

Traumatised Children in our Schools: How can we heal our future generations?

Sabbatical Report
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Thank you to Teach NZ for supporting my application to study how trauma impacts on our children, their emotional and social growth and their learning. This has been a rewarding and somewhat sobering experience for me, to reflect upon what we are already doing well in our school, and to look for further alternatives to support and heal our most vulnerable children.

Thank you to the NZ and Australian educational leaders, the health professionals and the teachers working at the coalface who allowed me to ask questions, make observations and have conversations.

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This sabbatical has been a wonderful opportunity for me to refresh, reflect, re-energise, and re-think. This can only have positive benefits for me, and our staff and our students of Musselburgh School.

Executive Summary

The Facts

Mental Wellbeing:

Statistics show that

- 1 in 6 NZ adults will be diagnosed with a mental illness (that is 582,000 adults) in 2016
- NZ has the highest rate of youth suicide in the OCED for 15-19 year olds
- A recent Australian national survey of child and adolescent mental wellbeing revealed that 40% of children and adolescent from 4 to 17 years were found to have poor mental health, which leads to poor learning, disengagement, truancy, poor academic achievement and a higher level of children dropping out of school.
- Primary school victims are most likely to carry mental unwellness into adulthood with a 1 in 4 chance of criminal activity and probable long term psychological and physiological trauma (PSA, 2013)
- 25% of Yr 5-8 children are bullied and children who are bullied or suffer unresolved adversity are 9 times more likely to have suicidal thoughts.

Poverty:

Dr Russel Williams, the NZ Children's Commissioner (2015) quoted staggering statistics about New Zealand child poverty:

- 1 in 3 Māori children live in poverty
- 1 in 3 Pasifika children live in poverty
- 1 in 6 European children live in poverty
- Child Poverty in 1984 was 15%
- Child Poverty today is 29%

Trauma in all its forms creates fear, anxiety and stress in our children.

These children become overwhelmed, they feel hopeless and they feel helpless. They can show this fear, anxiety, and stress in a myriad of different behaviours. Some act out and are violent and abusive, some become withdrawn and silent, some become sick.

What Can We Do as Leaders of our Schools?

As leaders of our schools we have options that can help these vulnerable and traumatised children. What works for our vulnerable and traumatised children will also work for all our children.

Professional Development is key.

Principals, teachers, support staff and parents need to understand the huge impact that mental health and wellbeing has on engagement of and learning for traumatised and vulnerable students.

We also as leaders have to find more effective strategies and techniques to help these students to thrive, achieve and belong.

School leaders, teachers and support staff can help in the healing process of traumatised children through...

Better understanding of traumatised and maltreated children:

Dr Bruce Perry has identified core concepts for effective nurturing and healing of traumatised children. "There is presently a real lack of useful and easy to understand information about this (Understanding Traumatized and Maltreated Children). We pay more attention to information that reinforces our beliefs, than to information that challenges our beliefs". (Perry, 2012)

He suggests that we:

- Challenge principals, teachers, and parents beliefs about how we work with our traumatised children and how we can help them to recover and heal in more effective ways.

- Understand how the brain works and then understand the importance of the hierarchical makeup of the brain.
- Understand the importance of building positive relationships and strong attachments in the early years for our children to have optimum brain development.
- Know how severe neglect and even simple missed care giving opportunities can cause various degrees of brain effects and behaviour in our children.

Understanding how trauma impacts on the child's body and brain:

The exploding amount of research in neuroscience is helping us understand more about how the brain develops and works. We now know that the brain has plasticity and it can be retrained to self-regulate emotions and behaviours. Research supports that the earlier the intervention is applied the greater chance the child has of recovering from trauma.

Brain growth, organisation and development within the first six years of a child's life is rapid. By the time a child is born, 95% of the neurons in your brain as an adult are already present. When a child is four years of age their brain has grown to 90% of its adult size. When a child is five years old 85% of the synaptic connections that a child has for the rest of their life are in place. If the environment that the child lives in is chaotic or neglectful they will pick that up and this will have a significant impact on the organisation of their brain, their emotional and their physical health for the rest of their lives.

Perry (2009) believes that there is not enough money spent by governments, on the repairing and healing of our young traumatised children. The frontal cortex of a traumatised child aged 16 does not have as much plasticity or healing ability, as someone in their first six years.

We know that the brain responds to threats and trauma through the flight, fright or freeze responses. The brain makes the body react by increasing adrenaline into our bodies so we can react to that threat or trauma. When the body relaxes the brain then releases other chemicals like cortisol or endorphins into the body to reduce the adrenaline levels. This is a survival reaction and is a normal response to any threat.

When someone is traumatised by extreme or repeated traumatic events, the chemical reactions in the body and brain can be switched on as if they have never been switched off.

"Each time a (traumatised person) has a flashback, or nightmare, or is merely startled by a sudden movement or sound, his heart, lungs, muscles, blood vessels and immune system are primed to save his life (Beaulieu, 2003).

Understanding triggers, identifying responses and knowing how to reduce these children's stress levels are paramount for keeping our children calm and safe and able to regulate their emotions and impulses.

The development of strong and positive relationships:

Bruce Perry, Tom Brunzell, Heather Forbes, Laurel Downey et al all agree that positive and deep relationships are the key in supporting and healing our traumatised children.

