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| **Unit No. 7** | ***Trauma and loss*** |
| **Unit objectives**   * To explore the implications of separation and loss in the context of looked after children’s experiences. * To explore the impact of trauma on children’s behaviour and capacity to learn. * To introduce some models for working with traumatised children * To enable participants to identify practical measures to help traumatised children to manage their learning and behaviour both in the school setting and at home. | |
| **Outline of Unit**   * Introduction * Understanding loss * Activity 1 * Video Clip Helen Minnis 2 Neglect and trauma * Understanding and working with traumatised children * Video clips Craig’s Story * Activity 2 * Activity 3 * Secondary Trauma * Case study | |
| Introduction Welcome to the unit dealing with the effects of loss and the impact of childhood trauma on children’s behaviour and capacity to learn. The material in this unit will be focusing on some very distressing experiences for children and the potential longer term adverse consequences for them. You will be asked to think about children you know and to consider the losses they have suffered and their early traumatising experiences and what this has meant for them. In itself this is a difficult task and we strongly recommend that you tackle this unit when you have sufficient time and emotional space to process it properly. Some of you may also find the material particularly distressing if you or those close to you have experienced severe loss or traumatic events. Please try and identify a supervisor, colleague or friend with whom you could discuss your responses to this unit if necessary. | |

### Understanding Loss

Loss is a universal human experience. Almost every change or development, including positive ones holds an element of loss. Individuals deal with these experiences in different ways but there is a recognised pattern of grieving this is outlined in the hand-out. Loss is a very personal experience and for some people the loss of a pet or a change of house may be very significant while for others such experiences may have much less meaning. Individuals’ capacity to ‘manage’ grief and loss is determined by factors such as their previous experiences of loss, their support networks, and their physical and emotional health. Children who are looked after away from home are very likely to have experienced repeated loss and separation. We also know, however, that many children who are looked after at home experience chaotic home circumstances which may include several changes of house and the loss of significant adults. The experience of repeated losses may impair a child’s ability to work through the grieving process. They may ‘stick’ at some part of the grieving process, guilt and anger may become an entrenched part of their functioning, their physical development may be impaired or they may regress to an earlier developmental stage.

Read the hand-out “*The process of bereavement*” which outlines the stages of grief.

**Types of loss**

***Material loss:*** *loss of physical object or surroundings*

***Relationship loss****: end of opportunities to relate*

***Functional loss****: loss of muscular or neurological function*

***Role loss:*** *loss of specific social role or identity*

***Intrapsychic loss****: loss of what might have been*

***Systemic loss:*** *disturbance of social system*

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### Read the box describing the types of loss. Think about children who are looked after away from home. How many of these losses do they experience when they are removed from their families? For those children who experience several moves this pervasive experience of loss happens again and again. Many children who are looked after at home are also more vulnerable to several types of loss occurring simultaneously because of the chaotic lifestyle of their families which is often be characterised by turmoil and change.

Several factors affect how well we deal with loss. People differ in their level of individual resilience. Some looked after children appear to be able to cope with multiple losses without being damaged whereas other children are powerfully affected by more minor losses. If we experience high quality reliable support from those close to us we can manage loss better than if we have to struggle with it alone. Similarly if we have had previous experiences of managing loss well we are more likely to be able to negotiate our way through future experiences of loss. Multiple experiences of loss make it harder to manage loss successfully. Finally it is easier to cope with loss if we can understand and make sense of what has happened. This is one of the reasons that life story work with looked after children can be so helpful as it allows them to make sense of losses and events that felt inexplicable at the time they occurred.

**Activity 1:** Remember an occasion when you have been very frightened. What responses occurred in your body? What do you remember of your feelings at the time or shortly afterwards?

**Impact of frightening experience**

You may have remembered among other things some of these changes in your body: **increased heart rate, palpitations, sweating, shaking, nausea, dizziness, feeling light-headed, numbness, feeling detached or unreal.**

Emotionally you may have felt angry, aggressive, powerless, ashamed or numb.

