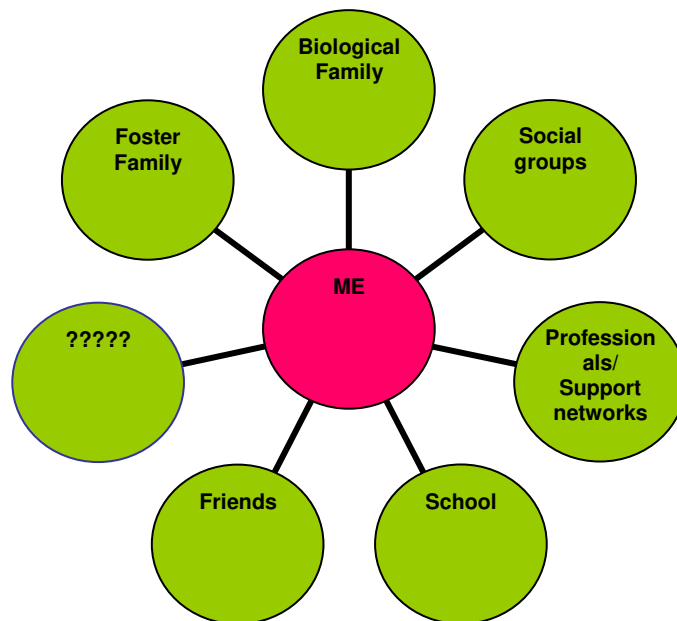
- **Home visits**

- Make appointments in advance and follow up with a reminder
- Be flexible
- Be prepared for unexpected occurrences. eg. Cancellation, new situations.
- Be prepared when visitors call in. Remember Confidentiality. Rearrange appointment if necessary.
- Make the first visit brief.
- Personal sharing can put the client at ease.
- Observing and listening can lead to insights.
- If offered a cuppa always accept.





Eco- Maps- Examples of mapping the child's connections





Case Study: Daniel

(This case scenario was developed for the Circle program)

Daniel came into your care two nights ago. You and your husband also have a son, Peter aged 16. Your family also has many pets.

Background Information

Protective Concerns

Daniel, aged 11, has a long history of abuse and neglect resulting in many moves between his mother, Helen, and his maternal grandmother, Joyce. Helen has a history of post natal depression and has attempted suicide on many occasions, some witnessed by Daniel.

At the age of 6, Daniel suffered a broken arm and bruised face as a result of physical abuse from his mother's ex-boyfriend.

At the time he was notified, Daniel had been living with his grandmother for 3 months following another suicide attempt by his mother. His grandmother, Joyce, contacted protective services stating she could no longer care for him as she cannot manage his anger. She loves Daniel but feels that as he is getting older she can no longer manage him. Daniel's mother is currently in a psychiatric hospital. His grandmother doubts his mother will ever be in a position to care for Daniel.

Information provided about Daniel's care needs at the time of placement

You have been told by the foster care worker that Daniel seemed resigned to his grandmother's decision that he could not stay with her and left willingly with protective workers.

According to information provided by Joyce, Daniel does not have any allergies and eats most things. Joyce has had difficulty getting Daniel to get into a routine about meals and bed time. When she has tried to discipline him or set rules he often gets angry with her.

He changed schools 3 months ago when he moved to his grandmother's and can get to his school from your home.



Daniel likes to spend long periods of time alone watching TV or roaming the streets. He doesn't seem to have many friends.

Current Situation

When Daniel arrived at your home he seemed distant and quiet. He says he's OK when you ask how he is and he tells you that he is in foster care because his mother keeps trying to kill herself and his grandmother can't look after him anymore.

Since arriving in your care you have noticed that Daniel often scratches his arms and legs and at times seems wheezy.

He is able to attend the school he has been attending for the last 3 months but he doesn't seem interested in going to school. You were worried about him last night because he came home from school two hours late. He got angry with you when you asked where he had been and stormed off to his room saying it was none of your business.

Daniel has had difficulty settling into bed in the two nights he has been with you, wanting to stay up late and watch TV. He awakens before sunrise and puts on the TV loudly, waking the rest of the household.

Daniel seems to get on well with Peter, sharing an interest in football. Peter is concerned, however, that he found Daniel in his room going through his things yesterday.

He has a good appetite and seems to be able to take care of his personal hygiene well.

He had a phone call from his mother last night during which he seemed angry and upset. When you tried to speak to him about it he said his mum would be fine soon and he would be going home.

In his short period in placement he has shown a range of behaviours. He yells and hits the animals and has narrowly avoided being bitten by one of the dogs. Other times he seems quiet and withdrawn, wanting to be by himself. He seems easily upset.

His swearing and disrespect of others has become an issue at school. He has been at his current school for the past three months since moving to his grandmother's home. The school has contacted you to organise a meeting to talk about his behaviour.

Last night while watching TV, you noticed Daniel was digging marks with a pen into the wooden arm of the chair. When you asked him to stop he jumped up and screamed that he wasn't doing anything and stormed off to his room. Daniel proceeded to throw things all around his room.



You feel like you can't connect with Daniel. You have tried to be lenient with him, feeling he needs some time to settle in after a difficult few months but you are feeling unsure you are doing the right thing.

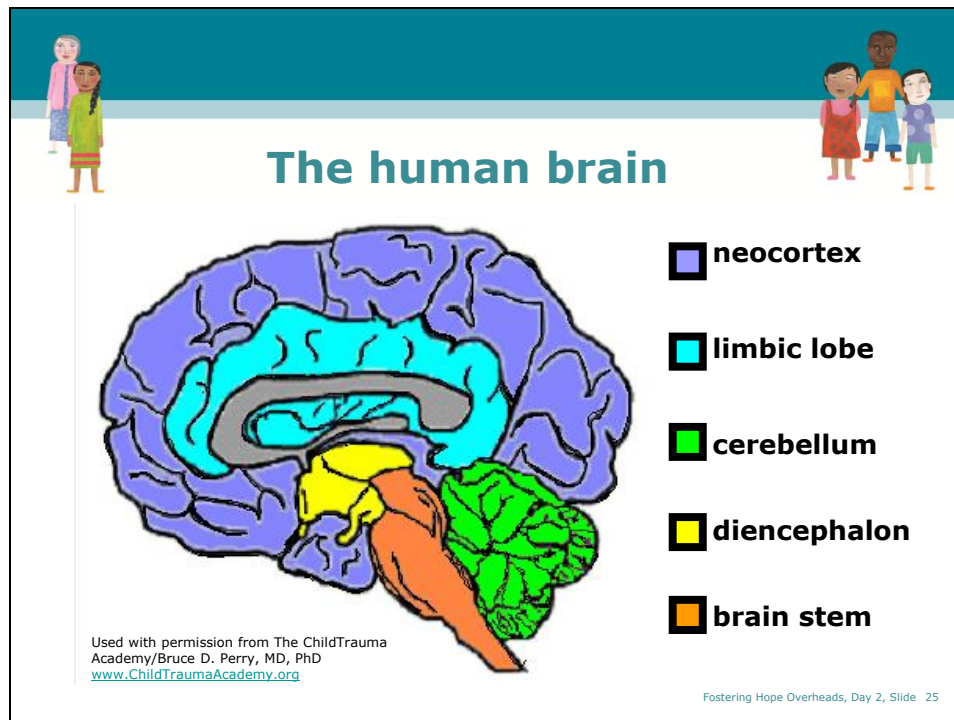
Activity/discussion point:

In small groups address the following tasks:

1. Use the information you have been given about Daniel to map his world using the 'Child's World' Diagram – consider whether different areas of his world are sources of support or stress for Daniel.
2. Using the map of Daniel's world, discuss what we know about different aspects of his life and what this might mean for Daniel. Eg His grandmother is in Daniel's life but she has just indicated he can no longer live with her. What meaning might this have for Daniel?
3. Consider what we don't know, what we may wish to find out more about and why.



Helping carers to understand the Brain



Bruce D Perry, MD, PhD © 2010

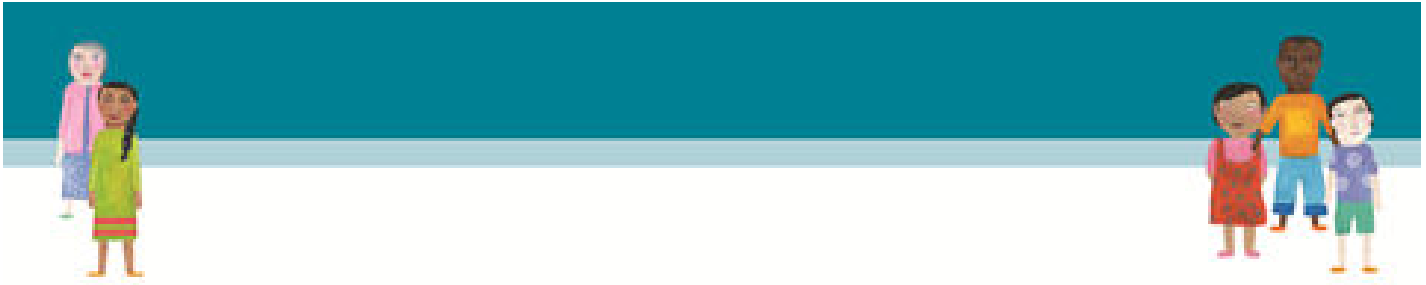
Key Messages about the Brain

- The brain organises based on experience
- The brain is almost fully organised by age 6 – after this change in neural systems can occur but is more difficult.
- Behaviour in traumatised children often results from disorganised stress response systems, rather than “thinking”.

Online resource: Harvard Centre on the Developing Child website:

This website has 4 short and clear clips about brain development:

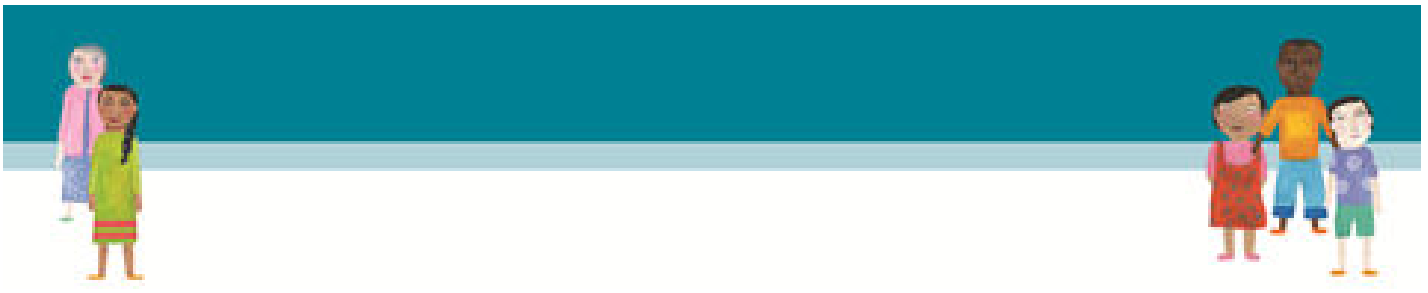
- Experiences Build Brain Architecture
- Serve and Return Interaction Shapes Brain Circuitry
- Toxic Stress Derails Healthy Development
- Executive Function Skills for Life and Learning



Reflective discussion for carers:

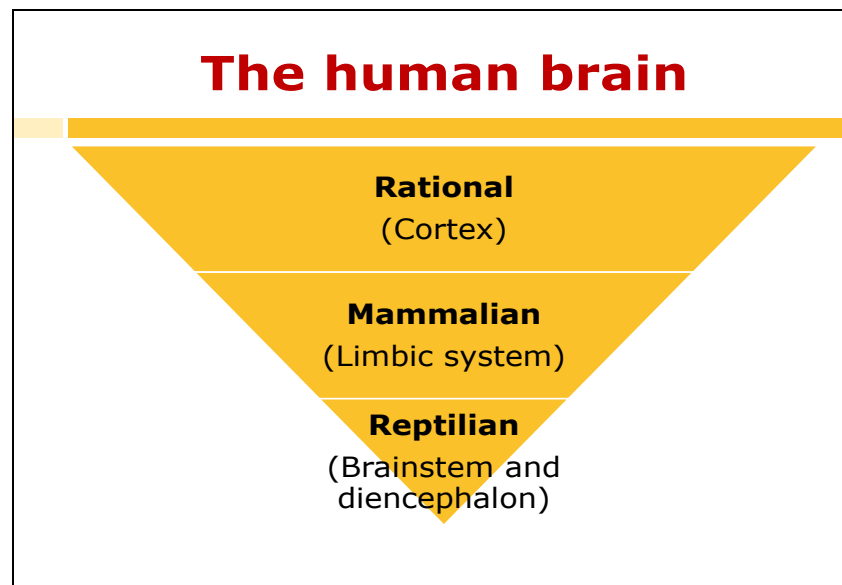
After showing carers these clips, ask them to discuss

- 1) What experiences do they think/know the child(ren) in their care have missed out on in infancy, toddler years, childhood, adolescence.
- 2) What experience of serve and return is the child most comfortable with?
- 3) What signs are there in the child that their development has been impacted by their experiences?
- 4) How can you most effectively help the child to soothe/calm so that they are able to use their brain for more than simply survival and emotional reactions?