"Teachers who understand the effects of trauma on children's education, who are able to develop teaching practices to help them, and who are able to participate actively and collaboratively in the systems designed to support traumatised children will not only improve their educational outcomes but will assist in their healing." Downey (2007)

Not only do school leaders and teachers need to develop strong and positive relationships with their children, they need to develop honest and respectful relationships with the children's whānau and caregivers. Parents who have traumatised children are often traumatised themselves, and schools can often be overwhelming and threatening places for them too. The school and family need to work together to help and support their children and give support to the caregivers when necessary.

Changing mindsets from behavioural models to self-regulatory models:

Heather Forbes believes that adults who are working with these traumatised children have to rethink the way they react to them. She says that through adults changing their thinking from a behavioural

model to a regulatory model they then have a greater understanding of what the driving factors are that are causing the child's behaviour.

School leaders and teachers have to start looking through a different lens too - through the eyes of the child. We need to change our mindsets and see the behaviours as stress responses rather than bad behaviour.

Educators who understand the effects of trauma, and who are able to develop teaching practices to de-escalate behaviours and develop calm classrooms, will not only help with children's academic achievement but will also help in their healing and recovery.

For a traumatised child their school can be a place that is safe and provides stability, a place where friendships are formed and maintained, a place that provides exciting and enjoyable learning opportunities and a place where ultimately they will build their resilience and hope.

Developing curriculum that teaches effective emotional and social approaches:

Many schools are already putting in place innovative and effective approaches which lead to more positive social, emotional, personal and academic outcomes for our children:

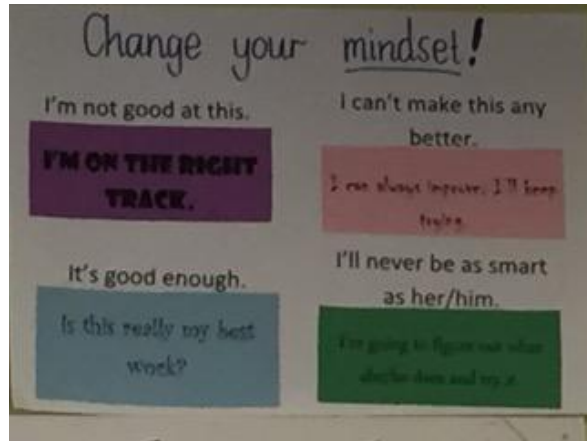
- Positive Education Strength Based Approaches: for example
 - **Awesome Us** created by Dr Denise Quinlan (2015) develops children's strengths to enable them to "feel well" and "do well" by teaching them how to build positive relationships, identify strengths in themselves and in others, set manageable goals and put in small steps to achieve these.
- Emotional and Social Approaches: for example
 - **Play is the Way** created by Wilson McCaskill is a practical methodology for teaching social and emotional skills using guided play, classroom activities and an empowering language to self manage and regulate feelings and emotions.
- Mindfulness Programmes: for example
 - **Pause Breathe, Smile** created by the NZ Mental Health Foundation, where students learn mindfulness practices such as mindful breathing, mindful eating and mindful moving.

The statistics are frightening. Many of our children are in crisis.

As school leaders and educators we must take on responsibility to promote and develop our children's emotional, social and personal growth, as well as, their academic growth.

By being innovative and brave we must challenge our present thinking, develop new researched and evidence based understandings, change our attitudes to growth mindsets, and develop innovative and effective emotional and social curriculum approaches, so all our children will thrive.

Photos from Tapping School and Berry Street visits:



Purpose and Rationale

The purpose of my sabbatical was to

- Investigate the impact that mental health and wellbeing has on engagement of and learning for traumatised and vulnerable students.
- Identify and explore effective strategies and techniques that will help these students to thrive, achieve and belong.

“When mental health, resilience and optimism are taught as part of school curriculum, more pro-social and responsible behavior becomes evident. It also creates a more positive emotional climate for learning. Research indicates that this results in enhanced student engagement and academic outcomes as well as reduced likelihood of teacher burnout.” Totney (2014)

Over the past six years Musselburgh School has been part of a Positive Education cluster, where we have implemented a successful approach to enhance our students' positive mental health and wellbeing to increase educational outcomes. For the majority of our students the programmes, strategies and techniques are working well and we have seen a marked improvement in increased self-esteem, greater resilience and the development of a positive, inclusive culture within our schools.

There is however, a group of students who have had significant trauma within their lives and although the programmes we have implemented are having some positive results we are still not meeting all the emotional, social, and/or academic needs for our most vulnerable students.

*“Both research and wisdom show us that regardless of the adversity they face, if children can develop and maintain a positive attachment to school, and gain an enthusiasm for learning, they will do so much better in their lives. The role of teachers in the lives of traumatised children cannot be underestimated.”
Downey (2007)*

Through my research I wanted to be able to more fully understand the effect that trauma has on children, the implications of this within our school and classrooms, how we as leaders can support the healing of these children within the constraints of our schools administration, management, and budgets, and engage them back into learning to prevent more adverse effects for our vulnerable children as they move through the education system .

“Teachers who understand the effects of trauma on children’s education, who are able to develop teaching practices to help them, and who are able to participate actively and collaboratively in the systems designed to support traumatised children will not only improve their educational outcomes but will assist in their healing.” Downey (2007)

Activities Undertaken During My Sabbatical

Questions I have asked myself during my research are:

- What does this mean for our children who walk through our school doors every day?
- How do we, as school leaders, empower our primary school children to heal from their trauma and become engaged in learning?
- How do school leaders manage budgets, get appropriate resourcing and skilled people to work with these traumatised children?

