

Resilience: What Factors Impact it and How Can You Foster it in Schools?

by

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Abstract

The topic that will be investigated is resilience. Resilience can impact an individual biologically, psychologically, and physiologically. A person who has developed lower levels of resilience is more likely to experience biological alterations to their systems, a higher risk for mental health problems and more health problems overall. As a result, this paper strives to answer the following question: What factors influence resilience, and what can schools do to foster it? Through an examination of protective and risk factors, a better understanding of how to foster resilience will be constructed. Within the literature review, the following elements were identified to influence overall resilience: Connection to Family, Socioeconomic Status and Family Resilience, and Early Childhood Experiences. By thoroughly examining these elements and their roles as protective and, or risk factors, the paper will strive to find methods to help strengthen each element's protective factors to positively influence overall resilience. A vital aspect of the research was that resilience is fluid and multifaceted. Therefore, with the right interventions, resilience can be developed in all individuals, allowing for a healthier society. As the research stressed that the most effective interventions are implemented in early childhood, this paper will focus on interventions that can be implemented from within the womb to school-aged children. As a result, the recommendations will focus on a holistic model that encourages community collaboration and a trauma-informed approach to school education.

Keywords: Resilience, Protective Factors, Risk Factors, Trauma-Informed, Trauma-Sensitive, Adversity, Intergenerational Trauma, Social Emotional Learning

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Chapter 1: Introduction

Introduction

This paper will investigate the factors that impact resilience and examine possible solutions for educators to foster resilience within the classroom. Every student is unique, and with every unique individual comes different life experiences, family environments, and upbringings. As a result, professionals within the education system are faced with a diverse amount of needs and challenges. Furthermore, each child has a unique way of coping with problems; some children are more equipped with the tools to overcome adversity than others.

In gaining a better understanding of what makes a person resilient, strategies can be implemented to help children build resilience to prepare them for future adverse situations better. Building resilience in students means they will be less reliant on the adults around them and more independent in their ability to self-regulate and successfully overcome obstacles. By the end of the paper, there will be clear and concise strategies and resources provided to encourage a better understanding of factors that impact resilience and methods that counsellors, administrators and even district staff could implement to help children within the school system build the skills to overcome adversity; to build their resilience.

Background

Many theoretical perspectives and academics have studied the concept of resilience. Godara et al. (2022) define resilience as “the ability of an individual to adapt to stress and adversity and is often regarded as the ability to cope and positively adapt despite experiences of significant trauma or adversity” (p. 264). However, resilience does not imply that stress and

difficulties are eliminated; instead, it means the individual can cope and be flexible to life's pressures (Ilyashenko et al., 2021). Baum (2005) further differentiates between coping and resilience: Coping emphasizes what a person does when faced with stress, while resilience consists of assets and resources that act as a protective factor in adverse conditions.

While the above definitions focus on resilience regarding the individual's abilities, Wolpow et al. (2016) explain that resilience is more of a process that forms the person's ability to adapt and ideally thrive despite the stressors in their life. Ultimately, individuals are surrounded by social systems that can influence overall resilience (Southwick et al., 2016). For example, Pieloch et al. (2016) argue that "the resilience of a child goes beyond their own individual characteristics and includes dynamic interactions with family members (e.g., attachment style), their community (e.g., peer relationships), and their society as a whole (e.g. cultural values and beliefs)" (p. 331). These systems surrounding that child have a crucial positive or negative impact on the child's physical, social, emotional and cognitive development (Cefai et al., 2015). As a result, resilience is not a reflection of the child's ability to overcome life's challenges, but it reflects the child's formal and informal social network's ability to facilitate positive development and growth under stress (Unger, 2013; Eriksson, 2018; Montgomery, 2010).

Depending on the health of the child's surrounding systems, protective or risk factors surrounding them determine the overall level of resilience developed. The resilience level becomes a concern when the balance between protective and risk factors results in different developmental patterns for that child (Eriksson et al., 2018); The higher the number of risk factors a child experiences, the lower resilience developed and the more adverse the outcomes may be (Atwool, 2006). Qui et al. (2022) further found that the lower resilience developed, the

more emotional dysregulation displayed and variations in sensory processing. Furthermore, prolonged stress levels without the protection of supportive relationships are related to disruptive effects on brain development and gene expression that can lead to disease and behavioural problems later in life, possibly impacting future generations. (Herrman et al., 2011).

Statement of the Problem

The resulting problem when a child struggles to develop resilience is the decreased ability to overcome daily stressors and adversity. As Odgers et al. (2009) explain, children who fail to develop resilience and self-regulation skills are more likely to display behaviour problems and, as a result, are at a higher risk for continued aggression and social problems. The long-term impact of low resilience then results in persistent psychological problems in the individual's future, including depression, substance use disorders, self-harm behaviours, poor educational attainment and social welfare dependency (Odgers et al., 2009). Additionally, prolonged stress and negative emotional states influence the functioning of major organs and can disarm the body's defenses against illness (Mate, 2019). Further exposure to childhood adversity was also associated with alterations in immune and inflammatory responses, showing differences in developmental outcomes, including cognitive ability, obesity, brain function, asthma, and sleep (Oh et al., 2018). Overall, research has shown that high-stress levels contribute to psychological and physical health problems and that these stressors impact the individual and possibly entire communities. When an individual is impacted by prolonged stress, the likelihood is that their surrounding systems have also been impacted. The more impacted the systems surrounding an individual, the more impacted the individual will create a cycle of risk factors for both the individual and the community (Herrman et al., 2011).

As Wolpow et al. (2016) state, "The counterbalance of trauma is resiliency, the ability of an individual or community to withstand and rebound from stress... However, when stress overwhelms the capacity of an individual or community to respond, trauma may result" (p. 14). As a result, it is in the community's best interest to invest in resources to build resilience and reduce the long-term impacts of prolonged stress. Herrman (2011) argues that governments have a critical opportunity to create environments conducive to wellbeing, and failing to act could have severe consequences, including on the individual, the family, and the community's overall wellbeing. Community-based interventions likely to support resilience include early childhood school-based interventions (Herrman et al., 2011), which will be explored later in the paper in Chapter 3.

Purpose of the Paper

As discussed, a child's inability to recover or withstand the impacts of stress can have multiple detrimental effects on their future and their ability to engage academically within the school system. Children who have low resilience struggle to withstand or rebound from the effects of stressors on their daily lives, and the impact of this on a child's daily life can be damaging both biologically, physically, emotionally, and academically (Herrmann et al., 2011; Wolpow et al., 2016). This paper will investigate the factors that impact resilience and explore different ways to foster it, particularly within the school community. While the paper will focus primarily on how schools can foster resilience within their doors, the solutions could be applied to community organizations and healthcare professionals. Through detailed research and a compilation of strategies, this paper aims to provide resources for teachers, administrators, educational assistants, and counsellors that will provide strategies and techniques that will foster resilience.

Research Question

The question that will be analyzed throughout the remaining chapters is ‘What factors impact resilience, and what can schools do to foster it?’ More specifically, Chapter 2 will examine the protective and risk factors that impact resilience, while Chapter 3 will explore the implications and provide strategies, resources and techniques that schools can implement.

Positionality Statement

It is important to acknowledge my history as the writer of this paper. Resilience has always been a term that I have been curious about as an educator. I have encountered students from all backgrounds in my ten years of teaching. More specifically, I have encountered students with drastically different levels of resilience and abilities to overcome adversity. However, in the last five years, resilience has become a central concept in my teaching practice while working with grade 11 at-risk youth as their primary teacher, teaching 7 out of 8 subjects. In entering this job, I was incredibly unequipped to recognize and address the trauma experienced by the students before me; I came from a middle-class, loving, supportive family.

Some of these students, who encountered unimaginable amounts of adversity, came to school every day without parental guidance; they attended on their own will. I began to ask: How do they take the initiative to do this daily when their home circumstances are so dire? Why do students who have seemingly better lives struggle to do the same? What can I do to support these students who are struggling or do not have support outside of school? How can I help these students build a healthier future? How can I work with these students to break their cycle? I began to work on understanding trauma and its impacts on behaviour, mental health, and overall functioning. I started by changing my approach to teaching, focusing less on academics and primarily on building relationships and meeting their needs; I was a mother figure to them first, then a counsellor, then a teacher. Immediately, I saw improvements in the students in the classroom, both academically and socially.

However, once they left school, their primary support system was gone, and their overall progress took a step backward. This is where building resilience became a topic of interest for me; If I work with them to build resilience and coping strategies, they may have a chance at a healthier future outside of school. This paper has allowed me to explore the topic further and equip myself with strategies to work with students on building resilience. In researching this paper, I am confident that I will identify my privileged upbringing and the amount of protective factors that surrounded me as a child. I also expect to build a better understanding of trauma and its effects on behaviour and mental health. Lastly, I plan to complete this research better equipped to foster student resilience in my new role as a counsellor.

Theoretical Framework

As stated earlier, resilience is no longer viewed as an individual construct, but a multidimensional product developed through the individual's surroundings. As such, this paper will utilize research that examines resilience through several different theoretical perspectives. The first perspective that will be discussed is Attachment Theory, developed by John Bowlby and Mary Ainsworth, which examines the impact of parent-child attachment styles on the child's future behaviour and relational patterns. In examining family circumstances, a Family Systems approach will be considered to assess the family dynamics' impact on resilience, especially in parent-child relationships. As the family system is only one of many systems surrounding and impacting a child, the Ecological Systems Model, developed by Urie Bronfenbrenner, will also be utilized to understand better the interaction between multiple systems and the impact of these interactions on the child's development of resilience. Some of the systems included are family, community, school, culture, economics, and society. Polyvagal Theory, developed by Stephen Porges, will also be utilized to understand the biological aspects of resilience better. Polyvagal Theory explains the formation of the Autonomic response system and its effects on a child

emotionally, biologically, and physically. Lastly, in Chapter 3, a Trauma-Informed Approach will be incorporated in the implications and recommendation section.

Significance of the Study

The concept of resilience is significant in both an educational and societal context. Studies have shown that children whose life circumstances have increased their risk of developing low resilience are also at risk of psychological, behavioural, and social struggles. Approximately 10-20% of children worldwide experience mental health problems, including anxiety, depression, self-harm, ADHD, conduct disorders and eating disorders (Boelens et al., 2020). Furthermore, Boelens et al. (2020) found that mental health problems developed in childhood have the potential to last into adulthood, resulting in many negative consequences, including employment difficulties, poor educational attainment, and substance abuse.

However, children are malleable, and if proactive measures were to be implemented to foster resilience at a young age, there is a higher chance of avoiding high-risk behaviours and psychological disorders later in life. Research shows that much of what we assume to be fixed traits, such as personality, genetics, and temperament, are, in fact, malleable, and the surrounding environment determines those traits to be either promotive, protective, or risk factors for that individual (Ilyashenko et al., 2021). As Boelens et al. (2020) explain, timely interventions during childhood can reduce the severity and persistence of future mental health problems.

This research aims to identify concrete ways to foster resilience within the school setting and improve the child's chance of a healthy future. By actively working with students to foster resilience and build regulation skills and coping strategies, behavioural problems within the classroom become less frequent, the job of educational staff can become more manageable, and the students' success increases. By utilizing a primary access point through schools, educational

staff can work with the children and families to foster resilience and increase the likelihood that the child will manage life's stressors more effectively.

Outline of the Remainder of the Paper

The remainder of the paper will further examine the concept of resilience. Chapter 2 will further review research to understand resilience on a deeper level, which will consist of identifying the main factors that can act as protective or risk factors for resilience. Through a thorough review of the protective and risk factors of resilience, potential suggestions for fostering resilience will be provided throughout Chapter 2. Once the factors that foster resilience have been identified and discussed, Chapter 3 will begin to utilize the research gathered to create ideas for fostering resilience in the school community. Under the implications section, further research will be provided to explain the ideology behind fostering resilience. Concrete steps will be suggested for schools and community workers to help foster resilience in children and families. Under the Recommendations section, resources and ideas for fostering resilience will also be provided that can be used within the school setting. Lastly, the appendix will supply additional resources and pages that could be useful for any educational staff.

Chapter 2: Literature Review

Introduction

This chapter will answer the research question: What factors influence resilience? Chapter 2 will further explore the concept of resilience and utilize the research gathered to identify the three themes that influence resilience: Family Circumstances, Overall Sense of Belonging, and Early Childhood Experiences. The first theme, Family Circumstances, will be examined by exploring attachment styles, socioeconomic status, and family resilience. After developing a better understanding of the importance of the first theme regarding resilience, the second theme, Sense of Belonging, will be addressed by examining different types of connections within the community, including connections to culture, peers and school. The last theme, Early childhood experiences, will outline the impact of early childhood experiences on the individual and entire communities. Childhood and Intergenerational trauma will be further examined within the last theme, along with the biological impacts of adverse experiences.

