Responding to critical incidents and using trauma responsive practice

Guidance for schools and colleges

Psychology and Therapeutic Services, Suffolk County Council, 2023

Contents

Page 3 Introduction

Section one:

Critical incidents

Page 5 Types of critical incident

Understanding grief

Page 8 Bereavement pathway/policy to prepare for critical incidents

Page 9 Bereavement in the early years

Page 10 Suicide prevention strategy

What to do after a critical incident?

Page 12 Psychological first aid; a model to support

Page 14 Bereavement and Critical Incident Action Plan

Immediate actions

Page 15 In the week/s following an incident

Page 16 In the month/s following an incident

Other things to consider after a critical incident

Page 18 Further resources/sources of support

How can the Psychology and Therapeutic Services help?

Section two:

Trauma

Page 21 Trauma and Adversity

Page 21 Understanding the impact of developmental trauma

Page 22 Things to consider within education settings

Page 24 Further resources/sources of support

How can the Psychology and Therapeutic Services help?

Trauma Responsive practice: a model

Page 25 The Applied Trauma Responsive Classroom Model (ATRCM)

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 one:

Critical Incident Support

Types of critical incident

A Critical Incident can be a single incident, or it can be a sequence of incidents. These incidences are unique because they are:

- are sudden and unexpected
- contain real or imagined threats to a person
- overwhelm usual coping mechanisms
- cause severe disruption
- are traumatic to anyone

[Devon County Council, 2022]

There are many different types of critical incident, which includes but is not limited to bereavement. The following situations may be described as a critical incident, needing a specific approach or a different type of support from the education community:

- A sudden or unexpected bereavement of a pupil or a member of staff
- A sudden or unexpected bereavement of a person within the local community with a significant impact on school community
- Other traumatic bereavements, i.e., suicide, death caused by another
- Serious violence causing threat to life
- Terrorist attack i.e., bomb threat, intruder
- Natural incident causing threat to life i.e., fire, flood, hurricane
- Other incidents causing threat to life

Whilst some of these incidences are rare, it is highly likely we will face bereavements within the community. We will therefore focus on bereavement support in section one, however the principles can be applied to any incident causing threat to life. Ongoing support with trauma responsive practice can be found in section two.

Understanding grief

A child's age and developmental stage will impact on how they experience grief. An idea of how grief may impact at different chronological ages is included below, however do remember that chronological and developmental age are not always aligned for every child.

Birth to six months

- Although babies are often too young to understand what death is, they still respond to loss and experience grief.
- A baby up to six months old can experience feelings of separation and abandonment. They can become aware that someone is missing, which can make them feel anxious and fretful.

- This experience can be heightened if the baby's primary caregiver has died. A baby is able to identify who feeds them, changes and cuddles them. They'll recognise that they're no longer being looked after by the person who has died, and this can cause distress.
- Similarly, if the baby's primary caregiver is grieving, the baby can pick up on their feelings and experience this grief too.

Six months to two years

- Although they might not fully recognise that someone has died, babies will recognise that they're absent. This can be very upsetting – they may react with loud crying and angry tears.
- It is also common for babies this age to become withdrawn and lose interest in their toys and feeding. They will likely lose interest in interacting with others too.
- At the older end of this developmental stage, bereaved toddlers actively look for the person who has died. If Granddad spent a lot of his time in his shed, a toddler might keep looking in the shed, hoping that they'll find him there.

Two years to ten years

Limited cognitive ability

Between two to five, children don't fully understand what 'dead' actually means, and that death is irreversible.

A four year old child may be worried that, although Nanny is dead, she should have come home by now. It's very common for young children to be told that their loved one has died, but expect to see them alive and well in the near future.

Children this age may ask questions such as:

- "Won't Uncle Bob be lonely in the ground by himself?"
- "Do you think we should put some sandwiches in Grandpa's coffin in case he gets hungry?"
- "What if Nan can't breathe under all that earth?"
- "Will Daddy be hurt if they burn him?"

Children at this development stage have limited cognitive perception. Because of this, they may show less of a reaction to the news of a death, especially when compared to an older child. In fact, they might go out to play after hearing such news.