Activities included:

- Visiting Tapping Primary School in Perth Western Australia to investigate the “Play is the Way” methodology.
- Visiting Berry Street School Morwell and Noble Park Campuses and the Berry Street Education Offices, in Melbourne to investigate their trauma-informed positive education approach.
- Interviewing professionals, including principals, teachers, health practitioners, and researchers about the impact of trauma on children and how we as school leaders can help them heal and become engaged with learning.
- Attending the Trans-Tasman Primary Principal’s Conference in Auckland.
- Researching Positive Education, Neuro Development and the Attachment Theory from authors including Dr Bruce Perry, Heather Forbes, Tom Brunzell, Jacci Norrish, Laurel Downey and Leonie Abbott.

My Visits:

Tapping Primary School:

Tapping Primary School is located in the metropolitan area 30km north of the city of Perth. Tapping was opened in 2007 and became an Independent Public School in 2013. They have a roll of 900 which is predominantly British immigrant blue collar workers.

They have developed a strong reputation within the community as a school that focuses on the social and emotional needs of all students.

They use the “Play is the Way” (PITW) philosophy and their aim is to raise children considerate of themselves, others and the world in which they live, with sound reasons for the things they say and do.

Central to their goal is the development of positive interpersonal skills, self-control, self-motivation and reflective thinking by raising empathy levels and providing opportunities to enact virtuous behaviour and tolerance towards others.

I spent two mornings with Bill Boylans, the Principal of Tapping, and Wilson and Julie McCaskill developers of PITW, discussing the PITW philosophy and the impact it has had on children’s emotional and social learning; observing the philosophy in action in classrooms; talking with teachers about their attitudes, knowledge and understandings of PITW; and participating in Tapping’s Community Values Assembly.

Berry Street School:

The Berry Street Childhood Institute’s education arm runs an independent school with three campuses based in Noble Park, Morwell and Shepparton campuses, and an extensive range of other education support and training programs. They cater for disengaged, vulnerable children who have either been excluded from, or have dropped out of school. These children have experienced significant and ongoing trauma in their lives as a result of neglect, abuse, violence or being witness to violence and disrupted attachment.

The Berry Street School’s mission is to maintain the participation of those who are at risk of disengaging from mainstream school; re-engage young people who are excluded from education or training; and promote pathways for young people into employment.

Berry Street leaders have developed a trauma-informed positive education model. This model has been extensively researched using experts from traumatology, education, wellbeing and positive education.

During the three days at Berry Street I interviewed the researchers and developers of the Berry Street Education Model, visited Morwell and Noble Park campuses observing this model in action, talked to the students about what makes Berry Street School different to mainstream schools, and discussed with teachers and leadership teams from these campuses the impact the model has had on their teaching and learning practices and on student outcomes.

Conference:

The theme of the Trans-Tasman Primary Principal's Conference was "Knowledge in our Hands". Through this knowledge we can make a difference for our children.

A number of keynote speakers focused on the significance of the emotional and social wellbeing of our students and staff.

These researchers and presenters included Georgette Mulheir Chief Executive Lumos, Dr Chris Sarre from Australia who works with disenfranchised indigenous children, Dr Russell Wills, the 2014/15 NZ's Children's Commissioner and Sarah Tillott a lecturer at the University of Wollongong who has developed an emotional and social game based on an Australian AFL rugby team.

These presenters reinforced the research I had undertaken about supporting our vulnerable and traumatised children through the development of strong and positive relationships, the need for our principals and teachers to understand why traumatised children behave in the way they do, and the imperative need to develop emotional and social intelligence learning as part of our school curriculum, for better social, emotional, and academic outcomes for all of our children.

Interviews:

Interviews were conducted with:

- Anna Baker, an occupational therapist who specializes in sensory programmes for traumatised children. We discussed appropriate sensory programmes that we could use in our schools.
- Dr Denise Quinlan an expert in Educational Psychology. We discussed professional development opportunities for our staff to support growth mindsets and teacher wellbeing.
- Anne Smithies, Deputy Principal of Berry Street School, and Leonie Abbott and her Berry Street Education Team, who are researchers, and part of the team that developed the Berry Street trauma-informed positive psychology education model which we discussed at length.

Research:

The researchers and experts work I have predominantly used through my research include:

- Dr Bruce Perry, MD PH. D and Senior Fellow of the Child Trauma Academy.
- Heather Forbes LCSW who is the owner of Beyond Consequences Institute in Colorado and has worked in the field of trauma and healing since 1999.
- Tom Brunzell and his team who are researchers at the Berry Street Childhood Institute.
- Laurel Downey, Manager, Practice Development and Training, Take Two, Berry Street.
- Dr Denise Quinlan, author of the strengths based programme "Awesome Us".
- Wilson MacCaskill author and creator of the emotional and social approach "Play is the Way".

Findings

Through my research I have gained new knowledge and understandings, and changed some of my beliefs and attitudes. I have learned:

The Importance of Understanding What Trauma Is

The Webster dictionary defines trauma as:

1a : an injury (as a wound) to living tissue caused by an extrinsic agent

b : a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury

Bruce Perry explains trauma as a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror and helplessness. Heather Forbes describes the experience of trauma as a feeling of helplessness, hopelessness and being overwhelmed. The Trauma Theory says trauma is when something happens to an individual that is so terrible it overwhelms their ability to cope.

