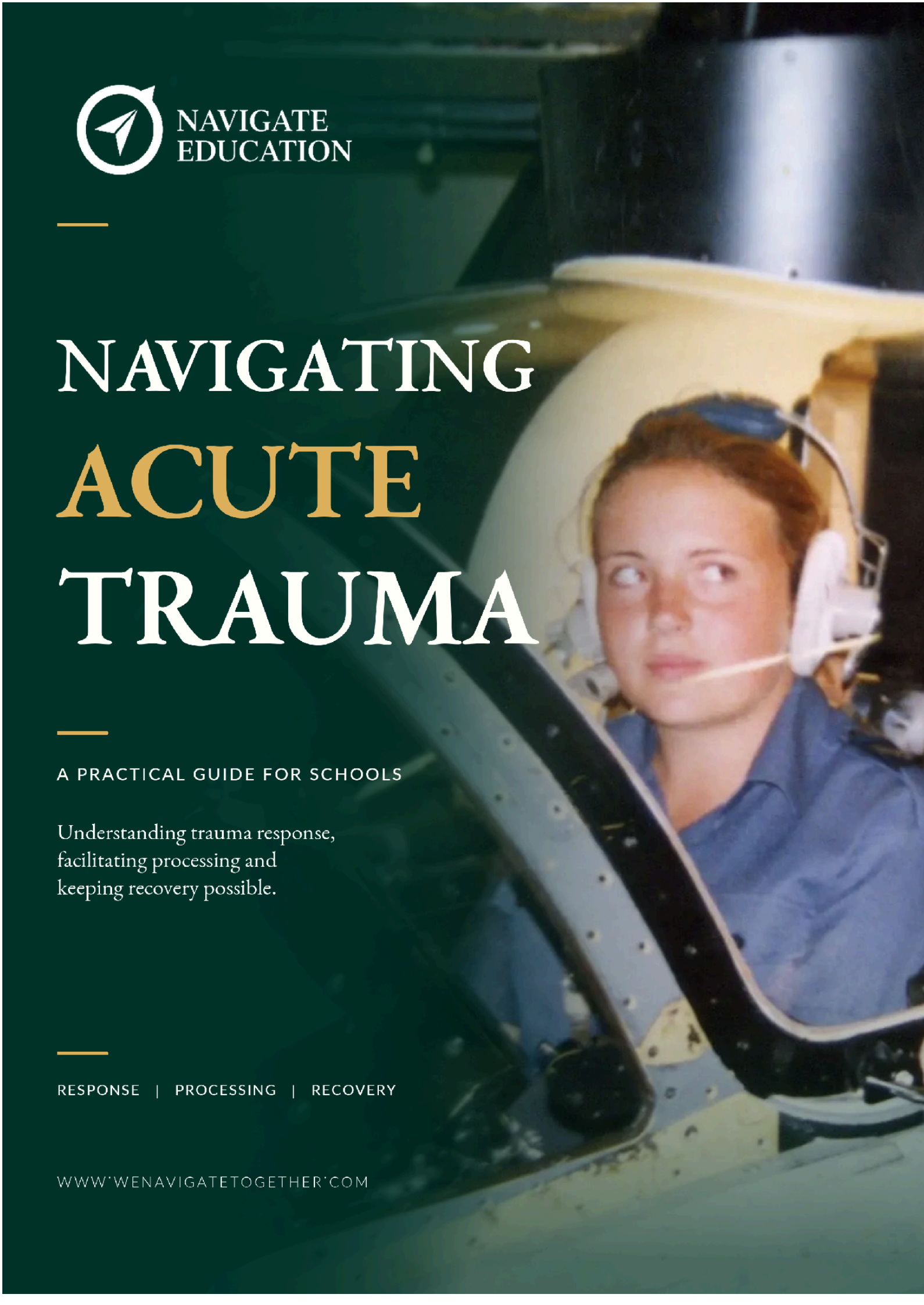
NAVIGATE EDUCATION

NAVIGATING ACUTE TRAUMA

A PRACTICAL GUIDE FOR SCHOOLS

Understanding trauma response, facilitating processing and keeping recovery possible.



RESPONSE | PROCESSING | RECOVERY

WWW.WENAVIGATETOGETHER.COM

The purpose of this guide

I first wrote this guide because so much of what happens after an acute trauma is misunderstood. In the immediate aftermath, adults usually recognise shock and distress. It can be much harder to understand a young person who seems fine, becomes fiercely defensive, starts telling a different story or is suddenly consumed by an achievement. The responses that worry or frustrate adults may emerge when the young person is only beginning to make sense of what happened. Our response then matters enormously. What we do in the days, months and years that follow can widen or narrow their access to safety, learning, relationships and hope.

In the original guide, I described acute trauma as the point where shock, tragedy, death and media come together. I still think that combination deserves particular attention. An experience that is intensely personal can become public before the person has found words for it. After a major incident, a young person may be living alongside news coverage, rumours, photographs, other people's memories and a version of events that everyone seems to know. Social media means this can now happen well beyond the incidents that once attracted national coverage. Some children are directly involved; others encounter frightening events through their families, communities or repeated exposure online. We need to understand the story being told around them as well as the one they are trying to understand themselves.

Navigate uses acute trauma to describe the aftermath of an overwhelming event or sudden period of threat or loss, particularly where shock, grief and public exposure interact. It is a practical description of the needs that adults may encounter in education, while clinical diagnosis and treatment remain the responsibility of qualified professionals. Trauma can occur without death or media coverage, and two children may respond very differently to the same event. Behaviour alone cannot establish whether a learner has developed post-traumatic stress disorder (PTSD).

Three connected lenses, with no prescribed timetable

THE NAVIGATE LENS	WHAT ADULTS NEED TO UNDERSTAND
Response	The person may be coping with an overwhelming immediate experience. Basic needs, cognition, sensory processing, communication and regulation can all become harder to access.
Processing	Meaning-making may be delayed, fragmented, repetitive or painful. Behaviour can offer immediate control, escape, narrative, connection or hope, even when the behaviour has significant costs.
Recovery	Recovery creates more room for understanding, self-direction, ordinary life and hope. It can include setbacks, reminders, grief and continued support without requiring the person to be defined by trauma.

I use response, processing and recovery because they help adults understand what may be happening and what support is likely to be useful. They are ways of making sense of an experience, not three appointments on a calendar. Parts of processing can begin early, arrive years later or return during an otherwise settled period of life. Many people recover with time, safety and support; others need specialist treatment. The questions remain personal: what is happening for this young person now, what has become difficult to access, and what can the adults around them make more possible?

