

# A trauma lens to advocacy and education: The importance of attachment aware and trauma informed training for professionals working with children

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## Outline

- Attachment
- Developmental Trauma (Through the DDP lens)
- The effects of trauma on children's development
- The effects of trauma on professionals and caregivers
- Blocked trust and Blocked Care (DDP)
- Therapeutic Relationships
- PACE
- The impact of attachment aware and trauma informed training for professionals working with children

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## Trauma informed and attachment aware care

- Important to understand children's needs
- Most children receiving child protection services are either traumatized or in danger of being traumatized.
- Professionals and care givers that have a deeper understanding of the effects of trauma on children's behavior are more likely to make decisions that are in the best interest of the child.
- In addition, understanding trauma and attachment can:
  - Sets strong foundations for education and child protection systems (plus DI)
  - strengthens the effectiveness of relationship between children with trauma and adults that care for them (including but not limited to foster care and family based alternative care).

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## Attachment

- Biological need



We can learn and adjust.



We are vulnerable as infants/ children,

Attachment patterns:

- Secure/Autonomous
- Insecure/avoidant
- Insecure/ambivalent
- Disorganized/Disoriented

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### Characteristics of Secure Attachment

As children	As adults	Parenting Style
<ul style="list-style-type: none"> <li>Ability to separate from parents/caregivers</li> <li>Seek relief from them when scared</li> <li>Return brings positive feelings</li> <li>Prefer parents to strangers</li> </ul>	<ul style="list-style-type: none"> <li>Stable, trustworthy relationships</li> <li>Self confidence</li> <li>Comfortable with sharing feelings</li> <li>Seek social support</li> </ul>	<ul style="list-style-type: none"> <li>Coherence and consistency in behavior</li> <li>Interact frequently with the child</li> <li>Sensitive</li> <li>Available</li> <li>With empathy, not sympathy</li> <li>Verbally express their interest in other people's feelings</li> </ul>

### Characteristics of Avoidant Attachment

As children	As adults	Parenting Style
<ul style="list-style-type: none"> <li>Avoid parents/caregivers</li> <li>Don't seek relief or contact from parents/caregivers</li> <li>Little or no recognition of parents/caregivers from strangers</li> <li>High levels of separation anxiety Not seeking for help when they need it</li> </ul>	<ul style="list-style-type: none"> <li>Difficulties with intimacy</li> <li>Little or no investment of emotions in social and romantic relationships</li> <li>Inability or denial to share thoughts and feelings with others</li> </ul>	<ul style="list-style-type: none"> <li>Discomfort with expressing strong emotions</li> <li>Distant, values independence</li> <li>Focuses on facts, not feelings</li> </ul>

### Characteristics of Disorganized Attachment

As children	As adults	Parenting Style
<ul style="list-style-type: none"> <li>Hesitant with strangers</li> <li>Upset (have outbreaks) when parents/caregivers leave</li> <li>No relief by their return</li> <li>Older children: insecure when with others, absorbed by thoughts and feelings</li> <li>Many conflicts, disagreements, control of others.</li> </ul>	<ul style="list-style-type: none"> <li>Reluctant to get close with others</li> <li>Constantly worried that their partner doesn't love them</li> <li>Very upset with a relationship ending</li> </ul>	<ul style="list-style-type: none"> <li>Confused or violent.</li> <li>Have experienced traumatic separations in childhood</li> <li>Feel anger towards those who rejected him</li> </ul>

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# Trauma according to DSM

- According to the diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV, 1994):
- Trauma occurs when a person experiences an event or a series of events:
  - in which there was actual death
  - or the threat death or serious injury,
  - or a threat to the physical integrity of oneself or others,
  - and caused the child a strong feeling of helplessness.
  - A situation where the child did not feel safe and protected and experienced terror and intense prolonged stress (emotions which a child is unable to manage without help from an adult).
- Trauma is determined by the way a child reacts to events. An event can be traumatic for one child, while for another child, it may not be.

# Trauma

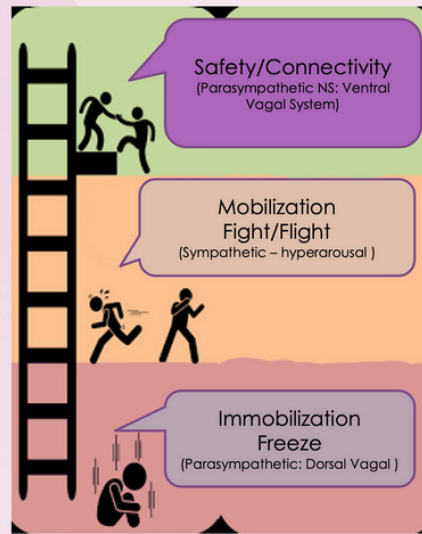
## Developmental Trauma

**Complex trauma:** when someone has experienced multiple traumatic events with immediate and long-term effects.

**Developmental trauma:** When complex trauma occurs through childhood; with early onset within the family; is chronic and prolonged; and impacts on development.

