**SEMH Training and CPD**

**We know that the current situation is impacting on the mental health of many. Schools are beginning to prepare for the additional support that staff and pupils may need as and when they return to school. This list has been brought together to signpost you and your colleagues to some resources that may be helpful during this time.**

**Mental Health Awareness Training**

This course, developed locally is aimed at all school staff (teaching and support staff) and their role in supporting and promoting emotional wellbeing <https://schools.portsmouthlearninggateway.org.uk/cpd/portal.asp>. You have to be logged in, in order to find it. Once logged in search the online training using the "mental health".

<https://pcc.portsmouthlearninggateway.org.uk/elearning/Course/Detail?CourseId=157>

**Teacher guidance: Teaching about mental health and emotional wellbeing.**

I would strongly recommend that all teaching staff read this guidance from the PSHE association <https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-teaching-about-mental-health-and>

**Introduction to Adverse Childhood Experiences Early Trauma Online Learning** <https://www.acesonlinelearning.com/>

**Open Learning, free courses from the OU**

These longer courses (10+ hours) include: **Making sense of mental health problems** and **Young people’s wellbeing**

<https://www.open.edu/openlearn/health-wellbeing>

**NASEN Online**

<https://nasen.org.uk/training-and-cpd/online-learning.html> (These pages are currently being updated and all content is not available it is still a useful point to refer back to)

**MindEd**

MindEd is a free educational resource on children and young people's mental health for all adults

<https://www.minded.org.uk/>

**Inclusion Development Programme**

This programme was developed as part of the National Strategies but still contains some useful resources on **Supporting children with behavioural, emotional and social difficulties (BESD) -** the title shows the age of it!

<http://www.idponline.org.uk/>

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Please also see below: the first of a series of CPD emails sent by Ian Hunkin, *with thanks to Ian and the Delta Education Trust for agreeing that this can be shared.*

**The transformative power of feeling safe: *Part one of understanding and supporting children and young people who have experienced trauma.***

**Shared by Ian Hunkin, Delta Education Trust**

**Introduction**

This is the first email of a free staff CPD course re understanding and supporting children and young people who have experienced trauma. Subsequent emails will follow fortnightly. I hope you will find them useful.

Clearly the priority at this extraordinary time is for everyone to look after themselves, their family and friends, colleagues, the pupils in our care and the wider community. In addition there is an opportunity, obviously a much lower priority, for staff to continue their own professional development.

Like all of us I have been thinking about what I can do to be as helpful as possible at this time and I have agreed that I will provide free online CPD regarding understanding trauma and how to provide effective support to children and young people who have experienced trauma. This appears more relevant than ever in the current circumstances where a significant number of pupils will experience trauma directly as a result of the virus and many others as an indirect result of the necessary measures being taken.

A definition of trauma: I use the term trauma in relation to children and young people who have experienced loss, bereavement, neglect, abuse and/or domestic violence and additionally those who have experienced the potential traumatic effect of unpredictable stress, which they cannot control, over a sustained period of time for example stress related to health difficulties, financial insecurity and social isolation.

Although I will aim the content of the emails at effective education for children and young people who have experienced trauma they will also be relevant to ourselves, our colleagues and the families of the children and young people whom we support.

The approaches and interventions in the emails will be evidence-based. Mostly from research in the fields of psychology and neuroscience. **Some of the evidence-based approaches and interventions informed by research are deceptively simple. They are, however, also enormously powerful in their impact.**

The following image summarises the information re understanding and supporting children and young people who have experienced trauma which will be explored over the course of the emails. As represented the children and young people need to have trusting relationships with adults and feel safe for learning to be possible. For children and young people who have experienced trauma, we do not have a choice to make between focusing on learning or focusing on trust and safety. **Without the foundations of trust and safety it will be impossible for learning to take place. Children and young people who have experienced trauma will need us to focus on trust, safety and learning.**



The aims of each email will be to:

* Provide an overview of key messages from research regarding what works for children and young people who have experienced trauma.
* Provide an opportunity to reflect on your practice with regard to these key messages (reassurance and ideally action(s) to further develop your practice).
* Signposting to further information.

This first email will focus on **the transformative power of feeling safe**.

