AN INTRODUCTION TO DISORGANISED ATTACHMENT PATTERNS/ DEVELOPMENTAL TRAUMA- THEORY, APPLICATION AND PRACTICE

Designated Teacher Webinar
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Julia Alfano, Educational Psychologist

Hampshire Services
VIRTUAL SCHOOL CiC

Aims

- Delegates will gain an understanding of the basic principles of Developmental Trauma and the supporting neuroscience of learning, including:
- Impact on sensory development;
- Impact on attachment patterns;
- Dissociation;
- Impact on emotional and behavioural regulation;
- Impact on executive functioning;
- Impact on self -concept and identity.
- Classroom interventions
- Individual interventions
- Outcome and target setting

WHAT IS DEVELOPMENTAL TRAUMA ?

Developmental Trauma is the term used to describe the impact of early, **repeated trauma and loss which happens within the child's important relationships, and usually early in life.**

Psychiatrists, Professor Bessel Van der Kolk and Professor Bruce Perry through their pioneering research, **showed us that early trauma creates an 'assault' on the child's development over time.**

Children develop a range of **unhealthy coping strategies** which is how they adapted to the early threat they experienced.

A child who **does not feel safe** primarily '**lives' in their fight/flight/freeze** responses in order to survive the real or perceived danger they face.

Being in fight/flight/freeze responses mean they do not develop the essential daily living skills that children need, **such as being able to manage impulses, solve problems or learn new information.**

WHAT IS DEVELOPMENTAL TRAUMA?

Survival Responses

The child is continually in survival mode, they do not "switch off" when in a "safe environment", and even small, everyday things (like moving from one classroom to the next, or a slightly raised voice) signal 'life or death danger'.

Who Can Experience Developmental Trauma?

Pioneering research by Professor Allan Schore has shown us, with robust neuro-scientific evidence, that **unborn babies** can suffer trauma in the womb and this can change the **unborn baby's genetic make-up** making them **hard-wired and over-sensitive to life stresses,** for example, if their birth mother:

- Was in a **violent relationship** with a partner, friend or family member;
- Used **alcohol and substances;**
- Has a **history of trauma** herself;
- Suffered serious **mental health problems** or significant ongoing **stress in pregnancy.**

Causes of Developmental Trauma

Common Causes include:	A baby or child relinquished by birth parents;	A baby or child removed or relinquished from birth parents because they have been physically/sexually/emotionally abused;
A baby or child who has been neglected;	A child who lives between harmful birth parents and safe friends/family over a long period;	A child removed at birth and who goes on to experience multiple adverse experiences;
A child living with a safe and loving family, but who suffers sexual abuse from outside the family from a young age;	A baby or child removed from safe foster carers placed into a safe adoptive family;	A child who experienced severe health problems and multiple medical interventions.

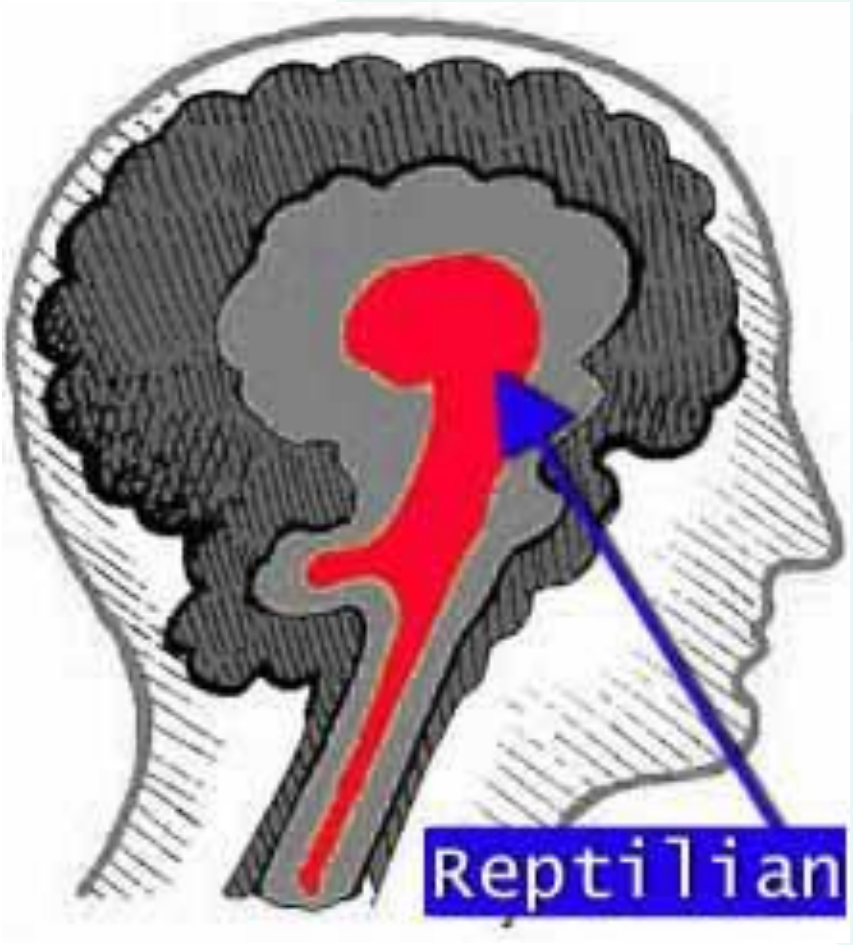
IS IT INEVITABLE?

Adversity, stress and loss in the first 8 weeks of a baby's life has the most influence on their later well-being.

However, recent research by Dr Bruce Perry and his team has shown us that the experience of early loss and trauma **does not dictate a child's future.**

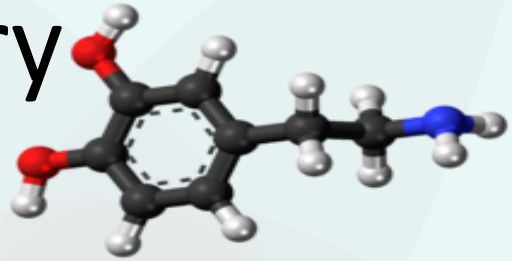
Influential experiences can buffer the impact of early adversity, for example, **the presence of safe and available adults at the time of the trauma and the quality and quantity of their continuing safe relationships.**

NEURO-ANATOMY



- **Primitive Brain –** sensory motor input and survival – develops first
- **Midbrain and Limbic Area-** attachment and emotional development – develops second
- **Cortical Brain –** thinking, learning, language and inhibition – develops third

Brain chemistry

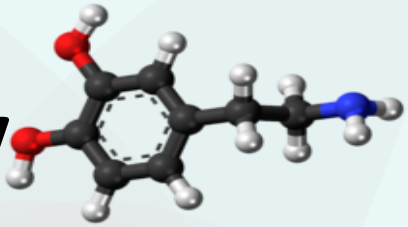


Secure attachment – opioid's, oxytocin and dopamine are frequently in dominance in the brain

When chemicals present – do not feel aggressive, can feel calm and psychologically strong, feel safe, deep sense of well being, immune system works better and you are better able to learn

Research also shows that humans and animals prefer to spend more time in the presence of those who activate a strong release of opioids and oxytocin in their brains' (Panksepp, 1998)

Brain chemistry



One-to-ones optimise the activation of dopamine and opioids

Dopamine fuels the brain's seeking system – **the system of desire, will and drive….**

The secure child grows up to **feel 'bold in his explorations of the world' (Bowlby)**

When in emotional pain – **seek out a trusted person to help with their feelings**

How Does Developmental Trauma Impact Children and Young People?

Dissociation is caused when the **3 areas of the brain disconnect from each other, which results in the primitive brain shutting down as a way of protecting the self from harm.**

- Sensory Development
- Dissociation
- Attachment Development (adults and peers)
- Emotional and Behavioural Regulation
- Cognition - Executive Functioning
- Self- Concept and Identity

Signs of Sensory Problems at School

- Difficulty with concentration & attention.
- Overwhelmed by noisy busy classrooms.
- Difficulty with gross motor skills, such as throwing and catching a ball.
- Difficulty with core strength, leading to problems with co-ordination and balance.
- Difficulties with fine motor skills, such as poor handwriting and pencil grip.
- Shutting down/zoning out frequently throughout the day.

Dissociation in School

Frequent ‘day dreaming’ & lack of focus; leading to under achievement.

Abilities to read, write and learn change drastically from one task to the next.