No matter whose definition you use, trauma, has major impact on a child's development affecting their mind, their brain, their body, the building of positive relationships and their future outcomes. Trauma interferes with a child's capacity to regulate emotions and reactions, disrupts thinking, attention and connection.

"Traumatic events in childhood increase risk for a host of social (e.g. teenage pregnancy, adolescent drug abuse, school failure, victimization, anti-social behavior), neuropsychiatric (e.g. posttraumatic stress disorder, dissociative disorders, conduct disorders) and physical health problems (e.g. heart disease, asthma)." Perry (2012)

Types of Trauma:

When children are belittled, degraded, ridiculed, threatened physically and/or emotionally, neglected through affection being denied, or malnourished, trauma has occurred.

Possible traumatic childhood events could include separation from a parent, disruptive home life including frequent moves, medical issues, mother with postpartum depression, poverty, lack of a stimulating environment, divorce, neglect, bullying (including from siblings), lack of consistent rules and boundaries, parent's emotional rigidity, domestic fighting and violence, drug and alcohol abuse, adoption, death in families, witnessing community and televised violence, environmental events including earthquakes and floods.

When children experience trauma they find themselves overwhelmed and experience any, or all of the following emotions: out of control, scared, terrified, worthless, unlovable, insecure, and possibly endangered. (Forbes 2012)

Incidences of Trauma:

All children are going to experience some degrees of trauma as they grow up. In fact children all need some amount of challenges or threat in their lives to be able to become resilient and cope better with stress as they grow older. Children become resilient when exposed to threat when there is a trusted, comforting and secure adult, and how quickly that threat is mitigated and things return to normal. How the child responds to that trauma depends on how well the adults in their life respond and how well the fundamental needs of physical safety, attachment and predictability are met.

It is when our children face constant trauma in their life that their self-regulation and cognitive development is compromised.

How Trauma affects children:

Trauma creates fear in children. Children respond to traumatic events in many different ways and it is easy for adults to dismiss the impact on them.

The Australian Childhood Foundation (2010) says that trauma impacts all elements of a child's development. Trauma can lead to reduced cognitive ability, difficulties with memory, concentration, engagement, and language delays. It impacts on the body physically which causes health issues as the child gets older, and has significant impact on developing social relationships with peers. (Downey 2007)

Dr Bruce Perry identifies different types of stress responses that children can exhibit. Children who have experienced trauma, abuse or neglect often have symptoms of ADHD and or ADD. These behaviours are in fact stress responses.

Hypersensitive responses are identified in children who cry a lot, are often inconsolable, have temper tantrums and are volatile.

Hypervigilant children are wide eyed, constantly scanning their environment, anxious in muscle tone and can be overly clingy.

The third type of stress response is the shut down or tuned out child. They are too quiet or too good. They are categorised as the 'frozen' side of trauma. The smallest challenge may lead to collapse or unravelling. These children can be more problematic than the children who have overt behaviours.

It is imperative that leaders of our schools, teachers and support have a strong understanding of why children react in the manner they do.

The Importance of Understanding Sequential Brain and Cognitive Development

Critical periods of brain growth facilitate cognitive and emotional development. Cognitive skills help the child to process information they receive from their world. Children learn to communicate, analyse, problem solve, recall experiences, and use information to make decisions. Jean Piaget's discoveries about children's cognitive development identified that children think differently to adults, that children have to mature and be cognitively able to understand their world, that children's cognition develops in stages and that the success of one stage is dependent upon the mastery of the previous stage.

Perry's simplified and useful model of the brain's sequential development explains how the brain develops sequentially through the brainstem, the cerebellum, the limbic system and the neo-cortex. The brainstem governs regulatory tasks of breathing, blood pressure, heart rate and body temperature; the mid-brain or the cerebellum regulates motor abilities, arousal, appetite and sleep; the limbic system moderates emotional regulation, attachment, and sexual behaviour; and the neo-cortex develops cognition and affiliation (Perry, 2006).

If there is an interruption to this learning process through a traumatic event or events, weak cognitive skills, delayed language development, impaired emotional and social development can result. Even though the person may be chronologically an adult the trauma-affected brain may be still arrested at an earlier developmental stage (Brunzell, 2015).

Researchers believe that there are sensitive areas of brain development. They have identified that if certain synapses and neural pathways are not stimulated and repeatedly activated the brain's capabilities may be diminished. Interruptions to the sequential process of brain development impacts on the child's growing ability to self-regulate, develop language and build strong relational bonds.

There is also evidence that trauma can help develop cognitive skills in some other areas.

"Trauma can enhance "pockets" of a child's cognitive abilities because a child's vigilance to learn about the world in order to protect themselves" Forbes (2012).

These children appear to be very capable in some areas but they are still lacking in other critical cognitive areas. Their ability to think abstractly is compromised due to them having to see their world in black and white terms (live or die) so they can survive. These children find it hard to accept there is more than one answer to a question. They become literal thinkers and find inference difficult.

The Importance of Understanding the Attachment Theory

John Bowlby's Attachment Theory (1958) helps us to understand the importance of and need for strong and nurturing human relationships to develop with our children from pre-birth onwards throughout their lives. When a child is nurtured and cared for and develops strong attachments to loving and caring caregivers their social, emotional and brain development is enhanced. If children have insecure attachments with their carers this has long lasting negative impact on their growth and development. They are less able to regulate their emotions and reactions.

