

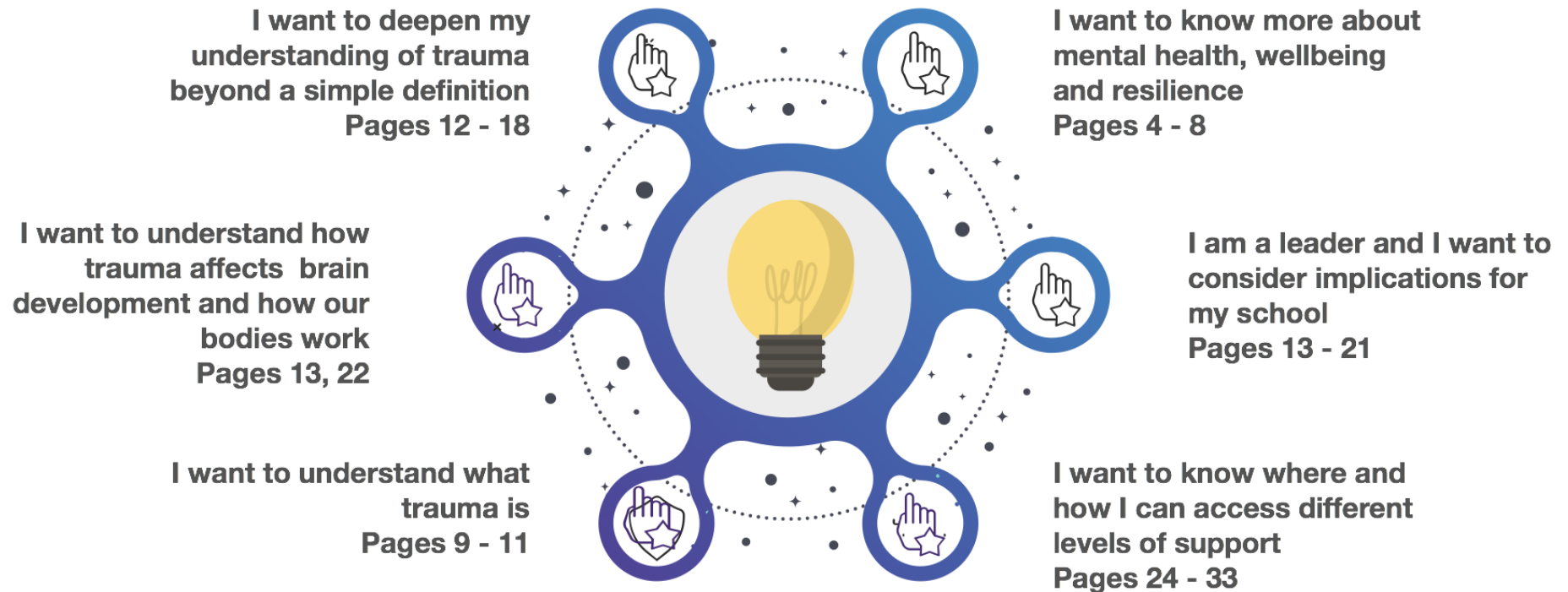
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5/19/2020



Strategy for Wellbeing, Mental Health and Developing a Trauma Informed Approach Diocese of Carlisle Board of Education and The Good Shepherd Multi-Academy Trust

How to find what you need



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Strategy for Wellbeing, Mental Health and Trauma Management
Diocese of Carlisle Board of Education
and
The Good Shepherd Multi-Academy Trust

The following is an appendix to the original strategy for mental health and wellbeing; it has been created in response to the global COVID 19 pandemic, and is designed to support leaders, teachers and staff in schools to Identify and implement support structures in school for staff children and families once schools re-open, either partially or in full.

The COVID 19 pandemic has been an unprecedented and global event; the impacts are not confined to a locality of community. We are currently finding ourselves in a situation where the 'normal' we knew and understood has gone, perhaps forever, and we are dealing with a great deal of uncertainty on a scale where everyone has had their life affected to a lesser or greater degree. That said, whilst the issue is global, impacts for specific communities and schools will be unique to them, and leaders in schools will have challenges that are unique to them. Similarly, the behaviour of individuals, both staff and children, will vary and there will not be a set path through which those directly affected by COVID 19 will pass – some will be keen to get back to 'life as normal' whilst others will need a period of adjustment to school life once again. As schools prepare to re-open once lockdown begins a process of being lifted, it is important to be mindful of and manage assumptions. It is important to recognise that there is not a 'one size fits all approach'.

This guide intends to identify a range of sources of support and resources from which leaders and staff can draw. It is also intended to be a summary of key science and theory regarding mental health and trauma in order to enhance ability to understand behaviour, reactions and presentations of children, staff and families.

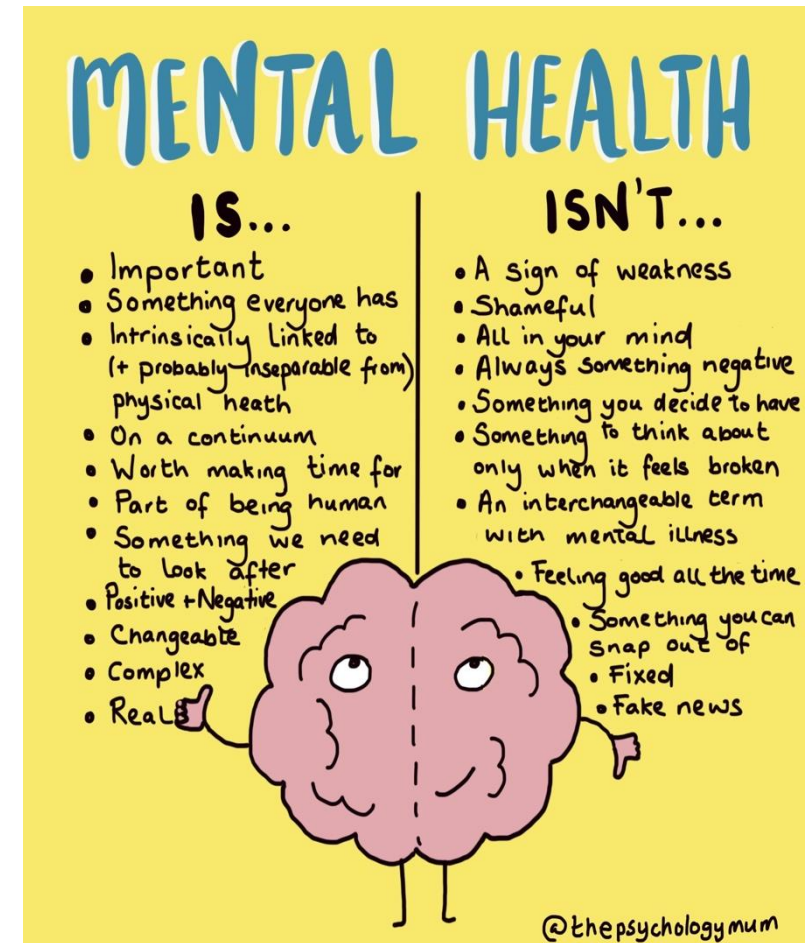
What is wellbeing, mental health and what do we mean by resilience?

