

# VR Practitioner Training

# Cornerstone VR Practitioner Training

# House Keeping, Group Agreement and Safeguarding Learning agreement

## House keeping

- Time-keeping
- Break times
- Facilities
- Phones off

## Group agreement

- Confidentiality
- Good time keeping
- Caring and safe environment
- Listen respectfully
- Respect difference
- Challenge the statement not the person
- Keep focused
- Value diversity and learn from our differences
- Give each other good attention

## Safeguarding learning agreement

- Confidential
- Respect
- Listen
- Jargon



Cornerstone is a social enterprise founded by stakeholders of the children's social care system in 2015



We are social innovators...re-engineering support services in children's social care, addressing challenges of quality and impact



Cornerstone is the global leader in using immersive technology to tackle social care problems



Cornerstone VR being used in the UK across 30 organisations since January 2018

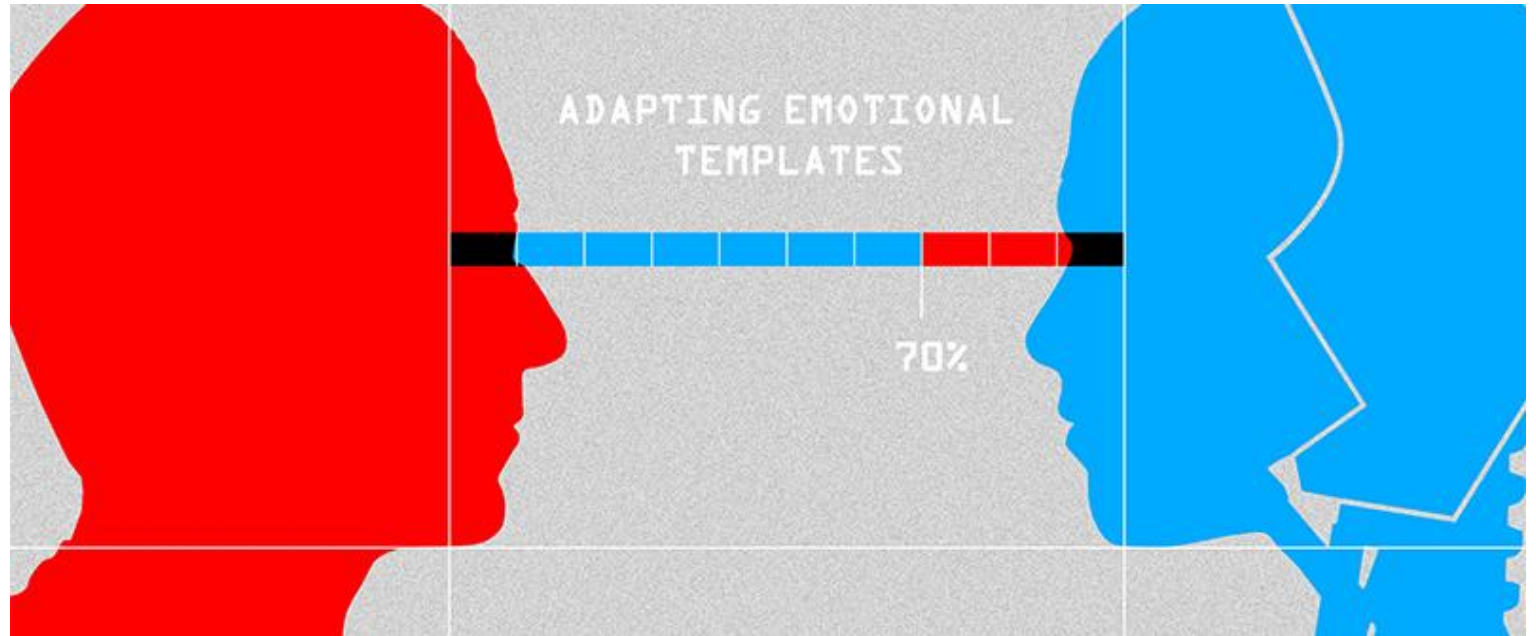
# Introduction to Cornerstone



# Introductions

- Your name
- Your Role
- Your Aims for Today





# Temperature check

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# Course Aims

- To introduce our VR library: Being Me
- Provide an overview of how these VR experiences can help understanding of trauma
- Explore how the experiences link to key psychological theories of childhood development
- To identify ways of using the VR library in practice



# Learning Outcomes

- Learners will be confident in using the VR technology
- Learners will be able to understand how to use the VR experiences to discuss the impact of early trauma, neglect and abuse
- Develop competence in the different applications of the VR library
- As a professional you will be able to understand how to use the VR experiences in your specific role





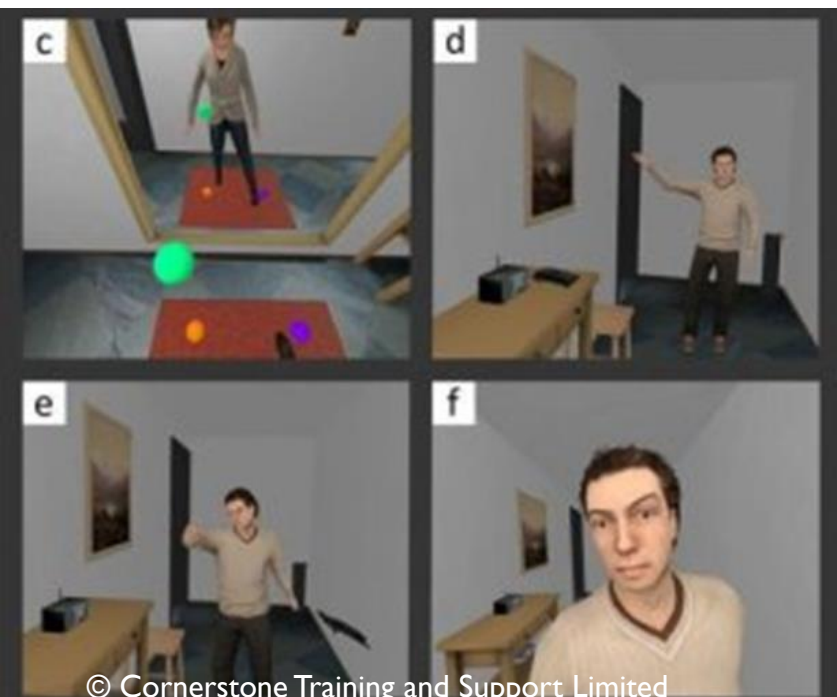
*“You never really understand a person until you consider things from his point of view – until you climb into his skin and walk around in it.”*

