THE CONDITIONS FOR GROWTH:
RESILIENCY ENABLING APPROACHES FOR CHILDREN AND YOUNG PEOPLE (REACH)

A GUIDE FOR SCHOOLS IN NURTURING THE RESILIENCE OF CHILDREN WITH ADVERSE CHILDHOOD EXPERIENCES (ACES)

THE HANDBOOK FOR THE 'REACH' TRAINING COURSE

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Dedication

This REACH handbook is dedicated to the life and work of
Frederika 'Friedl' Dicker-Brandeis, Austrian artist and educator, imprisoned in
Terezin ghetto and murdered by the Nazis in the
Auschwitz-Birkenau extermination camp.

"The various artworks left behind by this great woman and the children of Terezin are their legacy to the present, to all of us today. They demand that we continue in our quest for a society that truly treasures human life, transcending all differences of race, religion, politics and ideology." – Daisaku Ikeda

"Let your roots grow down into him, and let your lives be built on him."
- Colossians 2:7

INTRODUCTION: ADVERSITY AND RESILIENCE

"*Our greatest glory is not in never falling, but in rising every time we fall*." - Confucius

As a former history student and teacher, I am passionate about human stories and the commonality that we share as human beings on this earth.

Every day I am reminded of the inevitability of human vulnerability and suffering, but also the propensity for human resilience and overcoming great hardship.

My wish in writing this guide is for you to hold onto the hope that it is possible for children and young people to develop resilience following adversity and to encourage you to help children to find their roots to rise up when they have been broken or knocked down by life events.

I have a deep interest in ideas that have shaped the world: both mythological stories that teach us powerful archetypal messages of strength over adversity, and also the personal stories of people who have survived or endured atrocities. History is repeated when we do not learn from our past mistakes.

As Maya Angelou has said:

"*History, despite its wrenching pain cannot be unlived, but if faced with courage need not be lived again*."

The writings of holocaust survivors such as Viktor Frankl (2004) and Boris Cyrulnik (2009) to name but a few, show us that human beings are extremely resilient.

But adversity, like a hidden splinter, can bury deep into whole cultures, communities, families, as well as into the hearts, minds, bodies and spirits of individuals, causing us to behave in ways that are not always helpful, unless the pain is acknowledged and the psychological wound healed.

Communities are often profoundly shaped by their history. Making sense of events and experiences and having the story of what has happened heard is an important part of the healing process at each eco-systemic level, across age, gender, socioeconomic status, race, culture, heritage, ethnicity, geography or sexual orientation.

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACEs) study in the 1990s (Felitti et al 1998) was one of the first studies to really highlight the impact of adversity on human populations.

The ACE Study by Felitti et al (1998) differed from other studies into risk in that it was conducted not by psychologists, but by medical professionals, and therefore looked not only at behavioural or mental-health outcomes, but also at health outcomes.

The study showed for the first time, that there was an association between childhood adversity and diseases such as cancer, heart disease and autoimmune conditions, that could not be accounted for by behaviour alone (Burke-Harris, 2018).

The ten widely recognised ACEs, as identified by Felitti et al (1998) are:

- Being the victim of abuse (physical, sexual and/or emotional)
- Being the victim of neglect (physical and emotional)
- Parental abandonment through separation or divorce
- Domestic violence
- A parent with a mental health condition
- A member of the household being in prison
- Growing up in a household in which there are adults experiencing alcohol and drug use problems.

As well as these 10 ACEs there are a range of other types of childhood adversity that can have similar negative long-term effects. These include bereavement, bullying, social disadvantage, neighbourhood violence, as well as the extremely distressing experiences of child refugees who may witnessed or lived through war.

Research into ACEs (Felitti et al, 1998; Bellis et al. 2014a, 2014b, 2014c) has brought to society's attention the following:

i. Adverse experiences are *prevalent and relevant* to all sectors of society: research shows that between 50 and 80% of any given population have experienced one ACE and between 10 and 20% have experienced 4 or more (Perks, 2020).

ii. Adverse experiences have a *significant* and *pervasive* impact that can be life-shaping for individuals and damaging for society at large: the ACEs studies

carried out by Felitti et al (1998) and Bellis et al. (2014a, 2014b, 2014c) highlighted a strong association between the number of ACEs and future physical and mental ill-health, thereby concluding that stressful experiences may have a negative impact on the human nervous system that has the potential to persist over a lifetime.

Additionally, we now know that children and young people who have ACEs may be at increased risk of mental health difficulties (Kerker et al., 2015), reduced academic performance (Blodgett & Lanigan, 2018) and behavioural issues (Bethell, Newachek, Hawes & Halfon, 2014).

Children who have experienced ACEs below the age of 5 are more likely to have poorer mental health in childhood than their peers (Kerker et al., 2015). This appears to be largely due to the corrosive impact of 'toxic stress' and cortisol on the developing brain and body of a small child (Shonkoff, 2012; Phillips & Shonkoff, 2000).

Leitch (2017) has summarised that the ACEs studies have made three important contributions to the way we view each other that are relevant to public services:

1. They have helped alert us to the risk factors that shape behaviours and health, encouraging us to understand the impact of adversity before we judge or act (Harris and Fallot 2001 in Leitch, 2017).
2. They have steered us away from pathologizing human behaviour to viewing symptoms as normal reactions to early and traumatic experiences (Evans and Coccoma 2014; Van der Kolk 2014 in Leitch, 2017).
3. They have highlighted the importance of early childhood prevention programmes and family support, as well as validating the importance of trauma informed practice (Leitch, 2017).

There is clearly a need for schools to understand both the impact of Adverse Childhood Experiences and trauma on a child or young person's development and to use trauma informed approaches in order to promote a child's resilience.

"More than ever, there is a consensus that Adverse Childhood Experiences (ACEs)…, and the potential unresolved trauma therein, may be associated with long-term physical and mental health difficulties if the young person is not supported to process or make sense of these experiences in a developmentally appropriate way." (Ttofa, 2020a:5).

Resilience Research

Whilst Adverse Childhood Experiences have the potential to be traumatic for children and lead to negative outcomes, there is a third variable that affects the way children experience and respond to adverse events. This third variable is related to the quality and quantity of protective factors (PFs) or positive childhood experiences (PCEs) in a child's life, which can mitigate risk and foster resilience.

In addition to studies into ACEs, there is a huge body of resilience research spanning over five decades that has not only studied risk, but also identified what can help a young person to withstand or recover from adversity.

The concept of resilience has been defined by Masten, Best and Garmezy (1990) as the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Masten has recently re-defined resilience as:

"*The capacity of a dynamic system to withstand or recover from significant challenges that threaten its stability, viability, or development*." (Masten, 2011: 394)

Resilience therefore reflects the degree to which an individual's personal resources can neutralise (or metabolise) their reactivity to internal or external stress.

Research in the social and behavioural sciences has historically adhered to a problem-focused approach when studying human and social development (Benard, 1991). This 'pathology' or 'deficit' model of research has traditionally examined problems, disease, illness, maladaptation, incompetence or deviance, and attempted to identify their concomitant risk factors (Benard, 1991; Henderson and Milstein, 2003).

Resilience research that emerged around the 1970s sought on the other hand to understand and *prevent* the development of psychopathology, arguing that this aspect of study had been profoundly neglected (Masten, 1989, 2001, 2007, 2011).

Resilience researchers recognised that it was vital *"to understand strengths and positive adaptation as well as risks or pathological processes in order to prevent or ameliorate the ravages of extreme adversity (Masten, 2001, 2007)."* (Masten, 2011:493)

Studies into resilience in human development therefore aim to identify and highlight protective processes and capacities, as well as pathways or patterns of positive adaptation. Masten concludes (2011: 495):

"*The importance of this mission for resilience science cannot be overstated. Resilience models emphasize positive influences without discounting risks and vulnerabilities. The focus on positive goals of understanding strengths and protective processes, or promoting competence and positive development, was revolutionary in clinical psychology and psychiatry at the time because prevailing models were deficit based, including the "medical model" of mental illness. Reframing the mission from reducing symptoms or "fixing problems" to promoting healthy function and development has had a transformative effect on models of practice and policy*…"

Protective Factors

Resilience research began to examine the intersection of protective factors and risk factors in high-risk populations.

The aim of this research was to identify protective factors that facilitated healthy growth and development in more resilient individuals i.e. those that were present in individuals who went on to do well in the face of adversity compared to those who did not (Werner and Smith, 1982, 1992, 2001; Rutter, 1979, 1984, 1987, 1999); Garmezy, 1985, 1991, 1994; Masten, 1989, 1994, 2001, 2004, 2007, 2014a,b).

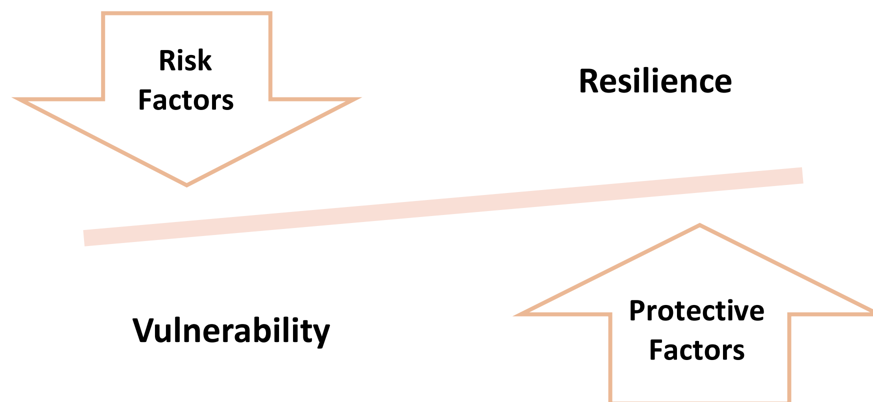
For example, longitudinal research demonstrated that between 50 – 70% of children born into seriously high-risk conditions such as families where parents were mentally ill, alcoholic, abusive, or criminal, or in communities that were disadvantaged or war-torn, go on to develop social competence, despite exposure to severe stress (Benard, 2020).

Researchers began to propose that it is both through the reduction or removal of adversity and the augmentation of protective factors and strengths that we can enable the resiliency potential of all vulnerable children and young people.

Protective factors identified included both personal qualities of the child (e.g. intellectual ability, easy temperament, autonomy, self-reliance, sociability, effective coping strategies and communication skills) and the child's social environment, including family and school (Luthar, 2006). Included within the family, a specific protective factor appeared to be a close bond with *at least one caregiver* (Werner & Smith, 1982).

The Science of Resilience

Masten (2011: 497) affirms: "*Intervention could be conceptualized as deliberate efforts to reduce risk exposure, strengthen, or increase compensatory or promotive factors, or moderate the impact of adversity by boosting protection or reducing susceptibility or both*."



However, vulnerable children start out with the scales of resilience already tipped against them, so they require even more protective factors to buffer them from risk. Gilligan (2009:9) encourages professionals to "*tilt the balance in the child's life in favour of protective factors*". There also appear to be 'windows of opportunity' (Masten, 2011:502) when leverage for change is greater (e.g. developmental transitions or times of concentrated change).

Masten explains the importance of identifying and working towards positive goals based on what is known about a vulnerable young person, with a focus on measuring progress towards those goals (Masten, 2011). Once a positive goal is established, positive processes and protective factors can be utilized to facilitate change for the young person and reviewed over time.

Daniel and Wassell (2002:13) echo that:

"*A resilience-based approach focuses on maximising the likelihood of a better outcome for young people by building a protective network around them. The concept of resilience increasingly offers an alternative framework for intervention, the focus being on the assessment of potential areas of strength within the young person's whole system*."

Resilience as ‘Ordinary Magic’

For the process of resilience to occur there needs to be, first, resources available to an individual or group and, second, the individual or group also need to be capable of ‘harnessing’ the resources. However, these positive processes and protective factors need not be exceptional in nature; in fact, some may be very ordinary.

As Ann Masten concludes: “*Resilience does not come from rare and special qualities, but from the everyday magic of the ordinary, normative human resources in the minds, brains and bodies of children, in their families and relationships and in their communities*.” (Masten, 2001: 235.)

Masten refers to resilience arising from major ‘engines’ of human development being harnessed (Masten, 2011). She points to the systems of: attachment, mastery motivation, self-regulation, and cognitive development and learning.

*“Evidence strongly suggests . . . that resilience is common and typically arises from the operation of basic protections. There are exceptional cases, where children overcome heavy odds because of extraordinary talents, luck, or resources, but most of the time, the children who make it have ordinary human resources and protective factors in their lives. Resilience emerges from commonplace adaptive systems for human development, such as a healthy human brain in good working order; close relationships with competent and caring adults; committed families; effective schools and communities; opportunities to succeed; and beliefs in the self, nurtured by positive interactions with the world.” (*Masten, 2014:7–8)

Resilience is therefore not a genetic trait that only the few possess (Benard, 2020). It is our inborn capacity for ‘self-righting’ (Werner and Smith, 1992) and for transformation and change (Lifton, 1993).

Resiliency Enabling Approaches for Children and Young People in Schools

Schools have been highlighted as an important environment in which to consider and nurture healthy growth and development, due to the many hours children and adolescents spend in school daily (Breedlove et al, 2020).

If children are to recover from adversity and trauma, a child’s environmental protective factors need to be harnessed to the full. To effect change, rather than simply measuring ACEs, we need to identify and measure protective factors and increase these.

Research from experts in the field of childhood trauma and adversity point to three broad categories of protective factors that schools can focus on in order to counter the impact of adversity (Benard, 2007; Benard, 2020):

1. **Close caring relationships**, in particular a stable, supportive attachment relationship with at least one or two caring, trusted adults who establish safety and basic trust, actively listen, convey interest, kindness and compassion and respond with empathy, understanding and respect.

2. **High expectations messages** that communicate firm guidance, structure and challenge, but moreover, convey a belief in the child's innate resilience and identify strengths and assets, as opposed to problems and deficits.

3. **Meaningful participation and contribution**, including having opportunities for valued responsibilities, for making decisions, for giving voice and being heard, and for contributing one's talents to the community (Benard, 1991; 2007; 2020).

The Roots of Resilience

Expanding on the three categories above, this handbook proposes a structured system for increasing a child's resilience, based on five key "Roots of Resilience" (Ttofa, 2020b with reference to the work of Daniel & Wassell, 2002; Henderson & Milstein, 2003; Cefai, 2008; and Hart et al. 2008).

We can help vulnerable children to tap into and utilise these "Roots of Resilience" – and numerous associated research-based protective factors – in order to give them the resources they need to maintain their strength and stability during adverse events, nourishing them from the inside out (Ref: Ttofa, 2017a and Ttofa, 2020b).

A useful tool for measuring a child's "Roots of Resilience" can be found here:
https://s3-eu-west-1.amazonaws.com/s3-euw1-ap-pe-ws4-cws-documents.ri-prod/9780367514112/The_Roots_of_Resilience_Measure_%28RRM%29.pdf

Suggestions for supporting protective factors in students can be found in this "Nurturing Resilience Card Deck":
https://www.routledge.com/A-Nurturing-Resilience-Card-Deck-A-Resource-for-Use-with-Vulnerable-Children/Ttofa/p/book/9780367514112

The Roots of Resilience

Resilience comes from having strong 'roots' that we can tap into in challenging times. The five "Roots of Resilience" (Ttofa, 2020b) that schools can strengthen in children and young people are:

***Root 1: Feeling safe, loved and cared for**:* It is much easier to 'bounce back' from adverse life events and be resilient if a child feels loved, cared for and secure. Security comes from establishing clear and consistent boundaries and a sense of safety with predictable routines. An attuned adult can help to soothe a child, making painful experiences more tolerable. In school, children and young people in need access to a stable and supportive, nurturing, trusted adult who they can rely on.

Root 2: Feeling empowered: A sense of empowerment comes from adults around the child having high expectations that convey firm guidance, structure and challenge, but also a belief in the child's innate resiliency potential. A young person feels empowered when they have a strong sense of self and believe in themselves. Helping children and young people to understand their strengths and live in alignment with their authentic self, whilst letting go of any self-limiting beliefs, is the key to them feeling empowered – all of which is essential to resilience.

Root 3: Feeling engaged: Students who feel engaged in education feel that school, generally, is a place that is meaningful and relevant to them. They are encouraged to grow and succeed in areas they love or in which they have talent. Therefore, any difficulties are outweighed by a deeper sense of purpose. A sense of meaningful participation comes from having opportunities for valued responsibilities, making decisions, for giving voice and being heard, and for contributing one's talents to the community

Root 4: Feeling connected: For children, friendships and feelings of participation are key to resilience. Humans are essentially social beings who are pre-programmed to bond and to connect with others. Without this feeling of connection and belonging, human beings struggle to be resilient to even minor stressors and may connect with less healthy coping strategies.