The child is forgetful or confused about things s/he should know, such as friend’s names.

Confusion about day and time.

They get back homework that they have no memory of doing.

Voice hearing.

Sometimes seems very young for their age and engage in regressive behaviours.

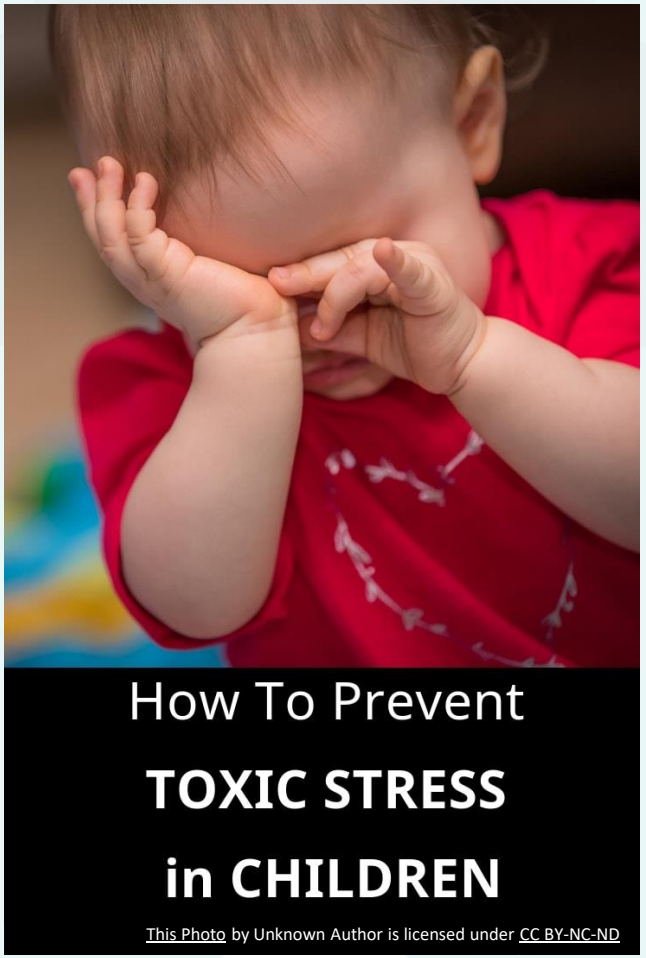
Attachment

- The formation by a child of significant and stable emotional connections with the significant people in it's life. This process begins in early infancy as the child bonds with one or more primary caregivers. Theory developed by **Dr John Bowlby** in the 1950's.

- "**Attachment is the very foundation for a child's ability to understand and participate in the social and cultural world without undue emotional conflict**" (Grossman 1995).

When a Baby is Neglected and Left Unsoothed

- High levels of the toxic stress hormone cortisol wash over the brain and cause cell death.
- Opioids (the natural feel-good chemicals in the brain) are withdrawn.
- The brain and body can become hard-wired for stress & oversensitivity if no-one offers comfort.
- Dopamine is a motivating and rewarding chemical. When we take an interest in something, its release helps neurons ‘fire’ or communicate well across different parts of the brain.
- • Dopamine and oxytocin get hard-wired together by positive nurturing experiences, setting the stage for future relating and learning.
- Unsoothed separations, inactivity, stress, grief, anxiety and criticism can all depress the release of dopamine which lead to lack of motivation, interest and curiosity in life and learning.



Primary and secondary attachment figures

Primary attachment figure – person with whom child develops life-long bond.

Secondary attachment figure – other important people in the child's life.

Three or more secondary attachment figures increase the child's resilience to stress.

Security and exploration

Attachment helps to provide a **safe environment** for a child to be adventurous and to **explore the exciting, unfamiliar world** around them.

A caregiver that shares the **baby's joy and excitement in exploration stimulates brain growth.**

Different people in the child's life provide **differing experiences for them to learn from.**

Learning through relationships

- On the basis of the quality of care and experiences they receive, children form '**internal working models' of themselves and the world around them**. These affect how they feel about themselves and others.

ATTACHMENT PATTERNS

Children learn, from as early as a few months old, that certain behaviours (like crying or sleeping) **keep danger at bay**; and **other behaviours increase the chances of danger.** They therefore develop a range of **attachment strategies.**

Attachment strategies are there to (1) **prevent harm and danger** but also to (2) **keep a parent/carer as close as possible,** even if the parent/carer is also the danger, whilst not allowing them too close.

Dr Mary Ainsworth – adapted Dr John Bowlby's earlier work to include **3 attachment styles –Secure, Avoidant and Anxious.**

Dr Patricia Crittenden more recently, has taught us that**: Attachments are not the problem**. **danger is the problem – attachments the solution**. **Traumatised children** tend to develop **one main attachment strategy.**

When a Baby is Neglected and Left Unsoothed

- High levels of the **toxic stress hormone cortisol** wash over the brain and cause cell death.
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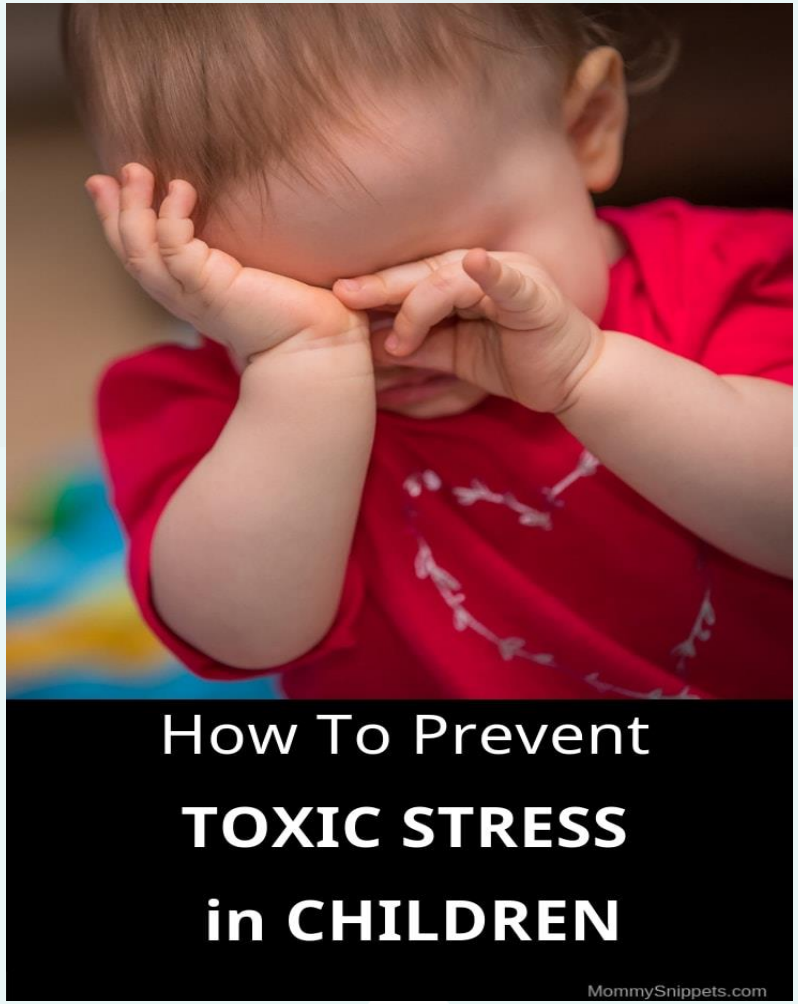
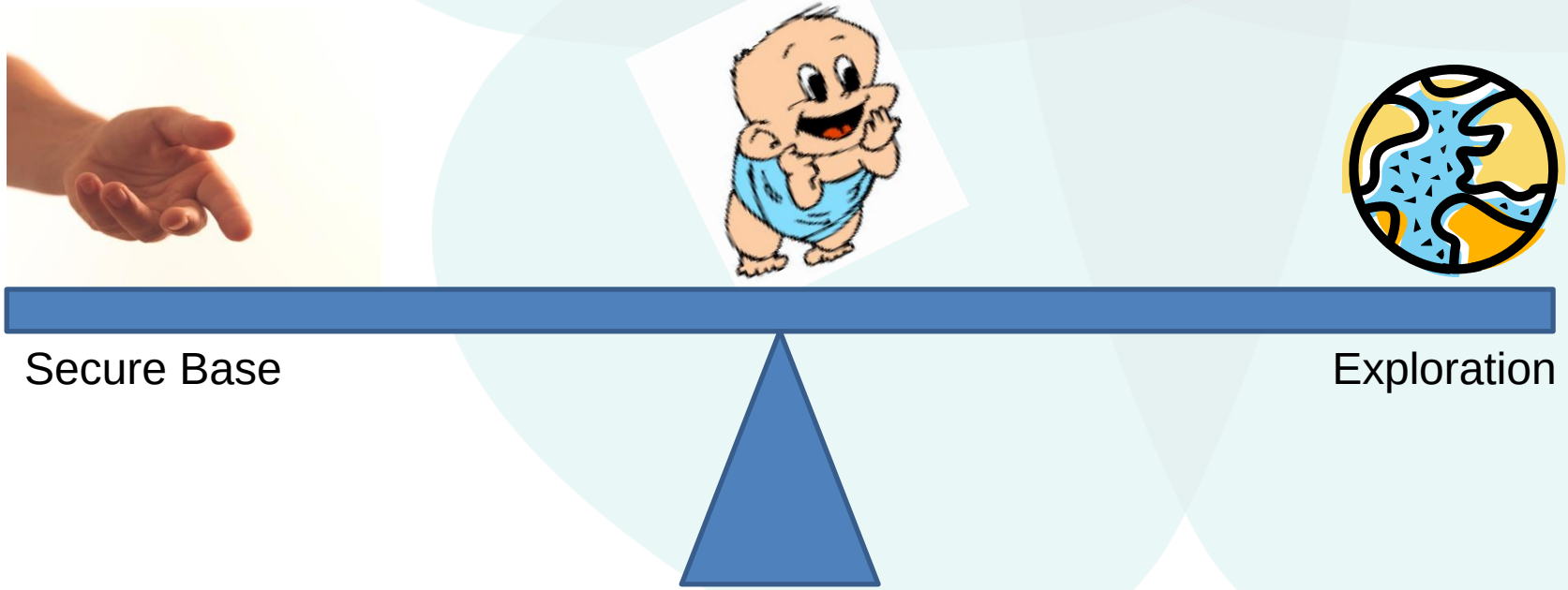