*Harper Lee*

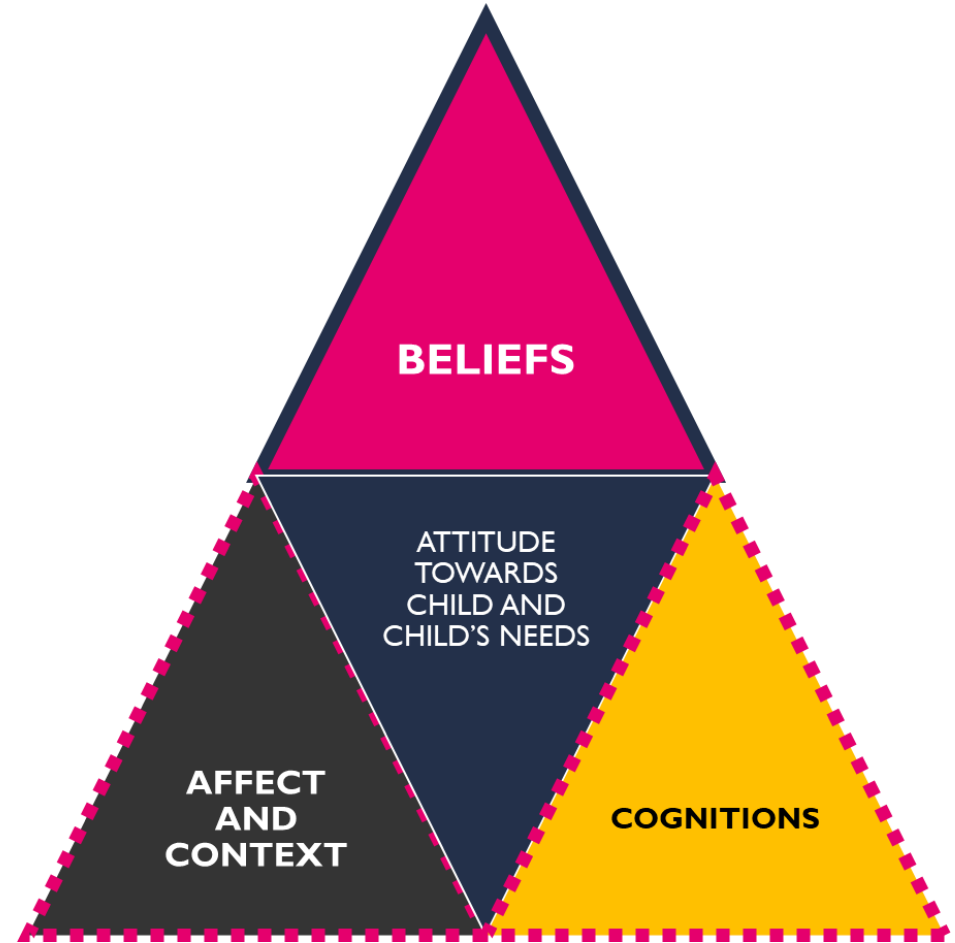
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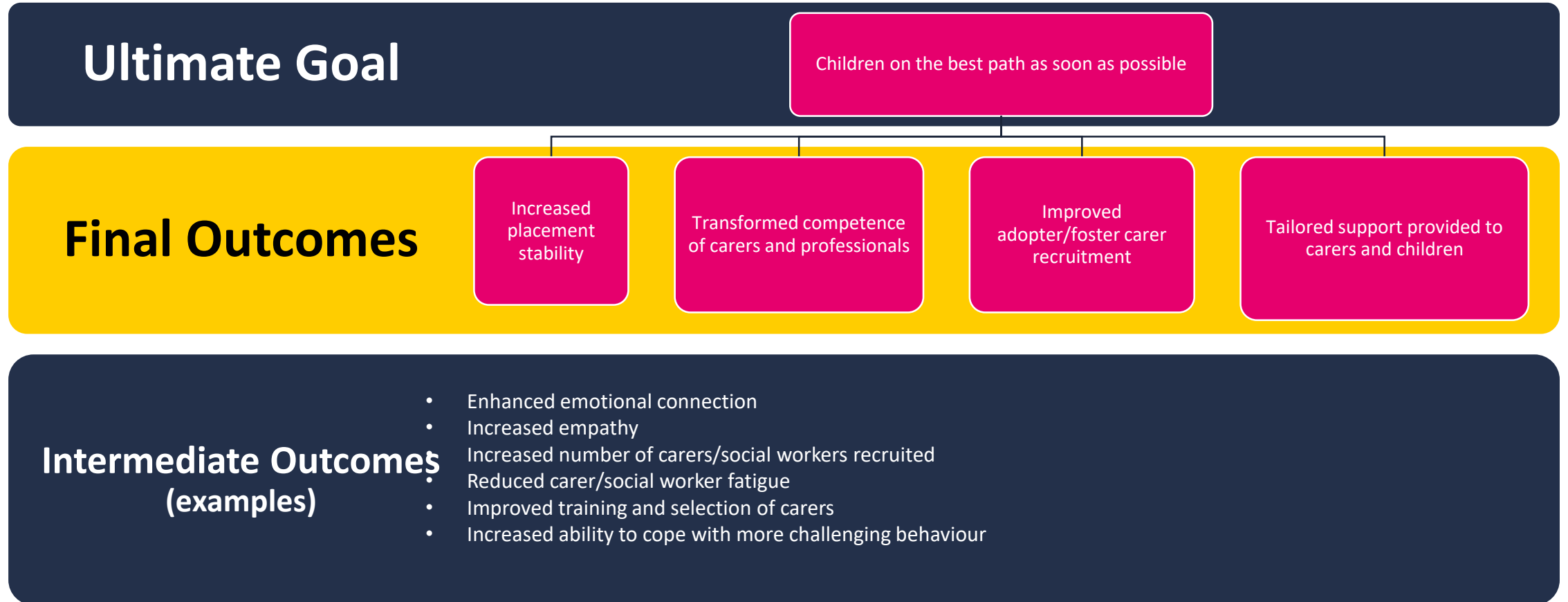