The Brain under stress: A teaching tool for carers and children

Dr. Dan Siegel's Hand Model of the Brain (you can see this on YouTube)



Hold your hand up in a closed fist and ask the carer to do the same. Ensure the thumb is tucked under the fingers.

1. Touching the top of the wrist and pad of the thumb, explain that this represents the brainstem and diencephalon. These parts of the brain are referred to as the **"reptilian brain"** – we share them with crocodiles/lizards/dinosaurs. They are primitive, and responsible for core survival functions such as breathing, temperature regulation and blood circulation. This is where the fight/flight response generates – all living creatures rely on this response for survival against threat.
2. Next, lift up the fingers to reveal the thumb resting across the palm. This represents the limbic system or midbrain. This part of the brain is often referred to as the **"mammalian brain"** – we share it with mammals e.g. cats, dogs. This part of the brain mediates relational/emotional functions, such as empathy and attachment. This is the "feeling" part of the brain.



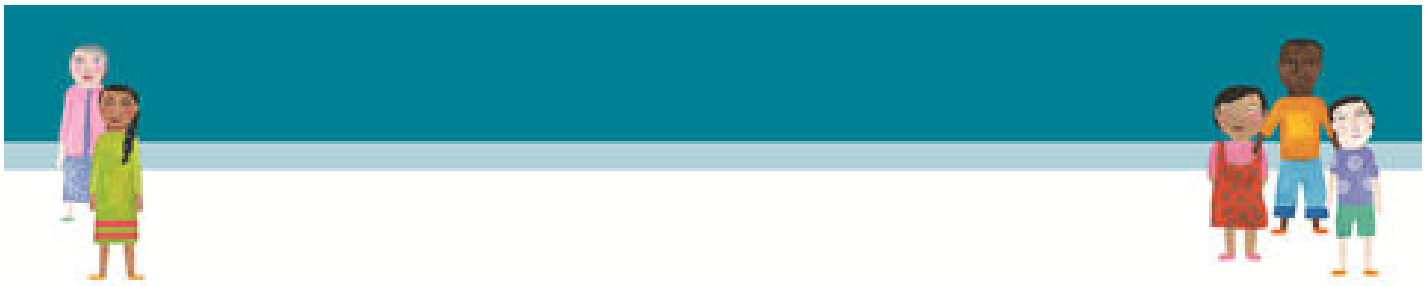
3. Now wrap the fingers back over the thumb into a fist. The knuckles and fingers represent the cortex, or the “**rational brain**”. We share this part of the brain with primates. The uniquely human part of the brain is the pre-frontal lobe, which sits approximately above the tips of the two middle fingers.

The cortex is the smart brain, where we do our thinking, planning, reasoning and reflecting. This is the part of the brain we use in school, in negotiations, in talking therapies.

Explain that under stress, we tend to “flip our lid” (lift your fingers up and away from the palm and thumb). When this happens, the parts of the brain that dominate us are the mid and lower brain – the reactive, emotional, irrational parts of the brain.

To get the cortex back “on line”, we need to calm these lower parts of the brain. Only then, when the cortex is accessed, do words/ reason and consequences have meaning or impact.

This activity can be done with children and young people as well as carers – teaching kids about their brain helps them to make sense of why they struggle, and what they need in order to get back into their “smart” brain.



Adaption and response to threat

Fear Changes the Way We Act

Adaptive Response	Rest <i>(Adult Male)</i>	Vigilance	Freeze	Flight	Fight
Hyperarousal Continuum	Rest <i>(Male Child)</i>	Vigilance	Resistance	Defiance	Aggression
Dissociative Continuum	Rest <i>(Female Child)</i>	Avoidance	Compliance	Dissociation	Fainting
Primary secondary Brain Areas	NEOCORTEX <i>Subcortex</i>	SUBCORTEX <i>Limbic</i>	LIMBIC <i>Midbrain</i>	MIDBRAIN <i>Brainstem</i>	BRAINSTEM <i>Autonomic</i>
Cognition	Abstract	Concrete	Emotional	Reactive	Reflex
Mental State	CALM	AROUSAL	ALARM	FEAR	TERROR

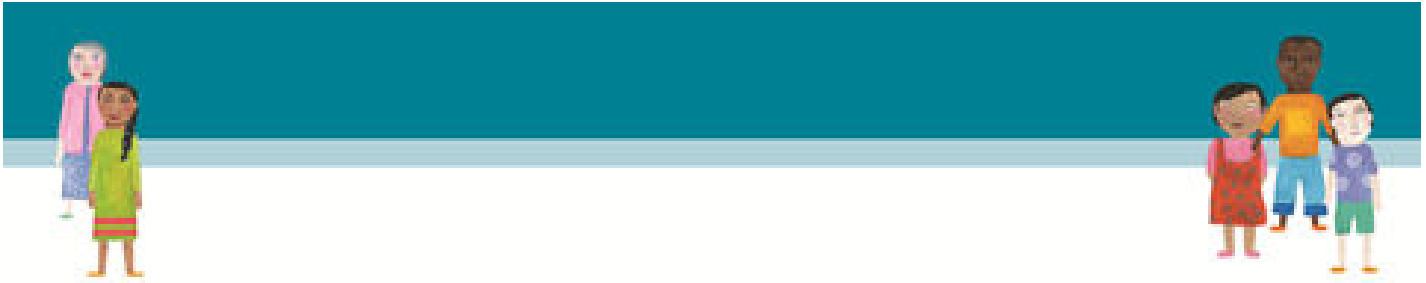
Bruce D Perry © 2010

Bruce D Perry, MD, PhD © 2010

Online resource

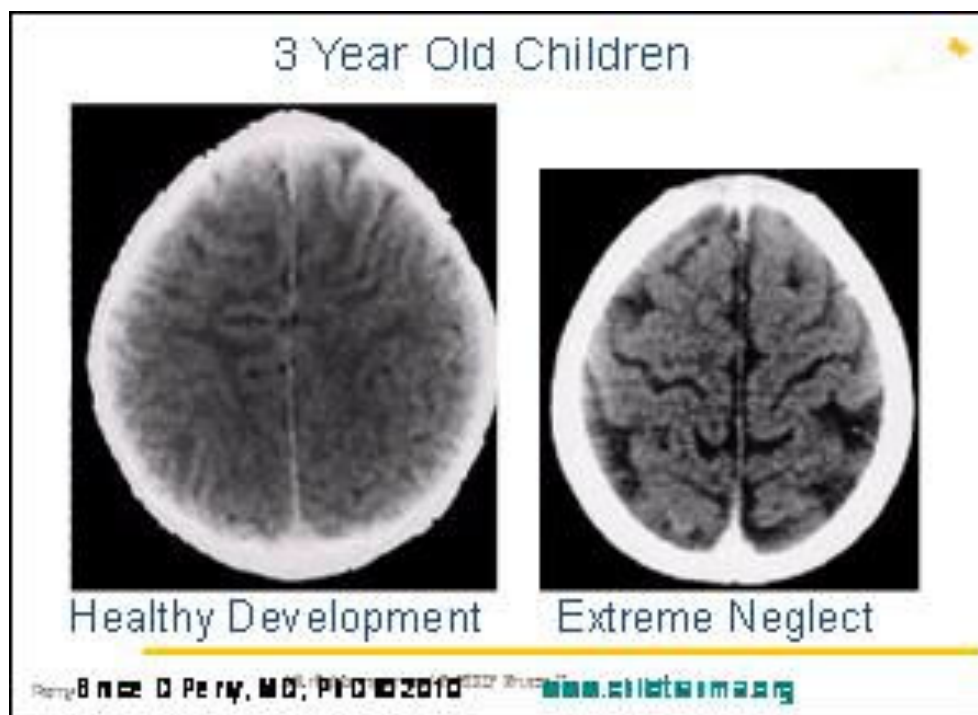
For information, articles and resources about the impact of trauma on the brain, visit www.childtrauma.org

You Tube also has numerous clips about the brain, presented by speakers including Dr Bruce Perry, Dr Dan Siegel and many others.



THINKING ABOUT DEVELOPMENTAL AGE VS. CHRONOLOGICAL AGE

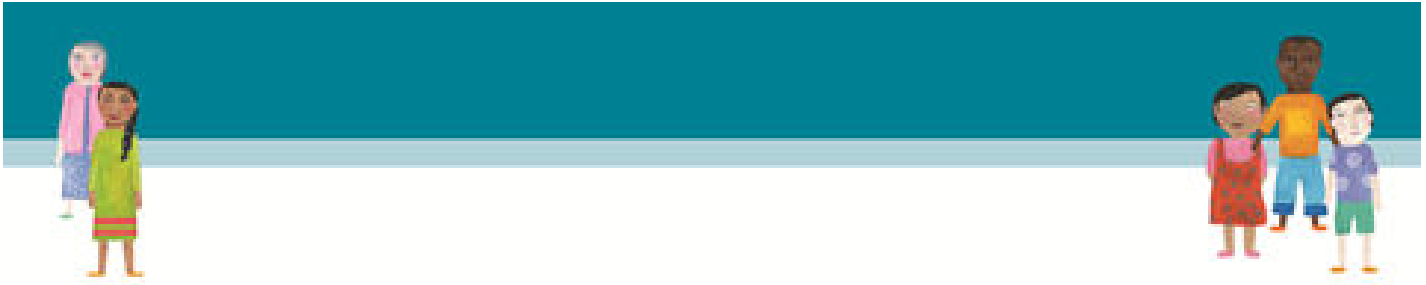
We know that one of the impacts of trauma in childhood is that there can be significant gaps in the child's development – refer to the story of **“The boy who was raised as a dog”** in Dr Bruce Perry's book of the same name. Due to severe and chronic neglect, at age 6 this boy was unable to walk, speak, dress, feed himself, toilet properly. This slide (below) shows a scan of his brain at age 3, demonstrating the profound difference in the size and density of his brain. Despite early diagnosis of profound disability and developmental delay, this boy made extraordinary developmental gains in the care of a foster family and support services who had to fundamentally re-parent him from infancy upwards.



Bruce D Perry, MD, PhD © 2010

Many carers and professionals struggle to understand the developmental needs of children in the care system, as our society structures almost all programs for kids based on their actual, chronological age (think particularly about schools).

Carers may be accredited to care for children of particular ages – what does this mean for those carers when many children are developmentally many years younger than how they look?



DISCUSSION/REFLECTION POINT: supporting carers to reflect on their beliefs about how to respond to children in a developmentally appropriate way

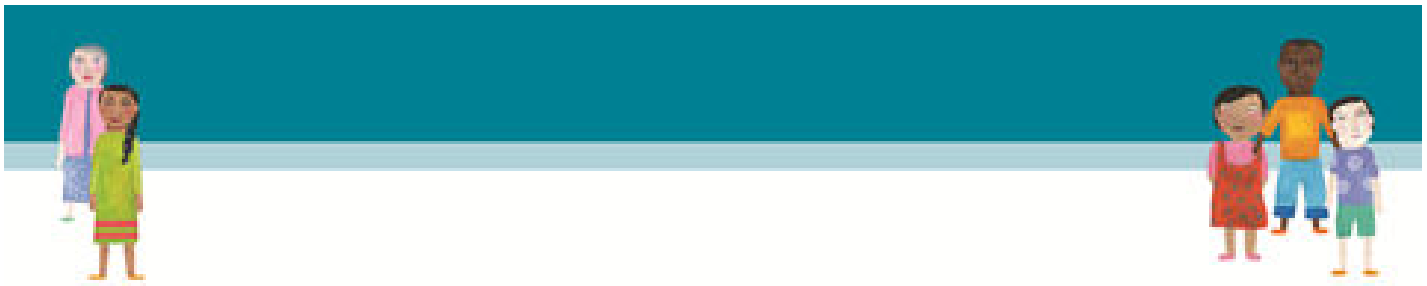
Ask carers:

- 1) What expectations do you have of a child of (select relevant age)?**
- 2) Does this child/young person (in their care) display behaviours that you find immature/childish/babyish? What are these behaviours?**
- 3) How do you respond to these behaviours? If you were to match the behaviour to a developmental age, how would you respond to the child then? What challenges do you feel/face in responding this way?**

Carers have given examples of wrapping and bottle-feeding school-age children, of reading bed-time stories and singing lullabies to adolescents, of spending more time, not less, with misbehaving children.

REGULATION

The stress response systems in the brain are largely responsible for our instinctive reactions to threat/novelty etc. Many children in care have poorly-organised and highly sensitised stress response systems – they are “tuned up” and far more likely to over-react to the smallest perceived threat. Some may react by dissociation rather than acting out – while the dissociative response is less difficult for us to cope with, it is not less damaging to the child and requires us to be as vigilant and concerned about bringing the child back to a state of healthy calm.



SHAME AND GUILT

(Material developed by Berry Street, Take Two for use in Circle program)

DVD RESOURCE: “BUILDING THE BONDS OF ATTACHMENT” by Dan Hughes

Dan Hughes presents small segments during this DVD about shame development, and the “Shield of Shame” – the behaviours that commonly present in children and young people experiencing toxic shame.