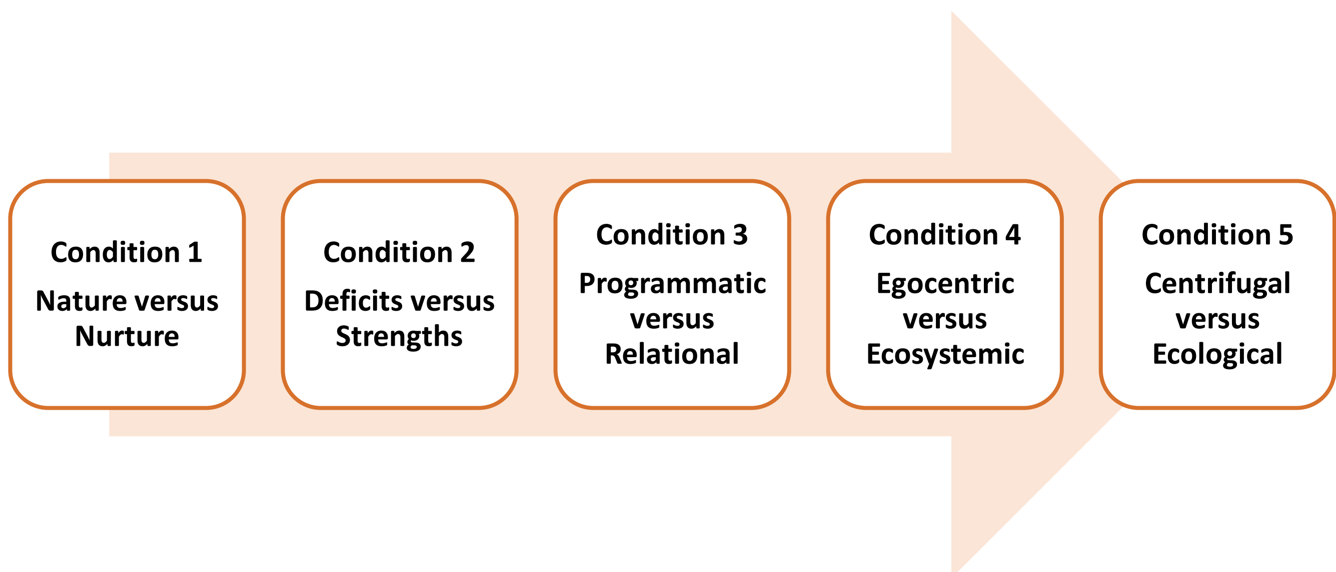
Root 5: Feeling able to cope: Children and young people need to be supported to create positive resources to cope with adverse life events. These could be external resources such as having a trusted adult to confide in, support to regulate emotions or help to develop other executive functioning skills. They might also be internal resources like a daily mindfulness or spiritual practice, the use of expressive arts, exercise, or time in nature. These resources help us to understand, give meaning to and manage adverse experiences.

The Conditions for Growth: Five Pedagogical Stances to Guide Decision Making and Change for Children

As well as understanding *what* we can do to promote resilience in vulnerable children ("The Roots of Resilience"), it is also essential to question *why* we are motivated to take a particular course of action: the principles, beliefs and attitudes *underlying* the decisions we make. Without continued questioning, beliefs can be blindly adhered to and become ideological in theory and ineffective in practice.

A key objective of this book is therefore to examine the optimal environmental conditions for the growth of resilience.

I therefore offer five pedagogical stances for schools to consider when deciding what interventions to implement to promote the resilience of children and young people. Each of the five stances guides our decision-making, whilst also providing the right conditions for the "Roots of Resilience" to be embedded – and to grow stronger, thereby ensuring we *enable,* rather than *disable* a child's innate resiliency potential.



The following chapters deal with each of the conditions in turn, which inform the key underlying principles of the REACH training course.

Simple resiliency enabling exercises for supporting a vulnerable child's resilience are also provided after each chapter.

Ultimately, this guide aims to offer some clarity about the research and evidence-base around childhood resilience, so that the beliefs underlying our decisions, may be not only reasoned and accurate, but also compassionate and kind.

Chapter 1. Nature versus Nurture: To What Extent Are Approaches Used Developmentally Sensitive and Informed by Evidence of What Nurtures Healthy Child Development & Growth Across Cultures?

1.1 The Distinction Between Adversity and Trauma

"*When adversity is relieved and basic human needs are restored, then resilience has a chance to emerge*." - Masten, 1994:5

There appear to be quintessential differences between the concepts of ACEs and trauma. Peter Fonagy (2019) has commented that "…*adversity turns into trauma when you experience your mind as being alone*." There is an implication therein that adversity describes the *external* situation or event, whereas trauma is used to define the *internal* impact that event has psychologically.

In trauma, we are confronted with a conundrum. On the one hand, we intuitively know that what is happening goes against what is humane. Yet, on the other hand, we are forced to accept this inhumane reality. As a result, our consciousness weaves in and out and through a sense of despair, disillusionment and desolateness, towards dissociation, as we are unable to reconcile these two realities in one moment of space-time.

Trauma is like a hidden wound, which in reality is an emotional or psychological pain that needs both acknowledgement and expression, within the context of a safe, supportive environment, in which to begin to heal (Ttofa, 2021). Maya Angelou has articulated in her book '*I Know Why the Caged Bird Sings*':

"*Then there was a pain. A breaking and entering when even the senses are torn apart. The act of rape on an eight-year old body is a matter of the needle giving because the camel can't. The child gives, because the body can, and the mind of the violator cannot. I thought I had died…I woke up in a white-walled world and it had to be heaven.*" (Angelou, 1969:76).

The impact of Adverse Childhood Experiences (ACEs) such as rape or sexual abuse on the development of an individual's neurobiology – their nervous system, body and mind - cannot be underestimated. We let children and young people down if we ignore (at best) or punish (at worst) these young people for changes to a biological nervous system that they had no conscious control over.

The signs of potential developmental trauma caused by the impact of ACEs have been identified by numerous authors and appear to affect many aspects of a child's overall development.

Developmental Trauma in Children (Lyons, 2020)

'Developmental Trauma' is the term used to describe the impact of repeated adverse events within the child's important relationships, and usually early in life. Symptoms of Developmental Trauma may include:

- Difficulties with sensory / physical development
- Dissociation
- Difficulties with emotional regulation
- Difficulties with behavioural regulation
- Difficulties with attachment development
- Difficulties with learning or executive functioning skills
- A poor self-concept or sense of self-esteem

Particular Symptoms of Post-Traumatic Stress

Many refugee children who have been impacted by war and having to flee their homes, might have particular symptoms that may require more trauma specific support or therapy.

It is important to be aware of the four main clusters of symptoms associated with post-traumatic stress. These are:

1. **Re-experiencing memories or flashbacks of the traumatic event(s)**
2. **Avoidance of places, people, thoughts and feelings or conversations associated with the event**
3. **Hyperarousal e.g. more difficulty getting to sleep, difficulty concentrating, being easily startled and / or feeling more irritable**
4. **Negative thoughts or beliefs about yourself, your life or others**

Whilst a 'trauma informed' approach is helpful for young people with these kinds of symptoms, a 'trauma specific' approach may also be required.

See the 'Child and War Foundation' website for further resource manuals for refugee children: https://www.childrenandwar.org

1.2 Trauma Informed Approaches

Vulnerable students who have experienced trauma require nurturing, comforting, and soothing from a consistent trusted adult in order to cope with the difficult and stressful life experiences they may already be going through.

However, experiences of adversity affect the way people approach potentially helpful relationships (Harris and Fallot, 2009). In addressing ACEs and promoting resilience it is not as simple as offering support to young people, but identifying and softening, or 'finding a chink in' the barriers that may get in the way of an individual being able to receive that support.

The most significant aspect of Adverse Childhood Experiences involves the influence of an overactivated, and therefore sensitised, biological stress-response system on the brain and body's regulatory systems, not to mention its impact on physical and mental health (Burke Harris, 2018).

Dr Nadine Burke Harris (2018) has demonstrated robust research to suggest that children who have experienced chronic levels of 'toxic stress' due to ACEs, go on to have more difficulty regulating themselves, especially in everyday situations they might perceive as stressful or unsafe. When supporting individuals with ACEs, Dr Nadine Burke-Harris (2018) has therefore emphasised the importance of the following six factors: **Relationships, Sleep, Exercise, Nutrition, Mindfulness & Mental Health.**

The research put forward by seminal authors such as Dr Peter Levine (1997), Dr Bruce Perry (2006), Dr Bessel van der Kolk (2014) and Dr Stephen Porges (2017) has been instrumental in supporting our understanding of the effects or symptoms of childhood trauma, and what we can do to help.

It can be a daily struggle for children who have experienced trauma to dampen the (biological) survival impulse to fight, to run or to collapse (Levine, 1997) – and to negotiate with their bodies when 'visceral warning signs' (Kolk, 2014:96) tell them they are unsafe and under threat - or to calm themselves when apparent small, daily stresses become overwhelming. Porges (2017) also explains the significance of neuroception in understanding why a child may interpret a stimulus as a threat – even when it is not.

The long-term effects of this can be devastating for many children. There appears to be a direct correlation between those impacted by Adverse Childhood Experiences going on to being excluded from schools and ending up either as victims of crime or becoming perpetrators of crime (Dr Dowd in Burke-Harris 2018 pp.119-20; Bombèr, 2020 p.28).

The Neurosequential Model: Regulate, Relate, Reason (Perry)

Because toxic stress results in a propensity towards dysregulation (Perry & Szalavitz, 2006), Perry has proposed a 'neurosequential' trauma informed model of care for young people that starts with regulation:

"*Any effective approach must instead follow this sequence of engagement* ***regulate, relate, and then reason****. One must start by regulating the youth (a brain stem activity) before the youth will be ready to engage relationally (a midbrain level activity), before they can finally be invited to reason (a cortical activity) to try to solve a problem collaboratively*." (Perry & Ablon, 2019:26)

Regulate: A trauma informed response prioritises regulation of the nervous system by not only reducing stress triggers, but also enhancing personal safety and 'predictability, routine, a sense of control and stable relationships with supported people' (Perry & Szalavitz, 2006:61). A trusted adult may use regulatory sensory approaches to 'co-regulate' a child in order to bring them back within their 'Window of Tolerance' (Siegel, 2010) or the 'Resiliency Zone' (Leitch, 2017).

Relate: A trauma informed response also emphasises the importance of relational approaches that aim to connect with the person behind the behaviour, so as to communicate to a child or young person that they are 'seen and known' (van der Kolk, 2014:252). Relational approaches reduce stress in children and young people by making them feel noticed, valued and welcomed – so engaging their social engagement system (Porges, 2017).

Reason: Finally, we may use approaches that support a child to understand, reflect on and / or to process difficult experiences, or to regulate their emotions and develop improved executive functioning skills e.g. using mindfulness (van der Kolk, 2014; Leitch, 2017; Siegel, 2010). In addition, we may help a child to consider their actions and behaviour in a more balanced and reasoned way using elements of cognitive re-framing, problem-solving and restorative approaches (Bombèr, 2020). Note: the 3Rs has been reiterated and extended to include a separate section on the concept of 'Repair' in Bombèr, 2020.

Like Bruce Perry, Van der Kolk proposes using 'bottom up' approaches (body-based, sensory or non-verbal) before 'top down' approaches (cognitive or verbal) to support regulation of the nervous system and recovery from trauma (van der Kolk, 2014).

Using 'bottom up' approaches does not mean that we desist in using verbal language altogether. The right words or a particular script spoken with the right tone can be extremely calming, containing and soothing for a child. However, it does mean that we avoid using high-demand, reason-based approaches as the *prime* mode at that particular moment of time.

1.3 Trauma Informed Approaches in Schools

"*There has been a recent interest in approaches to education that support young people with Adverse Childhood Experiences (ACEs), including trauma informed and attachment approaches*." (Dr Lauren Smith, 2019)

There are many different frameworks that individuals or organisations can utilise to work in a more trauma informed way. Some frameworks have been used by organisations in a general sense. Other frameworks are aimed more specifically towards young people and schools.

"*A trauma-informed approach in schools is designed to create a systematic model for schools to decrease the impact of trauma on students (Wiest-Stevenson & Lee, 2016) and more appropriately address academic, behavioral and socio-emotional problems by recognizing and responding to student behavior from a trauma-informed perspective. This is done through a multi-level approach intended to improve the school environment through implementing trauma-informed policies and procedures; increase the ability of school staff to recognize and more effectively respond to students through professional development; and prevent, mitigate and reduce trauma-associated symptoms through evidence-informed practices, leading to improved student academic, behavioral, and socio-emotional outcomes*." - Maynard et al., 2017

Training or guidance in trauma informed practice in schools appears to focus on two main areas:

1. **For individuals working within an organisation: imparting the *skills* and *knowledge* required to be trauma informed in practice with children and young people.**
2. **For becoming trauma informed as an organisation: advice around the *policies, processes* and *procedures* required. This might include 'road maps' or principles for organisations to follow and embed (See Young Minds, 2019).**

However, as Lauren Smith (2019) states:

"*…overall there is a lack of ability to determine that existing programmes and activities based around ACEs and trauma-informed practice definitely do result in positive educational outcomes*."

Trauma Informed or Trauma Specific?

It is important to distinguish between being 'trauma informed' and offering a 'trauma specific' service. An organisation that is *trauma informed* as opposed to *trauma specific*, utilises approaches that are universally accessible to everyone in order to inform the way individuals respond to vulnerable children and young people. The assumption being that whilst trauma specific services may also be trauma informed, trauma informed organisations are not usually or necessarily trauma specific services. If organisations who aim to be trauma informed also offer specific treatment or support for recovery from trauma, this needs careful monitoring and clinical supervision.

Training in trauma informed approaches may not need to be as expensive or intensive as training in trauma specific interventions. 'Trauma specific', 'trauma responsive' or 'trauma recovery' services, on the other hand, are often described as providing more specific or specialist support or therapies for people who are adversely affected by their traumatic experiences. These interventions are offered by highly trained practitioners or therapists, either psychotherapists who are skilled in supporting young people to process their unconscious memories (as in Sandplay Therapy), or therapists trained to support young people with specific symptoms of trauma, such as dissociation, flashbacks and / or other developmental needs (see Thierry, 2017).

Kolk summarises that a central task for trauma specific recovery services is to support individuals to live with the memories of the past without being overwhelmed by them in the present and also to reconfigure a nervous system that was designed to cope with threat – which may mean reviving parts of the self that did not develop, or revisiting parts that developed defensively in order to survive (Kolk, 2014).

Peter Levine's 'Somatic Experiencing' technique is another very useful resource in supporting self-soothing and self-regulation (Payne, Levine & Crane-Grodeau 2015). Levine has recently suggested that there are hundreds of outcome studies which have trialled using the trauma specific treatment 'Somatic Experiencing' with clients and evidenced its effectiveness (Kseib, 2019). However, Bath (2017) cautions that more research needs to be completed evaluating promising trauma specific therapies:

"The research on efforts to remediate the impacts of trauma is naturally at an earlier phase of development and the literature is replete with as yet unproven clinical strategies and theoretically-driven propositions (see, for example, Wastell & White, 2012). It is sometimes difficult to sort out the evidence-based and sound from the promising or even speculative - some of the 'body-based' or activity-centred therapies (e.g. Levine, 2015; Perry, 2006; van der Kolk, 2014, Part 5, pp. 203-347) fall into these latter categories."

1.4 Biological Determinism

Whilst an understanding of neurobiology is essential to our understanding of, and therefore our compassionate and effective response to children and young people who have ACEs, I also strongly believe that we must hold onto biology-based views of trauma as lightly as we can.

There are two sides to the use of neuroscience-based explanations. On the one hand, neurobiology can really help us to understand how difficult life is for many children impacted by adversity and what we can do to support the healthy growth of the brain.

However, on the other hand, we can also use these biological explanations to justify why these children might not cope well in a mainstream environment and therefore to support deterministic practices that separate or divide them from their peers, leading to social exclusion.

In other words, if we only view children and young people through a neuro-biological lens, that emphasises their biological deficits, this might lead us to believe that they require a medical, specialist or 'expert' trauma informed response that can only be sourced from 'outside' the mainstream, as opposed to an inclusive response that is rooted in human resources - resources that we can *all* freely source and tap into.

A bias towards the negative impacts of ACEs on the brain, and what is wrong biologically, may steer schools to lean unintentionally towards deficit-based approaches that can pathologize the child, rather than focus on more nurturing approaches that foster healthy human development.

It has also been argued that 'neuro-based' explanations are "*…distracting clinicians, policy makers and sometimes patients themselves from other powerful psychological and environmental forces that exert a strong influence on them…*" (Satel & Lillenfield, 2013 in O'Hare, 2020)

Even the terms 'ACE informed' and 'trauma informed', some might argue, are inherently deficit-focused, rather than strengths-based, and consequently some individuals have expressed concern about the indiscriminate use of these terms in relation to children and young people.

This is not to say that we completely discount neurodevelopmental explanations for trauma. Rather, neuroscience-based models must inform, but not dominate our thinking, so that we allow space for our own intuitive, human responses to evolve with the child.

1.5 The Dangers of Predictions Based on ACE Screening

With this view comes a warning about screening for ACEs or traumatic experiences with a view to predicting or determining outcomes and treating children accordingly. Some might argue that this medical model of 'biological determinism' runs counter to any concept of a truly trauma informed approach.

Screening for ACEs is based on a methodology that was designed for mass research, not for use in social or educational policy and practice. There are tried and tested assessment tools already in existence that support our understanding of child development and diagnostic barriers to development (e.g. The Boxall Profile Online), as well as map out suitable interventions for a vulnerable child.