After examining the three themes in Chapter 2, Chapter 3 will identify concrete methods in which schools can proactively implement measures to build student resilience. The recommendations through a trauma-informed lens will encourage implementing proactive measures and reducing risk factors identified in Chapter 2. Chapter 3 will stress the importance of self-awareness for the students and all educational staff, and it will encourage school staff to build resilience within the classroom by becoming active participants in the process. Lastly, Chapter 3 will provide strategies, techniques and resources for all school staff.

Review of Research Literature

In reviewing the research, it is increasingly apparent that resilience is fluid, and many factors can act as both protective and risk factors to resilience (Mckinley et al., 2021; Stark et al.,

2020; Atwool, 2006; Alexander, 2019). A child's overall resilience depends on that dynamic interaction of protective and risk factors, and the more risk factors a child has, the less resilient they may be. In contrast, the more protective factors a child has, the more resilient they may be. When considering resilience, it is necessary to examine protective and risk factors across various ecological levels (McKinley et al., 2021). Resilience is impacted by individual, familial and systemic factors, which either increase susceptibility to mental health problems or add protective factors that provide children with the skills to adapt when facing adversity (Stark et al., 2020). While experiencing adversity is essential for healthy development, resilience is more likely to be acquired when the child or adult can avoid extended exposure to prolonged stress (Herrmann et al., 2010). Three main themes arose when considering the protective and risk factors that impact resilience: Family Circumstances, Sense of Belonging (Connection), and Early Childhood Experiences. By examining these themes under the lens of risk, protective, and promotive factors, interventions, and proactive measures can be implemented to promote wellness (McKinley et al., 2021).

Family Circumstances

The first theme, family circumstances, can have a lasting impact on the child's resilience levels and overall wellbeing. Important habits and social behaviours are related to family characteristics and interpersonal relationships (Alonzo-Perez et al., 2021), directly influencing a child's resilience. Research has shown that the family tends to significantly impact health and resilience more than other people outside the family unit (Alonzo-Perez et al., 2021). Many factors influence the family's situation and an individual's overall resilience, including, but not limited to, family structure and climate, socioeconomic status, family resilience, and overall

family wellbeing. While all these factors can act as protective factors, many often become risk factors for resilience, impacting the family and the individuals within it.

Family Structure and Climate

Family Structure has substantially impacted the family's overall dynamic and the children's resilience. Research has shown that parents in a partnered relationship were associated with better outcomes for the family members than other structures such as divorced or widowed. However, having a partnered relationship does guarantee that the health of the family is better compared to single-parent families. While marriage is considered to benefit health outcomes, if it is under strain, it can have detrimental effects on the family system (Alonzo-Perez et al., 2022). While family health is not entirely dependent on family structure, it has been shown to impact the family climate. Overall, the emotional protection provided by marriage, or a partnered relationship, is conditional on the health or 'family climate' resulting from that relationship. Family climate is the dynamic of interpersonal relations and cohesion between family members (Alonzo-Perez et al., 2022). Alonzo-Perez (2022) found in their study that family climate directly impacts the health and wellbeing of the individuals within the family. If the family climate is positive, members were shown to have better mental and physical health over future years; if negative, members were more likely to have poorer mental and physical health. While some partnered relationships can result in a poorer family climate, research has shown that widowed, divorced, or never-married individuals showed a worse family climate than those in a partnered relationship (Alonzo-Perez et al., 2022). Therefore, it is essential to consider the relationship between family structure and climate when evaluating the impact on resilience and family health.

The family climate and structure can be a risk or protective factor for overall resilience and wellbeing. Communities must invest in resources to help strengthen and improve family climate through public health interventions, including access to mental health services, support groups, etc. Without access to community services, families at risk due to the existing family structure or climate may struggle to recover from their current circumstances and be at higher risk for mental or physical health problems. While existing family structure is not a variable that can easily be changed, resources can be invested into improving the family climate by focusing on the dynamics of relationships within the family structure, including the health of parental partnerships and child-parent connections.

Connection to Family

The family climate and structure can also impact a person's relationship with their family can immensely influence their well-being and overall resilience. Strong family connections and quality of parenting are one of the most significant protective factors when examining resilience in children (Atwool, 2006); Herrmann et al. (2011) note that supportive and sensitive caregivers throughout childhood can increase the child's resilience and reduce the impacts of adverse experiences, primarily if interventions can be implemented at an early age. Furthermore, responsive, warm, structured and monitored caregiving creates a decisive protective factor (Stark et al., 2020). Rather than focusing on the individual, it is essential to promote family connection, climate and wellness, which naturally enhances the protective factors for the individual (McKinley et al., 2021).

Attachment to primary caregiver

To better understand family connection and wellness, examining the attachment style between parents and their children is essential. Alexander (2019) defines attachment as "the

unique relationship between youth and their primary caregivers that is established in the earliest years of a child's life" (p. 46). Children depend on their primary caregivers to meet their essential needs. When their needs are met, the world is a safe place, which helps the child feel understood, resulting in a calmed stress response and an increased capacity for self-soothing (Alexander, 2019). As a result, Wang et al. (2022) explain that children with a higher level of attachment tend to explore the outside world and challenge any adversity they face; they are more likely to be resilient. A study by Herrman et al. (2011) found that a secure attachment to a parent predicted fewer behavioural problems and better psychological well-being in children.

Nurturing attachment styles have also been shown to impact the child biologically by helping them create better-regulated biological stress reactions in the future (Mate, 2021). The skill of self-regulation, or the ability to identify and reflect on feelings of self and others, and strategies for managing relationships are all very much dependent on the quality of the attachment experiences of the child (Atwool, 2006; Alexander, 2019). Overall, children with secure attachment patterns learn to deal with their emotions in a healthier way. This results in better psychological health, which protects against future trauma a child may experience. Through a healthy attachment, the child develops healthy coping skills in the face of stress; In other words, resilience (Alexander, 2019). In contrast, when a healthy attachment fails to form, the brain becomes inefficient at regulating, resulting in the child struggling to cope with stressors, causing sustained stress, a dysregulated state and an overall compromised resilience (Atwool, 2006). As Mate (2021) explains, "Maternal care during infancy serves to 'program' behavioural responses to stress in the offspring by altering the development of the neural systems that mediate fearfulness" (p. 213). The child's sense of the world is developed through the

parent-child interaction; Either they see the world as a place of love and acceptance or a world of indifference or hostility where the child must remain in an anxious state (Mate, 2021).

If, over time, a child experiences distress due to unmet needs and is responded to in a healthy and timely manner, the child receives what is needed to maintain a regulated arousal state; if not, they enter into a state of dysregulation (Atwool, 2006; Wang et al., 2022; Alexander, 2019). Unfortunately, experts hypothesize that at least 1/3 of students may have experienced a less-than-ideal attachment with primary caregivers, with the numbers tending to increase as the years go on (Alexander, 2019). Insecure attachments occur when a child's needs are unmet consistently due to neglect, parental stress, or even unmatched child-parental temperaments. When not soothed consistently, their biological systems adapt and repeat dysregulated arousal states, impacting physical, emotional, behavioural, and social responses if not dealt with effectively. (Alexander, 2019; Siegal, 2003). If the attachment is not worked on to become more secure, the patterns form a framework for future relationships in school and throughout their life (Alexander, 2019). Three types of insecure attachment patterns can form, each with consequences on levels of resilience and behavioural patterns.

Ambivalent Attachment

The first type of insecure attachment pattern is *ambivalent*, which occurs when the parenting style engages in patterns of being unresponsive, inconsistently responsive, rejecting, or overprotective and intrusive. As a result, the child who forms this type of insecure attachment may display signs of clinginess in the hope of feeling safe or trying to please the parent constantly. Consequently, children with ambivalent attachment patterns can exhibit levels of lower resilience as they can feel overwhelmed by emotions and struggle to learn to deal with them effectively (Anderson, 2019). Typically, helplessness and resentment characterize children

in this category, with an increased focus on the internal state of the self and an impaired ability to reflect on the internal state of others (Atwool, 2016).

Avoidant Attachment

The second type of pattern is *avoidant*, which typically occurs when the caregiver struggles to portray emotions themselves, which can then be perceived by the child as rejection. Instead of clinging, these children typically avoid relationships and emotions, showing a pattern of dysregulated arousal. They rely on themselves to meet their basic needs (Alexander, 2019; Atwool, 2006). Avoidantly attached children struggle to trust and can often show superficial or aggressive behaviour in close relationships (Atwool, 2006). Although avoidantly attached children may struggle, many excel academically and display overly independent behaviours (Alexander, 2019). Therefore, it may not always be evident to educators that this type of child has developed an avoidant attachment pattern. However, avoidant attachment patterns are still a risk factor for resilience. These children struggle to form healthy, trusting relationships and typically maintain a state of dysregulated arousal, leading to increased social and emotional problems.

Disorganized Attachment

Children who have experienced neglect, abuse or attachment trauma often develop a disorganized attachment pattern. Children with this type of attachment tend to feel afraid and alone, resulting in more negative emotions socially and an increased state of dysregulated arousal, poor regulation skills and a compromised stress response system. As a result, many children with this attachment pattern experience severe psychological problems resulting in push-and-pull relationship patterns (I need help; I do not want your help; I trust you; get away from me) (Alexander, 2019). Students with disorganized attachment often mask their anxiety

with controlling and oppositional behaviours and aggression (Alexander, 2019). Research has shown that a disorganized attachment pattern often predicts significant problems in childhood and later life. In fact, by adolescence, significantly increased rates of mental health and violent crime have been associated with disorganized attachment from infancy (Atwool, 2006).

While a secure attachment is ideal for resilience building, avoidant and ambivalent attachment patterns can still demonstrate a certain degree of resilience as these patterns still allow space for children to manage relationships and emotions. In contrast, the most vulnerable children when examining resilience are children who have formed a disorganized attachment pattern (Atwool, 2006). Regardless of the attachment pattern formed, it is essential to understand that attachment patterns are not stagnant; they can be altered when changes occur in parenting styles and overall relationships. While the most formative moments in a child's brain are during the early years of life, a brain can change throughout a lifespan (Alexander, 2019).

New experiences and relationships can help shift patterns towards a healthier attachment and a more resilient child (Atwool, 2006). As a result, it is important to support parents in creating healthier attachment patterns with their children through further education and community resources. Furthermore, in understanding attachment theory and the impact it has on resilience, educators can approach students with a better understanding that sometimes their behaviour is a product of their attachment and not reflective of their intention to misbehave or act out. They are not giving you a hard time; they are having a hard time. They are struggling with dysregulated arousal or preconceived notions of feeling unsafe. In acknowledging this important factor, educators and community agencies can then move forward to work on strategies to implement with families and their children that will ideally improve attachment patterns and build resilience.

Socioeconomic Status and Family Resilience

The family's socioeconomic status and climate also strongly influence the attachment pattern between parent and child. *Socioeconomic Status (SES)* is a social position comprising several essential factors, including income, education, employment, and neighbourhood characteristics (Boelens et al., 2020; Scrimin et al., 2022). SES can have a meaningful impact on the overall family well-being as evidence has shown that SES can impact family structure and act as a moderator between family climate and health; the positive impacts on family climate are weaker in those from lower SES, and higher SES reduces the level of decline in the family climate when family structures are altered (Alonzo-Perez., 2022). Furthermore, children from lower socioeconomic backgrounds and neighbourhoods are at a higher risk of mental health problems (Boelens et al., 2020; Odgers et al., 2012), less likely to graduate from high school, and more likely to spend time in prison when compared to children from higher SES backgrounds (Odgers et al., 2012). Growing up in a low-income household can also increase the risk of behavioural, mental, emotional, and physical disorders (Scrimin et al., 2022). While low SES is a risk factor for resilience, it is not a determining factor for low resilience. There are several other aspects to consider about SES when establishing the overall risk to a child, including perceived vs. lived poverty and neighbourhood collective efficacy.

Perceived vs. Lived Poverty

Researchers have distinguished between perceived versus lived poverty when identifying risk associated with SES. Boelens et al. (2020) explain that children with parents who have the perception of poverty, or material deprivation, are at an increased risk of future mental health problems due to the resulting limiting of goods and activities that contribute to children's development and the added alienation it may create for children who are surrounded by more

affluent peers. Although financial difficulties may be more common among parents living below the poverty line, these parents can often make ends meet due to lower expenses and increased access to community support. Conversely, families from a higher SES, facing a sudden change in their finances, may have more pre-existing expenses and less financial support, resulting in a higher perception of financial need and increased stress levels.