THE NAVIGATE COMMITMENT

Keep the future open. Adults provide emotionally safe relationships, predictable structures and developmentally appropriate choices, while maintaining high expectations and building the skills and opportunities that a young person needs to access them.

PART 1 / TRAUMA RESPONSE

Trauma response: contradiction is common

I have always been wary of a list of trauma symptoms. It would cover everything and nothing. The same child can look entirely different from one day to the next, and the child who appears to be coping may be working harder than anyone can see.

I describe the tension of trauma response as 'shut down' and 'overdrive' happening at the same time. A young person can be exhausted but unable to settle, detached but alert to every small change, desperate for sleep while their body behaves as though danger might return at any moment. These descriptions are useful because they remind us that opposite responses can be happening together. We miss a great deal when we decide in advance what distress ought to look like.

One young person may be exhausted and unable to begin ordinary tasks; another may be restless, agitated or continually checking what is happening. The same learner can be tearful, angry or apparently detached across a single day. They may seek physical closeness and later want to be left alone. Some ask endless questions about the incident; others avoid reminders. One might refuse every instruction; another might become unusually quiet, helpful and compliant.

A child who appears capable may still be finding the day extraordinarily difficult. Compliance may protect them from attention or conflict, while humour, high achievement and an apparently successful lesson tell us little about what happens when they are alone. Visible distress is one signal; changes in access, connection and daily functioning matter just as much.

Attention, working memory, planning, decisions, comprehension, and organising oneself may be harder to access after an overwhelming event. A question that was straightforward last week may now require several repetitions. A teacher who interprets this as deliberate disregard may unintentionally add shame and another demand to a learner who has very little thinking space left.

The Navigate idea of “sponge space” helps adults consider capacity. Distress, poor sleep, cognitive overload, sensory pressure, financial strain and social exposure can occupy the mental space needed for learning and regulation. The experience is individual. Staff should ask what has changed for this learner and which parts of the day now require extra support.

How adults help

- Restore physical safety and predictability. Ensure that safeguarding, medical and critical incident responsibilities are being met, and that the learner knows which adult is available.
- Stay connected without demanding disclosure. Ordinary greetings, a stable tone and a consistent place to return to often matter more than a formal conversation.
- Make instructions smaller and more visible: one step, a model, a written prompt, a predictable “now and next”, and time to respond.
- Avoid concluding that a learner is safe or well from their appearance. Ask about change, functioning, access to relationships, sleep, eating and participation, and review concerns.
- Seek appropriate professional advice promptly when distress is intense, sustained or worsening, when there are signs of significant functional impairment, or whenever safety is uncertain.

SPEAK THEIR LANGUAGE

"You do not need to explain anything to me today. I want you to know what will happen next, who is here, and how to get some help if you need it."

Make basic needs possible

During a trauma response, needing food or sleep does not mean being able to access them. I have seen how the conflict between 'shut down' and 'overdrive' can make the ordinary conditions for eating or resting feel impossible. A busy dining hall may be too exposing; a silent bedroom may be unbearable. The question for adults is what needs to change in the environment so the basic need becomes possible again.

Small details can make a substantial difference. Some children manage to eat in a quiet room or with a familiar blanket around them when a crowded dining hall feels impossible. Others settle better with headphones that play nothing, a fan, predictable background noise, a pillow fort, or a smaller, more enclosed place to rest. A familiar television programme may provide enough sound to make sleep possible. Listen closely to the individual need and consider the practical safety of each adjustment at home or in school.

A practical menu to explore together

WHAT IS DIFFICULT	ADJUSTMENTS TO TEST AND REVIEW
Eating, drinking and resting	Reduce crowding, offer a predictable time or place, allow a familiar comfort object, and make water easily available. Check medical or dietary needs as appropriate.
Noise and competing sensations	Headphones or earplugs where safe, quiet seating, a fan or gentle background sound, a hood or beanie where appropriate, and a clear way to ask for a break.
Body state and agitation	A short supervised walk, wall presses, movement, a cool drink or safely used cool pack, drawing, chewing or another familiar sensory strategy. Test whether it actually helps.
Feeling exposed or unsafe	A dignity space, a quieter entrance, a choice about who approaches, and clear arrangements for privacy, observation and a return to activity.
A loss of routine	A simple schedule, transitional warning, familiar adult, smaller start and an agreed way of reconnecting after absence or overwhelm.

Weighted blankets, fans, fidget toys, pillow forts, headphones, and even choosing somewhere other than the usual bed can be meaningful sources of comfort. Their usefulness depends on the child, the environment and what the strategy actually changes. Weighted items require suitable safety advice and supervision where applicable; cold input should be gentle and safe. Ice baths are unsuitable as a school regulation strategy, and strong smells or sounds can increase distress for someone else.

When a learner leaves a busy dining hall, check whether noise, proximity or social pressure has made eating difficult and agree a safe, supported route back. Headphones may allow a child to concentrate, provided the arrangement still allows them to hear safety instructions. A quiet space needs clear supervision, an agreed return point and adults who understand why it exists. These details make help reliable across the day.

Support cognition and preserve factual clarity

Adults often want to protect a child from frightening detail, and there are good reasons to be careful about what we share. But I think we sometimes underestimate how much accurate, manageable information can matter later. A child's memories may already be tangled with what somebody else said, a photograph, a headline or an assumption that was never corrected. We can help preserve reliable facts without deciding that the child must be ready to hear or discuss them today.

Trauma can affect attention and the way information is encoded or recalled. In the immediate aftermath, a child might misunderstand what was said, confuse the sequence of events or hold one frightening detail without the context surrounding it. Adults should offer clear, age-appropriate facts and revisit questions when they arise, without requiring the child to retell the event or produce a complete account.

The difference between a headline and a thousand smaller details

I can describe the coach crash in one sentence: 'I was in a coach crash and three of my friends died.' That is the headline. But an overwhelming experience is made up of thousands of much smaller details. One piece of mine was that an overseas left-hand-drive lorry pulled out too far and clipped our springed wing mirror, which then smashed the coach door. There were sounds, positions, conversations and moments around that piece which did not fit neatly into the headline. Understanding a small detail could help me make sense of something enormous. That is why I want adults to appreciate the difference between somebody knowing what happened and being able to understand their own experience of it.

