Trauma Informed Schools in Cornwall:  
The Vital Protective Factors for Staff and Students  
Presentation Notes by Dr Margot Sunderland  
Our Safeguarding Children Partnership for Cornwall and the Isles of Scilly, March 16 2018

About the notes

In this handout, you will find the full text of the slides presented on the training day and accompanying references. We regret, that due to complex copyright and parental permission issues we cannot provide all the images. The presentation notes have been clearly sectioned for ease of reference. There is more material here that we can possibly present on the one day. We do hope you find the notes useful.
One million children in this country have mental health problems
On average it takes a child 10 years to receive help for a mental health problem
(The Centre for Mental Health 2015)

‘We need an army’ (Lord Layard)
Schools are left holding child mental health issues

In many ways it makes sense for schools to pick up the baton as children spend
190 days a year at school, (often forming very important relationships with key
staff) when a Practitioner coming in once a week can only see a few children.

Government Green Paper Dec 2017 Transforming Children and Young People’s
Mental Health Provision
There is a call here for a Mental Health Lead in every school (trained member of staff).
Their research found that appropriately trained teachers/teaching assistants can achieve
results comparable to those of trained therapists.

Research carried out for the paper on children/teenagers age 2-18 found that to quote:
“there is evidence that appropriately-trained and supported staff such as teachers,
school nurses, counsellors, and teaching assistants can achieve results comparable to
those achieved by trained therapists in delivering a number of interventions addressing
mild to moderate mental health problems (such as anxiety, conduct disorder, substance
use disorders and post-traumatic stress disorder

Major studies show that the more schools attend to pupil emotional well being the better
the educational outcomes (The Impact of Pupil Behaviour and Wellbeing on Educational
Outcomes Department for Education) 2012

But school staff may complain that they didn’t come into the profession to deal with
mental health issues. In fact, research shows that many teachers feel frightened and
skilled about working with mental health
2 out of 3 teachers are worried that if they talk to children who self-harm it will
make things worse (Talking Self Harm Report 2015)

50 percent of teachers say their job is causing them severe stress (mostly because of
children’s mental health problems) and many are leaving the profession as a result.
Available: https://www.teachersassurance.co.uk/documents/2013/09/stress-and-

So that’s where we come in.
Our aim: To empower and inform school staff how to help troubled children and most
importantly how to support and nurture school staff in the process!
We build into our training, regular psychologist led supervision and the trainings themselves
are co-led by a Senior Psychologist and a Senior Educator.
And we have the evidence base showing that it’s relational interventions not pills that
changes children’s lives

Our models of intervention will support school staff in how to be, what to do and what to say
to vulnerable children and teenagers and equally, how to emotionally regulate staff

If we are going to address mental health issues in schools, we need to know what
mental health looks like and its origins in healthy child development.
We are not asking school staff to be quasi-psychotherapists, we are simply wanting to
replicating in schools what happens in best parenting ...

Where in the brain is mental health social skills, passion for learning and resilience?
The frontal lobes – emotional, social and cognitive intelligence
• Ability to learn,
• Ability to concentrate
• Good Impulse control
• Emotional regulation
• Empathy
• Ability to reflect
• Emotional and social intelligence.

In infancy, the reptilian brain is in the driving seat for much of the time
Children moving into flight/fight/ freeze
The alarm systems on line (e.g.amygadala)
Infants are often hugely emotionally dysregulating for their parents
Parents who have securely attached children are able to think about behaviour in terms of
underlying mental states. Harvey Karp Youtube

Mental state talk
“The development of the capacity to reflect on mental states [because the adult has used
mental state talk] represents a major leap in the individual’s capacity to regulate his or her
[emotions] Fonagy and Bateman A Adversity, Attachment, and Mentalizing Comprehensive
Psychiatry 64 (2016) 59–66
Maternal sensitivity (affect attunement) in play and in other interactions with the infant, still showing up 32 years later as higher social and academic competence

Secure attachment means feeling secure in the emotional responsiveness of the other...

