

# Supporting care experienced students: taking a trauma informed approach

Michael Cameron  
Pearl Goodwin-Burns  
Joanna Humphries  
26 July 2021

# Acknowledgement Of Traditional Owners



*The Centre for Excellence in Child and Family Welfare (the Centre) would like to acknowledge and pay respect to the past, present, and emerging Traditional Custodians and Elders of this country on which we work.*



*The Centre also acknowledges the injustices and trauma suffered as a result of European settlement, the Stolen Generations, and other policies such as the forced removal of children from their families, communities, culture and land. We respect the resilience of the Aboriginal and Torres Strait Islander community in the face of this trauma and respect their right to, and aspiration for, self-determination and empowerment.*

# Introduction and agenda

| Item   | Who           | Time   |
|--|---------------|--------|
| Welcome to country, introduction and agenda  | Joanna        | 1.30pm |
| Background, context and learning outcomes  | Michael       | 1.40pm |
| Video and discussion   | Michael       | 1.45pm |
| Trauma and the brain, trauma informed practice   | Michael       | 2.00pm |
| Short break  |               | 2.40pm |
| Education for care experienced young people  | Joanna        | 2.45pm |
| Strengths-based approach   | Michael       | 2.50pm |
| Case studies and practical examples of supporting care experienced students and discussion | Pearl         | 2.55pm |
| Key takeaways  | Michael/Pearl | 3.20pm |
| Wrap up and evaluation   | Joanna        | 3.30pm |

# Background and context

---

- Approximately 12,000 children and young people are in statutory care services in Victoria. This number is increasing.
- Children and young people are taken into care services when their home environment is unsafe, they are at risk of harm, or have experienced harm.
- Five main categories:
  - 1.physical abuse
  - 2.emotional abuse
  - 3.neglect
  - 4.sexual abuse
  - 5.exposure to family violence.
- Types of care (foster, kinship, residential and permanent care)

# Learning Outcomes

---

- Overview – the theory of trauma and the impact of trauma
- Understanding the key principles of trauma informed care
- What it means to take a trauma informed approach
- Taking a strengths-based approach
- Strategies and practical examples to support care experienced students

# A short film by Natasha Anderson



# Feedback and discussion

# Trauma

---

- Trauma impacts the entire person: the way they learn, the way they remember things, the way they feel about themselves, feel about others, and the way they make sense of the world.
- Trauma is not what happened to you, its what happened inside you as a response to what happened to you



# Trauma vs complex trauma

---

- **Trauma** can be brought on by an isolated incident (car crash, death of family member)
- **Complex trauma:**
  - is usually repeated events ( repeated exposure to family violence, sexual abuse etc.)
  - is the predominant form we see in young people involved in care
  - has direct impact on emotional regulation, impulse control, relationships, trust and connection

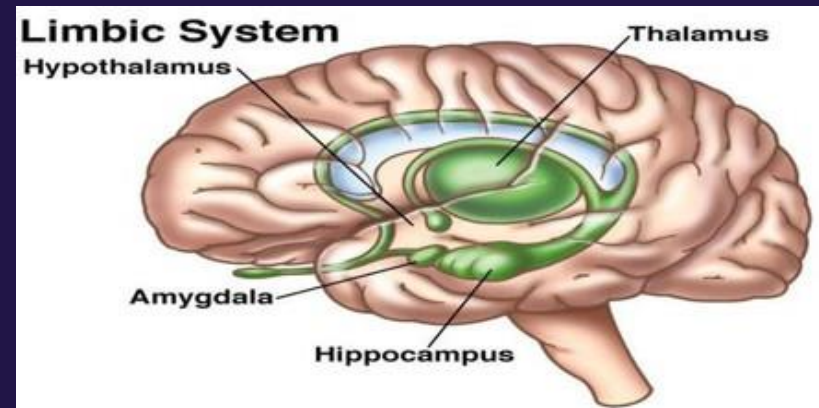
# The Human Brain

---

- The human brain is responsible for all our thoughts, emotions and actions.
- All learning is change to the brain. The brain develops from the most primitive to the most complex.
- The brain is a multi system. All systems are comprised of networks of nerve cells called neurons. These neurons are continually changing in response to signals from other parts of the brain, the body and the environment.

# Trauma and the Limbic system

- **Amygdala** – watches out for things that are unsafe and tells your hippocampus to remember things associated with danger.
- **Hippocampus** – helps forms memories and learn new information. Highly impacted by stress.
- **Hypothalamus** – regulates many of the body's functions including hunger, sexual responses, and physical reactions to stress.
- **Thalamus** – sends sensory information to different brain areas. When safety is threatened, it alerts subconscious areas before you consciously realise what is happening.