For some survivors, understanding small pieces over time can reduce confusion. For others, details may be unavailable, irrelevant or too distressing, and active reconstruction may be unhelpful. The purpose of factual clarity is to support a person's sense of orientation and agency. It is never to require exposure, force processing, obtain a disclosure or turn school staff into investigators. When trauma-focused memory work is required, it belongs with appropriately trained clinicians.

Two kinds of record, serving different purposes

RECORD	PURPOSE AND SAFEGUARDS
Factual school record	Maintain an accurate chronology of confirmed events, decisions, support offered, communications and safeguarding actions. Record the source of information and clearly label what is unknown or unverified.
Optional learner-held log	Offer a notebook, simple timeline, drawing, audio note or question page if the learner finds it helpful. They choose whether to use it and what to share, within safeguarding limits. Avoid prompts to recover missing memories.
Information for families	Share confirmed information through the agreed lead, avoid speculation, explain changes clearly and identify a route for questions. Respect privacy and information governance.

A child may find it useful to hear that sleep disturbance, numbness, fear, confusion and difficulty concentrating can follow overwhelming events. Explain possible responses in age-appropriate language, invite their own description and leave room for change. 'My brain is trying to protect me' can help separate a frightening experience from someone's sense of character. Avoid promising a fixed recovery timetable or suggesting inevitable, permanent damage.

SPEAK THEIR LANGUAGE

"I can tell you what we know, what we do not yet know, and who you can ask. You do not have to put every piece together today."

Regulation begins with communication

Regulation support begins with understanding and communication. An adult may be asking for a change in behaviour when the learner cannot yet explain what is happening internally. A shared signal, a predictable response and an agreed plan make it possible to ask for support before words become difficult.

Traffic-light postcards

A simple red, amber and green postcard can help someone describe what feeling settled, overloaded or distressed looks like for them. Red may mean shouting and seeking company for one child, while another becomes silent and wants a trusted adult at a distance. Adults can create their own postcards as well, making regulation a shared language across a relationship. The individual definition of each colour matters more than the colour itself.

A personal traffic-light example

COLOUR	WHAT IT CAN LOOK LIKE FOR ME
RED	Working obsessively; can only sleep with my daughter and not sleeping very much; appetite for lots of bland food; waking up tearful.
AMBER	Short tempered; frustrated by "layers" of noise; always preoccupied by work; struggling to switch off and be present.
GREEN	Use headphones to help concentration; able to switch off easily; regularly walking; can relax before falling asleep.

These are my own traffic lights. Red does not always look like the version of distress other people expect, and green does not mean I will never need an adjustment. I share them because I want adults to see how personal this language must be. When we have worked out what settled, overloaded and distressed look like for one individual, we can agree a response that remains usable when their thinking space narrows.

"If X, then Y": a plan made before it is needed

One example is a learner who begins shouting and losing control of their emotions in class. They may know that a quiet nurture room, a pillow and the presence of a silent adult help them recover. The agreement can be very specific: the adult sits nearby and waits until the learner raises a hand before speaking. By rehearsing the sequence in advance, everyone has a safe response available at the moment it is needed.

A USABLE PLAN

IF the room feels too loud and I begin to shut down, THEN I can show my orange card. An adult will indicate the agreed place, give me five minutes and check what I need before supporting me back to learning.

The plan should state the required supervision, any safeguarding requirements, safe communication, the adult response, the agreed duration or review point and the route back. It should be practised when the learner has sufficient capacity. It may need adjustment as circumstances change.

SPEAK THEIR LANGUAGE

"I can see that the room is getting harder to manage. You can use your agreed plan now. I will be where we said I would be."

PART 2 / TRAUMA PROCESSING

Processing may begin long after the event

Shock can put a strange distance between an event and our capacity to understand it. I have known what happened in factual terms long before I could begin to make sense of parts of it emotionally. Some people begin that work quickly; for others, a fragment becomes possible to think about only months or years later. We cannot put a date on when somebody should be finished with it.

Processing can begin as daily life returns to a familiar routine and other people assume that the worst is over. A journey, photograph, comment or relationship may bring a different part of the experience into focus months or years later. People find their way through these experiences at different speeds, sometimes with ordinary relational support and sometimes through specialist treatment. A person can also live well while particular memories remain painful or unresolved. This is why time alone is a poor guide to need.

Why this period can be misunderstood

I think this is where adults can make their most consequential mistakes. We understand the child who cries just after an incident. Months later, we may be less prepared for the child who changes their story, lies about something apparently unimportant, becomes obsessed with achievement, refuses help or takes dangerous risks. The behaviour can be difficult to live alongside, and sometimes it is unsafe. But it may also be providing control, escape, a manageable narrative, connection or hope at a point when those things feel scarce. When we respond only to the behaviour, we risk removing the very thing a young person has found to get through the day without giving them another way to meet the need.

This does not mean leaving risky or harmful behaviour unchallenged. It means keeping our boundaries while becoming much more interested in what the behaviour does for the person. Shame, public contradiction and demands to move on can make an already vulnerable young person less able to seek help or test a safer response. The aim is to teach and make accessible an alternative that genuinely works for them, rather than asking them to surrender a coping strategy with nothing in its place.

Ask what changes for the learner when they refuse, run, bargain, return repeatedly to news coverage, conceal information, push an adult away or become consumed by an achievement. Where do they gain influence, respite, privacy, belonging, recognition or a reason to imagine tomorrow? The answer can help us design an effective response while continuing to hold boundaries, accountability and safeguarding responsibilities.

NAVIGATE TEACHING LENS

Control, escape, narrative and hope are four recurring needs explored throughout Navigate's revised Trauma Processing Programme. They offer hypotheses to explore with the learner and relevant adults; they are neither diagnostic categories nor an exhaustive explanation of behaviour.

What processing can look like: seven patterns

The following seven patterns deserve careful attention because adults can easily misunderstand them. Each may serve several functions, and the meaning changes across learners and circumstances. Understanding the possible purpose helps staff respond with steadier boundaries, better support and greater curiosity.

1. Stories, exaggeration and changed accounts

A learner may tell different stories about a traumatic event, their family, an achievement or their current circumstances. A version may change with the listener or with the level of safety they feel. There can be many explanations: ordinary memory errors, missing information, misunderstanding, deliberate deception or a narrative that provides privacy, care, control or hope. The emotional meaning of an account may be important even when some facts are uncertain. We must not infer deception from inconsistency, and safeguarding disclosures must be recorded and referred appropriately.