Sometimes the terms 'ACE aware' and 'trauma informed' are conflated, however, an ACE aware approach is based on scientific research, and does not offer a set of values or principles with which to guide our behaviour towards those who have experienced trauma in the same way that a trauma informed approach should do.

Adults who are asking a parent about their child's ACEs should always aim to use trauma informed principles (for example, SAMHSA's six principles of trauma informed practice (see Chapter 5), including ensuring: that the child's psychological and physical safety is paramount, that a trusted adult is in place for the child beforehand and afterwards, that they are very clear and transparent about what happens next – both to themselves and to the child and their family, that any screening is offered in the spirit of cultural, historical or gender sensitivity, choice, mutual collaboration, empowerment and support.

When it comes to screening school-age children for ACEs, there is a world of difference between screening for *historic* ACEs during retrospective questionnaires with adults, and screening for known or unknown, *current* ACEs with children with a view to this knowledge influencing an intervention.

ACEs screening tools that use 'emotionally charged' questions with school-age children in the absence of strengths-based questions or a trusted, trauma informed, adult who can explain issues of safeguarding, data protection and confidentiality, and follow-up on what has been disclosed, may alienate at best, and re-traumatise at worst, the very vulnerable populations they aim to serve (Leitch, 2017).

A numbers-based screening process does not honour the vulnerability and strength that is required to disclose even one ACE. The methods we use to assess a child's adversity in practice (as opposed to research) should be rooted in much kinder

narrative, ethnographic, qualitative methods, rather than statistical, number-crunching, quantitative approaches.

Granted, the former approach requires a trusted person to give of their time to build a relationship and to empathically listen to a child or family's story in a way that current organisational practices may not allow; however, we know that empathic listening is of itself a very healing practice, as well as something that does not require substantive training, only the willingness and openness to listen deeply, with acceptance and without any judgement. By doing this, we create a safe space for healing to happen.

Neuroplasticity and Nurture

Children and young people are developing organisms. Their brains and biology are not set in resin. It is vitally important to emphasise that a child's growing brain is an experience-dependent organism, developing and adapting in response to nurture from caring adults within the child's daily environment.

There is a saying in neuroscience: what fires together wires together. Neural pathways are therefore use-dependent. This means that they may be pruned away if not used repeatedly. New neural pathways are like new shoots that we can nurture, nourish and tend to in order for them to grow healthily.

The more we pay attention to what we want to see or do, the more our mind expands in that way. Pathways – or habits and patterns - that we wish to see or do less of can be pruned away like decaying or old shoots.

Because the developing brains of children are experience-dependent, it is important that adults around the child provide nurturing experiences and environments for the child 's brain to grow in a healthy way.

An organic model of nurture means that we not only focus on a child or young person's potential for adaptation, growth and development, but we also aim to maximise the powerful '*ordinary magic'* (Masten, 2001) within the child or young person and their nurturing environment.

As Gilligan (2002) has said, we should aim to look '*where life pours ordinary plenty'* (from the poem 'Advent' by Patrick Kavanagh in The Complete Poems, p. 124–5) to find resiliency resources in a young person's life.

1.6 Nurturing Environments for Children – Growth, not Pathology

Perry asserts that when children do experience an event as traumatic, "*defined as a complete loss of control and a sense of utter powerlessness*" (Perry & Szalavitz, 2006: 52), differing effects in terms of long-term impact may be due to resilience levels related to protective processes that the child has experienced:

"*Children become resilient as a result of the patterns of stress and of nurturing that they experience early on in life.*" (Perry & Szalavitz, 2006:38).

Children and young people who have experienced ACEs, need nurturing environments designed to suit their developing nervous systems and meet their basic needs in order to develop in a healthy way. If this is in place, these young people may actually have a chance to change their neurobiology – without resorting to any intrusive treatments or expensive approaches.

It must be acknowledged that children and young people do not always need hugely expensive treatments, interventions or programmes in order to recover from stressful life events or adverse experiences and to go on to be resilient. Often what is needed is a *removal of the barriers* that get in the way of the conditions for a child's healthy growth and development. Barriers such as curriculum pressures, time pressures and classroom resources that actively discourage developmentally appropriate activities.

If we examine resiliency research and human development theory, then we recognise that for a school to be trauma informed it must aim to safeguard the '*biological imperative*' for growth, development and healing that exists in the human organism (Benard, 2020:2).

Whereas 'trauma informed' approaches may narrowly and negatively focus on 'what adverse childhood experiences *happened'* or 'what has *gone wrong in the child's brain*', 'nurturing' approaches shift this awareness and re-frame it in the light of more positive language i.e. 'what nurturing experiences *did not happen'* and 'what has *not gone right'* – and use this information to put it right by nurturing (re-)growth. The orientation is therefore always on the potential for human growth, rather than on pathology (Boxall, 2002).

Trauma informed approaches aimed at children should be predicated on a model that emphasises "*normal development under difficult circumstances*" (Fonagy et al., 1994:233). Whilst this may involve teaching in how trauma impacts child development, the potentiality for healthy human development must be "*at the center of everything we do*" (Benard, 2020).

Sean Williams, Headteacher of an Alternative Provision Setting, writes (2019): *"…we seek to use ourselves, our environment and our curriculum as an intervention for good, creating a provision where conditions that safeguard growth and development are present in the building and in the relationships within and between people*."

Children need to be allowed to develop as *children* so that their personality can unfold from out of their protective shell. They need to be nurtured by caring, consistent, attuned, emotionally responsive adults within the cocoon of a safe and supportive social environment that affords them the protected time and space in which to grow, individuate and heal – where they can re-enact or play out their fears and dreams, discover their strengths, talents and coping skills, develop friendships, and ultimately, unlock their resiliency potential.

At times, this environment may be a kind of sacred space, known as the '*temenos*' (Turner, 2005), provided by a specialist 'Sandplay Therapy' room with a consistent, predictable therapist who is carefully trained to attune to the child and hold space for the psyche to explore in 'three-dimensional psychomotor' structures, all that is 'hidden, forbidden and feared' (Kolk, 2014:305).

At other times, it will be simply the beautiful, developmentally-sensitive ecosystem known as the '*school*'.

Robbie Gilligan (1998) argues that a nurturing school offers vulnerable pupils a wide range of opportunities to boost resilience, including acting as a complementary secure base, providing many opportunities for developing self-esteem and self-efficacy, and opportunities for constructive contact with peers and supportive adults. Perry asserts that a child needs more than words and lessons and organised activities (Perry & Szalavitz, 2006:239).

'Nurtureuk' is a national charity which aims to (re-)create developmentally appropriate, nurturing environments for children and young people who may have missed out on early nurturing, attachment experiences in infancy.

A nurturing approach in schools was first pioneered by the educational psychologist Marjorie Boxall in the late 1960s. Boxall maintained that this approach was based "*not in theory but in the teacher's and helper's intuitive response to the children's needs as they arose*" (Boxall quoted in Cline, 2004). She felt that the children she was working with required more than one hour per week of play therapy; they also required a fully play-based, developmentally appropriate school experience that offered safety, care, nurture and a compassionate 'needs-based' lens through which to view their behaviour difficulties so as to support them to develop in a more healthy way (Bennathan and Boxall, 2000; Boxall, 2002).

The Six Principles of a Nurturing Approach (NurtureUK):

1. Children's learning is understood developmentally.
2. The classroom offers a safe base.
3. The importance of nurture for the development of wellbeing.
4. Language is a vital means of communication.
5. All behaviour is communication.
6. The importance of transition in children's lives.

Nurturing provisions aim to provide the key protective factor needed to buffer a child from risk, namely: a secure attachment to one or two nurturing, stable and supportive adults (See About Attachment). Nurturing settings also support connections between peers through activities like preparing food, which promotes behaviour such as sharing, collaborating and cooperating (Bennathan and Boxall, 2000; Boxall, 2002).

Nurturing approaches focus on balancing expectation with care, dependant on a child's current circumstances. For example, during periods of stress or adversity, it is preferable to remove the pressure to achieve or attain anything. Whereas a child who is more settled emotionally may be able to take on more challenge.

The six principles of a nurturing approach (above) have recently been used as the basis for Glasgow City's vision of a '*Nurturing Glasgow*' and the document "*Applying Nurture as a Whole School Approach: A Framework to support the Self-evaluation of Nurturing Approaches in Schools and Early Learning and Childcare (ELC) Settings*" (Education Scotland, 2019).

This drive to increase 'nurture' in schools as a whole has resulted in the city setting up nurture training programmes for Glasgow teachers to build the resilience of vulnerable young people and to enable staff to understand how to support, rather than punish them.

The impact of this approach has been dramatic, with fixed term exclusions falling 87 percent in a decade and permanent exclusions plummeting from 140 to zero in 2019. Violent youth crime in Glasgow has been halved among 10 – 16 year olds (Cohen, 2020).

Glasgow's vision of becoming a 'Nurturing City' is arguably a much more child-friendly term than pledging to become a 'trauma informed' city.

The language of public policy for children is at times so far removed from the world of the child (or what the child's world should be by rights) – a world of play, imagination, laughter, learning, love, friendship and fun – because many of the adults who are creating these policies have forgotten that they "*were once children*". (Antoine de Saint-Exupéry, 1945).

1.7 Being Child-Led - The Language of Play

We need to be developmentally-sensitive, flexible and child-led in our approaches to children and young people with developmental trauma. We must meet children where they are at emotionally, not chronologically.

In a similar vein, if we want children to talk about their adverse experiences or trauma, we must use *their* language – the language of *play, imagination and creativity*.

Ash Perrin, founder of 'The Flying Seagull Project' charity and self-described 'Childhood Conservationist' has passionately espoused the right to play in the work he does with vulnerable children:

"*Play is the birth right of us all, and until we are emotionally able and linguistically fluent…play is our indigenous and non-restricted communal language*." (Perrin, 2021)

We must also respect the child's voice in the midst of our own clamour to 'remove' or 'fix' their trauma. There are models of trauma informed practice, mental health and wellbeing – as well as trauma specific treatments - that are used with children and young people but were designed for use with adults, and therefore never originally created to be used with children.

It is important to keep in mind, therefore, that being trauma informed <u>is not</u> about pressuring children to talk about their experiences of adversity, which could result in re-traumatisation. Perry & Szalavitz (2006:165) cautions us:

"*It's especially important to be sensitive to the child's own coping mechanisms if they have a strong support system. In one study we conducted in the mid-1990s, we found that children with supportive families who were assigned to therapy to discuss trauma were more likely to develop post-traumatic stress disorder than those whose parents were told to bring them in only if they observed specific symptoms.*"

Robbie Gilligan (2004:98) advises that:

"*Professional humility is very important. It is important to value both techniques of intervention and non-intervention. It is important that we train [social] . . . workers to restrain the urge for intervention, and to temper any assumption that change begins and ends with anything they may do. It is hard to eradicate notions of rescue and omnipotence. People may become very attached to the excitement and action of intervention*."

Gilligan (2003) therefore suggests that professionals work to release natural powers for healing and development, rather than seeking to create or direct such processes (Gilligan, 2004).

1.8 Conserving Childhood – The Right to Play

If we are to be truly trauma informed, we must aim to uphold the basic rights of the child as a priority.

These basic rights are the foundation upon which any mental health strategy must be built because without the natural state of childhood being conserved and championed, children's ability to be resilient and capacity to recover from trauma is severely limited.

The UN Convention on Rights of the Child offers a simple but comprehensive set of child-centred principles for conserving childhood such as: the right to feel safe (article 19); the right to relax, play and take part in a wide range of cultural and artistic activities (article 31); the right to meet with other children and to join groups and organisations (article 15); and the right for education to develop every child's personality, talents and abilities to the full (article 28).

Some schools in England and Wales are working to become 'Rights Respecting Schools'. These rights reflect our basic human needs described by Maslow's 'Hierarchy of Needs' such as physical care, safety, love, belonging, esteem and self-actualization (Maslow, 1943). As Ash Perrin tells us (2021):

"*…Humans are more than just a machine that needs to be oiled and maintained, intertwined in a set of logistics from birth to growth to career to death. Humans are a magnificently creative creature. They can explore the notion of existence, and as such create myth and story and play and magic. A child can adapt physically to almost anything, even lack of food to a certain degree, and even discomfort to a certain degree. But a child's brain simply does not develop in a healthy or natural way if it is starved of love, comfort, creativity and play."*

The author Philip Pullman echoes Perrin's belief in the importance of creativity for children. He says (Pullman, 2012):

"Children need art and stories and poems and music as much as they need love and food and fresh air and play…Many children in every part of the world are starved for something that feeds and nourishes their soul in a way that nothing else ever could or ever would…We must fully understand that without stories and poems and pictures and music, children will starve."

Countering the misplaced notion than mindfulness programmes are the panacea for children's mental health and wellbeing, Vince Gowmon warns us to not lose sight of a child's right to play outdoors in nature – which is essential to the healthy growth and development of the child (2019):

"The self-directed, unstructured and unsupervised nature of pure play is a natural form of self-soothing instinctive to a child, far more than structured meditation. The sheer joy of it, the freedom to imagine and move according to the whims and wishes of the body, to explore the deep healing presence of grass and trees, and engage with other wild children, is such a tremendous gift to the child's nervous system and growing brain."

For a beautiful taxonomy of the child's language see also Bologna, 2016: https://www.huffingtonpost.co.uk/entry/sweet-photo-series-reveals-whats-in-a-preschoolers-pockets_n_56fbdde3e4b0a06d58041b04

Resiliency Enabling Exercise 1: Measuring Risk versus Resiliency – Tipping the Scales

What do we know about the young person's key risks, vulnerabilities or adverse childhood experiences (ACEs)? This might include losses, trauma, negative or non-nurturing experiences and examples of 'toxic stress'.

What are the gaps in this child's protective factors in terms of missing core positive childhood experiences (PCEs)?

What would help to fill the gaps and tip the scales so that the young person has positive childhood experiences that replicate the core experiences they might be missing? Aim to create a positive goal for change e.g: they need to improve the quality of an attachment relationship (Root Number 1).

Trauma-Specific Therapy: Healing the Psyche

Just like a physical wound, the psychological wound of trauma can become infected when it has not been properly cleaned i.e. when we feel alone and unable to express or to process what is necessary for our wound to heal. Negative stories or meanings we attribute to an adverse event can fester like poison in our psyche if repressed and left unresolved. Consequently, we may come to hold distorted beliefs about ourselves - that we are 'bad' or 'monstrous'.

Shadows of the past are hard to distinguish under the cover of darkness and when we feel psychologically alone. In Jungian psychology, this is called 'shadow material' (Turner, 2005). In literature, a similar phenomenon has been referred to as the 'obscurus' by J.K. Rowling. Repression of shadow material can result in a range of trauma-responses and / or fear-based behaviours that are not helpful or healthy.

But the hidden residue of trauma that can hold our consciousness hostage and keep us in the grip of a trauma response can also be released with the support of an empathetic witness (Levine, 2010). When we are given the 'free and protected' space to shine a light on these shadows and begin to make the unconscious more conscious, they begin to lose their power over us and are integrated within us (Turner, 2005). This is how we heal from trauma and restore health to our bodies and minds.

Approaches such as 'Sandplay Therapy' support children and young people to access their inner world and express the unconscious sensory memories of trauma in a gentle, developmentally-appropriate, yet powerful way. Sandplay Therapy works at the child's own pace, providing the safe conditions they need in which to process anything that has been repressed or suppressed in their psyche. Moreover, Carl Jung believed that our unconscious not only contains unprocessed trauma and darker memories, but also more positive aspects of our self that we need to recover, in order to heal from adversity. It is therefore an essential part of healing and becoming 'whole' to help young people to access approaches such as Sandplay Therapy.

During Sandplay Therapy, our consciousness has a chance to rest and operate in the 'default mode network' (DMN), a bit like when we dream, engage in absorbing 'stream of consciousness' creative activities, or meditate. The default mode network (DMN) is a network of interacting brain regions that is active when a person is not focused on the outside world, measurable with the fMRI technique. Sandplay Therapy is often referred to as a 'waking dream' (and kind of daydream state) (Turner, 2005). During this time, our minds also have an opportunity to sort out and make sense of previous events. We might recall or consolidate past memories or prepare for future events. Recent research has begun to detect links between activity in the default mode network and improved well-being (Bombèr, 2020).

For more information about Sandplay Therapy, please contact the Association for Sandplay Therapy: https://sandplayassociation.com

Chapter 2. Deficits versus Strengths: To What Extent Are Approaches Used Implemented Through the Lens of Hope and Resilience (Rather Than Through the Lens of Mental Health / Ill-Health)?

2.1 Resiliency Potential

It has been said that when a flower does not bloom, we fix the environment in which it grows, not the flower (Den Heije, 2018). The same applies to children. Equally, as Duncan-Andrade has said, we must endeavor to see students not only for their 'broken petals' but also for their 'tenacity and will to reach the sun' (Duncan-Andrade in Shwartz, 2018).

Southwick et al., (2004:7) highlight *"...the experience of trauma does not only yield pathology".* In other words, in the face of adversity, neither resilience nor pathology is a certain outcome.

If trauma informed principles are to be applied in schools therefore, resilience must be the wide-angle lens that we look through when applying them.