Empathic listening leads to good vagal tone.
Children/ Teenagers, better able:
To learn
To use life well
To concentrate
To enjoy relationships
To be kind to others


EMPATHY

When we are consistently and repeatedly emotionally responsive to children then top-down inhibitory brain pathways...calm the reptilian part of our brain and its primitive impulses of flight and fight

In all mental ill-health there is a failure of top - down inhibitory functions in the frontal lobes

Secure attachment
Well-balanced autonomic nervous system (parasympathetic and sympathetic branch of the autonomic nervous system) so CALM and ALERT

Secure attachment -- the key role of interactive repair (saying sorry)
This will also be a key intervention from time to time when we are with vulnerable children
So I come to school ready and settled to learn...sitting down at a desk at age 5 and concentrating on my work is easily within my grasp.*

97 percent of children with no painful childhood experience/ trauma have no learning difficulties. 2015 Summit – Adverse Childhood Experience and Toxic stress A Public Health Crisis Nadine Burke Harris et al 2015 The Area Health Education Center of Washington State University) (Burke et al 2011) (Burke Harris 2009) (Brown et al 2009) Felitti 2016 (Fox et al 2015)

So what's gone so wrong for children and young people who have developed or will develop mental health problems?

Developmental deficit
Parents not enough space in their minds to be an emotional regulator for their child
- Depression
- Lack of support
- Too many people's needs of them
- Anxiety
- Unprocessed trauma /loss
- Alcohol/substance abuse
- Suffering from loss or bereavement
- Financial worries
- Domestic violence victim

“Some children have so few [positive] relational experiences that they have [major developmental delay] in the capacity to be socially appropriate, empathic, self-regulating and humane. By the time they reach age 10, they have only had the number and quality of positive social interactions that a typical 5 year old gets. (Perry 2006)

- Child psychiatrists often don't know how to diagnose underdeveloped brains resulting from relational stress and relational poverty
  - ADHD, Asperger’s, mood disorder, ODD, soiling, dyspraxia, bedwetting, bipolar, PTSD All dysregulated/ underdeveloped brain and body systems

Effective stress regulatory systems are not established in the brain
When emotion regulating systems not effectively established in the brain
I can't regulate my rage because no one helped me do that
I can't regulate my anxiety because no one helped me do that
I can't reflect on my feelings, because no one helped me do that
I have no sense of self because no one helped me form that

Why should we help traumatised children: Won’t they just get over it? After all surely time heals?
Without intervention trauma doesn’t heal: It can cause cell death in key parts of the brain to do with social and emotional health and the ability to learn, debilitating physical and mental ill-health and early death. Leaving children in high levels of stress for a duration, can programme the brain’s alarm systems as hypersensitive (HPA axis)
ABOUT TRAUMA
In trauma, thinking is hijacked by emotion. Traumatic stress as toxic stress negatively impacts on learning, behavior and relationships. It includes too high levels of Adrenaline, Cortisol, Corticotrophin Releasing factor (CRF) When these levels of cortisol, and CRF are injected into animals it results in depression, anxiety, increases in heart rate, disrupted digestion, decreased appetite, disruption of sleep, suppression of exploratory activity startled responses, freezing and fighting behavior.

The more trauma, the more behaviour problems and the more learning difficulties

The hyperarousal of unprocessed trauma is awful

THE HPA axis ( Hypothalamus- pituitary- adrenal axis (Megan Gunnar)

Research shows that traumatised children experience the same over-activation in the parts of their brains that anticipate and respond to threat (amygdala) as soldiers returning home from having experienced horrific war scenes. (McCrorry et al 2011)

Every year, thousands of children with mental health problems and unresolved trauma are permanently excluded Last year over 37,000 primary pupils were suspended, including 1,480 5 year olds

It’s not much better than the first world war when we shot soldiers suffering from PTSD


(Research based on 17,000 people Felitti and Anda 1998)


RELATIONSHIPS THAT HURT AND RELATIONSHIPS THAT HEAL (PROTECTIVE FACTORS)

THE ACE STUDY (The adverse childhood experiences study)
...is the biggest ever Public Health Study (17000 people) to show a direct link between adverse child experiences and poor mental and physical health decades later and in some cases, early death.

