

TRAUMA INFORMED SCHOOLS UK BRIEFING SESSION



About the notes

In this handout, you will find the full text of the slides presented on the training and accompanying references. We regret, that due to complex copyright and parental permission issues we cannot provide all the images.

TRAUMA INFORMED SCHOOLS UK

Briefing Session

Our Vision:

For all schools to become trauma and mental health informed

Our aim:

To empower and inform school staff how to help troubled children and most importantly how to support and nurture them in the process!

TISUK is a registered Community Interest Company, aiming to address the mental health crisis affecting children and young people in the UK, through providing training in evidence-based trauma and mental health practices in schools and community organisations.

- Freelance professionals from a variety of backgrounds under the umbrella of The Centre for Child Mental Health (CCMH, London)
- Workforce training provider for HeadStart Kernow, a £9 million Big Lottery funded initiative in Cornwall
- DFE approved provider in 'Behaviour and Mental Health in Schools' DFE-00327-2018

What do we offer?

Trauma and Mental Health Informed Schools and Communities Training

10 Day Diploma, accredited by CCMH with a London based option of an extra 2 days for university validation

- Experienced trainers with backgrounds in Education/Psychology/Psychotherapy
- SLT training
- A model of Ongoing Supervision & Support
- Whole Setting Training
- Bespoke Training
- Initial teacher education in conjunction with Sheffield Hallam University
- Ongoing work force development and continuing professional

development

- School and organisation awards to recognise excellent practice

Who is it for?

Trauma and Mental Health Informed schools training

10 Day Diploma, accredited by CCMH with the option of an extra 2 days for university accreditation in certain locations

- Teachers, TAs, Leaders, Community workers, Social Care, Health workers, Police... Youth Justice Teams
- Any professional working with/alongside children and young people

What does the 10 day training entail?

Theory and its practical application with children and young people, based on 1000 pieces of research, summarised in 3 models

- The ACE study and Protective Factors

What it means and what to do

- Panksepp's Affective Emotional Brain Systems Neuroscience
- PRRR - TISUK's own model of practical application to support

Trauma is a response to any event/s encountered as out of control, frightening experiences that disconnect us from all sense of resourcefulness, safety, coping and/or love

(Tara Brach, 2011)

Trauma is not an event itself, but an emotional response to a painful and shocking event where there was no-one there to help you with what was happening at the time

(Margot Sunderland)

The Impact of Trauma on the Readiness and Ability to Learn

- Trauma can impact on our relationships, self-esteem and behaviour,
- Trauma replaces social engagement with defensive behaviours
- **Halts our capacity to learn**
- **ALL** schools have children who have experienced trauma
- Schools have a vital role to play in supporting all children and not

unwittingly contributing to or re-traumatising children

Lockdown and school closure as a traumatic experience for some school children who are 'locked in' with troubled parents/siblings

- Sudden, unwanted change over which they have no control
- Experience of loss
 - friends
 - significant relationships with adults
 - Routine, structure, order, safety
 - Freedom to act
 - The ability to mark milestones
 - Bereavement
- Isolation
- Fear
- Uncertainty
- Dysregulated adults
- Poverty
- Increased risk of domestic abuse

From Secure to Insecure Attachment

- Even those with experience of secure relationships and an internal working model of the world as a safe, inviting and predictable arena will be shaken by the impact of COVID 19
- Those with patterns of attachment that are anxious or avoidant will have their internal working models confirmed: the world is not safe, others cannot be relied upon and I have to manage by myself. But what is the point?

One million children in the UK have mental health issues

"We Need An Army!" Lord Layard

A counsellor/ therapist who can see a few children in each school is not enough"

Yet on average children wait 10 years to get help for a mental health problem

So schools are left holding the baby

The Centre for Mental Health (2016) *Missed Opportunities: Children and Young People's Mental Health*

In many ways it makes sense for schools to pick up the baton as children spend 190 days a year at school often forming very important relationships with key staff.

A counsellor coming in once a week can only see a few children.

But school staff express concerns that they didn't come into the profession to deal with mental health issues...

Research shows that many teachers feel frightened and deskilled about working with mental health

2 out of 3 teachers are worried that if they talk to children who self-harm it will make things worse

(Talking Self Harm Report 2015)

50 percent of teachers say their job is causing them severe stress...

...often because of children's mental health problems, and many are leaving the profession as a result.

Teachers Assurance, May 2013. 'Stress and Wellbeing Research'.

Available: <https://www.teachersassurance.co.uk/documents/2013/09/stress-and-wellbeing-research.pdf>

TES Feb 27 2017 Poll on teacher well being

Major studies show that the more schools attend to pupil emotional well-being the better the educational outcomes

Government Green Paper Dec 2017 wants a Mental Health Lead in every school in England.

Their research found that appropriately trained teachers /teaching assistants can achieve results comparable to those of trained therapists.