The question “What is this story doing for them?” is often more useful than immediate public contradiction. It opens the possibility that an account is helping someone escape a reality that feels unbearable, receive recognition that has been scarce or discuss difficult feelings without exposing the full event. Accurate facts remain essential in safeguarding and legal settings; emotional curiosity and factual clarity can coexist.

2. Bargaining, rituals and achievement

Bargaining may be private, spiritual or expressed through action. A young person might set an extraordinary goal, join a demanding physical challenge, fundraise for a cause or become relentlessly focused on an achievement after a loss. They may hope that success will make the death mean something, bring comfort or somehow reach the person who died. Language such as 'I'm doing this for them' or 'This will be enough' can reveal how much hope has become attached to the outcome.

These actions are not inherently concerning. They can create identity, connection, contribution and genuine hope. Adults should explore when the activity is supporting wellbeing and when a young person begins to feel that an impossible outcome is required for forgiveness, reunion or relief. Notice the pressure beneath “This will be enough,” while respecting ordinary grief, remembrance, religious beliefs and cultural practices.

3. Defensiveness and the fear of being misunderstood

Defensiveness often grows in the gap between a young person's lived experience and the story the wider community tells about it. After a public incident, adults may settle on one version of events or one expected way to feel, leaving those whose experiences differ feeling selfish, confused or wrong. Public correction, pressure to show gratitude and assumptions about how a survivor should behave can intensify shame and make honest communication harder.

Defensiveness may protect against another moment of exposure. The adult can keep a boundary and make it possible to be heard: “There may be parts of this that felt very different for you. You do not have to explain them all now.”

When the behaviour serves an urgent need

4. Risk-taking, self-harm and attempts to change state

Substance use, self-harm and dangerous risk-taking deserve careful, precise responses. A person may be seeking escape from overwhelming emotion, a rapid change in bodily sensation, control over a frightening moment or relief from intrusive thoughts. The function can change from day to day, and understanding it can

guide safer alternatives. Suspected self-harm, serious substance-related risk and immediate danger always require timely safeguarding action and appropriate professional assessment.

A safer alternative should be meaningful enough to compete with what the risky action provides. For some, a brief supervised movement break, cool water, strong but safe sensory input or another familiar activity may help reduce immediate pressure. These are possible coping strategies, not substitutes for assessment or treatment of self-harm and suicidality.

5. People-pleasing and compromising boundaries

A young person may long to belong while fearing that affection or acceptance could be withdrawn. They may agree to things that they find uncomfortable, struggle to say no or remain in relationships where their boundaries are repeatedly crossed. Guilt, shame and a diminished sense of worth can make this especially difficult after trauma. Watch the pattern and the relational context, including signs of exploitation or coercion, without drawing conclusions about trauma from agreeableness alone.

Teach the language of boundaries as a replacement skill: “I need to think about that,” “I do not want to share,” and “I need some space.” Watch for coercion, exploitation or abuse and use safeguarding procedures where indicated. Recognition and belonging should be available without the learner having to perform compliance or emotional closeness.

6. Defiance and the reclamation of control

Trauma can remove influence over what happens, who knows intimate information and what other people expect. Refusal is one fast way to make a decision matter. Running creates an exit; silence prevents another person reaching into the story. A public power struggle can therefore strengthen the very behaviour an adult is trying to stop. The boundary remains important, and the route into the boundary must feel possible.

SPEAK THEIR LANGUAGE

“We still need to complete this. You can start here or at the table. I will give you a minute and come back.”

7. Hyperfocus, retelling and media searching

For some young people, emotional intensity arrives before they have the information or language to understand it. Searching articles, recounting the event and comparing other people's versions can make a large feeling seem more credible or explainable. Sometimes the new information supports understanding; sometimes it introduces more uncertainty and creates another reason to search. Ask what happens during and after the activity, and whether the learner can step away safely.

Connected isolation: known about, yet alone

Connected isolation is one of the most painful contradictions I recognise in acute trauma. An incident can connect an entire community, while the person at its centre feels more isolated than ever. Everyone seems to know the headline. Almost nobody knows what it is like to walk into the room carrying it. The person may lose the freedom to be ordinary, to have a different response from everyone else, or to enter a conversation without their experience arriving before them.

After a serious accident, a death or a widely reported event, a child’s peers may already know the headline. Adults may have read a report. Families and the media may share photographs, interpretations and memories. The person whose life has changed can be surrounded by concern while losing the ordinary freedom to enter a room as themselves.

This creates a particular kind of loneliness. People may ask questions they cannot answer, offer sympathy that feels like a demand, or become awkward and avoid contact. The child may feel visible without being known. Shame and guilt can attach to this isolation: “Everybody expects me to feel a certain way, and my actual experience does not fit.” A learner may then protect themselves with humour, withdrawal, anger or an account that other people can more easily accept.

Connection does not require comprehension

After the coach crash, I went to three funerals in three days. When I returned to school, the playground seemed to fall silent. People looked at me with sympathy and then looked away. I felt like a hot potato: incredibly visible, yet strangely alone. People did not need to understand everything that had happened to me. I needed them to be able to stay alongside me without treating my experience as something too frightening or awkward to touch.

I have experienced the same instinct to reassure in a very different situation. When my dad had a heart attack, everyone seemed to know Bob down the golf club or Bill from work, somebody who had a bypass and was playing golf again weeks later. They were trying to help. What I heard was that my fear was too much. My dad had nearly died and was facing major surgery. I did not need to hear about Bob. I needed somebody to recognise how frightened I was.

This is what I mean when I ask adults to be able to say, 'I can do messy.' A young person should not have to tidy their grief, make it sound sensible or protect us from how uncomfortable it is to hear. We can say, 'I don't know how to make this easier. I can stay here with you. You don't have to make this conversation easier for me.' Sitting quietly, doing a practical task side by side, or hearing the same worry another day can be the support. Adults need their own space and support to manage what they carry, so that their discomfort does not become another burden for the child.

SPEAK THEIR LANGUAGE

“I am sorry that this is so difficult. I do not have all the answers and I wish I did. You matter to me, and you do not need to make this conversation easier for me.”

What schools can change

- Keep ordinary contact possible. Use a natural greeting and offer familiar activities without asking for a personal update every time.
- Give the learner some control over attention, visitors, public recognition, assemblies and what peers are told.
- Make safe participation possible in lessons, clubs, trips and social times, so the traumatic event does not become the whole identity the school sees.
- Train adults to tolerate uncertainty and sorrow without imposing a lesson, a positive outcome or an expectation to disclose.