Understanding abstract concepts

Children this age might also have difficulty with abstract concepts surrounding death. They might be confused by:

- How one person can be in a grave and also be in heaven at the same time.
- If they are told that the person who has died is simply sleeping. This could make them afraid of falling asleep, or seeing anyone else asleep. They might also wait for them to wake up.
- If they are told that the person who has died has gone on a long journey. This could make them insist on waiting for them to return.

Magical thinking

Bereaved children in this age group can believe in omnipotence or magical thinking. They think that their actions, inaction, words, behaviours or thoughts are directly responsible for their loved one's death.

It is very important that you explain to the bereaved child that the death was not in any way their fault or responsibility. A grieving child needs to be reassured that nothing they said, didn't say, did or didn't do caused the death.

This form of thinking isn't just experienced by children this age. Many bereaved children and young people of older ages can believe in magical thinking.

Teenagers

Young people and teenagers are aware of the emotional impact, and long term implications, of losing someone close. However, due to the developmental changes and puberty, their reactions to death are often very intense.

It's important to remember that teenagers are not grown ups. They might look like they're grieving like adults but they need to be treated as a young person.

In order to help teenagers cope with death, we must understand what they might be experiencing.

Information from Cruse Bereavement Support
What children understand about death - Cruse Bereavement Support
Helping teenagers cope with death - Cruse Bereavement Support

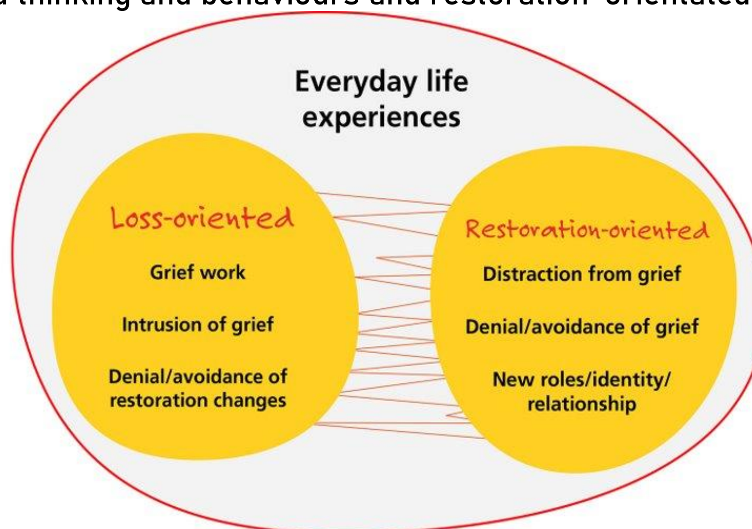
Because of this the signs of grief children and young people display may be different to what we are accustomed to in adults, or unexpected.

Example signs of grief in children	
Emotional signs	Physical signs
Shock; children may laugh, think the loss is a joke, act unbothered by the news or carry on as 'normal'.	Behaviour and mood can change; we might see externalising such as shouting, screaming, tantrums, or internalising such as low mood and withdrawal from usual activity.

Denial; they may look for the deceased, believe they can do something to bring them back, refuse to accept they are gone.	Appetite and eating; this can be lack of appetite, becoming fussy or eating more than usual.
Anger; this could be directed to the lost loved one, to those who cared for them, to other people around the child or towards themselves.	Sleep and sleep patterns; this includes frequent waking, trouble falling asleep, not wanting to sleep due to fear, having nightmares
Bargaining; children may plead with a higher power to return the loved one, perhaps offering something in return.	Regression/reverting back; due to the impact on safety children can act much younger, return to a developmental place where they felt safe
Guilt; feeling that the death was their fault, or feeling guilty for happiness in the aftermath of the loss.	Illness (real and psychosomatic) children may complain of headaches, tummy aches, similar symptoms to a lost one, become obsessive over illness or contamination and being worried about becoming ill.
Depression or depressive responsive (different from clinical depression) are common; this could appear as low energy, being absent minded, being anxious or worried	
Acceptance means a child understands the loss, not that they have forgotten or are 'back to normal'	

Adapted from: [Signs of grief in a child - Cruse Bereavement Support]

Children will also "puddle jump" between grief and usual behaviours, which can often be misinterpreted by adults. This is a typical part of the grief process, moving between loss-orientated thinking and behaviours and restoration-orientated thinking and behaviours. In children, restoration-orientated behaviours often look like play, joining in with their peers, displaying developmentally appropriate joy. There is an illustration to demonstrate this here.