# Trauma and the Pre-frontal cortex

## Pre-Frontal cortex:

- Responsible for long term thinking/ future planning/ consequential thinking
- Ability to retain information
- Reason and logic

[Dr Daniel Siegel presenting a Hand Model of the Brain - YouTube](https://www.youtube.com/watch?v=DD-lfP1FBfk)

## MINDFULNESS MEDITATION & NEUROSCIENCE

<http://www.youtube.com/watch?v=DD-lfP1FBfk>

### “FLIPPING YOUR LID”

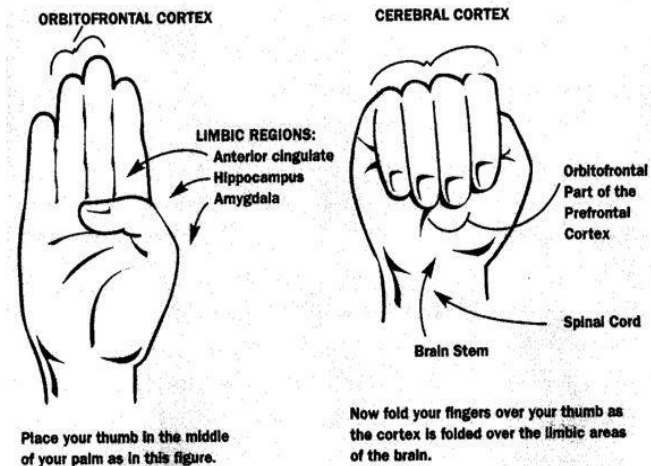


FIGURE 5

Dan Siegel's Brain Hand Puppet from Siegel & Hartzell (2003), *Parenting from the inside out*. P.173

78

# Impact of trauma on brain responses

## What trauma does to the brain:

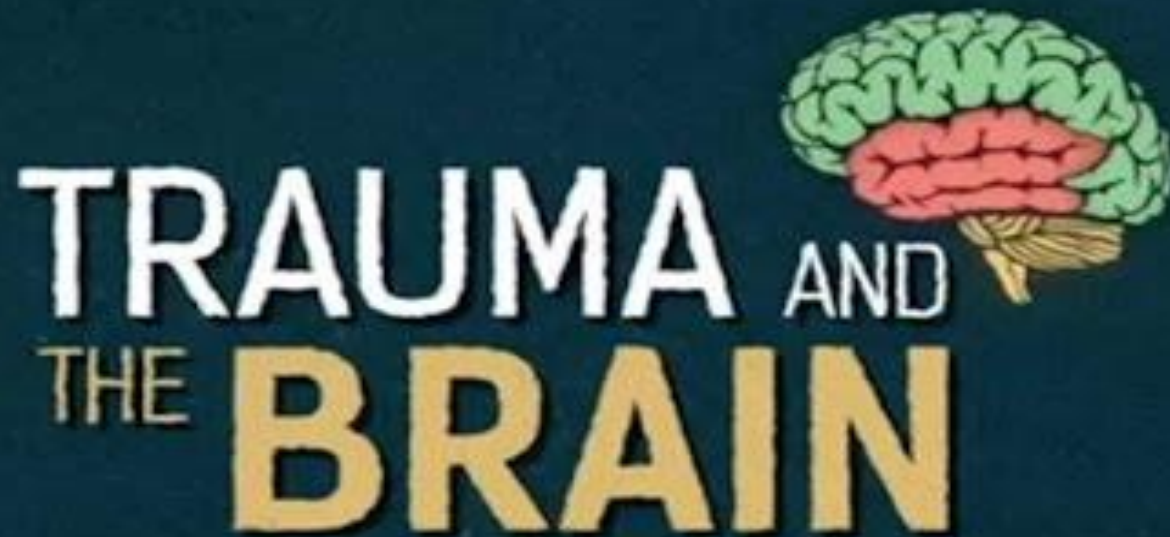
- Brains are predictive, they are constantly making predictions/decisions based on past experiences and information they have
- For people with trauma, this means the brain is interpreting the world and every decision, through the prism of its experience
- Am I unsafe here? Will people will hurt me? I can't trust people. If someone is being nice it's only temporary etc.