**What do we need to know about children and young people who have experienced trauma?**

A part of the human condition is that **how we perceive and interact with the world is underpinned by our physiological state**. If we feel safe then we will be able to be open and engaged, however, when we are triggered into a defensive state we will either be mobilized into fight/flight or immobilized into fear.

When we are in a physiological state of being **open and engaged** (feeling safe) then will be able to interact positively with others, use our problem solving abilities, behave flexibly, be curious, be creative and have the capacity to learn. In this physiological state we feel good, calm, present and connected. Being in this open and engaged physiological state for the majority of the time also has a positive impact on our emotional wellbeing and our physical health as we have the capacity for growth and restoration.

When we are in a physiological state of **fight/flight** (defensive mobilization) then our body will be preparing for physical defence by either fighting or running away. A number of signiciant changes occur in our body:

* Our heart rate increases, our breathing increases and we become more active.
* The primitive areas of our brain associated with survival (the brainstem and the lymbic system) take over and the areas of our brain which are capable of more complex thinking and reasoning (the cortex) effectively go offline.
* Our face muscles tighten leading to flat facial expression and a monotone tone of voice.
* Our inner ear muscles tighten leading to greater difficulty hearing mid-tone frequency sounds (including the human voice).
* We become hypervigilant to threat and our bias to perceive danger increases leading to more miscuing of interactions as unsafe/threatening. As a result we are not only more likely to percieve other peoples’ actions as threatening but we are also more likely to misinterpret the intentions/motives behind their behaviours as negative towards us.
* Our digestive system function decreases as does our immune sytsem function.
* We feel anxious, angry, panic, fear and/or irritable.
* As a result of feeling unsafe we try to take control of the environment and the people around us.

When we are in a physiological state of **freeze** (defensive immobilization) then our body will be preparing to cope with serious injury or even death. A number of significant changes occur in our body:

* Our heart rate decreases, our breathing becomes very shallow and we become inactive potentailly to the point of collapse (‘playing dead’).
* We become dissociated (cutting off from the real world), entering our own world, and appear distant and less responsive to others.
* We lose muscle tone throughout our body (becoming floppy) including in our facial muscles (flat facial expression and monotone voice).
* Our pain threshhold increases and we feel numb.
* Our digestive system function decreases as does our immune system function.
* We feel helpless, shut down, depressed, withdrawn, trapped, energyless and/or hopeless.
* As a result of feeling unsafe we try to take control of the environment and the people around us.

These three different physiologcal states happen automatically and outside of our consciousness. Although we can have some influence over our physiological state (more on this later in the email) our state is an automatic response to the environment. If the areas of the brain associated with scanning for safety perceive the environment as threatening then it will instantly trigger a fight/flight response (where it perceives the danger to be something we can either fight off or escape from by running away) or a freeze response (where it perceives the threat to be so significant that the best response for our safety is to effectively ‘play dead’).

Clearly we all need to spend as much time as possible in our open and engaged physiological state. Fortunately for most of us we spend the majority of our time in this state with only limited periods of time tipping into a fight/flight state and even less time in a freeze state. In additon, most of us have the ability to return ourselves to an open and engaged state from one of the defensive states relatively quickly.

For those of us who have experienced trauma, however, we spend much less time in an open and engaged state and instead often oscillate between fight/flight and freeze states with only limited time being able to be open and engaged. Psychiatrist Bruce Perry describes this as children and young people who have experienced trauma developing a **sensitised stress response** (an overactive alarm system in the brain).

**The good news is that we can support people who have experienced trauma to spend more time in an open and engaged state by supporting them to feel safe.**

**The even better news is that we can additionally support people who have experienced trauma to return to a more neurotypical stress response (desensitise their stress response) and**, therefore, to  spend the majority of their time in an open and engaged state with only limited periods of time being triggered into a fight/flight state or a freeze state. And to learn the skills to be able to return themselves to an open and engaged state from one of the defensive states.