This capacity, known as affect regulation, to regulate our emotions and reactions is built during the early years of life. Attachment difficulties often lead to poor affect regulation, as do subsequent experiences of trauma. This can lead to their compromised ability to control their anger and their impulses, and maintain attention and connection. Their reduced capacity to regulate their strong emotions leads them straight to reaction with no time to think (Downey 2007).

The Importance of Understanding Regulation Approaches versus Behaviour Management

Behaviour is a form of communication. We know that many of our children who enter school at five, are still unequipped to self regulate for a myriad of reasons already discussed in this report. These children have not learned the ability to regulate their emotional state, or the stress in their lives, which often leads to negative behaviours. As educators the level that they arrive at is the level we need to start to understand. We need to see this behavior as a stress response rather than a behavioural response.

Schools can often increase dysregulation and make children more fearful, more stressed and more overwhelmed. Children who have lived in a constant state of dysregulation have a very different nervous system, belief system and ability to regulate and are in a constant state of survival. We as leaders and teachers need to challenge our thinking and paradigms from a behavioural model to a regulatory model. Teachers need to be able to support the child to regulate and reduce this dysregulation to get calm.

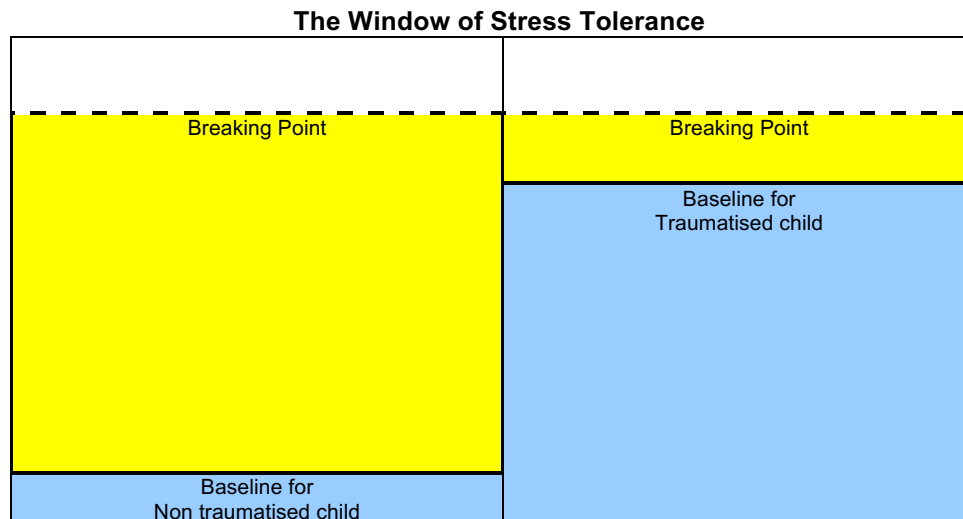
Abraham Maslow Hierarchy of Learning identifies five levels. Maslow (1943) stated that people are motivated to achieve certain needs, and that some needs take precedence over others. Our most basic need is for physical survival, and this will be the first thing that motivates our behaviour. Once that level is fulfilled the next level up is what motivates us, and so on. Traumatized children who are unable to access the first four levels of the hierarchy are unable to access the higher order of learning.

Social neuroscientist Matt Lieberman (2013) argues that social connection should be at the bottom of the pyramid. He points out that an infant's ability to make connection with their caregivers is what gets them food and is therefore the key to their survival. Connection and attachments skills are therefore essential for survival.

High levels of stress in children leads to increased inability to manage their emotions and impulses and less space for learning and behaving. Children who have experienced ongoing trauma have higher levels of stress levels than the majority of their peers, so their levels of tolerance are much less, and emotions and impulses are less controlled.

Heather Forbes talks about the Window of Stress Tolerance. Her diagram below illustrates a very clear understanding of when our traumatized children are placed in threatening situations (perceived or real) they are less able to manage their emotions and impulses. The baseline for the traumatized child is a lot higher than that of the non traumatized child due to their level of ongoing underlying stress, subsequently they reach break point a lot quicker.

Stress contributors that make our children reach breaking point within our schools and classrooms can include constant noise, loud noise, sudden noise, busy environments, change to routine, movement of others, cognitive demands, group activities, team sports, peer relationships, a subject that they think they can't do, lack of consistency of teacher, new pupils in class, frustration, anxiety, relieving teacher to name a few.



Heather Forbes (2012) suggests we as educators, use deeper and more specific questions to find out more information about why these children are responding as they do:

- What else is really going on here?
- What does this child need?
- How can I change my perspective?
- What keeps me looking at the behavior?
- What is this behavior communicating right now?
- What in the environment could be triggering this behavior?
- What can I do this very moment to improve my relationship with this child?

Effective Methodologies and Approaches to Promote Emotional and Social Growth

Play is the Way (PITW):

Bill Boyens, the Principal of Tapping School talks about a filter he uses for all decisions he and his leadership team make for his children and school community: *if this programme, structure, routine doesn't support our philosophy of developing a student's self-regulation that fosters independent, self-motivated, empathetic, life-long learners, we don't do it.*

At Tapping School in Perth Australia their philosophy, pedagogy, teaching and learning practices are based on the Play is the Way methodology.

PITW researched, created, and written by Wilson McCaskill, is a practical methodology for teaching social and emotional skills using guided play, classroom activities and an empowering school wide language.

The structured games and language aim to promote peer support, trust, respect and understanding by engaging children's emotions, and calling for mastery and control of those emotions for children to participate, be aware of others' needs and interests, and to co-operate to achieve success (McCaskill, 2007).