Shame is part of healthy human development and all toddlers experience it.

- As the infant develops, the adult has to say “no”; otherwise the infant will hurt themselves and/or others. Setting limits is a fundamental part of child socialisation.
- The infant does not enjoy this experience as it raises shame (feelings of “I am bad”). Shame deactivates the sympathetic system and activates the parasympathetic system. The infant becomes quiet and may try to hide. The healthy parent recognises this and reconnects immediately; the parent repairs the relationship, comforts and soothes the infant, and either shows them how to do the activity appropriately, or redirects the infant’s behaviours to another activity.
- The child experiences SMALL amounts of shame that are manageable within a safe and secure parent-child relationship. This is the easiest time to teach the infant:
“It’s not you, it’s the behaviour”
“It’s not our relationship, it’s me teaching you”

The parent and child experience a dance of...

Attunement in Relationship → Break in Relationship (raises feelings of shame in the child) → Interactive Repair in Relationship (reduces shame).



Attunement	Emotional connection occurs between the adult and the child. The child & parent share & enjoy positive emotional states, and the adult manages & contains negative emotional states
Limit-setting, discipline	The shared state of attunement is abruptly broken. The child experiences shame; an unpleasant emotional state.
Interactive repair	The adult helps the child to manage their feelings of shame and conveys continuing love & acceptance of child. The child develops the capacity for emotional & behavioural regulation & learns to express appropriate behaviours & inhibit inappropriate behaviours.

Over many experiences of limit setting, the child begins to learn:

- They learn that different behaviours get different responses from the adult
- They start to inhibit certain behaviours to avoid the experience of shame
 - This is part of the development of socialisation.
- Soon they begin to connect the effects of their behaviour on animals and people and this is the beginning of developing empathy for others
 - Empathy (having feelings for others) is necessary to feel guilt
- At around 2 to 2 ½ they start to feel guilt. This is a different emotion from shame. Guilt motivates the child to make it up to the person; the child wants to repair the relationship. The shame decreases and the guilt increases.

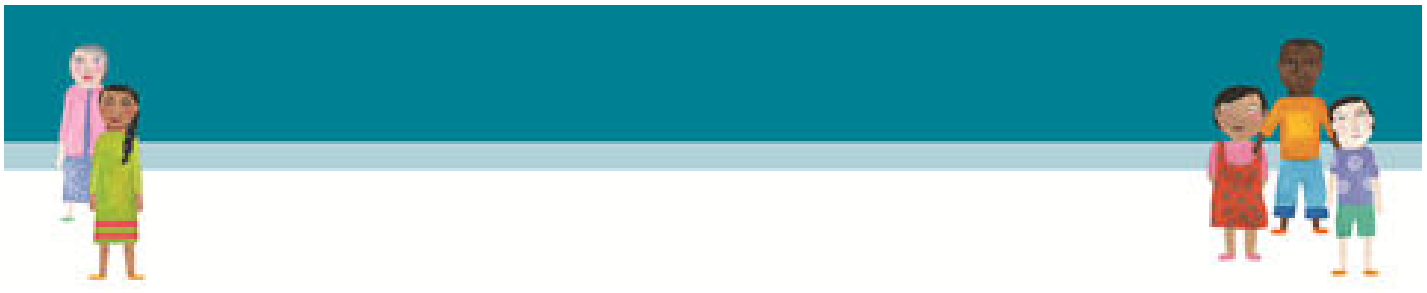
SHAME

**About Self
(Decreases)**

GUILT

**About Behaviour
(Increases)**

SHAME	GUILT
Child feels completely worthless	Child feels badly about an event/behaviour
Child wants to hide, becomes defensive	Child wants to confess and repair
Child wants to blame others	Child is concerned about their effects on others
Child feels minimal empathy	Child feels empathy and remorse



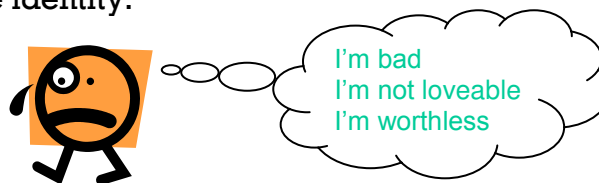
The experience and impact of SHAME is very different in the context of trauma and abuse.

- Children do not experience the “Attunement→Break (shame)→Re-attunement (repair)” cycle
- Instead they experience overwhelming SHAME that begins to engulf them.

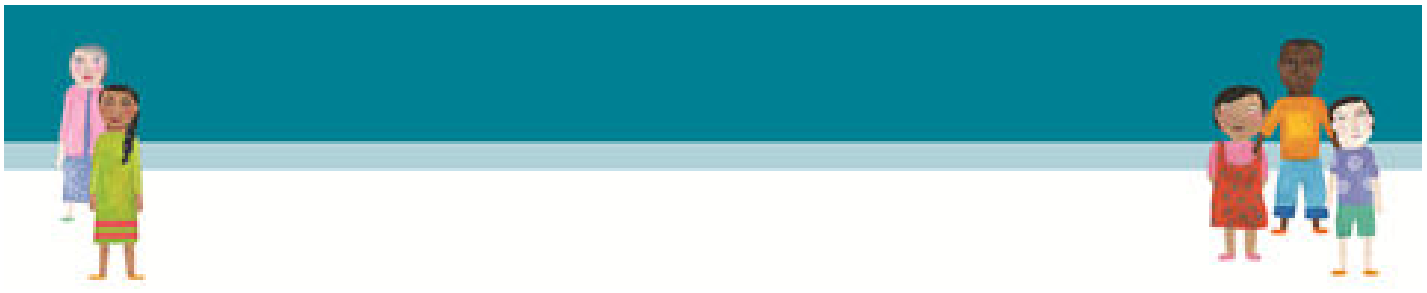
Minimal Attunement in Relationship → Break in Relationship (raises feelings of shame in the child)→Minimal Interactive Repair in Relationship (child is left with overwhelming shame to manage by themselves).

Little experience of attunement	The child does not experience their emotional state as shared or contained by the adult
Discipline occurs with rejection, humiliation or anger (and may be unpredictable and inconsistent)	Shame is excessive and overwhelming for the child
No interactive repair provided by the adult (or delayed interactive repair by the adult)	Adult is unavailable to assist the child in managing their feelings of shame. The experience of shame is not integrated. The child is unable to develop the capacity for emotional & behavioural regulation. The child develops sense of self as bad

- Many experiences of overwhelming shame leads to shame becoming part of the child’s core identity.



- Feelings of Shame (‘I am a bad person’) lead to chronic anger and controlling behaviours.
- The child can feel isolated and alone, alienated and defeated, and never good enough. They are trapped in shame... the shame has become toxic.
- This state leads to children experiencing difficulties with regulating their emotions and disorganised thinking.



“Deep deep down, he feels like a rotten child, and this is what is driving many of his behaviours”.

The Shield of Shame: Children will do things to avoid the feeling of shame. This leads to:

- Acting tough (“I don’t care!”)
- Lying (“He’s lying... I didn’t do it”)
- Making excuses (“It was HIS fault, he made me do it”)
- Minimizing their behaviour (it wasn’t that bad, he’s exaggerating!”)
- Expressing rage (“You always blame me... you never believe me... you want me to be unhappy!!!”)

The only way we can help traumatized children to change their behaviours, is to work with the child’s sense of shame. We need to reach their inner beliefs of worthlessness and badness. This is the only way we can shift their internal working model.

“When shame becomes exposed and expressed and is responded to with empathy, the resulting intersubjective experience is often transforming”.
(Hughes, 2007)

Reflective questions for carers about shame and guilt:

- 1. Have you heard a child you care for react with the shield of shame?**
- 2. Most shame-based behaviour is unlikeable/”naughty”, sometimes harmful – what is your instinctive reaction when a child is physically or emotionally hurtful and refuses to accept responsibility?**
- 3. What do you think the child actually needs from you at those difficult times?**



The P-A-C-E Attitude

PACE was developed by Dan Hughes. It is not an intervention model, rather an attitude that carers can adopt with children and young people. Its primary purpose is to help the child/young person feel more connected to the carer. Using PACE can help carers to avoid power struggles with the child/young person, and will also support the young person's empathy development.

PLAYFULNESS

- Playfulness is about having fun with the young women and assisting them to join in fun. Joy brings connection. People need to feel that they are fun to be with. Life is all too serious for children in care; anything we can do to brighten up their life can be helpful.
- Playfulness is also used to defuse tension, acting silly, giving a response they did not expect, keeping things lively.
- It is not making light of painful feelings, or acting silly based on our own anxiety. This will bring shame to the child not joy.

ACCEPTANCE - of the person and what the person feels

- Not judging but accepting the person "Wow, you must be really mad at me if you want to hit me..."
- Accepting the behavioural choices the person makes and the feelings behind these choices - not necessarily accepting that they are good choices!
- Acceptance shows understanding rather than condoning the behaviour – "I get that you're really upset that I said no...let's work out a way for you to deal with that without hurting me"
- The use of acceptance often brings less defensiveness/opposition.

CURIOSITY - about the child's feelings, thoughts, beliefs

- Wondering with the person about the meaning behind the behaviour and why they do the things they do.
- Curiosity sometimes means making best guesses about what is going on, you and the child figuring out together.
- Curiosity allows a person to feel heard and understood.

EMPATHY – for the child's experience

- The quality of 'feeling with' another person, feeling compassion for their struggles or suffering
- Empathy eventually allows the person to acknowledge deeper feelings of fear, sadness, hurt, anger, without fearing judgement



- Statements such as “I’m so sorry that happened” or “that must have been really hard” convey empathy
- Sometimes we have a tendency to try to “fix” the problem in our response, rather than simply expressing our shared feeling with the child.

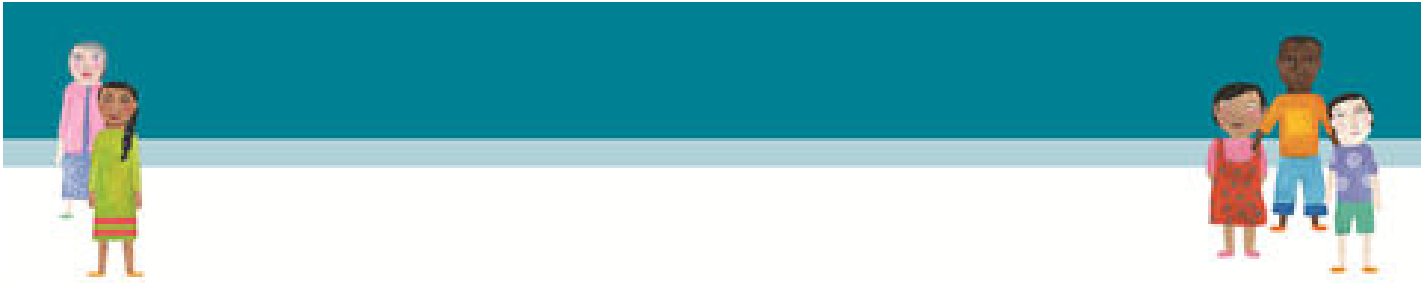
Activity/discussion point with carers

If in a group setting, you could ask the carers to give you an example of a challenging situation they have faced with a child. Ask the group to think of responses to the child that would display PACE.

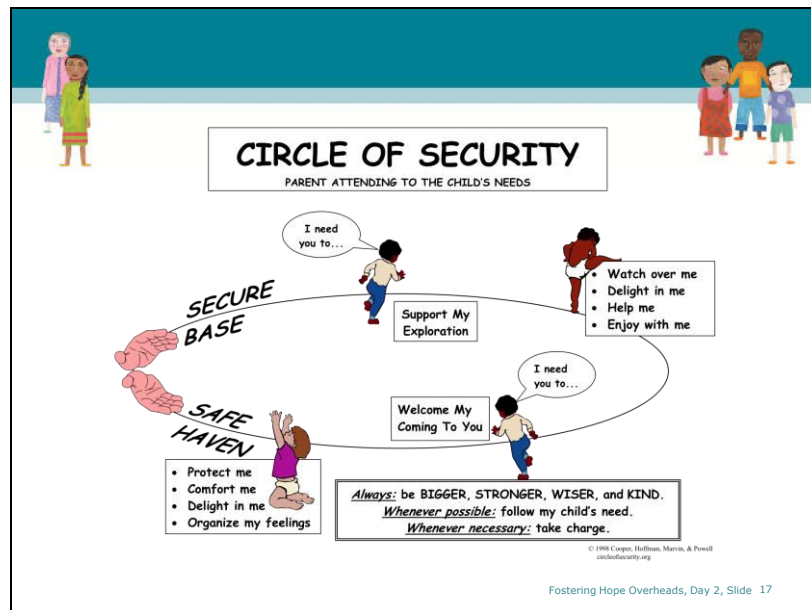
The best way for people to practice this is for the carer who knows the child to actually “role play” that child in that incident, and ask the other carers to then respond to the child with what they have brainstormed.