Enforced vulnerability and the loss of privacy

Enforced vulnerability reaches into things adults can easily overlook: who has read your story, who asks about it, who can describe you to somebody else, and whether you ever get to decide how much of yourself to reveal. When an incident becomes public, a child can lose control of the terms on which other people understand them. That loss of privacy can make even kind attention feel unbearable. The young person should not have to expose more of themselves than is necessary to receive help.

I worry about the point at which somebody becomes 'the child who...' before anyone has taken the trouble to know who they are today. A new teacher may know the incident before knowing what they enjoy. A visitor may recognise their face from a story. A peer may repeat a version of events with absolute confidence. All of this can

happen while the young person is still trying to decide what the event means to them. Giving them a say in everyday interactions and what is shared can restore small but important pieces of control.

Privacy cannot always be absolute. Safeguarding and information-sharing duties still apply. Yet the way we carry out those duties can return influence. Tell the learner who needs information, what it will be used for and how the next interaction will work. Offer choices about where to sit, whether to speak or write, who attends a meeting, and whether a conversation can stop and resume. Do not promise secrecy, but do explain the limits of confidentiality.

Control settings: give the young person usable scripts

- “Thank you. My experience was quite different from what the media shared.”
- “I do not want to talk about that today.”
- “I can tell you how I feel without telling you everything that happened.”
- “Can you tell me who will read this and why?”
- “I would rather write this first and talk about it afterwards.”

We call these 'control settings'. Giving a young person usable words for privacy and disclosure turns an abstract need into something adults can scaffold. This is especially important where the information itself has already spread beyond their control.

The vulnerability hangover

I call this the vulnerability hangover. A young person may have spoken openly, accepted comfort or cried in front of an adult and felt safe enough to do so. The next day, the same adult can suddenly feel exposing: here is somebody who knows a part of me I usually keep hidden. The learner may avoid eye contact, act irritated or simply want to be treated ordinarily. Resist the urge to chase yesterday's disclosure. A familiar greeting, predictable availability and no demand to revisit the moment can preserve the relationship. The safeguarding responsibilities arising from what was shared still need to be carried out.

The next day matters as much as the conversation itself. Avoid the special sympathy face, the public check-in, or asking the child to tell you again how brave they were. Keep your greeting ordinary and make the route back to you quietly available. If you need to follow up for safety or safeguarding, explain why and give the learner as much privacy and choice as the situation allows.

SPEAK THEIR LANGUAGE

“Morning. Good to see you. You do not have to talk about yesterday today. I will still be here.”

The mixing bowl and the validation loop

The mixing bowl and validation loop help explain how a young person can arrive at a frightening conclusion when fragments of information, memory, guilt and emotion become tangled. Understanding how an idea developed can make a supportive conversation more useful, particularly when the adult's immediate reaction would otherwise be to contradict it.

The mixing bowl

Imagine putting fragments of memory, a newspaper headline, another adult’s comment, an old fear, bodily sensations, grief, guilt and a coincidence into the same bowl. The mind may draw a conclusion that feels intensely convincing, although its ingredients are separate and some may be inaccurate. A young person might

come to believe they caused an illness or a death through an ordinary decision. A reminder might seem like a message. Another person's account may become entangled with what they actually saw.

The conclusion can be frightening, shameful and difficult to say aloud. Dismissing it as ridiculous misses the pathway through which it formed. The adult can validate the emotion without endorsing the belief, and support safe curiosity when the learner is sufficiently regulated and no acute mental-health concern is apparent.

Saw / Heard / Thought / Felt / Know

INVITATION	WHAT IT SEPARATES
What did you see?	Direct observation, which may itself have gaps.
What did you hear?	Other people's accounts, media, rumours and later information.
What did your brain decide it meant?	Interpretations, assumptions, guilt and attempted explanations.
What did you feel?	The emotion and bodily experience, which deserve recognition.
What do we know?	Reliable information, uncertainty and the questions still open.

This is a low-pressure thinking scaffold, suitable only when a learner can use it without increased distress. It is not an investigative interview, a technique for recovering memories or a response to fixed unusual beliefs that require clinical assessment. Start with an ordinary, low-stakes example before deciding whether the approach is helpful for anything emotionally significant.

The validation loop

A young person can experience an emotion that feels enormous before they have the information to understand it. They may replay footage, revisit articles, ask the same question or tell their story repeatedly, looking for something that validates the feeling. Each new fragment may ease uncertainty briefly or produce new questions. Offer a trusted route to accurate information, give permission to step away and consider whether the cycle is helping the learner understand or keeping them caught in distress.

I have used two very different sentences to explain what can happen to our thinking. One is, 'My brain is trying to tempt me into some maladaptive thinking at the moment.' The other is a thought I have had about a late train: 'I think my friend is going to make my train late today because I let him die.' It is possible to know, at one level, that a thought is not a fact and still find it frighteningly persuasive. Naming the thought as something my brain is doing gives me a little room to notice it without surrendering to its meaning. Adults should take the distress seriously, and persistent or highly impairing beliefs require appropriate professional attention.

A related phenomenon is magical thinking: the sense that a song, number, journey, coincidence or ordinary ritual has a personal connection to a death or an event. Grief can also involve sensing a continued relationship with the person who died. These experiences vary widely and should never be casually diagnosed. Significant distress, rigid or escalating beliefs, impaired reality testing, or risk of self-harm or suicide warrant professional assessment.

Five ways that a story may be meeting a need

A changed or exaggerated story can have a purpose that is difficult to see from the outside. These five possible functions are drawn from Navigate's trauma teaching and provide a starting point for questions about hope, care, privacy, meaning and vulnerability. The labels belong to adult reflection; they must never be used to dismiss disclosures or to assume deliberate deception.

Hope lies

One girl arrived at school with an extraordinary story almost every morning. She had rescued a dog, put out a fire or made somebody's day. With very little in her life that felt hopeful, these stories briefly made her brave, useful and significant. Disproving them would have left the underlying need untouched. The more important task was to find real opportunities for pride, capability and hope, while understanding why those sources of hope had become so scarce and whether her safety was at risk.

Needs-meeting lies

A young person in a secure setting received three grade 6 GCSEs and told an adult that Cambridge had called to recruit her as a surgeon. The achievement was genuine and substantial; the story made the reaction to it enormous. It was a clue that her need for recognition was greater than adults might have understood. Imagine the difference made by noticing the real achievement properly: 'Three grade 6s in these circumstances are remarkable. Tell me what it took.'