These are all normal responses to extreme threat and work well for us.

There are two distinct physiological responses to fear

Arousal. This is when adrenaline is released in the body to enable us to fight back or run away. This increases our heart rate and blood pressure ensuring a good blood supply to muscles which allows us to hit hard or run fast. Endorphines are also increased which allow us to ignore extreme pain for a brief period.

Disocciation. This is the opposite physiological mechanism which reduces the blood flow to the limbs by decreasing heart beat and blood pressure. This protects the vital organs and also reduces damage if physical injury is caused This type of response is most common when it is not possible to escape from the threat either because we are physically too weak or because the situation itself prevents escape either physically or emotionally.

After the threat is removed the body will usually over time return to its normal physiological level.

**Video clip**: Watch the video clip of Helen Minnis talking about trauma and neglect and their impact on children’s development.

Read the hand-outs ‘*What is trauma’, ‘Working with traumatised children’ and ‘Implications of trauma for learning and coping in the school environment’.*

This material is complicated but very important. You may need to read the hand-outs more than once. Alternatively you can view the PowerPoint slides associated with this unit as they pick out the key points.

It is important to be clear that trauma is not the same as loss which we looked at earlier in this unit. These types of losses, however, distressing are a normal part of human experience and are different from the overwhelming nature of trauma. The experience of abuse, neglect and witnessing domestic violence may be just as traumatising for children as living through major disasters can be for adults. Traumatic events can occur at any point throughout an individual’s life and they always have a powerful impact. Trauma may be particularly damaging, however, at a very early stage of brain development as it prevents the development of normal stress regulation capacities which in turn makes it more difficult to manage future traumatic events. Evidence is also accumulating that prolonged neglect early in life is even more damaging for children than more overt abuse. The worst situation for children is an environment in which both are present- an experience all too common for our looked after children.

It is important to recognise that the factors which are most likely to be associated with a long term adverse response to traumatic events are exactly the kinds of experiences which looked after children may have (see slide 15).

Trauma can disrupt the capacity of children to learn especially in a formal school setting. Children may present with "difficult" behaviour when they are still trying to cope with the impact of trauma and this may not be restricted to the immediate aftermath of the experience.

It might be helpful to watch the clip of Craig’s early life at home followed immediately by the scene with the teacher. Certain words, tone of voice and behavioural cues triggered a reaction in him that Craig had little control over and clearly did not understand himself. Sensory triggers can induce terror in children and without sustained and sensitive help they may be unable to control their responses. The handouts include suggestions for working directly with children who have been traumatised that can be used by carers and teachers. If you wish to explore this further there are some examples of specific models outlined in the Power Point slides and there are several additional resources available in the Unit.

**Activity 2:** Look at the hand-out ‘*Exploring the senses’* and write down what kind of sensory experiences are soothing to you. Try and link these to positive experiences or relationships in your life. You are probably able to make vivid connections to people, places or events from your past. People’s response to sensory stimuli are very individual, for example the smell of pipe smoke may be very comforting if it brings back memories of well-loved grandfather whereas for many non-smokers without such a personal connection it may be very unpleasant. You may also recognise that certain sensory experiences bring back unpleasant memories. The brain is very effective at making associations between different stimuli and this is the basis of learning. For children who have experienced severe trauma then the sensory environment at the time of the trauma can be strongly associated with the trauma itself. A smell, sound, taste etc. may trigger an alarm response in the child which may lead to an aggressive outburst for no apparent reason. Understanding sensory triggers and helping children to make sense of their own responses can be hugely important in working with traumatised children. Moreover, using sensory stimuli to link to positive experiences can be very healing for children and also provide them with a way to manage their stress and anxiety more effectively. Think about the environment in which you work with or care for a looked after child. What messages does the physical environment express? Are these appropriate for the children living or going to school there? Concentrate on the sensory environment. What areas are soothing, what areas are stimulating? Are there aspects that are particularly positive? Are there areas that could be improved? Remember the external environment as well as the internal.