Secure attachment



Securely attached children:

are eager to explore, play, talk and learn;

show a positive sense of self-worth;

will **use their positive experience of attachment** to **make new, warm relationships** more readily (e.g. to their teachers and peers);

will be ready to **seek help** when **experiencing difficulties** (academic or social);

can better **control impulses** and strong emotions such as frustration, anger or excitement.

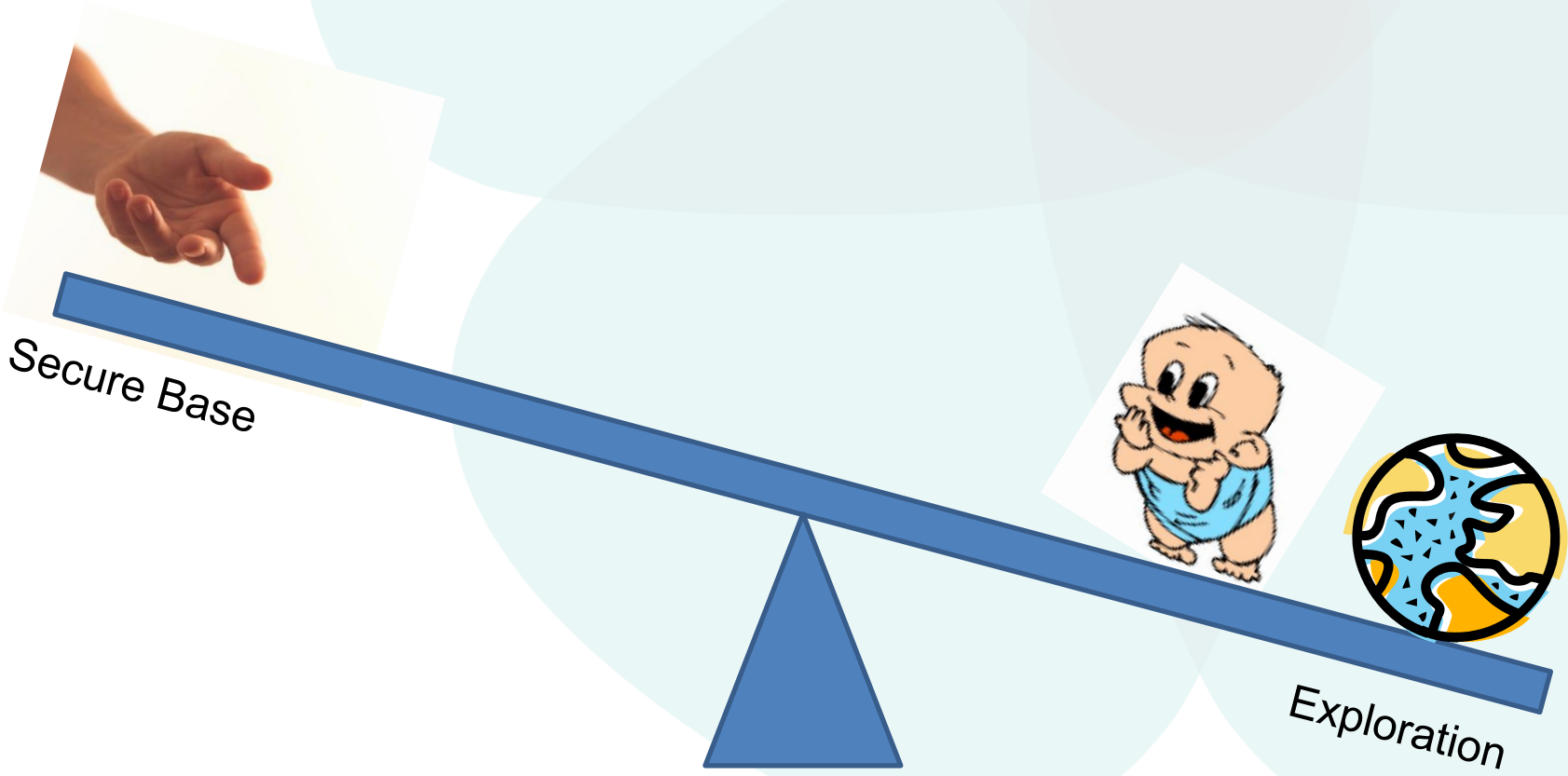
The securely attached children clearly demonstrated a capacity to adapt to school and to respond to the demands of the academic and social setting in which learning takes place. (Geddes, 2006)