It is vital for a student's mental health and long-term wellbeing that we reframe the 'pathology paradigm' and shift our perspective to focus more on strengths instead of deficits:

"The resiliency research . . . challenges educators to focus more on strengths instead of deficits, to look through a lens of strengths in analysing individual behaviours, and confirms the power of those strengths as a lifeline to resiliency. . . . Most important, it indicates what must be in place in institutions, especially schools, for resiliency to flourish in the lives of students . . . who learn and work there." (Henderson and Milstein, 2003:3)

This belief has been reaffirmed by Masten (2004:5) who states that assessment of a young person must tap into protective factors for development and be relevant to each child in terms of age and context:

"The study of resilience makes it clear that we cannot overlook the positive assets of children in our assessments. An assessment must include the building blocks of resilience and recovery as well as the risks, symptoms and problems in a child's life. In doing so, we need to remember that children live in multifaceted lives within multiple contexts. . . . Each context is a potential source of protective factors as well as risks."

Although there is a genetic and epigenetic component of resilience to stress (Shore, 2020), generally speaking, resilience is not an individual quality or a trait that we are either born with or without.

As the writings of Viktor Frankl (2004) and Boris Cyrulnik (2009) suggest, resilience can be nurtured and developed through interactions with our social and emotional environment.

"*Resilience is a mesh, not a substance. We are forced to knit ourselves, using the people and things we meet in our emotional and social environments."* (Boris Cyrulnik in Groskop, 2009).

Resilience is therefore both interactional (derived from interactions with our environment) and dynamic (a variable quality that is subject to change).

"*While resilience may previously have been seen as residing in the person as a fixed trait, it is now more usefully considered as a* ***variable quality*** *that derives from a process of* ***repeated interactions*** *between a person and favourable features of the surrounding context in a person's life. The degree of resilience displayed by a person in a certain context may be said to be related to the extent to which that context has elements that nurture this resilience*." *(Gilligan, 2004:94)*

Environmental protection can elicit or promote individual strengths. Environmental protection can also mitigate against both environmental adversity or individual vulnerability. In some cases, there is also an interplay between environmental adversity and the development of individual strengths.

2.2 The Lens of Resilience – Not "What's Wrong with You?" or "What Happened to You?" *but* "What's Strong in You?"

Whilst ACEs and trauma informed agendas have shifted professionals to ask not '*what's wrong with you*?', but '*what happened to you?*', it must also be emphasised that children are *more* than what happened to them.

A resiliency enabling approach argues that ACEs do not define or dictate a person's life story and cannot predict wellbeing, worth, mental health or behaviour.

The term 'trauma informed' with its focus on injury, does not always allow space for the totality of an individual's experience. For some, the term 'trauma informed' edges dangerously towards deficit based, rather than asset driven narratives and strategies that are so essential in supporting young people who have been harmed (Ginwright, 2018).

"*Without careful consideration of the terms we use, we can create blind spots in our efforts to support young people*." (Ginwright, 2018)

Similarly, Bath (2017) warns that:

"The trauma label brings with it a compelling new perspective on human development and behaviour that can be liberating and motivating. However, it is still a label and carries all the risks that are inherent in attempts to label and categorise. With its focus on what has gone wrong, the term 'traumatized child' risks defining a young person as dysfunctional, as being damaged or defective, or a helpless victim. Moreover, it can sometimes lead to a focus on trying to fix what has gone wrong rather than strengths, resilience, and post-traumatic growth. As with any label it is important to refer to trauma as something that has been experienced by a person, not something that defines them."

Looking at children using trauma as a single frame of reference and without also understanding the significance of resilience, means that we may miss or minimise their potential for resilience and growth. Breedlove et al. (2020) agree that being trauma informed is also about widening our focus in order to examine student protective factors (PFs) and positive childhood experiences (PCEs):

"*Beyond increasing awareness of ACEs and children's mental health issues, it is imperative to include education and discussion for school staff about PCEs and PFs. Focusing primarily on student deficits or pathologizing students based on their experiences can be highly detrimental. A strengths-based approach recognises and mobilizes an individual's assets or strengths and generates a sense of empowerment (Bryan & Henry, 2008)."*

We must therefore also begin to ask children and young people, '*What's strong in you*?' Strength-based questions are important because they can help the person to feel known not for what is wrong with them or what happened to them, but in the context of their unique humanity.

Resilience research asserts that no matter what has happened to us, we are capable of achieving anything. Leitch (2017) affirms,

"No matter how vulnerable a person or family is they also have strengths, they have dreams for the future, they have bounced back from challenges. It is not that the exclusion of strength-based or resilience information is an intentional omission in so many programs. It is that the Trauma Orientation seems to create a single-point focus that overrides or edges out an inclusion of and attention to strength-based information in many research studies and other information-gathering programs. A factor that contributes to this Trauma Orientation in intakes is that most social

service workers are in organizations that are under-resourced in terms of time and staff. This time/staff squeeze contributes to an urgency to get "to the heart of the matter," which is the problematic events that have happened or are still happening to a client….But, the true "heart of the matter" is the resilience that a person retains in the face of many challenges."

For example, though an individual who has experienced environmental adversity and trauma may have individual vulnerabilities related to their biological stress response system, they may also have developed a range of personal 'character strengths and virtues' - from 'appreciation of beauty and excellence' to 'zest' - in order to cope with their situation.

Following the death of my father, I was rent and broken apart with grief, but from out of the cracks painfully wrought by the force of this loss, a new flower of kindness and compassion gradually grew in my heart. As Leonard Cohen (1992) sang: "*There is a crack in everything, that's how the light gets in*."

This subtle shift in perspective is crucial in helping us to positively reframe the way we respond to children and young people in our society who have been exposed to repeated experiences of adversity, stressful life events, disrupted attachment and / or trauma.

In the early 2000s, the Values in Action (VIA) Institute supported pivotal work on the nature of positive character. A 3-year, 55-scientist study led by Christopher Peterson and Martin Seligman culminated in the landmark text "Character Strengths and Virtues: A Handbook and Classification" (Peterson & Seligman, 2004) – a positive counterpart to the Diagnostic and Statistical Manual (DSM) used to identify disorders.

The project also involved the creation of two valid and free measurement tools—the VIA Inventory of Strengths (colloquially known as the VIA Survey) for adults, and the VIA Youth Survey: https://www.viacharacter.org/character-strengths.

2.3 Distress as Human - Resiliency Versus Risk Narratives

An overidentification with assessing deficits is known to be a statistically weaker practice that can perpetuate labelling, and within the confines of a label comes also the potential for dehumanisation, stereotyping and stigmatizing (Benard, 2020).

When something monstrous happens to us, like childhood sexual abuse for example, it can feel as if we are also a monster.

The more we suppress these feelings, the more we may act like or come to view ourselves as having a dehumanised identity with an inherently damaged or broken 'self' that requires the label of a 'disorder'.

This may lead us to hold onto rigid, risk-dominant narratives about our life being doomed, irreparable and of little value or use, which can in turn lead to the debilitating, destructive and damaging effects of low self-worth. (Note: Bruner (1996) has highlighted the link between low self-esteem and behaviour that can be experienced as challenging to the school system.)

Conversely, it only takes one act of kindness, or acceptance of our humanity, and an acknowledgement of the character strengths we possess in spite of (or because of) our history of adversity, for us to feel more human again.

Our perception of distress as human, temporary and in need of expression, rather than a permanent illness or disorder that needs to be managed or supressed, along with a focus on developing our internal strengths and resources, is one of the most important aspects of resilience to toxic stress and adversity.

2.4 High Expectations

School has a vital role to play in supporting students' strengths. Bonnie Benard suggests (1991:15):

"What appears to be the dynamic here is the internalisation of high expectations for oneself. When the message one consistently hears . . . is, 'You are a bright and capable person', one naturally sees oneself as a bright and capable person, a person with that resilient trait, a sense of purpose and a bright future."

Research has shown that schools that foster strengths, retain high expectations for all children and offer them the support necessary to achieve them, have high rates of academic success (Benard, 1991; 2004; Rutter et al., 1979). They also have lower rates of school failure and behaviours associated with social exclusion such as drug abuse, teen pregnancy and 'delinquency' than other schools (Rutter et al., 1979).

This 'attitude of resiliency' also involves the verbal and non-verbal communication that it is possible to 'bounce back' from adversity (Henderson, 2000b). This resiliency-building attitude means 'searching for resilience' (Henderson and Milstein, 2003:4), 'any scrap of it' (Higgins, 1994:322), examining the times young people 'outmanoeuvred, outlasted, outwitted or outreached' adversity (Wolin and Wolin, 1993:7).

Brooks (2005) has said that every person possesses at least one small 'island of competence', one that is, or has the potential to be, a source of pride and accomplishment. School staff who spend time getting to know their students and take an interest in their lives can help foster resilience. The balance between warmth, nurture, humour and acceptance on the one hand, and high expectations, guidance and support on the other, is key.

The acknowledgement that everyone has strengths and a capacity for transformation provides the fields of prevention with clear information regarding what works and also compels schools to transcend the need for risk identification and labelling (Benard, 1999). This can be more enabling, and ultimately, more hopeful, for young people (Benard, 2020).

2.5 The Importance of Critical Hope

"Hope is that thing with feathers that perches in the soul and sings the tune without the words and never stops — at all." - Emily Dickinson

Like Pandora, when professionals open the box of ACEs in children and young people, we must be sure not to lose hope. Dr Jeff Duncan-Andrade (in Shwartz, 2018) has stated: "*Hope is the best indicator for the degree to which kids will successfully navigate toxic stress*."

The concept of hope, which is broadly defined as an *emotional state* that promotes the *belief* in a positive outcome, is inherent in human nature and can be found in early mythology, religion, philosophy and literature (Phillips, 2012). Critical hope is a pedagogical tool that addresses unjust systems through meaningful dialogue and empathic responses (Zembylas, 2014 in Bozalek et al, 2014).

Studies have shown that hope has strong psychological benefits for individuals who are recovering from illness, helping them to cope more effectively with their disease (Wiles et al, 2008). For example, hope motivates people to pursue healthy behaviours for recovery, such as eating fruits and vegetables, quitting smoking, and engaging in regular exercise.

Similarly, Phillips cites Jerome Groopman's study which showed that belief and expectation, which make up the quality of hope, block pain in patients suffering from chronic illness by releasing endorphins and enkephalins, mimicking the effects of morphine (Groopman in Phillips, 2012).

Importantly, having a greater amount of hope before and during cognitive therapy has led to decreased PTSD-related depression symptoms in war veterans (Phillips, 2012).

Groopman asserts that the key to hope lies in human connection and another person helping us to hold on to our sense of hope (Phillips, 2012). This has obvious implications for the associations made in relation to ACEs and negative life outcomes, and highlights the importance of environmental protective factors in mitigating exposure to risk.

As Bessel van Der Kolk cites in '*The Body Keeps the Score'* (2014:199), one client he worked with recalled her therapist explaining to her his own resiliency enabling approach; an approach that finally supported her to create a sense of 'personal safety and mastery' in order to recover from her own traumatic experiences:

"*He told me that he assumed, given what I had been able to accomplish….that I had sufficient resiliency to heal myself, if he created a holding environment for me to do so*."

A perspective of hope can be the difference between a life of social exclusion versus social inclusion, poor outcomes versus positive outcomes, pathogenesis versus salutogenesis, illness versus health, and risk versus resilience.

2.5 Traumatropism and Adversarial Growth

I like to use the analogy of a tree for defining resilience. So, in life we might have to face small annoyances (insects / pecking birds), significant stress (bad weather), adverse life events (storms), tragedies, threats and challenges (droughts / floods / lightning strikes / earthquakes), but in spite of all this, we are able to (eventually) stand strong in ourselves - connected to our roots and the things that make us who we are.

This does not mean we are impervious to adversity. We may be deeply affected by these adverse events. But it *does* mean that we can grow through adversity.

In other words, I am not the storm; I am not the weather; I am the tree that grew through that and grew stronger and wiser because of it.

Traumatropism in nature reminds us that harsh setbacks need not deter growth. A tree that has experienced early damage or trauma such as a lightning strike, for example, though it may bear the scars of this adverse event, is able to re-grow in a healthy way.

Similarly, the science of resilience tells us that the human body not only has an innate tendency towards healing following adversity, but may also grow into something even more remarkable because of it.

When a child falls and grazes their knee, in treating the wound, we clean it of dirt and apply a soothing lotion, or gauze, on the basic premise that it will heal all by itself – given the right environmental conditions. Occasionally more protection or support is necessary – a caste if the bone is broken, or a splint – but even then, the body is left to do its work. Only in extreme circumstances is serious therapeutic or medical intervention required, when the wound becomes septic or infected.

The same applies to the emotional and psychological wounds of adversity (*See also the section on Trauma-Specific Therapy*).

The stories of survivors of atrocities show us that we all have the potential to go on to be resilient and to grow, *if* we have a suitably nurturing and emotionally supportive environment. This is known as adversarial growth.

As Marie Paneth, the pioneering child therapist who supported the three hundred Jewish children and holocaust survivors brought to the UK after World War Two wrote in her memoirs (1945;2020):

"*Snatched from the cremation kilns, saved from the firing squad, stolen from the "sleeping shelves" of Theresienstadt and Auschwitz, 450 Jewish children landed in England a few days after Berlin was occupied. Were they children indeed? Their ages were those of children, but their sizes were puny, and their minds so twisted, parcelled and mutilated that they behaved only with the predictability of wild and hunted beasts. Insane? Perhaps. Psychopathic? Certainly. Permanently? We didn't think so, and because we didn't think so we worked to rebuild those shattered lives*."

Kintsugi: Authenticity versus Perfection

This idea of brokenness and vulnerability as human is described in the children's storybook on resilience, '*How Monsters Wish to Feel*' (Ttofa, 2017b). *How Monsters Wish to Feel* describes the behaviour of seven monsters who live in a fantasy land and who go on a journey which ultimately transforms them.

Each monster carries a strange cup to help them drink from a nearby river. But the seven monsters struggle to fill their cups because each cup has a problem specific to that monster and their way of relating to the world around them. The monsters' cups appear to be defective, faulty or broken.

One night, there is a flood, and the monsters are swept away by the current of the river. The displaced monsters are finally washed up on a beach near the sea, more thirsty than ever. But the monsters are not alone and the story concludes with the monsters and their cups undergoing a magical transformation.

This story combines the popular 'emotional cup' metaphor with the analogy of the Japanese concept of *Kintsugi*. It suggests that following adversity or trauma we may feel 'broken' – as if we have defective 'emotional cups' that cannot be filled. However, if we approach brokenness or vulnerability as part of our unique character or journey in life with a sense of acceptance, honour and respect, we can begin to see ourselves as authentic and real – with all the flaws and cracks of a human being, rather than aspiring to a 'perfect' yet unattainable and unrealistic ideal.

Like the Japanese practice of Kintsugi, where broken pottery is mended with a golden lacquer and becomes even more valuable than before the breakage, we can learn to mend our 'emotional cups' with the golden thread of strengths, talents and interests, and with a sense of loving kindness, compassion, empathy and forgiveness that enables healing from within.

To begin with, the characters in the story are too preoccupied with their problems: the flaws in their cups and their thirst. These problems over-shadow not only their needs, but also their capacity to be loved and to be resilient, turning them into 'monsters' who live in a forgotten forest.

However, at the end of the story, the monster's vulnerabilities and apparent 'brokenness' have been outweighed, outshined by protective factors and strengths – their eventual gilded cups being a visual representation of this transformation and ultimately depicting a shift in our own perception of the monsters.

Resiliency Enabling Exercise 2 (Root 2 - Feeling Empowered): Supporting Character Strengths – The Rocks vs Resources Backpack

What unhelpful 'negative' beliefs or heavy thoughts or emotions (rocks) would the young person like to be free of in their backpack? E.g. feeling 'bad', or 'not good enough', feeling 'mad' or 'sad', feeling 'guilt' or 'shame'.

What helpful positive beliefs, thoughts, emotions or character strengths (resources) would the young person like to keep hold of to help them on their journey in life? E.g. 'hope', 'spirituality', 'nature', 'appreciation of beauty' etc. Refer to the character strengths listed here or complete a survey to find your top 5: https://www.viacharacter.org/character-strengths)

Chapter 3. Programmatic versus Relational: To What Extent Are Approaches Used Concerned with Valuing, Nurturing and Restoring Relationships?

3.1 Relational Health

"*The best predictor of current functioning in youth is current relational health, not history of adversity.*" – Bruce Perry (2020:149)

Benard (1991:13) has stressed the importance of school in providing caring relationships for children:

"Resilient youth are those youth who have and take the opportunity to fulfil the basic human need for social support, caring and love. If this is unavailable to them in their immediate family environments, it is imperative that the school provides the opportunities to develop caring relationships with both adults and other youth. The positive outcomes of prevention programs . . . unequivocally demonstrate that a caregiving environment in the schools serves as a 'protective shield'."

An example of research supporting this view can be found in Werner (1990), who revealed that one of the most common positive role models in the lives of the children of Kauai, outside of the family, was a favourite teacher, who was not only an academic instructor, but also there to provide emotional support in confidence and someone they could look up to for personal identification.