Therefore, the perception of a family's SES is also meaningful and associated with increased risk to mental health in the children (Boelens et al., 2020). Regardless of income, if the parents feel like they are struggling with their finances, then there is an increased likelihood of experiencing stress symptoms, which would impact the family climate, structure, and attachment patterns. As a result, it is essential to have available community support for all family backgrounds, including those who are typically in a higher SES; it is impossible to know the financial pressures that families are under at any given time, and it would be unreasonable to provide services to only lower-income families.

Neighbourhood Collective Efficacy

While perceived vs. lived poverty impacts the overall family climate, regardless of SES, neighbourhood deprivation depends on SES; Families from a higher SES would most likely move to more affluent neighbourhoods. Neighbourhood deprivation has been consistently linked as a risk factor for children. Children who lived in deprived vs. wealthier neighbourhoods were more exposed to neighbourhood problems and experienced more family-level difficulties. They were also at a higher risk for poor educational, emotional and health consequences, which increase the potential for problem behaviours to develop, such as substance use and conduct disorder (Odgers et al., 2009). Howell et al. (2012) found that neighbourhood cohesiveness protected children from the impacts of family dysfunction, while lack of cohesiveness resulted in

more exposure to childhood trauma. However, living in deprived neighbourhoods does not guarantee risk for low resilience. Furthermore, neighbourhoods that demonstrate group-oriented behaviour tend to reduce deviant behaviour and increase the community's ability to access resources (Odgers et al., 2009).

Odgers et al. (2009) term the cohesiveness or group-orientated nature of specific neighbourhoods as *Collective Efficacy (CE)*, which consists of social cohesion that reflects the willingness of the community members to look out for each other and intervene when trouble arises, especially when concerning the younger population. CE has been shown to provide many protective factors against antisocial behaviours, including violent crime, partner violence and homicide. It is especially important when children are slightly older and at an increased risk of being impacted by the neighbourhood they are living in (Odgers et al., 2009). CE benefits a neighbourhood By providing informal social control and creating social connections between the neighbours, adding one more layer of social support for parents and their families.

In contrast, community violence and poor collective efficacy negatively impact the family unit by increasing stressors and decreasing support, ultimately impacting the child's overall resilience (Howell et al., 2021).

While growing up in a deprived neighbourhood is a risk factor for developing antisocial behaviour and ultimately lower resilience, research has shown that neighbourhoods that work together provide protective factors that mediate the risk. CE follows the concept that 'it takes a village to raise a child.' Through a group mentality, parents can work together to support each other, creating a stronger sense of community and providing emotional support for struggling parents. Not only does CE provide protective factors for the child, but it also provides protective factors for the parents, which naturally could improve the child-parent relationship, family

climate, and build overall resilience. Therefore, it is essential to identify the deprived neighbourhoods within communities and work towards fostering an environment that can create a sense of CE as a protective measure. One way this could be done is through the school system, as school enrollment is based on catchment areas. Certain schools will have a larger population of students from deprived neighbourhoods, which can become the focus of local government agencies to create and grow CE within those schools, ideally trickling into the surrounding neighbourhoods. However, “waiting until adolescence to alter neighborhood contexts may be too late, particularly for males” (Odgers et al., 2009, p. 954). Therefore, focusing on elementary schools or local preschools is essential to foster CE in local communities. Odgers et al. (2009) recommend encouraging participation in voluntary organizations to develop better relationships and trust with local neighbourhoods, building social organizations such as local clubs, and creating opportunities to increase health within local communities such as sports. This topic will be further explored in Chapter 3 with strategies for further implementation.

Family Stress Model

The factors discussed impact the family's overall circumstances, can impact a child's resilience and well-being significantly depending on the family's overall resilience. McKinley et al. (2021) define *family resilience* as "collectively adapting to challenges and promoting family members' wellness and the wellness of the family as a whole" (p. 3). Qui et al. (2021) argue that family resilience is one of the most protective factors for individual resilience. In one study completed, higher scores on the Family Resilience Index and higher income were associated with lower mean depression scores (Burnette et al., 2019). Furthermore, McKinley et al. (2021) found that both low income and low family resilience were predictors of depression and anxiety, and higher family resilience, income and social support were associated with lower anxiety levels. In

other words, family resilience and circumstances combined strongly impact an individual's resilience and are heavily connected.

Typically, the more pressure put on the caregivers, the higher the stress levels they experience, resulting in an increased risk that the parents may experience mental health struggles, which influences the overall resilience of the family and individuals within it. The family-stress model implies that perceived and lived financial difficulties can lead to increased parental stress, which impacts the parental mental health and, in turn, their children's mental health. (Boelens et al., 2020). Financial strain within a household can break a family system by undermining positive parental behaviours, increasing harsh interactions, and creating an inconsistent support system within the family (Scrimin et al., 2022). Research has shown that support systems within the family may be compromised when faced with financial insecurities due to the stresses placed on the family and limited access to essential services or goods (Scrimin et al., 2022). One example that Stark et al. (2020) describe is the stresses experienced during a mass disaster, such as the pandemic, resulting in increased parental and family stress levels. If the family is not in an environment that practices collective efficacy, they are even more at risk for experiencing elevated stress levels.

If parents cannot provide emotional support during challenging times, the children's protective factors become risk factors, thus increasing the potential for mental health problems and lowering their overall resilience. The concept of parental stress is related to a term Mate (2021) defines as attunement: A process in which parents are 'in tune' with their child's needs. When parents are preoccupied with their needs and stressors due to their circumstances, they can struggle to be fully present with their children (Anderson, 2019; Mate, 2021). As a result, prolonged stress can alter attachment patterns between parent and child. If these ruptures in

attachment are not repaired, insecure attachments can begin to form, directly impacting the child's resilience (Anderson, 2019). While the parents may be physically present with the child, the daily pressures and stresses of their current economic situations could lead the parents to be emotionally absent, which impacts the child the same way as if they were physically absent (Mate, 2021). Mate calls this experience 'proximate separation,' and the children in this situation can grow up to feel isolated and unsupported (Mate, 2019). However, the risk continually increases when parents face reoccurring stress and hardship, making it much more challenging to be fully present for the child and responsive to all their needs (Alexander, 2019). As a result of prolonged stress due to parent(s) struggling in their current circumstance, the stress can become toxic, resulting in parents struggling to rebuild the attachment (Alexander, 2019; Mate, 2021). When children do not have strong parental guidance and no effective adult connection has been found, the risk of maladaptation is high and resilience low (Atwool, 2006). Ultimately, factors that increase parental stress can negatively affect attachment patterns with their child, putting the children at a higher risk of forming a dysregulated arousal state. SES, dependent on the perception of poverty and neighbourhood collective efficacy, can be a significant risk factor for family and individual resilience.

Supportive Parenting and Resilience

It is important to reiterate that biological responses and attachment patterns can be altered when presented with new and different experiences. As a result, even if parents face temporary breakdowns in attunement, the damage is not permanent; healthy attachment patterns are built when the parent and child follow up the breakdown by coming back together and rebuilding that attachment. This builds resilience in the child and the parent-child relationship (Alexander, 2019). Both Gottschalck et al. (2020) and Odgers et al. (2012) found that strong familial

attachments act as a protective factor against the effects of low SES on mental health problems. Even when experiencing economic hardship and a lack of social resources, a strong parental figure who works to provide a strong attachment can still meet the child's psychological needs, further improving resilience (Wang et al., 2022). Furthermore, children who had a stronger attachment and perceived higher support from their parents showed lower physical and emotional distress than those who did not feel supported. (Scrimin et al., 2022). In other words, if at least one parent can create a responsive and supportive environment, regardless of SES, they can provide a significant stress-buffering effect for their children and increase protective factors for resilience (Scrimin et al., 2022).

Substantial research has shown that the most effective way to increase resilience in a child is to focus on the family's overall health and develop stronger parenting skills (Southwick et al., 2016). As a result, the family must be surrounded by protective factors such as collective efficacy and a positive climate to reduce the effect on family stress. Schools can act as a primary access point for families as they interact on a nearly daily basis. They can provide opportunities to build collective efficacy, make referrals to community agencies, and even provide basic needs to the family through food hampers, counselling to the children, and opportunities for sports or extracurriculars. Furthermore, schools could collaborate with agencies to ensure appropriate programs are available for their local families. For example, schools could bring in services such as Child and Youth Mental Health (CYMH) practitioners to offer free parenting classes to teach parents practical ways of working with their children, with the hope of improving overall attachment patterns and family climate. These measures could help the parents feel supported and more capable of overcoming their current stressors, resulting in protective factors for the child's resilience. As Southwick et al. (2016) explain, working with at-risk parents and providing

programs to help parents understand their well-being and that of their child can improve the child's attachment pattern, increase resilience and decrease maladaptive behaviour (Southwick et al., 2016).

Overall Sense of Belonging

While the family unit can provide a child's primary source of protective factors, many children will grow up in less-than-ideal family circumstances. When the family environment is highly stressful and chaotic, children are at increased risk of developing ineffective emotional and behavioural responses to future stressors that can progress into adulthood (Southwick et al., 2016). However, Herrmann et al. (2011) argue that while family relationships strongly correlate to resilience, they are not the only relationship that provides protective factors for resilience. Strong connections to peers and community also provide substantial protective factors for resilience and encourage motivation to adopt healthy behaviours (Southwick et al., 2016). Brown (2010) explains that the ability to feel connected gives meaning to our lives and a sense of belonging. If children lack the protective factors from their families, it is vital for their overall functioning that they are provided opportunities to build strong connections within their community to mitigate the risk factors of developing lower resilience. In contrast, a lack of overall connectedness can lead to even more difficulties for a child in the future (Montgomery, 2010).

Threats to social connectedness, like rejection or loneliness, activate biological responses similar to physical threats or fear (Southwick et al., 2016). Meanwhile, positive social support structures have been shown to inhibit negative biological responses by activating the parasympathetic nervous system, which allows the child to feel safe, and releasing oxytocin, which improves social cognition, perception of trustworthiness, and overall positive behaviours

(Southwick et al., 2016). Southwick et al. (2016) highlight the importance of community connections, as the members' coping strategies are strongly intertwined. For example, increased community violence can negatively impact the family system as it has been associated with increased family violence, potentially due to the stress it causes to the family (Montgomery, 2010).

However, the quality of a neighbourhood and connection to sufficient social services and health care act as protective factors for youth. For example, families who have strong connections within the community who experienced mass disasters such as the pandemic were shown to fare better than families with poor community connections (Stark et al., 2020). Overall, when individuals have strong community connections, they are better prepared to deal with adversity and fare better than those without community support.

Connection to Culture

Resilience arises from an intricate interaction of factors, including the person's cultural setting (Herrman et al., 2011). As Wexler (2016) explains, "culture is an important factor that influences how people approach, interpret, and respond to difficulty" (p. 75). Cultural values guide an individual and community's role within their systems, including family dynamics, practices, obligations, living situations, and socialization (Masten & Barnes, 2018; Ungar, 2005). Furthermore, it helps individuals navigate the meanings and expectations connected to their role and a range of appropriate behaviours, which they can utilize (Wexler, 2016). Studies have found a consistent positive correlation between cultural identity and mental health. Ultimately, a connection to one's culture can provide a sense of belonging and further perspectives to draw from when faced with challenges (Wexler, 2016). A strong cultural identity also creates feelings of connectedness, purpose, self-efficacy and self-worth. For indigenous cultures specifically,

culture acts as an outline that provides people with ways to locate themselves in relation to others, a shared context, and their history (Colin-Vezina et al., 2010; Wexler, 2016). Ungar (2013) explains that a strong cultural identification reinforced by the child's family and school can promote resilience.

However, it is essential to acknowledge that culture can be "an anchor of resilience, but also an anvil of pain" (Panter-Brick et al., 2010, p. 81). Along with culture comes expectations regarding acceptable ways to cope with stressors that influence the environment and individual interactions, shaping the thoughts and behaviours associated with resilience in a potentially negative way. As a result, culture could have a negative impact on parenting practices and the well-being of parents (Ungar, 2013). For example, cultural expectations, roles, and values can limit the acceptable options for people to overcome hardship. Ultimately, a connection to one's culture can only be a protective factor if the individual's identity aligns with the cultural practices. If the cultural expectations of the individual or family conflict with their identity, then culture can limit resilience.

The protective qualities can also become risk factors when cultural identity is lost, such as moving to another country or assimilating to a more dominant culture (Pieloch et al., 2016; Boelens et al., 2020). One example is refugees who have had to go to a foreign country, facing further challenges due to different political, social and cultural climates (Pieloch et al., 2016). To maintain culture as a protective factor, those refugees must maintain strong connections with their home culture, religion and overall identity, which is not always an option. While children can learn and adjust quickly, the parents may take more time. This can impact the emotional attachment between the parent and child if their cultural norms are now different or conflicting. The parents could experience grief over losing their traditional values, creating a separation

between the parent and child, resulting in trauma for the child (Giboney Wall, 2020). As a result, new immigrant or refugee families must be provided with local communities to help them navigate their new environment and foster healthy interfamily relationships. To reinforce the child's cultural connections, culturally sensitive approaches to counselling and education aimed at reducing the impact of historical trauma are necessary (Howell et al., 2021).