# Why VR ?



# Theory of Change: Children's Social Care



# Familiarisation with the VR equipment & VR Library





# Safe & responsible use

- Remain seated for the whole VR experience
- Make sure you have enough room to move around
- Take headset off if you feel any discomfort



**"The virtual environment recreates the trauma that some children experience in their home lives prior to coming into care in order to better support adoption decision making"**

***Extract from Calderdale Ofsted Inspection Report, Nov. 18***

**Improving the lives of children  
and families  
In social care through innovative  
technology**



**500+ people trained  
as Cornerstone VR  
practitioners**

**Working in 30+  
organisations,  
responsible for over 13,000  
looked after children**





# B E I N G M E

REVEALING AND HEALING  
CHILDHOOD TRAUMA

**‘You’ve no idea what it’s like being me’**



# Our roadmap





# Joe

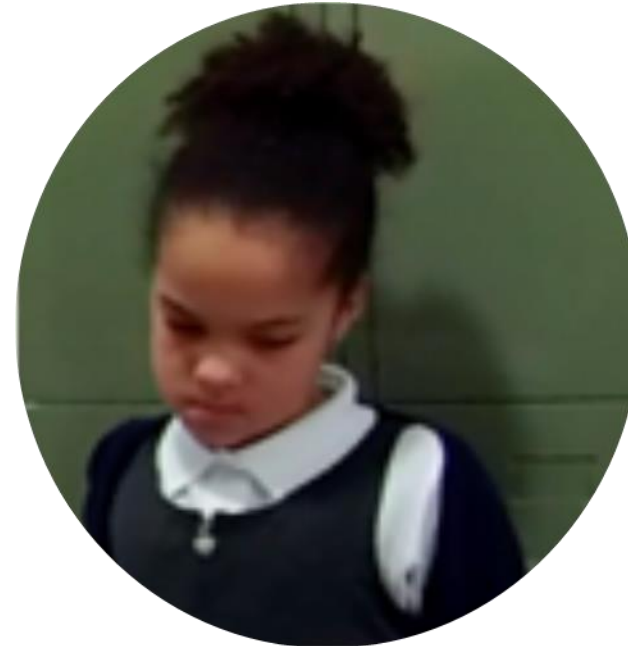


# Rayleigh



**Our training  
will immerse you  
in Cornerstone VR™ –  
Seeing a child's world  
through their eyes**

Introducing Joe  
and Rayleigh



# What makes the individual?



**Attachment**

# Attachment: The scientific foundation

A concept developed by John Bowlby



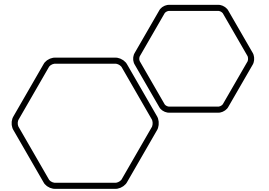
An infant or child's strong, innate tendency, or 'drive' to seek proximity to and contact with a specific figure in certain situations, when **frightened, tired or ill**

- One drive amongst many
- Attachment Behaviours only seen when child is stressed
- Directed to one or two specific people
- A legacy on how we experience and behave in relationships





“Present knowledge of infant and child development requires that a theory of **developmental pathways** should replace theories that invoke specific phases of development in which it is held a person may become fixated and/or to which he may regress.”





# Attachment: What develops

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A: Continuity of maladaptation, culminating in disorder

B: Continuity of positive adaptation

C: Initial maladaptation, followed by positive change

D: Initial positive adaptation followed by negative change to pathology





# Attachment: Group exercise

In your small groups take 5 mins to look at Joe and Rayleigh's respective developmental pathway.

For each key period/placement in their life, how did their developmental pathway look? Was it a positive or negative time in their life in terms of attachment, security, building relationships etc?

Draw a tree, railway track or write notes, for their respective developmental pathway, with a 'branch', section or train track for each 'part'.

The aim is to show the changes in their journey, that it is not one set path.



