

# Supporting Emotional Regulation

**The Impact of COVID-19** As we have discussed in many of the other briefings, the experience of a pandemic and the 'lockdown' can affect our brains and bodies. Many of us will feel unsafe, trapped, powerless or lacking in connection to others. This makes us more likely to experience traumatic stress and operate outside of our window of tolerance (document 1.a). We are more likely to show hyper or hypo-arousal behaviours. In extreme cases we may then act in 'survival states'. These behaviours may seem 'irrational' or 'unpredictable' but are completely normal given the circumstances and the way stress interacts with our brains and bodies. Of course, many of us may experience feeling unsafe, trapped, powerless or lacking in connection throughout our lives. A significant proportion of our young people may be experiencing, or may have experienced adversity, loss and trauma. For those of us with these experiences, we are more likely to have already suffered the consequences of high levels of traumatic stress both physically and psychologically. It may even have impacted our brain development or cognitive function. This is of course unless we had good supportive relationships, other positive childhood experiences and protective factors to mitigate the impacts of our adverse experiences. Where these impacts have occurred, the pandemic may have led us to re-live or re-experience these episodes in our lives, due to experiencing the same or similar sensations we experienced at the time. We may have begun to re-experience old patterns of behaviour, possibly even 'survival states' such as fight, flight, freeze or defence mechanisms to cope with our experiences. The pandemic may therefore be leading to us experiencing more traumatic stress. For our most vulnerable children and young people who may be currently experiencing adversity, the 'lockdown' may have meant they are spending more time in environments that trigger these natural protective responses. It is therefore more important than ever that we provide them with coping strategies and supportive relationships to help mitigate the impact of their experiences and to support them in developing their levels of resilience.

**Trauma Behaviours** Behaviour can be thought of as communicating an unmet need. If we have not developed the ability to articulate or effectively manage our thoughts and feelings then these can be expressed in our behaviour. For some of us, this is the only tool available to us to demonstrate that something is wrong. Our behaviours can indicate if we are in a state of hyper or hypo-arousal. However, each of us is unique. Not all of the following behaviours indicate trauma or adversity and it is problematic to 'diagnose with trauma' or pathologise people. These behaviours can be influenced by a variety of other factors. Instead we should aim to 'hold trauma in mind' as a possible factor in a person's life if they demonstrate any of these behaviours: poor self-esteem, feelings of guilt and shame, quick to anger, impulsive, feeling persecuted/siege mentality, prone to outbursts, distrusting, withdrawn, difficulty controlling emotion, unable to concentrate, anxious. This is not an exhaustive list. It also represents a wide spectrum of different behaviours, demonstrating that each response is as unique as the individual. Many of these behaviours are rooted in emotion rather than reason. As a result, when we experience these behaviours, support to 'co-regulate' our emotions can bring us back into our window of tolerance; our optimal zone. Here we neutralise stress and are then able to reason, think clearly and access the learning parts of our brains.

**A Note on Emotional Regulation Strategies:** The strategies included in this guide are suggestions as each individual is unique and will require discussion and choices over which strategies they find helpful. It should also be said that these strategies do not require educators to go above and beyond their professional competencies. We are not expecting educators to suddenly attempt to be clinical psychologists. We believe in Dr Karen Treisman's mantra that "you don't have to be a therapist to be therapeutic"<sup>1</sup>. The goal should be to begin with 'co-regulation' activities to support others in managing their emotions and gradually equip them to develop coping strategies they can complete independently. This includes self-care. The more we all practice self-care, the more likely we are to begin each day in our optimal zones on the window of tolerance. We will have more 'resources' available to us to cope with the challenges of every day life and any adversity, loss or trauma that we may or may have experienced.

## How do Stressful Experiences Impact Brain Development and Behaviour?

Emotional Regulation strategies such as regulate, relate, reason are based upon brain science such as the Neuro-sequential Model of Therapeutics developed by Dr Bruce Perry<sup>2</sup> or the triune brain model<sup>3</sup>. What follows is a very simplified version of these models and theories.