In the 1990’s Vincent Felitti and Robert Anda (Centre for Disease Control and Prevention (CDC) carried out a survey with 17,000 adults (mostly white, middle and upper-middle class college-educated in good jobs). He asked them 10 questions about their childhood experiences. And all were given physical exams and an assessment of current health status and behaviors.

The 10 types of childhood trauma measured in the ACE Study. Five are personal:
In childhood did you experience?
Emotional abuse (humiliated/sworn at/put down/insulted)
Emotional neglect (feeling unspecial/not important/not loved/not supported)
Physical abuse (push, grab, slap, throw things at you)
Physical neglect (not enough to eat/dirty clothes)
Sexual abuse

Five are related to other family members:
In childhood did you experience:
• A family member depressed/ mental illness, Loss of a parent or parent separation/divorce
• A family member being addicted to drugs or alcohol Witnessing domestic violence,
• A family member in jail

What they found was remarkable:
Painful childhood experiences are a leading determinant of all the main physical, mental and social problems in our society today

As the number of ACEs increases so does the risk of physical illness:
Heart attacks/Strokes Cancer
Diabetes
Chronic lung disease, autoimmune disease, Sleep disturbances, Eating disorders
Headaches, Obesity, Asthma
Irritable Bowel syndrome early death
So ACEs are implicated in the 10 leading causes of death in the western world (Burt, 2001)

As the number of ACEs increases so does the risk of mental illness and attachment issues:
- Depression, Anxiety,
- Conduct disorders
- Addictions to drugs/alcohol/smoking
- Learning difficulties
- ADHD diagnosis
- Violent behaviour
- Domestic violence
- Unemployment
- Poor educational attainment
- Teenage pregnancy
- Troubled relationships

ACE turns out to be the main force underlying the 10 most common causes of death [in the western world]
‘So what happens to children plays out powerfully decades later’ (Felitti 2016)

Different scores: Children
Each type of trauma counts as one “ACE”. So a person who’s been physically abused, with one alcoholic parent, and a mother who was beaten up have an ACE score of three.

No ACES 97% had any learning problems. 3 ACEs or more

2 X times as likely to experience academic failure, 5 x times as likely to have attendance problems. 6 x times as likely to have behavioral problems,

3 ACES or more
Over 50 percent had learning problems In comparison with a child with no ACEs: Twice as likely to be overweigh /obese.
32 x more likely to have behaviour problems
With each additional ACE is an increased risk of learning difficulties, behaviour problems, obesity and becoming serious violent offender by age 35


Why can adverse childhood experiences have such an awful effect on adult mental and physical health decades later?

Psychological Impact
Health harming behaviours to take the pain away
- Smoking nicotine - within 15 - 20 sec of inhalation anti anxiety chemical, anger suppressant and increases focus and relieves depression.
- Alcohol – GABA relieves stress
- Drugs: e.g. Crystalmeth – an anti- depressant. (First antidepressant in 1940 for 18 years was methamphetamine)
- Sex addiction (oxytocin – anti- anxiety/anti- aggression chemicals

Neurological Impact:
Toxic stress chemicals from living with the trauma without help with the pain, damage the brain and body
Damage to:
- Neurochemical systems
- Neuroanatomical
- Endocrine system
- Immune system
- Autonomic nervous system

Because of the impact of toxic stress, people who’ve suffered child abuse have a 50 percent greater risk of getting cancer mid-life than someone who wasn’t abused. As tumour suppressant genes are switched off
Making a link between childhood physical abuse and cancer

Nadine Burke Harris (Pediatrician and researcher ACE -
When parents bring a very angry or anxious child, she doesn’t ask “What's wrong with this child?” she asks, “What happened to this child?”. Instead of pills she has a heart to heart with the parent about what has happened in their life and the parent's ACEs as well as what's happened in the life of their child

But isn't all this a terrible message of gloom?
No it's a message of hope…. a message of massive preventable suffering

PROTECTIVE FACTORS IN SCHOOLS
Research shows that one emotionally available adult before the age of 18 interrupts the
progression from childhood adversity to learning difficulties, mental and physical ill-health… for many children this person will be a teacher.