# What Do Children Need?

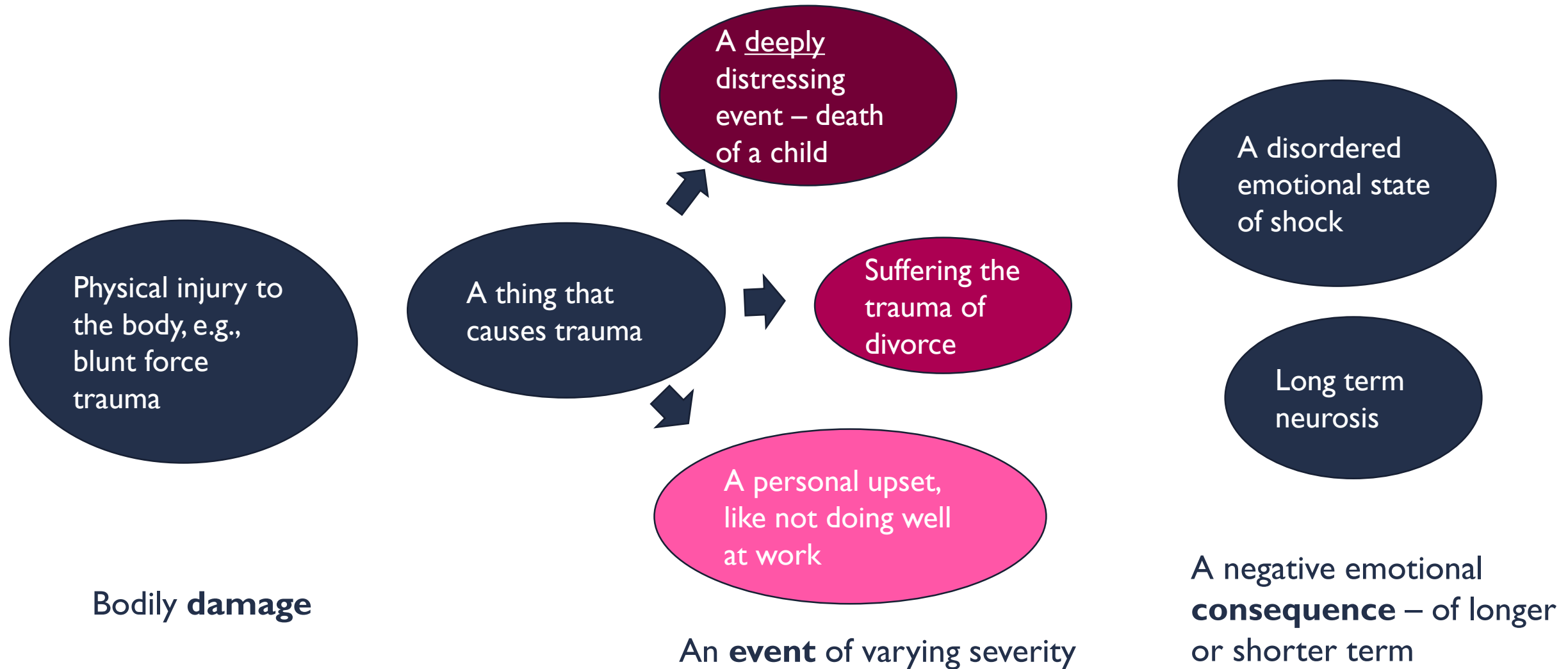
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- Permanency & stability with well-attuned caregivers
- Caregivers who can be resilient to odd responses to care (at first)

# Trauma



# The many faces of trauma in the dictionaries





**Trauma** from the Greek,  
“wound”

## PTSD and Mental Health Problems

American Psychological Association

**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster

### **NICE Guidance in the UK**

Post-traumatic stress disorder can develop following a major traumatic event. It can affect people of all ages.

- The ICD-10 describes a major traumatic event as 'a stressful event or situation of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone'.
- The DSM-5 described a major traumatic event as 'exposure to actual or threatened death, serious injury, or sexual violence'

# What happens after traumatic experiences?

Different things can happen;

**A**

Nothing, the child adjusts in the long term and no obvious effects, apart from some issues in the short term [crying, sleeplessness, anxiety etc.]

**B**

Distress to the event persists in the long term and the child gets PTSD

- Some is single event: a broken arm after being hit
- Some is complex: several things happened & affect memories/wellbeing

**C**

Many, repeated traumatic events that influence personality & identity

- PTSD still possible but maybe also effects regarding trust, emotion regulation etc

**Trauma response is affected by personality, genetics, previous experiences**

# Biology





# Biology

**Definition:** what goes on inside the body

The impact on the developing brain is one way in which early experiences can leave a biological legacy – what others?

- **Genes**
- **Physiology**
- **Immunology**
- **Toxins – drugs and alcohol**

# Genetics



All of us are influenced by our genes and our genetic heritage



The nature of that influence is highly complex interesting



Nature & nurture are deeply entwined



Genes affect pathology and positive adaptation



The impact of genes varies for different behaviours in different individuals, in different environments, at different ages and according to different early experiences...

# Biology:

## Genes, heritability and mental illness

The risk of **any** mental health disorder in a child, according to birth parent mental health problems

|          |           | Parent 1 |           |           |
|----------|-----------|----------|-----------|-----------|
|          |           | No MH    | Common MH | Severe MH |
| Parent 2 | No MH     | 10%      | 20%       | 21%       |
|          | Common MH | 20%      | 31%       | 33%       |
|          | Severe MH | 21%      | 33%       | 36%       |



# Biology:

## Group exercise

In small groups discuss the following:

- Charlie and Jodie have common mental health disorders.
- How would you present Joe's 'profile' to prospective adopters/foster carers?
- How would you explain to Rayleigh (as a tween/teen) if she were to ask about her parents' mental health and the impact on her?



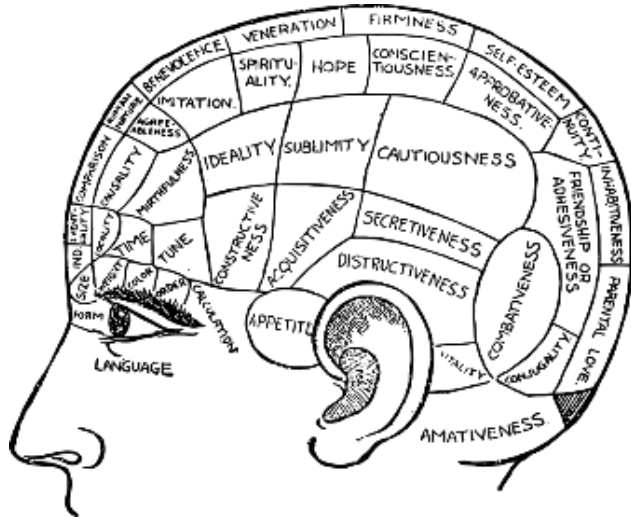
# Genes, heritability and mental illness

- Staying in birth family with psychopathology is risk
- Genes are more or less likely to be switched on, depending on the environment the child is in
- A good and sensitive environment can keep the 'bad' genes switched off