*"Our own research, as well as that of our American and European colleagues who have followed resilient children into adulthood, has repeatedly shown that, if a parent is incapacitated or unavailable, other persons in a youngster's life can play such an enabling role, whether they are grandparents, older siblings, caring neighbours, family day care providers, teachers, ministers, youth workers, big brothers and big sisters, or elderly mentors." (*Werner and Smith, 1992:208)

In a recent study on Positive Childhood Experiences (PCEs) by Bethell et al. (2019), individuals who reported feeling socially and emotionally supported had the best mental health status. Bethell et al. (2019) highlighted seven main relational positive childhood experiences:

1. Feeling able to talk to their family about their feelings
2. Feeling that their family stood by them during difficult times
3. Enjoying participating in community traditions
4. Feeling a sense of belonging in school
5. Feeling supported by friends
6. Having at least two nonparent adults who take an interest in them
7. Feeling safe and protected by an adult in their home

Gilligan (1999:192) echoes that "*behind every young person doing well there is likely to be someone who consciously or unconsciously is playing a mentoring role*."

The more 'natural' the mentor, the more likely mentoring is to hold promise as a protective process (Benard, 2004; Gilligan, 1999).

A 'neutralising' relationship must closely parallel the relationships where there is discord or conflict for there to be protection (e.g. a female mentor for a young person who does not see their Mother); however, this does depend substantially on the nature of the risk mechanisms implicated (Rutter, 1999).

Increasingly therefore, tackling trauma and adversity is about our active and wider use of relational approaches in order to bring about social change. This means that trauma informed practice should be embedded within a whole school restorative, relationship policy that locates behaviour, wellbeing and resilience to adversity *within the child's environment i.e. the adult*, *not within the child*.

Restorative practices (RP) that support the repair of ruptured relationships appear to be hugely effective in supporting more positive behaviour in schools, as well as a more positive outcome in life for our most vulnerable children. Breedlove at al., (2020) have highlighted that initial investigations of RPs in schools have shown promising results that have the potential to enhance PCEs and protective factors for students in individual, interpersonal, and school-wide contexts, ultimately mitigating the negative long-term effects of ACEs. Restorative practices include activities such as restorative circles (preventative or responsive), restorative conversations or conferences, restorative dialogue and communication, and peer mediation (Breedlove et al. 2020).

Benjamin Perks (2020) summarises:
"Human connection and a sense of belonging in family, school or community provides a buffer against toxic stress. It calms the stress response system and helps rebuild the attachment model. It enables the child to build the resilience to navigate future shocks and see a lifeline to a better future."

3.2 Therapeutic Dosing – People, not Programmes

"The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive. Relationships are the agents of change and the most powerful therapy is human love." - Perry & Szalavitz (2006:230)

Perry has famously said: '*Relationships matter*' and '*people, not programs change people*' (Perry & Szalavitz, 2006:80). Research into resilience reiterates this and has clearly shown that promoting human development is a process, and not a

programme (Benard, 2020). Resiliency to adversity involves (re)connecting with our fellow human beings, cooperating, collaborating, belonging and developing mutual respect and trust.

What successful, resiliency-enabling approaches have in common is an emphasis on meeting the needs of youth – over programmatic concerns (Benard, 2020). The researchers of a US study into inner-city youth-serving neighbourhood organizations state:

"*We questioned the assumption that what works has to be a particular program. Our research shows that a variety of neighbourhood-based programs work as long as there is an interaction between the program and its youth that results in those youths treating the program as a personal resource and a bridge to a hopeful future."* (McLaughlin, et al., 1994)

A powerful therapeutic intervention for supporting children and young people who have experienced ACEs is through day-to-day human interactions – described by Perry as 'therapeutic dosing'.

Reflecting on his work with childhood trauma survivors of the Waco Siege in Texas in 1993, Perry (2006:79-80) summarised that '*what works best is anything that increases the quality and number of relationships in a child's life*' and that the children who did best following their adverse experiences at Waco '*were the ones who were released afterwards into the healthiest and most loving worlds*'.

Similarly, Von Cheong et al. (2017) found that ACEs were related to depression in symptoms in adulthood, but only for those who reported a lack of social support in childhood.

In the 2017 edition of 'The Boy who was Raised as a Dog', (2017:308-9), Perry also asserts the importance of simple, everyday moments of intimate human connection:

"Indeed, long-term and enduring changes to neural networks can be created by an intense period of stimulation that lasts less than a minute….Just as a traumatic experience can alter a life in an instant, so too can a therapeutic encounter…..The good news is that anyone can help with this part of 'therapy' – it merely requires being present in social settings and being, well, basically, kind. An attentive, attuned, and responsive person will help create opportunities for a traumatized child to control the dose and pattern of rewiring their trauma-related associations.…The more we can provide each other these moments of simple,

human connection – even a brief nod or a moment of eye contact – the more we'll be able to heal those who have suffered traumatic experience."

A rush towards formal therapy after a traumatic event can often be intrusive, unwanted and harmful (Perry, 2006:71).

Rather, '*the most effective approaches involve educating and support the existing social support network about the known and predictable effects of acute trauma and offering more therapeutic support if – and only if – the family see extreme or prolonged post-traumatic symptoms'* (Perry, 2006: 71)

3.3 The Trusted Adult

"*Troubled children are in some kind of pain – and pain makes people irritable, anxious and aggressive. Only patient, loving, consistent care works: there are no short-term miracle cures*." Perry & Szalavitz, 2006:244

The influential work of Louise Michelle Bombèr (2007: 2020) in espousing the importance of providing troubled children with an additional attachment figure or team of adults in schools, has led to many schools ensuring trusted adults are allocated to more vulnerable students.

Trusted adults who use approaches such as 'P.A.C.E' ('Playfulness, Acceptance, Curiosity and Empathy') (Hughes & Bombèr, 2013) and Emotion Coaching (Gottman & Claire, 1998) within the context attachment-friendly classrooms (Geddes, 2005), can help a child or young person to feel safe and supported, which in turns helps them to cope better with stress and adversity.

Pianta and Walsh, (1996) maintain that a nurturing relationship between a child and a teacher could reduce the likelihood of school failure in individuals within a high-risk category.

We need a workforce of kind, caring and consistent trusted adults to reach out to vulnerable children and young people in order to stem the growing tide of social, emotional and mental health needs presented by students in schools.

Attachment-based interventions and approaches like these work with children who have unmet attachment needs, simply because they are effective at dealing with the root cause of a child's troubled behaviour – deep emotional pain and insecurity.

About Attachment

Attachment is one of the central concepts of developmental social psychology. According to Ainsworth and Bell (1970:50) an attachment is:

"an affectional tie that one person or animal forms between himself and another specific one – a tie that binds them together in space and endures over time."

An attachment behaviour is, according to Bowlby (1988:27):*"any form of behaviour that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever a person is frightened, fatigued, or sick, and is assuaged by comforting and caregiving."*

Attachment behaviours exhibited by an infant or toddler include watching and clinging to the caregiver, crying for her or his attention, and smiling at his or her reappearance. Bowlby (1988) maintains that attachment behaviours in humans are manifestations of the same goals of survival as other animals, and operate in similar ways. Bowlby proposed that the caregiver provides safety and security for the infant and that attachment is therefore adaptive.

Secure Attachment Development

A key quality in developing secure attachment is not merely parental love or affection. **Emotional responsiveness** is vital for the development of secure attachments. This consists of four components (Ainsworth, 1979):

(*a) an awareness of a baby's signals (b) an accurate interpretation of them (c) an appropriate (sensitive) response to them (d) a prompt response to them.*

The more a parent and baby practise this cue-response interplay the better the baby learns to cue and the better the parent learns to respond (**attunement**). The parent-infant relationship is in harmony or 'in sync' (**synchrony**).

This may involve practice over time so that each individual can follow one another's lead. The smoother and more predictable the process becomes, the more satisfying it seems to be to the parents and the stronger their bond to the infant becomes.

The development of a secure attachment leads to the growth of a child's trust and sense of self: "*A [n] unthinking confidence in the unfailing accessibility and support of attachment figures is the bedrock on which stable and self-reliant personality is built."* (Bowlby, 1973: 322)

The Impact of Insecure Attachment

"Children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before." (Bowlby, 1951:114)

Emotional security seems to provide the foundations on which all other development can occur. A securely attached child uses the secure attachment relationship as a 'secure base' from which to investigate and experiment, because they trust that they can return to a reliable, supportive caregiver as a 'safe haven' if they experience stress or threat (Hoffman et. Al, 2017). The security of the relationship acts as a springboard for the child; the more secure the attachment, the more scope the child feels they have for independent activity and discovery, both cognitive and socio-emotional.

Without secure attachment, a child becomes emotionally insecure and their sense of self is profoundly weakened. The lack of a 'secure base' means that the child will not feel confident enough to explore the world independently, lest they lose what little stability they have, and they may not feel reassured when returning to the carer, because this isn't felt to be a 'safe haven' (Hoffman et al., 2017). Their actions and interactions seem to falter or freeze for fear that their already shaky foundations will give way completely. The child may therefore have significant difficulties with recognising, understanding, expressing and regulating their emotions and behavioural states due to not having had experience of a caregiver being emotionally responsive to their cues of distress as an infant.

The child may seek attachment to the caregiver in distorted ways, but because this is not achieved, this may result in the child developing insecure 'attachment styles' or 'strategies', that aim to keep an adult close or avoid interaction. Distrust therefore becomes the child's predominant 'internal working model':

"*Many traumatised pupils have learned not to allow themselves to be small, weak, vulnerable, dependent or powerless, ever again: their childhood wounds came about when they were very young with no control whatsoever over what happened to them and what they witnessed, and their every instinct is to stop this happening again. Powerlessness is at the very essence of trauma. Navigating their way through life has meant the need to use defences. These defences solidify into walls, the blocked trust referred to by Baylor & Hughes (2016)."* (Bombèr, 2020:190)

Trust has been defined by Erikson (1963) as the ability to receive and accept what is given. Without support from an additional attachment figure - a trusted adult such as a grandparent or teacher - a child may become highly disaffected due to their early nurturing needs not being met. This is one of the reasons that attachment-based, relational and nurturing approaches are often extremely effective for children with social, emotional and mental health needs.

3.4 Attunement and Emotional Resonance

"*People are often unable to do anything, imprisoned as they are in I don't know what kind of terrible, terrible, oh such terrible cage. Do you know what makes that prison disappear? Every deep, genuine affection. Being friends, being brothers, loving, that is what opens the prison, with supreme power, by some magic force. Without these one stays dead. But whenever affection is revived, there life revives*."
– Vincent Van Gogh

A young person with the burden of trauma may feel trapped, as if in a cage that they cannot escape from, so may find it difficult to reach out to others for help – either isolating themselves, or sabotaging efforts others make to help them.

Bessel Van Der Kolk (2014:59) has suggested that *"trauma almost invariably involves not being seen."*

In order to promote young people's resilience to stress and adversity, effective trauma informed practice must include psychological guidance on what "*being truly heard and seen by the people around us"* entails (Kolk, 2014: 79). This is known as attunement.

Attunement has been described as the capacity to notice what might be going on at any given moment in the mind and body of a child (Bombèr, 2020). Attunement is especially important for children and young people who may have put up defences due to feelings of vulnerability.

Glasgow City's (2019) self-evaluation framework includes a useful attunement profile for school staff to use, based on the work of AVIGuk and Kennedy et al. (2011). At times, attunement can be facilitated via animals or nature, the arts or a common interest. What works is to find and tune into the *frequency* on which we can connect and resonate with each other emotionally. The most important thing is that the trusted adult can attune, actively listen with empathy and convey compassion in their interactions with children.

Anita Le Tisser (2020) beautifully describes the subtle attunement of her foster carer during her first experience of being removed from the care of her mother – her gentle touch as '*soft as the lightest snowflake'*, the '*eyes that saw straight into my soul*' as if somebody was '*seeing me for the first time'*. She says:

"*For the first time in my life, that touch was not her gain, it was not harming, it was not painful. That touch changed my life.*"

Francis Weller (2015:6) says of attunement: "*this deep attention is what enables us to make painful experiences tolerable. We feel held and comforted, reassured and safe*." Similarly, Diana Fosha (in Van der Kolk, 2014:105) asserts that: "*The roots of resilience... are to be found in the sense of being understood by and existing in the mind and heart of a loving, attuned and self-possessed other*."

Judy Atkinson (2003) uses the approach '*Dadirri*', which means *deeply listening to one another* to inform her trauma-specific work with Australia's indigenous people. The simple process of deep, empathic (or 'active') listening can support children to feel understood and to feel safe enough to share their personal worries or anxieties. Bruce Perry has echoed this view: "*One of the greatest lessons I've learned in my work is the importance of simply taking the time, before doing anything else, to pay attention and listen*." (Perry & Szalavitz, 2006: 244-45).

I have come to believe that the subtle conscious awareness and attention involved when we genuinely and authentically attune to and resonate with another human being emotionally, creates a circuit of energy – a soothing current - that is much deeper and more powerful than the superficial coercion realised through fear or control.

When a wounded bird has been trapped in a cage for so long, the cage becomes its safe place and its song becomes deeply personal and precious. By attuning to and achieving resonance with the child's expression – or 'song', and providing an alternative safe and protected space, we can slowly soften, rather than break down, the child's defences, whilst respectfully honouring the vulnerable wound that is being shielded – a wound that many children may find too ugly or painful to reveal straight away, if at all.

Lisa Cherry (2020) says: *"When we resonate with one another, I feel it in my heart space. I feel the energy of acceptance. I feel our connection as human beings in all our faults and imperfections. I feel that you understand me."*

As a young adult, the music and lyrics of the singer-songwriter Tori Amos, who sang openly about her experience of rape, resonated with me deeply and helped me to cope with my own trauma history. Through her music, I felt that someone not only understood what I felt, but also felt what I felt. Her song soothed my pain and healed my wounds. Moreover, her voice gave me a survivor voice for emotions that I struggled to express using words alone. (See Ttofa, 2021 for a helpful guide to using the expressive arts therapeutically with a child or young person who has experienced trauma).

Linda Graham writes: "*The process of being seen, understood, and accepted by an attuned, empathic other engenders a sense of genuine self-acceptance, a feeling that we are profoundly okay*." (Graham, 2013:134 in Weller, 2015:13)

The acceptance and emotional resonance given by a trusted, empathic witness can be a healing balm that smooths the fault-lines, fractures and cracks in the internal mirror young people use to view a dissociated, distorted and shattered self. Under a warm, non-judgemental gaze, a child may feel themselves, reclaimed. Their self-image may finally come together as authentic and whole.

3.5 Relational Activism

Because our educational system has historically focused on cognitive development at the expense of a child's emotional and physical needs (Perry & Szalavitz, 2006:238), this has spurred many to actively call for more focus on relational approaches in schools.

'*Relational Activism'* - a term written about by Becca Dove and Tim Fisher from the Royal Society of the Arts (2019a,b,c) and first introduced by Sara O'Shaughnessy and Emily Kennedy (in 2010), is an approach that aims to promote relational approaches within activism. Dove and Fisher (2019a) write that: "*The aim of the relational activist is to compassionately change the bit of the world we can touch*."

"*That change propels wider social change when the aggregate of individual actions is collectively added together and felt. Relational activism offers hope and action, a way of unsticking ourselves and a way for a large number of people to help regenerate the civil society we desperately need to tackle the biggest social issues of our time*." – Dove and Fisher (2019b)

Micro-relational moments – daily acts of kindness and love - can turn the tide in a child's developmental trajectory in order to lead them on a course towards resilience and recovery.

Small yet vitally important actions such as emotional check-ins, worry boxes, circles, jobs of responsibility, ensuring a child feels 'held in mind' (Winnicott, 1960: 240), and other nurturing routines or rituals, are effective ways to support children who are experiencing stress or adversity.

Ultimately, resilience requires relationships. And it is through the repeated process of rupture and repair in relationships that we come to be resilient. "*What happens between rupture and repair builds resilience. Reparation makes relationships stronger*." (Schore, 2014).

Robbie Gilligan reminds us that adults must:

"…remember that the detail of what they do with children counts. The rituals, the smiles, the interest in the little things, the daily routines, the talents they nurture, the interests they stimulate, the hobbies they encourage, the friendships they support, the sibling ties they preserve make a difference. All of these little things may foster in the child the vital sense of belonging, of mattering, of counting. All of the little details may prove decisive turning points in a young person's developmental pathway…What happens today may be a turning point in this child's life. What is done today may release healing potential within the child or within their support network." (Gilligan, 2000:45)

3.6 The Blindspot of Kindness

The Carnegie Trust noted that kindness, emotions, and human relationships are "*the blind spot in public policy*" and yet "*kindness is at the very heart of our wellbeing"*. The report by Carnegie Fellow, Julia Unwin CBE (2018), argues that, while there have been very good reasons for keeping kindness separate from public policy, the major challenges of our time demand an approach that is more centred on relationships.

Similarly, Tanner (2019) stresses how compassion is '*a love that dare not speak its name'*. She argues that whereas empathy is seen as comprising affective and cognitive components, compassion is defined in terms of affective and behavioural elements. In other words, compassion consists of both 'feeling for' the person who is suffering and *a desire to act* to relieve that suffering. She suggests that the emotional health and mental well-being of social workers may be enhanced, rather than diminished, by nourishing compassionate relationships. Currently, there are major factors that inhibit kindness and relationships, both in individuals and organisations.