"If you suffered ACEs as a child and are living an adult life free of addiction and chronic illness, you have someone to thank for it. "

(Choe, Nancy Hardt Professor Emerita, University of Florida College of Medicine 2016)

Just one adult in the school community can make all the difference

The Minnesota study of Risk and Adaptation (Sroufe et al 2005)
Followed 180 infants born in poverty from age 0 to 30, focusing on risk factors for abuse and neglect. The key factor for non-perpetuation of maltreatment was relationship - an alternative, nonabusive adult during childhood or the teenage years, and/or to have participated in a therapy experience for at least 6 months during some period. Virtually none of the parents who perpetuated the cycle of abuse had experienced any of these forms of relationship.

CREATIVE INTERVENTIONS FOR TROUBLED CHILDREN AND TEENAGERS
PACE (play acceptance, curiosity and empathy) for vulnerable and traumatised children
Concept devised by Dan Hughes (see his many books) including Building the Bonds of Attachment

PACE (PLAY ACCEPTANCE CURIOSITY EMPATHY) is a way of thinking, feeling, communicating and behaving with a traumatised child that aims to make the child feel safe with you that they can stay open and engaged and so over time established a secure attachment. It’s also a way of you staying open and engaged with them

PLAY (PACE)
PLAY helps the child move from their social defence system to their social engagement system - cooperation, learning, feeling of safety

When opioids and oxytocin are optimally activated in the child’s brain we do not want to fight (Anti-anxiety/ anti-aggression molecules)

Increasing safety cues through playful tone and touch ( to support the child’s social engagement system)

A playful stance can also diffuse a difficult or tense situation.

The challenge for you to stay open and engaged with a child when another part of you wants to just get angry

" If you want my help with your feelings will you put your toy dog on the chair? If you don’t I guess you don’t want my help right now “

If we optimally activate the PLAY and ATTACHMENT system with traumatised children they will feel psychologically safe with us (these systems activate anti-anxiety and anti-aggression chemicals- opioids/oxytocin)

The snot monster
A playful stance can also diffuse a difficult or tense situation.
When children laugh and giggle, they become less defensive or withdrawn and more reflective.

Shift from mistrust to trust and capacity to seek solace
Stage One –Mindless Mistrust. You are mean and I’m Bad
Stage Two: Whoa!! ! This is weird you are being so different from the adults I’ve known before 
[The power of empathy and attachment play]
Stage Three – Approach avoidance Conflict -To trust or not to trust Stage Four - Practising Trust over Mistrust
Stage Five –Resolving the Conflict “ I can trust you and I am a good Kid”
(See The Neurobiology of Attachment-Focused Therapy: Enhancing Connection & Trust in the Treatment of Children & Adolescents by Baylin and Hughes 2016)

Attachment Play (see Best Relationship with your Child DVDs by Margot Sunderland)
Use of sensory zone or equivalent for children for whom joyful play would be a misattunement - its quieter, gentler and softer

Key resource offering a wealth of ideas for attachment play /relational play
Dr Sunderland’s DVDS “Best Relationship” series also with brain science explained
(Available on Amazon) or www.childmentalhealthcentre.org
Play as enriched environment so repairing brain damage through toxic stress of adverse childhood experiences (synaptogenesis and neurogenesis)

**ACCEPTANCE (PACE)**
Acceptance is about actively communicating to the child that you accept the wishes, feelings, thoughts, urges, motives and perceptions that are underneath the outward behaviour. It is about accepting, without judgment or evaluation, her inner life.