Remember to get the carers to practice the actual words they would use, rather than saying something like: “I would tell the child I understand how he felt then” – they need to get a feel for how difficult it can be to respond in ways which they’re not used to!

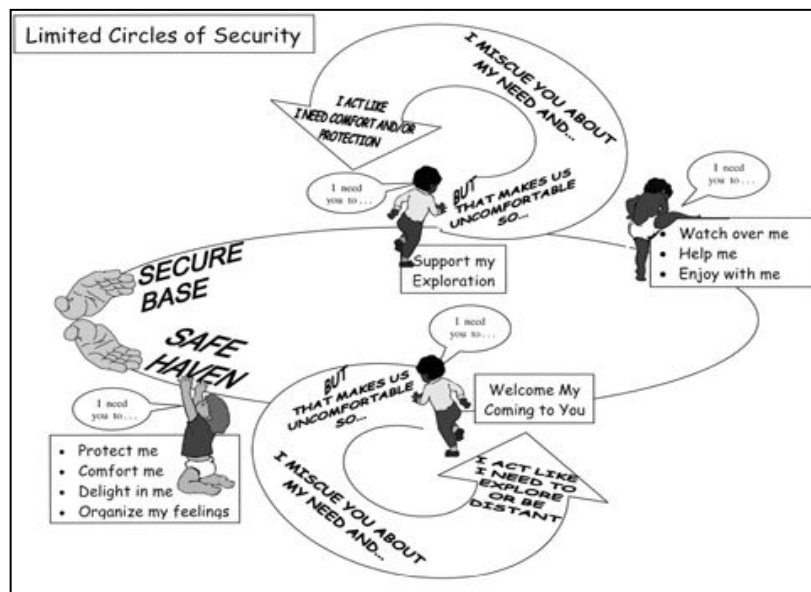
DVD reference: Dan Hughes discusses PACE in his DVD “Building the Bonds of Attachment”



Explaining relational development circle of security



LIMITED CIRCLES OF SECURITY



Using the concept of the Circle of Security can help carers to understand what all children need to develop a “secure” attachment style, and then to



explore what dynamics come into play when children haven't had these secure experiences consistently.

Please refer to the Circle of Security website (www.circleofsecurity.org) for more detail regarding this framework and model of intervention.

The key concepts that are useful to explore with carers are the notion of the carer as the child's secure base and safe haven, the child's need to feel safe in order to explore, and the child's need to know that they will have someone there for them when they need support.

When children have frightening parenting, they learn quickly that the parent (and by extension all people) cannot be relied on for regulation, for physical comfort, for reassurance and unconditional acceptance/love. They learn to rely instead on themselves, and to send messages to people that others should stay away, that they don't need comfort and relational intimacy.

Reflective questions for carers:

- **What do you know, or what can you guess, was the child in your care's experience of their parent as a secure base and safe haven?**
- **What "cues" does this child give you, and others, that tell you about her ability and willingness to trust others and seek comfort appropriately?**
- **What can you as a carer do to be the secure base and safe haven for this child?**
- **What makes this challenging and what support do you need to be able to do what the child needs?**



Thinking about care teams

10 key messages

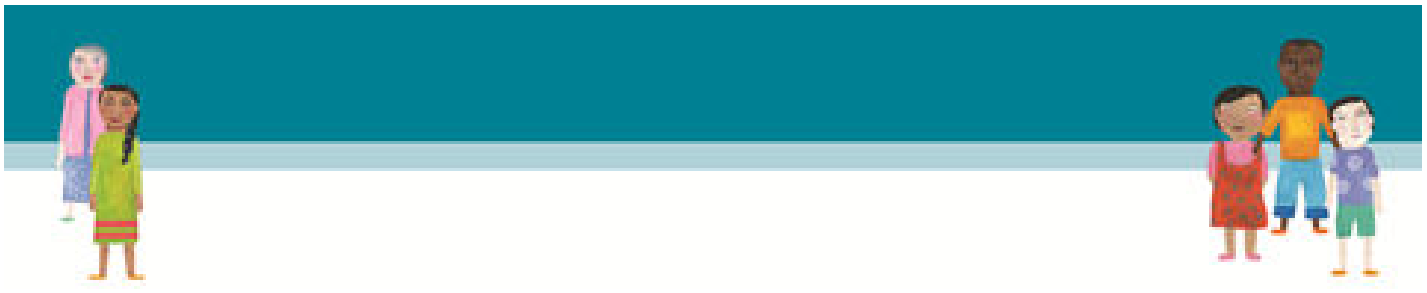
- Care teams place the child at the centre of their work and support the child's learning, development and growth as well as healing.
- The collaborative approach of the care team seeks to promote proactive rather than reactive responses to the child.
- Care teams provide an opportunity to identify positive changes in the child's life, no matter how small.
- An effective care team enables all voices to be heard, while not necessarily reaching agreement at all times.
- Care teams enable ongoing assessment and reflection as well as action.
- Effective care teams place the child at the centre while still acknowledging the impact of the care work on those in the team. This means a function of the team is to support the team members.
- Care teams provide support, secondary consultation, acknowledgement of difficulties and strategies in a non-blaming environment.
- Care teams enable all those working for and caring for the child to revise their plan when necessary.
- Care teams provide a model of safety that can be mirrored for the child.
- An effective care team enables a united effort to translate the theory and principles of care into everyday practice with a child in out of home care.



- Care teams provide a safety net and provide invaluable support for carers to manage and maintain their important role

Reflective discussion: Carers and care teams

- **What has been your experience as a carer with care teams?**
- **What has made them a positive experience for you?**
- **What has made them a negative experience for you?**
- **If you were to place that various members of your child's care team on a scale of "who's word is most taken notice of?" where would you place yourself? Others?**
- **Where do you think you should be on that scale?**
- **What needs to happen (by you, by your case manager, by others) to move you to where you should be on the scale?**
- **How would that bring about better outcomes for the child?**



Activity tip sheets:

For use with carers and the children & young people in their care.

The following activities are provided as suggestions for your use with clients:

- in the home setting,
- in individual sessions or groups with children or
- information sessions or appointments with carers.

These activities are demonstrated within the Fostering Hope worker session and we encourage you to further develop your tool kit of activities with regards to promoting strategies for carers to use with the children and young people in their care. With a focus on managing challenging behaviours, understanding the meaning behind them and the importance of promoting calm and containment these are a few activities to promote this focus within interventions with children and families.

These tip sheets can be the beginning of a set of activities that you as workers can have at your disposal to suggest to carers and parents in order to support calm and containment within the placement and family setting.

All of these activities can be adapted for use with:

Carers:

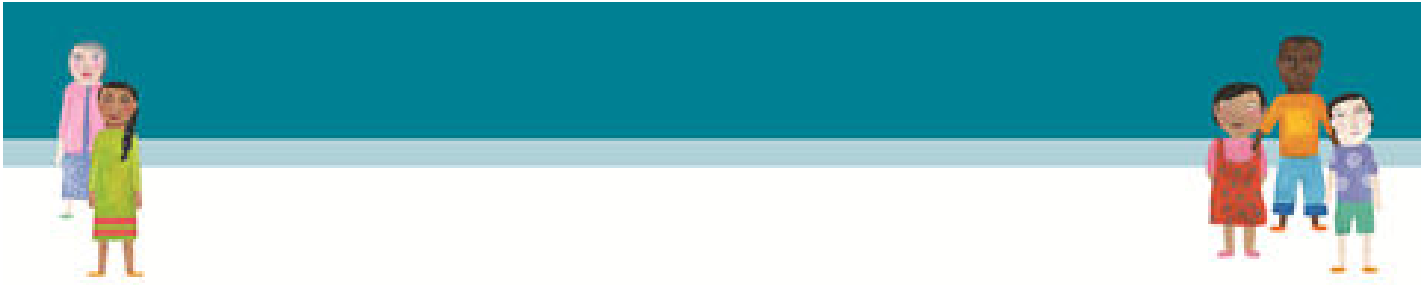
- In group work
- Individual reflection
- Promotion of attunement with child or young person in their care

Children & Young People:

- Individual sessions
- Group work
- Home visits

Case managers/Workers:

- Strategy sharing exercises
- Group work

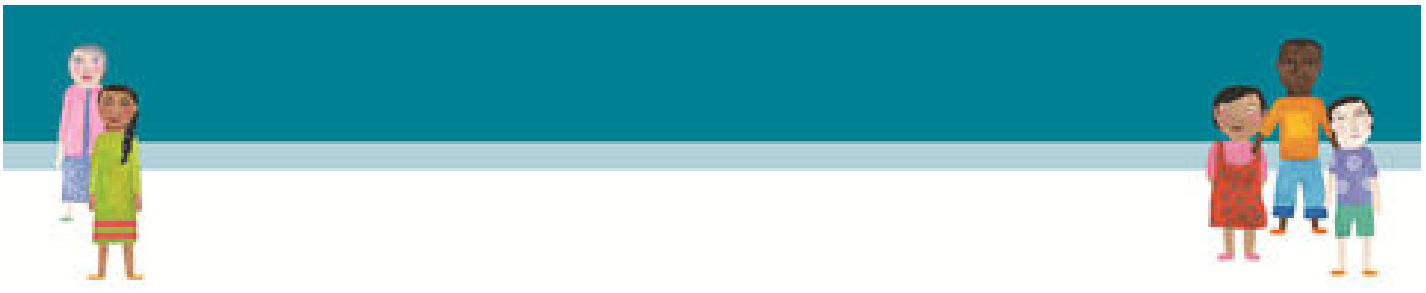


In order to promote attunement between carer and child, rather than the worker doing these activities directly with a child or young person, it is important for workers to support the carers to do these activities with the child or young person in their care with support from a worker. Alternatively they can be adapted for group process.

Culturally appropriate adaptations of these activities:

All of the following activities are generic activities and can be suitably adapted for clients of differing cultural backgrounds.

If you are working in a community with specific cultural needs we encourage you to discuss activities with clients to ensure they are adapted to suit your target group.



Body Mapping

Activity type: Self-awareness/ body awareness activity

Materials: Large pieces of paper
Coloured pens, textas, pastels, pencils

Aim: To encourage the child/young person to practice tuning into her/his body, to increase her/his body awareness and to befriend her/his inner body sensations. A step closer to self regulation.

Brain regions focus: Limbic lobe, diencephalon, and cerebellum

Age range: 7 years – adult

No. of people involved: individual or small group

Description:

1. Play some gentle music in the background
2. Child is encouraged to draw an outline of her/his body on a large piece of paper or on the map provided.
3. Client is provided a range of coloured pens or textas
4. Client is guided to tune in to their body and then connect to each part:
Tune into your body. Check around inside your body and see what you can discover. Begin in your head, and move your awareness gradually from your head down through your body to your toes.
See if you can move your awareness through your body and look for the different feelings I mention. If you find them, draw them on the body outline beside you. Pretend it is a map of you. See if you can tell what colours and what lines could be used to describe what you find.
Then relax again and wait for the next thing to look for. If you do not find anything just relax and wait for the next search. Sometimes there is one part, sometimes several.
Look for the things I will suggest in your head, your shoulders, your arms and hands, your chest, belly, hips, legs, and feet.
Take a big breath each time you relax and tune in and wait for the next search:



Search for 6 to 8 of these:

- cool or cold
- Warm or hot
- Pain or pleasure
- Sadness or happiness
- Anger or loving
- Fear or courage
- Weakness or strength
- Tight, holding parts or relaxed, free, soft areas
- Agitated areas or peaceful parts
- Parts you don't like or favourite parts

5. Ask: *Is there anything you have found inside that has not been mentioned?*
If so, invite them to draw it/them on.

6. After several searches, the body outline drawing is discussed. The client is invited to describe what was found and how she/he felt doing the exercise.

Encourage conversation that may enlarge self awareness and offer a space that may help the client to draw out connections between what was found in the body and their experiences.

When would you use this activity with clients?

This activity could be used throughout contact with the client. It could be used to show how a client's relationship with their body (and their self) changes over time.

When wouldn't you use it?

This activity should be discontinued if the process results in a high level of distress for the client. Clients who display an inability to access their body through this process may need to begin with a gentler introduction to getting to know their body



Exploring Sensation Questions: Possible questions to include in the Body mapping process.

Open Ended

- What do you notice in your body?
- Where in your body do you feel that?
- What are you experiencing now?

Invitational

- What else are you noticing about your _____?
- Would you be willing to explore how your foot wants to move? Rather than... It looks like your foot wants to move, or try moving your foot
- Would you be willing to stay with the feeling?

Explore sensations with details

- What are the qualities of that sensation?
- Does it have size, shape, colour, weight?
- Does it spread?
- Does the _____ go from inward to outward or vice versa?
- Do you notice a centre point? An edge?

Broaden awareness of sensation

- When you feel _____ what happens in the rest of your body?