It is usually caused by a child's attachment figures, either through their own actions or through failing to protect them from the actions of others, have more comprehensive and severe consequences.

## ANS: One system Three states



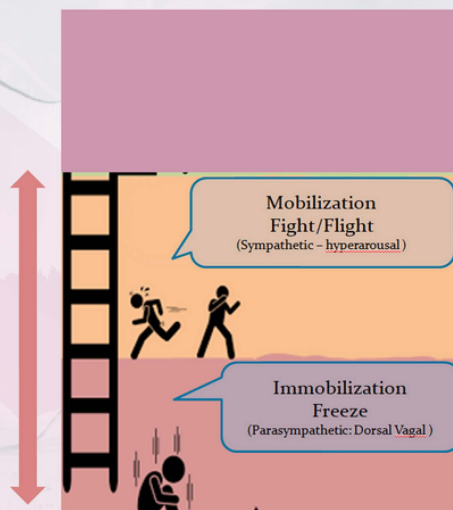
Grounded, mindful, joyful, curious, empathetic, compassionate, engaging and social engagement. Normal digestion, resistance to infection, circulation, immune responses, and our ability to connect is improved.

Anger, rage, irritation, frustration. Anxiety, worry, fear, and panic. Increase blood pressure, heart rate, and pain threshold increase due to increase adrenaline. Decrease digestion, pain threshold, and immune responses.

Shut down, hopelessness, depression, dissociation. Increase fuel storage and insulin activity, pain thresholds increase.

## Developmental Trauma

System trapped in Fight, Flight, Freeze



## When attachment is broken: Blocks ANS

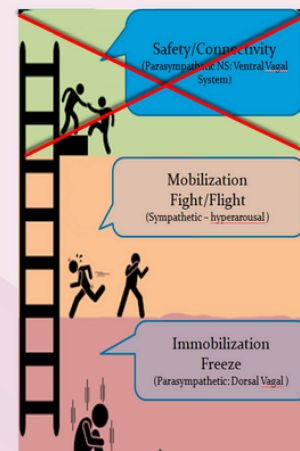
- When someone is facing threat: hormones are released preparing us to fight flight or freeze

**Fight mechanism** aims to increase stamina, speed, strength and enhances the system's alertness in order to fight more effectively

**Flight mechanism** aims to prepare the system to run

**Freeze mechanism** is the ultimate survival strategy. No time to fight or flight. Mammals enter a state when they don't feel pain

Video



# Trauma aware schools are better for all children

Why everyone benefits when leaders ensure trauma informed practice in schools

Gareth Williams-James, Individual Member of Eurochild

Roots Research Center NGO & Gareth Williams James

# Small group discussion

Can you recall clearly:

- an especially positive experience in school?
  - an especially negative experience in school?
- The experience might be from when you were a pupil, or as a parent or carer, or perhaps as a professional.

What happened?

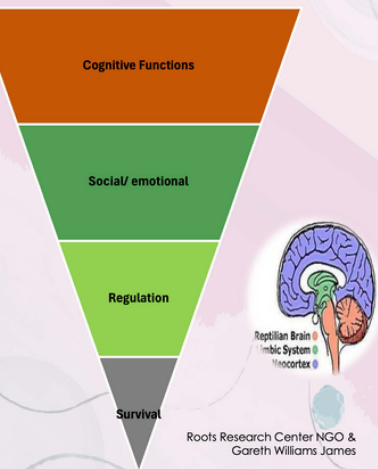
Why was it positive/negative and for whom?

Why do you think you remember it clearly?

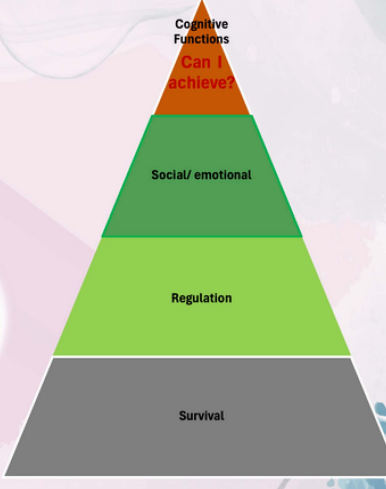
How did you feel?