I want to work together to try to make sense of your behaviour even when I am setting limits for that behaviour
I am not for spitting at so I need you to stop that now but I accept that you are very angry with me right now
-Its not Ok to hit your brother but I accept you are very angry with your brother

Acceptance means having an affective reflective dialogue with the child - emotional component and a reflective component.
Too often it’s neither - it’s just a lecture - no emotional component or reflection.
Instead, “You just need to change your behaviour” This doesn’t lead to change in the child

**CURIOSITY (PACE)**
Curiosity, without judgment, is how we help children become aware of their inner life. Will you help me understand what it was like for you when Jake said that about your mum?"

Curiosity is a deep interest and wish to make sense of child’s inner world of thoughts. Feelings behavior and intentions not asking "why" but a wondering that seeks meaning

Curiosity involves a quiet, accepting tone that conveys a simple desire to understand the child: “What do you think was going on? What do you think that was about?” or “I wonder what...?”
It is not interpretation or fact gathering. It’s just about getting to know the child and letting her know that.

Luke Rodgers (age 13)
His social care report that followed him around for years: “Has stolen foster carer’s car in the middle of the night”

The real message behind the behaviour: He was missing his mummy terribly
Luke felt so frightened and alone about being in yet a new foster placement (there were so many) that that he took his foster carer’s car and drove seven hours to see his Mummy (he was very shaken by what he did and regretted his actions)

**EMPATHY (PACE)**
Empathic listening leads to good vagal tone. Children/ Teenagers, better able:
To learn
- to use life well to concentrate
- to enjoy relationships to be kind to others

**Empathy leads to good vagal tone**

•Empathy enables us to share the emotion, pain and sensation of others.
•Empathy is trying to understand the client’s experience from their point of view.

‘The first experience of someone understanding you from the very depths of your personality (Jean Magagna- Former Head of Child Psychotherapy Great Ormond Street) If [this adult] thinks it worth the time and effort to try to understand my experience, I must be worth the time and effort. (Kahn 1997:43).

•it is unique in [my] experience .... To be with someone whose first priority is to understand the finest details of my experience and to let me know that they have understood? It’s hard to believe that it wouldn’t have a profound effect on a person’s view of himself.” (Kahn 1997: 103)

**REGULATE**
Regulatory interventions
Maternal sensitivity/affect attunement in play and in other interactions with the infant, still showing up 32 years later as higher social and academic competence

Mental state talk and matching affect Brings stress levels down
“The development of the capacity to reflect on mental states [because the adult has used mental state talk] represents a major leap in the individual’s capacity to regulate
his or her [emotions]. Foray and Bateman A Adversity, Attachment, and Mentalizing Comprehensive Psychiatry 64 (2016) 59–66 )

Matching affect and Mental State Talk
Harvey Karp – You-tube

Affect Labelling studies: Using language to regulate emotion
Kircanski, K., Lieberman, M. D., & Craske, M. G. (2012). Feelings into words: Contributions of language to exposure therapy. Psychological Science, 23, 1086-1091. Participants were then randomly assigned to four groups (affect labelling, reappraisal, distraction, exposure alone) from which they were instructed to approach a live Chilean rose-haired tarantula and then touch it

How to help children with poorly functioning stress response systems in the brain and body due to developmental deficit and/or trauma
As 80 percent of the fibers of the vagal nerve are afferent – we can calm the brain by breathing, moving, touching (Bessel Van der Kolk 2014) CALMING THE BODY DOWN Tai Chi, Drumming, Meditation, ”Massage in Schools” at the beginning of the school day (Perry, Van der Kolk, also see www.pubmed.com) PLoS One. 2011;6(11): Synchronized drumming enhances activity in the caudate and facilitates prosocial commitment.

Calm Boxes
Sensory Integration Therapy Finding their own safe place Neurofeedback EMDR (eye movement desensitization reprogramming)

Touch - Jim Coan neuroscience of hand holding
Psychol Sci. 2006 Dec;17(12):1032-9 Lending a hand: social regulation of the neural response to threat. Coan JA1, Schaefer HS, Davidson RJ.