Effects of insensitive or unavailable care-giving

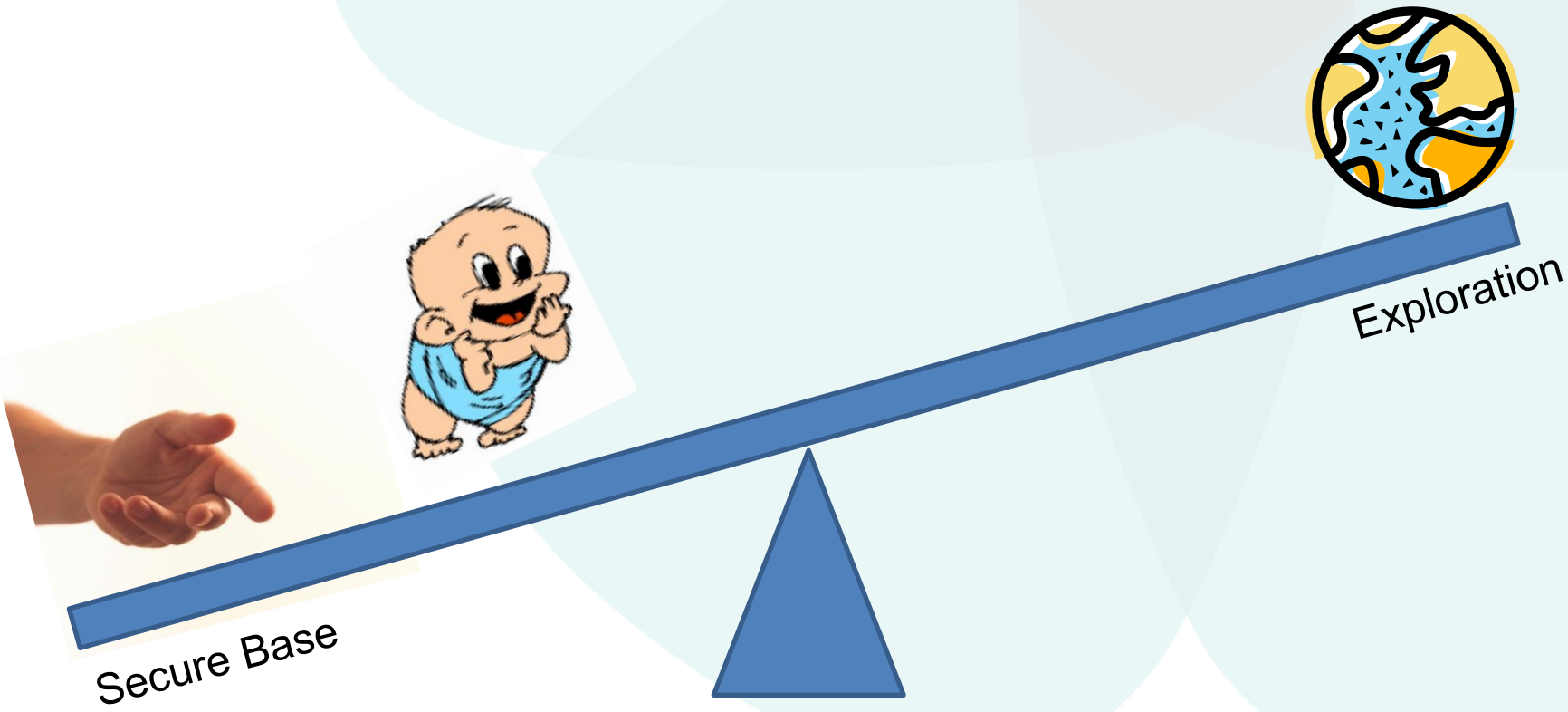
Adaptive response - An insecure attachment relationship emerges as the baby develops strategies to engage the care giver or gives up trying.

Blueprint in life -This becomes a blueprint for how other relationships and learning opportunities are approached.

Insecure attachment (avoidant)

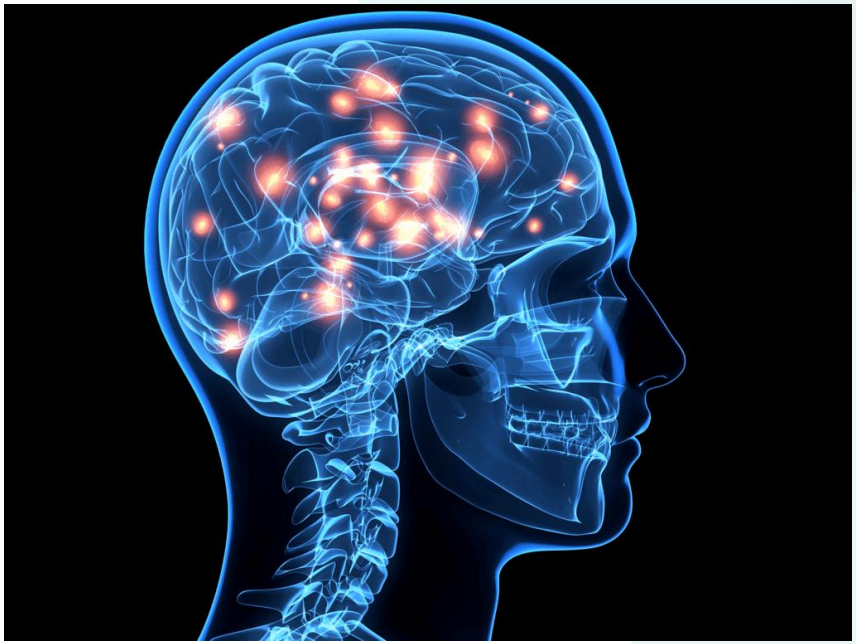


Insecure attachment (ambivalent/preoccupied)



DISORGANISED ATTACHMENTS

Brain chemistry



Disorganised attachment

Being **left in states of discomfort, distress, anxiety, fear, anger lead to a different brain chemistry**

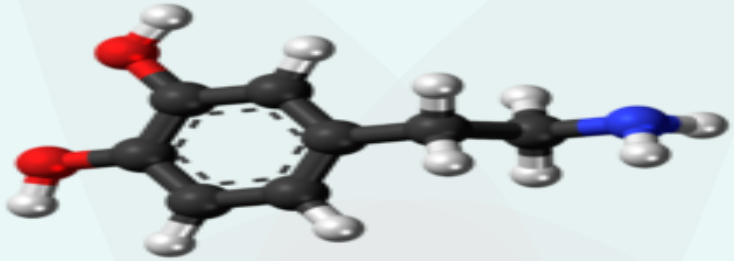
The **alarm systems in the brain are activated (not the calm systems)**

High levels of cortisol and **CRH** (corticotrophin releasing hormone)

Above will **block the positive arousal chemicals**

Interferes with the ability to think, feel agitated, anxious or angry – life is difficult – one's perception is coloured with threat, hostility and bleakness

Brain chemistry



Disorganised attachment

Opioid withdrawal and high levels of acetylcholine

With this neurochemistry and brain functioning hurting, damaging, spoiling, smashing, can be justified in dealing with the world

Aggression within school – need to activate oxytocin – often most powerfully by physical touch

DISORGANISED ATTACHMENTS

Disorganised attachments - Dr Mary Main developed this sub-set when developing Ainsworth's work.

Disorganised attachment is an **adaptive response** where children always **organise their behaviours around danger.**

Dr Patricia Crittenden tells us that there is no such thing as a disorganised attachment . Some children swing between the **avoidant strategy** and the **pre-occupied/anxious** strategy, depending on what works best in that particular environment.

Although this can appear disorganised and chaotic, it is in fact highly adaptive.

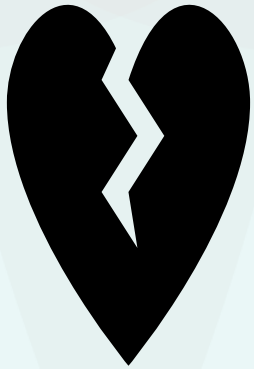
DISORGANISED ATTACHMENTS

Children in care have usually **experienced repeated separations** and **many losses.**

Grief results in the **withdrawal of opioids, oxytocin and prolactin in the brain.** Anger, anxiety, fear and stress are no longer regulated so are felt more intensely.

Other chemicals in the brain cause crying and panic to be easily triggered, increase irritability and hostility, and **block the 'feel-good hormones'** and **ability to think clearly.**

- **BROKEN HEARTS**



Disorganised Attachment and Adult Relationships at School

- Denying support teacher.
- Sensitive to the proximity of the teacher.
- Needing consistency from the teacher.
- Showing hostility to the teacher if directed.
- Constant need for adult attention/or avoidance of adult relationships.
- Difficulties showing trust to teacher.
- Control/power-seeking behaviours.
- Regressive behaviours.
- Resentment/jealousy when adult approval or attention is given to other children.

Disorganised Attachment and Peer Relationships

- Maintaining physical boundaries with peers.
- Asking peers to move in an appropriate manner if they are in the their way.
- Conforming to the rules of the group.
- Accommodating (turn taking) in play.
- Playing alongside others without causing disturbance.
- Showing empathy for others.
- Showing genuine interest in other pupils.
- Social perspective taking.
- Egocentricity.
- Forming genuine friendships with others.
- Showing appreciation for the work of others.
- Showing positivity to peers – e.g. are they disparaging of others, bear grudges (real or imagined), bully, intimidate others.

ACTIVITY –DISORGANISED ATTACHMENT BEHAVIOURS IN SCHOOL

Can you reflect on the communicative function of the following key attachment behaviours in school:

- Poor concentration in class;
- Constant turning around;
- Excessive talking and interrupting;
- Constantly asking trivial questions;
- Ignoring instructions;
- In trouble in break and lunchtimes;
- Sudden deterioration in behaviour;
- Secretive – including lying and stealing;
- Creating chaos and mayhem in class;
- Refusal to be helped with new work or adult direction generally;
- Task avoidance;
- Explosive responses over minor mistakes.

Key insecure attachment behaviours in school

Poor concentration in class.

- “I’m on my own in a dangerous world; I must be constantly watchful”.

Constant turning around.

- “ I must keep looking behind me, just in case”.

Constant talking or interrupting.