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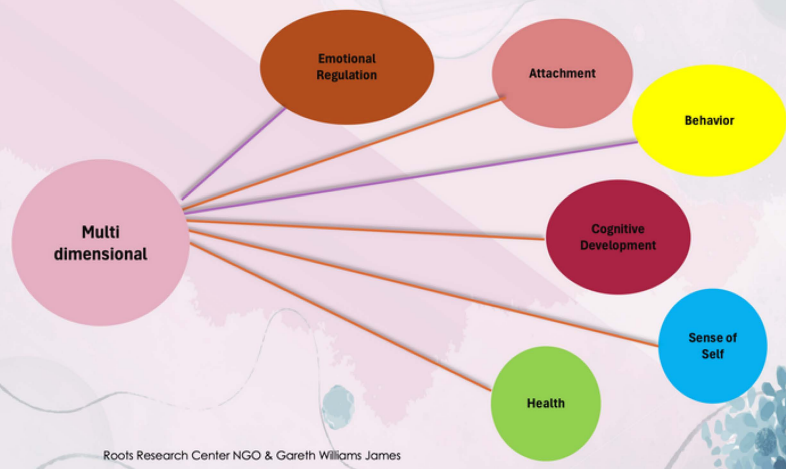
## Typical Development



## Developmental Trauma



## Effects of Developmental Trauma on personality and emotions



## Behaviors of children with trauma that challenge caregivers

- The challenging behavior of traumatized children does not deprive from their need to irritate us.
- Traumatized children are often "stuck" in earlier stages of development where their emotional needs were not taken care of by an adult.
- Negative behaviors reflect their deeper need for care and concern from an adult
- Only when they get the care they need will they be able to move on to the next stages of development that are appropriate for their age



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## Emotional Regulation

### Typical Development

- Infants do not have developed emotional self-regulation skills. Hunger, pain, sleepiness, or any feeling of discomfort can cause an infant to startle if not relieved by an adult
- Children learn these to develop these skills gradually thanks to the parent's constant responsiveness to their needs
- Example of potty training

### Developmental Trauma

- Children with trauma have not developed emotional regulation skills
- When they are confronted with feelings of discomfort their reaction can become exaggerated, intense or violent - they have not learned to process and regulate their emotion. They may react like babies with intense prolonged and inconsolable crying, tantrums, yelling, etc.
- Their reactions may be irrational to the adult, but we must not forget that the type and intensity of unprocessed emotions that these children have to deal with on such a frequent basis are unbearable even for us, even if we have the possibility of emotional self-regulation

Video

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## Behaviors of children with trauma that challenge caregivers



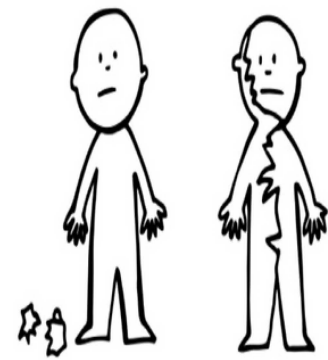
- 🌸 "Clingy" to caregiver- "attention seeking"
- 🌸 Hyperactivity/Hyperarousal or Hypoarousal
- 🌸 Tantrums and anger bursts
- 🌸 Misbehave, disobedient, destructive or callous, manipulative
- 🌸 Need for control/ Lies
- 🌸 Refuse to eat or eat non stop
- 🌸 Zoning out
- 🌸 Lack of emotional regulation

## Shame

### Healthy Shame: Part of learning process

2-2.5 y: Shame reduces/ guilt develops  
Guilt is connected to the development of empathy

- Shame: Is about me
- Guilt: is about my behavior and others



I did something bad

I am bad

iqd zomwefniug psq

l sw psq

## Mistrustful brain: mistrustful professionals and caregivers

- 🕒 "I've been here for 6 years, and I am not permanent; I am on a COVID contract. I keep getting renewed, but until when? It's very stressful to have the contract ending on June 30th and to be wondering again if we will be renewed. How long will we be renewed for? Will we make it to December? And after December? Yes, this truly causes us stress".
- 🕒 "Why should I listen to those coming for trainings. They really have no idea what we go through everyday"
- 🕒 "You talk about the child's best interest. Do you think we don't care about that? You don't know what it is like when I have 30 children to care for in 8 hours shift just me and one more colleague"

## Blocked Care

Shame



- I am not a good parent/caregiver/professional
- I best avoid engaging with the child because it verifies what a loser I am

Loss of trust



- I don't trust myself
- I don't trust the child
- The relationship is doomed to fail (it reminds me of past failures). I have nothing more to offer at work.