In 2009 Dr Elspeth McInnes, Ms Alexandra Diamond, Dr Victoria Whittington from the University of South Australia conducted a research project called “Developing Trauma Informed Pedagogy in a Year 2 and 3 Classroom”. PITW was one of the two key programmes that were implemented. This programme and other interventions were intended to shape the classroom culture to become more supportive of vulnerable children. The teacher learnt about young children’s well-being, with a specific focus on the effects of stress and trauma, and implemented classroom pedagogical strategies to assist children’s development and resilience.

Seven key themes emerged from the study;

- The importance of relationships between teachers and children.
- The teacher interpreting behaviour as communication about the child's state and not a personal reaction.
- The teacher coaching children regarding their approach to life, taking into account the challenges they face.
- The teacher modeling and supporting a classroom community, which develops trust.
- Employing a whole school approach to create consistency, including a shared language, as the children progress through the school.
- Teacher recognition that learning about empathy and tolerance requires active teaching.
- The teacher being knowledgeable about the effects of stress and trauma.

The study concluded that the selected resources, including PITW, provided effective tools to promoting improved social relationships and a wider vocabulary of feelings words which children used to relate to their own and other’s experiences. A whole of school approach and assistance with implementation of the resources proved important to successfully embedding the programmes in classroom activities (McInnes, Diamond and Whittington, 2009).

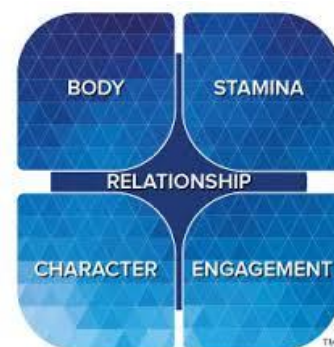
When I spoke to the teachers at Tapping School they all agreed that PITW has made a difference to their children’s ability to self regulate. Children are more able to take ownership of their own behaviour, are able to use self soothing thoughts to regulate their feelings, are able to problem solve and come up with strategies to help them self manage, and are more accepting of other people’s points of view. The teachers enjoy working in the positive school culture that Bill and his team have created, where teacher and student wellbeing is at the forefront of all decision making.

Berry Street School Trauma-Informed Positive Education Approach

The Berry Street Education Model has been developed through evidenced based research. It is a trauma-informed positive education approach to support the sequential development of student’s physical, psychological, emotional, and social capabilities. These capabilities are built over time.

There are five domains:

- Body
- Relationships
- Stamina
- Engagement
- Character



The **Body Domain** develops strategies and techniques so students know how to de-escalate emotions, be present, centred, and grounded, to be mindful and to be able to self-regulate.

Through the **Relationships Domain** teachers learn about attachment, unconditional positive regard, how to redefine power, understand process vrs person praise, and develop effective relationships. Positive and respectful relationships are imperative for effective classroom practice, and in particular with vulnerable and traumatised children.

A relationship–based classroom is one where teachers and support staff establish a trustful and safe environment through deliberate steps, whereby their students feel they can take risks, learn from each other, and establish positive relationships with staff and peers.

The **Stamina Domain** teaches students how to develop a growth mindset, understand what emotional intelligence is, and develop resilience and stamina for independent learning. Stamina involves effort, perseverance and resilience. Within this domain students are given opportunities to learn, practise and reinforce stamina and develop strategies that they can use throughout their life.

The **Engagement Domain** fosters the state of flow, willingness, positive emotions, positive movement and rhythm as well as developing humour and curiosity. Feedback is the foundation of an effective classroom. Traumatized children often struggle in the classroom because they have missed or not been given specific feedback for their needs. Often these children are overwhelmed and put up barriers towards their learning, so developing a willingness to take risks, and give things a go is imperative for engagement and improving academic outcomes.

The fifth domain is the **Character Domain** which develops the student's values, character strengths including hope and gratitude, and community strengths.

A strengths-based approach focuses on what is right with an individual (Quinlan, 2015).

Children are taught to identify their own personal character strengths and character strengths in others. Developing character strengths in children can lead to a more positive self-image, and children experiencing a greater sense of wellbeing.

The 2014 Berry Street School Annual Report indicated significant success with their education model over the three campuses. Attendance had increased, academic outcomes had improved, student wellbeing had improved, as had overall satisfaction of students, teachers and school leaders with the greatest growth for students in areas of Morale, Goal Alignment and Personal and Social Development. The areas of significant growth for teachers and school leaders were in areas of Academic Achievement, Teacher Quality, Morale Personal and Social Development, Health and Safety, and Transition.

When I interviewed the students at Morwell Park, I asked them 'What was different about Berry Street School to the other schools that they had attended?' The students told me that : "the teachers care about me here" , "it's like a family here", "we learn stuff here", "we are expected to learn at this school". There was a real sense of trust and respect and expectation between students and teachers.

The Importance of Teacher Wellbeing When Working With Traumatized Children.

In every school, we have creative, energetic, caring classroom teachers who want the best emotional, social and academic outcomes for their children. For this to happen teachers own mental health and wellbeing need to be at the forefront of school leaders and Boards of Trustees minds.

The health data on teachers is woeful and whilst the big three – cancer, heart, and stroke – are prevalent, as in most other employment groups, Ian Vickers research seems to suggest that the average age that these illnesses are affecting teachers is in their 40s compared with an overall average age in the 50s across all careers. Teacher depression accounts for many of the Income Protection claims (Ian Vickers, 2012).