Margaret Stroebe and Henk Schut (1999)
The Dual Process Model of Coping with Bereavement: Rationale and Description, Death Studies 23:3 197-224

If children return to the “grief puddle” after times of being seemingly happy, this should not be minimised or dismissed. We will talk more about how to support children when they are in this puddle in the “what to do after a critical incident” pages. Please see this video for an explanation from Child Bereavement UK https://www.youtube.com/watch?v=bmkbTnWSZ_U&t=11s

Bereavement in the early years

For specific information and guidance aimed at early years settings, the Anna Freud centre has created “supporting young children and families through bereavement” accessible here: Support Young Children and Families Through Bereavement and Loss | Anna Freud Centre

Bereavement pathway/policy to prepare for critical incidents

In order to feel prepared, competent and confident when faced with bereavement or critical incidents in or associated with the education community, a pre-adopted bereavement pathway or policy is highly valuable. It is best to consider how to create and adapt policies to suit your specific setting during a time where there is no active bereavement or loss, as early as possible. However, many settings are spurred to create pathways or policies in light of a bereavement or loss, and this is also a positive step to take in light of difficult experiences.

A bereavement pathway or policy will focus on specific plans and steps to take in the aftermath of a bereavement or critical incident, and the ongoing support that can be offered. You may like to adapt the guidance offered in this document under “what to do after a critical incident” or you may look to other policies and charters available through national charities such as:

- Developing a critical incidents policy - UKTC (uktraumacouncil.org)
- Developing a bereavement policy or charter | Child Bereavement UK

Suicide prevention strategy

Suicide is the leading cause of death among young people, over 200 schoolchildren are lost to suicide every year in the UK (ONS, 2015). As the leading cause of death, education settings have a responsibility to consider their suicide prevention plans, as well as how to respond in the event of a death by suicide. In Suffolk we understand that many death by suicide risk factors linked to adverse childhood experiences (ACEs). It is therefore also important to consider trauma-responsive practice as a way to approach suicide prevention (please see section two.)

Papyrus UK have created a helpful document which demonstrates how to build a suicide-safer school or college community 400734-Schools-guide-PAPYRUS.pdf (papyrus-uk.org)

Samaritans UK have created a set of free online teaching resources, including lesson plans, handouts, digital resources and teacher training activities. Developing Emotional Awareness and Listening (DEAL) can be accessed here DEAL: Developing Emotional Awareness and Listening | Samaritans

A suicide death can be even more challenging for a community to cope with, for a number of reasons. These may include

1. Death by suicide can be sudden and unexpected, the means of death can be perceived as traumatic and shocking and those who found the deceased are at higher risk of post-traumatic stress disorder (Ollie, 2022)
2. Death by suicide can be impacted by cultural stigma, shame and isolation (Ollie, 2022). Suicide itself may be seen as wrong, a sin, selfish or through another judgemental lens, which can impact the deceased loved one's further.
3. Suicide can bring up a number of conflicting feelings unique to the experience of death by suicide, and therefore our response needs to take these into account.

The Ollie Foundation have created specific Guidance for Educational Settings Following a Suicide or Sudden Death, which considers how we can respond in the event of a death by suicide. Guidance Document 2022 – Download | The OLLIE Foundation

Samaritans step by step service is available to support settings respond effectively following the suspected or attempted suicide of someone from within their community; taking practical steps to reduce the risk of further deaths in the area. Step by Step | Samaritans

Bereaved by Suicide (delivered by Victim Support) provide a dedicated bereaved by suicide support service to children and adults living in Suffolk (with the exception of Waveney where they only work with under 18's; Norfolk and Waveney Mind will support those over 18).

Call 01473 322683 or email SNEE.bereavedbysuicide@victimsupport.org.uk for more information.

Find out more about the support offered or download a leaflet [PDF] about the service.

Bereaved-by-suicide_Suffolk_North-Essex_flyer_web_72dpi.pdf (victimsupport.org.uk)

Bereaved by Suicide service in Suffolk and North East Essex - Victim Support

What to do after a critical incident?