School staff will have a rich menu of skills in calming the child’s body down Sensory zones, mindfulness, green settings, forest schools

REFLECT
Supporting children and teenagers to reflect on their feelings and thoughts ( based on the research that the ability to think psychologically is key to resilience We are not asking staff to be quasi-psychotherapists, we are simply replicating what happens in best parenting…

*Mental state talk,
*Affect labelling,
*Empathy,
*Attunement
*Helping children and teenagers to make sense of what has happened to them

Just listening (with acceptance not judgement).
In a sample of 130,000 people, when there was ‘just listening’ to people talk about their painful childhood experiences; doctor visits reduced by 35 per cent and emergency department visits by 11, in the following year. (Felitti V. and Anda R. (2017) in The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease”, 2008 ed. Lanius R Cambridge, University Press.)

Sometimes simple words are the best
You were so alone.
You were just a little boy
And no one knew …and no one knew

Feeling understood brings down levels of toxic stress
Feeling understood activates brain regions associated with reward and social connection (i.e. ventral striatum and middle insula) and so bringing down toxic stress, while not feeling understood activates neural regions associated with negative affect (i.e. anterior insula) Eisenberger et al (2014) Soc Cogn Affect Neurosci. 2014 Dec;9(12):1890-6. The neural bases of feeling understood and not understood

“I wish my teacher knew “
In our model “ I wish my teacher knew” letters are offered with an envelope at the beginning of each term and posted in a letter-box. They can be anonymous or signed and they can be addressed to any teacher or adult in the school so that pupils write to a teacher or adult they trust. It is a far quicker way of establishing a knowing respectful relationship than ‘not knowing’ or only knowing after weeks, months, years or never knowing… Children often write about pets, hobbies etc too of course.

Operation Encompass is a Police and Education safeguarding partnership which supports children and young people exposed to domestic abuse. The police will inform the school the day after a DV incident. The programme speaks of the responsibility of schools and communities to work with these children … But in all children it will lead to over-active RAGE /FEAR/GRIEF systems. But will impact on children’s behaviour and learning in different ways.. This child is identifying with
For Amy in Year 3, DV triggered her GRIEF system. She came to school and day after day, could not stop crying. She drew pictures of a sad Mummy and a cross Daddy. It’s not enough just to let her keep her teddy with her in school. Yes this is a vital “REGULATE” intervention but there must be REFLECT too.

Mental health issues arise when the traumatised child is not being supported to make sense of what has happened to them.

THE UNHEARD NARRATIVE of the traumatised child
If there is no curiosity the narrative behind challenging behaviour or neurotic symptom remains unheard

CURIOSITY is vital to hear the child’s narrative so we can help him with his feelings and thereby the child no longer needs to ‘act out’ through challenging behaviour

Some mental health professionals fail children by giving them pills and a diagnosis and never being curious with them about what has happened to them.

“Never just see behaviour or think in terms of diagnoses – with no reference to the context of [the child’s] life we do terrible violence to the facts of what has happened to him” (Professor Mark Solms) Neuro-Psychoanalysis - Where Mind Meets Brain

Language of Behaviour management, labels and medication
“ This child has ADHD. We will need to put her on Ritalin and give her a behaviour management programme

Language of feeling and relational stress
“The child becomes hyperactive and hypervigilant to deal with terrifying chaos of their inner world” (Orford 1998: 253)

When the child sees the connection between their painful past and their behaviour now, they tend to be more willing to address their past as they know that with you they can do so without shame... and let you help them makes sense of their life (Dan Hughes 2017)

THINKING ABOUT TEENAGERS

Katy
15 year old Katy (experienced parents’ separation/divorce) at the age of 7 and she has never been helped to fully process her feelings about it). She needs an emotionally available adult to be curious about how much she is hurting inside in ways that are interfering with her being able to learn

If these children and teenagers (who have experienced parental separation/divorce) don’t have an emotionally available adult to help them reflect, work through, grieve, make sense of what’s happened, then they are:

• 75 percent more likely to fail at school (far more so than having lost a parent through bereavement)
• 50 percent more likely have low self-esteem, and experience poor peer relationships
• Far more likely to end up without qualifications, claiming benefits, have health problems, behaviour problems, smoke, drink, suffer from anxiety/ depression (Centre for Social Justice Fractured Families 2013)

Mr Hennessy “When it ends in tears like that, it upsets me and I kind of think well what is going on in her head that she is so highly strung and so angry and emotional about something?” (but he doesn’t ask!!!)