From utero our brains develop 'upwards' from our brain stem. Our brain stems (situated in the base of the skull) are linked to the vagus nerve. This nerve is connected along the spinal cord with much of the rest of our body including organs such as the lungs. Our brain stems are involved in relaying primitive reactions to do with survival such as hunger and fear to other parts of the brain. As we grow, our brains develop through our interactions and experiences with others. This builds 'upwards' from our brainstem creating 'brain architecture'. If we do not have positive interactive experiences then we may struggle to develop this 'architecture' of neurons and connections successfully. The limbic system of our brain develops 'above' our brain stem. This is the part of our brain responsible for emotions, behaviours and memories. The limbic system takes relayed information from the brain stem and processes it. As a result, the limbic system plays a key role in governing responses to fear, anxiety, stress and our emotional reactions to different situations. Finally, as we mature, our brains develop the 'cortical' region 'above' the limbic system. This is the part of our brain responsible for rational thinking, reason and cognition. In particular, the pre-frontal cortex.

If we experience traumatic stress on a regular basis as we are growing and maturing in childhood this can affect the natural development of our brains, as described above. The impact of this can be particularly noticeable in our first 1001 days, from conception to the age of 2. This impacts on our ability to learn. We may be more likely to make decisions or behave based on our limbic system response rather than a response from the rational centre of the brain. We need this rational centre to learn. If we feel trapped, powerless, unsafe or lacking in connection to others then we are likely to be out of our window of tolerance and our limbic systems will be in greater 'control' of our behaviour. This may explain why we are unable to concentrate in a class, make good progress with our learning or make 'rational' decisions in any given situation. To remedy this, we can use techniques such as regulate, relate, reason to help support us to re-enter our window of tolerance.

**Regulate, Relate, Reason** We can aim to follow Dr Bruce Perry's process in helping to regulate emotions<sup>4</sup>. It may be that the child or young person has not yet developed the ability to regulate their emotions. This could be because they did not have these formative experiences or conversations with significant adults during their childhood development (their brain architecture was therefore impacted). It may be that when we are expecting young people to behave in particular ways, we are actually expecting things from them that they may not yet be able to do. Whatever an individual's unique circumstances, adopting a regulate, relate, reason approach can help the young person to process and understand their experiences. This is particularly useful when a young person is 'dysregulated', not in control of their emotions and operating outside of their window of tolerance. The most effective approach we can take is to support the child or young person to become grounded in that present moment and enable them to experience a sense of calm and safety. We can co-regulate with them by modelling grounding techniques and by supporting them to identify strategies which they find effective to regulate their emotions. Once calmer, we can then relate to them by using a calm tone of voice, short sentences and validating and affirming their feelings. Naming the emotions they are experiencing also helps us to empathise and relate to their experiences. This helps us in developing a connection with our young people and helping them feel understood. This will contribute to a sense of belonging and thus a more positive attitude towards their environment and indeed their relationship with us. With enough patience, it is likely that a young person eventually re-enters their optimal zone of arousal (see document 1.a). We can then begin to reason with them and encourage them to reflect on their emotions and actions, applying any sanctions or consequences if necessary at this stage. If we attempt to reason with dysregulated children or young people too early, or apply sanctions and consequences when they are emotionally dysregulated this can be problematic. It is likely to escalate the situation. The individual may not even be capable of reason or reflection at this moment in time. As a result, the child or young person does not learn from the experience and instead is likely to experience disconnection.

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**How do Grounding Techniques Work?** The principle of a grounding technique is to support us in regulating our emotions by bringing us back into the present moment. Being in the present moment can lead to us using less of our thought processes to dwell on the past, the future or any feelings or emotions related to events or anticipation of events. For example, this can help to place less emphasis on any anxiety or anger we may have. The idea is rooted in mindfulness and taking notice of our present. If we are able to ground ourselves, either independently or with support, then we are more likely to feel calmer, think clearly, and achieve a greater sense of perspective. We can re-enter our window of tolerance and then access the limbic parts of our brain. However, it is worth bearing in mind that one size does not always fit all. Mindfulness activities with trauma survivors can be potentially harmful, see [here](#), so it is important that we support the individual to find the right activity for them.

**Grounding Technique Examples** Trauma is a multi-sensory process that occurs psychologically and physically at the same time. For example if we demonstrate a fight, flight or freeze response this can be characterised by mental processes such as racing thoughts as well as biological effects like an increased heart rate. Ideally, our grounding techniques involve drawing mental attention and focus to something as well as a physical movement or sensation. These examples can help us to regulate and then effectively express our emotions. We can use them ourselves or with others. However, it should be cautioned that the use of mindfulness techniques with trauma survivors can potentially lead to re-traumatisation. As ever, a personalised process that gives the individual choices is most suitable. We should not discourage the use of any activity based on any age guidelines that may accompany it, rather as Dr Karen Treisman<sup>5</sup> advocates we should meet the individual where they are and provide an activity that meets their needs rather than assumed needs based upon their chronological age.