Teachers working, at the chalk face every day, with traumatized children are often faced with challenging behaviours in the classroom. Stress levels of teachers increase when they are constantly working with disruptive behaviours, and trying to meet the needs of our most vulnerable children and the other children in their classrooms.

There is extra workload and expectations of our teachers to attend IEP's; parent meetings; meetings with supporting agencies eg Special Education, RTLB's, RTLit's, CYFS, Strengthening Families; finding effective resources, making resources, creating individualised learning and behavioural programmes.

Whitehouse, Ryba and O'Driscoll (2000) studied burnout amongst NZ primary school teachers. They confirmed that stress and burnout are an occupational hazard of the teaching profession. They identified six steps to help alleviate this situation:

1. Identify specific stressors within the work environment.
2. Find strategies for increasing teachers abilities to deal effectively with the demands of teaching.
3. Provide greater personal guidance and support for teachers.
4. Provide informative and helpful feedback about teachers quality of work and achievements.
5. Implement professional support networks to overcome a sense of feeling isolated in the classroom.
6. Promote ongoing programmes concerned with stress management, coping strategies, and development of a balanced approach to living.

Implications

Wider implications for our school leaders and teachers

1. Teacher and leaders need to understand how trauma affects children in their classrooms:

Chronically stressed and traumatised children require environments tailored to meet their needs so they can develop new adaptive responses, which may enable them to become socially and academically competent. Teachers are instrumental in creating classroom environments to support children's learning and development. Therefore teachers must understand the difficulties faced by traumatised and chronically stressed children, and what can be done in the learning environment to support them. Assisting children to become aware of their emotional and physical states and to learn strategies to self-regulate when they are feeling stressed or reacting to past traumas, provides pathways to improved social and emotional well-being, and enables effective learning (McCaskill 2007).

2. Leaders and teachers need to change their mindsets and paradigms from behavioural models to regulatory models:

There is always a reason why a child behaves the way they do. When we get to reason and understand what is driving this behavior we can then find solutions that not only change this behavior but also offers long term change and healing. Challenging our traditional way of thinking from a behaviour model to a regulatory model will need the re-thinking of our own beliefs and paradigms. We need to be responding to these children's behaviours rather than reacting to them.

Arguments about 'giving in' to inappropriate behaviours, or 'babying' will come from the traditional viewpoint, however, children act out because they need attention or support. By ignoring the behaviour, or threatening the behaviour or controlling the behaviour will give the child a negative form of attention. This is detrimental because from the child's point of view any form of attention-negative or positive is attention and is interpreted as love by the child. Children need attention, nurturing and relationships in order to stay within boundaries, to follow rules and to stay attentive to the teacher in charge of them. Children need adults to be in charge to reduce their stress, increase regulation and provide an emotionally safe and secure environment (Forbes, 2012).

A change of thinking, belief system and paradigms of our leaders and teachers are paramount in being able to regulate our traumatised children and help in their healing. Heather Forbes list of traditional and new view thinking is challenging and thought provoking.

Traditional View	New View
Consequence based	Regulatory based
Rewards and incentives create motivation	Relational influence creates motivation
External controls (point systems, star charts , detention, removal of privileges)	Internal controls (sense of self, sense of accomplishment, self-acceptance, self-love)
Time outs	Time ins
Expectations based on chronological age	Expectations based on emotional / social age
Behavioural Management	Stress management
Individual focus	Community/whānau focus
Performance / outcome based	Process based
Intervention	Prevention
Major transitions identified	All transitions identified
Child to fit into the environment	Environment to fit the child
Behaviour is a matter of choice	Stress drives behaviour

3. Leaders need to provide effective professional development to implement effective pedagogy and relevant programmes:

Leadership is the major change agent for transforming school pedagogy. Therefore it is up to the leadership teams within our schools, in particular that of the principal, to provide effective professional development and an environment where it is 'safe' for teachers to innovate and to give opportunities for teachers to try new thinking and practices.

Laurel Downey (2007) has identified a number of strategies to help create such an environment.

Understand the child

- Understanding trauma and attachment difficulties brings compassion and empathy; understanding that the child may be developmentally younger than their chronological age will guide teaching practices.

Manage your own reactions

- Working with traumatised children can bring strong emotions; staying calm will help the child to calm themselves.

I see you need help with ...

- Help children to comply with requests. Because they don't necessarily want to please adults, helping them comply will avoid power battles.

Structure and Consistency

- Traumatized children often have little internal structure and need firm boundaries, rules, expectations and consequences—applied with sensitivity and calm.

Time in, not time out

- Traumatized children experience time out as yet more rejection, increasing their feelings of shame and worthlessness; time in keeps them engaged in a relationship.

Connect dissociative children

- who are often quiet and compliant, need gentle and consistent attempts to connect with them.

Consequences, not punishment

- Use natural consequences that relate to the problem behaviour and are designed to repair damaged property or damaged relationships.

Structure choices to remain in control

- Offer choices with humour and creativity to avoid power battles; keep the child responding to you rather than allowing them to control the interaction.

Acknowledge good decisions and choices

- Traumatized children often don't respond well to praise, but still need positive reinforcement for doing something well: comment on the job well done rather than intrinsic characteristics.

Support parents and carers

- Get to know the parents or carers; keep up good communication and don't communicate through the child. Try to be understanding and compassionate: living with a child who has trauma and attachment difficulties can be very stressful.