# Neuroscience

- The brain is made up of many different systems and sub-systems that interact with each other and do very different things at different times
- The emerging science talks about:
  - Adaptation not damage
  - Different systems and functions
  - Not illnesses as such, but more an underlying or latent risk/vulnerability



# Psychology





# Psychology

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- **Personality – out going / shy; anxious / fearless; happy go lucky / sad or ruminative**
- **Executive function**
- **Memory**



# Emotional Regulation



- Parental availability and soothing help children to feel they can cope with strong negative affect, and assist them to develop healthy ways to cope with difficult emotions
- Emotional regulation allows children to react to challenges in flexible and appropriate ways
- Abusive parents may react to children's distress in threatening or unpredictable ways



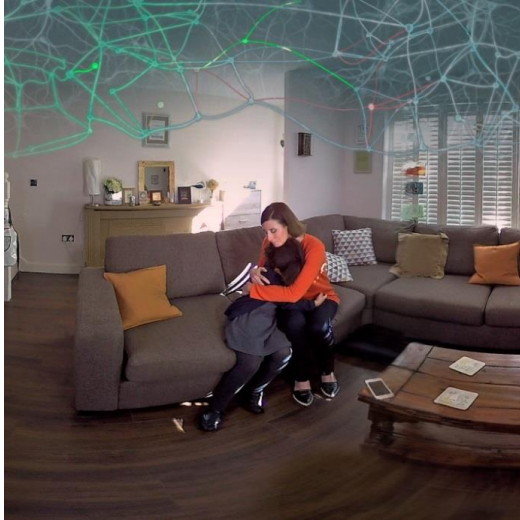
# Aggression

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- Children who experienced severe emotional abuse, physical abuse, and neglect show higher levels of aggression and externalising symptoms
- Physical abuse = more likely to assume others are intending them harm
- Children subjected to maltreatment are more likely to be both victims and perpetrators of bullying

# Differential susceptibility





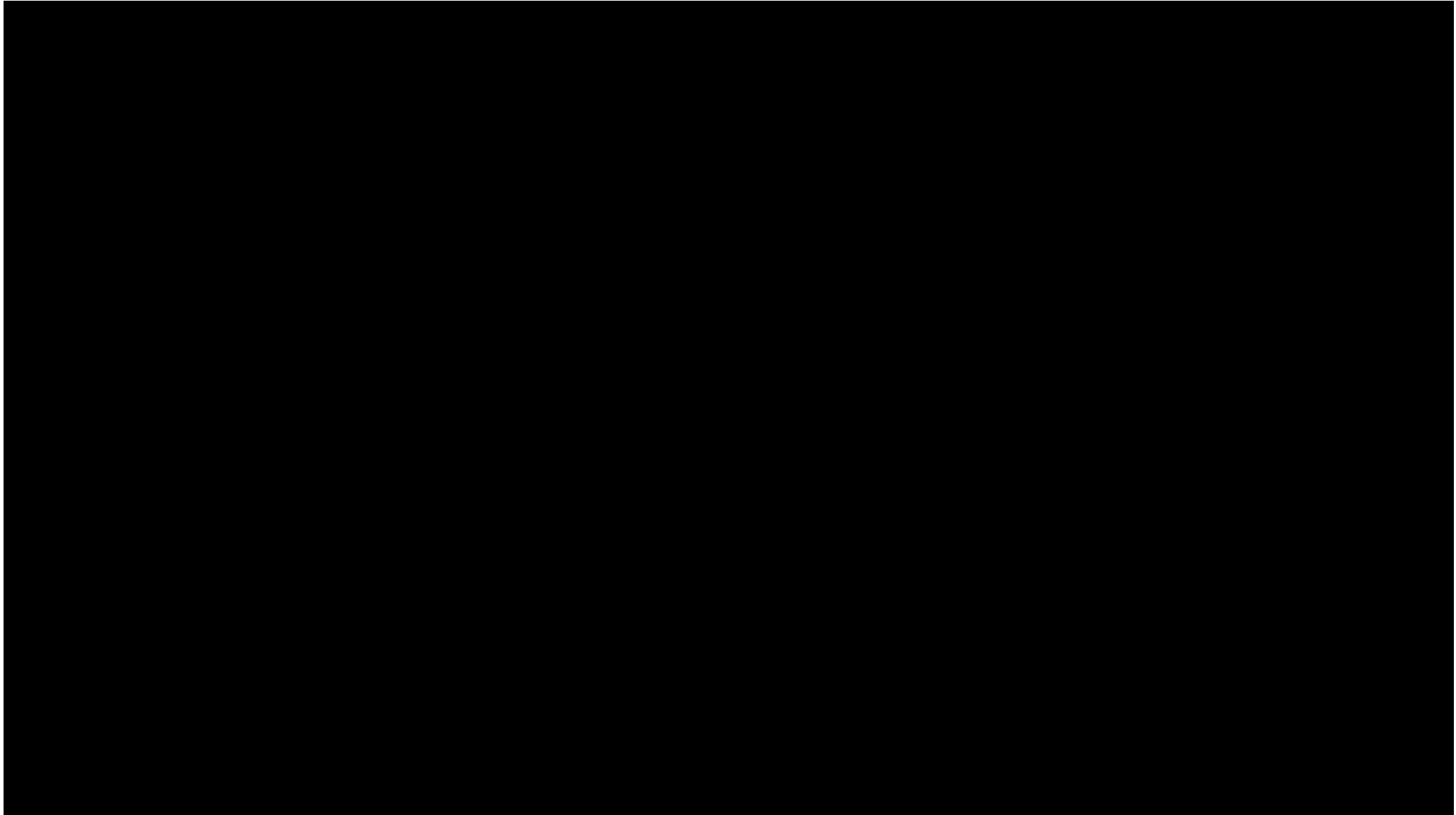
# Differential susceptibility

The theory, posited by Jay Belsky , amongst others, that

*"individuals vary in the degree they are affected by experiences or qualities of the environment they are exposed to. Some individuals are more susceptible to such influences than others - not only to negative but also to positive ones."*

