Using trauma responsive practice

Guidance for schools and colleges

Psychology and Therapeutic Services, Suffolk County Council, 2023

Contents

Introduction

Sadly, we cannot shield children and our education communities from exposure to bereavement, loss or traumatic incidences. Some of these incidents will occur during a child's time with us, for example the bereavement of someone within the school community or within the wider community. If this bereavement is sudden or unexpected or overwhelms the school system's usual coping mechanisms, we often refer to as a critical incident. For other children, the traumas they have experienced will have occurred prior to them joining our community, or away from the education setting. In both cases, the impact of these experiences will be felt during our time supporting them, and it is important we feel equipped to respond to these.

This guidance has been written in two sections. The first hopes to build an understanding around bereavement and loss and offer some supportive guidelines and resources to enable a school community led recovery after loss. The second acknowledges the wider and more complex traumas that our children may have been touched by and offers guidelines to school in adopting trauma-responsive practice within the educational environment.

We hope that this guidance can be used not just in times of crisis, but also as a pro-active way to consider bereavement pathways and policy and to reflect on current practice in response to trauma.

Thank you for taking the time to support your school community by using this resource, we send all our best hopes for your journey.

Dr Jemma Carter

[on behalf of the Psychology and Therapeutic Services,

Suffolk County Council]

Section two:

Trauma Responsive Practice

Trauma

Trauma and adversity

The definition of trauma below is helpful in conceptualising what we mean when we speak about this topic.

> *"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individuals' functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, p. 7, 2014)*

The terms 'adversity' and 'trauma' are often interchangeably used by professionals. However, there are important differences between the two. Whilst adversity describes the situation and experience that a person has, trauma refers more commonly to the impact it has on their mental health. (Brennan, Bush, Trickey, Levene & Watson, 2019). Trauma therefore is an emotional response that lasts long after an event or incident of adversity occurs, it causes mental and physical stress.

The term adverse childhood experiences (ACES) has become another common term due to the seminal research in this name (Felitti et al, 1998). ACES are defined as highly stressful events or situations that occur during childhood and/or adolescence. It can be a single event or incident, or prolonged threats to a child or young person's safety, security or bodily integrity. ACES have been linked to many negative health outcomes, which reminds us of the significance of the potential impact of adversity in childhood.

Understanding the impact of developmental trauma

Our brains develop from before birth into adulthood, and beyond, however there are key sensitive periods where are brains can be described as more malleable during early childhood and adolescence. During these periods what happens in a child's life will have a significant impact on how their brain develops. Positive experiences and interactions with others will help to build robust and healthy neural connections and a positive understanding of a child's world. However, childhood adversity can harm a child's brain development (Shonkoff et al, 2015) and change the way our brains develop resulting in a number of differences in how a child experiences their world (Bomber, 2011). Bomber explains how developmental trauma can change a child's:

- Executive function skills (problem solving, cognitive organisation, memory)
- Regulation skills (flight/fight/freeze and hormonal regulation)
- Psychosocial development (attachments and relationships)

We will talk more about how this will look in a classroom or education setting below. However, a vital message for professionals to receive is that having caring

relationships and access to support services can reduce the harmful effects of negative experiences and help a child's brain develop in a healthy way (Shonkoff et al, 2015). As education settings we have a unique and powerful opportunity to affect a child's brain architecture and support them to overcome developmental differences.