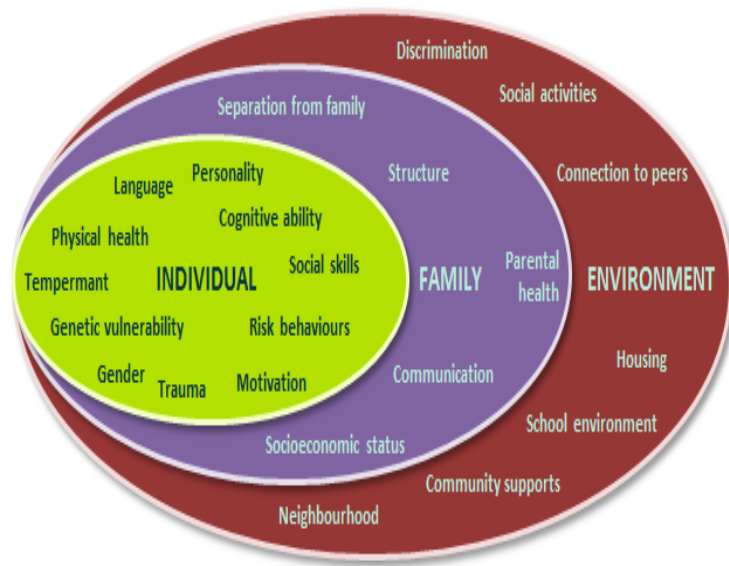
Everyone has mental health in just the same way as they have physical health; mental health relates to how an individual thinks, feels, behaves and interacts with others. Just as problems can develop with physical health, so too can problems develop with mental health. In fact, one in four people will develop an issue with their mental health each year. Unlike with physical health where there can be quite clear and noticeable symptoms or signs, a developing problem with mental health can be less obvious, even to the individual themselves and can be like a creeping tide.

There is a lot of diversity in how people understand and define mental health, wellbeing and resilience. These are areas that are personal and subjective in how they experienced by people; however, it is important to have consistent definitions that underpin everything that takes place on an organisational and individual level. In this way, there is a common understanding and leaders tasked with implementing and embedding systems within their own context can work towards ensuring there is consistency.



STRONG IN FAITH





So; what is wellbeing? It is so much more than being 'happy' and there are several factors involved in influencing an individual's sense of wellbeing such as environment, finance and health. Mental wellbeing, according to The New Economic Foundation (2008), consists of two key elements. The first of these is functioning well, or the ability to function in the world, maintain positive relationships, make social connections, hold a sense of control and have a sense of purpose. The second is feeling good, which relates to experiencing positive emotions such as enjoyment and curiosity. It is important to understand that positive mental health does not mean that negative emotions are absent; if an individual has positive mental wellbeing they will have a better ability to cope with negative emotions and avoid a significant impact on their mental health.

The definition for mental wellbeing provided by the World Health Organisation brings these two elements together:

'a state of mind in which an individual is able to realise his or her own abilities, cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'



So; what is resilience? Resilience describes an individual's ability to cope with life's challenges and recover from adversity. Resilience can be worked on, improved and developed; on the converse, it can also be worn away. A person's resilience will change over the course of their lifetime and in response to what they are experiencing at any given moment. The Young Foundation argue that alongside focusing on activities that promote positive mental wellbeing, there also needs to be a focus on building resilience when it comes to preventing the developing problems with mental health. For leaders, resilience and positive mental wellbeing need to be considered on both an individual and an organisational level; this is because alongside reducing the risk of people developing problems with their mental health, positive mental wellbeing and resilience in the workplace can lead to:

- Improved learning and academic achievement
- Improved performance
- Reduced absence from work due to sickness
- Reductions in risk-taking behaviours like smoking
- Improved physical health
- Reduced mortality
- Increased involvement within wider workplace

The Mental Health Continuum:

	HEALTHY	REACTING	INJURED	ILL
MOOD	Normal mood fluctuations; Calm & takes things in stride	Irritable/ Impatient; Nervous; Sadness/ Overwhelmed	Anger; Anxiety; Pervasively sad/ Hopeless	Angry outbursts/ aggression; Excessive anxiety/ panic attacks; Depressed/ Suicidal thoughts
ATTITUDE	Good sense of humour; Performing well; In control mentally	Displaced sarcasm; Procrastination; Forgetfulness	Negative attitude; Poor performance or Workaholic; Poor concentration/decisions	Overt insubordination; Can't perform duties, control behaviour or concentrate
SLEEP	Normal sleep patterns; Few sleep difficulties	Trouble sleeping; Intrusive thoughts; Nightmares	Restless disturbed sleep; Recurrent images/nightmares	Can't fall asleep or stay asleep; Sleeping too much or too little
PHYSICAL HEALTH	Physically well; Good energy level	Muscle tension/ Headaches; Low energy	Increased aches and pains; Increased fatigue	Physical illnesses; Constant fatigue
ACTIVITY	Physically and socially active	Decreased activity/ socializing	Avoidance; Withdrawal	Not going out or answering phone
HABITS	No/limited drug & alcohol use/ gambling	Regular but controlled drug & alcohol use/ gambling	Increased drug & alcohol use/ gambling — hard to control	Frequent drug & alcohol or gambling use — inability to control with severe consequences