Psychological first aid; a model to support

Individuals can experience a range of emotional reactions after a distressing event including disbelief, shock, anger, fear and sadness. Psychological first aid is a response to someone who is suffering and may require support. It is something we can all offer, you do not need to be a professional to support someone in distress. Psychological first aid addresses an individual's practical and emotional needs with an aim to enhance capacity for recovery. Psychological first aid also fits with our understanding of trauma responsive practice, as seen in section two.

The World Health Organization suggests that "*learning the basic principles of psychological first aid will help you provide support to people who are very distressed, and, importantly, to know what not to say*." [http://www.who.int/mental_health/world-mental-health-day/2016/en/] In addition, the psychological first aid principles have been adopted by the UK Trauma Council when recommending critical incident guidance [Developing a critical incidents policy - UKTC (uktraumacouncil.org)].

The basic principles are to promote safety, calm, connectedness, self-efficacy, and hope. We will outline these below, and will discuss how we can apply this to action in the aftermath of a bereavement or critical incident.

Safety

- Prevent further exposure to trauma by ensuring a trauma-reducing environment which minimises potential traumatic content/triggers.
- Reduce repeated exposure to media accounts of event.
- If an individual has a wish to talk, offer a 'safe space' without distractions or interruptions.
- Re-establish routines and familiarity within school.
- Give accurate age-appropriate information (Goldilocks principle; not too much, not too little).

Calm

- If individuals have a wish to talk, listen empathically without applying pressure on them to talk about the event they have experienced. Simply offering a tissue and a drink can be comforting for people that we know well. Having someone calm to be present with you can be hugely reassuring.
- Dealing with extreme emotions and bringing the individual back to equilibrium.
- Engagement in activities that are pleasant to the individual.
- Having an awareness of expected reactions and not panicking around these:

- having disturbing dreams and memories or flashbacks;
- having trouble concentrating or making decisions;
- trouble sleeping and feeling very tired;
- pounding heart, rapid breathing, feeling edgy;
- excess smoking, alcohol, drugs, food;
- feeling nervous, helpless, fearful, sad;
- feeling shocked, numb, and not able to feel love or joy;
- being irritable or having outbursts of anger;
- becoming easily upset or agitated.

Connectedness

- Being present with someone who is experiencing a crisis. Let them know you are there for them but avoid being pushy or intrusive.
- Understand the importance of attunement and co-regulation with a trusted adult.
- Enhance social support through group membership and targeted support if required.
- Identify those that are isolated.
- It can help to spend time with others who have experienced a similar thing.

Self-efficacy/ in control

- Giving assistance by helping individuals recognise their own needs, prioritise problems and consider possible solutions.
- Helping them to regain some control by offering opportunities for autonomy.
- Raising awareness of emotional regulation and enhancing their own skills with strategies and plans.

Hope

- Offer reassurance that individual feelings are normal, be there and be willing to help.
- Ensure they are reassured around “puddle jumping” and experiencing positive times is OK.
- De-catastrophising, through offering more accurate assessments/insights.
- Help them focus on positive goals.
- Bringing the community together to develop a shared narrative through activities such as PSHE and assembly time.

Psychological First Aid information taken from David Trickey
www.mentalhealthtoday/psycholocial-first-aid-in-times-of-crisis

These basic principles can help to improve someone’s long term recovery from a crisis as they enable an individual who has experienced distress to feel supported emotionally, calmer, and hopeful about the future.

Bereavement and Critical Incident Action Plan

Immediate actions

After an incident there are several steps that should be taken immediately, which will be outlined below. A senior member of staff should take the lead on the steps below, it is good practice to have a 'buddy' or a second person to support this work.