It is useful to know a little bit more about how the body decides which physiological state to trigger. This subconscious process is called Neuroception and involves an area of the brain (the Amygdala) constantly scanning for danger. If the Amygdala senses cues of danger then it immediately sends messages via the Vagal Nerve to the organs in the body to move into either a fight/flight or a freeze response. This process is instant and entirely outside of our consciousness. We only become aware that our body has been triggered into a defensive response when we sense the changes in state within our body (Interoception).

The research regarding scanning for safety demonstrates that the most significant factor for our Neuroception to sense either safety or danger is scanning the other people in our immediate environment. We subconsciously scan their behaviour for cues of safety and we are especially sensitive to their non-verbal communication. If the people in our immediate enviorment are smiling and have prosody (intonation and rhythm) in their voices then we respond to the cues of safety, however, if they are flat in facial expression and monotone in their voice then our Neuroception will sense danger and trigger a defensive physilogical state in our body. Effectively this is our brain scanning the cues from other people as to whteher they are safe (in their own open and engaged state) or potentially dangerous (in their own defensive state).

We can, therefore, support someone to feel safe through our behaviour towards them and, in particular, through the non-verbal elements of our interactions including our tone of voice (intonation and rhythm as opposed to monotone) and facial expressions (smiling as opposed to flat facial expression).



So far I have provided a brief introduction to the work of Neuroscientist Stephen Porges and his Polyvagal Theory. This is a good time to watch an introductory video: Please click on the link below to watch a Nerd Nite video introducing The Polyvagal Theory by Seth Porges (Stephen’s son).

<https://www.bing.com/videos/search?q=seth+porges+polyvagal+theory&&view=detail&mid=BC9D971A7BED21C47BCFBC9D971A7BED21C47BCF&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dseth%2Bporges%2Bpolyvagal%2Btheory%26FORM%3DHDRSC3>

**How do we support children and young people who have experienced trauma?**

Now let’s consider what we need to do to better support children and young people who have experienced trauma.

We have already touched upon the first way in which we can be supportive: **we can understand that children and young people who have experienced trauma will have a higher threshold for feeling safe (a sensitised stress response) and that an important way to communicate safety to them is through our non-verbal behaviours, in particular, our facial expressions (smiles rather than flat facial expression) and our tone of voice (prosody rather than monotone).** Cues of safety to another person’s Neuroception in this way set up a virtuous cycle (or cycle of healing) of felt safety, being in an open and engaged physiological state, reducing their bias to perceive danger and mirroring cues of safe social interaction between the two individuals. Whereas the absence of these cues of safety feed into an opposite / vicious cycle where cues of danger trigger or reinforce a defensive physiological state, increasing their bias to perceive danger (hypervigilance and miscuing), and mirroring cues of defensiveness between the two individuals.

**Physiological states are contagious and if we are able to stay in our own open and engaged state then we can influence the physiological states of those around us in a positive way.**

In addition, **we can support children and young people to return to an open and engaged state when they have been triggered into a defensive state**. The two most effective ways of achieving this are:

* **Co-regulation through time with a trusted adult** – Therapist Louise Bomber describes this as ‘time-in’ as opposed to time-out. We co-regulate through reciprocal interactions with another person i.e. shared moments of being fully with another person. This co-regulation can also be enhanced by rhythmic physical activity which is best if it is slow and heavy for regulation from a fight/flight state and faster and more energised for regulation from a freeze state.
* **Using our breathing methods to regulate our physiological state.** For example, breathing in to the count of 7 and breathing out to the count of 11 (see attachment entitled The Importance of Our Physiological State for more detail). Our breathing is the one area of our physiology that we can consciously control. When we take deep, rhythmic breaths with slower, elongated exhalations then the sensors in our lungs send calming messages up the vagal nerve to our brain that we are safe. Making the time for even a couple of minutes of calming breathing has a significant impact on shifting our physiological state. This works because if we were running away from or fighting off danger then we would not be sending this calming feedback from our lungs. Slower breathing, therefore, sends sensory messages of safety. We can, of course, use calming breathing on our own to self-regulate, however, it is even more powerful with a trusted other as a part of co-regulation.

**It is these experiences of feeling safe in social interactions and co-regulating to return to an open and enaged state that, when experienced repeatedly overtime, support children and young people who have experienced trauma to return to a neurotypical stress reponse (as opposed to a sensitised stress response).**

It is also through these repeated experiences of co-regulation with a trusted adult that the child or young person learns to self-regulate.