- Take your first finger and slowly trace the outline of your fingers on the other hand. Breathe in as you go up the fingers, breathe out as you go down the fingers. Notice the points of your body that are in contact with the floor and with the chair. Flex your toes. Scan your body, noticing any points of tension in your body, but don't try to change anything, just acknowledge the feelings and sensations.
- 5,4,3,2,1: Think of 5 things you can see, 4 things you can touch, 3 things you can hear, 2 things you can smell and 1 thing you can taste. Alternatively you can complete 5,4,3,2,1 sights: 5 colours you can see, 4 shapes you can see, 3 soft things you can see, 2 people you see, 1 book you can see.
- ABC around the room: Looking around the room see if you can identify an object that starts with each letter of the alphabet. Note: it is not always necessary to complete the whole alphabet, you may become grounded before then.
- The mindful jar: Instructions on how to make a mindful jar can be found [here](#). This practical activity can give children something to focus on as well as helping them to understand how thoughts can sometimes 'takeover' and feel overwhelming.
- Hugs: It may not always be possible for staff to show physical affection. However a hug can help create a sense of safety and connection which in turn will help us to re-enter our window of tolerance. Where it is not possible to receive a hug from another, we can adopt the following ourselves; tap the right shoulder with the left hand, and the left shoulder with the right hand, give yourself a squeeze and follow this up with a positive affirmation such as "I am in control", "I am safe", "I have survived this before".
- Physical activities: such as walking, dancing, sensory play, and musical instruments such as drumming a beat. Activities which promote movement and the connection of the right and left brain not only help us to re-enter our window of tolerance but they can also be a great alternative to mindfulness activities that promote stillness which aren't always suitable for all.
- Breathing techniques: There are a wide range of breathing techniques available, from breathing activities for the young, such as lying on the floor and watching their belly go up and down as they breath, right up activities that may be more suitable for adults. Dr Karen Treisman gives some examples [here](#). The website [Go Noodle](#) also contains lots of ideas, not just for breathing techniques, but also for movement based activities.
- Dr Karen Treisman describes a number of further grounding techniques in a series of videos [here](#).

**Self-Care** The practice of self-care is also important in emotional regulation. Our current emotional state when something challenging occurs is a factor in how we react to the event. It may be we are triggered to remember a past event or trauma unexpectedly. This might be a comment made by somebody unaware of our experience, content of a particular lesson or activity, or even the emotions of others. If something like this happens to us and we are feeling generally calm, safe and connected to others, we are more likely to be able to cope. We are more likely to remember to use any emotional regulation strategies or grounding techniques we have been taught, shown or developed. Being regulated within our own emotions can help us to better absorb the emotions of others, and prevent any of our own fears or anxieties becoming contagious to children and young people. Practicing self-care regularly as part of our routines can also support us in managing the stresses of the job.

Self-care is unique to each of us and depends on our hobbies, interests and experiences. Self-care can be activities that help us relax or more formalised avenues of support such as supervision, counselling or therapy. As educators we can model self-care to our children/young people. It may well be that they have little interest in things we find relaxing. One thinks of Boris Johnson discussing a fondness for making model buses which is unlikely to impress the average child/young person. However, if leading figures discuss things they do to relax then this can normalise the process for young people as a method we all use to cope. It is possible for us as educators to carefully select an example activity from our hobbies and interests that is appropriate to share with the young people such as exercise, prayer or meditation without discussing anything else we (and they) may find embarrassing or inappropriate. We can also encourage both children/young people and colleagues to follow the principles of the Five Ways to Well-being Initiative promoted by the NHS. See [here](#).

**Safely Closing Activities** It is important that any time we engage in activities or discussions which have the potential to trigger or re-traumatise people by bringing up difficult subjects or memories, we 'safely close' them. This applies to staff as well as children/young people. By 'safely close' we mean ensure that people leave the room grounded in the present moment or ideally on a positive, uplifting note. This avoids the possibility that we bring up a traumatising subject, potentially distressing people and then send them onto the next part of their day pushed outside of their window of tolerance or dysregulated. This can be very impactful both physically and mentally and induce more stress. If a difficult subject does need to be tackled and the specifics cannot be avoided then we can use regulating activities.