# Potential impact of trauma on academic performance

---

- 1.Reduced cognitive capacity
- 2.Sleep disturbance and poor concentration
- 3.Difficulties with memory
- 4.Language delays
- 5.Need for control
- 6.Attachment difficulties
- 7.Poor peer relationships
- 8.Unstable living situation
- 9.Unable to learn from mistakes

# An introduction to frame trauma thinking



# Discussion

---

Thoughts?

Learnings?



# Principles of trauma informed care

---

- Being aware of and recognising the impact of trauma
- Responding to the impact of trauma
- Emphasis on creating an environment where the person feels safe
- Opportunities to rebuild control / empower the person
- Strengths-based approach

# Understanding responses to trauma

## Common symptoms of trauma:

- Reliving or 'being stuck' in the event(s)
- Being avoidant of the reminders of trauma
- Constant negative thoughts and feelings
- Believing trauma will reoccur
- Constant state of arousal
- Disassociation
- Self harm and substance use

# Applying trauma informed principles to conversations

- Safety – Physical and emotional
- Trustworthiness
- Choice
- Collaboration
- Empowerment

# Short Break

# Factors affecting young people in care and their education

- Low educational aspiration and expectation
- Stigma associated with 'being in care'
- Disrupted schooling due to multiple placements (homes)
- Lack of support at school and in the home environment
- Learning challenges (due to trauma) and missing out on school with limited if any support to catch up
- Having to leave school early
- Care support ceases on or before 18<sup>th</sup> birthday resulting in poor life outcomes
- Extension of care support to age 21 – 1 January 2021

# Studying at TAFE or Uni

This may be the first time the young person is:

- making their own decisions (about anything)
- doing things on their own
- It is - new, different, scary (but exciting too?!), unknown
- They don't know anyone who has studied at TAFE or uni (first in family) – no frame of reference, no support or guidance
- They don't know what to expect and have no-one to ask

# What is strengths-based practice?

---

- Taking a positive perspective, seeing the 'good' or strengths where others might see negatives
- Build on what they are doing well
- Focus on aspirations, goals and interests
- Breaking things down into bite size chunks
- Reframing negative conversations
- Building resilience

# Positive effect of strength-based practice

---

What it does:

- Builds confidence
- Builds self efficacy
- Establishes rapport
- Find avenues for hope



# Strength-lens vs problem-lens

---

## Example

**Problem focused:** Student not attending class is seen as a problem, student viewed as lazy or uninterested.

**Strengths based lens:** We do not know what student is struggling with in their personal life, what support might they need, avoidance as a key strategy for managing distress (reminders of trauma, or distressing emotions)

# Key takeaways

- Consistent responses, approaches and environments are essential
- Trauma is 'invisible' however it comes with our young people everywhere they go
- Responses to trauma are unique to the individual and can manifest in many ways
- Minor changes in our practice can have large positive ramifications
- Trauma is sensitive and young people often will not wish to discuss it
- We are playing the long game

# Case study – “Chloe”

- 19 years old, living in shared accommodation, has a casual job as a PSA at the hospital and wants to study Nursing
- Enquired online about studying a Bachelor of Nursing (direct application), was intimidated by the admission requirements (e.g. ATAR scores). Does not submit the application.
- Receives a phone call from university to follow up application and in conversation discloses that she spent time growing up in OOHC and received a low ATAR score.
- Chloe reveals she is concerned about the impact on her finances if she is to start studying and isn't aware of any support available. She is out of contact with any formal supports (case managers etc.)

# Case study - "Chloe"

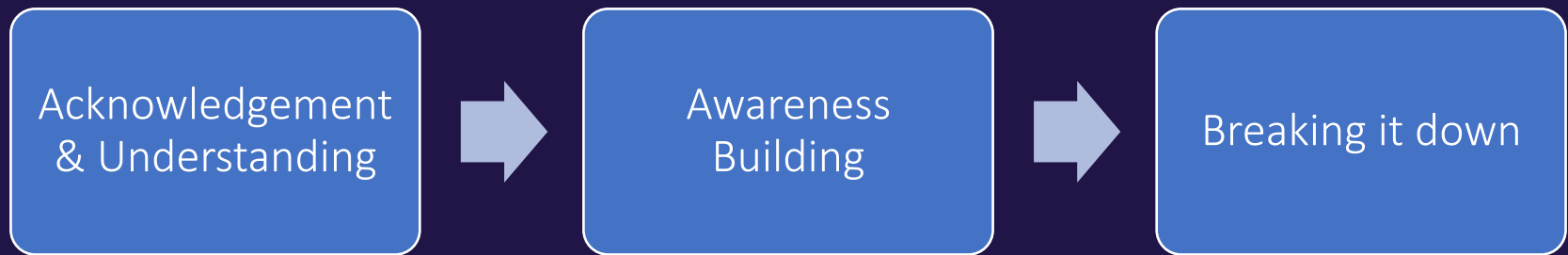
---

## Discussion points

*Q: What are some of the key barriers that Chloe faces in accessing education?*

*Q: What are some strategies to assist Chloe to feel more confident and supported to engage in study?*