Mental Health is not all or nothing thing; there are stages between being healthy and being ill. Likewise, it is important to understand that anyone person can move both forwards and backwards through the stages at any point in their life. Where an individual sits on the continuum at any one point in time depends on levels of resilience, levels of stress, life experiences and support systems in place. From an organisational perspective, the continuum can support leaders and individuals in recognising signs and indicators of worsening mental health early and plan for intervention and support, so reducing the risk of people moving into the 'ill' stage and having time off work or even leaving the profession altogether.

<http://health.nzdf.mil.nz/mind/about-mental-health/the-mental-health-continuum/>



Signs and Indicators:

Recognising when someone is struggling with their mental health isn't straightforward; it can't be tested for with a blood test or scan, for example. Likewise, there are a range of conditions that fall under the banner of 'mental health' and each has its own unique set of symptoms. That said, there are some common warning signs. Raising awareness as to what to look out for and what behaviours, thoughts and feelings might be communicating is really powerful; likewise, creating a culture where a person feels able to be open and honest with what is going on for them, and articulate what they need is fundamental – it all contributes towards help being put in place quickly.

KNOW THE 10 COMMON WARNING SIGNS

- 1 Feeling very sad or withdrawn for more than two weeks
- 2 Seriously trying to harm or kill oneself or making plans to do so
- 3 Severe out-of-control, risk-taking behaviors
- 4 Sudden overwhelming fear for no reason
- 5 Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain
- 6 Seeing, hearing or believing things that are not real
- 7 Repeatedly using drugs or alcohol
- 8 Drastic changes in mood, behavior, personality or sleeping habits
- 9 Extreme difficulty in concentrating or staying still
- 10 Intense worries or fears that get in the way of daily activities



<https://www.nami.org/About-Mental-Illness/Warning-Signs-and-Symptoms>



TRAUMA

Due to the COVID 19 pandemic, we are currently in a situation where we are dealing with global trauma. This means that people who have the responsibility to support and manage others in their trauma are potentially traumatised themselves. In the context of schools, this means that there is a responsibility to support leaders, teachers and other members of a school staff to recognise and receive support in their own trauma before they take on the role of supporting children in theirs. Leaders and staff in schools may be directly affected such as through a bereavement of a family member; they may also experience a 'trigger' for past traumas and Adverse Childhood Experiences through supporting another in their trauma or through witnessing the trauma of others around them.

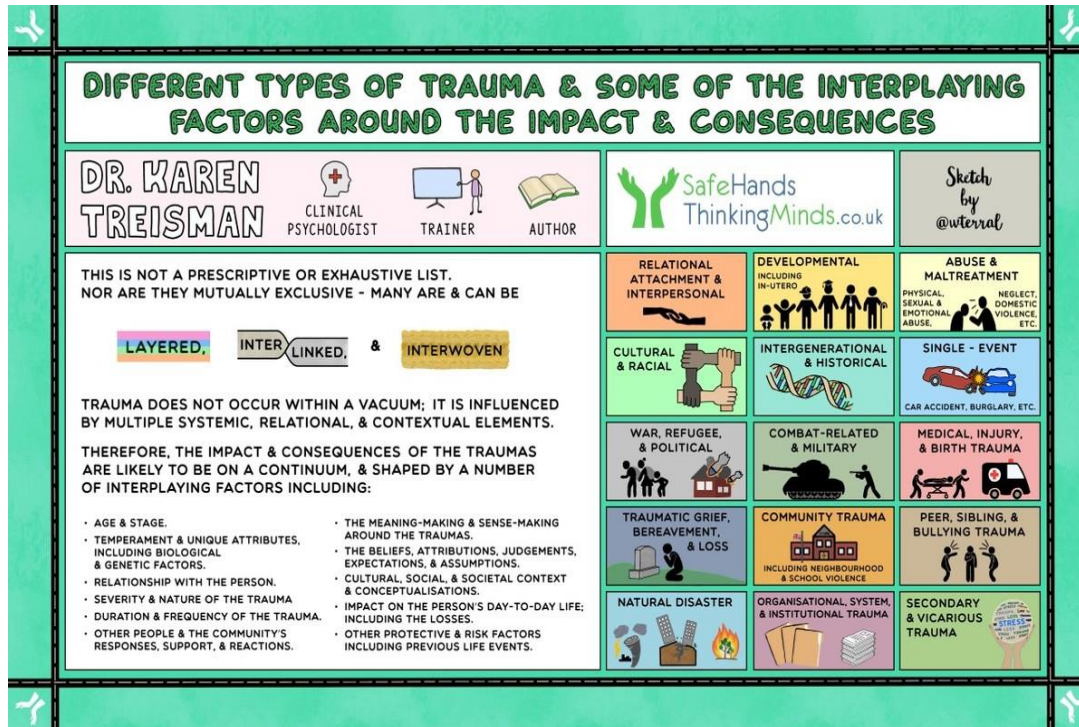
There are many potential areas of trauma as a result of COVID 19:

- Bereavement – immediate family
- Bereavement – friends/ community member
- Hidden Bereavement – loss of work, role, identity, social connection, capacity to visit family etc.
- Financial – loss of income
- Accelerated training – many people graduating in nursing, medicine or pharmacy has been rapidly propelled through what would have typically been an induction and integration period, and are straight into front line work
- Worry – about family or friends working on frontline support work
- News related- the news is often fear based and bleak; daily tally of deaths, lack of PPE, failing economy etc.

So; what is trauma?