Research carried out for the paper on children/ teenagers age 2-18 found that to quote:

"There is evidence that appropriately-trained and supported staff such as teachers, school nurses, counsellors, and teaching assistants can achieve results

comparable to those achieved by trained therapists in delivering a number of interventions addressing mild to moderate mental health problems (such as anxiety, conduct disorder, substance use disorders and post-traumatic stress disorder)”

Our aim is to equip you to:

support and empower staff with the skills and the ways of being to become emotionally available adults and to bring about cultural shifts to ensure emotional health for all

And we have the evidence base showing that it's relational interventions not pills that changes children's lives.

Our interventions are informed by over 1000 peer reviewed psychological, educational, medical and neuroscientific research studies

Our models of intervention will support school staff in how to be, what to do and what to say to address the underlying causes of mental ill-health and in turn support them to stay mentally healthy too!

If we are going to address mental health issues in schools, we need to know what mental health looks like and its origins in healthy child development

Where in the brain is mental health, social skills, passion for learning and resilience?

Healthy Brain Development The Triune Brain

- Cortex - Executive functions: interpersonal skills, thinking skills, problem solving, cause and effect, empathy, conceptualisation, sequencing and ordering
- Limbic System - The emotional brain: emotions, memories, sensory perception, stress response system
- Brain Stem - Primitive, (fight/flight/ freeze responses) unconscious survival responses, regulation of heart rate, breathing, sleeping, and eating

The frontal lobes are key for emotional, social and cognitive intelligence and are not yet wired up whilst the emotional brain and brain stem are in the driving seat.

- Ability to learn,
- Ability to concentrate
- Good Impulse control
- Emotional regulation
- Empathy
- Ability to reflect
- Emotional and social intelligence.

Research shows that traumatised children experience the same over-activation in their amygdala as soldiers returning home from front line duty

**The impact of emotions on the brain and the ability to learn
(Scan - Damasio 2001 in Restak The Secret Life of the Brain)**

THE ACE STUDY (The adverse childhood experiences study)

...is the biggest ever Public Health Study (17000 people) to show a direct link between adverse child experiences, and poor mental and physical health decades later and in some cases, early death.

THE ACE STUDY Adverse Childhood Experiences Study

The ACE study is the biggest ever Public Health Study (17000 people) to show a direct link between adverse child experiences, and poor mental and physical health decades later and in some cases, early death.

**So what has this got to do with
Leadership, Standards and Teaching?**

So What's Going On Here For These Children And Teenagers Who've Experienced ACES?

STRESS!!!

- Positive - Brief increases in heart rate, mild elevations in stress hormone levels.
- Tolerable - Serious, temporary stress responses, buffered by supportive relationships.
- Toxic - Prolonged activation of stress response systems in the absence of protective relationships.

The Neurological Impact of Living with Toxic Stress

Damage to the Brain and Body

The psychological pain of toxic stress is so awful I engage in Health Harming Behaviours

Damage to:

- Neurochemical systems
- Neuroanatomy
- Endocrine system
- Immune system
- Autonomic nervous system
- Drinking /Smoking
- Self harm
- Taking drugs
- Discharge through violence
- Bullying

No it's a message of hope: due to preventable suffering

PROTECTIVE FACTORS:

One trusted emotionally available adult before the age of 18

Ian Wright - Arsenal and England Captain, Sports Commentator

KEY MESSAGE

One emotionally available adult before the age of 18 interrupts the progression from childhood adversity to learning difficulties, mental and

physical ill-health... for many children this person will be a teacher.

Mark Johnson MBE

Founder of User Voice

No Mr Pigden, no emotionally available adult at school

Regularly brutally beaten by his father who attempted on one occasion to burn him on the fire. His mother, zealous about religion, said "I can only love you if you love my God" ...

Mark Johnson

Age 8

- Sniffing glue and drinking cider.
- At school, regularly punching children in the face.

Age 11

- Took heroin/crack.
- Had sex.

Teenage years

- Drug addiction then Borstal - violent disorder.

Age 20

- Prison for violent armed robbery to feed his habit

10 years devoted to heroin

- Slept rough on the streets, was infested with lice,

Mark speaking about what he feels is missing from the education system

It's not about asking school staff to be quasi-psychotherapists, it's about replicating in schools what happens in best parenting

- Good listening,
- Mental state talk,
- Affect labelling,
- Empathy,
- Attunement
- Helping children and teenagers to make sense of what has happened to them

And we ensure a whole school/ whole community approach... so everyone's mental health and well-being improves!!