# Biology: Genes & differential susceptibility

Thomas Boyce video (Dandelions & Orchids)







# Resilience (Protective Factors)

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## Individual Level

- Personality traits (high self-esteem, internal locus of control, external blame attributions, attribution of success to own efforts)
- Gender (females more resilient than males)

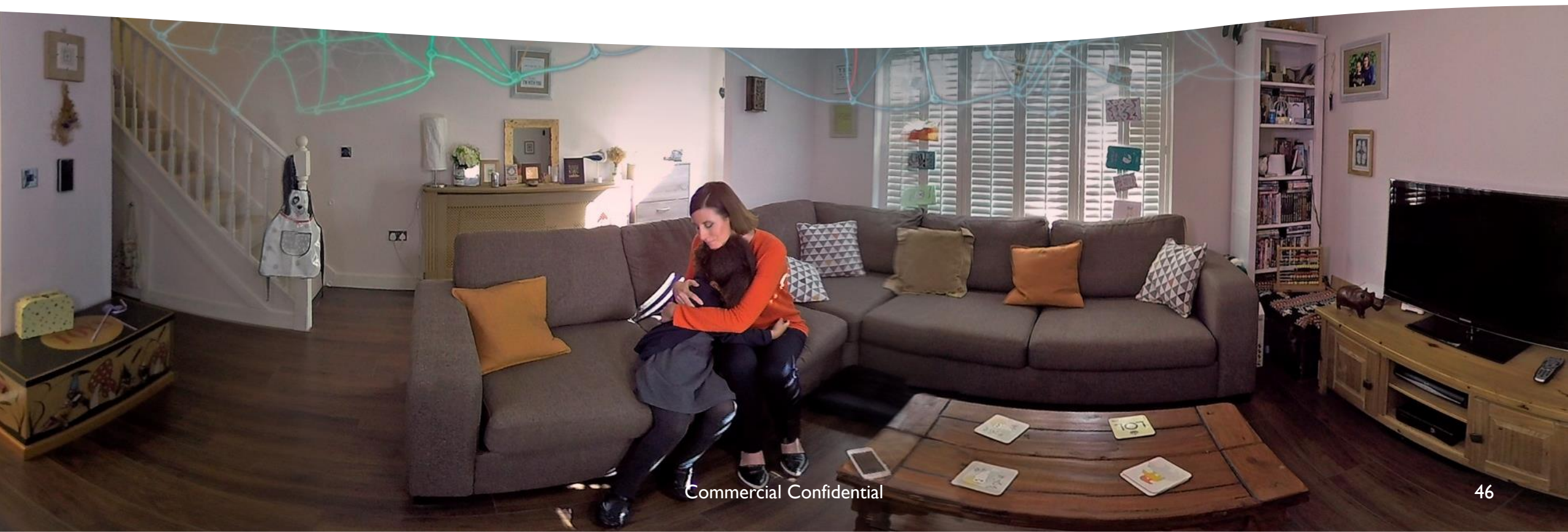
## Family Level

- Supportive familial relationships/positive changes to family structure
- Stable family environment

## Social Level

- Supportive relationships with non family members

# Children with Early Life Trauma at Home







## Window to Our World

# Adopter/Foster Carer Recruitment

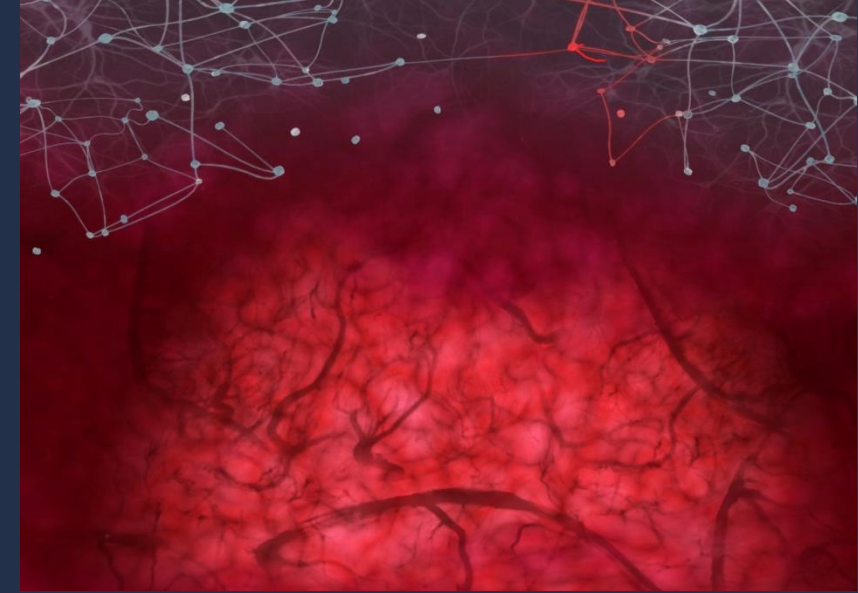


*“We had a really successful fostering information session this week and we brought along our VR headsets which help give greater insight into the experiences some of our children have been through.”*





# The VR Library





# Why is VR useful in children's social care ?

- Empathy is the foundation of good relationships, both at work and in our personal lives
- Being able to empathise with another person relies on our ability to “perspective take”
- Sometimes that's hard to do in the abstract



# Why is VR useful in children's social care ?



This can lead to a lack of understanding and the resulting behaviours can create distance within a relationship

Perspective taking is also important in the development and change in our attitudes

Putting ourselves in someone else's shoes - our "beliefs" and "truths" can be reframed

The resulting shift in attitude can then lead to lasting behaviour change



# Processing the VR Experience

- We are all individuals with our individual reactions to the VR
- Some people may have a very clear and immediate reaction to the VR
- Following processing of the VR material there could be a further reaction at a later date
- We all have our own learning style and this will impact on what we take from the VR
- All participants who watch the VR need to be supported as individuals





# High Impact & Responsible Use

Each pilot organisation is responsible for using the materials appropriately in any given situation and with any particular person.