The word 'trauma' means wound; trauma can be physical and mental. Trauma is defined as a distressing experience or set of experiences that threatens an individual's actual or perceived sense of safety to such an extent that it exceeds their capacity to cope in healthy ways. It is a psychological or emotional response to an event or experience that is deeply distressing or disturbing. Everyone experiences trauma differently.

Types of trauma:



- Acute – results from a single incident
- Chronic – repeated and prolonged e.g. domestic violence
- Complex – exposure to various and multiple traumatic events
- Developmental - describes the impact of early, repeated trauma and loss which happens within the child's important relationships, and usually early in life
- Vicarious – emotional residue of exposure to the trauma of others. It is a risk for counsellors, who hear trauma stories and bear witness to the pain, fear or terror experienced by the survivor
- Intergenerational – a traumatic event that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma.
- Developmental - results from trauma experienced in a child's early development.

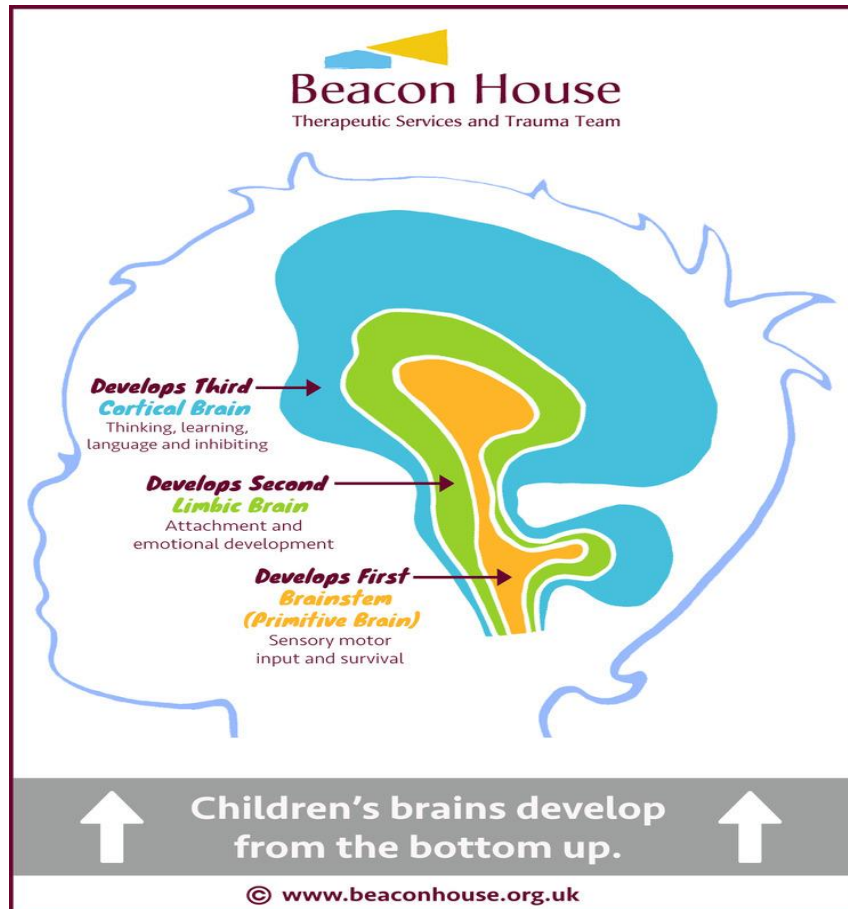
<https://www.linkedin.com/pulse/different-types-trauma-some-interplaying-factors-around-treisman>

Complex Trauma and PTSD – what makes them different?

It can be easy to confuse certain types of trauma, and it is often the case that Post Traumatic Stress Disorder (PTSD) and complex trauma are used interchangeably; in fact they are very different. Complex trauma is the result of several, repeated low level events such as an emotionally absent mother or minor neglect that no one has known about as opposed to one trigger. People experiencing complex trauma will not know they have it. They live in a permanent state of anxiety; they may well be high functioning as this anxiety has been contained all their lives. They will not be inclined to seek help as they will not perceive themselves as different or special to anyone else; they have been living with this for most of their lives. With PTSD on the other hand, there is a known event underpinning the trauma.

The risk with complex trauma is that it creeps up on people as they find themselves repeatedly dealing with unsatisfying events inadequately. During this time of responding to the COVID 19 pandemic, there is a real risk of trauma overloading, which has the potential to lead to significant health issues such as burnout. Complex trauma needs an expert approach; it is not something that can be approached through a structure such as peer mentoring. The role of the leader in school systems is to have the knowledge to recognise and understand what behaviours of an individual may be indicating and know where to access the correct support.

Why is it important for us to understand trauma? The science – what happens when a person experiences trauma?



Children's brains develop from the bottom up and in a hierarchical way. The order a child's brain develops from birth to adolescence is as follows:

1. **Motor and sensory input (brain stem/mid brain)**
2. **Attachment, emotions and behaviour (limbic brain)**
3. **Thinking, planning, inhibiting & learning (cortical brain)**

The primitive part of the brain – the brain stem – is responsible for keeping us safe; it is the part of our brain that makes us run away from danger or fight for our lives, and as such, it keeps us alive. From a child in a traumatic environment, the brainstem will be on constant high alert; the problem for traumatised children is that they are unable to switch this part of their brain off once they transition to a safe environment. In other words, they are in a state of constant survival mode.

Developmentally, the child is stuck in their primitive brain and very little information is able to pass through to the parts of the brain where rationalising, reasoning, sharing or empathy occur. Further to this, the child will have an inability to perceive intention from an adult as positive or even neutral.



Trauma and challenges for leaders

Trauma is not simply a matter of individuals and their responses to traumatic events; there are a range of wider challenges associated with trauma that it is important for a leader to understand. In this section, we will explore some of these; however, it is important to emphasise that this is about building knowledge rather than assuming a responsibility to deal with or treat these – that role belongs to a professional or expert in the field.