- “Silence is scary so talking keeps bad thoughts out”, or “Don’t forget about me”.

DISORGANISED ATTACHMENT BEHAVIOURS IN SCHOOL

Asking trivial questions, or not answering questions.

- “If I talk when I want, I stay in control of life”.

Ignoring instructions.

- “Don’t tell me what to do, I’m in control as I know best”.

In trouble during break times.

- “I can’t handle unstructured, unpredictable situations, they terrify me”.

DISORGANISED ATTACHMENT BEHAVIOURS IN SCHOOL

Trying to create chaos/mayhem.

- “It’s not so scary when outside me is as jumbled up as inside me”.

Refusal to be helped with new work.

- “I was left helpless; I’ll never be helpless again”.

Explosive reactions when making mistakes.

- “If I get it wrong, I’ll be neglected/rejected again”.

DISORGANISED ATTACHMENT BEHAVIOURS IN SCHOOL

Sudden deterioration in behaviour.	• "Something has triggered overwhelming memories from my past".
Lying, stealing, secret lives.	• "Life doesn't feel real or true. I'm not sure who I am or what is mine." "I've got to make sure my needs are met as others won't look out for me". NB distinguishing between fact and fiction develops with emotional maturity.

EMOTIONAL DYSREGULATION

In children and young people **who move frequently between carers o**r **who have harmful parents**, the part of the **brain that is responsible for emotional regulation** does **not develop as it should** do, as they have not experienced what is known as **co-regulation.**

In children with Developmental Trauma - be they 7, or 9 or 15 years old, **at times their brain's ability to regulate their emotions is quite literally the same as a 3-year-old, or** even younger, and require an adult to do this for them.

Emotional Dysregulation

Unhealthy coping strategies - children who have poor emotional regulation often turn to unhealthy regulation coping strategies.

These might include:

thumb sucking;

head banging;

skin picking;

self-harming;

drug and alcohol misuse;

dysregulated sexual encounters.

These 'challenging behaviours' function to either **'wake them up' out of feeling "numb inside", or 'bring them down' from high levels of anxiety.**

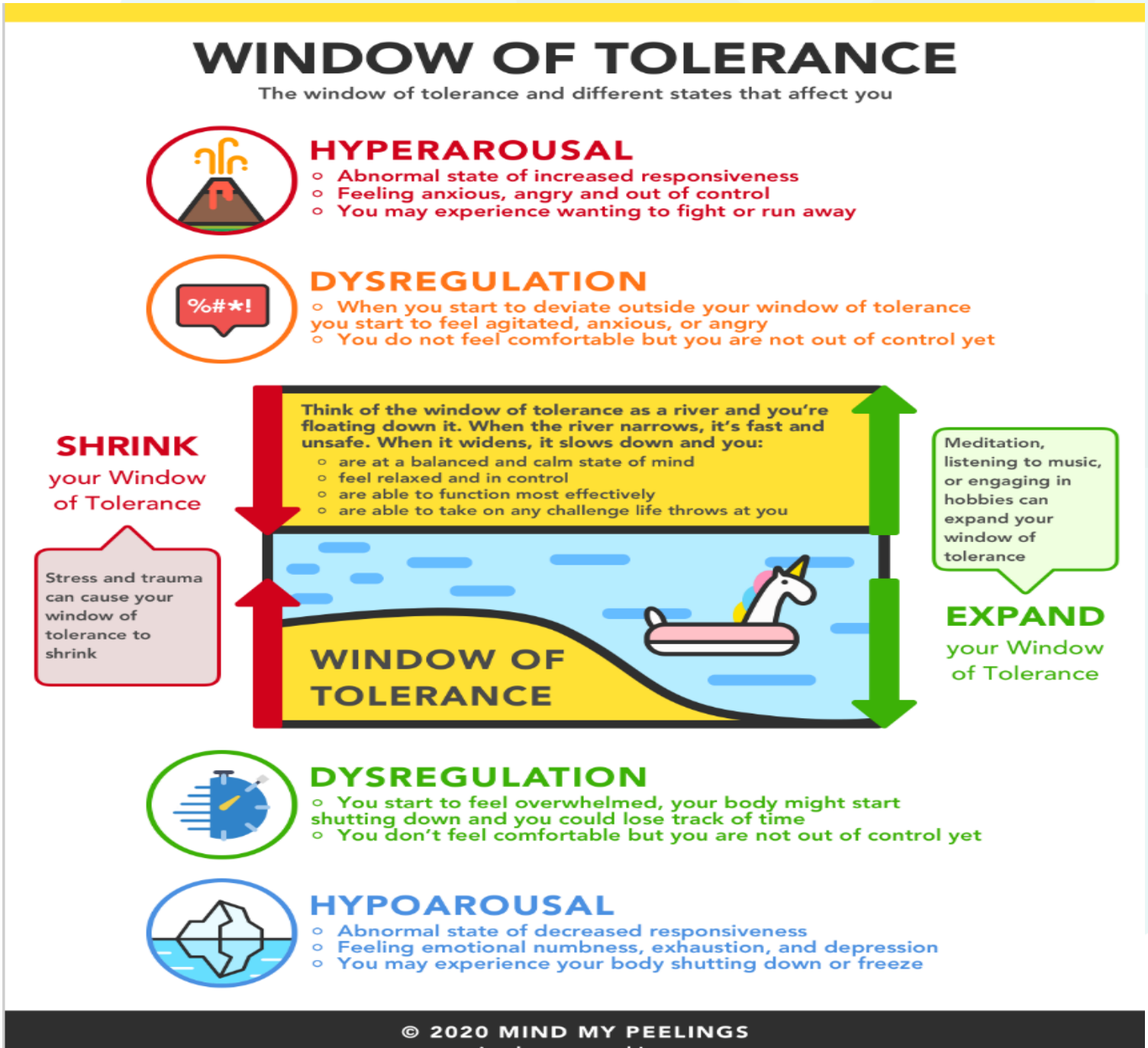
Behavioural Dysregulation

Traumatised children then swing into **being hyper-aroused (overly aroused), or hypo-aroused (under aroused which is also known as the Fight/Flight/Freeze response.**

Hyper-Aroused – running, hitting, screaming, shouting, biting, spitting, hurtful words, avoidance, squirming disruption, lying. stealing, hoarding – this can result in a fast heart rate, reduced appetite, tummy ache, sweating, shaking, hyper-vigilance.

Hypo-aroused – system shut down, numb, empty inside, feel nothing, switching off, difficulty connecting – this can lead to a slowed heart rate, reduced appetite, tummy ache, sweating shaking, hyper-vigilance.

Window of Tolerance (Dan Siegal, 1999)



Executive Functioning

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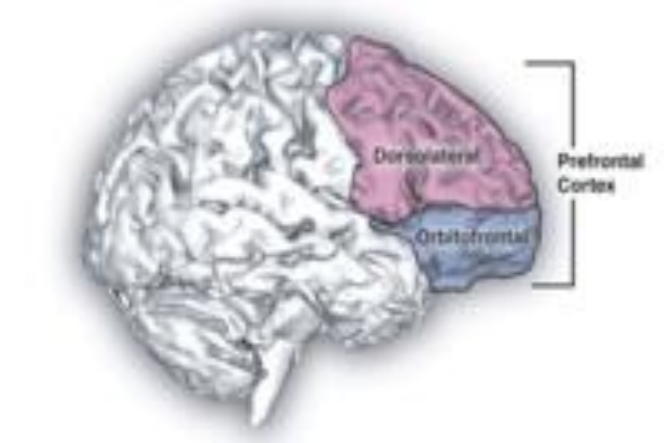


Children with Developmental trauma often have difficulties with:

Planning and organisation;

Inhibition (shouting out – related to behavioural dysregulation);

Shifting from one task to another;

Initiating tasks;

Working memory;

Self-monitoring (self-reflection – mentalisation functions);

Impulsive and attention control- difficulties sitting still, becoming over excited and dangerous, fiddling, poor listening, easily distracted, difficulties waiting their turn, poor sleep;

Coping with transitions.