Time for another video. The following video of Bruce Perry begins with a focus on early years (as he is speaking to an early years conference in Scotland) but stick with it as, even if early years isn’t your focus, as it goes on to explain the imapct of trauma on learning for all children and young people and the importance of maintaining relational connections both with the young people and with their families. Please click on the following link:

<https://www.bing.com/videos/search?q=bruce+perry+early+childhood+development&&view=detail&mid=F29B1E89D163EC7487F5F29B1E89D163EC7487F5&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dbruce%2Bperry%2Bearly%2Bchildhood%2Bdevelopment%26FORM%3DHDRSC3>

Another useful way of conceptualising the higher threshold for felt safety and the sensitised stress response of children and young people who have experienced trauma is through considering their window of tolerance. The term window of tolerance comes from the work of Psychiatrist Dan Siegel and describes the ‘window’ of arousal in which a person can stay calm and connected. Each of us has a unique window of tolerance within which we remain in our open and engaged state. However, feeling unsafe will push us outside of our window of tolerance into hyper-arousal (fight/flight) or hypo-arousal (freeze).

**Children and young people who have experienced trauma will have a much narrower window of tolerance which, like all of us, will reduce even further when we are in stressful situations.**



Two shorter videos this time. Firstly one from Beacon House which explains the concept of the window of tolerance. Please click on the following link:

<https://www.bing.com/videos/search?q=window+of+tolerance+beacon+house&&view=detail&mid=9CA6A58249FAD16E440A9CA6A58249FAD16E440A&&FORM=VRDGAR&ru=%2Fvideos%2Fsearch%3Fq%3Dwindow%2Bof%2Btolerance%2Bbeacon%2Bhouse%26FORM%3DHDRSC3>

The second video uses the metaphor of the land of fire and land of ice to describe the window of tolerance.

Again please click on the following link:

<https://www.youtube.com/watch?v=ZVEDueyZ2C4>

**We can support a child or young person to remain within their window of tolerance by creating an environment which feels as safe as possible for them.**

**We can support a child or young person to expand their window of tolerance by:**

* **Providing repeated experiences of relational buffering (co-regulation by a trusted adult) in response to situations that the child or young person finds stressful** (i.e. being Panda’s Island of Regulation).
* **Providing experiences of joy/play in a safe relationship (safe mobilization) and experiences of comfort in a safe relationships (safe immobilization).**

Repeated experiences of safety in relationships is the healing process for children and young people who have experienced trauma. As Stephen Porges states very succinctly, **“Feeling safe is the treatment for people who have experienced trauma.”**

I am also very fond of the phrase used by the Neuroscientist Jon Baylin who encourages us to be “Amygdala Whisperers” whispering messages of safety to the children and young people.

At this point I would like to invite you to complete the attached self-review re the transformative power of feeling safe. The self-review is intended to support the aim to provide reassurance and ideally action(s) to further develop your practice.

**Signposting:**

* Stephen Porges has written a number of excellent books. The most accessible of these is The Pocket Guide to the Polyvagal Theory (2017).
* The final chapter of this book can be found as a pdf at <https://relationalimplicit.com/zug/transcripts/Porges-2011-11.pdf>
* I have also included some further attachments that I use to talk through the Polyvagal Theory with children and young people (see What is your current physiological state and Polyvagal Chart).

 

* Training courses and bespoke INSET are available from myself and others through the Sigma Teaching School for more details see <http://www.sigmateachingschool.org.uk/>

For a final word from Stephen Porges at these extraordinary times please click on the following link

[www.youtube.com/watch?v=lRbkrUhRaA4#action=share](http://www.youtube.com/watch?v=lRbkrUhRaA4#action=share)

I hope that this email has been useful. I’ll be back in a couple of week’s time with an email focusing on the importance of trust and, in particular, the PACE Approach to building trust. In the interim, I’d welcome any feedback, comments, questions or suggestions of other useful resources. Please email these to me at [i.hunkin@deltaeducationtrust.com](mailto:i.hunkin@deltaeducationtrust.com)