To work in a trauma informed way, is to be mindful that we never truly know what is going on for another person, be that a child or an adult, and to honour that vulnerability through cultivating our kindness and compassion. We also need to model behaviours that emphasise the importance of relationships, empathy and kindness in our interactions with vulnerable children (Perry & Szalavitz, 2006:238).

Creative Relational Approaches to Responding to Children's Behaviour

"*I put everything into practice today, I was called to coax a child out of the toilet as he didn't want to come out. I managed to talk him round using my special box (sensory toys) and talking about all his worries, he took my hand and joined his class feeling happy and safe*." – Trusted Adult in a Primary School trained in "REACH"

The author Anni McTavish (2007) has written an excellent guide to using creative approaches to feelings and behaviour. She writes that positive behaviour is encouraged when we get to know children and when we can provide a 'safe container' in which to grow and thrive. She lists seven principles for responding to a young person creatively (similar to an Emotion Coaching approach cited by Gottman & Claire, 1998):

1. **Acknowledge the child's emotions** using simple language
2. **Show empathy** - that we are not alone with our feelings
3. **Focus on the positive**
4. **Recognise strengths** and the child's existing skills
5. **Make a connection** through playfulness (with a small 'p' if necessary)
6. **Plant the seed of an idea** to support what they might need ("I feel, I need"). This might be a suggestion of a way to solve a problem, or reframe a way of seeing something, a way to repair or restore a rupture in a relationship, or something they might need to do to feel better…)
7. **Acknowledge parent or care-giver contribution** and be generous when talking to parents about their children

It is important to acknowledge that behaviour is nearly always in response to feelings and thoughts, and to look carefully at what is behind the behaviour.

Considering ways to connect with young people through a light, playful approach using 'P.A.C.E' ('Playfulness, Acceptance, Curiosity and Empathy') (Hughes & Bombèr, 2013) and Emotion Coaching (Gottman & Claire, 1998) can really support emotional regulation.

For younger children, the use of puppets or small figures is a lifeline for connecting with them in their own language of play. Older young people still need us to be playful with them, but in their 'own language'.

"L came into school this morning not in a good mood, she sat in her safe space in class hiding under her blanket. I asked L if she was ok and if I could join her, using her toy dog as an incentive to encourage her to speak with me. I asked her if she would like to take her toy dog for a walk, we went to the allotment. L told me she was feeling sad because she hadn't had breakfast and wanted some toast. I took her inside and made her some toast and drink of milk, we also chose some dog books to read. We returned to class and L was happy and completed her maths work." – Trusted Adult trained in "REACH".

Resiliency Enabling Exercise 3 (Root 1 – Feeling Safe, Loved and Cared For): Identifying Trusted Adults – The Helping Hands

Who are the key safe, trusted adults in the child's life? These might be adults in school, at home or in the community. Label the diagram below so that the young person knows who they can go to when then need to. *To simplify this*, ask the child to draw around their hand and label the hand's digits with key adults in the child's life.

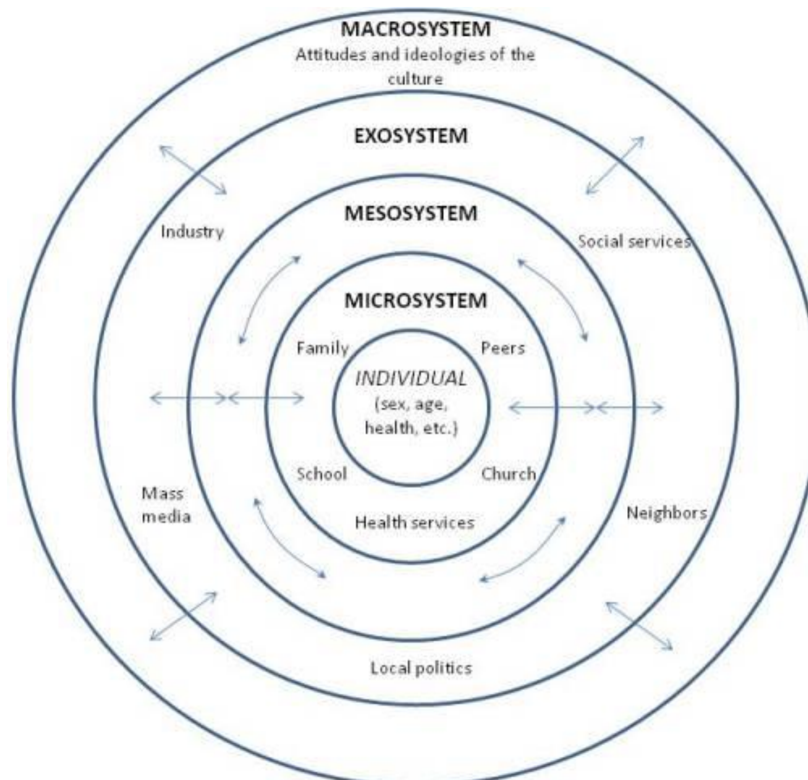
Chapter 4. Egocentric versus Ecosystemic: To What Extent Are Approaches Used Considered against the Backdrop of Socio-Economic, Political, Educational, Environmental, Social and Cultural Conditions?

4.1 Eco-Systemic Change - "Every Interaction, Every Intervention" (Benard)

"*Social support is the most powerful protection against becoming overwhelmed by stress and trauma*." - Van der Kolk (2014: 79)

In order to tackle complex social problems such as adversity, rather than social policy searching short-sightedly for solutions at an *individual* level via short-term 'programmes' delivered by mental health workers or therapies that target individual children (e.g. CBT), it is crystal clear to many schools who are trying to promote children's resilience, that radical change at a *whole school* and *societal* level, and the significant resources needed to generate a social model of prevention, early intervention and recovery, are ultimately what is required.

Bronfenbrenner's (1979) ecological systems theory proposes that a child's development is affected by everything in their surrounding environment. Therefore, to positively influence a child's development we must focus our attention and efforts on joined-up, eco-systemic services in the school as a whole and in the community in which the child grows.



The integrated work of the 'Center for Youth Wellness' that Nadine Burke Harris (2018) has developed in the USA is not a new concept to the UK. In 2003, the UK government committed the funding to create 3,500 'Children's Centres' across the country by 2010. These centres were designed to deliver a place in every community that would provide integrated care and services for young children and their families, with a particular focus on preventive, early intervention work with parents of pre-school children from disadvantaged backgrounds.

This resiliency focused preventive work aimed to harness '*powerful engines for human adaptation and development*' (Masten, 2001, 2007 in Masten 2011:501) in children such as: healthy attachment development and early parent-infant relationships.

Such initiatives can address and prevent difficulties with emotional and behavioural regulation associated with children who have ACEs or developmental trauma before they enter school by supporting more healthy executive functioning skills (such as problem-solving, impulse control, emotional regulation, self-efficacy etc), thereby facilitating greater 'school readiness' and engagement (Masten, 2011).

In addition, Children Centres also targeted socio-economic disparities, something which is vital for a child's resilience to risk. One U.S. study showed that children who were identified as homeless or highly mobile showed lower achievement in school than children also homeless or highly mobile but given free school meals (Masten, 2011).

This eco-systemic approach to counteracting adversity was just beginning to flourish and could have been replicated for school age children in the UK, when funding was pulled. Since 2010, it is estimated that up to 1000 Children's Centres have closed. We are now experiencing the shock wave of this blow to the heart of communities in the mushrooming of safeguarding and child protection cases in every county across the country.

4.2 The Backdrop to Adversity

"I wish I could separate trauma from politics, but as long as we continue to live in denial and treat only trauma while ignoring its origins, we are bound to fail." – Van der Kolk (2014:34)

Children, young people, their parents, carers and teachers do not evolve in a bell-jar. Adversity, how we experience it, its effects, and therefore our response to it, are inextricably linked to the current environmental climate.

Many schools are endeavouring to give more and more support for mental health and wellbeing until they burst at the financial, emotional and psychological seams. However, in parallel to this, there is no reduction in government pressure to drive up standards, despite the cumulative stress of this level of scrutiny running counter to initiatives to reduce child and adolescent mental ill-health; and, there has been a shameful failure by governments to acknowledge the enormity of adversity in this country.

With financial resources for public services and education stretched to their thinnest ever, tackling ACEs requires first that we courageously acknowledge that adversity exists, and secondly, that the inflexible education system in which schools find themselves straightjacketed, undergoes a radical change.

It is a great challenge for schools to address the '*invisible shrapnel of traumatic lives'* (Dix, 2017:141) when faced with issues of child poverty and socio-economic adversity. Notwithstanding, I do believe that promoting nurture and wellbeing in schools is paramount, however it must be acknowledged that policy-makers who promote wellbeing may be perceived as patronising when many families – and indeed many of the poorly remunerated trusted adults who bear the brunt of working with vulnerable children in schools - are swimming against a tide of austerity in order to survive. Many individuals are demonstrating high levels of resilience in the 'river of life', despite the daily adversity they face.

Trauma informed practice should be seen within the wider context of tackling societal inequalities. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation. If we are to improve children's mental health, wellbeing and resilience, we need to focus on the crucial determinants of wellbeing, such as poverty, housing, discrimination and inequality (O'Hare, 2019).

Pianta and Walsh (1996) argue that 'risk' needs to be understood in the context of the whole system. Communication within this system is ultimately what prevents 'at risk' children from failing. The Contextual Systems Model (Pianta and Walsh, 1996:172) therefore advocates that schools increase their knowledge about the lives of their pupils and that open, flexible, integrated whole systems are created that 'wrap children' and sustain them. They affirm that (Pianta & Walsh, 1996:24): *"Risk is created where systems that are responsible for regulating child development [should] converse and share a relationship [but] fail to do so."*

"In the Contextual Systems Model, risk factors are located not within the child or the family or school but in the organization of these systems: in the patterns of interaction between the child, the family, and other individuals, institutions, and

conversations within and across given cultural systems. Risk is distributed: everyone shares some piece of responsibility." (Pianta and Walsh, 1996: 74)

Pianta and Walsh argue that (1996:24): *"There is literally a crack into which children fall. School failure is at its core caused by an inability or an unwillingness to communicate – a relationship problem."*

Benard (2020) echoes:

"*The fostering of resilience operates at a deep structural systemic, human level: at the level of relationships, beliefs, and opportunities for participation and power that are a part of every interaction, every intervention no matter what the focus."* (Benard, 2020)

We must not only focus on helping children and young people to develop resilience and to rise above the adversity they face, we must also take a more activist role in challenging and trying to change, or transform, the ways of thinking or acting that *get in the way* of young people rising above their adversity (Hart & Gagnon, 2014). In other words, as Angie Hart and Emily Gagnon have highlighted in their work, resilience over adversity is about beating the odds, but it is also about *changing* the odds for vulnerable young people (Hart et al., 2013).

4.3 Curriculum Issues: Processes not Outcomes

In a similar vein, a blinkered educational system that is focused on unrealistic outcomes and achievement at the expense of, rather than in harmony with relationships and nurture, will forever be at odds with approaches that emphasise the significance of protective processes for mental health and resilience.

Until there are significant changes in our educational system and a fundamental reduction in the stress and pressure on school staff and students, any intervention - no matter how nurturing the school, is likely only to scratch the surface in remedying the current epidemic of mental ill-health, and this will have major repercussions for society as a whole.

It is of great concern to me – and something I find increasingly morally challenging in my own role as a psychologist - that organisations promoting trauma informed therapeutic approaches are flourishing at a time when we also need to tackle an ideology-based, behaviourist culture of 'zero tolerance' for unwanted behaviours and a thinning 'size zero' curriculum devoid of play, the arts, nature and physical activity, all of which are absolutely essential for students' positive engagement in school, as well as for healthy human growth, mental health and resilience.

Children with whom I work repeatedly tell me they want to play more, but the school curriculum and school staff – the whipped war horses of relentless government testing - does not allow for this kind of flexibility and let-up. There are ever-more fences to jump and if one horse falls, it is replaced with another. This is not a system for sentient human beings; it is a system for machines.

Benard (2020:2) argues: "*The development of resilience is none other than the process of healthy human development*."

If our children lack resilience, we must therefore ask ourselves as a society, when and why did the culture of education displace its natural relationship with the salutogenic *processes of healthy human development and inner growth* in exchange for a pathological 'Dorian Gray' obsession with outward-facing *cognitive performance measures*?

It is time for education ministers to take a good look at the ugly portrait in the attic and save the soul of our schools.

In particular, we must endeavour to engage our more vulnerable students with a curriculum that is relevant, meaningful and diverse so that they can participate more actively in education.

We must also acknowledge that at times, children's behaviour is a reflection of a curriculum that is not engaging – they are letting us know it is not relevant to them, either because they cannot access it cognitively or because they do not connect with it emotionally.

4.4 Psychological Homes

"Our task is "to look at the whole fabric of our society and say, Where and how can children be lodged in this society? Where can we find a stable psychological home for children where people will pay attention to them?'" (Coleman in Olson, 1987). Resiliency research shows the field that the blueprint for building this sense of home and place in the cosmos lies in relationships. To Werner and Smith, effective interventions must reinforce within every arena, the natural social bonds — between young and old, between siblings, between friends — "that give meaning to one's life and a reason for commitment and caring" (1982)." (Benard, 2020)."

Without a significant drive to measure and actively increase protective factors for our most vulnerable children and young people with ACEs – including the use of evidence-based interventions such as 'Nurture Groups' and a developmentally appropriate curriculum inspired by children's own strengths and interests - we are heading towards a social catastrophe.

If we do not aim to create a society with the cultural conditions for the growth of a critical mass of future resilient citizens, we will be forging instead a ticking time bomb of social exclusion that can only result in the most negative of outcomes.

Bonnie Benard (2020) writes:

"The voices of those who have overcome adversity – be they in longitudinal studies or some of the more recent ethnographic explorations - tell us loud and clear that ultimately resilience is a process of connectedness, of linking to people, to interests, and ultimately to life itself. Rutter states that, "Development is a question of linkages that happen within you as a person and also in the environment in which you live… Our hope lies in doing something to alter these linkages, to see that kids who start in a bad environment don't go on having bad environments and develop a sense of impotency" (in Pines, 1984)."

She goes onto say:
"Ultimately, research on resilience challenges the field to build this connectedness, this sense of belonging, by transforming our families, schools, and communities to become "psychological homes" wherein youth can find mutually caring and respectful relationships and opportunities for meaningful involvement. Ex-gang member Tito sums up most insightfully the message of resiliency research: "Kids can walk around trouble, if there is some place to walk to, and someone to walk with (McLaughlin et al, 1994)."

This idea of psychological homes runs completely counter to the use of 'zero tolerance' approaches to behaviour in schools. 'Zero tolerance' approaches are essentially ideology-based, rather than based on evidence. They are also ineffective for children with a background of trauma because they are often not rooted in any empathy for the child's environmental adversity and do not acknowledge the human context of a vulnerable young person.

As Dan Hughes says: *"When discipline is given without empathy...shame is likely to intensify and trigger outbursts of rage*." (Hughes, 2004:203 in Bombèr 2007:227).

There are many different perspectives we can take when viewing a child's behaviour – a behaviourist approach such as 'zero tolerance' is just one viewpoint. Punitive 'zero tolerance' approaches deal with what is observable and locate the 'problem' behaviour in the child, failing to show compassion for the often hidden environmental risk factors that impact on a child's behaviour.

There is evidence to suggest that these kinds of reactive and simplistic approaches serve to increase and exacerbate poor behaviour, risk and stress, rather than

promoting healthy behaviour and resilience in young people, all of which leads to a greater likelihood of exclusion.

A young person's behaviour might be communicating, or reflective of, an unmet basic need, something not yet learnt, or difficulty coping due to environmental factors - and the interplay between adverse events and neurobiological vulnerability (Bombèr, 2020).

Moreover, zero tolerance approaches model the very behaviour that we wish to see reduced in young people – namely a lack of empathy, compassion, respect and kindness for those around them. This is inappropriate to the developmental needs of vulnerable children and fundamentally at odds with the rights of the child.

4.5 Social Buffering

"What maltreated and traumatized children need most is a healthy community to buffer the pain, distress and loss caused by their early trauma….What helps is consistent, patient, repetitive loving care. And, I should add, what doesn't work is well-intended but poorly trained mental health "professionals" rushing in after a traumatic event, or coercing children to "open up" or "get out their anger."" Perry & Szalavitz, 2006:232

Perry argues that if we are to raise healthy children, we need to build a healthier society and a supportive community (2006). Whilst therapy is helpful, for long-term resilience we must strive to build supportive and nurturing communities – be that in schools, families, villages, towns or cities.

The prolific use of isolation booths or medication to suppress the symptoms of traumatized children, on the one extreme, and the good intentions of practitioners (who may not be qualified or supervised to offer *trauma specific* support) encouraging children to open up wounds and talk about their ACEs if they are not ready to do so, on the other, runs counter to what we know works best for children.

"*But while emerging therapeutic models like the neurosequential approach hold great promise, my experience as well as the research suggests that the most important healing experiences in the lives of children do not occur in therapy itself. Trauma and our responses to it cannot be understood outside the context of human relationships*." (Perry & Szalavitz, 2006:231)

In the ACE's study not all individuals with high ACE scores went on to experience health problems later in life. Peter Fonagy (2019) reminds us that adversity is not

in itself the key determining factor in trauma symptoms, rather 'aloneness' is. As Nadine Burke Harris (2018) says in her book,

"*...the key to keeping a tolerable stress response from tipping over into the toxic stress zone is the presence of a buffering adult to adequately mitigate the impact of the stressor*." (Burke Harris, 2018:85).

