



Healing Childhood Trauma

Anticipating and addressing the needs of vulnerable infants in the first 1000 days.

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Berry Street Take Two Program

# What is Take Two?

A state wide mental health service

- for infants, children and young people
- who have suffered trauma and disrupted attachment due to abuse and neglect and who are child protection clients.

Our mandate is to provide

- high quality clinical services and
- to contribute to service system improvement.



# Take Two is a partnership



Berry Street  
[www.berrystreet.org.au](http://www.berrystreet.org.au)

La Trobe  
University  
(Social Work and  
Social Policy)



Victorian  
Aboriginal  
Child Care  
Agency  
(VACCA)

Mindful  
Centre for Training  
and Research in  
Developmental  
Health



# Take Two is required to . . .

To provide clinical services throughout Victoria

- Our clinical teams

To build and gather knowledge

- Our Research & Information Management team

To share and disseminate knowledge

- Our Practice Development and Training team

# Who is eligible for Take Two service



- Substantiated current clients of Child Protection in Victoria:
  - infants, children, adolescents
  - may or may not be on a Children's Court order
  - living with family or in any form of out-of-home care
  - may be contracted to CSOs or case managed by DHHS
- Experienced severe abuse or neglect
- Is at risk of or already demonstrating behavioural or emotional difficulties

(Note: some exceptions to requiring substantiation depending on funding requirements, e.g. Aboriginal Therapeutic Home Based Care)

# Who are we talking about?

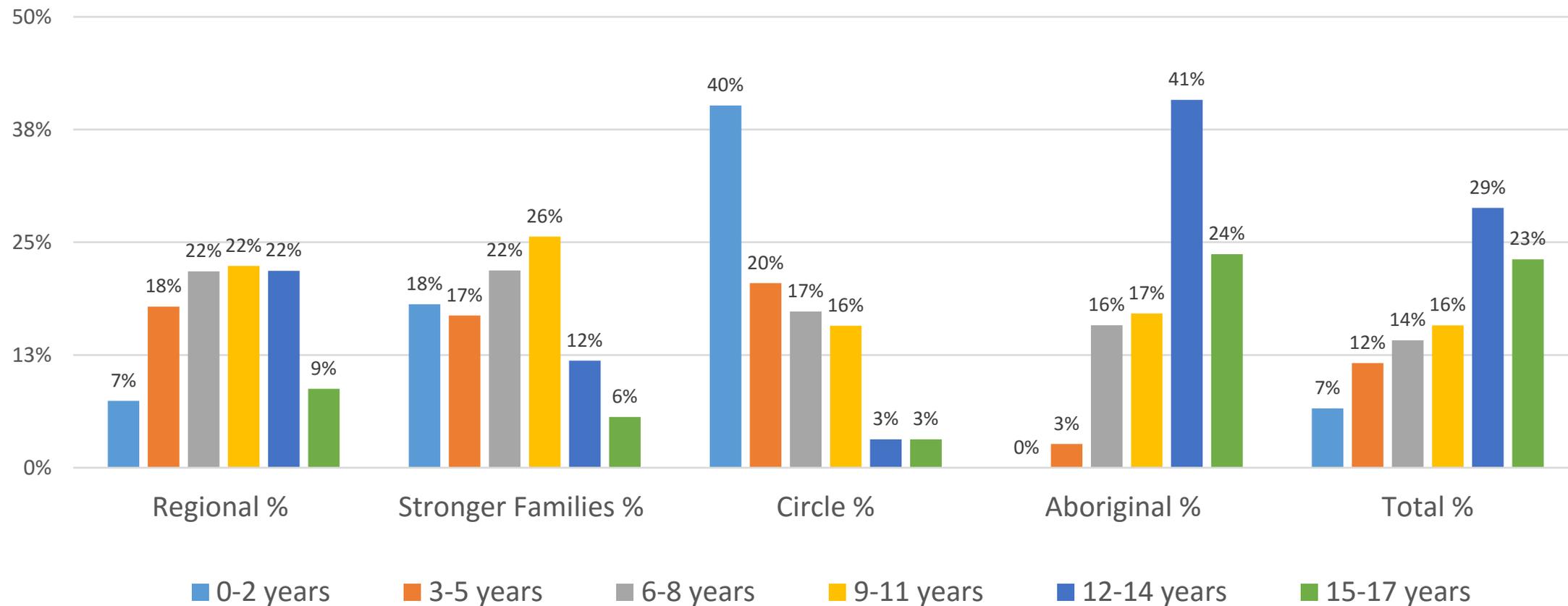
Children of any age who:

- Have suffered multiple and unpredictable experiences of trauma &/or the deprivation of neglect of their core developmental needs
- Experience affect and physiological dysregulation as a result of their developmental and adverse experiences
- Have usually had multiple placements and consecutive adults in their life saying 'trust me', but not staying in their life
- Do not have a safe, nurturing consistent adult in their life now who they know will be there in the future

OR

- Have a safe, nurturing consistent adult in their life but who need additional assistance to redress the severity of the harms of the past

# Age at referral by team type as a percentage of the team's referral excluding TRC and Secure Welfare/Youth Justice n=2021



When working with vulnerable infants and their families it is important to have a thorough understanding of normal development to monitor risk and promote wellbeing, supporting both parent and infant to achieve good growth and development



# Natural regression periods in infancy

Both human and primate infants go through periods of reorganisation that can be clearly identified.

Young infants also have a fussy period at some point during the day between about three and 12 weeks of age, and this is so common as to be thought to be a biological process.

The reorganization periods also involve a regression in behaviours towards more contact with the primary carer. There is thus regression in the push towards independence.

# What does it look like?

- Depending on developmental age:
  - decrease in amount of sleep
  - fear of other people
  - childish behaviours
  - decrease in amount of food intake in one meal
  - problems with changing/dressing
  - decrease in activity
  - peaks in cuddling mother
  - peaks in cuddling objects

# Why?

- Regressive behavior in the infant triggers changes in mother's behavior. Mothers' force infants to use their new abilities and reject old ones.
- These lead to more independence.

# When

- Weeks 5, 8, 12 19, 26, 36, 44, 52, 61-62, 72-73
- Duration of 1-6 weeks, median 3

# Vulnerabilities

- Decreased immunity
- increased SIDS
- increased illness
- Increased conflict in the mother-infant relationship

# Mother's Reactions

- Mother's reaction
  - annoyance
  - promoting progress
  - clashes
- more annoyance for younger babies.
- promoting progress predominant in second half of the first year
- clashes from 6 months on