Re-traumatisation:

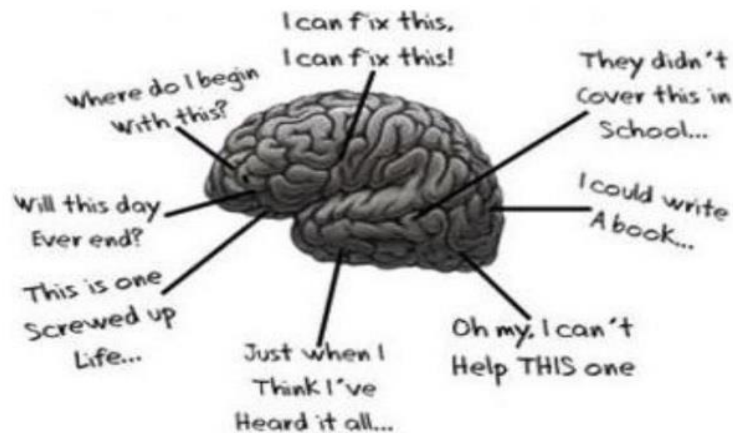
Re-traumatization is a conscious or unconscious reminder of past trauma that can occur when an individual is triggered by a situation, attitude or expression, or in a situation where some of the dynamics at play replicate some of those of the original trauma. The individual will re-experience the initial traumatic event in vivid detail.

Managing re-traumatization in school is complex and requires an expert approach; part of a leader's role here is to have a thorough knowledge of the correct referral channels to access expert support. In the interim and in order to keep an individual safe within the context, the best way to approach re-traumatization would be to:

- Have a safe place where an individual can retreat to or that they come to understand is where they can give space to their emotions so encouraging better regulation of emotions outside of the space. A leader's role is not to offer therapy of any kind.

- Bring systemic relation into the organisation and make sure it is part of the culture. This could be regular use of relaxation techniques, noticing, mindful meditations and diaphragmatic breathing, all of which help to calm and regulate the nervous system. Trauma is often experienced 'from the neck up' and engaging the body can be very powerful.
- Have empathy. Human nature means we are often afraid of and try to eliminate what we don't understand. Holding the perspective that the individual is not consciously re-traumatizing themselves and that what we are seeing is a subconscious attempt to resolve an older issue helps to encourage an empathetic response rather than a judgemental or ill-informed one.

Compassion Fatigue, burnout and vicarious trauma:



<http://transitionalsupport.com.au/transitional-phase/compassion-fatigue-trauma/>

Compassion fatigue is defined as the state of physical and emotional exhaustion after becoming preoccupied with absorbing the emotional stresses and trauma of others, which eventually wears away at an individual's capacity to feel empathy or compassion. It can affect anyone who is dealing regularly with people in distress and affects an individual's ability to refuel and regenerate. It is distinct from burnout in that burnout is a term used to describe an individual who has become overwhelmed, unsatisfied and physically and mentally exhausted; however, their capacity for compassion is not impacted and a change in job can help to resolve the issue whereas for both compassion fatigue and vicarious trauma, this is not the case.

Vicarious trauma is the term used to describe the emotional residue of exposure to the trauma of others. It is a risk for counsellors, who hear trauma stories and bear witness to the pain, fear or terror experienced by the survivor. The distinction between compassion fatigue and vicarious trauma is that an individual's world view – their fundamental beliefs about the world are altered or damaged. The following graphic helps clarify some of the signs and indicators associated with each.

Burnout	Compassion Fatigue	Vicarious Traumatization
Signs: <ul style="list-style-type: none"> • Fatigue • Anger • Frustration • Negative reactions towards others • Cynicism • Negativity • Withdrawal 	Signs: <ul style="list-style-type: none"> • Sadness & Grief • Avoidance or dread of working with some patients • Reduced ability to feel empathy towards patients or families • Somatic complaints • Addiction • Nightmares • Frequent use of sick days • Increased psychological arousal • Changes in beliefs, expectations assumptions • Detachment • Decreased intimacy 	Signs: <ul style="list-style-type: none"> • Anxiety • Sadness • Confusion • Apathy • Intrusive imagery • Loss of control, trust & independence • Somatic complaints • Relational disturbances
Symptoms <ul style="list-style-type: none"> • Physical • Psychological • Cognitive • Relational Disturbances 	Symptoms (mirror PTSD) <ul style="list-style-type: none"> • Physical • Headaches • Digestive problems • Muscle tension • Fatigue • Psychological distress • Cognitive shifts • Relational Disturbances • Poor concentration, focus & judgement 	Symptoms (mirror PTSD) <ul style="list-style-type: none"> • Physical • Psychological distress • Cognitive shifts • Relational Disturbances
Triggers <ul style="list-style-type: none"> • Personal characteristics • Work-related attributes • Work organisational characteristics 	Triggers <ul style="list-style-type: none"> • Personal characteristics • Previous exposure to trauma • Empathy & emotional energy • Prolonged exposure to trauma material of clients • Response to stressor • Work environment • Work-related attitudes 	Triggers <ul style="list-style-type: none"> • Personal characteristics • Previous exposure to trauma • Type of therapy • Organisational context • Resources • Re-enactment

<http://transitionalsupport.com.au/transitional-phase/compassion-fatigue-trauma/>

Trauma and Shame:

“Shame is a soul eating emotion” Carl Jung

Shame is a part of healthy development; all toddlers experience it when they are told ‘no’ or when limits are set to keep them safe. Setting limits is a fundamental part of child socialisation. As the infant develops, the adult has to say “no”; otherwise the infant will hurt themselves and/or others. To get scientific about it, when a young child is told ‘no’ or chastised, they experience a sense of ‘I am bad’, which deactivates the sympathetic nervous system and activates the parasympathetic nervous system – you can tell when this has happened as they may go quiet or try to hide. In a healthy parent – children relationship, the parent will see this happening, respond with empathy and soothe the child, and show them how to do the activity appropriately. What the right or appropriate thing is to do. The message to the children is ‘this is not you; it is your behaviour’ and ‘this is me teaching you’. In meeting the child with love and acceptance and over many experiences of limit setting, the parent helps the child to develop emotional regulation. The process looks like this:

Attunement in relationship – breaking in relationship – interactive repair

In the context of trauma, shame is very different. The **attunement – break – repair** cycle does not happen and shame can become overwhelming – their emotional state is not contained by an adult and they are left to manage complex emotions on their own. The skill of emotional regulation does not develop and the child eventually develops a sense of self as bad. The impact of this is chronic anger, controlling behaviours, isolation, withdrawal and disorganised thinking. Further to this,

there will be a drive to avoid the feeling of shame which leads to the development of what is known as the Shield of Shame:

- Acting tough - “I don’t care”
- Lying - “He’s lying...I didn’t do it”
- Making excuses – “It was HIS fault, he made me do it”
- Minimising their behaviour – “It wasn’t that bad, he’s exaggerating”
- Expressing rage – “You always blame me... you never blame him.. you want me to be unhappy”

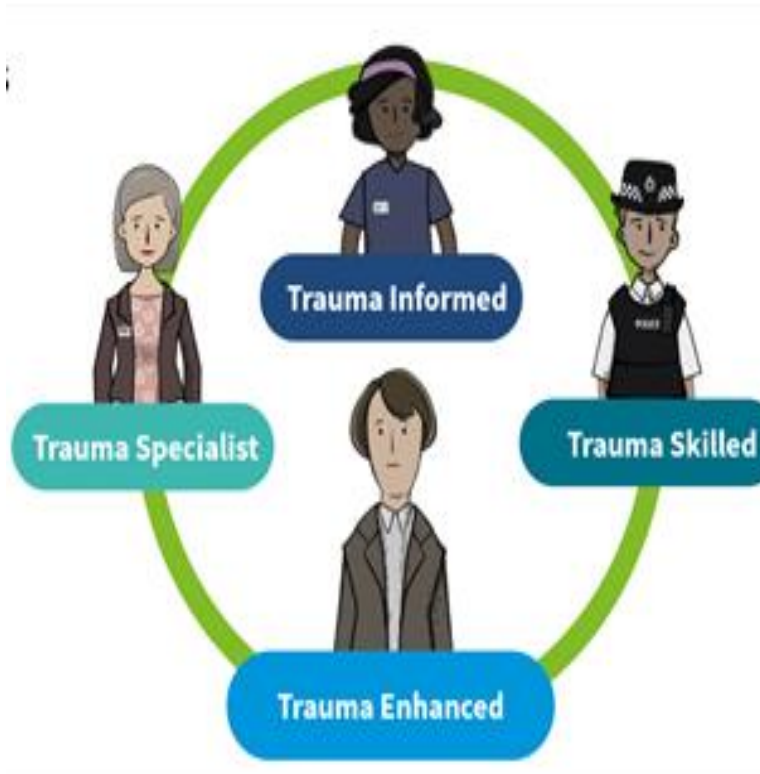
Adapted from Trauma: Understanding the Effects of Shame <https://www.oohctoolbox.org.au/trauma-and-shame>



<https://www.joyfulsoulcounseling.org/index.php/recent/trauma>

Implications for schools and families

Working with staff, children and families requires a team of professionals approach and it is important to be absolutely clear of what is and is not within the remit of a leader in schools. It can be helpful to categorise different levels of support:



Trauma informed relates to a basic level of knowledge that all staff in a school would be expected to have; much like the Level 1 training in Safeguarding and Prevent.

Trauma skilled refers to people who are likely to come into contact with people who have been affected by trauma; they include leaders, teachers and learning support staff.

Trauma enhanced refers to people who have a direct responsibility to respond to people who may have been affected by trauma; leaders in schools would fall into this category.

Trauma specialist refers to people who have a specific remit to provide specialist interventions for people affected by or experiencing trauma including complex trauma. This is not a role typically found in schools unless the school has chosen to employ a specialist in response to contextual issues. It is not the remit of a school leader or teacher.

Working at trauma informed and trauma skilled level; what leaders need to know:

- 1. Everyone in a child's life needs to be aware of and understand the full picture of Developmental Trauma:** A brain injury that needs a 'whole environment' approach to repair it. It is important for families and schools to work in partnership.
- 2. The first goal of any intervention plan needs to be to stabilize the child's home and school environment, and to regulate their brain-stem.**
- 3. The child's primary carer – whether that be birth parent, foster carer, adoptive parent or family member – needs support and nurture from their network.** Without first a safe base at home, no amount of intervention will be effective. This is a crucial.
- 4. We must look after the parent/carer by addressing their mental health and secondary trauma needs.** Caring for a child with developmental trauma is difficult in all aspects of life, and will naturally trigger buried issues in the adult. These need to be supported and the parents' brain repaired so they can help the child repair. **The parents' mind needs to be the child's safe base. Sensitive parenting calms the child's fear over time.**
- 5. We must also look after leaders and school staff by addressing their mental health and any secondary trauma needs.** As with parents and carers, supporting a traumatised child can trigger buried issues in education staff; in order to be able to support a child effectively, support needs to be in place for school staff so that they are able to be a child's safe place. adult.

5. The ‘challenging behaviour’ we see in the child begins in the brain-stem, the primitive brain. Without addressing the developmental needs of the brainstem, the other parts of the brain will remain virtually immune to treatment. Traditional talking therapies usually do not work with children who have brain injury to their brainstem as they simply cannot process cognitive conversations, or develop ‘insight’. It can even make things worse as the child will feel a failure for not being able to do something their brain isn’t developed enough to do anyway. **Children with brain-stem hypervigilance, impulsivity, and anxiety need patterned, repetitive activities to re-organize and regulate the brain-stem.** This includes dance, drumming and music. Such body/sensory work should be offered first to enable the child to benefit from traditional talking therapy later in their therapy journey.

10. Parenting and schooling need to be emotionally and socially matched, not age matched. Children do not move between their brain’s developmental stages in a neat sequence, in fact they move back and forth between the brain areas as they mature. A traumatised child who is able to think and reflect for most of the time can however be triggered into his or her brain-stem survival mode very easily. The key is to respond the child’s developmental age in that moment. Each child is unique and so is their brain.