Narrative-control lies

A young person may speak about grief through a different loss or a third-person story because the publicly known event feels too exposing. This does not mean that the other event is invented. The emotional material may be authentic while the account provides a safer level of distance. Offer writing, art, an imagined character, a private note or a way to name the feeling without being required to reveal the entire history.

Processing lies

For years after the coach crash, I believed I had held Wayne's hand when he died. In that version of events, he had not been alone, and I had been there with him. It gave me an ending I could bear. Accepting that this was not what had happened meant facing more than a corrected detail; I also had shame and guilt about the story I had carried. I share this because adults can become very focused on whether a changing story is true without asking what the story may be protecting or allowing someone to feel. This is never permission to dismiss safeguarding disclosures, challenge a child's memory or try to uncover missing details. Accurate records, proper investigations and specialist work have their own place.

Vulnerability-protection lies

“I did not do it” may be easier to say than “I am ashamed”, “I am scared”, “I got it wrong” or “I need help”. A learner who has experienced humiliation or punishment when vulnerable may tolerate a consequence more easily than a public admission. Accountability is still necessary. The route to it can be scaffolded so that confession or an immediate apology is not the price of re-entry.

PROTECT THE EVIDENCE AND THE PERSON

These labels are Navigate teaching terms, not clinical or diagnostic categories. Accurate records, prompt safeguarding actions and proportionate information sharing remain essential. Never treat an inconsistent account as proof that a disclosure is false.

Control, escape, narrative and hope

Sometimes the behaviour we are trying to stop is the only workable route a young person has found to a need that feels urgent. Running may offer escape; refusing may give back a small measure of control; a story may protect a private narrative; an absorbing goal may make tomorrow imaginable. I want adults to look carefully at what we will put in its place. A safer skill has to provide enough of the original benefit to be worth using, and the learner has to be able to access it in the real situation, with the adults who are actually there.

Control: influence without surrendering the boundary

Refusal, rigid routines, secrecy, confrontation and the need to decide every detail may create immediate influence after experiences of powerlessness. Healthy control grows through predictable routines, early notice of change, bounded choices, responsibility, privacy and a say in how support is delivered. Build those opportunities into everyday life, before conflict develops, and ensure they remain available when the learner is struggling. The adult keeps responsibility for the destination while the learner has influence over the route.

Escape: a safe change in the internal state

Running, withdrawal, conflict, intense activity, self-harm or substance use may all bring relief from an overwhelming bodily state or thought. The learner needs an alternative that makes a noticeable difference, which might include movement, a supervised break, cool water, an agreed sensory tool, creative absorption or reduced sensory input. Test strategies individually, rehearse when the learner is settled and review what actually helps. Self-harm or serious risk requires specialist assessment and support alongside any everyday coping plan.

Narrative: ownership, accuracy and room to make meaning

A portable “brain manual”, a timeline, a private notebook, a letter to the next teacher or a fictional story can help a learner communicate while retaining control. Adults can make the invitation small: “What is one thing a new adult needs to understand?” or “Would you rather write the feeling than explain the event?” Factual records must still be accurate, and no learner should have to reconstruct a traumatic memory to access care.

Hope: evidence that tomorrow can be different

A role, sport, music, drama, art, trusted friendship, contribution, learning, paid work or responsibility can create genuine proof that a young person is capable, valued and needed. A five-year aspiration may feel inaccessible when the next hour is hard. Begin with a step that can be believed and observed: asking for help earlier, returning after leaving, learning a skill, taking part in a club, being relied upon for something manageable. This is also where Navigate’s commitment to opportunity and self-belief becomes crucial: the environment must generate real reasons for hope.

SPEAK THEIR LANGUAGE

“You asked for help before it became too much. You were able to return. That is a skill you are building.”

Teach replacement skills and make them usable

Replacement skills need to be taught with the same care as other learning: explain the purpose, model the action, practise in a settled moment, prompt it early and review whether it works in real settings. A plan becomes dependable when the learner can access it with more than one adult and knows how to return to ordinary activity afterwards.

One need, several possible routes

PRESENTING DIFFICULTY	A SAFER ROUTE TO TEACH AND REHEARSE
Runs when overwhelmed	Recognise an early body sign; use an agreed exit signal, a safe supervised movement route and a predictable return.
Refuses when control is threatened	Use an advance warning, a bounded choice, take-up time and a stable starting instruction.
Retells or exaggerates for recognition	Build genuine valued roles, authentic recognition of effort and access to achievement.
Becomes silent after disclosure	Agree privacy, an ordinary greeting the next day and a nonverbal way to signal whether they want contact.
Argues over an apology	Offer a forward-facing repair task and teach a low-exposure accountability phrase.
Avoids peer interaction	Scaffold a quiet club or shared-interest activity; model and rehearse conversation and belonging without forcing disclosure.

The teaching sequence

- Decode: What is the behaviour achieving? What happens immediately before and afterwards? What might control, escape, narrative or hope explain, and what else could be contributing?
- Design: Agree a realistic alternative with the learner, check whether it offers enough of the original function, and examine how risk and safeguarding responsibilities are met.
- Model: Demonstrate the adult words and learner action explicitly. Make the first step small enough to succeed.
- Rehearse: Practise in a low-pressure moment. Check the learner's regulation dial, the signal, the response, the break and the return.
- Systemise: Test the plan across classrooms, supply cover, lunch, transport, trips and other points where access commonly fails.
- Review: Notice earlier recognition, improved help-seeking, safer choice, return, participation and wellbeing. Ask also whether the underlying need is now being met through a safer route, because incident counts alone cannot tell the whole story.

Sometimes the strategy that works for one child makes another feel trapped. A quiet room may provide relief for one learner and increase distress for another. A choice may provide agency or add cognitive overload. The plan must be informed by the learner's experience, any neurodevelopmental or sensory needs, and the adults responsible for making it safe.

Emotionally safe practice is a system

Clear permissions, predictable expectations and adults willing to say the usually unsaid are powerful supports during trauma processing. In Navigate's emotionally safe approach, these become shared habits across a school so that safety and access are supported by the system around the learner.

Shared agreements make the destination clear

Shared agreements such as 'Ready, Respectful, Safe' provide a common foundation for noticing, recognition, redirection and repair. Their meaning comes from the adult practice around them: showing exactly what an expectation looks like, scaffolding the first step and responding consistently when it becomes difficult. The agreement remains a stable point of reference, while the support needed to reach it can change with a learner's capacity and circumstances.