Children separated from their families are at an even higher risk of developing low resilience due to a break in their attachment to family and culture. There is evidence that children within the foster system experience exponentially increasing vulnerability with the number of placements, which is further compounded if the child is placed in a home that is not from the same cultural background as them. The cultural dislocation of these children undermines their identity and potentially their overall resilience (Atwool, 2006). It is essential to maintain their strong cultural connections by placing them in a home with the same ethnicity or cultural values (Peiloch et al., 2016). While there is an effort to place foster children in homes with a similar cultural background, this is not always an option for refugees as there may be limited families with the same cultural identity. If the children are disconnected from their culture, the resulting protective factors become risk factors due to losing their cultural identity (Atwool, 2006).

Ungar (2013) argues that individual resilience occurs when an environment facilitates access to resources and those in control are willing to provide what the individuals need in ways congruent with their culture. As a result, families and children struggling with their cultural identity need further connections to community resources and educational support to surround them with protective measures and counteract risks to resilience. For example, schools must ensure that they provide an education promoting diversity and equality. One example where

schools may fail to do this is when children face culturally biased assessment, isolation, and a clash between home and school culture, increasing the risk of school failure, absenteeism and early dropout (Cefai et al., 2015). As a result, it is essential that communities, including schools, incorporate ways to strengthen a child's connection to their culture through lessons and strategies that support diversity and exploration of one's identity.

Connection to Peers and School

Overall, a strong social network is associated with increased resilience, while weak social support is associated with compromised physical and mental health (Southwick et al., 2016). Additionally, healthy relationships are crucial for socio-emotional and academic development as they foster a sense of safety and protection. (Cefai et al., 2015). Even if a child has poor connections within their immediate community and, or family, it is still possible to create strong connections through peers and schools. Peer relationships and connections within schools were found to be an essential source of resilience for children as the relationships can mediate and reduce the effects of stress and mental health problems for the child. (Cefai et al., 2015; Sharp, 2018). *School connectedness* is defined as the belief by students that adults within the school setting care about them as individuals, resulting in them feeling personally accepted, respected, and supported by others in the school environment (Sharp et al., 2018). Several studies have found that teacher support protected mental health, especially against suicide attempts (Whitlock et al., 2014; McNeely & Falci, 2004).

Overall, students who felt supported by their teacher were positively impacted and showed more signs of resilience (Wang et al., 2022). Furthermore, children who reported a higher sense of school connectedness had fewer reports of mental health problems. (Sharp et al., 2018). In a study conducted on orphaned children due to AIDs and HIV, Sharp et al. (2018)

found that school connectedness and teacher support acted as a buffering effect against mental health and further concluded that the same effect was seen in non-orphaned children. School and teacher connectedness protects against mental health problems and fosters resilience in all students, regardless of their family history or circumstances (Sharp et al., 2018; Wang et al., 2022; Cefai et al., 2018).

As a result, schools can act as an influential protective factor for all children, especially those whose surrounding systems are faltering. Schools are the safety net for children whose family systems have struggled to meet their needs and have formed insufficient connections to the community. Schools are also the primary access point for children and their families; for some, they are the last chance for students to build resilience. Hence, it is essential that schools fill the gaps that children need to form healthy relationships and, in turn, build protective factors that foster resilience. This can be done in school through various ways, including school clubs, group counselling sessions, teaching strategies that foster a healthy classroom community, and a whole school effort to be inclusive through regular celebrations of diversity and culture. Schools are in such a powerful position to change the trajectory of children's lives, and as the research has shown, early intervention is critical. The earlier the measures are put into place to build layers of protection for these children, the better the chance of improved regulation, future mental health and overall resilience.

Early Childhood Experiences

While family circumstances and overall sense of belonging play a significant role in a child's level of resilience, early childhood experiences can be one of the most significant risk factors for a child. However, it is essential to note that adverse experiences do not necessarily lead to low resilience. In fact, children's mastery of minor adversity is vital to building resilience

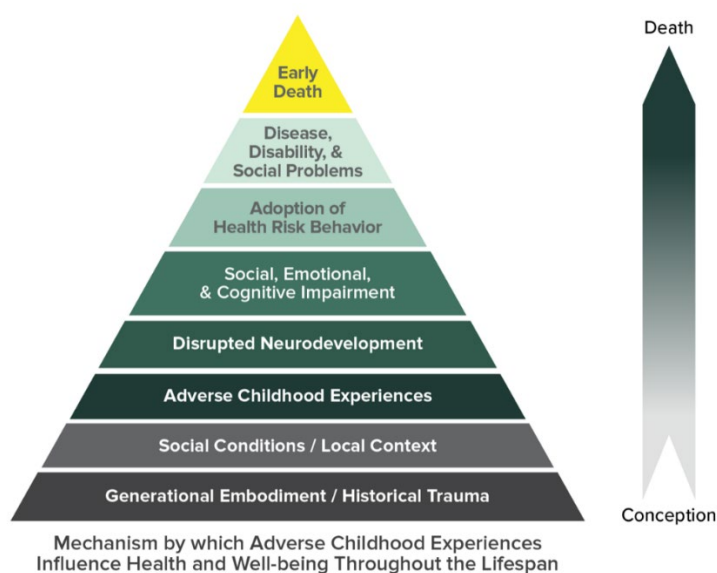
for challenges later in life. (Hermann et al., 2011; Mckinley et al., 2021). Nonetheless, the more exposure to adversity, the higher the risk, primarily when the adversity can be classified as trauma (US Department of Health and Services, 2023). The family circumstances and community environments a child is exposed to can lead to positive or adverse childhood experiences that can increase or decrease protective factors. Children who have developed insecure attachments or experienced prolonged family stress without protective factors can be vulnerable to even more adversity due to the unhealthy systems surrounding them.

To measure how early childhood experiences impact a person in the future, the Adverse Childhood Experience Survey (ACES) was developed and studied in the 1990s by the CDC and Kaiser Permanente (US Department of Health and Services, 2023). The study found that the risk for negative outcomes increased as the number of ACEs increased. For example, higher Adverse Childhood Experience Survey (ACES) scores were strongly associated with increased mental health problems (Mckinley et al., 2021). Furthermore, the impact of ACEs on a person's wellbeing is not solely dependent on the quantity experienced; Fast and Collin-Vezina (2010) explain that ACEs are best understood by looking at the impact on three levels: The person, the family system, and the community. For example, in considering the family system, they can provide an influential protective factor, reducing the impact of adverse experiences on a child, or they can create risk factors due to an unhealthy family system. (Stark et al., 2020; Mckinley et al., 2021). Therefore, when looking at resilience concerning adverse experiences, it is crucial to examine the person's surrounding systems rather than just the individual. A child who has experienced a more significant amount of adversity can still be resilient if surrounded by protective factors. In contrast, a child who may have faced less adversity but is surrounded by less protective factors may show less resilience. In examining the protective and risk factors in a

child's surrounding systems, one can then begin to understand the extent of the trauma and the possible impacts that it has had on the child's behaviour and overall wellbeing.

Impact of Adverse Experiences

Studies on childhood trauma showed a direct relationship between the number of ACEs and the negative impact on development and healthy functioning (Herrmann et al., 2011; Giboney Wall, 2020). Not only does evidence show that trauma impacts a child in numerous ways, but ACEs was one of the first studies to concretely demonstrate the connection between childhood adversities and mental and physical health difficulties in adulthood, as shown in Figure 1 below (Howell et al., 2021). As Figure 1 shows, negative mental and physical health because of exposure to ACEs can appear in a person later on in life as a result of the cumulative effects of trauma over time and the "biological embedding of adversities or advantages during sensitive developmental periods" (Herrmann et al., 2011, p. 259). In fact, the ACEs study found that if a person experiences six or more ACEs, their life expectancy decreases by 20 years (Polyvagal Institute, 2021).

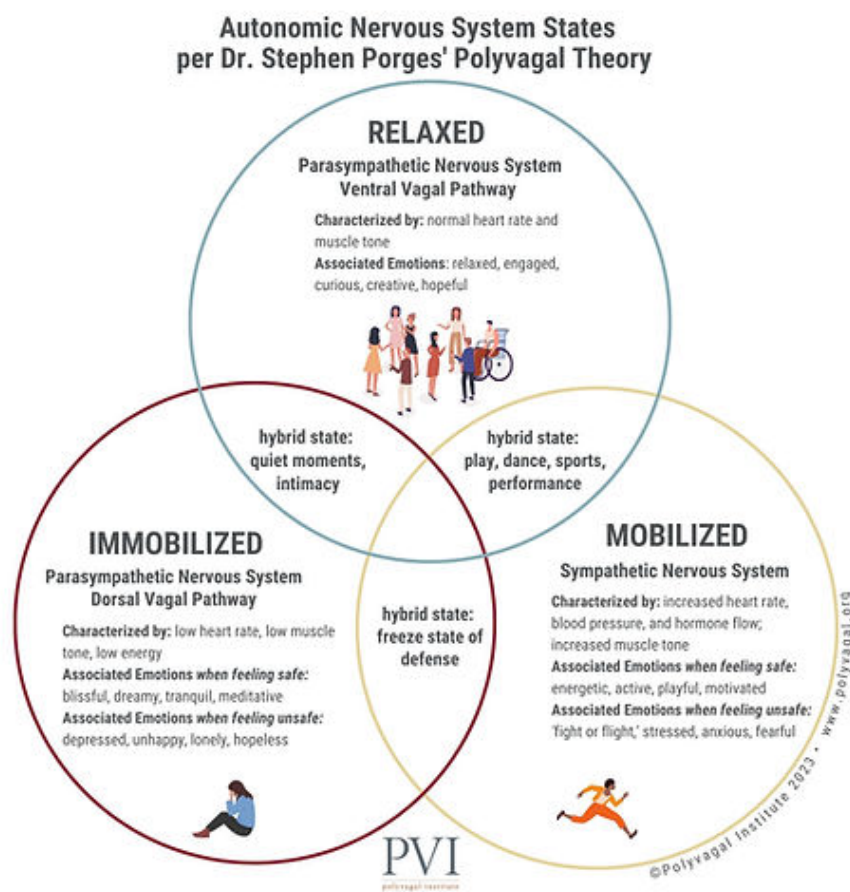


(Centers for Disease Control and Prevention, 2021)

Research conducted by Herrmann et al. (2011) also found that early and prolonged exposure to adversity can impact the biological aspects of the brain, including size, the sensitivity of receptors, and the reuptake of neurotransmitters, which could exacerbate vulnerability to mental health conditions. As described, the changes in one's brain could affect the capacity to regulate emotions, impacting resilience to adversity (Herrmann et al., 2011; Mate, 2021). The Polyvagal Theory also examines the impact of adverse life experiences on biological conditions, specifically the Autonomic Nervous System (ANS). The ANS regulates physiological processes, including heart rate, blood pressure, respiration, and digestion (Polyvagal Institute, 2021). The Polyvagal Institute (2023) explains that the ANS is heavily intertwined with our neuroception, which scans our body, other people and surrounding environments for cues of danger or safety. The neuroception is powerful enough to shift the autonomic state, with its ability to do so depending on the person's current state and historical flexibility to move between states, in other words, resilience. A person with higher resilience would be more biased towards detecting safety cues, while a less resilient individual would be more likely to detect states of threat (Polyvagal Institute, 2023).

Neuroceptors can become faulty when a person is exposed to a history of adversity, resulting in a higher likelihood that it will send a signal of danger when it should be sending signals of safety. As Dr. Mona Delahook (2022) states, this does not mean there is something wrong with the child "it simply means that for many vulnerable children, their neuroception is biased towards detecting danger when there is no real danger" (para 4) potentially resulting in a variety of challenging behaviours. According to Polyvagal theory, traumatic experiences or ACEs can cause individuals to become stuck in a state of immobilization, disconnection and a sense of hopelessness (Polyvagal Institute, 2023). As a result, compounding negative

experiences can stop us from forming connections with others (one of the main protective factors for resilience). When the people in a child's life responsible for their safety are not safe, the children are brought up in states of chronic unsafety, resulting in their ANS being wired not to respond as it should. The need for connection then becomes the need for protection, and they cannot differentiate between the unsafe past and the safe present (Polyvagal Institute, 2021). The Polyvagal Institute (2021) states, "When the ANS gets stuck in survival states, our biology shifts focus from tasks that keep us happy healthy and thriving to surviving the immediate perceived threat," resulting in a dysregulated state. In comparison, a resilient person can co-regulate with a safe and trusted person (Edwards et al., 2022).