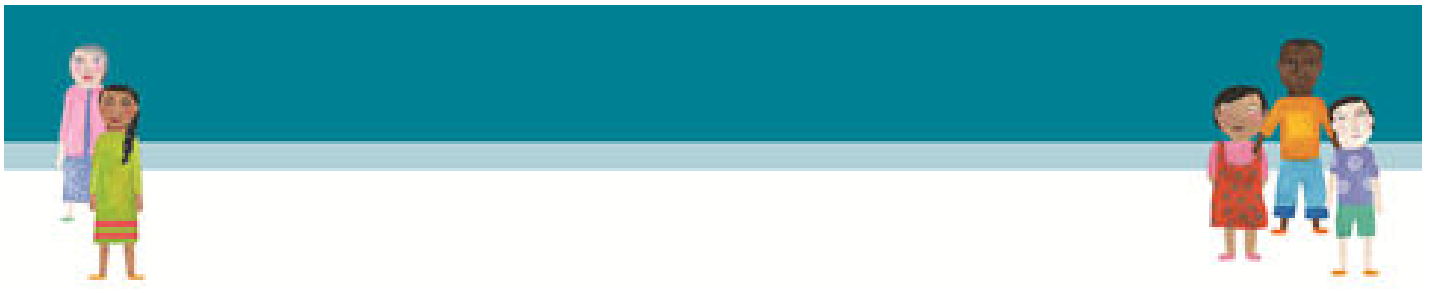
Move through time

- What happens next?
- As you follow the sensation where does it go?
- How does it change?
- Where does it move to?

Savoring

- Allow yourself to enjoy that

(Levine 2007)



Body Scan: A Script to support mindfulness and understanding of physiology

This body scan script can be used with carers in a self-care session or promoted for a carer to use with a child.

Get comfortable. Shift and move a little to let your body settle into your chair. Be comforted that at this time. Right now everything is okay. There is nothing more you need to do. Simply feel your body and listen.

Don't worry or become agitated if you don't hear everything I say. It is natural to flow in and out of conscious hearing. There is no way to do this wrong. Simply listen without trying too hard. You are in a safe space.

Allow your awareness to travel through your body now on a journey of sensation. Simply feel each part as it is mentioned, just as is.

Begin with the mouth, feel your mouth, feel your jaw, lips, notice where the lips touch, feel the inside of the mouth, roof, under tongue, teeth and gums, tongue, notice any sense of taste in the mouth. Feel all the parts together now as a whole.

Feel your nose. Notice the nostrils. Notice the breath, nasal passages, follow nasal passages all the way back into your head.

Become aware of your ears. Feel the wrinkles and folds of the ears, backs of the ears, earlobes, ear canals. Follow ear canals into the inner ear. Notice your ears receiving sound, listening. Feel your ears hearing.

Feel your eyes, left eye, right eye, both eyes together. Notice eyelids, feel each eyelash. Notice where the eyelids touch. Become aware of the surface of the eyes, centres of the eyes, backs of the eyes.

Bring awareness to your crown, forehead, face. Feel your whole head. Feel your neck. Back of the neck, sides of the neck, throat.

Notice your right palm, thumb, first finger, second finger, third finger, fourth finger. Feel your whole hand. Feel your wrist, forearm, elbow, upper arm, whole shoulder. Notice the notch at the base of the throat. Notice your left palm, thumb, first finger, second finger, third finger, fourth finger. Feel your whole hand alive with sensation. Feel your left wrist, forearm, elbow, upper arm, whole shoulder. Notice the notch at the base of the throat.

Become aware of the upper chest, upper back, shoulder blades, feel your heart centre. Notice your abdomen, ribs on the back. Feel your belly, navel centre, the organs in your core, pelvis, hips. Feel your right hip, thigh, knee, lower leg, calf,



ankle, foot, toes, sole of the foot, whole foot. Feel again the pelvis, left hip, thigh, knee, lower leg, ankle, foot, toes, sole, whole foot. Notice both feet.

Feel now your back resting on the chair. Bring awareness of your whole back. Feel now the front body. Pour your awareness like liquid into the right side of your body, feel the right side. Pour your awareness like flowing sensors into the left side. Feel your left side. Feel midline.

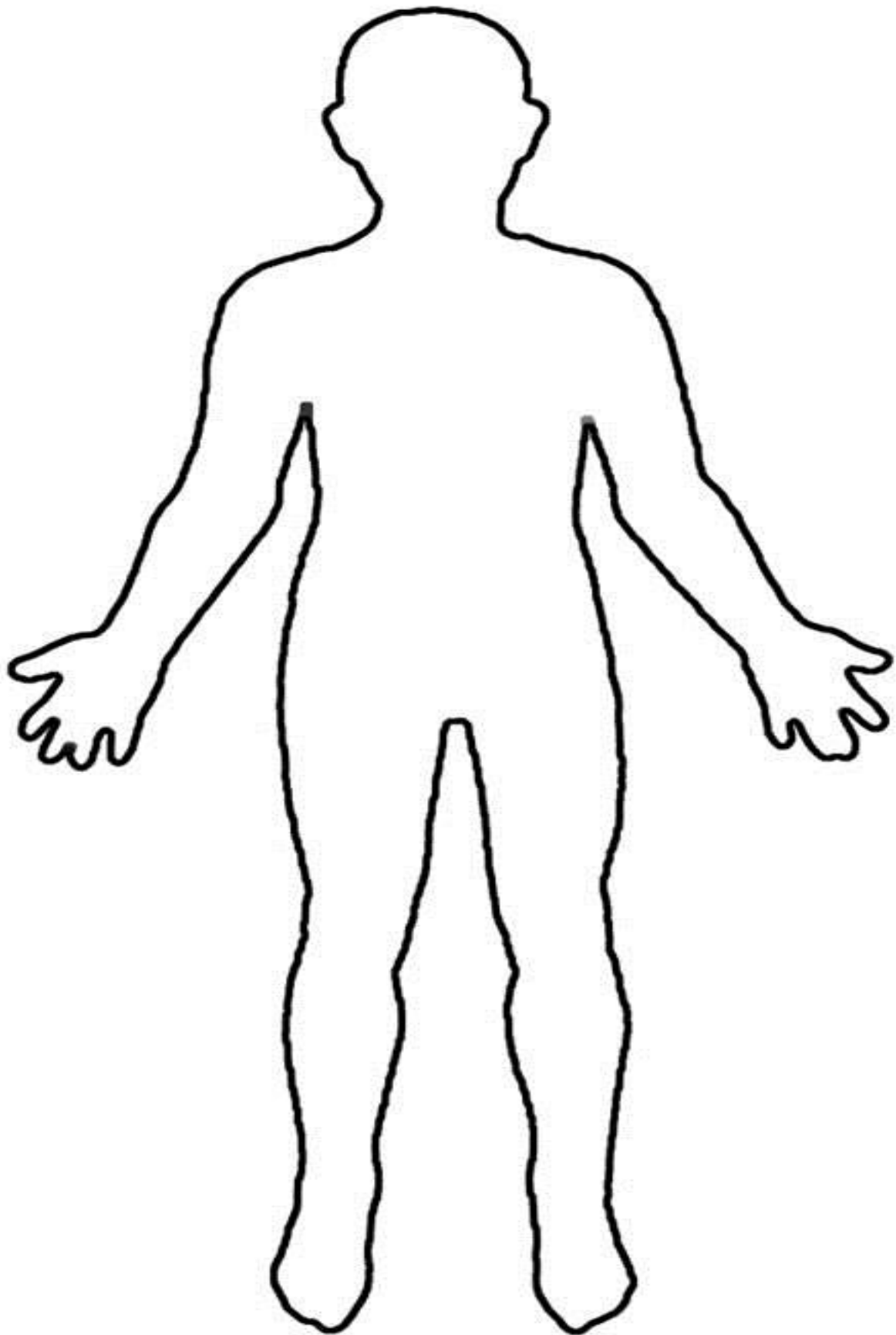
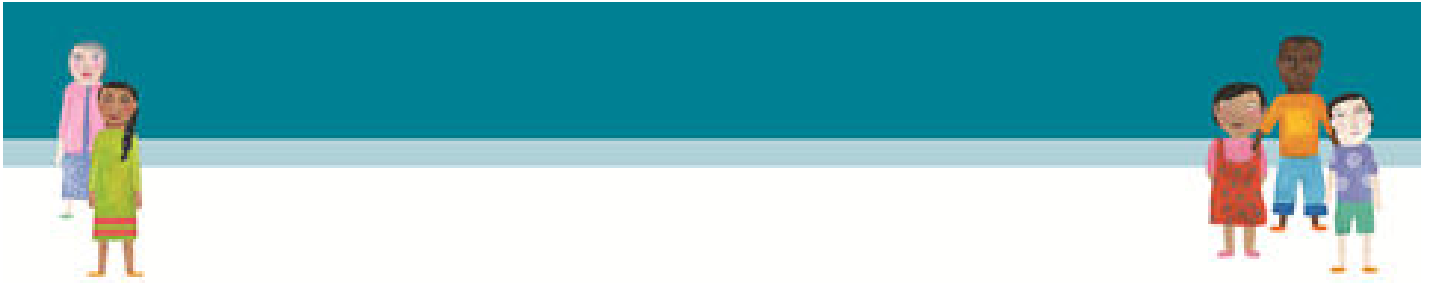
Feel your body as a whole. Complete entity. Feel sensation throughout your entire body. Accept these sensations as a part of you. These sensations are parts of you that will fluctuate, come and go. Accept them, as is.

As I count back from 5-1 gradually allow yourself to become fully aware of the room again. Slowly open your eyes if they are shut.

5 4 3 2 1

Adapted from body scan script:

<http://www.jenniferreisyoga.com/Yoganidrascripts.html>





Drumming

Activity Type: Sensory Awareness/body awareness. Can be used individually or in groups with carers, children & parents.

Materials: Hands, drums, shakers or message sticks etc

Aims:

- To explore the use of non-cognitive measures to work on self calming techniques
- To assist children to recognize the experience of calm
- To promote tuning into others and working as part of a team
- To provide a non-verbal outlet for emotion

Brain Regions Focus: Brainstem

Age Range: All ages

No. of people involved: 2 -1000!

Description:

- Give some “free time” to drum as the child/group want to.
- Start by finding a single rhythm that all the group/child can follow
- Slowly pick up the pace of the rhythm until it gets really fast!
- Then start fast drumming and slowly bring the pace down. Keep at the slow pace until the group start complaining or stop!
- Ask each person to drum at the best speed for them- the speed that feels most comfortable.
- Focus again on a slower beat- look for something between 70 and 80 beats per minute.
- Give some “slow drumming free time” to end the session

When would you use this activity with clients?

- When the child requires non verbal outlets for feelings and emotions
- When a child needs coaching with regards to self calming techniques
- When the group needs to connect with each other in order to develop a sense of belonging and connectedness
- When a child or group need to work on self regulation and attunement
- When a child finds it difficult to shape or change feelings of distress/stress
- When a child needs encouragement to stay in ‘the here and now’
- When a child and/or group needs to develop awareness of rhythm and synchronicity in order to develop social awareness.



When wouldn't you use it?

- When you are aware a child is particularly sensitive to sharp or loud sounds – in this context you may still use drumming with cushions or little fingers on laps etc.
- When the physical surrounds do not lend themselves to loud noises – group rooms next to counseling rooms – where the session may distract from other parallel sessions or groups.

Some Drumming Warm ups

15 minutes of drumming @ 80bpm produces calm, ALPHA brainwaves.

Make up your own drum call- Drum calls are short little rhythms at the beginning of songs that introduce the song- like a signature. Make up your own drum call or signature. See if you can remember your drum call later on.

Name Drumming- Drum the syllables of your name and any other names you like

Drum Talking- take turns drumming and have a conversation with each other via drumming (no talking) You can stop the game at any time and have a guess at what the other person might have been feeling when they drummed

Echo- Take turns making up and copying each others drumming rhythms.

Drum a feeling- Write down a bunch of feelings on pieces of paper then put them in a hat. Pick out one at a time and take it in turns to drum the feeling written on the paper. Others need to guess what feeling you are drumming.

Drum an experience- Think about different experiences and drum them. How does a happy experience sound compared to a sad one?

Faster and Slower- Practice beating the drum then speeding it up and slowing it down

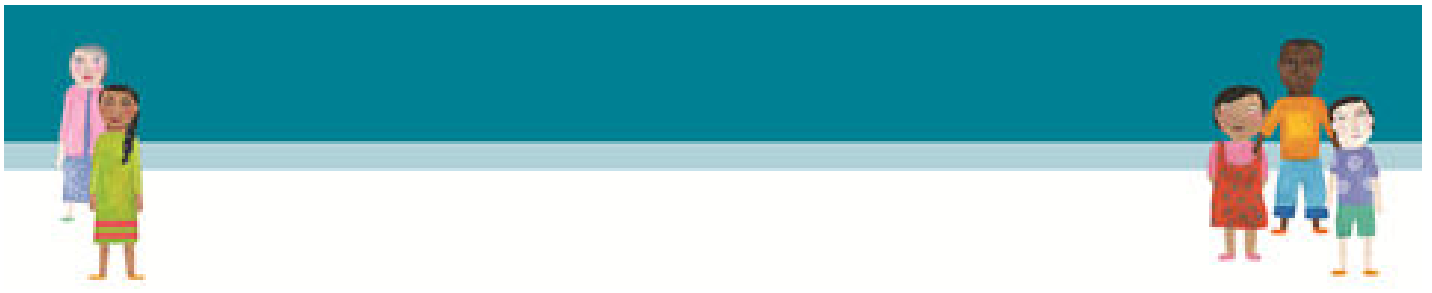
Pass the beat- Take it in turns to beat the drum once and see how fast we can pass the beat around



Drum a song- Choose a song in your head and try to drum it so the other person can guess what it is. If they can't guess it, give them hints or sing or talk the words while drumming.