Maintain your role

- Don't be tempted to move too far out of your role. These children need caring and competent teachers.

With our continued knowledge and understandings of trauma-informed, positive education approaches, evidenced based research and validation of our beliefs and attitudes, the Musselburgh School leadership and teaching team can plan to incorporate this new learning into our existing curriculum design, our pedagogies, and our teaching and learning practices to support our traumatised children.

4. Leaders and teachers need to create calm classrooms and playgrounds:

A calm and nurturing school environment helps children feel valued and create a sense of belonging. Our traumatised children need to be able to : regulate → relate → reason

Brunzell (2014) and his team from Berry Street School have identified several classroom interventions that will develop children's physical and emotional regulatory abilities. These interventions include:

- Using rhythm in the classroom, including rhythmic activities like drumming, music, therapeutic martial arts, physical movement interludes, and short exercise bursts;
- Use 'brain breaks' and 'brain kits' for dysregulated students can include corners of the classroom for physical movement, games of fine- or large-motor skill, cardio activities, or stationary equipment (bike, treadmill);
- Allow and provide students to use rhythmic furniture like rocking-chairs, hammocks, or swings for reading and/or regulating;
- Design school routines with a rhythmic sense to the lesson, day, week, and school year, including celebrations, open days, and other events to call attention to natural rhythms of the school year;
- Work with occupational therapists to assist students with somatosensory integration supports such as ergonomic seating, fidget toys, or writing tools;
- Embed circle routines and morning meetings with a sense of rhythm, positive emotion, fun, character strengths and relational attunement;
- Integrate heart rate activities and heart rate monitors in both personal development, maths, and science lessons;
- Practice mindfulness strategies, including bite-sized meditations, yoga, and breathing for self-regulation.

By incorporating somatosensory activities in a relationally mediated way, students will have more opportunities to experience a regulated body (Perry, 2009).

5. School leaders and Boards of Trustees need to provide a safe and healthy work environment:

With the 2014 Health and Safety legislation Principals and Boards of Trustees have a duty of care to provide a healthy and safe environment in for teachers to work in. The law requires that a PCBU is to keep workers, and other people at its workplace, healthy and safe. This includes monitoring the health of workers and workplace conditions to prevent illness and injury. These requirements are all part of a PCBU's primary due of care.

Monitoring the mental health of our teachers is paramount, especially if there are a number of traumatised and vulnerable children in each class.

6. What our Parents and Caregivers need to know:

Traumatised children often have parents and caregivers who have also suffered from abuse, neglect and mental health illnesses, and find schools threatening and challenging places. It is therefore critical for our school leaders and teachers to build positive partnerships, with honest and respectful communication between home and school for any change and healing to take place within their children.

Parents need to know that:

- We as professionals see their child as traumatised.
- Children who are exposed to trauma can be protected and healed by presence and engagement of parents and caregivers. These relationships need to be persistent, consistent and, permanent. The access to the presence of safe and sustainable relationships is paramount.
- Just because children can't talk about their feelings and the experience doesn't mean that they are not impacted by it.
- Children are more susceptible and vulnerable to developmental trauma than adults, because their brains are still rapidly organising, growing and developing.
- The best predictor for children to recover from a traumatic event or events are when children have stable and nurturing relationships. With positive nurturing and stable relationships children can sustain and get over unbelievable trauma.

Specific Implications for Musselburgh School

My research, observations and conversations validated our vision to provide a positive, safe, and rich learning environment where our tamariki will grow emotionally, socially and academically to reach their full potential. It confirmed the positive education approach and strengths based programmes are supporting our vision, our pedagogies and our teaching and learning practices we have in place at Musselburgh School.

Our next steps are to:

- Review and reflect upon the existing positive education and strength based programmes to include a trauma informed approach.
- Implement Play is the Way school wide, train all our teachers and support staff in this methodology and focus on this PD over the next two years so it becomes embedded in our school wide language, our curriculum, and our teaching and learning practices.
- Continue to source experts to help us with our understanding of how to heal our traumatised children.
- Continue to develop our sensory programme Akeake for more school wide access.
- Provide mentoring and support to help alleviate teacher burnout and stress through regular supervision.
- Provide as much support to our parents and whānau as we can to support them in their time of need through communicating openly, honestly and respectfully, and by referring them to appropriate outside agencies.

Conclusion

Through my research, observations and conversations I conclude that there are no easy answers, and there are no quick fixes to heal our traumatised children, however there is hope.

The more we understand the experience of the abused and neglected and how we can support them through compassion, patience and empathy, the more chance our children will have of achieving better social, emotional and academic outcomes.

School leaders, teachers and support staff have a major responsibility to improve their charges' mental health and wellbeing so they can develop into fully functional adults who will contribute positively to society.

Principals and teachers know that the number of traumatised children walking through our school doors is increasing every year. We also know is that our children deserve better support and understanding and they need to develop ways in which to empower themselves to build resilience and positive self-esteem.

School leaders and teachers play a key role in helping with the healing of traumatised children by developing trustworthy, respectful and positive relationships, providing positive and engaging learning experiences and guaranteeing a safe and nurturing environment. If a child can develop and maintain a positive attachment to school, and gain an enthusiasm for learning, they will do so much better in their lives. As Laurel Downey so aptly puts it "The role of the school and the teachers in the lives of traumatised children cannot be underestimated."

Bloom and Grow Together

Caring relationships are a lifelong ingredient in well-being.

From the moment we are born we need a hand to hold.

Denise Quinlan

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