The four starter skills

NAVIGATE SKILL	WHAT IT CAN LOOK LIKE WHEN TRAUMA IS AFFECTING ACCESS
Scaffolding the Expectation	"I need you ready. Put the page here. I will help you begin the first question." Translate an abstract rule into a doable first action.
Returning to the Agreement	"We need people to be safe. I will give you some room now and help you make the next step." Maintain a predictable boundary without a contest over control.
Noticing to Nudge	"I noticed you asked for a minute before walking away." Name genuine progress and an emerging replacement skill.
Facilitating Access	Adjust a seating position, task entry, sensory input, response format, timing or adult support to remove an unnecessary barrier.

Behaviour Agreement Response (BAR)

BAR stands for Behaviour Agreement Response. It helps staff refer calmly to a shared agreement, preserve accountability and guide a clear next action. Bounded choice and take-up time can make the route into the agreement more accessible. When distress is high, safety and regulation may need attention before a fuller conversation. Repair can then take the form of restitution, a practised replacement response, changed behaviour or a later conversation, with dignity intact.

The adult response is part of the intervention

Shame often arrives in language that sounds caring. 'They would want you to be happy.' 'You are stronger than this.' 'You need to get back to normal.' I understand the urge to offer reassurance; sitting with somebody's pain can make adults feel helpless. But those words can sound like instructions to stop feeling what they feel. We need to be able to hold the expectation, protect safety and stay present with an emotion we cannot fix. 'I don't have all the answers, but you really matter to me and I'm glad we can work out the next bit together' leaves more room for the person in front of us.

SPEAK THEIR LANGUAGE

"The agreement stays the same. Let us work out how you can access it, then we can put this right."

Facilitate processing without forcing disclosure

The educator's job is to protect safety, capacity, insight, connection and agency. Some trauma-related material requires specialist treatment; everyday adults contribute by making ordinary life and supportive conversations possible.

Before the conversation

Consider how much "sponge space" is available. Is the young person regulated enough to think? Does the adult have a calm tone and sufficient time? Is the setting private without feeling exposing? Does the learner understand who needs to know what is said? Can they pause or stop? A meeting around a formal table may be inaccessible to someone who could speak while walking, drawing, cooking, sorting equipment or sitting side by side.

During the conversation

Use a small invitation and follow the learner's pace. "I wondered about something you said yesterday. You do not have to answer now." "What part of the day is becoming difficult?" "Would it be easier to write the feeling?" Avoid repeated requests for the event narrative. Allow silence. Validate the feeling without necessarily accepting the interpretation: "It sounds frightening to feel responsible for that." A young person does not have to transform sorrow into gratitude, certainty or optimism for the adult to remain alongside them.

After the conversation

Deliberate closure matters. Check immediate safety, explain what information needs to be passed on, identify a manageable return to the day and agree whether or how a later contact will occur. Notice when willingness becomes overwhelm, confusion, dissociation or a need to please the adult. A long conversation is not automatically more helpful. The day after a disclosure, ordinary contact may be protective because the learner knows they can be seen without having to repeat the moment of exposure.

When a learner's narrative belongs to other people

Professionals may need accurate information for support, safeguarding and continuity. The young person still deserves space to author the parts of their story that concern identity, preference, meaning and aspiration. A short letter to a new teacher, a "brain brochure", a note on what makes things worse or a personal introduction can reduce the need to retell. Agree where it will be stored, who will see it and how it can be changed.

SPEAK THEIR LANGUAGE

"There may be a lot here. We can think about one small piece, and you can tell me when that is enough for today."

Understand risk without assuming safety

Understanding the function of behaviour can improve safeguarding decisions by making us curious about what has changed and what a young person is relying on. Immediate safety still determines the first response, and concerns must move promptly through the school's agreed safeguarding pathways.

Concern may arise from serious self-harm, substance use, abuse or exploitation disclosures, significant confusion, severely changed thinking, suspected psychosis, suicidal thoughts or any situation where immediate safety is uncertain. A sudden decrease in refusal, conflict or visible distress may reflect real progress; when the circumstances and distress have not changed and no safer coping route is visible, unexplained calm deserves careful attention. Behaviour alone cannot tell us the reason.

When death starts to feel like an answer

Remembrance rituals, talking to someone who has died, symbolic keepsakes and beliefs about an afterlife are not warning signs in themselves. Explore safety urgently when a learner begins to view their own death as a route to reunion, relief, escape, control, hope or a different ending to the story. Associations with death, unwanted intrusive thoughts, suicidal ideation and suicidal intent are distinct. Ask directly if concerned, including "Are you thinking about suicide?" and follow the school's safeguarding pathway immediately.

If the learner indicates current suicidal thinking, a plan, access to means, intent, or safety remains uncertain, inform the designated safeguarding lead promptly and obtain urgent professional advice or assessment. Do not promise secrecy or leave a learner alone when immediate safety is in doubt. Call 999 for immediate danger and follow local emergency procedures.

Accuracy, disclosure and professional roles

- Listen carefully to disclosures; record the learner's words and the factual context promptly. Do not investigate, interrogate, debate discrepancies or attempt to uncover hidden memories.
- Teachers and support staff do not diagnose PTSD, OCD, psychosis or suicidality. They recognise concerns, keep the learner safe, follow safeguarding procedures and work with qualified professionals.
- A school's support plan must connect with healthcare and social care plans where appropriate. Serious risk requires appropriately qualified mental-health assessment; a strategy menu does not replace it.
- Do not use a numerical scoring tool to decide that a learner is safe from suicide or future self-harm. NICE NG225 advises against risk scales for prediction or for determining access to care.
- Explain proportionate information sharing and invite the learner's participation wherever possible without compromising the safeguarding duty.

PART 3 / TRAUMA RECOVERY

Recovery: a wider identity becomes possible

When I talk about trauma recovery, I mean the possibility of living with what happened without the experience taking up all the space in your life. Memories may remain vivid, contradictions may still matter, and grief does not disappear because someone is functioning well. Recovery can bring understanding, balance and greater choice. It can also leave a person needing support at moments that seem unexpected to everyone else.

A learner may return to ordinary life while continuing to remember the event vividly. They may still feel sadness on anniversaries, need a particular adjustment at times, or revisit aspects of the story from a different point of view. Those experiences do not automatically mean recovery has failed. Equally, recovery need not require an individual to revisit every detail or complete a definitive personal narrative. The practical question is whether they can live with greater safety, meaning, connection, capability and choice.