The rhythm of others- Hit the drum in a way that represents people who are close to you. How different or the same is your mum's sound to your dad's? What does your rhythm sound like?

Drumming to music- Get the child to bring in some music or bring some music in yourself and drum to the music



Hand Clapping Games

Activity type: Rhythmic hand clapping games with accompanying rhymes to chant

Materials: Two participants should be seated or standing facing each other

Aim: To achieve coordinated movement and contra-lateral activation of basic brain regions

Brain region/s focus: brainstem, midbrain

Age range: 6 years and older

No. of people involved: 2 (some games can be adapted for 3 – 4 participants)

Description:

(See accompanying hand clapping games handout)

When would you use this activity with clients?

These activities are enduring favorites that you may have played in your childhood. I would use these activities to build connection in a fun way. The rhythmic hand movements and rhymes calm the lower brain while the proximity and synchronicity with another builds relationship. These are great activities to teach children who can then pass them on to parents or carers. Some of these games can be played in groups of 3 and 4.

When mightn't you use it?

Close proximity can be activating for some children so be aware of signs of trauma activation eg. child moving away, becoming hyper-aroused, or hypo-aroused. Also give permission for the child to stop the game whenever they like. Move to the level of the child when you play these games.

DOUBLE THIS

This is a fairly straightforward handclap, more of a chant than a song.

Double, double this this

Double, double that that

Double this

Double that

Double, double this that

On the word:

**Actions:**

Double - hands fisted, touch knuckles

this - partners clap palms

that - partners clap back of hands

Miss Mary Mac

Miss Mary Mac, Mac, Mac

All dressed in black, black, black,

With silver buttons, buttons, buttons,

All down her back, back, back.

She asked her mother, mother, mother,

For fifteen cents, cents, cents,

To see the elephant, elephant, elephant,

Jump over the fence, fence, fence.

He jumped so high, high, high,

He reached the sky, sky, sky,

And didn't come back, back, back,

Till the Fourth of July, ly, ly.

Actions:

Actions:

Miss - cross arms and slap own shoulders

Mar - uncross arms and slap thighs

y - clap own hands

Mac - clap right hand with partner

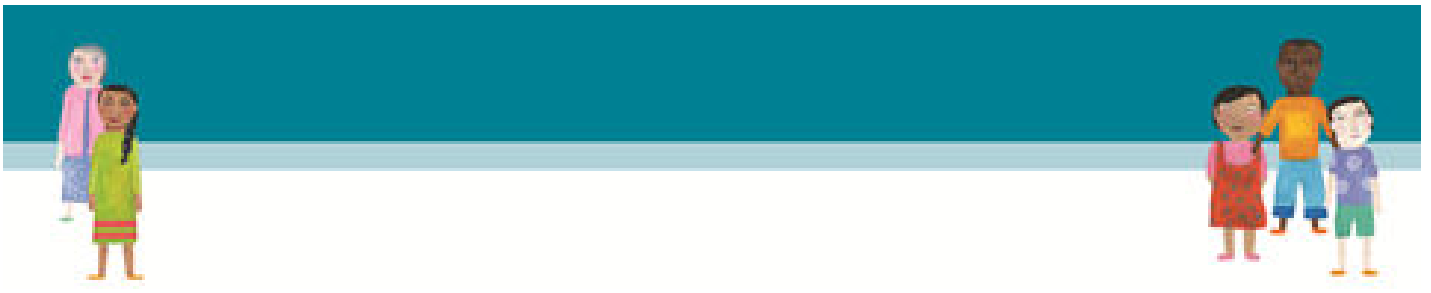
(pause) - clap own hands

Mac - clap left hand with partner

(pause) - clap own hands

Mac - clap partner's hands

Continue the sequence for remaining verses.



5 Senses Hand

Activity Type: Regulation & promotion of feeling states

Materials:

- Paper
- Face paints
- Gloves
- Computer images
- Magazines for collage

Brain region Focus: Limbic region

Age Range: All ages. Carers, children and young people

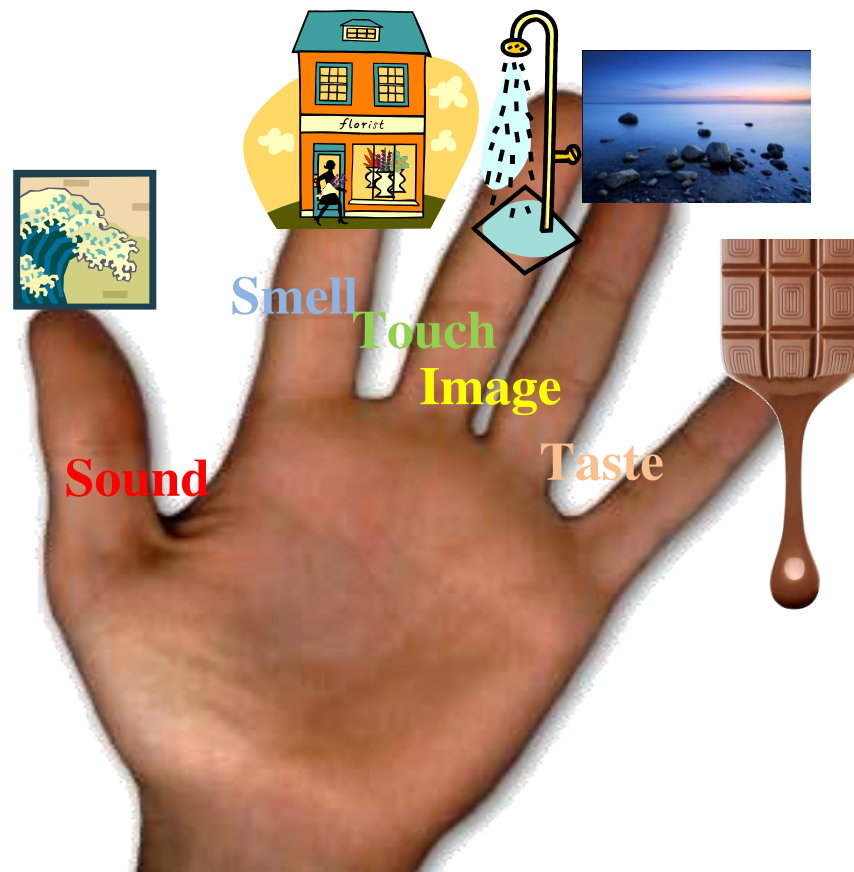
No of people involved: Individuals/pairs/groups

Description:

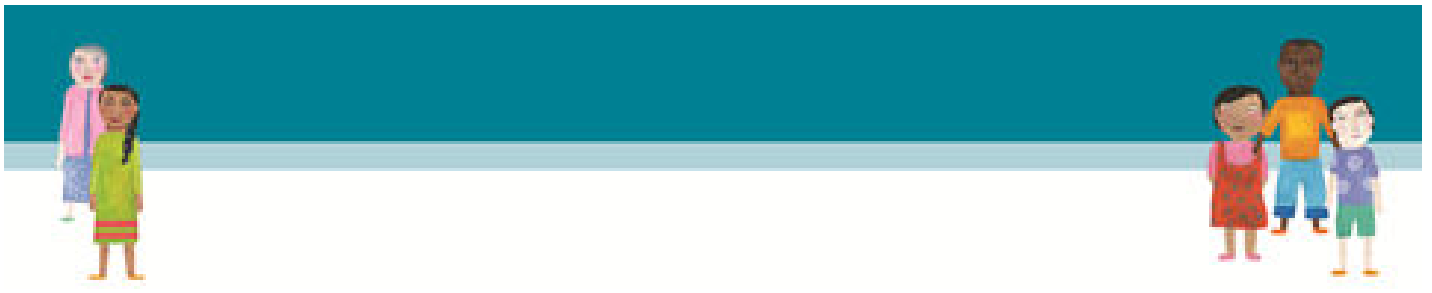
1. Trace your hand on a piece of paper and label each finger each of the five senses.
2. Think of your favourite thing/s associated with each of the senses eg.
 - taste- chocolate,
 - smell- flower shop
 - touch – running water
 - image – an ocean
 - Sound – waves
3. Write or draw a picture or symbol of your favourite thing associated with each sense in the associated finger or above the associated finger.

Alternative- Paint a symbol or colour on each fingernail to remind the child of their favourite things associated with their senses.

4. Make copies of the drawing so they can be easily accessed. Encourage the child to look at their real hand and remind themselves of their favourite things. Practice accessing their favourite things. Encourage the child to think about their 5 senses hand when/if they begin feeling like they are drifting off or becoming activated. Explore with them if getting in touch with some senses are easier than others.



Adapted from an exercise at: www.stardrift.net/survivor/senses.html



Here & Now Games

Activity type:

Body awareness/sensory awareness

Materials:

Nil

Aim:

- Here and Now Games are quick, practical activities that have a young person focusing on the present with the direct purpose to keep them focused on your group session or individual session. These tasks are used specifically to provide gentle encouragement for the young person to bring their awareness back into the room and be present.
- Fun activities that provide a collective focus for a group using visual stimulus or body work

Brain region/s focus:

Limbic Lobe, diencephalon and cerebellum

Age range:

0-100!

No. of people involved:

Individual or group

Description:

These activities can be adapted for carers to use at dinner time at the table, bath time – any time where a child or young person is showing hypoarousal.

In a group setting:

- a) Have the whole group, at random times across your session (or when you notice a young person seeming not to be present/dissociative) point to something blue in the room or something red in the room. Something plastic or something steel, something soft or something cold etc. It is best to ask to do two of these instructions at any one time and go back to your task then ask two more at another time amongst your session. You will find that competitiveness to be first gets the group acting quickly and enables the young person not present to focus back in the moment without any attention being placed upon them.



- b) Have your client or group focus on their big toes. Get them to push them hard into the carpet, wood, cushion etc. Have the group/client touch the top of their shoes, feel their socks and tap their favourite ad jingle (or Simpson's theme song etc) with their toes.
- c) Have your client focus on their tongue. Press it hard against their teeth, sides, bottom, and top of their mouth. Run it along the front of their teeth, curl it backwards, push through their front teeth to touch their lips etc.
- d) Have the group stand behind their chairs or find a place in the room. Begin by standing centered in the space around them and then focus on their hands – shaking the energy from their hands into their arms from their arms into their torso. From their torso into their legs, from the legs into their feet. Have them move their shake up their body into their head, their shoulders, back into their arms and come to rest in their hands once more. Shaking out their hands they are to send the shake away from their body up into the atmosphere.
- e) Pass the hand squeeze – have the group make a circle and hold hands. Have two young people be nominated as 'the spotters' and they need to stand with their backs to the group for a moment (or leave the room if appropriate) whilst the facilitator chooses two people to start the hand squeeze and stop the hand squeeze. The 'starter' has to pass the hand squeeze around and once the 'stopper' stops the hand squeeze it has to reverse back to the 'starter' through the group each time. The two spotters are to watch and confer with each other and decide which person is the 'starter' and the 'stopper'.

Any activity that gently enables a 'frozen' or dissociated group member or client to bring themselves back into the present is of vital importance to their participation in your session, either individual or group. Any games that focus the young person back on the room or their bodies will be effective and provide the young person with an opportunity for respite especially if the session is focused on difficult material/processes. Above all else these games should be interesting and FUN!

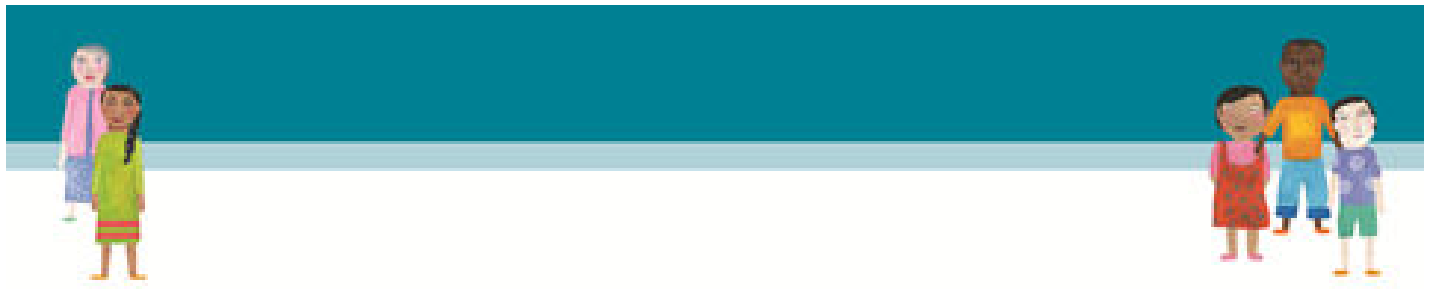


When would you use this activity with clients?