(Polyvagal Institute, 2021)

Intergenerational Trauma

Children do not need to encounter ACEs themselves to experience the negative consequences of trauma. Research has found that a child can be impacted by family adversity as early as development within the womb. Howell et al. (2021) explain that the mother and fetus are intricately connected as maternal ACEs were found to disrupt hormone levels in the placenta, impacting overall fetal development. Furthermore, maternal biological stress adaptation functioning was linked to infant cortisol response, which regulates the body's response to stress (Howell et al., 2021). As a result, the adversity a pregnant mother experiences can profoundly impact the fetus, which continues through childhood and adolescence (Howell et al., 2021). Furthermore, women exposed to four or more ACEs were found to be more likely to experience MHP, resulting in the possibility of poor mental health outcomes in their children (Howell et al., 2021). As Howell et al. (2021) state, "ACEs are not solely contained within one individual's experience but rather have a cascading impact across generations" (p.1), whether biologically or experientially. Evidence has also shown that other caregivers impacted by ACEs can also influence the children's risk for mental health problems. For example, children living with caregivers with more ACEs are twice as likely to report mental health problems than their peers living with their biological parent(s) (Howell et al., 2021). In fact, children can be impacted by trauma experienced by at least three generations back (Polyvagal Institute, 2021).

Trauma also impacts surrounding systems, including the most significant protective factors: Family and Community. Fast & Collin-Vezina (2010) argue that the traditional diagnosis' stemming from the impacts of trauma does not address the concept that multi-generational, systemic trauma also impacts future generations. For example, Post Traumatic Stress Disorder focuses on the individual; It does not consider the social aspects, nor does it

address the systemic trauma that may interact with and intensify current adversity (Fast & Collin-Vezina, 2010). Therefore, it is essential to consider the health of surrounding systems and the direct impacts of that traumatized system on the individual. One way to do this is to understand the impact of historical trauma, defined as the grief and cultural stress related to genocide and, or racism that has been internalized and institutionalized, typically unresolved and cumulative. While historical trauma relates to past traumas, the impact on the individual and surrounding systems is very present and is ongoing (Wexler, 2014). Evidence has suggested that this type of trauma transmission occurs within family systems and for the Indigenous across generations within each nation (Wexler, 2014). The impact on the community of historical trauma is profound, creating a cycle that passes the trauma to newer generations due to risk factors outweighing the protective ones, resulting in intergenerational trauma. As a result of intergenerational trauma, entire communities may suffer from losing their connection to traditional culture and experience, resulting in negative impacts such as high rates of alcoholism, physical illness, and internalized racism (Fast & Collin-Vezina, 2010, p. 131).

As stated earlier, children of ACEs-exposed parents are at an increased risk for comparable exposure to adversity, resulting in a multigeneration disruption to physical, cognitive, and socioemotional development (Howell et al., 2021). One example of intergenerational trauma is colonialism's impact on indigenous populations worldwide, resulting in historical loss and discrimination. This intergenerational trauma has now been linked to the health inequalities experienced by the indigenous youth today (Wexler, 2014; Atwool, 2006).

McKinley et al. (2021) explain that Indigenous people are "affected by culturally distinct factors, such as historical oppression, discrimination, social determinants of health, and environmental injustices" (p. 2). Research has also found that indigenous peoples who have

suffered from extended injustices were disproportionately affected by trauma compared to the rest of the populations (Mckinley et al., 2021). For example, indigenous nations in the Arctic experienced profound changes over the last century to their social and cultural norms, including forced integration into the colonizers' culture, loss of language, relocation, and genocide (Wexler, 2014). As mentioned earlier, Herrmann et al. (2011) found that these adverse experiences can lead to substantial and enduring changes in gene expressions that can negatively affect a person's future behaviour, resulting in transmission to the next generation. Fast & Collin-Vezina (2010) further argue that for most people, past experiences interact with current stressors, which leads to either resilient or problematic outcomes. However, with intergenerational trauma, the outcome is usually the latter.

The impact of intergenerational trauma and the resulting poverty facing Aboriginal children in Canada cannot be ignored when examining data. In a study done by Fast & Collin-Vezina (2010), it was found that almost 50% of off-reserve children under the age of six live in low-income families, compared to 18% of non-aboriginal children. Furthermore, 57% of Aboriginal children living in urban centers live in low-income circumstances. The United Nations (UN) Human Development Report found that if the Aboriginal population in Canada were considered separate from Canada, they would rank 48th out of 174 countries for their overall development level and 71st for education. In contrast, Canada ranks in the top 5 (Fast & Collin-Vezina, 2010). When examining these results in the context of resilience, it is understandable why indigenous communities struggle to recover from the traumas they have experienced due to colonization. Their culture was ripped away, their community forbidden, children were taken from their parents, and they were forced to live in unacceptable conditions.

All their protective factors were taken away, and instead, indigenous communities were forcibly surrounded by risk factors, which have been shown to result in biological alterations that increase the likelihood of dysregulated behaviour and MHP. In addition, ACEs are transmitted to future generations, creating a cycle that is nearly impossible to break. Moreover, for several generations of indigenous families, schools became the traumatizer rather than the safety net. As a result, for many indigenous families, schools can be a reminder of the traumas that parents and grandparents had to face. When examining the plight of indigenous populations worldwide through a lens of resilience, it is clear that the numerous protective factors mentioned throughout this paper are absent in indigenous communities due to no fault of their own.

As discussed earlier, high levels of stress or MHP faced by parents or caregivers can impact the child's attachment pattern, increasing the likelihood of developing an insecure attachment and, therefore, the risk factors for resilience. If protective aspects of connection, SES, culture, and collective efficacy do not surround that child, they are even more vulnerable to their family unit's stressors. In a way, the children are absorbing the ACEs of their parents, whether in utero or through daily consequences it has on parental wellness, which trickles down into every aspect of their wellbeing. While behaviour from a child who has experienced prolonged trauma may be viewed as non-normative, the evidence has shown that it is not within the capability of that child to control, as their biological systems, attachment patterns, and ACEs have programmed them to react in a dysregulated way. Therefore, it is crucial to understand that behaviour is not a reflection on the child; it is a reflection on their lived experiences.

Healing From Intergenerational Trauma

With the impact of intergenerational trauma on the individual and community, many of the protective factors to resilience become risk factors. Communities have been devastated;

families face reoccurring adverse situations, adding to the family system's struggles, which trickles down to the children. Howell et al. (2021) argue that resilience can be defined by understanding the systems surrounding an individual, as resilience is transmitted across generations similarly to ACEs. “The quality of these multiple reciprocating systems, and interactions among the systems, contributes to resilience following adversity” (Howell et al., 2021, p. 5). Wexler et al. (2016) provide one example where surrounding systems positively impact resilience when elders from the Arctic indigenous communities could identify cultural sources of strength that helped build a sense of community, purpose, and identity. Their memories of and connection to their culture and community allowed them to learn and heal through traditions, providing them with emotional grounding and overall resilience. However, youth from that same community had fewer cultural memories (due to the impact of colonization), resulting in less access and ability to utilize their cultural and community resources as a protective factor, making overcoming adversity difficult and resulting in lower resilience (Wexler, 2016). This proves the importance of building upon protective factors within the systems surrounding the individual to overcome adversity and build resilience. Howell et al. (2021) state that “just as challenges can be passed down from one generation to the next, so too can strengths and adaptive functioning” (p. 5). Therefore, by providing opportunities for rebuilding culture and community, strengthening critical protective factors can break the cyclical impacts of intergenerational trauma.

Overall, the literature on intergenerational trauma shows two major protective factors that can enhance resilience. The first is self-governance; communities that had more self-governance were found to have lower suicide rates compared to other indigenous communities (Fast & Collin-Vezina, 2010). The second factor is well-connected communities and families, which

have been discussed in detail earlier in this paper (Mckinley et al., 2021). As a result, it is essential to utilize these protective factors when creating proactive measures or interventions. When working with indigenous children and families, schools, communities, and government agencies need to consult with local indigenous members to create a culturally relevant plan that allows for a level of self-governance within the nation they are from. One example of this is Xyólheméylh (Fraser Valley Aboriginal Children and Family Services Society) who are the “Indigenous child welfare agency providing culturally appropriate and holistic services through prevention, community development, and child welfare programs to Indigenous (status, non-status, in-community, out-of-community, Stó:lō and other First Nation, Inuit, and Métis) children, youth, and their families residing throughout Stó:lō Territory” (Xyólheméylh, 2023). Implementing Xyólheméylh not only promotes self-governance but also promotes connections to community and family.

We must also remind ourselves that children can transform and rebuild attachment patterns and biologically adapt based on positive new experiences. Therefore, it is critical to ensure that children facing adverse experiences or who have been impacted by intergenerational trauma have protective factors, such as strong community, family, and further proactive measures to reduce future trauma. As Atwool (2006) explains, the key to building resilience is utilizing preventative measures at a young age rather than reactionary measures when the symptoms have already materialized. If children are to overcome traumatic experiences, they must be provided with positive experiences to help them rework any internal models formed due to these negative experiences. While individual therapy can help, the day-to-day experiences within the family and school setting are more likely to significantly influence whether the child can recover and excel (Atwool, 2006). As a result, more attention must be focused on

maximizing opportunities within the child's immediate surroundings to enhance overall resilience.

This can be done through building on the protective factors discussed earlier in the paper: Increased connections to the community and access to resources to improve the overall family and community health. When working with intergenerational trauma, it is vital to provide a 'wrap-around service' for children by addressing all their surrounding systems, such as family support within the community, parenting classes, or cultural events to increase community connections. Schools can then continue to provide the final 'net,' which can catch the child, surrounding them with protective factors to help them build healthy coping mechanisms, regulation strategies, and overall resilience. In building protective factors to surround the child and family, resilience is bound to improve.

Again, as stated before, our biological responses, including the ANS, can be retrained. The ANS is constantly communicating with and adjusting to the states of others within its surroundings. In creating a safe and trusting environment with positive interactions, those stuck in survival states can begin to coregulate (Polyvagal Institute, 2021). Delahook (2022) argues that to help children who are in a state of perceived threat, proper support must be provided to address the cause of behaviour rather than applying behavioural management practices. Most behaviour management strategies work on the premise that the child has intentional control over their behaviours. However, polyvagal theory suggests that many children are in a fight or flight response and are not intentional in their purposeful behaviour. Therefore, traditional behaviour management strategies can cause more distress, triggering further feelings of threat rather than safety. (Delahook, 2022).

Summary

The research has shown that a wide array of factors, from individual attributes, social context, and the nature of adverse events experienced, impacts the resilience of any person. When strategizing to increase the child's ability to overcome life stressors, it is essential to consider multiple risks and protective factors for resilience. Throughout Chapter 2, multiple protective and risk factors were identified, including Family Circumstances, Sense of Belonging and Early Childhood Experiences. When looking at a child's resilience, it is important to understand the systems influencing them and consider the biological and physical impacts due to the health of their systems (Herrmann et al., 2010). More specifically, when trying to understand a child's behaviour or lack of resilience, it is essential to understand that they are not giving you a hard time; they are having a hard time. The literature has repeatedly stressed that risk factors to resilience, including insecure attachments, lack of connections, and adverse experiences, can biologically alter a child's response systems; their behaviour is not always a choice but a result of their biological responses.

While many factors influencing resilience are not within the direct scope of the education system, they need to be considered when formulating plans for students. While the school system may not be able to directly impact factors such as family circumstances and early childhood experiences, they can create a sense of belonging, which can mediate, if not help, the child build resilience. Furthermore, the entire school community, including but not limited to educators, administrators, youth care workers, and school counsellors, could help impact both children and their families beyond the school building by working collaboratively with community organizations and providing safe and trusting relationships with families to encourage and ease their access to community resources and supports. Overall, resilience can be

strengthened, and risk factors can be mediated through proactive parental education, access to community support, and an increased sense of belonging within the school. Schools need to take a holistic, collaborative, systems-based approach to build resilience within the classroom and provide the best future possible for the children within it.

Chapter 3: Summary, Recommendations and Conclusions

Summary

Chapter 3 will further explore ways schools can implement strategies to foster resilience through a holistic system-based approach. As Howell et al. (2021) state, the intervention framework should transition away from focusing on the individual to the systems surrounding and influencing that individual, such as family, community and culture (Howell et al., 2021). The literature discussed in Chapter 2 also identified similar significant variables that act as protective or risk factors to resilience: Family Circumstances, Sense of Belonging, and Early Childhood experiences. While one factor could play a risk to the child's development, other factors can be protective, mitigating the overall risk factors. However, these three factors are often interdependent. For example, if a family unit is struggling with poor access to community services or support, there can be increased stress and mental health within the family, leading to potential adverse experiences for the child. As explained in Chapter 2, the more adverse experiences a child has, the more risk to the child's overall emotional and biological resilience, which can put the child at risk for future mental health and behavioural disorders.