All Mental Ill-health Is An Imbalance In These Systems (over-activation or under-activation)

Alarm States: RAGE, FEAR, PANIC/GRIEF

We need these feelings appropriate to the situation but when over- active we get mental health problems

A child locked in angry (over-active RAGE system)

A child with anxiety issues (over-active FEAR system)

A depressed child (over-active PANIC/GRIEF system)

"Emotional states become personality traits" *Bruce Perry*

The pro- social chemical systems of CARE (attachment) SEEKING and PLAY

When opioids and oxytocin are optimally activated in the child's brain we do not want to fight and we don't feel anxious
(*Anti-anxiety/ anti-aggression molecules*)

So TMHi schools think 'neurochemically'

a) Offer repeated experiences that activate the brain's pro-social systems CARE, SEEKING and PLAY through relational interventions

b) Modify the RAGE, FEAR and PANIC-GRIEF systems through relational, conversational and regulatory interventions

PROTECT

- a whole school awareness of the vital need to provide the highest level of 'safety cues' for children on a daily basis and not simply an absence of danger

-a whole school awareness of the impact of ACEs and of toxic stress on learning, behaviour and well – being, mental and physical health, and how to use 'protective factors' to bring down toxic stress levels to tolerable.

A Whole School commitment to RELATE to children with Social Engagement rather than Social Defence

We All Have Two Neuro-physiological Systems:

Social Engagement System:

When We Feel Safe

- Well-balanced autonomic nervous system (ANS)
- Optimal activation of pro-social chemical systems in the brain
- Opioids and oxytocin

Social Defence System:

When We Feel Threatened

- Over-active ANS
- High levels of stress hormones that block pro-social chemical systems

PACE

(Play/Acceptance/Curiosity/Empathy)

in the way all school staff relate to their children/teenagers

Empathic listening and emotional coaching leads to good vagal tone

Children/ Teenagers, better able:

To learn

To use life well

To concentrate

To enjoy relationships

To be kind to others

Gottman, J, Katz, L, Hooven, C. (1996) Parental Meta-Emotion Philosophy and the Emotional Life of Families: Theoretical Models and Preliminary Data. Journal of Family Psychology, 1996, Vol. 10, No. 3, 243-268

REGULATE

What to do when trauma gets in bodies, minds and brains

We teach a wealth of emotionally regulating interventions to calm bodies and brains for learning, reflection and quality of life

REFLECT

The healing power of talking about feelings and making sense of painful life experience

REFLECT means

Helping children to change what they feel and believe about themselves; editing the story they have told themselves about their lives

Changing a 'wonky narrative'

Each time you have that important interaction/reflective conversation with a child or teenager you are literally wiring up the pre-frontal cortex developing top-down inhibitory pathways that calm the lower brain and primitive impulses of flight and fight.

What Does it Mean to be a Trauma And Mental Health Informed School

Being a Trauma Informed School isn't a bolt-on, an intervention or something that a few do.

It's a culture. It's our approach. It's everyone. From gate supervisor and teacher to lunchtime staff, we've embraced this approach and have equipped staff with the tools to enable them to respond to every child's needs.

James Hitchens, Head of school

Trauma Informed: A School's Journey, Penryn Primary Academy

Impact of Trauma Informed Approaches

A Whole School Approach Has PRRR At It's Heart – At A Cultural And Individual Level

- **PROTECT**

An environment rich in psychological safety, lessening the stress load for all

- **RELATE**

Ways to interact that promote social engagement, connection and belonging

- **REGULATE**

Explicit teaching and modelling of co-regulation

- **REFLECT**

- Developing top down inhibitory pathways, reflecting on painful events

to make sense, develop coherent narrative and more effective ways to manage

Exclusions dramatically reduced and remain low

Progress measures dramatically improved and maintained this year

Improved behaviour for learning – significant reduction in the number of behaviour incidents that impact on the learning of others

Positive handling incidents reduced from a daily event to struggling to recall the last time it was used

What about cost?

Diploma In Trauma And Mental Health Informed Schools And Communities (Practitioner Status)

10 Days delivered in 2 day modules over a 6 month period

Work based learning

Final assessment presentation

No more than £1,595 per delegate

- **Whole setting inductions in trauma and mental health informed practice –**

Half day (3 hours) Can be delivered as a twilight session £995 excluding trainer expenses

- Whole day £1550 excluding trainer expenses

- **SLT Training 2 days**

From £150 per delegate

- **Consultation Visits 2 visits and action plan £1, 900**
- **Trauma and Mental Health Informed Schools Award**

£895 including assessment visit

- **Supervision and reflective practice**
- **Designated Mental Health Leads Training 5 days £699 COMING SOON!**

”Somewhere between two human beings is the power to deal with the problem”

Madge Bray 1997: 34

You as the emotionally available adult that will change children’s lives

- Diploma in Trauma and Mental Health Informed Schools - In many regions in the UK. See website: www.traumainformedschools.co.uk
- *Conversations that Matter: Talking with children and teenagers in ways that help*, by Margot Sunderland - Key text on interventions with can be used by emotionally available adults at school
- “Somewhere between two human beings is the power to deal with the problem” (Madge Bray 1997: 34)



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INFORMED UK
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THE INSTITUTE FOR
ARTS
IN THERAPY & EDUCATION

CCMH
THE CENTRE FOR
CHILD MENTAL HEALTH