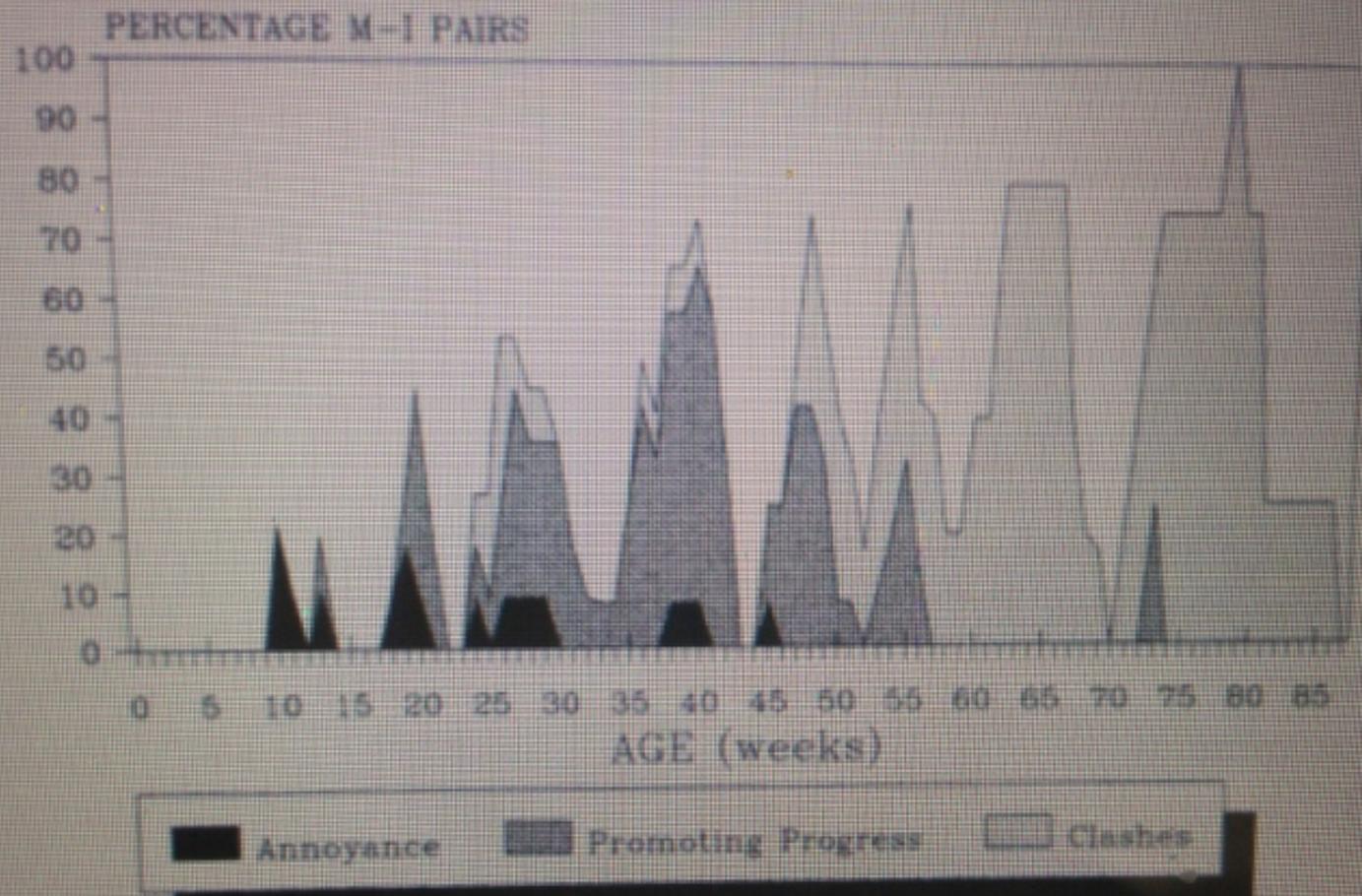


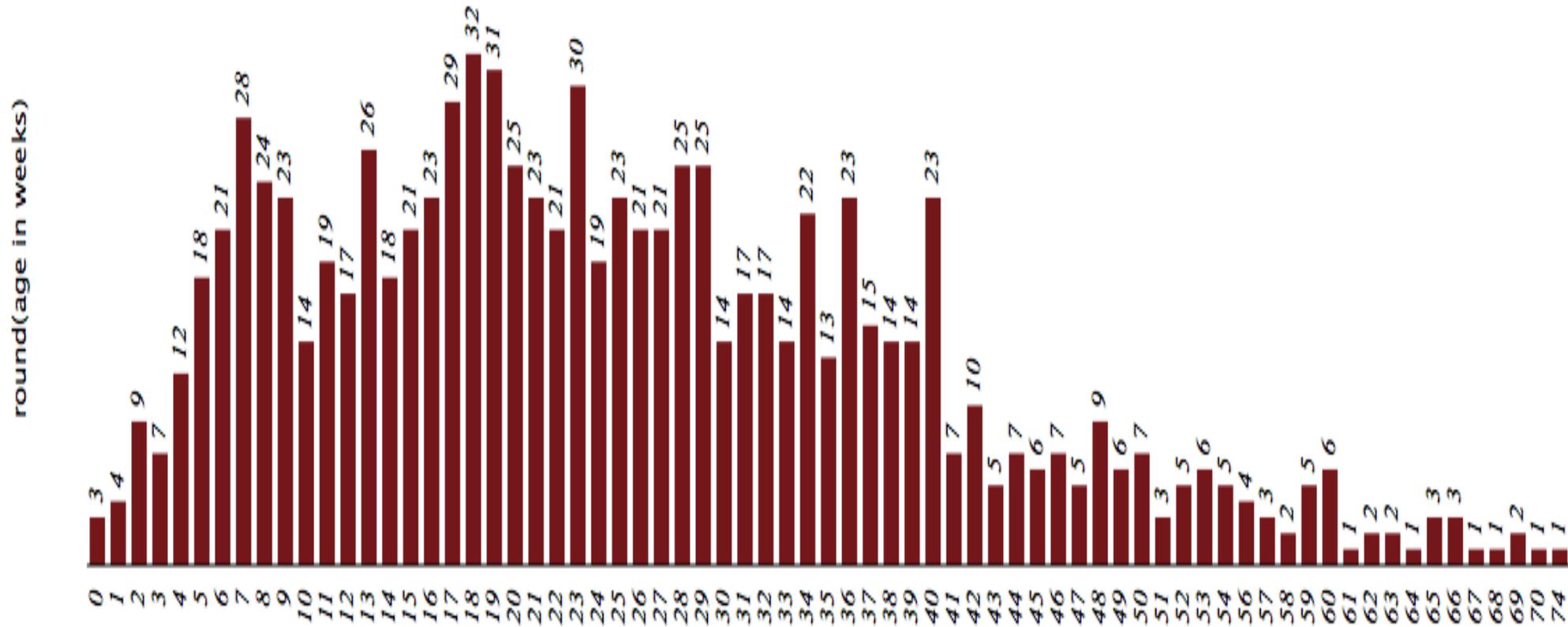
Fig. 1. The stacked percentages of mother-infant pairs over age for which different forms of conflict ("annoyance", "promoting progress" or "clashes") were reported. For further explanation see text.