Educational settings create a unique opportunity to include marginalized communities by promoting equity, inclusive, caring and culturally responsive learning communities (Cefai et al., 2015). As a result, it is of the utmost importance that schools and communities take a proactive, collaborative, and holistic approach in helping the child and family to work on skills to build resilience and increase their chances of a healthier future. Community organizations and employees (including teachers) must work with the child, family, and community to increase overall resilience. However, not all families are in a place where they are ready or able to accept

community support. Therefore, it is necessary to reinforce proactive measures to increase resiliency. Chapter 3 will explore the following steps to foster resilience:

1. Integrate a Trauma Informed (TI) approach within the classroom and school.
2. Encourage safe and trusting relationships with adults within the school setting, allowing them to build strong attachments.
3. Implement Social Emotional Learning (SEL) within the classroom to build coping and regulation skills to increase their resilience and form a path to a healthier future.
4. Create a holistic approach to resilience by helping the children and families connect with extra services to fill in any gaps the family is missing, such as counselling, community support, and parent education.

In the recommendations section of Chapter 3, further strategies, techniques, and resources for classroom teachers and school staff will be shared to help strengthen the ability to implement the techniques mentioned above.

Implications for Resilience Building in Schools

Embracing a Trauma Informed (TI) Approach

Teachers and school staff cannot possibly recognize and be aware of all students' history and exposure to adversity. As a result, it is crucial to approach students with an understanding that they may have experienced some level of trauma or adversity in their lives and to recognize the impact that adversity has on the children's ability to function within the classroom. One way to build resilience is to transform the school's educational approach to become trauma sensitive. As Alexander (2019) describes, a "trauma-sensitive school is a safe and supportive community that enables both students and adults to feel safe, build caring relationships with one another, and help to regulate their feelings and behaviour" (p. 86). Once the physical and emotional needs of

the children have been met and the school has become a safe place, children can start to build connections and flourish academically, emotionally, and physically.

As explained in Chapter 2, the impacts that adversity can have on children are vast and can be detrimental to a child's ability to participate in class. The difficulty educators face is that the signs and symptoms of trauma can vary (See Appendix E), and there is no specific way an educator should respond. Therefore, it is important to approach every student as a child with unique needs and history and to build an understanding that their trauma response is specific to their own story (Alexander, 2019; Delahook, 2022). Students who have experienced trauma are initially hardwired to struggle in a school environment. For example, survival takes priority over academic success for many trauma-impacted children. Rather than paying attention to what is being said in class, children impacted by trauma typically focus on scanning for signs of danger, including observing the teacher's actions and mannerisms (Delahook, 2022). The structured nature of the classroom is often a significant contrast for children who come from chaotic home and community environments. As a result, the child may find it difficult to follow instructions, plan, organize and execute learning. For some students, this may be displayed as signs of 'learned helplessness' resulting in the student becoming passive and uninterested in school, typically seeming to have given up (Giboney Wall, 2015).

Children with a history of trauma may not only struggle with academics, but they can often display dysregulated behaviour. Dysregulated behaviour often responds in two ways to the slightest stressor: Either by acting out with aggression, defiance and mood swings as they are already in a state of hyperarousal (fight mode) or through dissociative behaviour such as daydreaming, disengagement, withdrawal or passivity as they are in a state of hypo arousal, otherwise known as flight mode (Giboney Wall, 2015). Dr. Daniel Siegal (2020) calls this 'The

Window of Tolerance' (See Appendix A), and children who have experienced trauma have a smaller window where they are not in a state of hyper or hypo arousal. In contrast, children who have not been impacted by adversity have a larger window of tolerance and are more likely to react to situations in a healthier way (Siegal, 2020). Children need to be understood as individuals who are profoundly impacted by their surroundings. Some children have unique characteristics that make regulation more complex, including over or under-reactivity to emotions.

By understanding each child as a diverse individual with different histories, a roadmap to supporting safety and resilience can then be fostered (Delahook, 2022). Alexander (2019) argues that the approach to trauma-impacted children needs to first shift from 'What is Wrong with you?' to 'What happened to you? and How Can I help?' By ensuring staff are aware of the signs and symptoms of trauma, they can then implement measures to help the child feel safe and proactively work towards building resilience and engagement in the classroom. (Giboney Wall, 2015; Alexander, 2019). To help students increase their window of tolerance, Alexander (2019) stresses the importance of working towards decreasing the stress for the children within schools. This can be accomplished by building a school climate marked by safety, kindness, compassion and healthy relationships and, lastly, by providing easy access to mental health services within the school (Alexander, 2019). Alexander (2019) explains that trauma-sensitive schools help all students build resiliency by implementing the four strategies in chronological order:

1. Help students feel safe
2. Help students feel connected
3. Help students get regulated
4. Help students learn

It is important to note that learning comes last on the list. If students do not feel safe, connected and regulated, it is nearly impossible for students to engage in learning.

Building safety in schools and the community is vital to building resilience. Traditional techniques such as ignoring and withholding attention or desired objects when negative behaviour is displayed are inappropriate when the child tries to communicate that they are not feeling safe. Instead, we need to shift the focus onto mental health and nurturing relationships that portray the message of safety before expecting healthy behaviours (Delahook, 2022). It is important to remember that some children who have experienced trauma could be in a safe place at the moment, while other students may still be experiencing trauma daily. Furthermore, there may be situations that staff members cannot significantly change for the child. However, staff can continuously offer a place of safety and acceptance with no strings attached. While educators may be unable to control what happens once students leave the school doors, they can still offer students a consistent, safe space when they return (Alexander, 2019). Cefai et al. (2015) stress that the overall goal of schools should be to help students “build their resources to cope healthily with their circumstances, such as building a sense of optimism and hope, building one’s strengths, positive attitudes, belief in inner strength, sense of agency and belief in bringing about change, and lastly creating and maintaining healthy relationships with peers and adults” (p. 126).

Considering Cultural Connections

To successfully help children build resilience it is essential to first understand more about how trauma is expressed, and resilience fostered within their culture (Wolpow et al., 2016). As stated in Chapter 2, strong connections to culture can create an added protective factor for resilience. If schools create an environment that does not allow connections to one culture, it could further create an unsafe environment for a child resulting in increased risk factors to

resilience. As Wolpow et al. (2016) explain, a compassionate school recognizes that each student and educational staff have individual learning styles, strengths and cultural backgrounds. Hence, there needs to be a whole-school effort that includes building school climate and ethos to create a curriculum that meet the learning, cultural and motivational styles of all learners (Cefai et al., 2015).

One way to provide opportunities to connect to one's culture is through engaging in creative activities such as art, music, and writing. First, by engaging in creative activities, children can engage their imagination and emotions that they may be unable to verbalize. This also allows children to express their experiences and connect with others beyond cultural and language barriers (Wolpow et al., 2016). For example, a classroom program of creative expression was developed in Canada to allow immigrant and refugee children to share their stories about their journey and communicate more about their family culture. These workshops increased their self-esteem and decreased their overall emotional and behavioural symptoms at school (Peiloch et al., 2016).

Wolpow et al. (2016) have provided questions to ask that can help educators consider how to honour each child's diverse cultural connections.

“In this child's culture of origin . . .

- a. what are acceptable boundaries for personal space?
- b. how are emotions expressed, identified and valued?
- c. how is respect shown?
- d. how are embarrassment, pride, fear, and anger expressed?
- e. how do gender roles affect behavior?
- f. how is body language used in communication?

- g. how does immigration and acculturation impact family roles?
- h. how and/or why is education valued?
- i. what is the role of the family in a child's education?
- k. Is this child from a group-focused or individualistic culture?"

(p. 26).

By considering the above questions, educators and school staff can then ensure that a student's connection to their culture has been honoured and reinforced, allowing for protective factors to increase for that child. Furthermore, by honouring each child as a diverse individual, the school climate is more likely to foster feelings of safety within the children, which then allows for increased connections (Wolpow et al., 2016).

Teaching Social Emotional Learning (SEL)

Once safety and connection are established, teachers can begin working on regulation and learning. Students who have experienced trauma can be stuck in repetitive thinking patterns and behaviours. By teaching students to name emotions and physical responses, they begin to understand the connections between their internal feelings, external reactions, and overall triggers. Implementing a trauma-informed approach in the classroom proactively replaces cognitive thinking patterns with positive coping skills to produce constructive behaviours (Giboney Wall, 2015). By actively making these connections more visible within the classroom, students can recognize and break their automatic responses to triggers and find healthier ways to cope, such as calming strategies (Giboney Wall, 2020). Educators can help students to down-regulate or up-regulate through activities and eventually help students recognize and regulate levels of alertness independently (Alexander, 2019).

It is essential in the trauma-informed approach to help the child find signals to show when they are beginning to feel uncomfortable or anxious (Delahook, 2022). Through the understanding that a child has diverse and unique needs, educational staff can then begin to try different methods with the child to discover what helps them regulate. Exploring different methods allows for social engagement behaviours to emerge that will foster connectedness and coregulation with the adults who can help them regulate, resulting in increased feelings of calmness and safety (Delahook, 2022).

Furthermore, by explicitly identifying, modelling, and actively practicing behaviours within the classroom, children can be empowered with skills to navigate social environments successfully (Giboney Wall, 2020). As a result, instead of punishing or telling students to change their behaviour, SEL and the TI approach help students learn the skills to regulate themselves and increase their chances of demonstrating resilience (Giboney Wall, 2020). A key aspect of SEL is to model different self-regulation techniques within the school setting. Some examples of calming strategies include progressive muscle relaxation, yoga, mindfulness activities, journaling, and breathing techniques (Wolpow et al., 2016; Alexander, 2019).

Encouraging Staff Mindfulness and further education

When utilizing a trauma-sensitive approach, it is essential to ensure that school staff engage in self-care. As Wolpow et al. (2016) explain, working with children impacted by trauma can both be fatiguing and invigorating. To implement a TI approach within schools, teachers must have opportunities to maintain their health and well-being to model and encourage student resilience. (Cefai et al., 2015; Giboney Wall, 2020). Staff who feel connected and safe can better regulate themselves; they are more likely to meet the children where they are and understand student needs from a trauma-sensitive perspective (Alexander, 2019). As the Polyvagal Institute

(2023) explains, we unconsciously share signals of safety or danger, which can either help or hinder regulation. Therefore, to ensure staff share signals of safety, they need to be part of a supportive working environment that fosters increased connections through regular staff collaboration and resilience, preventing compassion fatigue and reducing isolation (Giboney Wall, 2020). By ensuring the school staff are supported and their resilience fostered, students can view resilience as an active model in their day-to-day classroom (Alexander, 2019). As Cefai (2015) states, "Student resilience is symbiotic with teachers' resilience; tired, burnt-out teachers are unlikely to have the capacity to foster student resilience" (p. 131). Therefore, educational leadership within schools needs to prioritize staff well-being first, which then builds capacity for staff to help students feel safe, connected, regulated and ready to learn (Alexander, 2019).

As stated earlier, all children, regardless of age, need consistent attention to their basic emotional and physical needs. This includes consistent support from an adult who will understand that challenging behaviours result from the activation of flight or fight response (Delahook, 2022). Again, the students are not giving us a hard time; they are having a hard time. In fact, Wang et al. (2022) found that children with higher perceived teacher support and relationship benefited from higher socialization skills and resilience. However, it cannot be expected that educational staff are well versed in trauma's biological, psychological, and physiological impacts on a child without appropriate training. In order to incorporate trauma-sensitive practices within the school system, staff must be provided with learning opportunities to further their understanding and better their practice. Every interaction that could occur for a child during their school day could have an incredibly positive or negative impact on the child's feeling of safety and belonging.

As a result, to ensure a system-wide change is successful, it is imperative that the training occurs from the top down, involving all members of that educational system, including district staff, principals, teachers, educational assistants, office staff and custodians. Training could be implemented in a variety of ways and methods. For example, trauma-sensitive training times could be provided through professional development days, staff meetings, collaborative times, or peer modelling of trauma-sensitive approaches within the school. The school counsellor could also provide information sessions or resources to support staff to help implement TI practices. Furthermore, school policies could reinforce trauma-sensitive approaches, such as utilizing behaviour intervention plans that focus on safety, connection, regulation, and learning. District staff trained in TI practices could then offer support and help in building a school atmosphere and routines that increase feelings of connection and safety. For example, some districts have social emotional helping teachers that can work with schools to set up regulation rooms or implement strategies that foster Social Emotional Learning. Districts may also have clinicians on staff who can support schools, teachers, students, and families to build protective factors to increase resiliency. By providing staff with educational opportunities to support growth in TI practices and opportunities to foster mindfulness and staff wellness, the children and families will benefit overall.