- Gather factual information about the incident and also the names of those directly impacted by this within the school community. This is likely to include talking to a bereaved family member (*see talking to bereaved families below*). Ensure you have communicated with other professionals, i.e. police/social care, so you are confident which details are able to be shared.
- Organise a meeting between the senior members of staff to create an action plan for the immediate and short-term. This should include how to offer support to specific children and/or staff that may require this.
- Create a script for all staff so they feel comfortable when responding to questions from children and adults alike. Create a letter to share with parents.
- Ensure a staff briefing occurs as soon as possible to share the news, the script and the short-term action plans that have been decided. Ensure staff that are absent are also contacted individually and told this information.
- Decide amongst staff how this information is given to individual classes/groups of children in a developmentally appropriate way (*see understanding grief).* Ensure they are aware of plans for additional support if required.
- Establish who else needs to be told or communicated with, i.e. Governors, other professionals involved with the school community, LA Schools Organisational Support Education Officers or the media.
- Wherever possible, maintain the usual routine as this will support feelings of safety, calm, connectedness, self-efficacy and hope.
- Consider how staff respond to children's emotional reactions, offer psychological first aid as a model for support. There is further support available through UK trauma council here: *Lesson plans for emotion regulation following a critical incident - UKTC (uktraumacouncil.org)*
- Consider offering parents similar signposting and guidance around how to manage children's emotional reactions. Advice for parents can be found here: How can I support my Child/YP? — Hope Again
- Consider how staff are accessing support, suggest small groups get together for peer support and de-briefing at the end of the day. Provide a route where staff can access further wellbeing support.

In the week/s following an incident

As the education community moves through the initial shock of the bereavement or critical incident, you may find a number of different emotions and responses arising. Remember the guiding principles of psychological first aid need to be continually imbedded, and the following may be prioritised:

- Maintaining routine

When we maintain a typical routine, children know what to expect from their days and understand that entering the school community is safe, reliable and predictable. This is very important in the light of bereavement and critical incident which can leave children feeling unsafe and under threat.

- Giving space to allow children to process their feelings and grief

This can look very "hands off" and allowing children to naturally process what has happened. It might be that we recognise specific children are having difficulties or need a separate, safe, calm space to access when they become overwhelmed, in which case one should be made available.

- Opportunities for community connection and connection to bereaved pupils

Where pupils may be absent due to the bereavement or critical incident, sending a group card or message/photographs/drawings can be a positive way to maintain the connection. In addition larger groups or the whole education community might want to come together to consider if they want to share memories or ideas around processing the incident. This allows children some control around the events.

- Memorials and funeral attendance

Children's involvement in funerals usually differs depending on age and developmental stage. If a children or children are attending funerals, considering the impact of this will be important. Memorials are most successful when they've been done in consultation with the bereaved family, it also provides the education the community an opportunity for ongoing connection (especially if it is a fixed tribute) and also an opportunity to build self-efficacy or control as something practical can be done. There are several ideas for more creative ways to capture memories here: Microsoft Word - HHS_SBP A pupil's expression of grief 2.docx (lgfl.org.uk)

- Monitoring wellbeing (staff and pupils)

It is important to continue monitoring wellbeing beyond the initial incident and recognise where staff and pupils need specific or targeted support. Where a school has an Emotional Literacy Support Assistant (ELSA) they may be able to offer targeted wellbeing support to affected pupils and share bereavement and loss resources.

In the month/s following an incident

As time passes the community will develop a new normal, maintaining support and routine that has been helpful during the aftermath of an incident. The following things should be considered in the longer term:

- Are there staff or children that are struggling to cope with or process their grief and emotions around the incident? If so a conversation with parents/carers and referral for specialist support may be necessary.

- As time passes we need to be aware of key dates and potential triggers that may impact children and staff. Prepare for anniversaries, birthdays and other events, and consider how these will be acknowledged and supported. Ensure the curriculum in trauma-reducing and safe, i.e. bereavement or loss topics are discussed sensitively with wrap around care.

- Consider PSHE lessons as an opportunity to discuss bereavement and loss, some ideas can be accessed here: [Free PSHE lessons on loss and bereavement | School resources | Winston's Wish (winstonswish.org)]

- Consider a bereavement pathway or policy if one is not already in place (*see bereavement pathway/policy to prepare for critical incidents*). It would be helpful to include and consider feedback from the school community about what has been successful and what has not.

Other things to consider after a critical incident

Talking to bereaved families

Talking to a bereaved family member is essential in gathering information and understanding what the family would like to be shared with the wider community. These conversations can feel daunting, the following steps may help you to feel more confident in approaching these conversations.

1. Plan the phone call, ensure you are aware of who you are talking to, what you want to achieve and have a pen/paper to record the details
2. Explain who you are and start by asking if now is an OK time to talk?
3. Offer condolences and allow the other person to lead the initial conversation by stating your own feelings [I was saddened, shocked, upset to learn…]
4. Ensure the receiver understands you would like to know what has happened and want to work together on how you share this information.
5. Write down the facts, your understanding of what has happened.
6. Summarise or check the facts you have written with the receiver and establish what they would like to be shared, and what they would not.
7. Leave your contact details and arrange a follow-up conversation for a couple of days' time.