- When you have a group of young people 'stuck in the past' with their trauma
- When you have group members/clients who have strong freeze survival instincts or a tendency to 'fade out'
- When you have a large group of young people who are all talking over the top of each other and are finding it hard to contain their energy (and hopefully enthusiasm)

When mightn't you use it?

- When, after trialing a here and now game, you become aware that a client or group member is not responding to the activity after several tries. This may create an unwanted focus on a young person in the group if the other participants are particularly competitive. (This can be an advantage if it encourages the young person to be alert to participate however it will be clear if a group member is not participating)



LINE OF MY DAY

Activity type:

Reflective/Exploration

Materials:

Paper/card

Pencil/s

May be done on whiteboard

Aim:

- To create awareness for a young person of the movements in feelings we can experience over the course of a day
- To map what types of activities and behaviours are triggers for different emotions for a young person.
- To create a focal point for discussions about feelings and behaviours

Brain region/s focus:

Limbic lobe

Age range:

5 years onwards

No. of people involved:

This activity can be done with a carer & child after school, returning from access or individual sessions with carers (self care) or child or young person.

Description:

- It is often best to introduce this activity with an example of your own on a piece of paper or the whiteboard. Facilitator/Counselor to discuss a couple of events in their day and draw an example of the feelings experienced and why (see attached example)
- In an individual session with a young person you may do this activity alongside the young person and share your stories or you may give the young person sometime to do this individually.
- If working in a group, have individuals do this for themselves – perhaps have calming music playing so that reflection is possible. Some young



people may need assistance remembering their day and may need individual coaching due to this.

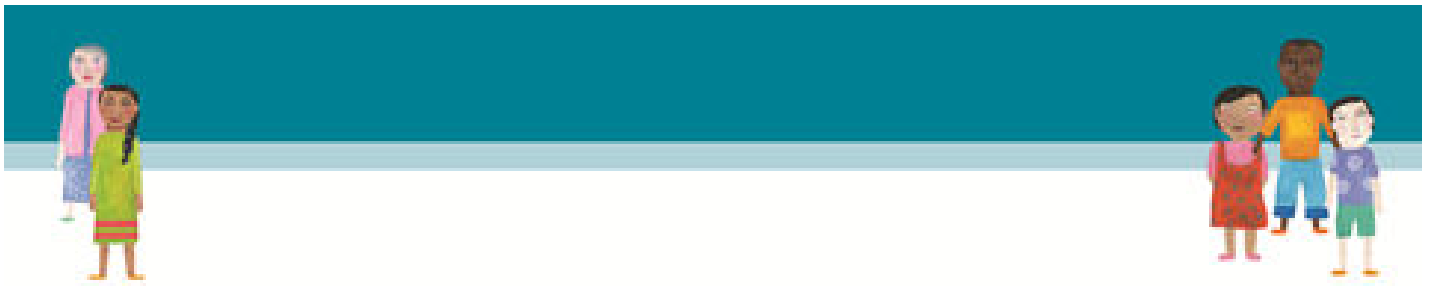
- Then use these maps to have a discussion about triggers, behaviours, feelings or responses where appropriate.

When would you use this activity with clients?

- Where there is a need to focus on and discuss feelings and behaviours
- In order to assist child/young person/carer to map their responses and assess their own triggers making sense for them of their reactions and behaviours.
- Working with any client who requires reflection on their actions
- Where feelings coaching is required

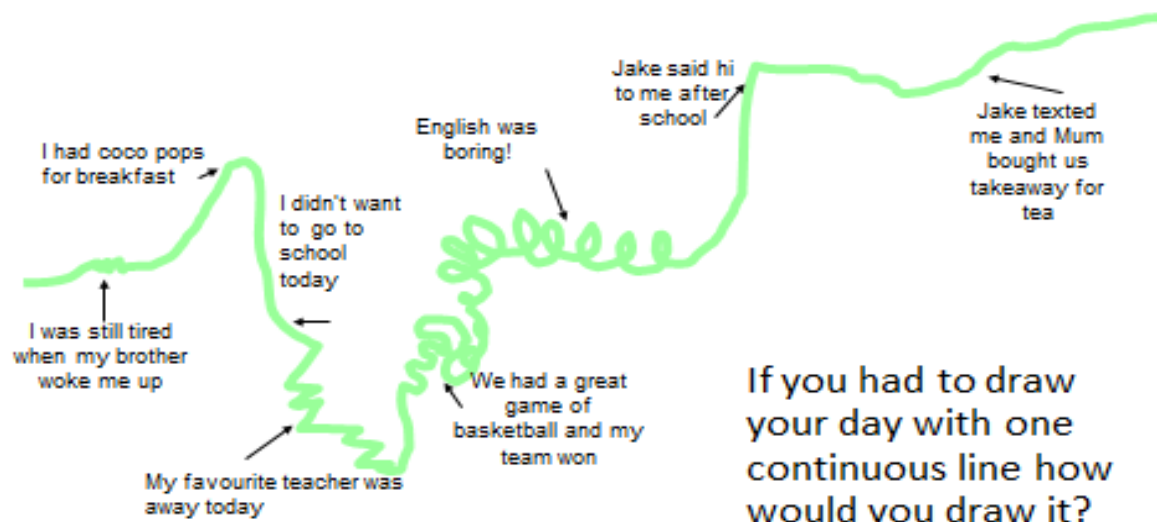
When mightn't you use it?

- If a young person is particularly experiencing issues with memory it may be difficult for them to reflect on a whole day – you may just do the activity focusing on the morning, afternoon or last hour!
- If the young person has an issue with staying present due to being pulled back into past trauma it may not be useful for them to reflect in these circumstances – here and now activities would be more appropriate.



Example:

Line of my Day





Identity Shield/Totem/Collage

Activity type: Reflective/Exploration

Materials:

Magazines, pictures, postcards, cloth, stickers, recycled cardboard etc.

Glue sticks

Textas,

Pastels

Pencils etc

Aim:

- To provide a focus for the child/ young person/carer to contemplate their roles, what they are good at, what interests them, what they may envisage for the future.
- A visual tool to remind the young person of their hopes, talents and aspirations.
- A tool to start conversation with the young person about their world and experiences.

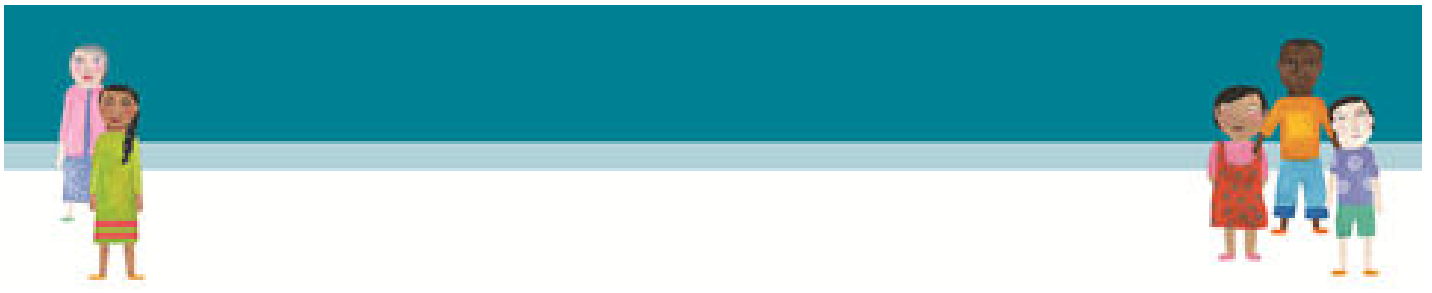
Brain region/s focus: Cortex, Limbic lobe

Age range: 5 years onwards

No. of people involved: This activity can be done in a group or one on one in individual sessions.

Description:

- Ensure the environment is a relaxed and creative space with little distractions. Play some background music if appropriate.
- Provide the young person with a blank piece of card. In some circumstances where you feel it may be necessary you can provide a more prescriptive shape in order to contain and focus the activity (see attached)
- If working in a group place all the art materials in the centre of a table and allow the young person/people to forage for their individual needs collectively.
- If working one on one you may wish to discuss with the young person their choices of materials and provide suggestions where you feel it is appropriate to do so. This is a great opportunity to have a discussion with the young person about their hopes and aspirations.



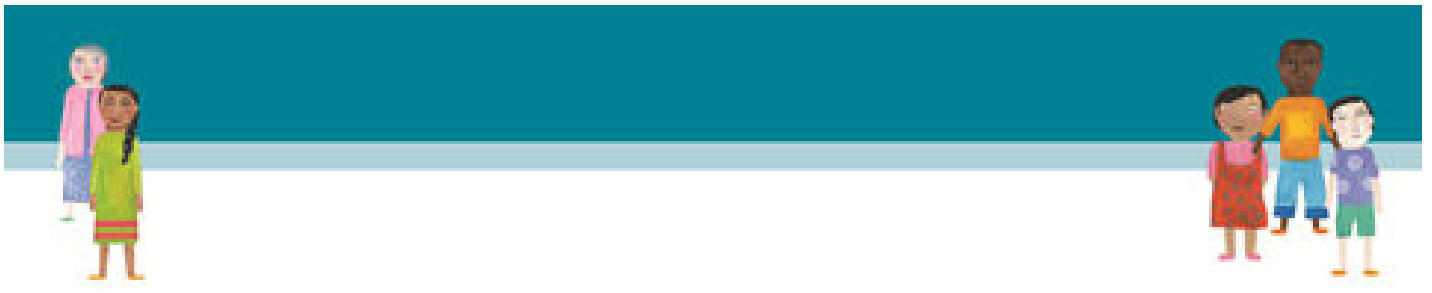
- If working in a group – make yourself available to those who request your support during the activity. Some young people work better with out some one watching, others may require your connection.
- If working in a group encourage discussion across the group at different points in time in order to share ideas. This will assist those that may be struggling with ideas for their own shield or may have performance anxiety with regards to their artistic ability.
- Collage is always a good starting point as it lessens performance anxiety about artistic talent however encourage the young people to choose their preferred medium.
- Once the young person/child/carer are winding up it is important to clear the space. Pack away all the materials as a pair or group and give the young person some time to sit with their shield and think about the process.
- Then you have the choice for the participant to speak about their shield in pairs or as a whole group depending on your assessment of the needs of the group. If working one on one you may choose to revisit the piece of work in your next session.
- Due to the personal nature of individual shields the young person may want to take the work home and keep it, others may want to display their work. This will again depend upon the needs and make up of the group.
- Following this activity you may want to pick up on individual images and ideas for further discussion with the participant.

When would you use this activity with clients?

- In an individual counselling session
- In small groups
- In large groups
- Where a young person requires tangible and visual feedback about their strengths and hopes.

When mightn't you use it?

- If the young person has limited ability to think about the future presently
- In a group session there has to be a high level of safety surrounding this activity as the images and information required to be put down on paper are very personal and a feeling of vulnerability about this may be present early in individual or group process