It is a child's social and emotional environment – the kith (meaning 'known') and the kin (meaning 'give birth to') that they feel knitted within – that ultimately help them to maintain their keel resistance, allowing them to ride the waves of misfortune that will inevitably keep rolling, without being wiped out by them.

4.6 Cultural Considerations and Western Bias

With this in mind, when considering trauma informed approaches, we must also aim to consider and foster cross-cultural conditions for growth.

Davis (2019) considers how the stigma of trauma symptoms apparent in mental illness is a western phenomenon that is viewed very differently in non-western cultures. He writes how: *"A fundamental difference…is the very act of pathologising…A suggestion that the experience is a sickness can become a self fulfilling prophecy."*

He also quotes a Rwandan who highlights the western bias on talking or cognitive therapies, as opposed to more holistic approaches:

"*We had a lot of trouble with western mental health workers who came here immediately after the genocide and we had to ask some of them to leave. They came and their practice did not involve being outside in the sun where you begin to feel better. There was no music or drumming to get your blood flowing again. There was no sense that everyone had taken the day off so that the entire community could come together to try to lift you up and bring you back to joy. There was no acknowledgement of the depression as something invasive and external that could actually be cast out again. Instead they would take people one at a time into these dingy little rooms and have them sit around for an hour or so and talk about bad things that had happened to them. We had to ask them to leave*." – A Rwandan talking to writer, Andrew Solomon in Davis 2019.

There are other examples of using a culture's own social, spiritual or mythological references when supporting children and young people through trauma, for example, through the use of Sandplay Therapy, where a range of miniature figures representing all aspects of human cultural life and fantasy (Turner, 2005) are used to help support the child to process what has happened to them.

Similarly, the use of '*Mahi a Atua'*, a form of narrative therapy that focuses on recovery from the trauma of colonisation using Māori creation stories, which also serves to connect alienated Māori to their whakapapa - or genealogy (Duff, 2018).

In reality, a one-size fits-all approach to behaviour (whether that is 'trauma informed' or 'zero tolerance') is too simplistic an approach for the human condition, which is invariably more complex and sophisticated, and requires above all, the subtleties of attuning to each individual or culture's unique character and history.

Different perspectives or 'modalities' (e.g. emotional, social and spiritual, Kraybill, 2018) might be adopted, depending on what suits the child or young person at a particular developmental stage or time in their lives.

As Bath (2017) states: "*we continue to need the insights and skills from numerous theoretical perspectives in our work*.

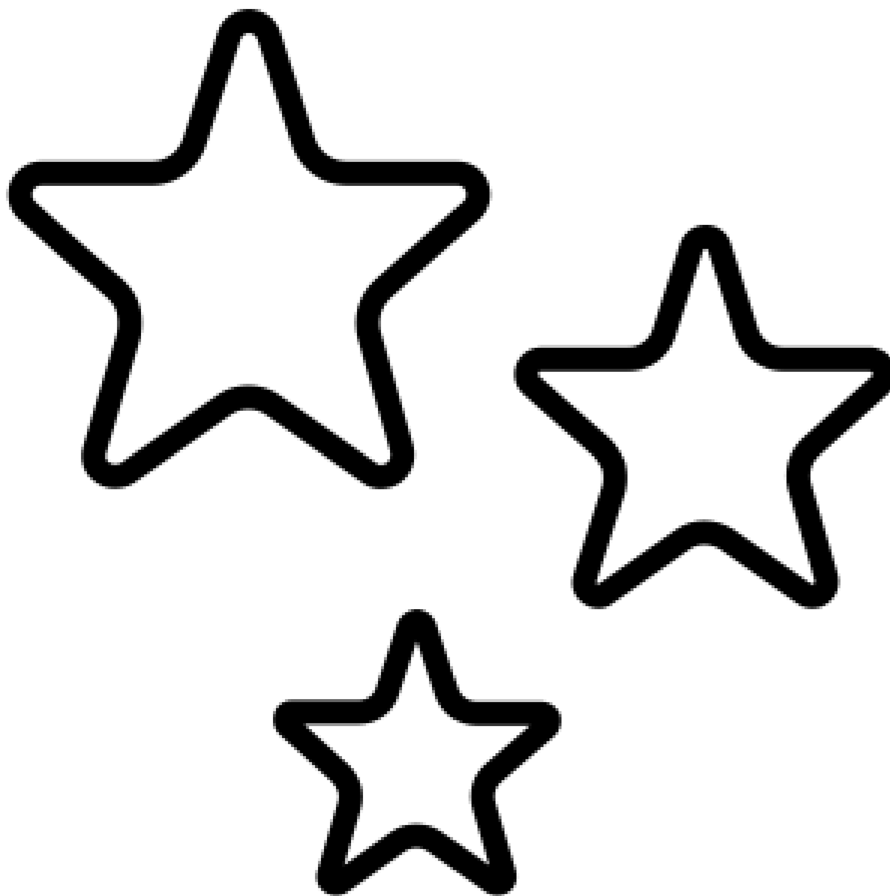
Perspectives on Behaviour

There are many approaches to addressing behaviour concerns in children and young people. Behaviourism appears to be the most dominant perspective used in education at the moment, perhaps for reasons of time and curriculum pressures. But it is also important to understand what other perspectives on behaviour might be helpful to use (Ayres et al, 2000). See also Appendix One for a useful 'Behaviour is Communication' ABC-C Chart.

Perspective	Questions
Biological or Neurobiological	• Does the child have underlying medical needs? • What neurodevelopmental factors are relevant to the child's behaviour such as a sensitised biological stress response system and difficulties with neuroception?
Ecosystemic & Ecological	• What else is going on in the child's wider environment or home life that needs addresing e.g. ACEs? Socio-economic adversity? • What key people in the community have a part to play in supporting the child's growth and development?
Humanist	• What underlying basic needs and feelings need addressing? e.g. Does the child have unmet basic needs e.g. safety or hunger? Is the child angry about not being able to access the learning?
Attachment	• What attachment needs are affecting the child's behvaiour? Does the child need an alternative attachment figure / trusted adult to help them to feel safe and regulate their stress? Do they need more nurture to 'fill the gaps' in their care?
Cognitive / Cognitive-Behavioural	• What beliefs or thoughts might be influencing the child's behaviour? e.g. Anxious thoughts about leaving Mum. Low self-esteem? Can their thoughts be explored or changed if inaccurate? Or, is any problem solving required?
Social Learning / Social-Cognitive	• Is the child's behaviour copied due to lack of role models for pro-social behaviour? Does the child need to learn new ways of behaviour via one or two adults modelling this and shaping new neural connections?
Behaviourist	• A behaviourist perspective looks at a negative behaviour and aims to reduce it – or to increase a positive behaviour – via a consequence. What positive or pro-social behaviour could be increased by giving the child increased attention for it?
Psychodynamic	• Are there unconscious processes that are affecting the child's development? Would they benefit from some specialist therapeutic work to help them process unconscious or difficult memories?

Resiliency Enabling Exercise 4 (Root 3 – Feeling Engaged): identifying Talents and Interests

Ask the young person to think about who or what they engage with in their life? What are their hobbies, interests, talents and dreams? What did they used to love doing that they no longer do? What would they like to do more of? Who or what might help them to pursue their talents and dreams? They might want to draw some stars like the ones below and write down some ideas on them.



Wholeness versus 'Withoutness'

"At the earliest stage of life, safety and acceptance are conveyed by touch. But as we mature, we increasingly use words to 'hold' each other. Depressed babies, abused babies, or neglected babies miss out on these experiences of physical and verbal holding. Their feelings and states are not well recognised, accepted and regulated. They don't learn that all states can be 'held' and that failures in acceptance or regulation can be repaired. Instead, they have to find some way to hold themselves together and this is done defensively. Then they attempt to go through life using these defensive strategies, permanently cut off from the flow of mutual regulation with others. They know there is something wrong, something missing. They are unhappy. They tend to turn to drugs or food or other addictions to ease their inner pain." - Sue Gerhardt, 2004:205

I believe that the search for wholeness and to find that missing 'something' of who we are, is what drives much of our behaviour – both negative and positive.

The 'hidden wound' of trauma may cause us to feel that something is missing and that we are not complete. We may search for a way to complete ourselves or heal ourselves from the outside – using an external, superficial or impermanent 'fix' - rather than nourishing ourselves from the inside out.

But we need to connect with something more meaningful and permanent in order to find that sense of wholeness.

When we feel we belong, we fit - we are home, we connect to a deeper source and we slot into a bigger picture. We have found our place in the world – in the circle of life - and, in finding our place, we have found ourselves.

The feeling that I matter, I am valuable, I am able, I am worthy - that I *am*, this sense of oneness and of feeling at one 'with' an 'other' is *fundamental* to our mental health and resilience.

Johann Hari (2015) asserts in his book "*Chasing the Scream: The First and Last Days of the War on Drugs*", that we need to reconsider our current model of individual recovery and adopt a social model of recovery for addiction.

We must urgently shift towards a social model of recovery with social policies that put the wellbeing and welfare of children before any other outcome. Without this critical action, we will see a wildfire of distrust, dysregulation and disaffection, rapidly spreading through schools.

Chapter 5. Centrifugal versus Ecological: To What Extent Are Approaches Used Implemented Ethically from an Ecological Worldview?

5.1 Human Ecology

"*Human services can sometimes fall into "othering," creating divisions and power inequalities between the helpers and the helped*." - Dove and Fisher (2019b)

Bessel van der Kolk (2014) has emphasised the need for us to look at each other using an ecological paradigm in order to view human beings in a richer and more meaningful way, so understanding adversity in the context of a bigger, braver story.

Likewise, I believe that we must take a step back from some of the limitations of trauma informed practice and look at humanity from a wider, more *ecological* perspective that acknowledges we are united by our experiences of adversity.

Because of the universality of adversity, the basic principles and values that underpin trauma informed approaches must also flow freely and unfiltered through everything we do – and these are not limited to the few 'experts'. We can *all* make a difference to the lives of vulnerable children by doing some very simple things.

Studies of resilience show that protective mechanisms that mitigate the effects of adversity "*appear to transcend ethnic, social class, geographical, and historical boundaries*" (Werner and Smith, 1992 in Benard, 2020). This is because they are rooted in "*our common, shared humanity and meet our basic needs for love and connectedness; for respect, challenge and structure; and for meaningful involvement, belonging, power, and ultimately meaning*" (Benard, 2020:2)

5.2 Humanity Trumps Ideology

Any intervention may require individuals to follow systems, use specific techniques or adhere to complex models or frameworks, but this should not supersede our fundamental humanity, empathy and basic compassion towards each other.

If a trauma response is an experience of inhumanity, then trauma informed approaches should be rooted in humanity, *not* in ideology. And it is with an understanding of our basic human needs (Maslow, 1943) and a liberal dose of kindness that we must lead any approaches that we aim to implement in schools.

A belief becomes an ideology when it is used repeatedly and without question or thought to whether it is true, helpful or kind – this can apply to the beliefs behind both 'zero tolerance' and 'trauma informed' approaches.

Howard Bath (2017) writes:

"The field of trauma-informed practice has seen the development of a number of competing schools of thought with differing priorities and emphases. Although the prominent researchers and authorities such as those I have cited here, are mostly balanced and reasoned, this is not always the case with enthusiastic followers who hold strongly to particular canons of belief that can be interpreted in rigid and potentially harmful ways. The rigidity of belief and the inflexible application of propositions can sometimes resemble a form of religious dogmatism."

Currently, organisations that aim to become trauma informed are, by and large, free to choose the training that suits their own particular context and resources available. Whilst there have been concerns shared around this potentially being confusing for schools or schools accessing dubious or spurious information about the impact of trauma (e.g. the oversimplification of neuroscience – see O'Hare, 2020), there are also grave concerns about the standardisation of training.

To be brief, to simplify a market that deals with a complex human issue like trauma, is potentially to be limited and constrained by that one market and the moral codes of those who are guiding it.

5.3 The Quality of Mercy is Not Strained

William Shakespeare (1564-1616) wrote in the aptly entitled '*Merchant of Venice'*:

The quality of mercy is not strained.
It droppeth as the gentle rain from heaven
Upon the place beneath. It is twice blessed:
It blesseth him that gives and him that takes.

On what compulsion should we be trauma informed? Is its use conditional only to those who have received an endorsed training course with a particular trademark? And if so, who are the few 'more equal than' the many, deciding what knowledge, skills and resources should be trademarked?

I am reminded here of Jean Jacques Rousseau's ideological mandate for the people to "*be forced to be free*" because "*…some are more equal than others*" (Orwell, 1945).

When knowledge is limited, we are in danger of choking on our own tail in a uroboric circle of self-interest, but we owe it to vulnerable children to keep our hearts and minds open – and our principles and values freely available for all.

The six principles of trauma informed practice according to SAMHSA are:

1. Ensure Safety
2. Establish Trustworthiness & Transparency
3. Encourage Peer Support
4. Foster Collaboration & Mutuality
5. Prioritise Empowerment & choice
6. Understand and Be Respectful of Cultural, Historical & Gender Issues

For example, as well as their six principles of trauma informed practice (above), SAMHSA (2014) suggest that an organization, or system that is 'trauma informed' (such as a school)*:*

*"**realizes** the widespread impact of trauma and understands potential paths for recovery; **recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively **resist** re-traumatization*" (SAMHSA's 4Rs).

Maynard et al (2019) write: *"The benefit of the trauma-informed approach being made freely available by SAMHSA and other policymakers is that these components can form the basis for a school (or school district) to begin to adapt and apply this approach in schools*."

I have no doubt that if settings were to receive some education in the above principles, this would save many the feelings of powerlessness, panic and anxiety, as well as the post-traumatic reactions that swiftly follow re-traumatisation.

Obviously, we cannot protect ourselves from every possible 'triggering' scenario. But equally, society must acknowledge the current research that individuals with higher levels of adversity and trauma are much more likely to have poorer outcomes in life and it would be unethical and unwise as a society not to act on this research.

"Severe childhood trauma with no empathetic witness on the path to adulthood is costly for the individual, their family and society as a whole." (Perks, 2020)

Despite society's current desire to act on ACEs, not all children will disclose their abuse for fear of what might happen next, so we have to be trauma aware and informed, even when we are not aware of the ACEs that underlie it.

However, the universality of trauma informed values does not mean that attending one training course on trauma informed practice allows us to close the trauma informed 'case'. Being trauma informed is a practice that requires us to remain open to ongoing reflection and contemplation. It is our responsibility to ensure, when aiming to work in a trauma informed way either as an individual or an organisation, that we refine our knowledge and skills through continued professional development and ongoing reflective supervision.

But, aside from continued education to ensure that we have an accurate and up-to-date understanding of the signs and symptoms of trauma and its impact on the brain and nervous system, and appropriate supervision to fine-tune and reflect on our relational skills where necessary, I maintain that we are all fundamentally the guardians of the values of a trauma informed approach.

Because suffering is common to all human beings, and because the antidote to suffering is kindness and compassion, trauma informed practice is everybody's business and it is not in the best interests of children for one organisation to have a monopoly on it.

Rather, academic knowledge and understanding of trauma should be shared liberally in the interests of protecting vulnerable children from harm.

5.4 The Whale-Song of Trauma

Joe Tucci has used the analogy of '*whale-song*' to describe the growing chorus of trauma knowledge and application (cited in Cherry, 2018). This groundswell in trauma awareness is a social movement of the people – and of survivors - not exclusively of one person, organisation or institute, and it goes beyond the level of public policy or implementation.

Many prominent researchers and academics in the field of trauma clearly acknowledge this and understand the social responsibility to make trauma knowledge as accessible as possible to all, as do many organisations. But some do not.

There is an unethical muddying of the waters where the tide of commercial interests meets the swell of academic or survivor knowledge that has helped to metabolise those same commercial industries.

Some training providers with the 'poker face' of social change, have shown their commercial hand in the lucrative business of trauma and must now decide what values they actually wish to stand for.

Moreover, the *monopolisation of academic concepts* by *commercial industries*, is not, nor can ever be seen to be, trauma informed in the eyes of the most vulnerable.

If we silence or stifle each other, or ourselves, in the name of commercial interests, we are silencing our whale-song and I strongly believe that this is an act of re-traumatisation that ultimately harms children, as well as those who are trying to help them.

We must allow the liberal freedom of speech, as well as a healthy debate and dissent in the implementation of trauma informed approaches, in order to evolve our thinking. It is very dangerous for the safety and wellbeing of our children, and politically for the evolution of academic ideas generally, if we limit and commercialise these ideas.

5.5 Evolving our Worldview for Vulnerable Children

Our level of awareness and our imagination of *what might be*, are essential to us evolving interventions and practices for vulnerable children and young people. And so, I return to my roots as a student of history – in particular, two years studying the history of ideas, which included the study of the dialectical method, often attributed to Hegel (in Soloman).