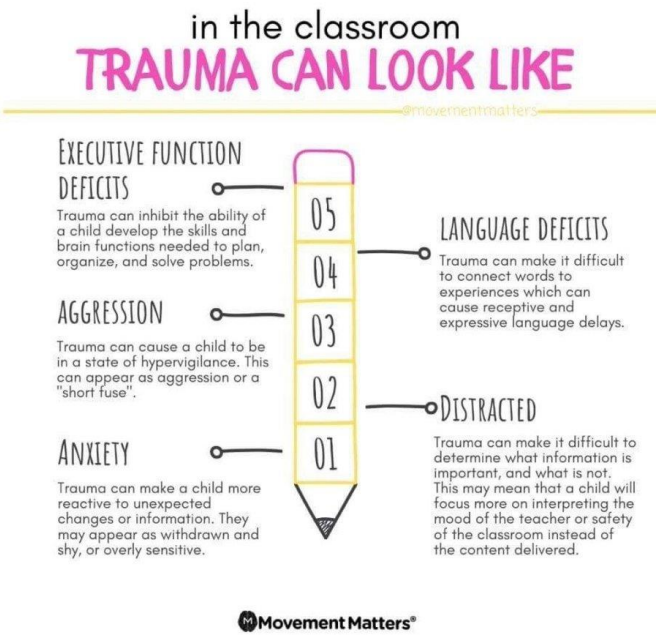
The NSPCC have produced a useful document which uses 6 metaphors to explain children's brain development, creating a helpful language to boost understanding between professionals, families and young people. Sharing the Brain Story: metaphors summary booklet (nspcc.org.uk)

Further information about childhood trauma and the brain can be accessed through the UK Trauma Council here: CHILDHOOD-TRAUMA-AND-THE-BRAIN-SinglePages.pdf (uktraumacouncil.link)

Things to consider within education settings.

Because of how adversity and childhood trauma can impact on brain development, a child who has experienced adversity may present differently within a classroom or an educational setting.

This graphic from Movement Matters is a useful reminder of some of the ways trauma can manifest in classroom situations. Because of potential differences in executive function, regulation, and psychosocial development, we can often interpret trauma related behaviours as being due to behavioural or learning difficulties. It's important to consider that these differences are not a choice, but due to altered brain development and therefore these children require developmentally appropriate support to overcome these differences and create new, beneficial neural connections.



As well as considering the individual differences we may notice within educational settings, we should also consider how the educational environment we offer could be re-traumatising. At the heart of trauma informed practice is a commitment to prevent re-traumatisation and induce safety, as highlighted by the UK government's working definition (Working definition of trauma-informed practice - GOV.UK (www.gov.uk)). Therefore, considering the following ways in which learning environments can commonly re-traumatise is important:

- Curriculum

It is important to carefully review the curriculum in light of the children we are teaching and what their potential experiences could have been. For example, time spent considering war poetry could be highly re-traumatising for our pupils who have sought refuge from war-torn countries. Talking about domestic violence in relation to literature or PSHE could be re-traumatising for those who have experienced this at home. Basing activities around Mother's Day or Father's Day when we have children who have been bereaved of these relationships can again be re-traumatising. It is vital in order to commit to preventing re-traumatisation, we consider our curriculum offer through the eyes of our children.

- Language and behaviour of adults

Understanding the power of relationships, connection and attunement is fundamental to trauma responsive practice. The single biggest predictor of a pupil's success is their relationship with their teacher, and therefore fostering a positive relationship is vital to support those who have experienced adversity overcome this. However, it is not always easy to avoid re-traumatisation through the way we are *being*, because how an adult presents themselves can very quickly dysregulate children if it mirrors their adverse experiences. For example, children that are hypervigilant to conflict due to violence in their home environment, may become triggered by shouting, aggressive body language, threats, and this can lead to extreme behavioural reactions. Adults need to embody safety and low threat, to avoid this.

- Policies and discipline

It is very important to consider our policies and approaches to behaviour and discipline. Many traditional methods rely on rewarding and reinforcing what is perceived as good behaviour and punishing and reducing what is perceived as bad behaviour. The first issue with this is that children who have experienced trauma often have created views around how adults will behave based on their experiences (*you don't care about me; I am not worthy*) and will view behaviour systems and discipline as further evidence that they are not good enough and they are bad/wrong (Golding et al, 2021). Therefore, when we punish behaviour that is a result of changed neural connections and developmental gaps, it is not only ineffective but is reinforcing negative views that may have arisen from initial traumas (*I am bad/not good enough*). The other issue is that many behaviour systems in learning environments rely on a public element of shame, i.e., your name goes up on a board, goes into 'red'. However, because traumatised children are often hypersensitive to shame (they've previously been given an overdose of it) even the smallest amount of shame can be re-traumatising and intolerable. Extreme behaviour and psychological damage can be triggered by typical, reward-

punishment or behaviourist methods (Elliot, 2023) as children will experience heightened stress, dysregulation and present with further behavioural difficulties.