First, there is a shift over age from "annoyance" to "promoting progress in

# Study 1: Help seeking behaviour during periods of natural regression

- Hypothesis: Families seek help from tertiary level Early Parenting Centres more frequently during periods of natural regression.
- Method: analysed help seeking through phone calls to two Early Parenting Centres in Melbourne.

# Study 1: Results



# Study 2: Preliminary analysis of deaths of infants in Victoria 2003-2013

- Hypothesis: Infants die more frequently during periods of natural regression.
- Method:
  - Publically available data was gathered from the reports of the Victorian Child Death Review Committee.
  - N = 112, age 0-24 months
  - 65 Metropolitan, 45 Rural, meaning rural infants were disproportionately represented.
  - No information regarding Aboriginal or Torres Strait Islander status due to need for anonymity.

# Results

- 84/112 (75%) died during a period of natural regression.
- Of the 76 causes of death noted:
  - 40 had acquired illness/ congenital illness
  - 5 non accidental trauma
  - 22 pending determination
  - 7 SIDS
  - 2 unascertained by the coroner
  - 4 of the 5 non accidental traumas were from rural regions

# Conclusions regarding both studies

- Infants are clearly at greater risk during periods of natural regression as shown by their parents' increased help seeking behaviour associated with periods of natural regression and, sadly, their increased death rate at this time.
- We need a targeted approach for vulnerable families who feel unable to access help or for whom help is not available, perhaps as might have been the case for the 4/5 non accidental deaths in rural regions between 2003 and 2013.

# Anticipatory Guidance for vulnerably families

- Professionals form an alliance with the parents on behalf of the baby.
- Professionals keep track of the baby's age and *anticipate* difficulties *before they arise*. These are discussed with the parent with the baby present.
- In practice this means:
  - a) Making contact prior to a period of natural regression to share and discuss the baby's development.
  - b) Making contact during the period and being available for extra contact if needed.
  - c) Reflecting together afterwards and sharing the wonder of the newfound skills.
  - d) Being alert to any signs of difficulty in the family system or the baby so that these can be talked about and addressed

# Anticipatory Guidance

- [http://www.brazeltontouchpoints.org/wp-content/uploads/2011/09/A\\_Developmental\\_Approach\\_to\\_Behavioral\\_Problems\\_2006.pdf](http://www.brazeltontouchpoints.org/wp-content/uploads/2011/09/A_Developmental_Approach_to_Behavioral_Problems_2006.pdf)

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