**Activity 3:** Think of a looked after child that you know well who has experienced some degree of trauma. Answer the following questions:

* Do you ever see apparently unprovoked violence or panic in this child?
* Do you understand the triggers and patterns of this child’s reactions?
* Do you know what the sensory triggers are for this child?
* Where, when and with whom does the child feel safest?
* How does this child cope with learning and the possibility of failure?

Can you use your responses to these questions to help you improve your practice and help others to understand the child better? In particular can you identify strategies to help the child to feel safer particularly in school?

**Secondary Trauma**

Read the handout on secondary trauma

Secondary trauma is a very real hazard of working closely with traumatised children. It is important to be alert at an individual level for signs of secondary trauma in yourself or your colleagues. It is imperative to seek help with these immediately. There are a number of organisational strategies that can reduce the likelihood of secondary stress developing and can mitigate its impact if it does occur. What kind of organisational supports exist in your place of work? Employers have a duty of care to their employees and since working with traumatised children is inherently very stressful there should be good strategies in place to deal with this phenomenon. Discuss this with colleagues and managers at your work.

**Case Studies**

Read the case studies of Kenneth and Jenny and answer the following questions

* What might be the physiological, social and emotional consequences of these traumatic experiences for the child?
* How may this affect their capacity to learn and their ability to manage in a school setting?
* What strategies would you use to support the education of this child?

The case studies of Kenneth and Jenny both show clear evidence of trauma. The kind of factors you should be identifying includes the repetitive and prolonged nature of the trauma for both children. In both cases there has been actual and threatened physical harm to the child and those they love. Both children have felt overwhelmed and powerless in the situations they have experienced. The perpetrators of the trauma have been family members. There are, however, important differences in their experiences.

Kenneth has experienced trauma since he was a tiny baby and this may have left him very resistant to the more positive environment of the foster home. He has not learned how to regulate his own stress and he is clearly showing signs of hyper-arousal which is having a very negative impact on his capacity to manage school. He is beginning to show signs of an important attachment to his foster carer, however and this may be a way for him to begin to feel safe and accept some compensatory emotional experiences The disabling impact of his life experiences and his underlying terror need to be clearly addressed in the Additional Support for Learning assessment.

Jenny on the other hand has had more positive early experiences and this may mean that she will be more able eventually to process the traumatic events of the last few years. Her response to the trauma seems to be of a dissociative kind. Rather than responding aggressively she is psychologically cutting herself off from the trauma as a way of managing. She would benefit from having the opportunity to understand more about the effects of trauma ad help in understanding her emotional responses and recognizing her triggers particularly for her self harming behaviour.

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**Key Messages**

* Traumatic events in childhood can have life- long negative consequences.
* In very young children trauma can have a permanent effect on the brain’s organisation.
* Even when traumatic events are over, the body may develop a state of permanent arousal or dissociation which affects cognitive, emotional and behavioural responses.
* Many looked after children have suffered trauma.
* The chronically adverse experiences of many looked after children and their families makes it hard for children to recover spontaneously from trauma
* Trauma evokes primitive survival mechanisms which interfere with children’s capacity to learn.
* Children can and do recover from trauma.
* Trauma evokes primitive survival mechanisms which interfere with children’s capacity to learn.
* It is important to identify particular triggers for individual children but also to recognize more general factors that may evoke fear or alarm in traumatised children.
* The normal expectations and demands of school can overwhelm the coping mechanisms of traumatised children.
* The physical and sensory environment can be used as a tool to help children relax and manage the demands of living and learning.
* Teachers, carers and parents can develop strategies and techniques that help such children to manage better and learn more effectively.
* Adults working with traumatised children are themselves at risk of secondary trauma