Instead, consider alternative relational-based approaches to behaviour and learning. Many trauma-informed researchers advocate for the move to relational support policies and away from traditional behaviour policies. Louise Bomber talks about this in her book *'Know Me To Teach Me'* and there are a variety of examples available online.

Further resources/sources of support

UKTC (uktraumacouncil.org)

Safe Hands Thinking Minds | Relational and developmental trauma in children

Working definition of trauma-informed practice - GOV.UK (www.gov.uk)

Addressing trauma and adversity | Resources | YoungMinds

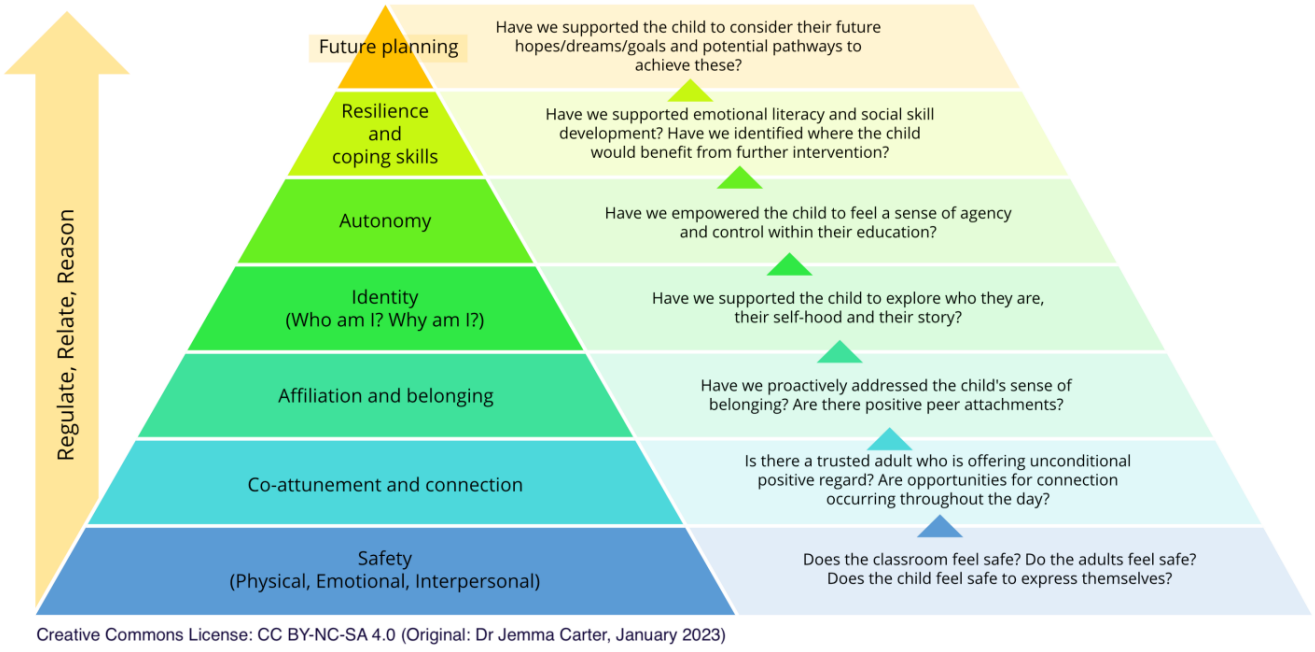
beaconhouse.org.uk/resources/

Suffolk Psychology and Therapeutic Services may be able to offer the following interventions and support

- Consultation for individual children or whole school approaches.
- Training courses on attachment, trauma informed practice.
- Organisational support for schools considering policy, procedure and system change toward trauma-informed approaches.
- Trauma Aware Emotional Literacy Support Assistant training.