Empty words – labels “highly strung” “ emotional” He is thinking not feeling – to be empathic you have got to feel) she is not highly strung. She is chronically frustrated, powerless and deeply unhappy.

“If we just see behaviour …with no reference to the context of [the child’s] life we do terrible violence to the facts of what has happened to him/her” (Professor Mark Solms) Neuro-Psychoanalysis - Where Mind Meets Brain

Mr Hennessy is not responding to her pain. So long as he is fighting with her, there is no hope of change, only escalation

“If we are going to connect with teenagers we have to connect with teenagers’ feelings.” (Julie Revels, CCMH Feb 2018)

Lectures make kids defensive and then they close their minds so we don’t know what’s in their minds” (Dan Hughes 2018)

Katy: Too unhelped: a failure of acceptance, curiosity and empathy

• Why?
• Mr Hennessy did not feel into her pain (vital for empathy).
• He hasn’t been taught the rudimentary skills of how to respond when someone is in emotional pain.
• It is not his fault. He doesn’t know how to do it (no training). But his getting frustrated and being emotion-blind is the road that takes Katy to escalation and deep distress.
• The whole system is flawed. No counselling skills in teacher training, leaves some teachers without the fundamentals of empathy unless they have these prior to coming into the profession (many have)

How could Mr Hennessy have helped Katy?

Mr Hennessy: Hey Katy just talk to me… I am here to listen to you….. I can see you are really unhappy.. Will you help me to understand what you are feeling? (no lectures)

Hey Katy talk to me - Hey shall we start again?
I know it hasn’t been good between us.
I guess sometimes I have just lectured you and not listened to you.
I am going to stop doing that now - so talk to me Katy: What do you need from me , from this school to help you learn, to help you like your school life?

Curiosity

Katy: (imagine she said this) I hate school. I hate my life. I hate myself. Nothing’s right in my life AND I hate you.

Mr Hennessy: (Summarise) SO everything feels so horrible now and you are in such pain. And when you are feeling like that I know it’s difficult to imagine a time that it will be different.
And I hear you hate me ..I can understand that. I know I was too hasty to say you were in danger of breaking the window and I guess you are right- sometimes I don’t take the time to sit down and listen to you

Mr Hennessy (options of what he could say next)
What could we do to help you to feel happier - Can you help us to help you??

Katy: (imagine she said this) I hate school. I hate my life. I hate myself. Nothing’s right in my life AND I hate you.

Mr Hennessy: (Summarise) SO everything feels so horrible now and you are in such pain. And when you are feeling like that I know it’s difficult to imagine a time that it will be different.
And I hear you hate me. I can understand that. I know I was too hasty to say you were in danger of breaking the window and I guess you are right- sometimes I don’t take the time to sit down and listen to you

Mr Hennessy (options of what he could say next)
What could we do to help you to feel happier – Can you help us to help you?

For references and a far fuller account: available on Amazon
• What Every Parent Needs to Know Margot Sunderland (brain science) Conversations that Matter Margot Sunderland (for ‘The words to say it)
• DVD Best Relationship with your Child Margot Sunderland
• The Body Keeps the Score Bessel Van der Kolk
• The Pocket Guide to Polyvagal Theory Stephen Porges
• When Adults Change Everything Changes Paul Dix
• Restorative Justice Pocketbook Margaret Thorsborne /Davie Vinegrad
• Building the Bonds of Attachment Daniel Hughes

For training courses in child counseling skills/ art therapy skills, the art of therapeutic communication www.childmentalhealthcentre.org and www.artspsychotherapy .org

email Rachel@childmentalhealthcentre.org

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