Engaging in Community Collaboration and Support

While school support can promote student resilience, a holistic approach to working with the child is best to enhance overall. Fostering resilience involves finding ways to help the student's family connect with the community, which can then provide support in more culturally relevant ways (Wolpow et al., 2016). As Alexander (2019) states, students' felt safety depends on how well the family's needs for safety and health are being met. As a result, educational staff

should work together to systematically link families with programs within the school or larger community that can help them meet their basic needs, such as safety, housing, food, water, health care, etc. As Yang et al. (2023) explain, interventions must be multifaceted, addressing individual, family and school issues. As discussed in Chapter 2, a coordinated and holistic effort to support children and their families is critical in addressing inequity. Factors such as enhancing neighbourhood quality, increasing income and employment opportunities, and improving education have all been shown to have positive health effects (Peiloch et al., 2016).

Most importantly, research has identified that early childhood intervention has the highest success rates. Therefore, schools must ensure that children and their families access community support early to foster wellbeing. Furthermore, Boelens et al. (2020) identified parental education as another factor that impacts the family system's wellbeing; lower-educated mothers reported more MHP in their children, and overall parental educational levels could be associated with differences in parenting style, skills and lifestyle influencing the mental health of their children. Even during pregnancy, the earliest intervention is critical to addressing intergenerational ACES transmission (Howell et al., 2021). Therefore, community organizations must continue offering prenatal support for struggling families through parenting classes and family support groups. While schools may not be working with the families when mothers are pregnant with their first child, they could create connections with the community for families with another child. As a result, it is essential for schools to be aware of the community programs and encourage parents to participate by displaying posters advertising the programs or through conversation. As Howell et al. (2021) state, "interventions aimed at promoting parental health and wellbeing are likely to have important trickle-down effects for children" (p. 7), which will no doubt enhance the child's overall wellbeing.

Furthermore, familial coping mechanisms are enhanced by increasing parental knowledge of and access to available resources within the community (Howell et al., 2021). While much evidence identifies maternal education and support as one of the best interventions for childhood resilience, it is critical to recognize that children most likely have significant relationships with fathers, second parents, and other caregivers. In order to provide complete support for a child and their family, interventions need to also focus on familial and caregiver inclusivity; programs that have addressed all caregivers in a child's life have been shown to be successful (Howell et al., 2021).

Recommendations

For Community Collaboration

Alexander (2019) recommends steps that can be taken to engage in community collaboration:

- Provide onsite health services and link families with outside health or social resources
 - o Some examples: The Foundry and Archway
- Partner with community agencies to offer programs during holidays such as winter break and summer.
- Coordinate with local services such as food banks to ensure basic family needs are being met.
 - o See Appendix G
- Organize drives for clothes and toys for families in need.
- Establish programs that can provide access to free or lower-cost school equipment such as sports gear and musical instruments.

Strategies, Techniques and Resources for SEL

The following is a list of resources broken up by topics recommended to help implement and reinforce SEL in the classroom.

- Building regulation skills
 - *MindUP curriculum* – book that includes lessons on the brain and how it works.
 - *Your Fantastic Brain: Stretch it, shape it* – By Joann Deak and Sarah Ackerly (2010)
 - *Understanding the Brain: The Hand Model* – Dr. Dan Siegal – See Appendix F
- Building and maintaining healthy relationships
 - *Swimmy* - by Leo Lionni (1963)
 - *Stick and Stone* - by Beth Ferry and Tom Lichtenheld (2015)
 - *Chopsticks* – by Amy Krouse Rosenthal (2012)
 - *Good people everywhere* – by Lynea Gillen and Kristina Swarner
- Belonging
 - *Everybody Needs a Rock* – by Byrd Baylor (1985)
- Mindfulness
 - *You are a Lion! And other Fun Yoga Poses* by Taeun Yoo (2012)
 - *Mindful Movements: Ten Exercises for Well-Being* – by Thich Nhat Hanh (2008).
 - *Mindful Games: Sharing Mindfulness and Meditation with Children, Teens and Families* - Susan Kaiser Greenland (2016).
- Self Regulation Techniques
 - Practice breathing, and focus on exhaling.
 - Smell a bowl of soup and blow on the soup.

- Sesame street video on breathing exercises:
https://www.youtube.com/watch?v=MHFG8JR_ueI
 - For more calming strategies see Appendix D.
- River of Feelings – Jan Alexander (2019)
- a method to help students explain their emotional state and feelings. As Alexander (2019) explains, sometimes our internal river is at the perfect current which can easily be paddled through the waters. Other times, the river is raging when we are feeling too much, and it takes an immense amount of energy to stay in control. We may reach a point where we feel flooded and experience flight or fight reactions due to a feeling of being unsafe. When the river gets too rough, we may capsize, feeling as if we lost connection with the world and instead distanced from a place where there is not enough feeling and connection. When capsized, the executive learning and function is difficult if not impossible (Alexander, 2019). Students can work on developing regulating skills and awareness of their ‘current’ through interactions trusted adults and the resource could be used to help them identify feeling words, and work towards strategies to bring themselves back to calmer waters. See Appendix B for the full resource.
- Identifying and expressing emotion
- *The lion inside* – by Rachel Bright and Jim Field (2015).
- Working with Dysregulated Students
- Have a school plan in place to support these students.
 - Example: See Appendix C: Pyramid of Interventions

- Have an individualized Trauma Informed plan to help students build connection, regulation, and safety.
 - Example: See Example H for a trauma informed behaviour intervention plan.

Conclusions

Resilience is a fluid and complex concept impacted by multiple protective and risk factors that are intricately intertwined. Unfortunately, there is not one recipe for building resilience that will work for all, but there are several factors that can put an individual at risk for developing low resilience including: Family Circumstances, Overall Sense of Belonging, and Early Childhood Experiences. The impact of these becoming risk factors are substantial on a child and can be damaging to the child's biological, physiological and psychological health. However, these same factors can also act as protective factors for a child if they are surrounded by healthy, supportive circumstances. Additionally, children are able to grow and develop in their resilience given the right conditions of strong connections (with family and community), feelings of safety, and healthy childhood experiences.

Even if a child has experienced multiple risk factors, resilience can still be fostered and developed within the child by working on building protective aspects within the risk factors: Through parental education and support, family circumstances can be improved; Through community programs and collaboration with schools, an overall sense of belonging can be established; Through a holistic approach to the child's wellbeing, exposure to trauma or the impacts of trauma can be reduced. By acknowledging that children are negatively or positively impacted by their surrounding systems, we can then move towards building resilience by not only focusing on the child, but focusing on the health of their systems. Schools have the

powerful potential as a primary contact to help create proactive intervention for children and create connections for families to further build protective factors. It is imperative that schools use their abilities to foster these connections within the school and community and create an environment of safety for the child; In doing so, they could change the trajectory for the family and child's life.

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Appendices

Appendix A: Window of Tolerance

The Window of Tolerance:



Supporting the wellbeing of children and young people
(Information and ideas for families and schools reconnecting after lockdown)

Jersey Psychology and Wellbeing Service

The Window of Tolerance is a model founded in Neuroscience (the scientific study of the nervous system), which helps develop good practice for improving and maintaining mental health and wellbeing.

It offers a way of thinking about how we function optimally, in our various roles, and how to manage when heightened emotions begin to have a negative impact.

Like everyone, children's emotions fluctuate, particularly at times of stress and crisis and in the height of emotion, they find it difficult to express what's happening



In this document:

- What is the window of tolerance?
- The river of wellbeing.
- Expanding the river.
- Supporting a child or young person to stay or return into their window of tolerance.
- Ideas for moving from chaos / hyper-arousal.
- Ideas for moving from rigidity / hypo-arousal.
- Tips on how to be present / in the moment.
- The healthy mind platter.
- How is your time spent?
- References and resources.

verbally.

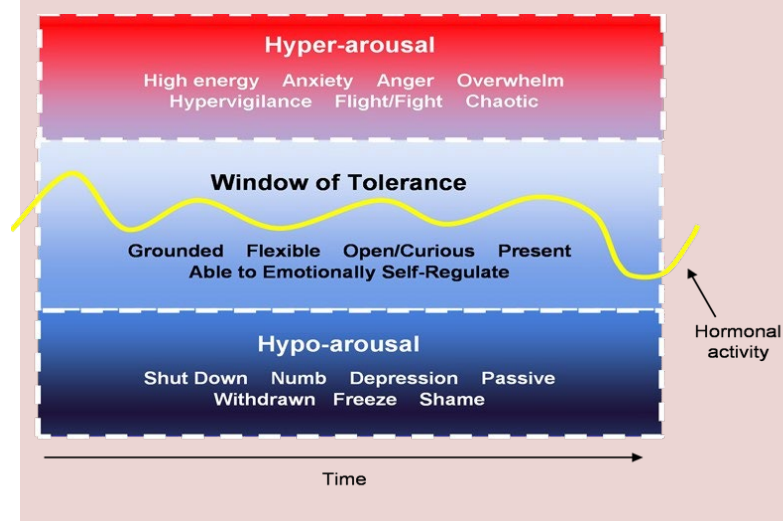
Physiological and behavioural changes provide the information we need to understand and support them.

Recognising the signs that a child or young person is struggling with their emotions, helps us to support them. Using the Window of Tolerance is one way of doing this.

What is the Window of Tolerance?

Developed by Dan Siegel, a Clinical Professor of Psychiatry, the Window of Tolerance describes the best state of 'arousal' or stimulation in which we are able to function and thrive in everyday life. When we exist within this window, we are able to learn effectively, play, and relate well to ourselves and others.

However, if we move outside of our window we can become hyper-aroused or hypo-aroused.



Hyperarousal results from the fight or flight response and is characterised by excessive activation/energy.

It can present as difficulties concentrating, irritability, anger and angry outbursts, panic, constant anxiety, easily scared or startled, self-destructive behaviour, etc.



Hypo-arousal results from the freeze / flop drop response where there is a sense of shutting down or dissociating. This can present as exhaustion, depression, flat affect, numbness and disconnection.



We all have different 'windows', due to factors such as: significant childhood experiences, our Neurobiology, social support, environment and coping skills. The size of our windows can change from day to day but the wider we can make the window, the less likely we are to experience anger, frustration or feel flat, low and lacking energy.

How to expand the river—using different techniques

One technique to help children expand the river, and therefore give themselves greater opportunity to be resilient and stay calm and focussed, is by developing their self-awareness and with this, greater levels of adaptability, flexibility and independence. These are called *Process Interventions*. This would be like the canoeist having an idea of what obstacles to expect and the skills to be able to negotiate them. The more they practise their ability to anticipate and navigate obstacles, the more confident and empowered they will feel, and over time the river seems to get wider.

Another technique is to provide external supports and strategies, such as adapting the environment (e.g. sensory accommodations); building in predictability (e.g. visual timetables, structure, routines); and / or providing keyworker support (e.g. school-based ELSA time). These are called *Compensation Interventions*. Rather than the focus being on the canoeist developing their inner resources and skills, embankments would be built up; the canoe stabilised or perhaps a guide would work with them.



The Coronavirus Pandemic has affected everyone. Feelings of anxiety and feeling unsettled are normal, healthy reactions to an abnormal and unique situation.

Research suggests there are 5 themes to consider when outlining the possible impact of Covid-19 lockdown on an individual: structure, routine, friendships, opportunities and freedom (Carpenter and Carpenter, 2020). These are useful themes to consider when investigating how to support children and young people at this time and what strategies might prove effective to broaden their river, enhance their canoeing skills and improve your effectiveness when supporting them.

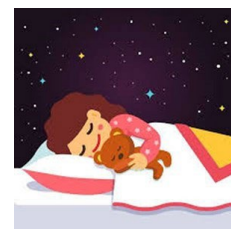
1. Before you consider supporting another person, be aware of where you are in your window of tolerance. If you are outside of your window, you are not going to be able to effectively support another to be in theirs. If outside of your window, use strategies for yourself firstly.



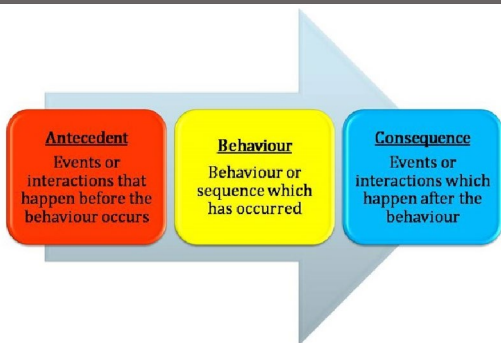
'a dysregulated adult cannot regulate a dysregulated child'

Dr Lori Desautels

2. Explore the right foundations are in place. Sleep deprivation, poor nutrition, lack of exercise, physical pain or illness, substance misuse, underlying neurodevelopmental condition/s or underlying stress (e.g. from being bullied) are all likely to narrow the Window of Tolerance.



