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Polyvagal Theory and Regulation in the classroom

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The Australian Childhood Foundation acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians and owners of this land and waters. We pay our respects to their Elders past and present and to the children who are their leaders of tomorrow. We acknowledge their history and living culture and the many thousands of years in which they have raised their children to be safe and strong.



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We are about to explore:

- The deep connection between the brain and the body through the Autonomic Nervous System responses to threat.
- The foundational knowledge is based upon Polyvagal theory introduced by Stephen Porges in 1994.
- How this knowledge can support our assessment on what may be disrupting children's connection to learning in the classroom
- How to respond to children in a survival response
- How to regulate and increase safety in the classroom to reconnect children to their learning.



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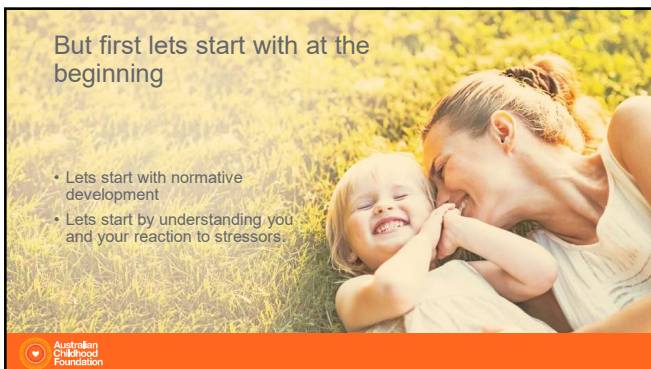
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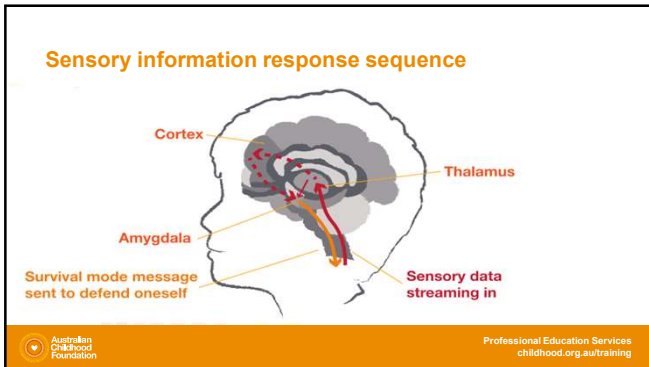
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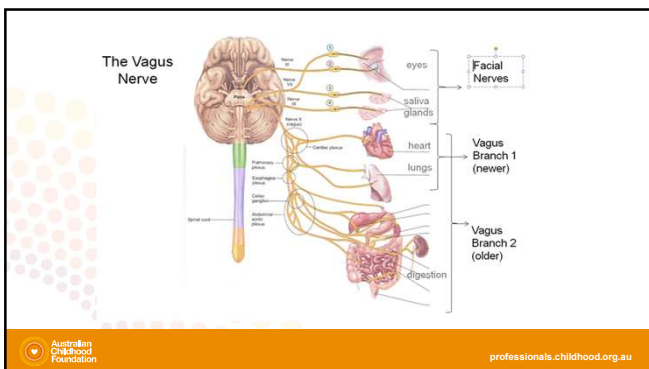
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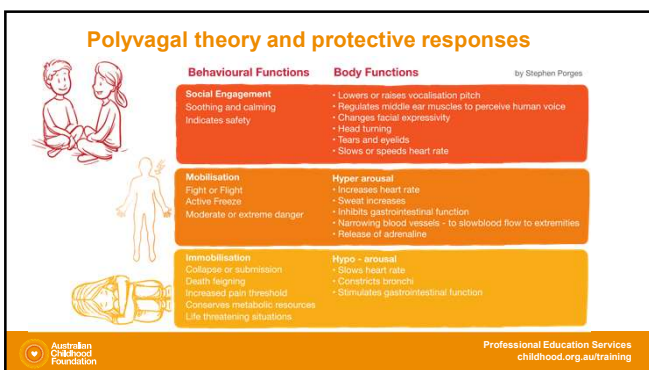
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Embodied trauma