Trauma Responsive practice: a model

The applied trauma responsive classroom model (ATRCM) utilises the research and theory around trauma-informed practice to consider how education settings can begin to apply this to their student population (Carter, 2023; hosted by edpsy.org.uk). We are going to utilise the stages of this model to demonstrate how we can consider our educational approaches and apply the principles of trauma informed practice to the classroom and beyond. The model is intended to work *sequentially*, meaning that in order to offer effective and appropriate support we should consider a bottom-up approach. Alongside the model runs the principles of regulate, relate, reason which comes from Dr Bruce Perry's work; it reminds us how we should interact with children to ensure we are offering meaningful opportunities to children to think, learn and reflect within our education settings. Please see this graphic from Beacon House for more information [The Three R's (beaconhouse.org.uk)]



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Safety

It is essential when thinking about children who may have experienced adversity and developmental trauma to begin with safety, because one of the biggest impacts of experiencing trauma is a threat to your sense of safety. We respond to traumatic or stressful circumstances through an activation of our sympathetic nervous system, this primes us to fight, run, freeze, or fawn, this is our threat response system. We know from working with children who have experienced adversity, that they may become more primed to enter these modes due to a change in their internal working model, or how they view the world. They may start to feel that

their world and even the people in it are less safe and will therefore be more likely to navigate their environment hypervigilant to potential danger.

If we want to support these children, we have to start by adopting a trauma-reducing approach, increasing their sense of safety and reducing the perception of threat in their environment.

Safety-increasing practice

Karen Treisman (2021) talks about the many layers of safety, which is helpful when consider how we can increase safety. To start, consider the following:

- Does the physical environment feel safe? Is there a clear 'escape route' for those that fear being trapped? Are the displays chosen for a low threat, soothing appearance? Is the positioning of seats comfortable for someone who may perceive others as more dangerous?

- Do the people feel safe? Are we prioritising safety in our interactions with children and young people, and modelling calm and connection for our children? Is there somebody available to support co-regulation if a child becomes fearful or dysregulated?

- Does the child feel psychologically safe? Do they know what to expect from a lesson, a day, a break, or lunch time? Do they know where they can go for space, or support?

It is our responsibility to create an environment that is predictable, where the expectations for children are clear and predictable, where the adults are always the same thus reliable. We must react to behaviour in a calm and containing way and understand when and how our children need additional support to understand their psychological safety.

Connection

It is important to remember that children need good quality attachments, and they are biologically programmed to seek these out. Seeking connection and attunement is developmentally appropriate and necessary for children, in all environments, because it is through connection and attunement that children learn to develop many of their skills, including regulation. Unfortunately, for some children who've experienced developmental trauma or some disruption to their parenting, there may be developmental gaps in relation to this attachment-based skill learning.

We know children, and adults, create views of the world and internal working models based on our experiences of life. Not all children will hold the view that the adults are trustworthy, that they will meet needs or that they will notice when something is wrong. If children don't believe this, they may behave in ways that

demonstrate they do not trust you (avoidant of adults and adult-led tasks) or attempt to ensure you meet their needs (become attention-demanding, controlling of adults). These children need us to pro-actively address their biological need for connection and attunement, building some experiences of attentive and attuned adults, and offer the potential to build a belief system that adults can meet their needs.

Connection increasing practice

Increasing connection within settings is not just about considering who is available to children to support their need for attunement and co-regulation, but also how we are supporting the adults to meet these needs. Are adults given time and authority to prioritise this essential part of supporting children? Has the setting got a process to support those children who are in need of more connection compared to their peer group? Do the children know appropriate ways to seek connection, and know that this bid for connection will be reliably and consistently met?