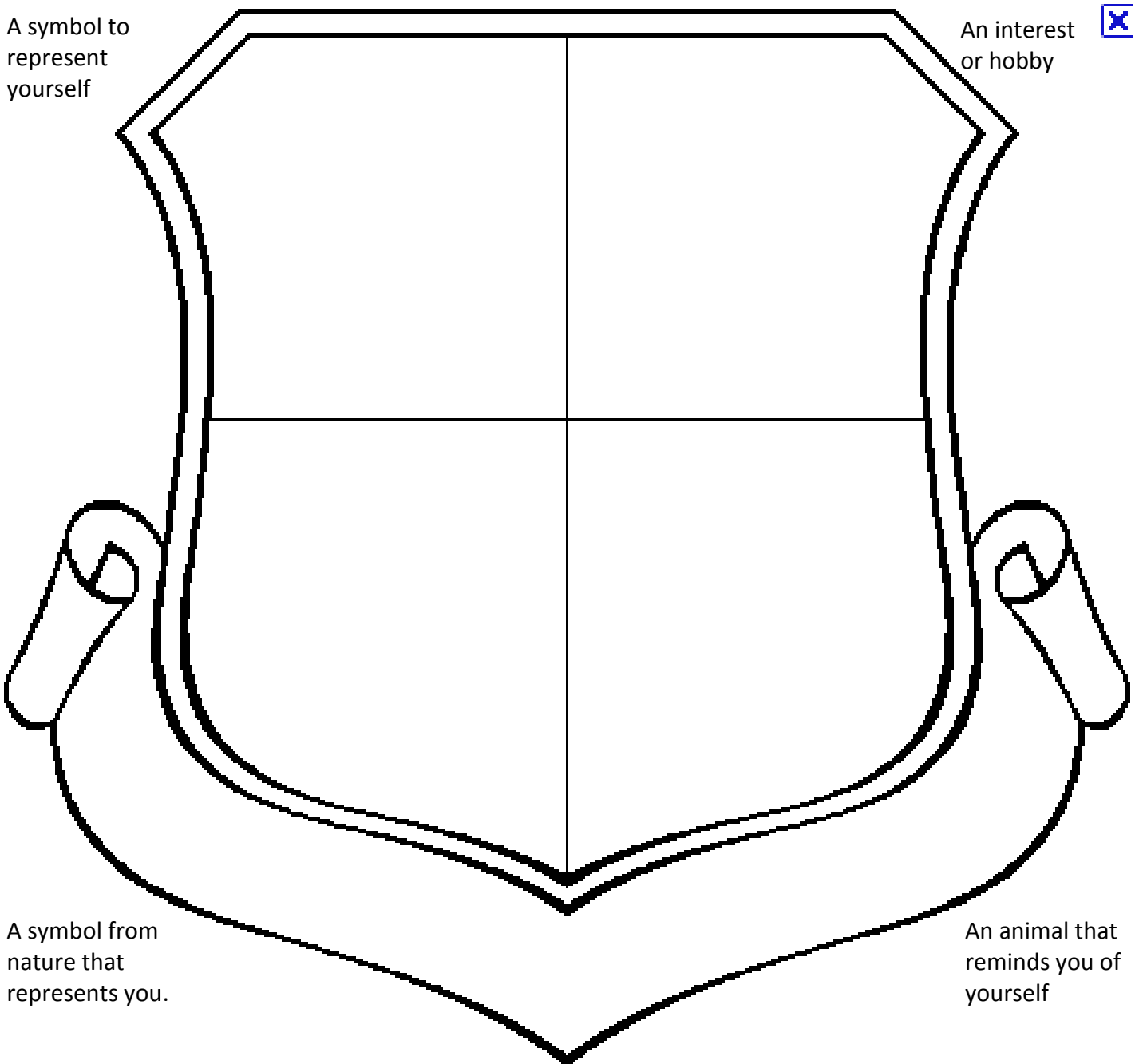


IDENTITY SHIELD

Every Knight needs a shield! With all that armour it was hard to tell who was who so Knights used a shield with symbols and words that would distinguish themselves from others. In this activity, design a shield that includes things that represent or speak about who you are.

A symbol to
represent
yourself

An interest
or hobby



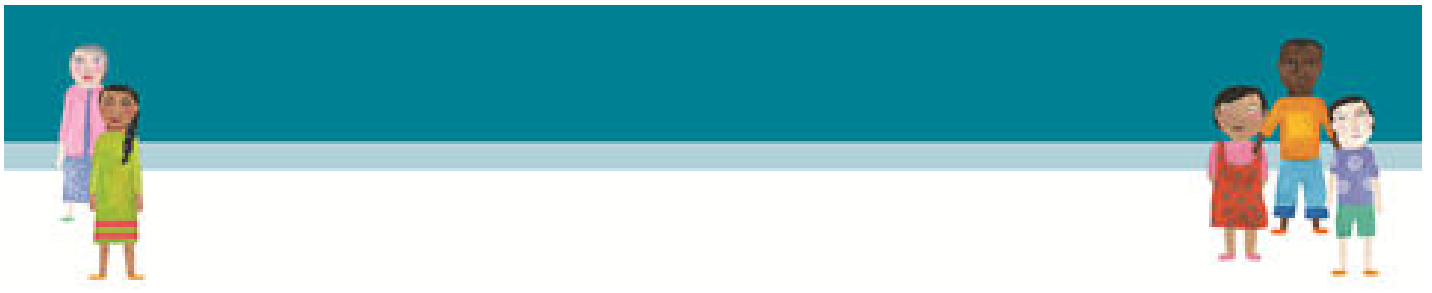
A symbol from
nature that
represents you.

An animal that
reminds you of
yourself



Ideas for educating carers and children about brain development and trauma impacts:

- Using Play doh or clay create a brain together discussing aspects of development and trauma impacts on this development.
- Brain Puzzles – using the \$2 shop brain puzzles or creating one from coloured brain pictures cut up into puzzles.
- Swimming caps – Drawing on caps whilst on each other's head. (Kids love this!)
- Brain debate – In group work having groups focus on a brain region and debate why they are the most significant aspect of the brain
- Add more suggestions here as you & your team develop them:



Fostering Hope

ADDITIONAL RESOURCES

“Nurturing Attachments: Supporting Children Who Are Fostered or Adopted”

by Kim S. Golding 2008

“The Boy Who Was Raised as a Dog” by Dr Bruce D. Perry and Maia Szalavitz 2007

“Born For Love” by Dr Bruce D. Perry and Maia Szalavitz 2010

“Parenting from the Inside Out” by Daniel Siegel and Mary Hartzell 2003

“Facilitating Developmental Attachment: The Road to Emotional Recovery and Behavioural Change in Foster and Adopted Children” by Daniel A. Hughes 1997

“Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children” by Daniel A. Hughes 2006

www.childtrauma.org: This is the website of the **ChildTrauma Academy**, and has links to a range of articles written by **Dr Bruce Perry**, including articles and tip sheets for carers of abused and neglected children. In particular the article “Bonding and Attachment in Maltreated Children: Consequences of Emotional Neglect in Childhood” – link below

<http://teacher.scholastic.com/professional/bruceperry/bonding.htm>

The **Office of the Child Safety Commissioner** in Victoria has a range of publications available to download or order online for free, including delivery. They have been primarily developed for schools but also for carers, to support people’s understanding of why traumatised children behave the ways they do, and what teachers and carers can do to support their healing:

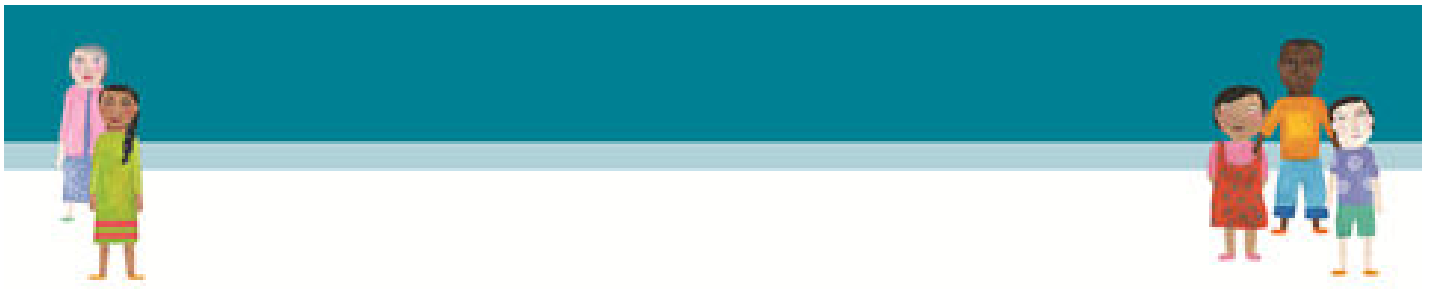
Calmer Classrooms, From Isolation to Connection, and Caring Classrooms

http://www.kids.vic.gov.au/publications/orgs_resources.htm

The **Australian Childhood Foundation** has 2 publications (links below) which are available for download or to order:

“Making Space For Learning: Trauma-Informed Practice in Schools”

<http://www.childhood.org.au/Assets/Files/bdb91340-c96b-457d-a408-ce4d790e3c00.pdf>



“A Home Away From Home: Children’s Stories about Foster Care”

<http://www.childhood.org.au/Assets/Files/113a6691-affd-455c-9e08-ce363e22f0f8.pdf>

The **Victorian Department of Human Services** has developed a range of publications which are available for download. The link below is to the Child Development and Trauma Guide, which looks at children’s typical development over a range of age brackets, and then lists possible indicators of trauma, along with tips for carers:

http://www.cyf.vic.gov.au/_data/assets/pdf_file/0009/479745/child-development-and-trauma-guide-2010.pdf

This site also has practice guides on the following topics:

- Children and their families
- Families with multiple and complex needs
- Children with problem sexual behaviours and their families
- Adolescents and their families
- Infants and their families
- Cumulative Harm
- Adolescents with Sexually Abusive Behaviours and their families
- The Best Interests Case Practice Model

Harvard University: Centre of the Developing Child “**Three Core Concepts in Early Development**” – **available on You Tube**, 3 short clips about brain development in infants and how relationships foster healthy development.

This link below takes you to the website for the Victorian Aboriginal Child Care Agency (VACCA). This website contains links to publications available to order online, one of which is “**Working With Aboriginal Children and Families: A Guide for Child Protection and Family Welfare Workers**”.

www.VACCA.org

Another useful resource in understanding Indigenous children, families and community is the Secretariat of National Aboriginal Islander Child Care (SNAICC), a federally funded organisation. They have released a document, “**Working and Walking Together (2010)**”, which gives valuable information and guidance to support people’s understanding of the cultural context of ATSI people. This document can be downloaded, or ordered online.

<http://srs.snaicc.asn.au/uploads/nwslt/00418.pdf>

A new report: “**Not One Size Fits All**” by Bamblett, M, Frederico, M., Harrison, J., Jackson, A., and Lewis, P.(2012) is another valuable resource to support understanding of the social and emotional wellbeing needs of Aboriginal children.



Circle of Security (Secure Base Safe Haven etc): www.circleofsecurity.net

My Big Brain Book

This is an excellent book, written by a Melbourne author and psychiatric nurse Bryan Jeffrey. It is written for children and young people, to help them understand how brains work, and what happens to their brain and body when under stress.

[http://moat.com.au/My Big Brain Book files/MBBB%20Watermarked.pdf](http://moat.com.au/My_Big_Brain_Book_files/MBBB%20Watermarked.pdf)

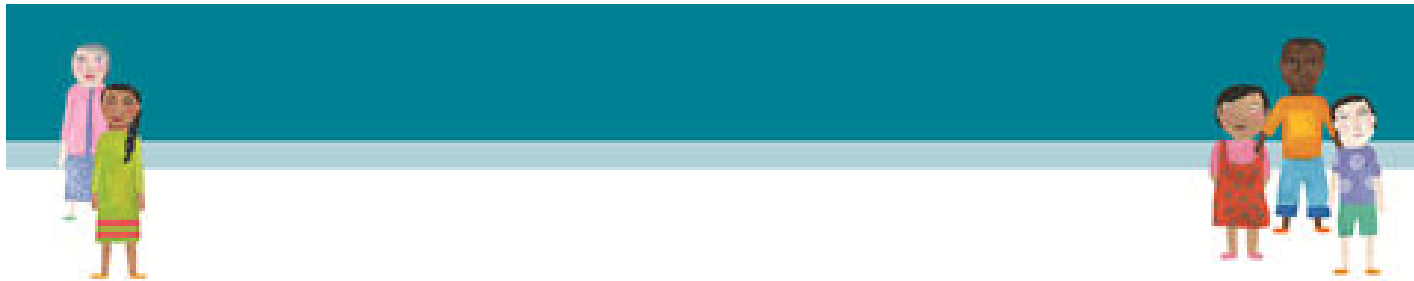
DVD's and clips from Fostering Hope:

“Getting To Know You” – infant communication. Produced by Northern Beaches Child and Family Health Services (02) 9466 2500, and The NSW Institute of Psychiatry (02) 9840 3833, institute@nsmiop.nsw.edu.au

“The Fear Response” – this is a chapter from **“Understanding Traumatized and Maltreated Children: The Core Concepts”** by Dr Bruce Perry and The Child Trauma Academy www.childtrauma.org

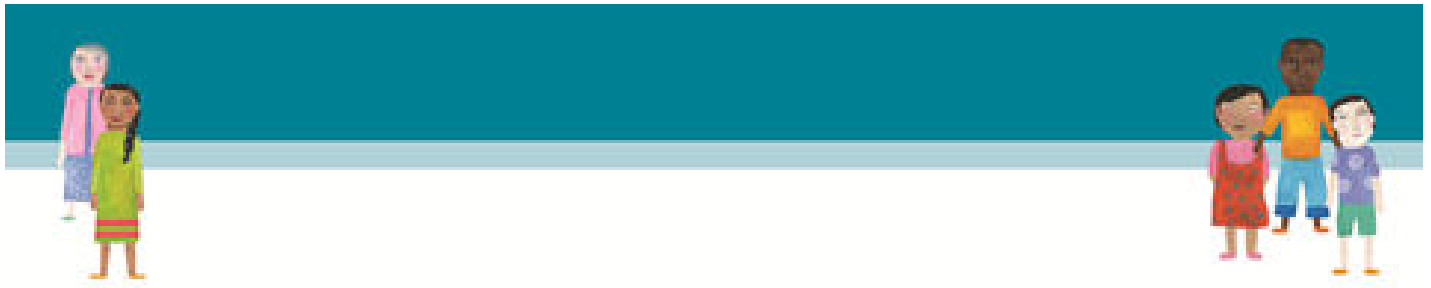
“Building the Bonds of Attachment” by Daniel A. Hughes – available through www.lunchroomproductions.com (includes sections on Shame Development, Shame Symptoms, PACE)

“Attachment for Foster Care and Adoption”, from British Association for Adoption and Fostering (BAAF) (clips of carers talking about kids in their care, as well as discussion about attachment concepts.



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