Home, school, therapy and the child’s support network MUST work together for an effective treatment for the child’s trauma; to enable the child to meet their developmental milestones. A multi-disciplinary approach is a must.

14. Each person working with the child needs to have a safe, regular, consistent and healthy relationship. Humans are designed to exist in close relationships and tight communities!

Adapted from **The Repair Of Early Trauma**
A “Bottom Up” Approach

Written by Dr Shoshanah Lyons, Clinical Psychologist and Clinical Director of Beacon House, a specialist mental health and trauma team based in Sussex.

Our bodies and trauma – more than just our minds:

Trauma has a physiological impact and affects our bodies as well as our minds. There is a lot of research in this area and a great book to read is *The Body Keeps the Score* by Bessel Van Der Kolk; however, two areas of focus that everyone can master quickly are breathing exercises and noticing exercise. People are programmed to have a defensive response to anything that is perceived as a threat – we will either run, fight or collapse. Just as these behaviours saved early man from certain death in the jaws of a sabre-toothed tiger, so they keep people alert and ever present to danger where ever they might be, be it the local supermarket or the classroom. The difficulty is that when in this state, people are focused on surviving and staying safe. Productivity, creativity, innovation and actualising potential are not on the radar. Giving space to the emotions and allowing them the room they need to be acknowledged and expressed is fundamental; our logical brains are empowered to push the emotion to one side because it has had its say; likewise, the emotion becomes a driver for solutions focused thinking as opposed to a barrier. Taking the time to look honestly at what is being felt and learning the art of diaphragmatic breathing has a physiological reaction; heart rate slows, blood pressure is regulated and muscles are relaxed – energy is conserved rather than wasted. Most importantly, the cortical brain is engaged.

Tiered Support:

The following is a table constructed of tiered levels of support for Leaders, staff, parents/families and children.

Universal support: (trauma informed) quality first provision for the significant majority. These resources can be used with whole classes, groups of children, whole staff teams and individuals in a coaching/pastoral type conversation.

Targeted support: (trauma Skilled and trauma enhanced) this is short term, early intervention support for leaders, staff, parents and children showing some challenges with their mental health and wellbeing. There is much here that is applicable to this time of managing the re-opening of school in the current time, over the longer term and we settle into a new normal post-COVID and for supporting mental health and wellbeing in general.

Specialist Support: (trauma specialist) this is support provided by specialist professionals and experts in the field e.g. counsellors, therapists etc.

Tiered Support Approach		
	Children and Families	Staff
Universal support	<p>EYFS</p> <p>The Early Years Alliance website has a wealth of guidance and resources for supporting very young children in understanding coronavirus; there is also advice on how to prepare schools for re-opening.</p> <p>https://www.eyalliance.org.uk/coronavirus-info-for-nurseries</p> <p>KS1</p> <p>This social story has been especially prepared for young children with Autism; however, it has value for any young child.</p> <p>https://littlepuddins.ie/wp-content/uploads/2020/03/The-Corona-Virus-Free-Printable-Updated-2-The-Autism-Educator-.pdf</p> <p>KS2</p>	<p>Assessing the Safety of the School Environment</p> <p>Guidance, advice and action planning for making necessary adjustment to the school environment upon re-opening</p> <p>https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/reopening-schools-and-other-educational-settings-from-1-june</p> <p>National Child Traumatic Stress Network</p> <p>Child Trauma Management Toolkit for Educators</p> <p>https://www.nctsn.org/resources/child-trauma-toolkit-educators</p> <p>The Children's Society</p> <p>Trauma and Young people; A Guide for Professionals</p> <p>https://www.childrensociety.org.uk/what-we-do/resources-and-publications/trauma-and-young-people-a-guide-for-parents-carers-and</p>