The dialectic method, where a statement of an idea gives rise to a contradictory reaction and is finally resolved in a synthesis, contrasts starkly with the 'didactic method', where one side of the conversation (or organisation) lectures or dictates their ideas to the other. Moreover, it is suggested that dialectical method is a fundamental process in how ideas evolve, which I believe is also crucial to the world of psychology.

The model of Spiral Dynamics created by Christopher Cowan and Don Beck (2005), based on the work of Clare W. Graves (in Beck & Cowan, 2005), and influenced later by Ken Wilber (2000), who is best known for Integral Theory, is a psychological approach that proposes that we work at differing worldviews or systems of thinking based on how evolved our consciousness or awareness is at a particular time.

It is only at the 'Integral Level' that we come to see ourselves as separate but related parts of a kind and compassionate whole organism (Wilber, 2000). In other words, I can see myself in you and vice versa, and I refuse to give up on the humanity within myself and within you.

This is very different to a myopic worldview that disappointingly seeks to compete or to control the growing market for trauma informed approaches, rather than attempting to influence social change by sharing academic knowledge and good practice that clearly should be or already is in the public domain.

Mac Macartney's challenge to protect 'The Children's Fire' is a pledge to the welfare of children at this more holistic worldview level. *The Children's Fire* challenges organisations worldwide to put the welfare of children before any decision we make as follows: *No law, no decision, no action, nothing of any kind will be permitted… that will harm the children*. We have a collective responsibility in protecting *The Children's Fire*, otherwise children and young people will remind us of our obligations through their behaviour. There is a well-known African proverb: "*The child who is not embraced by the village will burn it down to feel its warmth*."

The aphorism '*people, not programs'* (Perry & Szalavitz), 2006:80) can be taken a step further with the maxim: '*people not profits'*.

An awareness of the human being should come before any ideology, dogma, or commercial interests.

This includes ensuring trauma informed training is implemented ethically, by local-community facing organisations with shared social values, who make decisions about how they operate that are founded on the significance of meaningful connections, including options for cost-effective, sustainable 'train the trainer' models that offer the potential for viral change.

5.6 Leading with Kindness – Honouring Vulnerability & Bringing Love to Power

"A cause held strongly needs to be acted upon to realise it. There are no other guardians of relationships that heal, help and nurture, and no other rescuers of a civil, regenerative society. We're all it. Relational activism may be quiet work. But there is no doubt it is social justice work too." (Dove and Fisher, 2019c)

As worldwide events in 2020 have shown, even though our experiences of adversity may be very unequal, we are *all* united through adverse events. When we lead with kindness, we honour our shared human experience of adversity and this

kindles warm, relational approaches towards each other. However, these approaches are implemented from an expanded, ethical and ecological worldview that instinctively emphasises human safety, harmonic connection and unity, rather than *centrifugal ideologies* that dictate and separate 'us against them'.

This worldview also acknowledges that adults must also be supported and supervised in a way that honours our own vulnerability and supports our own protective factors.

Many organisations that promote trauma informed practice do so with children and young people in mind, but fail to embody these principles when it comes to their own workforce.

Toxic workforce environments or conditions that beget psychological stress, overwhelm, exhaustion, secondary trauma and burnout in staff need to change at a systemic level if there is to be any meaningful change for the vulnerable children these services or organisations aim to protect.

All of us must come before profits, programmes and outcomes.

Sergiovanni (1993) writes: "*The need for community is universal. A sense of belonging, of continuity, of being connected to others and to ideas and values that make ourselves meaningful and significant – these needs are shared by all of us*."

Thus, the invitation to lead with kindness is a call to honour each other's vulnerability, whilst also seeing each other's strengths. The invitation to lead with kindness is also a clarion call to bring love to power. It is a fiercely held hope for us to turn 'towards suffering' as an 'antidote to cruelty' (Gilbert, in Dove and Fisher, 2019c) and to act at an Integral Level of awareness. Tanner (Dove and Fisher, 2019c) describes this as acts of 'emotional connectivity'.

As Dove and Fisher's 'Victor Hugo-inspired' motto on their travelling banner proclaims: "*To Love is To Act*". They say:

"At this time in 2019, the simple act of being relational with each other can be seen as a form of protest in itself. Protest against inhumane treatment of people within services, protest against inhumane systems and policies that harm, protest against the polarized narratives playing out in political arenas, and resistance to any of those things becoming, or, remaining, accepted norms." (Dove and Fisher, 2019c)

We must promote the importance of nurturing relationships that are at the heart of resilient human eco-systems, but we must also actively campaign against and challenge the ideological barriers that prevent these nurturing, relational

approaches from taking root and being allowed to proliferate in schools – as well as society at large.

Bonnie Benard (2020) concludes:

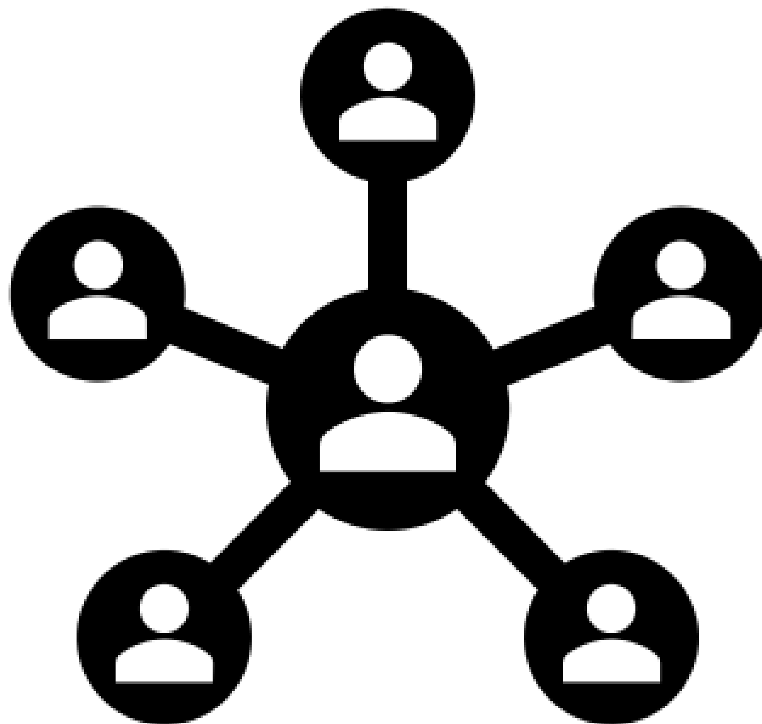
"*Ultimately, resiliency research provides a mandate for social change – it is a clarion call for creating these relationships and opportunities in all human systems throughout the lifespan. Changing the status quo in our society, means changing paradigms, both personally and professionally, from risk to resilience, from control to participation, from problem-solving to positive development, from Eurocentrism to multi-culturalism, from seeing youth as problems to seeing them as resources, from institution-building to community-building, and so on. Personally, fostering resilience is an inside-out, deep structure process of changing our own belief systems to see resources and not problems in youth, their families, and their cultures. However, fostering resilience also requires working on the policy level for educational, social, and economic justice."* (Benard, 2020)

Whilst some may argue that it is not their place to *heal, help and nurture* a child, there is no 'other'. We are *all* it.

If we act in a way that is kind, compassionate and empathic, we can *all* be part of trauma integration, which can bring about acceptance and the beginning of a process of healing and recovery.

Resiliency Enabling Exercise 5 (Root 4 Feeling Engaged & Connected): Increasing Social Buffering – The Resiliency Web

Ask the young person to think about who is in their resiliency web around them (in the centre)? They can draw a picture of a web like the one below with their name in the middle and label it with the names of key people (or animals) around them either in school, at home or in the wider community. Notice who or what is closest to them in the centre? Who or what is further away from them around the edges? What are the gaps?



Epilogue: Resurgence - Recovering Our Indigenous Relational Roots

"Here, relationships can be viewed as a site for 'resurgence'. Resurgence is taken to mean to revive something lost or threatened, and in doing so to resist the forces that threaten it." (Dove and Fisher, 2019c)

My view is that trauma informed, resiliency enabling approaches are not something exogenous and limited that we must buy into in a theoretical, intellectual or material sense.

Rather, resiliency enabling approaches are an indigenous *ken* that we should all be able to source from within – from an infinite supply of intuitive, instinctive or spiritual qualities – qualities that 'droppeth from heaven' and bleed into our actions on this Earth.

"*…thinking, feeling and acting relationally is not passive, limited or individual. It can be understood as active, influential and collective. Corntassel describes*, "*these micro-processes of resurgence… can build to large-scale movements and community action… the family and other intimate sites are places where we practice relational accountability, assert rebellious dignity and move away from public performativities*"." (Dove and Fisher, 2019c)

Angelou (1969) laments in her book, 'I Know Why the Caged Bird Sings' that "*There is no greater agony than bearing an untold story inside you."* Thoreau, also, is quoted as saying, "*Most men lead lives of quiet desperation and go to the grave with the song still in them*."

We owe each other so much more than this.

It is time to recover and allow space for a resurgence of the indigenous relational wisdom deep in our roots, and with this, our capacity for radical compassion (the word radical itself is from the Latin word for 'root').

If we listen with empathy, act with kindness, and validate each other's stories and histories, the *wrenching pain* caused by the hidden wound of trauma may be soothed by the growing chorus of our shared human whale-song – a sacred song of hope, strength, truth, beauty and vulnerability – sung in solidarity.

It is never too late to build a young person's resilience. Our goal should be 'to promote resilience enough to understand it.'
(Masten, 2011: 503)

Whale-song: Protective Environments and Communities of Safety

Children and young people with ACEs need powerful protective processes in place to buffer them from their associated risks and vulnerabilities. The symbolism of humpback whales used in the storybook *The Silent Selkie* (Ttofa, 2021) is resonant to me of the kind of community of safety vulnerable children and young people need to thrive – a network or team (Bombèr, 2020) of gentle but powerfully protective 'giants' who can support a child to feel safe and protected enough to grow and to go on to be resilient. With their intriguing methods of communicating and attuning to each other's song – often across vast distances - the idea of 'whale-song' is also significant to our work with children and young people who are often communicating hidden needs via their behaviour. It is our role to tune in, attune to and *resonate* with what a child is communicating so that it can be understood.

In addition to this, children need specific 'safety buffers' to help them to cope with particular stressors that may be unique to them.

The top five 'safety buffers' I have found particularly effective in my work with vulnerable young people are based on the work of **Dan Siegel's 4Ss** (Siegel & Bryson, 2020), but I have added an extra 'S' for SOS Support for children and young people with ACEs:

1. **Safe: strong 'safety cues'** e.g. warmth and gentleness in approach, body language, facial expression and tone of voice (see Porges, 2017)
2. **Soothed: simplify the environment with reduced social (or screen) stimulation** e.g. encourage more time in nature, use of safe spaces or dens, considered use of sensory activities and mindfulness meditation to support down-regulation of the nervous system (if appropriate)
3. **Seen: stable connection with a source of support** e.g. this might mean giving the student more time with a trusted adult to attune to them, and also more time engaging in a particular practice that is stabilising for the young person such as meditation, faith-based or spiritual practice, yoga, martial arts or the expressive arts.
4. **Secure: structure and predictability** e.g. use of clear and consistent boundaries, regular routines and rituals, familiar faces for meet and greet and check-ins throughout the day, visual timetables so they know what to expect and when, structure for learning, careful support for transitions and endings
5. **SOS Support: protect from 'stress triggers', 'soft spots' or 'threats' in the environment** - identify the student's 'stress triggers' or 'soft spots' and create a plan to support the student with this e.g. a Coping Card or S.O.S kit.

These 'safety buffers' allow a child with a sensitised stress response system and an inability to distinguish accurately between a safe or unsafe person or environment to 'lower the guard' and soften the hardened defences that may have been built up to protect the 'soft spots' of the hidden wound of their trauma.

Resiliency Enabling Exercise 6 (Root 5 – Feeling Able to Cope):
Stress Triggers and Safety Buffers – A Coping Card

What are the young person's key environmental triggers for activation of the stress / survival response?

What can help to dampen this response? Think about using emotional literacy techniques to support emotional regulation and executive functioning skills, as well as the actions of others around the child.

What are the key environmental 'safety buffers', 'calmer' or 'protective factors' that can help to prevent the stress / survival response from being triggered? E.g a trusted adult who uses an Emotion Coaching response.

Appendix One: Uncovering the Roots of Behaviour
A ‘Behaviour is Communication’ ABC-C Chart

An ABC Chart is a direct observation tool that can be used to collect information about the events that are occurring within a student's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behaviour. The "B" refers to observed behaviour, and "C" refers to the consequence, or the event that immediately follows a response. Use this chart after a single behaviour is observed in a child or young person – or use it to observe the child throughout a period of time. The purpose of this observation is to examine what the behaviour might be communicating.

	What happened? What was observed? (Avoid interpretations)
Antecedent (What happened before? Was there a stress trigger?)	
Behaviour (What did the child or young person do?)	
Consequence (What happened as a result?)	

Communication	Analysis – What is the behaviour communicating?
What antecedents or stress triggers can be reduced? **What can be done instead?**	
Which 'Root of Resilience' is the child not connecting with or trying to reach through the consequences of their behaviour? E.g. Do they not feel safe or cared for (Root 1)? Do they not feel empowered or important enough (Root 2)? Do they not feel engaged enough in the class / lesson (Root 3)? Do they not feel they have friends (Root 4)? Do they need help / something different to help them cope right now (Root 5)? Use the My Roots of Resilience Diagram to help.	
Based on your answers to the above two questions, which of the eight 'Perspectives on Behaviour' might help? E.g. Biological or Neurobiological, Eco-systemic / Ecological, Humanist, Attachment, Cognitive / Cognitive-Behavioural, Social Learning / Social-Cognitive, Behaviourist, Psychodynamic.	

What Behaviours Might We See in Children When Resilience is Affected…

Root 1:

- ***Distrust and insecurity***
- ***Hypervigilance***
- ***Hypersensitivity to sensory stimuli***
- ***Feeling unsafe / anxious***
- ***Low curiosity***
- ***Emotional dysregulation***
- ***Erratic or volatile behaviour***
- ***Anger / Aggression***
- ***Survival responses e.g. Fight/ Flight / Freeze / Collapse***

Roots 2 & 3:

- ***Low self-esteem***
- ***Negative towards self or others***
- ***Lacking motivation or mastery***
- ***Lacking attention***
- ***Behaviour issues***
- ***Bullying***

Root 4:

- ***Lack of friendships***
- ***Withdrawal / isolation***
- ***Avoidance / distraction***
- ***Self-destructive behaviours***
- ***Aggression / bullying***
- ***Power or revenge seeking***

Root 5:

- ***Difficulties recognising, understanding, labelling, expressing or regulating emotions***
- ***Emotional reactivity***
- ***Difficulties with executive functioning skills***
- ***Hopelessness***

Appendix Two: My Roots of Resilience – Child & Adult Versions

My Roots of Resilience

Invite the child to draw around their own hand onto a sheet of plain paper.

Help them to write one thing they will do for each of the five "Roots of Resilience" onto each digit of the hand. E.g. For Root 1: Feeling Safe, Loved and Cared For they might write, 'Talk to my trusted adult'. For Root 2: Feeling Empowered they might write, 'Name my top 3 strengths'. For Root 3: Feeling Engaged they might write 'Do more art'. For Root 4: Feeling Connected they might write: 'Play with my friends online every day'. For Root 5: Feeling Able to Cope, they might write: 'Bounce on the trampoline every day after school'.

The hand can be laminated and kept somewhere safe for the child so that everyone in the child's team knows about it.

MY ROOTS OF RESILIENCE

SAFE, LOVED & CARED FOR	EMPOWERED	ENGAGED	CONNECTED	ABLE TO COPE

Juliette Ttofa, 2021

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About the Author

Juliette Ttofa is a specialist educational psychologist with a long-standing interest in the complex issues surrounding trauma, attachment needs and emotional resilience. She specialises in supporting children & young people, their schools & families in understanding & responding to social, emotional & mental health needs through training, therapeutic support, and assessment and consultancy. She is a Registered Sandplay Therapist and is passionate about using the expressive arts, play and imagination to support the mental health and wellbeing of all children and young people.

Juliette's interest in ACEs is both personal and professional. Her own experiences of having ACEs and of intergenerational trauma, including the impact of childhood sexual abuse, have greatly shaped her personal and professional life. Consequently, she is greatly motivated to ensure that children and young people are safeguarded from adversity wherever possible, and when this has not been possible, that they are given the appropriate support to recover.

Childhood trauma theory has also greatly influenced her role as an educational psychologist and provided insights that have helped her in her specialist work to bring about better outcomes for vulnerable children and young people struggling in schools. As a result, Juliette set up the organisation 'Sparkle in the Light' in order to support schools and families in understanding and responding to children and young people who have experienced trauma, loss or other adversity.

She has created a range of published resources around resilience, and has also developed a training course for schools and other education professionals called 'REACH' – short for "*Resiliency Enabling Approaches for Children and Young People*". REACH is primarily a training course for school or education staff, but there is also a 'train the trainer' option.

The REACH course aims to equip practitioners with the psychological knowledge and skills they require to embed effective trauma informed, resiliency enabling approaches in their schools and settings. REACH teaches 100 different learning objectives relating to the key knowledge and skills needed to develop an awareness not only of adversity and trauma, but also of the approaches that are vital in supporting young people to do well, despite their risk factors.

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