# How you can help



- Keep in mind the journey to this point
- Demonstrate awareness of Out of Home Care
- Acknowledge complexity of Uni & TAFE
- Share success of other care experienced students

- ATAR isn't everything
- Internal supports: scholarships, bursaries, student support officers, equity officers
- Knowledge of external support: gov payments, HELP loans, scholarships, TILA, Skills First Youth Access Initiative, external community agencies

- Lay out study and support options
- Offer to do warm referrals
- Offer to follow up
- Leave student feeling informed, with hope and motivation!

# Case study – “Maurice”

- 22 years old, lives with a family friend, works in construction over semester breaks and does odd jobs during semester
- Studying full time, Bachelor of Health Sciences (2<sup>nd</sup> year)
- Behind on coursework due to trouble focusing. Increased stress during lockdowns/restrictions (not being able to work) and has poor mental health.
- In applying for another extension for an assessment, Maurice provides his teacher with an overview of what he is struggling with. The teacher refers Maurice to student support services and suggests he meet with them to discuss options.
- Maurice is feeling very anxious prior to his meeting with student support services and feels as though he is going to be told off or viewed as lazy.

# Case study - "Maurice"

---

Discussion points

You have planned a meeting with Maurice...

*Q: Why may Maurice feel like he is going to get in trouble?*

*Q: How can you ensure that Maurice feels comfortable engaging with support systems at his Uni?*

*Q: What kind of referrals, supports or strategies could we suggest to assist Maurice? (Financial support, study strategies, referrals, follow ups?)*

# What helps

- Believing in them
- That they are 'worth it'
- Holding aspiration and expectation
- Acknowledging that most students find TAFE and university scary and overwhelming – but there is plenty of support
- If you commit to an action, do it and follow up
- Use plain language and avoid acronyms

## Being:

- Warm and welcoming
- Respectful
- Sincere and understanding
- Non-judgemental
- Fully informed and professional
- Patient and empathetic
- Encouraging and supportive



# Key takeaways

- **Avoid making judgements about someone's ability to study** (e.g. dismissing nursing as an option for Chloe based on the fact she has a low ATAR and financial barriers to studying)
- **Don't rush through explaining processes or procedures** e.g. application processes, accessing HELP loans etc – disengagement is likely to happen this way.
- **Be transparent if you are unsure** – e.g. not knowing the details about something (signing off on the SFYAI), but reassuring a student there is someone who does.
- **Follow through with commitments to support** and demonstrate that care experienced students are valued
- **Many care experienced students are high achievers** and make extremely resilient and dedicated students!

# Additional resources

[Raising Expectations: getting more care leavers to TAFE and uni.](#)

Dan Siegel - "Flipping Your Lid:" A Scientific Explanation

[https://www.youtube.com/watch?v=G0T\\_2NNoC68](https://www.youtube.com/watch?v=G0T_2NNoC68)

[Stress, Trauma and the Brain - Insights for Educators](#) - a 5-part YouTube series featuring Bruce Perry. [Episode 2](#): How Stress Impacts Brain Functioning and [Episode 3](#): The Power of Connection.

[Trauma-Informed Practices for Postsecondary Education: A Guide \(educationnorthwest.org\)](#), Education NorthWest

Shame & Empathy by Dr. Brené Brown <https://www.youtube.com/watch?v=qQiFfA7KfF0>

[Coping Strategies.pdf \(blueknot.org.au\)](#) and [Impacts2.pdf \(blueknot.org.au\)](#)

# Additional resources

1. The Body Keeps the Score, by Bessel van der Kolk
2. Livewired: The Inside Story of the Ever-Changing Brain by David Eagleman
3. How Emotions are Made: The Secret Life of the Brain by Lisa Feldman Barrett

# Good things taking off!



# Thank you

# Questions?

[mcameron@youthhealthservices.com.au](mailto:mcameron@youthhealthservices.com.au)

Pearl Goodwin-Burns, CFECFW

Joanna Humphries, CFECFW

# Evaluation