We can either 'up-regulate' or 'down-regulate'. 'Upregulation' is most effective if a person is in a state similar to hypo-arousal or very withdrawn. This involves encouraging physical movement, fun, playfulness or the use of our voice at an 'outside volume'. 'Downregulation' is most effective if a person is in a state similar to hyper-arousal or very anxious, agitated or panicked. This likely involves breathing techniques, mindfulness or the use of a soothing, calm tone of voice at an 'inside volume' or even quieter. The particular activity chosen depends on the individual or set of individuals and the context. These activities may also have greater effect where they encourage co-operation or connection between people in a group, though that depends on the context and the inter-personal dynamics of the situation (eg: it may not be appropriate to encourage a group activity with people who have just argued). Dr Dan Hughes advocates that lightness, hope, background playfulness, acceptance, curiosity around how to find a way forward, and greater empathy can reduce reactivity and encourages us to be mindful of the mind and heart of the child. This moves us beyond focusing on the behaviour and helps to maintain our relationship. It also supports us to get back up again if we have a wobble or make a mistake ourselves<sup>6</sup>.

Examples suggested by Dr Karen Treisman include; encouraging a group to keep a balloon off the ground for 3 minutes by hitting it between them, asking people to make an item for each other using a craft activity such as drawing, writing or making<sup>7</sup>.

We may also choose to create quizzes or play other games. These activities used at the end of a session can help to ensure people leave the situation on a positive note and can lessen the possibility they dwell on the discussion. Furthermore as part of closing an activity safely we need to consider any local safeguarding procedures that may need to take place, this where suitable may include the sharing of appropriate information with the member of staff who will be caring for the child or young person.

## References

1. Treisman, K., (2018), 'Becoming a more culturally, adversity, and trauma-informed infused, and responsive organisation', Moving Towards Being and Sustaining a Trauma-Responsive Barnardo's, presented at the NEC, Birmingham: 1st-3rd May 2019, London: Winston Churchill Memorial Trust
2. Dr Bruce Perry, The Child Trauma Academy's research base, available at: <https://www.childtrauma.org/interventions> (Accessed May 2020)
3. <https://www.thescienceofpsychotherapy.com/the-triune-brain/>
4. Dr Bruce Perry, through Beacon House. The Three R's: Reaching The Learning Brain. Available at: <https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Three-Rs.pdf>. (Accessed May 2020)
5. Treisman, k. (2018)
6. Dr Dan Hughes. (2020). *Parenting a Traumatised Child While Living through COVID 19*. Available at: <https://www.youtube.com/watch?feature=youtu.be&v=2nLFOwdoSJO&app=desktop>. (Accessed May 2020)
7. Treisman (2018)

## Resources

- <http://www.safehandstinkingminds.co.uk/covid-anxiety-stress-resources-links/> - Dr Karen Treisman has gathered together many resources, videos and blogs with information on trauma-informed responses to the Pandemic.
- <https://beaconhouse.org.uk/wp-content/uploads/2019/09/The-Three-Rs.pdf>—Regulate, Relate, Reason: Beacon House
- <https://www.camhs-resources.co.uk/downloads> - CAMHS Resources
- [https://www.acc-uk.org/public/docs/page-pdfs/SENSE\\_COVID-19.pdf](https://www.acc-uk.org/public/docs/page-pdfs/SENSE_COVID-19.pdf)—Nicola Lester
- <https://jessicalangtherapy.com/blog/regulate-relate-reason-brain-state/> - Regulate, Relate, Reason: Jessica Lang
- <https://beaconhouse.org.uk/wp-content/uploads/2019/09/Labels-1.pdf> and <https://www.youtube.com/watch?v=Wcm-1FBrDvU&t=174s> —The Window of Tolerance: Beacon House
- <https://www.thescienceofpsychotherapy.com/is-mindfulness-safe-for-trauma-survivors/> - Is mindfulness safe for trauma survivors: David Treleaven.
- <https://heartmindkids.com/how-to-make-a-glitter-jar-for-mindfulness/> - The Mindful Jar: Heartmindkids
- <https://www.youtube.com/watch?v=MHwiqovPrXY&feature=youtu.be> - An introduction video to a left and right breathing relaxation exercise: Dr Karen Treisman
- <https://www.gonoodle.com/> - Movement and Mindfulness videos: Go Noodle
- <https://www.nhs.uk/conditions/stress-anxiety-depression/improve-mental-wellbeing/> - 5 steps to mental wellbeing: NHS