8. During follow-up conversation/s discuss funeral arrangements and memorial ideas if appropriate, does the receiver needs you to establish any information around this? They may want further information shared with the setting.

When to seek external support

Many bereavement and loss incidences can be successfully managed within the education setting, this is often because trusting relationships have been established that can help offer the psychological first aid principles important for recovery after distress. However, there are times when additional support will need to be considered.

A setting might require additional support from the psychology and therapeutic services or another specialist service if a traumatic or sudden bereavement is impacting the staff team and their ability to manage their roles. This support might take the form or advice, or it might be that direct therapeutic support or supervision is required.

Specific children might require additional, specialist support if they have experienced a traumatic or sudden bereavement. This is particularly true if:

- A child witnesses a critical incident/bereavement
- A child experiences long-term symptoms of mental health needs, i.e., traumatic flashbacks, anxiety, weight-loss, consistent low-mood.
- A child who talks about wanting to die, wanting to join the dead person, experiences suicidal thoughts, or who is demonstrating self-harm behaviours.

Working with children who have experienced bereavement

Often education settings are able to offering specific support and interventions to children who have experienced bereavements within their team. For example, emotional wellbeing practitioners, trusted adults and ELSAs can all undertake supportive work. We have included some things to consider when schools offer their own support below:

- Be led by the child and their pace, sessions should be around the psychological first aid principles, i.e. enhancing safety, calm, connection and there should not be an expectation that a child talks about the dead loved one if they are not ready.

- Children can take long periods to process a bereavement, and how they process this will depend on age and developmental stage. It is not uncommon to find grief emerge or present in different ways as a child grows, even many years later.

- It can help to use a psychoeducation approach and help children to understand grief and the process of grief, to support feelings of self-efficacy/control and hope as described in the psychological first aid model. Some useful resources to support this can be found here: How to help bereaved children understand grief | Winston's Wish (winstonswish.org)

- It is strongly advised that staff do not undertake this work if they have been recently bereaved themselves, as the risk is that we can fail to differentiate between our own grieving and that of the young person.

Further resources and sources of support

PACT | Parents And Carers Together | Suffolk

Child Bereavement UK

Winston's Wish - giving hope to grieving children (winstonswish.org)

UKTC (uktraumacouncil.org)

Home - Cruse Bereavement Support

Education Support, supporting teachers and education staff

Suspected suicide in schools and colleges | How to respond | Step by Step (samaritans.org)

Schools guide | Papyrus UK | Suicide Prevention Charity (papyrus-uk.org)

Bereaved by Suicide service in Suffolk and North East Essex - Victim Support

BBC - Radio 4 - Go4it - Best Bits

Home SUPPORTING BEREAVED CHILDREN & YOUNG PEOPLE - Grief Encounter

Grief & Loss | Parents Guide To Support | YoungMinds

What to do after someone dies: Bereavement help and support - GOV.UK (www.gov.uk)

Schools Organisational Support Education Officers, Suffolk County Council edorgsupport@suffolk.gov.uk or phone 01473 263942

Psychology and Therapeutic Services, Suffolk County Council, psychology&therapeuticservices@suffolk.gov.uk or phone 01473 264700

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

- Telephone and email support
- School visit support for traumatic bereavement
- Bereavement box
- Bereavement and Loss Training

- Emotional Literacy Support Assistant Training

You can access an online webinar focussing on supporting bereavement and loss online here Supporting Children and young People with Loss and Bereavement - YouTube

You may also be interested in the ELSA support website resources Bereavement resources for parents and school staff - ELSA Support (elsa-support.co.uk)

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.