It should only be used by qualified social workers, clinicians or recognised therapists under the terms of the license agreement.

**The reason for using the material should be explicit**

**Before use:**

- **A thorough impact assessment should be undertaken e.g. potential triggers considered**
- **Users should be warned about the content**
- **Users should be given an opportunity to opt-out**

### Pre Viewing

- Ensure the person is seated
- If they wear glasses, ask them if they would mind removing them, but this is not essential
- Explain that this content relates to children who have come into the Care system, and it can provoke emotion, during, or after watching
- Be clear that these are actors who took part in the film making
- Explain that this has been filmed in 360 – and that this is immersive content. For this reason, tell the person to look all around once the episode starts
- Ensure the person is clear that they can remove the headset at any time if they wish – e.g. if they feel nauseous or triggered
- Ensure the person knows that they can raise their hand if they need your help with the headset

### Post Viewing

- Help them take the kit off and try to gauge emotion
- Have a tissue to hand and offer it to them
- Stand back a little and don't speak straight away, then start to engage in conversation
- They may want to say something first. You could ask them "how was that for you?"
- Don't ask too many questions – rather say what you think – this allows them to engage or not.
- Don't talk to them for too long and be discreet with their emotions
- Do point out if there is a red mark on their forehead where the goggles have been
- Give them time to adjust their hair / glasses

# Pre and Post Viewing Hints & Tips

Commercial Confidential



# Group Activity

What might the distinct reactions be to VR ?

What will you be looking for when individuals or groups watch the VR?

How will you follow up on individuals who have watched the VR, and when?



# Context: I:I & Assessment

Which VR? Being Me

Role: Specialist social worker in Fostering

Frequency of use: 5-10 times per month

“Enlightening, helped them decide if fostering was for them, gave them a better awareness of possible trauma and experiences children have had.”

“It is a great piece of kit and all that have used it have commented how real it feels.”



# ASYE Supervision



*ASYE peer supervision today focusing on the complexities of abuse/neglect with the help of VR equipment. Social workers reflected on the powerful impact it had on them, yet were still focused on understanding the circumstances of the 'harmer'. Sure signs of a holistic workforce!*



Contexts: Professionals Training and supervision and reflective practise, 1:1 assessments, Form F, practise issues meetings

Role: Deputy Manager

3-5 times a month

Which VR? Early childhood trauma, Behaviour management in schools, Recruitment film





**cornerstone**

PART OF THE ANTSER GROUP

# Using VR in Placement Stability

# Using VR



**WHERE MIGHT IT  
HELP ?**



**WHICH CLIPS  
MIGHT YOU USE ?**



**HOW TO ENSURE  
WE USE  
RESPONSIBLY?**





## Using VR with groups

# Group work purpose

- Efficiency
- Peers
- Exposure to diversity
- Group dynamics (caring happens in groups)
- Practical test of relationship building abilities





# Examples of group work

- Preparation groups
- Skills to foster
- Post-placement training
- Professionals training
- Many others



# How are people using Cornerstone VR?

## Context: Skills to Foster

Which VR? In utero and Early Life Trauma,  
Children with Early life trauma at home

Role: Senior Fostering  
Support Worker

“I included training on the  
effects of children whilst in an  
unregulated state and other  
connected information.”