Blocked Care: Deterioration

### Exercise: Blocked Care (part 2)

- Now go forward in time, when you recovered from blocked care
- How did your feelings change?
- Did you feel moving from "I can't anymore" to "I can"?
- What helped you get out of blocked care?
- What did you do?
- How did others help you?



### Exercise: Blocked Care (part 1)

- Most of us have experienced a moment, or moments or relationships where we felt close of reaching or we reached blocked care
  - In caring for ourselves, parenting a child, taking care of elderly family members, or in the care we provide through our work (institutional caregivers, social workers, psychologist, educators etc
- Look back on this experience however small it may have been.
  - How did you feel about it?
  - How did you experience it?
  - What were you thinking/feeling?
  - Did you experience despair? How?
  - How did you feel about your role as a caregiver?
  - How did your body react?



## Two hands of parenting



**Hand one** provides connection with warmth and nurture

**Hand two** provides structure, supervision and boundaries

Kim Golding



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## Both Hands Together

Connection before correction

No correction can happen without understanding



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## Developing an understanding of trauma in UK schools

- “Virtual School Headteachers” for children in alternative care (NB these are *not* online schools!)
- “SEND” departments (Special educational needs and disabilities)
- Commissioned services specialising in attachment and trauma
- Partners in social care services

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## Why I am Rude

In 2022, Cambridgeshire County Council collaborated with pupils from Swavesey Primary School and Swavesey Village College to produce a performance of the poem ‘Why I am Rude’, written by Sarah Dillon, National Association for Therapeutic Parents (<https://www.naotp.com/>). This poem aims to help adults and children to understand the ‘why’ behind behaviours which may be seen or described as rude, when actually, it is often a defence mechanism. There may be trauma, attachment or adverse childhood events which have impacted on the child’s view of themselves and those around them. These children are not rude, they are communicating their pain.

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## Why I am Rude

[https://www.youtube.com/watch?v=waeRP6jzW\\_U](https://www.youtube.com/watch?v=waeRP6jzW_U)

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## Virtual School Headteachers for children in alternative care

- VSH statutory for every local authority (LA) in England since 2014 and national association (NAVSH) established shortly afterwards
- VSH now in every LA in Scotland
- Roles widening to include other children known to social services
- Similar services in Wales and Northern Ireland

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## Virtual School Headteachers for children in alternative care

- effectiveness of VSH role under regular review, based at the University of Exeter
- ten principles arising from the review and national recommendations to underpin success for those principles
- principle 10:

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## Principle 10

"Effective virtual schools support the physical schools in their area to develop trauma-informed and attachment-aware practices and thereby increase the engagement of young people in learning through the creation of a more supportive, empathetic and trusting environment."

National recommendation specified from this principle:

"Stronger trauma-informed and attachment-aware practices. The Department for Education and Ofsted\* should recognise the positive contribution made by trauma-informed and attachment-aware school practices and actively encourage their development and adoption nationwide."

inspection service

\* Office for Standards in Education - the school

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## Attitude of PACE

- **Playfulness**
  - > Open, ready, calm, relaxed, light, hopeful, spontaneous atmosphere, "story telling" voice and tone and engaged attitude
  - > Child: less defensive, more reflective
- **Acceptance**
  - > Unconditional acceptance for all thoughts, feelings, motives, urges ... under ones behavior (behavior still needs limits, consequences)
  - > Child: Loved, secured and safe
- **Curiosity**
  - > Non judgmental, non evaluative, tentative wondering, active interest in child's experience
  - > Child: becomes aware of he is inner life
- **Empathy**
  - > Non judgmental, actively communicating that the child that the child's inner life are important, Communication of empathy, sense of compassion for the child's feeling
  - > Child: experiences the adult as "with them" as an experience is being explored (present or past). All feelings are important to adult.

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## Acknowledging the effects of trauma on professionals and caregivers

- Traumatized children may traumatize professionals and caregivers. It can trigger their own trauma
- Blocked care
- Isolation
- Traumatizing child protection system for both children and adults
- Children can not experience safety unless the adults that care for them feel safe

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## Outline: Understanding child protections system through a trauma lens

- Mistrustful brain
- Traumatized child
- Therapeutic Relationship
- Communicating with children (PACE)
- Mistrustful audience and society
- "Traumatized system and social services"
- Quality in Care: Therapeutic Relationships
- A System that does not traumatize but provides healing and growth
- Train the system in new ways of looking at, deciding and caring for children

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## Key points



Attachment informed and trauma aware **training** can set strong foundations for introducing standards and quality in care and education.

Attachment informed and trauma aware **practice** is also the key to implement such standards!

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# The end

Thank you for listening