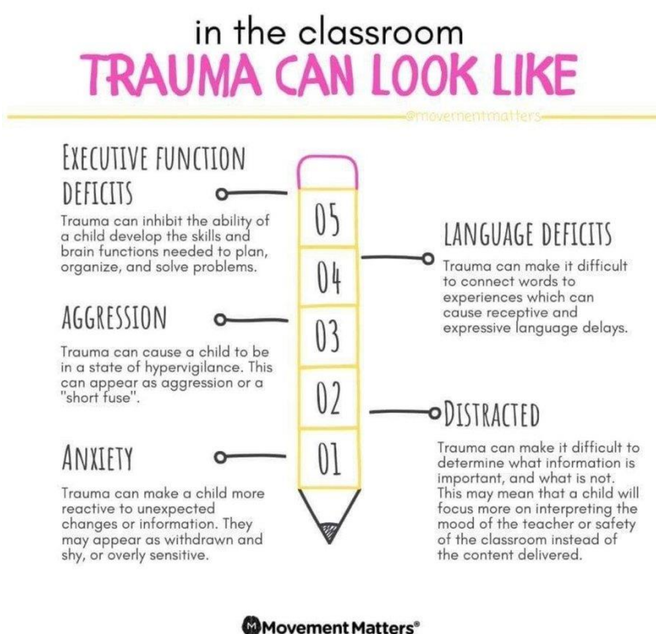
The NSPCC have produced a useful document which uses 6 metaphors to explain children's brain development, creating a helpful language to boost understanding between professionals, families and young people. [Sharing the Brain Story: metaphors summary booklet (nspcc.org.uk)]

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

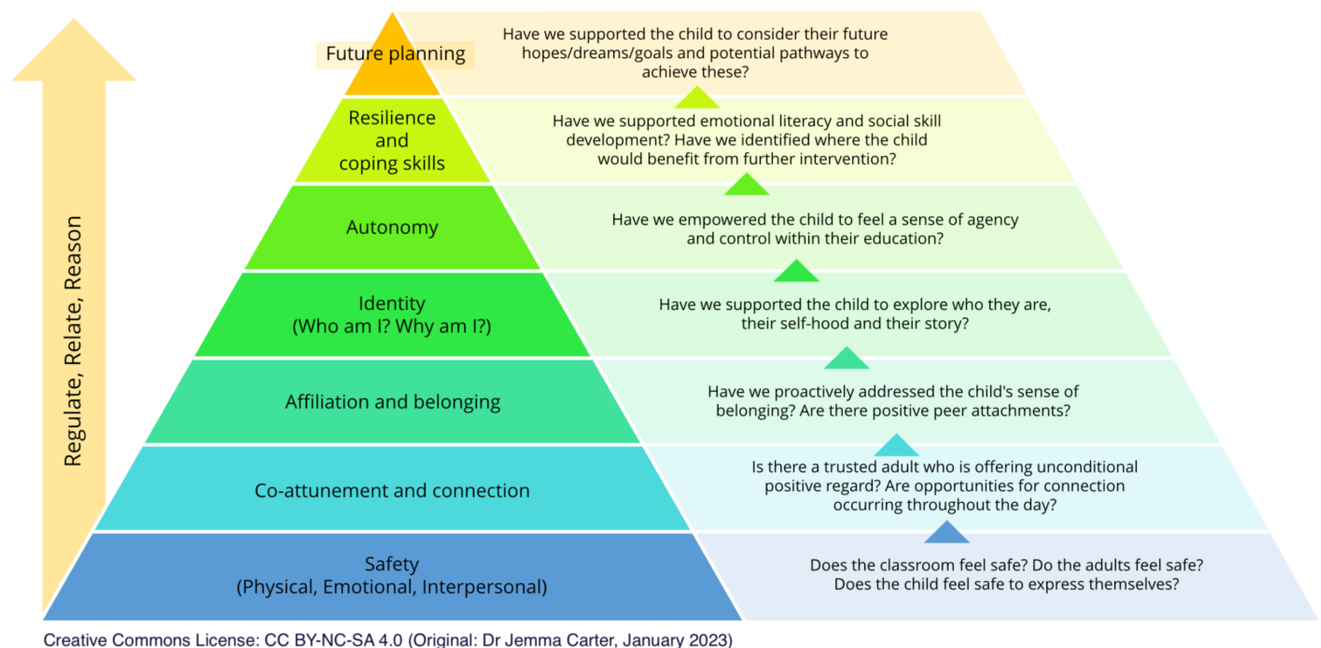
beaconhouse.org.uk/resources/

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)



Creative Commons License: CC BY-NC-SA 4.0 (Original: Dr Jemma Carter, January 2023)

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