

trauma triggered behaviour in looked after and adopted children

Workshop by Helen Oakwater, adopter, trainer and author

Organised by St Francis Children's Society

Venue: Milton Keynes



Helen Oakwater

HELEN'S informative, enlightening and practical workshop looking at strategies for helping children who have suffered early trauma was given to an audience of adopters and professionals from education and health.

Going back to the root cause

Helen, who draws on her training as a Neuro Linguistic Programmer, used Robert Dilts NLP SCORE model to illustrate how in order to understand a child's behaviour and help them you have to use the right resources. The best way to do that is to go back to find out the root cause.

What is trauma?

For many adopted children the root cause will lay in trauma. Their behaviour is a continuation of what at the time was life saving for them. For example, depending on your experiences on hearing a car backfire some people will not react and others may duck under the table.

What we do know about trauma is that it is sensory, it is visual, auditory, it is about the heart rate, body temperature, and your stress responses. US trauma expert Dr Bessel Van Der Kolk describes it as 'the body keeping the score'.

Helen said: "Until you get trauma you will not be able to get why these children are different. Trauma is stored in the body and it is not logical, it does not use language and you cannot control it through thinking about it."

She used an example of a baby called Tim, a baby in a cot for whom all of his life is sensory, what he can hear, feel, touch and smell.

If Tim is hungry, his tummy hurts, it is dark and he cannot see anything but he can smell his soiled nappy and he can taste soured milk. His feet are cold and he's damp. He can hear



shouting and swearing. This is neglect and for Tim this sensory experience will have an enormous effect.

Switch to 15 years later. It is November, it is dark, cold and Tim spent his lunch money on cigarettes. He walks into his home and the door bangs. His mum calls, 'Hi Tim'. He replies by telling her to shut her mouth. He is cold, hungry and it is dark. Tim's sensory triggers have taken him back to the cot completely unconsciously.

In this instance mum needs to stop, think and organise her thoughts before she does anything. She needs to ask herself what does that child in that cot need right now. She may need to leave him for a while then reconnect with a 'finger kiss'.

Helen describes these triggers as like pieces of shrapnel stored around the body, which explains why children need ongoing work into adulthood to work them out. Some may never be removed but may shrink. One piece of work may remove some, but reveal others.

What part of the brain are they in?

Using the Triune Braine Diagram (Maclean) as an illustration, Helen described how the brain is separated into three parts starting in the Base brain (the reptilian and oldest part which reacts quickest and controls basic bodily functions such as breathing), moving to the Emotional brain (limbic system

which is the area where emotions are stored) and finally to the Thinking brain (the neocortex which is where we can use reason).

She asked the audience to 'take a bet' on where a child, like Tim, was in their brain at the time of behaving in a certain way.

Arousal development

Our window of tolerance is something we develop from childhood as we experience events and a caregiver regulates our feelings around them. For example, we all tolerate situations for certain lengths of time or to a certain level until we are hyperaroused or hypoaroused when all we can do is feel. In order to be able to feel and think about events we need to be somewhere in the middle.

With good enough caregiving and over time this window of tolerance gets wider and wider. But if you don't get that regulation because you were neglected the window of tolerance remains narrow and on one side you are vigilant, resistant and defiant leading up to aggression - on the other you are avoidant, compliant, disassociated, which can lead to fainting.



The body keeps the score (Bessel van der Kolk)

Our implicit memory is formed from birth up to 18 months or more. It is sensory and chaotic. Our explicit memory, which we can recall is more organised. We also have an internal video recorder, which we use to interpret our place in the world and how we view the world and think it views us - also known as our internal working model. Up to the age of seven this video has no filter and the child cannot filter what comes in. If someone describes them as a 'stupid fool', the child will say 'I'm a stupid fool'.

From the age of seven to 14 there will be more thinking involved and more observation of what people do, not just what they say. This is why modelling good behaviour gains such importance. From 14 to 21, the socialisation stage, what happens outside the family gains much more significance.

Action replays

Helen described one NLP technique to help young people see other people's points of view was to stand next to them and imagine you are both viewing a cinema screen showing an event which had happened. The key is not to comment but to ask the questions 'what did you notice?' and 'what did you

learn?' It helps a child to stand in someone else's shoes, develop empathy and mindsight.

"You can do it with a positive event, perhaps they got a certificate at school or do it by modelling and get them curious about what you are doing," said Helen.

Belief formation

A neglected child may believe they were worthless because they were neglected. A securely attached child whose mother responded to his needs developed trust and began to view the world as somewhere he was safe, loved and that he had a place in.

By contrast the neglected child will believe he's unsafe, unlovable, alone and bad and the world is a dangerous one where he has no place.

These beliefs shape our behaviour. They lurk beneath the surface affecting how we react to situations.

Typically traumatised children won't be able to control their emotions, will be hypervigilant, have poor impulse control, have multiple sensory triggers and will be working in their primitive brain and not able to do cause and effect thinking, living only in the now.

The behaviours may manifest as being in control, crazy lying, hoarding food, unable to make eye contact and unable to form healthy relationships.

Wall exercise

As part of the interactive part of the workshop the audience was divided into groups and each asked to create a wall using cards they had written on describing what a healthy baby and child needed over the years. By placing the cards on the floor you could see where the weaknesses or holes in the wall created by different circumstances affecting the family, such as violence or drugs, might appear. The audience then went back to the wall and was asked how certain circumstances may affect different stages of development, illustrating the gaps that would further weaken the wall leading to its possible collapse.

Helen said: "Therapeutic parenting is about filling in those gaps, undoing the damage. Think about the wall and what you can do to put in a bit more mortar, fill in a missing brick."

What do traumatised children need?

They need therapeutic reparenting or developmental parenting. They also need their truth told to them sensitively and ideally by a third party with the parents or carers present. Helen described providing age-appropriate information as the Jigsaw of Truth. So at the age of seven you may tell your child that Uncle Fred was not nice and sometimes he hurt children. By the age of 13 you can give a bit more information about how he hurt them. If at aged 14 your child gets contact from Uncle Fred he is more likely to be cautious and less likely to hook up. ●



Further information

Helen is the author of *Bubble Wrapped Children*.

For more information you can visit her website at www.bubblewrappedchildren.co.uk or www.helenoakwater.co.uk

For more information about St Francis' Children's Society visit their website at www.sfcs.org.uk