<p>A short video explaining what coronavirus is and how to stay healthy</p> <p>https://www.brainpop.com/health/diseasesinjuriesandconditions/coronavirus/</p> <p>Resources for Parents</p> <p>How to strengthen children and teens against anxiety after news of a world trauma</p> <p>https://www.heysigmund.com/anxiety-in-children-after-world-trauma/</p> <p>Fear and Anxiety – and age by age guide</p> <p>https://www.heysigmund.com/age-by-age-guide-to-fears</p> <p>Where the Science of Psychology meets the Art of being Human</p> <p>https://www.heysigmund.com/how-to-talk-to-kids-and-teens-about-world-trauma/</p>	<p>The Hive of Wellbeing GTC Scotland –</p> <p>Dealing with Uncertainty – webinar and copy of the key slides. This is good resource for sharing with staff and exploring emotions around the current uncertain climate as well as strategies for maintaining wellbeing</p> <p>https://www.youtube.com/watch?v=WEN_8ymq7OA</p> <p>Dealing with Uncertainty PowerPoint slides</p> <p>http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8425&SID=11117</p> <p>My New Story – this a good resource for helping to bring unhelpful beliefs from the subconscious to conscious awareness; it could be used in a one to one, coaching style conversation or with the staff as a whole. A simplified version would be good for using with children.</p> <p>http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8427&SID=11117</p>
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<p>Worries and Anxieties – helping children to cope https://www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/worries-and-anxieties---helping-children-to-cope-for-parents-and-carers</p> <p>Cumbria Council Website https://www.cumbria.gov.uk/coronavirus/parents.asp</p> <p>Latest information and advice https://www.cumbria.gov.uk/coronavirus/latest.asp</p> <p>Advice for parents during COVID 19 https://cumbria.gov.uk/coronavirus/additionalsupport.asp</p> <p>Looking after your mental health https://cumbria.gov.uk/coronavirus/additionalsupport.asp#</p> <p>How to talk to Children about COVID</p>	<p>Self-Compassion Exercise – reflective exercise for encourage self-kindness and self-compassion; a great resource one to one conversations or for building resilience in staff. http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8428&sID=11117</p> <p>Locus of Control and Acceptance exercise – this resource helps an individual to explore what is within their control, what is outside their control and what they can let go of; it also invites deeper reflection on actions that can be taken. It is a good resource for creating a sense of empowerment in time of great challenge; it is useful in both a one to one and group contexts http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8406&sID=11117</p> <p>The Worry Habit – a mindfulness technique for helping people to manage worry http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8404&sID=11117</p>
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<p>https://youngminds.org.uk/blog/talking-to-your-child-about-coronavirus/</p> <p>Guidance on Supporting children and young people's mental health https://www.gov.uk/government/publications/COVID-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing?utm_source=198a9e75-a418-4442-9102-7c714bd37c3c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate</p> <p>Guidance on re-opening schools and wellbeing on the Cumbria website for all practitioners working in schools from the Lead Educational Psychologist https://www.cumbria.gov.uk/coronavirus/backtoschool.asp</p>	<p>Sarah Philip Coaching</p> <p>Relaxation and breathing exercises ,and guided meditations for use with adults and children https://www.sarahphilcoaching.com/guidedrelaxation</p> <p>Writing for wellbeing guidance https://www.sarahphilcoaching.com/blog/writing-for-wellbeing</p> <p>How to use the Wheel of Life coaching tool to consider and manage own wellbeing https://www.sarahphilcoaching.com/blog/check-in-with-your-own-wellbeing</p> <p>Let it be easy provides strategies for an individual to set themselves up for success https://www.sarahphilcoaching.com/blog/let-it-be-easy</p> <p>Insights and reflective questions on time and how it is being used.</p>
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		<p>https://www.sarahphilpcoaching.com/blog/time-well-spent</p> <p>This blog explores the concept of liminal space, and how this could be affected by the pandemic. It goes on to look at the impact of this period of fear and uncertainty, and how it can be harnessed for own mental wellbeing.</p> <p>https://www.sarahphilpcoaching.com/blog/holding-liminal-space</p> <p>Serve, Lead, Serve poses reflective questions relating to serving and leading in challenging times.</p> <p>https://t.co/u676Nadejr?amp=1</p> <p>We are human beings, not human doings – reclaiming time to think.</p> <p>https://www.sarahphilpcoaching.com/blog/time-to-think</p> <p>Dr Emma Hepburn, Clinical Psychologist Resources.</p>
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		<p>A guide to Looking after your own mental health during the pandemic</p> <p>http://www.gtcs.org.uk/nmsruntime/saveasdialog.aspx?IID=8421&SID=11117</p> <p>A selection of simple but very effective cartoon posters for different elements to wellbeing and mental health including getting of the anxiety roundabout, understanding capacity, self-compassion during times of challenge etc.</p> <ul style="list-style-type: none"> • Do what works for you • Holding on to what I can control • Mental health is/mental health isn't • Routes off the anxiety roundabout • Self-compassion at a time of coronavirus Part 1 • Self-compassion at a time of coronavirus Part 2 • Self-compassion at a time of coronavirus Part 3 • Understanding your capacity • Why am I finding this so difficult?
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		<p>Anna Freud National Centre for Children and families</p> <p>Supporting Schools and Colleges – A Guide to Supporting the Mental Health and Wellbeing of Children and Young people in Times of Disruption https://www.annafreud.org/media/11160/supporting-schools-and-colleges.pdf</p> <p>Cumbria Council Website</p> <p>Guidance on Supporting children and young people’s mental health https://www.gov.uk/government/publications/COVID-19-guidance-on-supporting-children-and-young-peoples-mental-health-and-wellbeing?utm_source=198a9e75-a418-4442-9102-7c714bd37c3c&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate</p>
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<p>Targeted support</p>	<p>The Young Minds Website is a great resource for the top end of key stage two and older secondary aged children; it is aimed at young people who are feeling anxious about the coronavirus. There is some good interactive content. There is also content for parents and advice on how to support their children if they are struggling with anxiety.</p> <p>https://youngminds.org.uk/</p> <p>Beacon House Resources</p> <p>A Guide to Developmental Trauma https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf</p> <p>Signs of Developmental Trauma Summary Sheet https://beaconhouse.org.uk/wp-content/uploads/2019/09/Developmental-Trauma-Summary-Sheet.pdf</p>	<p>Supervision for leaders and staff</p> <p>Supervision guides – PDFs in appendix</p> <p>Diocesan Friends Pastoral Support– Please contact Penny Hollander</p> <p>Beacon House Resources</p> <p>Brainstem Calmer Activities https://beaconhouse.org.uk/wp-content/uploads/2019/09/Brainstem-Calmer-Activities.pdf</p> <p>Signs of Developmental Trauma Summary Sheet https://beaconhouse.org.uk/wp-content/uploads/2019/09/Developmental-Trauma-Summary-Sheet.pdf</p> <p>Developmental Trauma Diagram https://beaconhouse.org.uk/wp-content/uploads/2019/09/DT-Van-Der-Kolk.jpg</p>
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Specialist Support	<p>Additional Support for Families – covers a range of issues and support streams.</p> <p>https://www.cumbria.gov.uk/coronavirus/additionalsupport.asp</p>	<p>Access to educational Psychologist – please see Cumbria Website</p> <p>Access to counselling support – please see Cumbria website</p> <p>Coronavirus Emergency Helpline https://www.cumbria.gov.uk/coronavirus/helpline.asp</p> <p>Education Tactical Co-ordination Group – the ETCG provides education settings with a single central source of advice and information in relation to the management of COVID 19 https://www.cumbria.gov.uk/coronavirus/education.asp</p> <p>Mike Armiger: former Head of Educational Provisions specifically for young people affected by Trauma, care experienced children and children with SEND and mental Health Needs. One of his main roles is that of specialist adviser in relation to trauma and mental</p>
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		<p>health; he supports health and education teams on trauma informed practice, care, response and systems.</p> <p>Mike is able to provide a broad range of training, consultancy and advice, and support at trauma specialists level; please open embedded document for further details.</p> <div data-bbox="1265 598 1332 678" data-label="Image"> </div> <p>MPAA Services and support.docx</p>
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