Working with traumatised children requires a phased approach to therapeutic care. Phase two uses the safe and stable base established in phase one, to support the child to reflect and make sense of their trauma history and how it has affected them.

Children who are entering phase two of therapeutic care, should feel safe and stable in their care environment, both physically and psychologically, and have enhanced their emotional literacy and regulation. This means children are able to recognise their own feelings and have an understanding of how these manifest for them physically. It also means they have the necessary support from their support network and Care Team to tolerate, communicate about and adapt to their feelings.

Phase two involves supporting the child to safely remember their abusive or traumatic experience and make sense of why it occurred and how it affected them. The aim is to identify triggers (fragments of memory that have been stored as physical sensations, emotions, or actions) in the current environment, and to reflect on the emotional reactions the child experiences. The child needs to be supported to reflect on these triggers and the link to their physiological, emotional and cognitive responses.

Phase two may uncover distorted beliefs and attributions the child holds about their trauma history, such as believing they are responsible for their experiences. There should be a high level of attunement and communication between the child and the caring adults in their lives, in particular around the memories of their history. The carer and support network (Care Team) should understand and acknowledge the child’s experience, assist in recovery by positively shaping the child’s identity and awareness, and create a supportive and empathic climate for the child.

Some children may require professional therapeutic intervention throughout this phase, whilst others may not. This will depend on several factors, for example, the age of the child, their time in care and the nature of their relationship with their carer.

HELPFUL QUESTIONS:
Phase two of therapeutic care is about developing a child’s narrative about their trauma that is blame-free, and developing their insight into how their experiences have affected them. Here are some helpful questions to use when supporting a child:
> What happened?
> What were you thinking?
> How were you feeling?
> What were you saying to yourself?
> What do you notice in your body? What were you feeling in your body?
> What are the qualities of that sensation? What is the size, shape, colour, weight of the feeling/sensation in your body? Where in your body do you feel that?
> What are you experiencing now? What happened next?
> Tell me more about it.

Important: Trauma is experienced in relationships and must be repaired in relationships with stable, supportive carers. These relationships play a critical role in assisting to process and integrate traumatic memories, and are essential for the child’s recovery.

Note: The terms ‘child’ and ‘children’ also refer to ‘young person’ and ‘young people’.

Sources:
> Australian Childhood Foundation (2015b). Exploring the challenges of working with traumatised children and young people. ACF. Victoria

Look out for our posters about phases one and three of this therapeutic model.