




"That meltdown came out of nowhere"  
When safe is scary.

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We specialise in delivering play therapy, and therapeutic interventions with partner nurseries and schools and in our three playrooms within our office.





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We train play therapists

- Three year part time training course at Queen Margaret University.
- Direct observation, developmental, psychological and neurobiological theory with psychodynamic principles in infant, child and adolescent development
- Exploring and understanding the full range of child development and how this is shaped by attachment, the environment, adversity and trauma.
- This takes the form of lectures, placement, baby/child observation, clinical supervision, research and student seminars.




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### The Purpose of Fear

- Fear is a normal physical and emotional reaction.
- A healthy dose of fear helps to keep us safe, challenge our thinking, and help develop emotional regulation.
- It is an evolutionary social biological strategy to ensure our survival from birth onwards.
- Irrational fears are common in childhood sometimes linked to unpleasant experiences in early childhood.
- Preverbal memories and experiences can often underpin irrational fears.
- Fear and anxiety go hand in hand.

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### Journey Back in Time – Your childhood fear/s







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## Childhood fears



Common fears and anxiety can occur at different stages of child development :

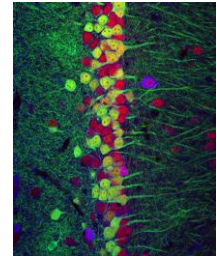
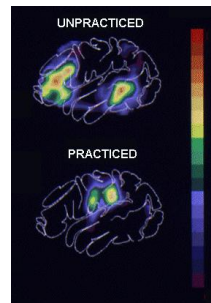
- 0-3 years – separation anxiety – relationship based fears
- 3-6 years- imaginary fears such as the dark, monsters, people in costumes
- 7 years + - realistic fears reflecting a growing understanding of the world such as death or world events

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Memories can be created through repetition, experience, novel stimuli or trauma.



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## Brain trauma communication



**Brain stem** – the primitive brain processes are formed before birth to ensure **survival**. It controls breathing, heart rate, reflexes, eating, sleeping, muscles and arousal. *"I am scared"*



**Limbic system** – the source of urges, needs, feelings, memory and attachments. This area **controls** what to do with feelings and how to respond/behave. The early attachment relationship helps develop this area. *"I miss my mum and want to go home."*



**Neocortex** – parts of the brain where reasoning, communicating, inhibiting and planning occur. The cortex contains the capacity of language and consciousness and the ability not only to think thoughts, but also the ability to think about thoughts, behaviour and emotions. *"How can I make this happen?"*

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## This is me



Caroline age 4 years old is referred for Play Therapy. At nursery staff have noticed she:

- Steals toys and food from other children's
- Lies about everything.
- Defiant and unpleasant to staff and children
- Extreme attention seeking behaviour
- Pushes and hurts other children
- Never cries

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## I am small, scary and messy



Why am I here?  
What is that?  
When is it time to go?  
Who are you?  
What do you do?  
Where are you from?



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I want to go home

"I threw all my Gran's money out the window. She slapped me and now she will take me home to my mum."

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Assumptions of safety

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What might your role represent?

Social Worker

Authority  
Power  
Nosy,  
Danger  
Removal,  
Disconnection  
Confusion

Foster Carer

Fear rejection  
Mistrust,  
Not fitting in  
Confusing expectations  
Control over life  
Conflicts with early life experience  
Secondary attachment figure

Educator

Fear of rejection  
Failure  
Feeling stupid  
Punishment  
Exclusion  
Assessment  
Secondary attachment figure

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Running away

Clenching fists

Stamping feet

Throwing things

Fidgeting

Hiding

Pupil dilation

Posture

Eye gaze/movement

Aggression

Defiance

Argumentative

Inappropriate responses

Blaming others

Avoidance

Withdrawn

Cheek

Immaturity

Laughing

Common brain stem responses

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What is a mum?

"I wonder who will get my mum's Irn bru from the fridge. That used to be my job!"

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Developmental age vs emotional age

- What kind of behaviours are being displayed?
- Are they age appropriate?
- If not then your responses should match the emotional age rather than the developmental age.

Children may respond to

- Speaking in third person
- Gestures or hand signals
- Simple instruction
- Distraction
- Silent pause and observation

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## Reframing Fear in the care system

- Strangers coming into your home
- Strangers talking to you in a kind voice
- Your stuff being left behind
- Your pet being left behind
- Separated from your siblings
- Your stuff being put in a black bag
- Lights and noises of cars, vans, radios
- Your parent being distressed, screaming, being restrained.
- Being picked up at school then not going home
- Taken to a home where strangers talk to you in a calm positive way



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## Where is my brother?