SELF-CONCEPT AND IDENTITY

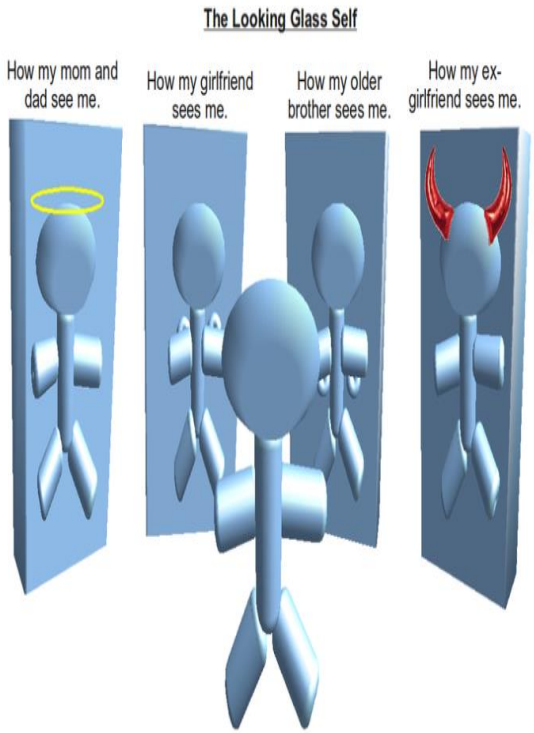
"Our self-concept starts forming from the very first messages we received about ourselves from the adults in our lives, and it grows from there. If children get the message that they are not worth keeping safe, that they are disposable or that their crying pushes others away; their self-concept will reflect this".

"Children who have suffered early trauma often live with a very deep sense of being 'bad' and 'unwanted', and this becomes their template for how they see themselves, and how they think others see them. No matter how many times they are told that they are wanted and loved, while their head might know this – their heart is stuck in trauma-time. Accepting that they are lovable and worth keeping safe can take a very long time".

"Chronically traumatised children often feel confused and lost. They don't feel they belong with anyone or anywhere and are often in search of some validation from others that they are deep down okay. This makes them vulnerable to exploitation".

Beacon House – 2019

Indicators of a Negative Self Concept at School



- Exploding into rage if thwarted.
- Hypersensitive to criticism.
- Spoils the achievements of others.
- React defensively under perceived threat.
- Imagine others are against them.
- Difficulties taking responsibility – blaming others, denying, making excuses.
- Appear listless, lacking in motivation.
- Difficulties accepting disapproval.
- Difficulties relating things they are good at.
- Negative body image.
- High levels of anxiety in the classroom (including controlling behaviours, task avoidance, and refusal to comply with adult direction).
- Difficulties asking for help or not knowing things.

TRAUMA –INFORMED SCHOOLS

RELATE

schools/organisations will ensure that all children and young people have access to an

- Emotionally available adult. Children who have experienced one or more **ACES (adverse childhood experiences);**
- Have **daily access to a trusted adult**. This needs to be someone that they like, respect and;
- **Have a positive relationship with**. T**rusted adults must be consistently available to children** at agreed times and places and **alternative plans for support need to be in place when the trusted adult is not available**;
- All adults in the school or organisation understand the importance of treating children, **young people and each other with kindness, compassion and empathy and have the skills to do so.**

TRAUMA-INFORMED SCHOOLS PRINCIPLES

- **REGULATE**

Schools/organisations are committed to reducing stress in children, young people and staff.

Leaders understand the importance of positive interactions between all members of the school /communitas key for calming and emotional regulation. This underpins the school/organisation's values and ethos.

All adults know how to be in a relationship with children, young people and each other in ways that will reduce stress and promote positive physical and mental health.

Interventions based on relational approaches rather than sanction driven approaches.

TRAUMA-INFORMED SCHOOLS PRINCIPLES

- **REFLECT**

All staff are trained in the **art of good listening and 'the words to say it' for reflective and empathic response to pupils, staff and parents.**

PSHE curriculum is based on most recent **neuroscience and research into mental health** and supports.

Young people to understand the importance of positive mental health, healthy relationships and how to live life well.

TRAUMA-INFORMED MISSION STATEMENT

Childrens **learning is understood developmentally.**

The classroom **offers a safe and secure base**.

Nurture is important for the **development of self-esteem**.

Language is understood **as a communication**.

All **behaviour communicates a message.**

Transitions are important in the lives of children.

NEURO-SEQUENTIAL MODEL

- **APPROACH TO PROBLEM SOLVING** Developmentally sensitive, neurobiologically informed approach to problem solving developed by Professor Bruce Perry.

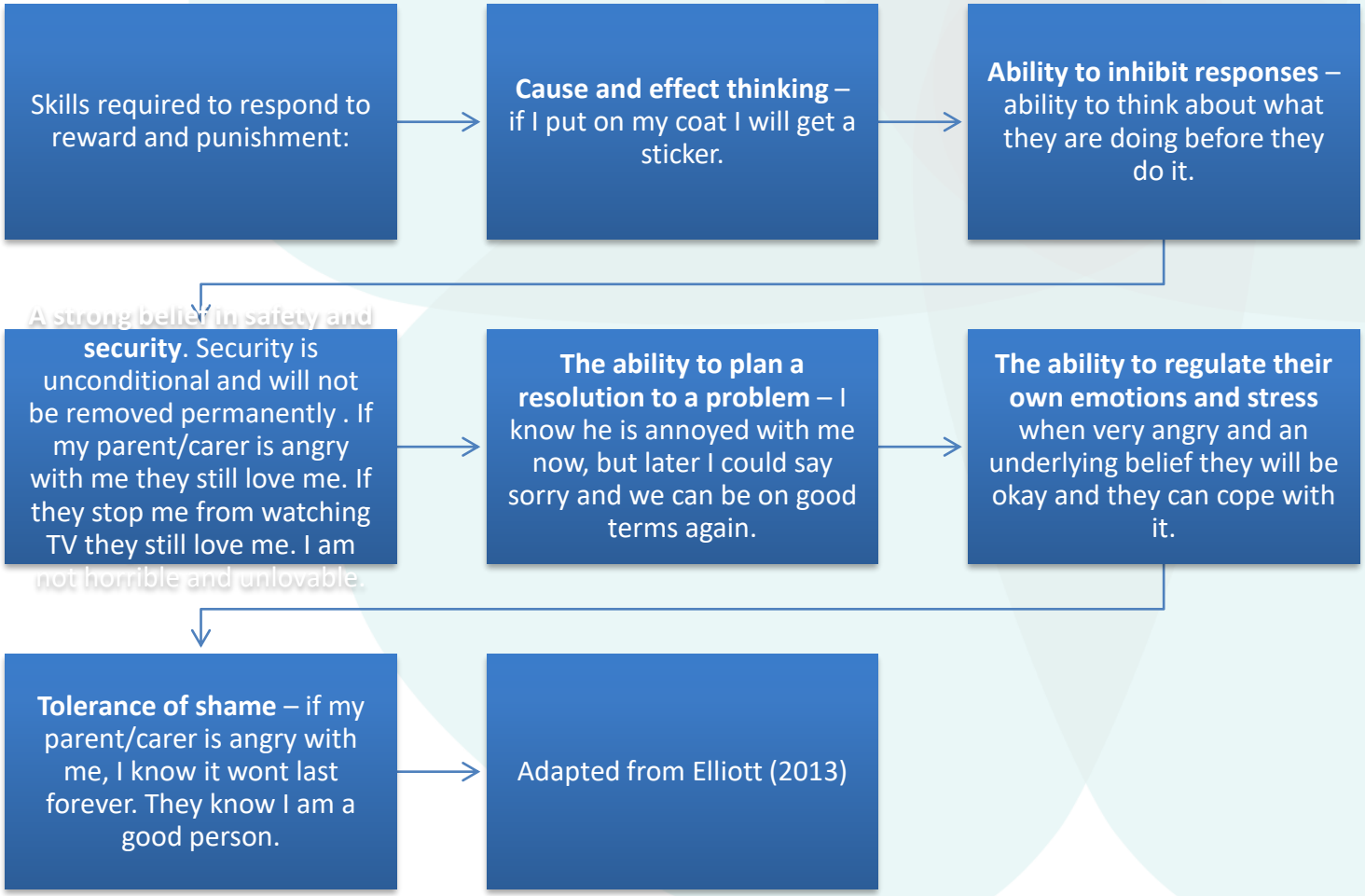
- **EVIDENCED BASED PRACTICE - It is an approach that integrates core principles of neurodevelopment and traumatology, to inform work with children and schools** such as relational approaches to behaviour management.

ACTIVITY IN GROUPS

Discuss the pros and cons of rewards and sanctions.

Do we think we should have them?