Understanding identity

The wish to "get back to normal" can be powerful after an event that has changed relationships, expectations or the way other people see a person. Yet there may be no simple return to an earlier identity. A young person needs the opportunity to discover who they are now: student, musician, friend, sibling, teammate, artist, helper, achiever, person who is still learning. Trauma may be part of that story, but it must not become the only available identity.

The cognitive triad: self, others and world

Trauma can affect a person's expectations of themselves, other people and the wider world. Thoughts such as 'I am unsafe', 'People leave' or 'The world is unpredictable' may remain compelling long after ordinary functioning has improved. Later experiences can bring these beliefs back into view. Reliable relationships, meaningful success and opportunities to feel safe can gradually provide different evidence; significant distress or impairment calls for specialist support.

Intrinsic and extrinsic grieving: grief for the earlier self

I have used the language of intrinsic and extrinsic grieving to describe something that can be difficult to explain. A person may grieve for those they lost and also find themselves grieving for the younger self who lived through the event, for the safety they once took for granted, or for the future they imagined. Sometimes that younger self can feel almost like another person when we look back. This is an observation about identity and grief, not a fixed stage or an inevitable experience. I want adults to make space for it, especially when somebody appears to be doing well in every other part of life.

It is tempting to use visible achievement or an apparently settled life as proof that the work is complete. I would rather ask how much freedom a person has to be themselves, to manage reminders, to choose when they speak about the event and to build relationships that do not depend on being seen as either damaged or inspirational. That is a much more meaningful picture of recovery than the absence of distress on a particular day.

RECOVERY IS NOT A PERFORMANCE

Avoid imposing the identity of “survivor”, “inspiration” or “strong one”. A person can feel grateful, angry, connected, exhausted, capable, vulnerable and hopeful at different times without having to choose one acceptable story.

Support recovery through ordinary life

Triggers, anniversaries and later life events

An anniversary, a journey, the sound of a vehicle, an examination, new loss, relationship difficulties or a developmental change can unexpectedly renew distress. Those experiences may become more complicated for someone with a significant trauma history, although the effect varies widely. Ask what has changed and what is newly difficult to access. A renewed need for support does not erase the skills and progress already developed.

Sharing, silence and authorship

I have seen how important it can be to tell a story again when a new piece finally makes sense. I have also known the need to keep something private. A learner who wants to revisit a memory years later should not be made to feel that the opportunity has expired. The person who chooses silence should not be asked to disclose in order to prove they are engaging. Over time, one of the most meaningful changes may be that they can decide which parts of their story to share, with whom and on what terms, within safeguarding boundaries.

The five strands of an emotionally safe future

NAVIGATE STRAND	WHAT EVIDENCE OF ACCESS COULD LOOK LIKE
Safety	Adults respond predictably and without humiliation; the learner knows how to seek support and what will happen.
Safe spaces and relationships	At least one reliable adult and accessible places, activities or peer groups where belonging does not depend on disclosure.
Self-belief	Genuine recognition of progress and opportunities to develop capability that the learner can identify for themselves.
Opportunity	Accessible learning, clubs, sport, arts, trips, responsibility and experiences that expand identity.
Hope	Realistic next steps, a meaningful role and evidence that tomorrow can contain something worthwhile.

Keep learning and aspiration alive

Learning, relationships and ordinary opportunities matter throughout recovery because they give a young person evidence that their life is still larger than the event. I want adults to keep the future open in practical ways: helping someone return to a lesson, take part in a trip, make a friend, use a club or build a skill that feels genuinely theirs. The child is the expert in what an adjustment feels like and whether it helps. We still need adult judgement, safe boundaries and appropriate professional input, but our plans will be stronger when we let young people tell us what is becoming accessible again.

SPEAK THEIR LANGUAGE

"You have made progress, and difficult days can still happen. We know more about what helps you now, and we will keep working with you."

PART 4 / IMPLEMENTING SUPPORT

From insight to consistent school practice

Understanding becomes useful when it is translated into clear expectations, rehearsed adult responses, practical access arrangements and a reliable review process. Every learner deserves support that works across the school day and with more than one adult.

A practical six-step pathway

- 1. Decode the context. Identify the learner's current access to safety, rest, learning, relationships, opportunity and hope. Listen to the learner and family where appropriate; understand the event's social and media context and any other pressures.
- 2. Map needs and resources. Consider control, escape, narrative and hope alongside sensory, developmental, educational and relational needs. Identify where existing supports already work and where risk requires specialist involvement.
- 3. Agree what good looks like. State the shared agreement, a small achievable first step and what the learner and adult will each do. A plan should fit actual lessons, transitions, social times and available staffing.

- 4. Rehearse and communicate. Model the learner's signal, the adult response, how to leave or pause safely, what happens after the break and how repair and learning resume. Share the minimum necessary information with relevant staff.
- 5. Notice capability. Record useful indicators: recognition of early distress, safer help-seeking, access to replacement skills, time and support needed to return, genuine engagement, quality of relationships and learner voice.
- 6. Review and sustain. Ask whether support is effective, whether adults are consistent and whether any strategy creates new barriers or shame. Adapt with the learner and relevant professionals, and revisit at transition points.

What leaders must make possible

The most important part of implementation is whether another adult can actually do what the plan asks. Staff need to understand why a response matters, see it modelled, practise it and know what to do when the day is difficult. A carefully chosen phrase, an agreed quiet place or a signal for help should work in a classroom, on cover, at lunch and on a school trip. Leadership has to protect the time to rehearse and review, while noticing when the plan is creating a new barrier or making the learner feel exposed. Good intentions will not help much if every new adult starts again from the beginning.

Listen beyond behaviour data

Fewer incidents of refusal or running may show progress; the adult also needs to know where the original need is now being met. Ask learners whether they have more agency, can access help and feel safe with different adults and in different settings. Navigate's Belonging Measure offers the lenses of safety, recognition, value and agency, alongside attendance, learning access, relationships and practical outcomes. Quietness alone is a poor measure of wellbeing.

About Navigate Education

Navigate Education works alongside schools and wider education systems to strengthen emotionally safe relationships, predictable expectations, learning access and opportunity. Charlotte Clarke and Gareth Lewis bring experience in mental health, trauma, education, school leadership and implementation. Through the Trauma Processing Programme, Emotionally Safe Schools and school improvement partnerships, we help staff turn understanding into practice that can be taught, observed and sustained.

www.letusnavigate.com | www.wenavigatetogether.com