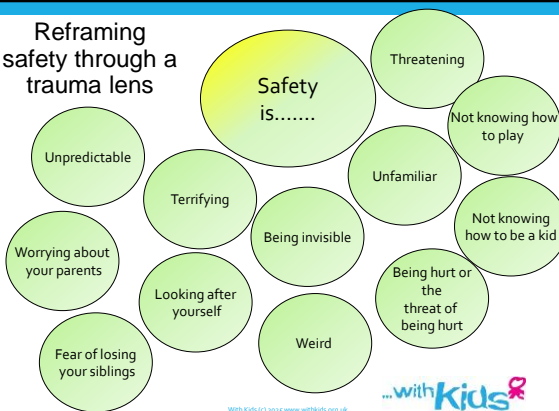
"When I can't see my brother , I think they have taken him away. I can't think about anything except his favourite wellies"

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## Reframing safety through a trauma lens



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## Facial expressions

Indicates:

- Levels of concentration
- Engagement
- Emotional presentation
- Thought processes



**Key Point - Maintain a neutral facial expression**

- Eyebrows and mouth muscles can convey how we really feel without us realising it.
- A natural reaction we often have when under stress is to laugh or smirk this can convey a message of being laughed at
- Irritation can be conveyed through a few discreet facial movements

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Caroline is starting School.  
Her behaviours are intensifying.  
Her grandparents cannot cope with her and are thinking of sending her into foster care and keep her brother.

They tell her this to make her see sense and behave.

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"All I want.....is to be on time for school"

"I hate stupid angel clocks they never work."

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Caroline has settled into Primary one.

Caroline has found a safe place with consistent rules.

She has found she is bright and loves to learn.

School has given her a sense of who she is, what she is good at and a real sense of belonging.

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### Tone of voice and breathing

**Key point - Lower your voice and keep your tone even.**

- It is hard to have an argument with someone who is not on high alert
- Use words and phrases that reflect or regulate such as:
  - I wonder if... let's try... it seems like... maybe we can...
- Be specific about what you want them to do
- Children need time to process what you are saying and longer if they have lost control
- Avoid backing them into a corner, either verbally or physically.

**Key point - Control your breathing**

- When we are stressed, angry or tense, our breathing becomes more shallow and rapid. If we take deeper, slower breaths, this will not only help keep us calm, but the child will begin to match our own breathing pattern.
- It can sometimes help to match the child's breathing initially then gradually slow it down.
- Reflect on the breathing rhythm of the child

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The plan to be safe

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### Body and space

It can tell us:

- How aware they are of the space around them
- The natural energy they have in their bodies
- Developmental stage of body awareness and play
- Which environment they feel most comfortable in?

**Key point - Allow space**

- Entering a child's personal space can be reassuring when the situation is calm, but when a child is agitated this can feel intrusive and threatening.
- Keeping a safe distance will allow you and the child to see each other's body language clearly and convey a nonverbal message of calm.

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In the bin

"People came into my house. They said they would make things better. I cried when they put all my stuff in a black bag."

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### Reframing safety through a trauma lens

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### Re-move, Re-homed






"I wish my hair was nice. I won't let Ann brush my hair, she's not my mum, she's not my gran. I wish I could have a pink ribbon in my hair."

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### Who can hear me?

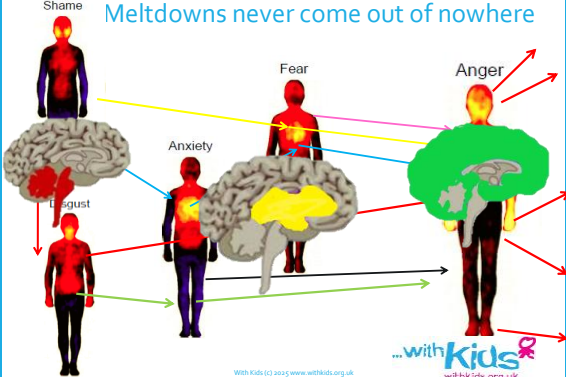



"Caroline keeps emptying the fridge during the night or emptying all the toiletries into the bath. We think there is something wrong with her. Her brother doesn't do this."

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### Meltdowns never come out of nowhere



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### Common ways **Adults** process trauma

- Re-experiencing the memory , feelings.
- Re-framing the memory through minimisation or maximisation
- Avoidance – unable to acknowledge what has happened or even that anything has happened.
- Emotional Numbing – there are no strong feelings either up or down, everything is "fine"
- Hyper arousal – heightened alert to everything
- Hypo arousal- no reaction
- Re- enactment through Relationships and habits

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### Wc brain






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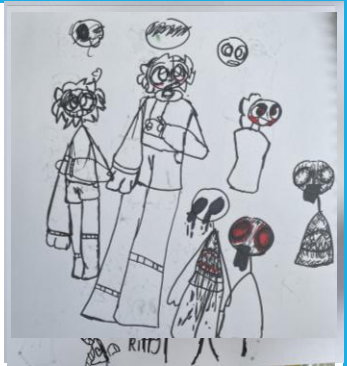
### When ordinary is scary

1. Being prepared for a brain stem conversation when a child is suddenly scared, needs to run or scream.
2. Remember invisible triggers are linked to early experiences creating big feelings in the body that don't make sense to you or the child.
3. Children can feel unbearably scary to others and be labelled as bad, dangerous or cheeky
4. Everyone is scary to children with care experience.

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This is my ordinary,  
Do you find it  
scary?



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