Rewards and Punishments – as a way of managing behaviour



Words Associated with Behavioural Approaches and Behaviour Management

Rewards
Punishment
Time-Out
Ignoring
Praise
Sanctions
Consequences
Words Associated with Trauma-Informed Approaches and Behaviour Management
Relationships as interventions – empathy and attunement
Restorative approaches
Co-regulation
Meeting unmet needs
Self-reflection
Communicative function of behaviour – what is the child telling us they need?

Challenges for staff in schools when using behavioural approaches with a traumatised child

Child's emotional state of mind - when given a punishment
Hard-wired survival strategy.
Triggers trauma memory.
Shame.
Need to protect from harm.
Feelings of fear.
Defences to shame.
Impulsive responses.
Catastrophic emotions.
Unable to process the feedback linked to the punishment.
Distress at damage to the relationship.
No learning takes place.

Consequences of not using more empathy in your responses

- Peer relationships problems.
- Lack of social skills.
- Low self-esteem.
- Sexual vulnerability and exploitation.
- Early pregnancy.
- Gang membership.
- Drug and alcohol misuse.
- Domestic assault (victim and perpetrator).
- Violence and rage - (violent crime).
- Self-Harming.
- Depression and suicidal behaviours.
- Dissociative disorders.
- Negative self-image.

TRAUMA INFORMED CLASSROOMS – WHAT DO THEY LOOK LIKE?

Structure - clear routines, visual timetables, notes in planners, provision of a safe place, positive looks and smiles.

Sensory Awareness a 5 senses tour of the school/class e.g. sparkly dangly displays from the ceiling can be too distracting and disturbing, a welcome on arrival in class, not rushing the end of the lesson/day, using key messages of safety and trust, not shouting or using too angry an expression, using a calm box for prompts.

Adults who tune in – regarding the behavior as communication, looking beyond the angry or avoidant to grieving and hurt, recognising signs of stress and anxiety and taking steps to bring stress down.

Co-regulation – help children understand when they hot/hungry/anxious/happy comment on this, wondering aloud on this is a good strategy.

TRAUMA INFORMED CLASSROOMS – WHAT DO THEY LOOK LIKE?

Adults who are proactive, rather than waiting for problems to arise. **Think about curriculum howlers**.

Adults who think about support at **unstructured times as well as curriculum-based needs.**

Adults give thought to, and agree how to, **share information with carers**.

Adults need to be aware that **small transitions can be a trigger of dysregulation such as changes between tasks**. Children need time to finish what they are doing and visual warnings and count down to impending changes.

Constant referral to the visual time table – this can be quite containing for a child.

Use '**naming'** to give feedback to the child in a calm, non-judgemental way.

Use key messages to reassure, e.g. "Isn't *it good that you are safe here and now".*

TRAUMA- INFORMED INDIVIDUAL INTERVENTIONS

Identify, train and support a 'key' adult(s) to work with the child with significant needs related to attachment and trauma.

Use them to develop a sense of permanency and constancy in the child by seeing them for regular check-ins throughout the day.

Rhymical calming e.g. jumping up and down, running, clapping, colouring, counting, grounding techniques.

Empathic commentary/emotion coaching.

EMPATHIC COMMENTARY/EMOTION COACHING EXAMPLES

I can see it is all so overwhelming for you at the moment. I want to help you manage these feelings and feel better.

I can see you are so angry, but I am here to keep you safe

You are shouting at me lots. I know you have always had to work hard to get grown ups to listen to you and pay you attention..

I think you are maybe a bit sad today because you fell out with …. yesterday.

Sometimes its hard for you to stop the excitement turning into fighting.

That was loud! I think you are getting upset by that noise and that makes you feel unsafe.

Use language such as "Shall I do this, Shall I shut the door. Is it okay if I do this now". "Will you tell me if it is not okay when I am showing you something".

Individual interventions for Developing Self-Concept and Managing Toxic Shame

Resilience Builder – Can you tell me a time you were very frightened and felt out of control. What did you do to manage it? What skills did you use ? Wow that is incredible. I don't know many adults who could cope with what you have done.

Personal resiliency builders

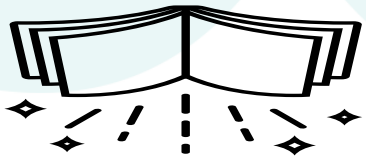
How have I done as well as I have done?

What are the 2/3 biggest challenges, including crisis or trauma I've overcome in my life?

What did I use to overcome them?

What do I use every day to effectively cope with the typical stresses in my life?

Write a Therapeutic Story for the child.



Outcome Planning and Target setting for PEP's and Annual Reviews

Language and communication

Identified needs

- Adam at times tends to be egocentric in his interactions with his peers and his reciprocal social interaction and play skills are still in emergence.
- Adam , does not feel “safe” enough to talk about his feelings and will often ‘shut down’ and “avoid” such conversations

.

Language and communication

Outcome

- By the end of KS2, Adam will have developed his social communication skills to allow him to engage in a wider range of flexible and reciprocal interactions with his peers, so that he can continue to develop positive peer interactions in the school context and sustain more robust friendships.

Short term targets

- To engage in an adult mediated turn taking activity for 10 mins with one peer

Suggested provision

- Adult-mediated opportunities are required to take part in paired or small group play (linked to Adam ’s interests, initially where turn-taking can be practiced and encouraged). Visual supports, such as ‘turn taking wheels’ should be used to reinforce the process as well as adult modelling. Encourage any skills Adam learns in a structured play scenario to be generalised to more spontaneous moments in the day, by reminding him of learned social rules and expectations.

Cognition and learning

- Jamal can work well with an adult 1:1, however, without this 1:1 support from a trusted adult he cannot always remain on task.
- Jamal can respond positively to adult-led activities with a trusted adult; however, these activities require a high level of structure and a clear break or end point.
- Jamal has difficulties with attention regulation (partly linked to his high levels of hypervigilance, related to his developmental trauma), as a result, he struggles to focus on activities for meaningful periods of time.
- Jamal has difficulties with executive functioning skills- specifically task initiation, working memory as well as transitioning between tasks.

Cognition and learning

Outcome

- By the end of Key Stage 2, Jamal will have made improvements with adult support in his executive functioning skills, specifically independent task initiation and shifting from task to task in order to improve his independence and confidence as a learner

Short term target

- Jamal will start a task independently with one adult prompt three times a day

Provision

- Learning continues to need breaking down into manageable steps (no more than three) and his attention refocusing, as necessary. Jamal may also need regular breaks and choice activities to support engagement and he will also need to see completed and modelled examples of the learning task. Keep all task short with clear end points.

Physical and sensory

Identified needs

- Due to Jamal's vestibular sensitivity, he finds it difficult to always physically regulate himself in the classroom. He can be restless, requiring movement to stay regulated.

- Jamal is very distracted by sensory stimulation such as noise (auditory) and visual stimulation related to his constant state of hypervigilance
- Jamal has some proprioceptive sensitivities and is not always aware of spatial relationships with regards to proximity to others.

- Jamal has difficulties managing change and transitions throughout the day, related to his need for predictability, as well as his sensory sensitivities.

Physical and sensory

Outcomes

- By the end of KS3, Jamal will have developed the skills to physically regulate himself so that he can be more settled in the classroom environment
- By the end of KS2 Jamal with adult support will be able to effectively manage the demands of his immediate environment especially during transition times in order to reduce the high levels of anxiety he experiences in school

Short term target

- Jamal will remain seated in the classroom for 15 minutes with adult support in the following lessons
- Jamal with peer support will be able to transition appropriately from registration to his first lesson . For example, without stopping, remaining on the ground , parkour to be used at negotiated times

Provision

- In any new classroom Jamal to identify specific aspects in the classroom and parts of the school which may be difficult for him and put in place resources / strategies to support this. This could include practical measures such as seating position and who he is sat with / near as well as strategies for Jamal to cope with any sensory aspects. Sometimes children who are hypervigilant benefit from being seated at the back of the classroom so they can easily see any changes rather than needing to be alert to things happening behind them.
- Staff will need to ensure that Jamal's day follows a predictable routine and that he is prepared for any changes that might occur. Jamal will need visual prompts to pre-empt changes in tasks and transition times, these can be shown on visual timetable. These changes in the day can be discussed each morning with a trusted adult. They will need to explore what information is most helpful for him to be included on his timetable this might include what he has to do, who will be helping him, where will he be completing the task etc.