Frequency of use: 1-2  
times per month



# Teachers and Support staff: A whole school approach



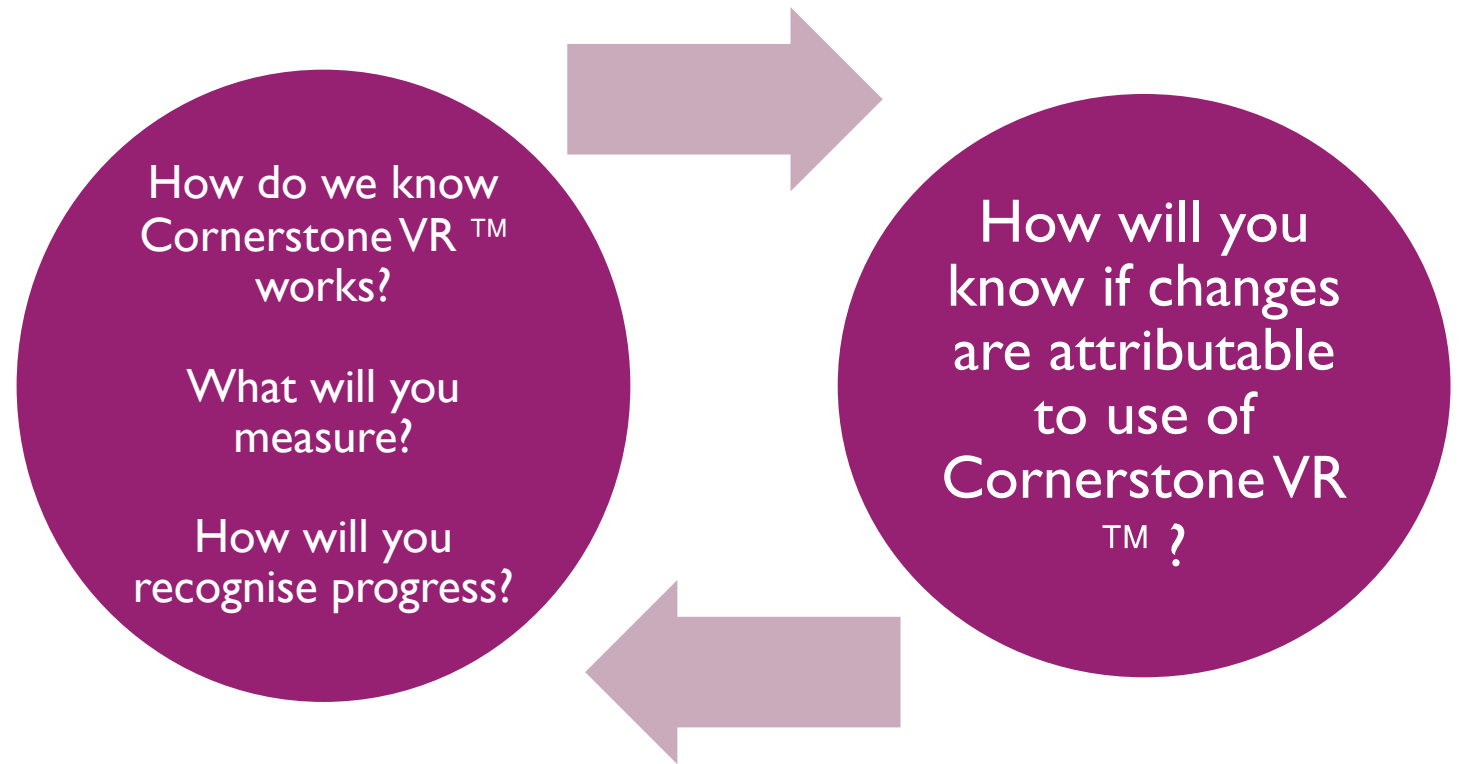


# Pupil Barristers & YOTs





# Exercise



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# Bringing it all Together



## Next Steps

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Where will the headsets be stored, and how will I book one out?

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Who will maintain the headsets?

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What happens if I have issues with my headset?

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Evaluation

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What further support does Cornerstone offer?

<https://info.thecornerstonepartnership.com/partnerportal>

# CORNERSTONE VR TRAINING

- VR Certified Practitioner training course
- VR Certified Practitioner training course – Early Help and Family Support
- Assessment - Using VR in assessment
- Domestic Abuse – using VR in exploring domestic abuse and changing behaviour
- Life story work – using VR to support life story work
- Placement Support - Using VR in placement stability support
- Recording Skills workshop – developing skills and practice
- Trauma Aware Service Training
- VR Certified Practitioner training course - Education
- School twilight session
- Barrister/legal profession training
- Refresher sessions for practitioners who have completed the certified training.
- How to use the VR Experiences in 2D on Vimeo
- Bespoke training

# Feedback on using the VR in social work practise



We want to ensure that you have a good experience using the VR experiences, and we would love to get feedback from you.



Ability to report back to your organisation how and where the VR tools are being used

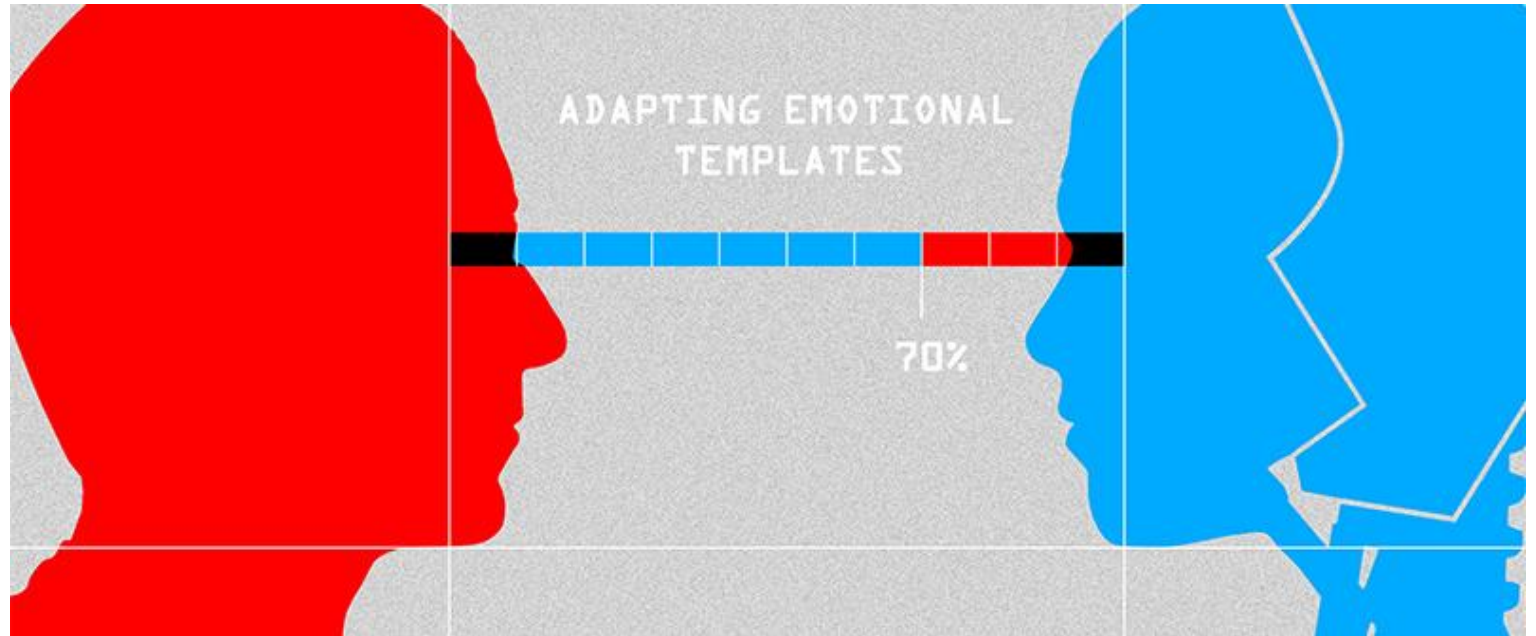


Improved support materials and support for using VR in practise



Ability to hear your opinions on the VR experiences and how they can be improved





# Temperature check

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# Personal Impact

- Postcards !
- What are you personally going to do differently and/ or seek to implement within the next month
- To yourself or your manager/s or both





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# Thank you for your participation



Improving the lives of families touched by the care system

**[thecornerstonepartnership.com](https://thecornerstonepartnership.com)**