Belonging

A sense of belonging and being able to affiliate with others remains a core part of our needs as individuals, there is now a large body of research demonstrating that the need to belong is central to guiding our thoughts, emotions, and behaviour. When we consider children whose experiences mean they feel less safe and less trusting of others, there are some unique barriers that can prevent those children to satisfy their need to belong. The impact of developmental trauma on the brain may mean there are some skill deficits in relation to attachment behaviours, difficulties with regulation may lead to being excluded from peer groups and settings, and beliefs about the world can decrease motivation to belong (i.e., *I am not worthy, other people aren't trustworthy*).

Belonging increasing practice

We can think of belonging in two layers; peer connection and the wider community. How are we explicitly demonstrating to students that they belong in our community and that they are valued? Do we have whole setting processes to show this? Do we have classroom-based processes to show this? And how are we supporting our children to connect to their peers in a pro-social and purposeful way? And where we recognise there are some peer difficulties, what are we doing to address these?

Identity

A child's identity is largely based on their experiences and can emerge from their affiliations with others, however this can look different for children who have experienced trauma because trauma can affect the way that the person views themselves in relation to the world. Trauma survivors may be too busy being

hypervigilant to external threat to look inwards, to consider who they are or what makes up their identity, or they may even have learnt to disassociate from their bodies and their thoughts in order to survive difficult experiences. In addition, the trauma can become central to their sense of self and their narrative, and this may mean they continue to seek out familiar situations, circumstances or friendships that perpetuate this trauma identity (i.e. seeking relationships with abusive others because this is familiar to them).

Identity increasing practice

This can feel quite difficult to overcome; however we are working with children who are continually developing and testing their sense of self and their identity. In order to support this we can:

- Offer a child the space to reflect on who they are and who they want to be.
- Offering supportive resources, activities, and conversations around exploring a child's identity.

This can be very powerful if it comes after establishing a genuine sense of safety, trust and co-regulation with a safe adult, and some connections in their safe environment. You should not explore this without establishing this foundation of safety first, otherwise children may feel they need to continue to protect themselves by disassociation or hypervigilance, preventing this work being meaningful.

Autonomy

A sense of autonomy is a fundamental human need and central to self-determination. Unfortunately, when our nervous systems are responding to perceived threat (i.e., fight/flight/freeze/fawn) we are forced to behave in ways that reduce or minimise this perceived threat and are unable to engage in genuine self-directed behaviour or to establish opportunities for genuine autonomy. Trauma survivors are therefore in greater need of safety, regulation, and connection before they will feel safe enough to develop autonomous activities.

Autonomy increasing practice

Consider how settings can imbed meaningful opportunities for autonomy, do we offer opportunities to:

- Consider the power dynamic between adults and children and where it may be appropriate to empower children? For example; a rights and responsibilities charter, classroom rules, pupil voice/council etc
- Enable children to give safe and genuine feedback about their experiences?
- Make choices about activities, tasks, approaches, decision making?

And are we explicitly adapting these opportunities for children that need support and practise building skills around autonomy?

Building resilience and future planning

Children who have experienced trauma who have received the responsive support described in the lower levels of this model, may at this point be able to move towards addressing any specific difficulties in relation to their emotional literacy, resilience and coping skills as well as considering their future plans. If we attempt to address these areas before building up safety, connection, affiliation, identity and autonomy, we run the risk of it being less meaningful and/or effective.

Resilience and future planning focussed practice

The following interventions, approaches and support may be appropriate here (once the lower levels have been addressed):

- Discrete emotional literacy interventions (i.e., Emotional Literacy Support Assistant/ELSA intervention)
- Consider referrals to other appropriate professionals (i.e., mental health professionals, young person's worker, careers advisors)
- Explore competencies, skills, goals using a strengths-based approach (i.e., motivational interviewing, competency profiling, solution-focussed questions) and make explicit their strengths and skills.
- Co-create a future plan focussing on the child's voice and goals (i.e., person-centred planning tools)
- Supportive work around transitions, gaining independence.

Further information

For more information on the ATRCM and a supportive classroom observation schedule to help imbed the layers discussed above, please visit the following links;

Creating a trauma sensitive classroom - edpsy.org.uk

Using the Applied Trauma Responsive Classroom observation schedule - edpsy.org.uk