SEMH

Identified needs

Amy presents with needs related to her difficulties with attachment and history of complex trauma, her early experiences of family breakdown, rejection, and subsequent care moves, with the related experiences of loss and uncertainty (including both the implicit (not explicitly and consciously recalled) and explicit memories what she may have experienced.

These needs are associated with:

- A constant need for assurance that she is being held in mind without which can quickly give rise to emotional dysregulation at times in the home and school context.
- Difficulties with always regulating her emotions as well as communicating her frustrations.
- Amy has low self-worth, linked with negative views of herself as a result of her early neglect.
- Predictability is very important to Amy, so a lack of structure can completely overwhelm her, and she can struggle with transitions and unexpected changes Amy finds it difficult to always understand her emotional experiences so has a tendency to avoid thinking or talking about them.

SEMH

Identified needs

- When dysregulated, Amy can be reluctant to allow co-regulation by a supportive adult. She tends to engage in less healthy coping strategies which including physical violence and self-harm, which may temporarily increase her experience of being in control and consequently decrease anxiety.

- Amy s engages in overly developed control needs, related to trying to regain the control what she perceives she has ‘lost’, which when ‘successful’ temporarily boost her feelings of psychological security.

- Amy appears psychologically insecure and has experienced his key adults in early life as unsafe or unable to keep her safe and at times dangers. She has developed a high degree of self-reliance (being reluctant to trust and depend on adults) . As a result key adults in her life can also be experienced as an over-whelming source of anxiety and uncertainty for her so she will unconsciously be driven to ensuring she an he ‘manages’ his own needs, as best he can and reject help offered

SEMH

Outcomes

- By the end of KS4, Amy will have formed positive attachments with two-three key adults at school school, in order to foster feelings of safety and security in the school environment and become more focused in her learning.

- By the end of KS4 Amy will have developed her emotional literacy skills with adult support , to allow her to recognise some emotions in herself ‘in the moment’ and with support from trusted key adult, communicate these consistently, in order to learn to think about what has made her feel that way and allow an adult to help her feel calm and safe

- By the end of KS24 Amy will have increased self-esteem, positive thoughts about herself and her learning, and will be becoming a positive and resilient learner with a greater sense of self-worth and belief in her many abilities.

SEMH

Short term targets

To form attachments with two or more members of staff at school (two or more secondary attachment figures is linked to resilience in children)

- To tolerate an adult "wondering aloud" about how she is feeling in the moment, this could be measured by how focused Amy presents at these times (e.g., listening attention)

Short term targets

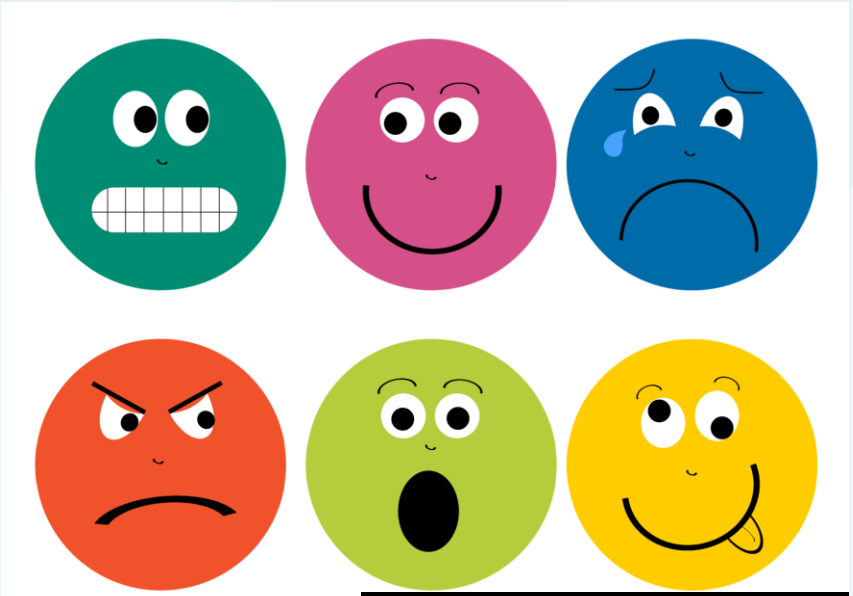
- Amy will allow adults to suggest some calming activities and follow their lead on these.
- Amy will recognise on a daily basis how she is feeling and be label four core emotions that she is experiencing. For example,…..
- Amy will be able to recognise and articulate some key physiological indicators of anger and anxiety/fear/worry that she can sense within her own body and will be able to articulate these to a trusted adult
- Amy will be able to recognise three – four triggers and articulate these to her trusted adult

SEMH

Provisions

- Amy will need regular check ins (four to five) with key adults across the day to monitor her anxiety levels, actively listen to her and provide appropriate scripts to help her convey how he is feeling. To support Amy 's understanding of the feelings she is experiencing, the provision of visual resources will be essential to enable her to indicate through non-verbal means how she is feeling when she is very heightened . These need to be undertaken at different times of the day,

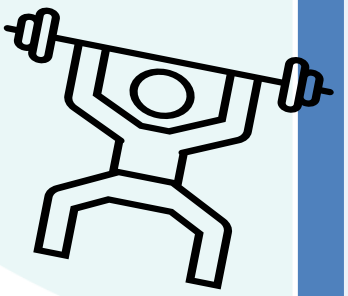
- Use an agreed system to communicate emotions, e.g., 'Zone of Regulation' approach by Leah Kuypers or a personalised emotions thermometer. This can then be used to scaffold conversations with Amy about how she is feeling at various points in the day. Adults can support her to think about why she might be feeling that way and scaffold conversations about how to make things better. Amy will need time to learn calming strategies that work for her, and support her to use these appropriately and independently. This may take many weeks.



Provisions SEMH

Compile a list of Amy's strengths and represent them creatively e.g., make a strengths shield or collage with her and add to each day.

Use the concept of 'hidden treasures' with Amy to help uncover her skills (what she can do), her strengths (what shs good at) and resources (who knows Amy has these skills).



Amy may benefit from having enhanced opportunities to spend informal time with key adults to build relationships and to build her confidence that those interactions will be positive and nurturing. This will also create further opportunities for her to experience emotional containment (space and time to experience and explore feelings and emotions with a trusted adult who can help to give Amy scripts which contain the language she needs to begin to appropriately verbalise her feelings more effectively, particularly in times of high emotion).

Resources

- Louise Bomber (2007) Inside I'm Hurting – Practical Strategies for Supporting children with Attachment Difficulties in Schools
- Heather Geddes (2006) Attachment in the Classroom – The links between children's early experience, emotional well-being and performance in school
- Louise Bomber and Dan Hughes (2013) – Settling to learn – settling troubled pupils to learn
- Louise Bomber, Kim Golding, Sian Phillips (2020) – Working with Relational Trauma in Schools
- Rebecca Brooks (2019) – The Trauma and Attachment Aware Classroom
- Marion Allen for Family Futures (2008) – Attachment, Developmental Trauma and Executive Functioning Difficulties in the School Setting
- Kate Cairns & Chris Stanway (2004) – Learn the Child: Helping looked after children to learn
- Karen Treisman – Trauma informed schools and organisations
- Hampshire Childrens Service's – PEP TOOLKIT – Identification of need, strategies and interventions
- Many more books references on the Beacon House – Developmental Traumas Close Up

Support / CPD:

Virtual School Moodle

Virtualschool.hants.gov.uk

Central place for all Virtual School information, advice and guidance.

It is open to all (**just click and sign in as guest**) to access all of the information, links, useful resources and mini training soundbites.

Virtual School Website

www.hants.gov.uk/educationandlearning/virtual-school

Hampshire & Isle of Wight Virtual School

Hampshire County Council

https://forms.office.com/e/BdySsd4z5q

Evaluation

"When a flower doesn't bloom, you fix the environment in which it grows, not the flower."

Alexander Den Heijer

Hampshire Services
VIRTUAL SCHOOL CiC

Hampshire Virtual School

Hampshire Virtual School
Children's Services Department
Hampshire County Council
1st Floor, West, E2 Court
Winchester
Hampshire
SO23 8UG

Virtual School office telephone numbers:
01962 835227
Hampshire Virtual School shared mailbox:
virtualschool@hants.gov.uk
Virtual School website:
https://www.hants.gov.uk/educationandlearning/virtual-school
Virtual School Moodle: https://virtualschool.hants.gov.uk/

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