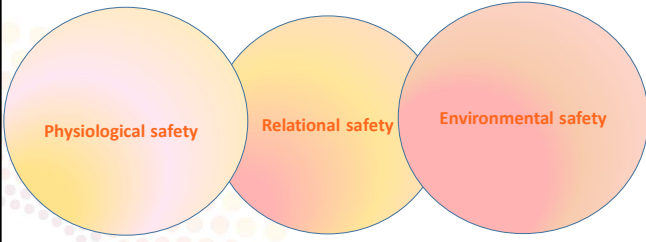
- It is important that we understand the deep connection between the body, the brain and trauma.
- Trauma shuts down the cortex and hippocampus impeding on one's ability to 'make sense of' or have a coherent narrative about what their body has endured.
- Our implicit memory (sensory, procedural) can make us feel the sensations of trauma long after the trauma has occurred.
- Students may struggle to remain in the present 'here and now'



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Strategies to promote neuroception of safety

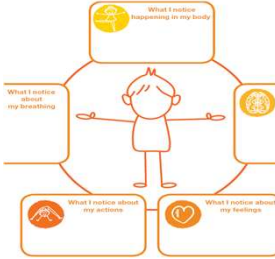


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Physiological Safety

- Provide opportunities for children to reconnect with their bodies such as Interoception activities
- Understand that the body may need time to regulate to a calm state.
- Ensure there is a de-escalation plan for students to help them recover from their distress that includes connection to a supportive adult.




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Working with nervous systems

Increase Resources – Regulatory Capabilities

Social Engagement




Offer...

- Heat snap pack
- Something weighted
- Reduction in stimulus
- Physical task


Offer...

- Punching bag
- Screwed up paper to kick / throw
- Change environment
- Pool noodle

Mobilising



Immobilising




Offer...

- Heat snap pack
- Gentle sensory/spine engagement
- Chewing on a sweet or sour lolly, drinking cold or sweet

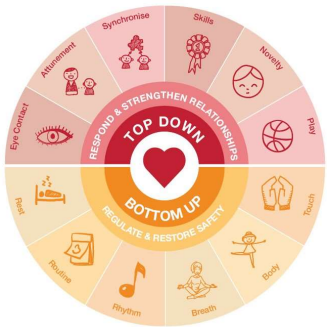
Offer...


- Drip cold water on the skin i.e. palm initially
- Music, hum
- Voice of safe person
- Seek small movement



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Planning ...

- Consider the **function behind the behaviour** – what is the unmet need? What alternatives could we offer the child to meet this need in a different way?
- Can the behaviour be understood as a **fight, flight, freeze or withdrawal** response?
- What **stressors or situations** do we think trigger these behaviours, and which ones can we do something about?
- What **skills** can we help the child/young person to develop, to support them in reducing these behaviours?

Don't rely on consequences to promote behaviour change



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Moving through states

- Consider support through transition times
- Consider support through different environments
- Consider support through activities arousal states

Structure everyday experiences to have three distinct phases of activities.

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Safety in the classroom

- Create connection and sense of belonging
- Consider sensory environment i.e. noise level
- Consider where each student is at in their nervous system as they enter – do they need to up regulate or down regulate to focus
- Facilitate early opportunities for success
- Make things predictable and consistent
- Identify an 'emotional anchor' or key person for the student

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Phew that was a lot to cover!

Some key points:

- Polyvagal theory tells us that under threat we will slip into unconscious survival based responses of Mobilisation and Immobilisation
- To achieve Social Engagement we need to reconnect the child to a sense of safety through our relationship
- Recovery from trauma takes time, but we can make a difference
- Children will benefit from trauma responsive planning which aims to increase physiological, relational and environmental safety

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