3. When supporting a child, try to understand their triggers. What tends to move them outside of their window? Examples include: being overly excited, sensory overload, peer problems, difficulty with written work or sustaining attention for long periods. ABC charts can be helpful for identifying themes and patterns. Are there any adaptations that can be made?
4. Understand what helps. What works to return one person to their Window of Tolerance, or the centre of the River of Wellbeing, may not work for someone else. As you explore and identify what helps, make a list that can then be shared with the child or young person and their family / school. Some of the strategies below may help to move from a hyper-aroused state as well as hypoaroused depending on individual need.



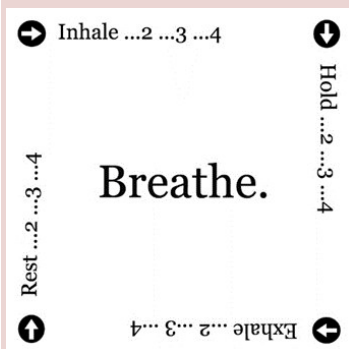
When a child is emotionally 'offline', begin with validation; self-soothing or self-regulating behaviours before trying to help them make sense of a situation. Allow for choice and control. A child needs to feel safe, understood and accepted (have emotional resonance). Also, remember what helps one person will be unique and individual. Skills need to be practised regularly and when the child is calm. When skills are familiar they are easier to use at times when they feel outside their window.

Exploration with a child, combined with observations and triangulating information, can help determine the triggers for dys-regulation, the child's emotional response and which of the following strategies might prove helpful and meaningful to enhance resilience.

The Power of Breathing

The breath can be extremely effective for regulating emotions, especially when used with movement. However, not all children will respond well to using breathing techniques. If you think a focus on breathing may be useful to the child, then consider how you can build in some exercises as a proactive measure e.g. at the start of every school morning and afternoon, or at home before they leave for school.

1. **Diaphragmatic breathing** - also known as *belly breathing* or *abdominal breathing*. The belly rises on the in-breath and lowers on the outbreath. This allows effective use of oxygen as it reaches the lower parts of the lungs. Children can practise by placing a hand on their belly and feel the movement. A younger child could practise by lying on their back with a soft toy on their belly – giving the toy a ride as the belly goes up and then lowers.
2. **Square breathing** - combines regulating breath with a visual focus. Using an actual square shaped object (e.g. picture frame, table, window, book [it doesn't need to be an exact square]) or an imaginary square shape, breathe in from one corner to another horizontally for a count of 4; hold breath from this point to the bottom corner for a count of 4; breathe out from this point moving horizontally for a count of 4; and hold breath moving up to the start point for a count of 4; and repeat.
3. **7/11 breathing** - Breathing in for a count of 7 and out for a count of 11. The longer outbreath triggers the parasympathetic response, which calms the body. For younger children 3/5 breathing can be used. Also blowing bubbles, making the blowing extended in length; and hot chocolate breath (imagining smelling the hot chocolate through the nose and cooling the drink by gently blowing out).
4. **Drinking from a straw** - This can aid attention and be soothing. This promotes one of the earliest forms of self-regulation – sucking on a dummy or a thumb (or breastfeeding).
5. **Progressive muscular relaxation (PMR)** - Tensing and releasing different parts of the body, usually in a systematic way. Tensing on the in-breath and releasing on the outbreath. Caution is needed for high blood pressure or for areas of recent surgery / injury. Research shows that the muscles are less tense following PMR and the proprioceptive sites in the body give feedback to the brain that the body is calmer. It is also useful as it is tangible (the physical nature of tensing and releasing). For younger children they could do a whole body tense and release, such as pretending to be a robot

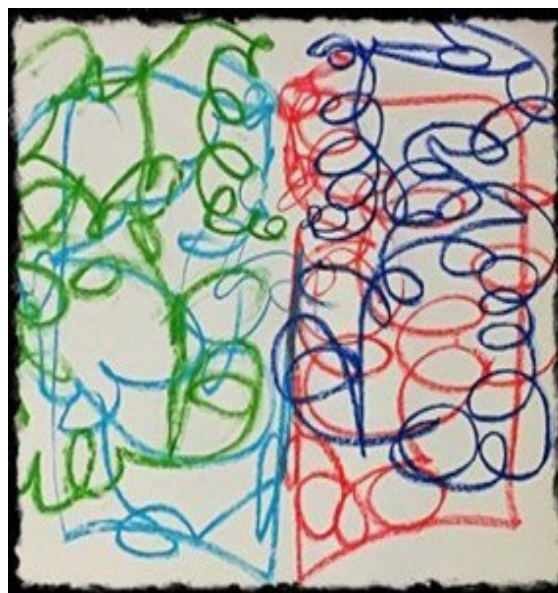


and then changing to a ragdoll.

6. **Finger breathing** Sometimes called star breathing (using a star instead of a hand). With fingers outstretched use index finger of other hand to trace around the thumb and fingers of outstretched hand whilst breathing. From base of thumb to tip breathe in; from tip of thumb to base on the other side breathe out and so on. This can then be repeated on the other hand.



7. **Tracing and breathing** - Draw a shape on a piece of paper. As you breathe slowly in and out continue to trace the shape without lifting the pencil from the paper.
8. **Visualisation**- imagining going to a favourite place, such a beach or a meadow.
9. **Jumping on a trampoline** movement and rhythm.
10. **Throwing a yoga / therapy ball against a wall** - movement and rhythm.
11. **Kicking or bouncing a ball**
12. **Shaking or stomping out excess energy** - a natural discharge during fight or flight is the use of energy. Exercise reduces adrenaline and cortisol (stress hormones) and increases the feel -good endorphins.



13. **Brisk Walking/ Marching on Spot**
14. **Star jumps** – using two sides of the body (bilateral) to help integration.
15. **Large bilateral motor movements** - opening up the body, utilising both sides of the body helps to integrate the two sides of the brain. Consider crossing midline, using figure of 8 etc.
16. **Playing the drums** – movement, rhythm and sound
17. **Stress/squeeze balls**
18. **Heavy work** (risk assessed) such as lifting, pulling, crab walking.
19. **Weighted blanket** - deep pressure stimulation of the body can increase the release of the feel good neurotransmitter serotonin in the brain.
20. **Rolling over Yoga/ Therapy Ball**
21. **Opposite sides** – clicking the finger of one hand whilst simultaneously blinking the eye on the other side of the body and then alternating.
22. **Dual drawing** - co-regulator begins a drawing and the child does the next bit and then alternates – promotes connection.
23. **Bilateral scribbling to beat of music** - having a crayon in both hands (2 different colours) and scribbling to music.
24. **Warm water** - can feel soothing (warmth can reduce adrenaline and increase oxytocin).
25. **Music (soothing and calming music and sounds)** - utilising the sense of hearing with rhythm can relax the mind and body. Can be used to accompany breath work, movement and / or PMR. Music could be graded from a higher tempo to lower tempo to gradually regulate. Audios of different sounds could be played. For example, some people like the sound of the sea, a stream, a crackling fire, birds, etc.
26. **Capturing sound** - listening out for the different sounds in their environment, imagine having a net to catch each sound as they arise.
27. **54321** - using the 5 main senses for bringing attention – 5 things they can see; 4 they can feel; 3 they can hear; 2 they can smell (or imagine) and 1 they can taste (or imagine).
28. **Sensation wall / feeling phrases** - a sensation wall is an area in the classroom with words that describe sensations of feelings. This can be helpful as language is difficult to access when dysregulated but a child could point to the sensation they feel in the body. Examples include empty, rattled, tense, jumpy, jittery, or knotted. Pictures can accompany this such as an empty plastic bottle, a rattle, a knotted rope. The ‘language of the brain stem is sensation.

Ideas for moving from rigidity / hypo-arousal back within Window of Tolerance



1. Anything that stimulates the senses.
2. Smell is the fastest way to the thinking brain.
3. Chewy, crunchy food.
4. Use of a sensory shaker.
5. Sensory bin - an area where there are various sensory toys.
6. Sand play.
7. Rolling a pencil between palms.
8. Hand washing / massage.
9. Stress / squeeze balls / slime.
10. Weighted blanket.
11. Feeling the soles of the feet on the floor or the body sat on a chair, noticing how the body is supported.
12. Dance and music.
13. Small movements gradually getting bigger (wiggling toes) – ‘breathe through your nose, wiggle the toes’.
14. Rocking chair.
15. Gently sitting or bouncing on a trampoline or yoga / therapy ball.
16. Finger tracing – see labyrinth picture.
17. Finger painting.
18. Water play with a straw - blowing out through a straw encourages diaphragm involvement.
19. 54321 – see above.



Tips on how to be present

The brain develops from the back to the front and from inside to out. When emotionally dys-regulated it is the brain stem and limbic areas which are activated. This results in the deactivation of the frontal cortex, which is responsible for executive functions, including attention and impulse control. Any intervention and support you offer therefore needs to be targeted at **safety and connection** (brain stem and limbic system) and not at a cognitive, language-based level.

It is therefore essential that the supporting person is present and able to engage emotionally. This requires attending to their own needs first, including the basics of sleep, nutrition, stress and pain management.

Consider a daily brief mindfulness practice so that you can bring awareness to your own inner experience. This is also an opportunity to ask the self-compassion question **‘what do I need right now?’**

Family support and school structure play a key role in welcoming students back to school effectively. This is the time when children and young people will need adults around them to be in attendance, to be mindful of subtle changes in their behaviour (non-verbal communication) and to be actively watching and listening, helping to subtly evaluate and support their window of tolerance. This might mean paying attention when making breakfast, discussing the timetable for the day, walking to school, welcoming a student into their bubble, supervising during break time, facilitating a group, leading a parachute game, saying farewell at home time, tucking into bed at night.

It is important to be authentic and transparent, modelling behaviours for regulation. ‘Be the change you want to see’. A child can sense that something is off. If a parent / teacher says everything is okay when they themselves are stressed, the child may think ‘is my body lying to me, or are they lying to me?’ This can lead to not trusting their own internal systems (Dr Reggie Melone). When a child feels a sense of belonging, is sure they are valued for who

they are and would be missed if they weren’t there, regulation becomes a much easier act to discuss and perform.

An example of modelling is a parent or teacher stating: ‘I am going to do some grounding techniques right now because I

can feel I’m a little out of whack’, or, ‘let’s all try some breathing exercises this morning and help get ourselves ready to start a new day / at school’.

When supporting someone who is dysregulated use grounding techniques yourself. Ask yourself: *‘who am I being?’* rather than *‘what am I doing?’*

Demonstrate to the child that you see and hear them, through eye contact, gestures and posture, and tone of voice. (Depending on which body of research you access our attention to communication varies but they all agree non-verbal communication is the most significant, with around **93% of our communication being non-verbal**).



“Attention is the rarest and purest form of generosity”

Simone Weil (philosopher)

Four Questions We Unconsciously Ask Each Other at All Times

By Maya Angelou



Education.com



“When the crowded Vietnamese refugee **boats** met with storms or pirates, if everyone panicked all would be lost. But if even one person on the **boat** remained calm and centred, it was enough. It showed the way for everyone to survive.”

Thich Nhat Hanh

The Healthy Mind Platter



The Healthy Mind Platter for Optimal Brain Matter™

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Thus far, we have explored strategies and approaches for children and young people (as well as ourselves) to return to the Window of Tolerance. The Healthy Mind Platter is a framework that can be used to help maintain the river of wellbeing.

Developed by David Rock and Dan Siegel, the Healthy Mind Platter is based on affective and Social neuroscience, clinical practice, behavioural research, and psychology. It identifies 7 areas which strengthen the brain's internal connections; strengthens connecting with other people; and improves integration, which leads to a healthy mind.

Consider using the Healthy Mind Platter to help children reflect on what their day/week looks like at home and at school, and make sure you've planned a broad and balanced range of opportunities. As we emerge from lockdown and return to school, we would expect to have greater opportunities to recover and reconnect so think about the amount of focus time expected for the first few weeks and enhance opportunities on offer to children and young people in other areas.

At home, prioritise re-establishing a healthy sleep pattern and a normal routine for school. Model active listening and gentle talks over dinner that discuss how everyone has spent their day, and how this has felt for everyone.

Schools can consider introducing new group-based activities every morning and afternoon to focus on the Window of Tolerance together e.g. mindfulness exercises, breathing etc. Think of new ways to remind children of just how connected everyone is at school and foster a sense of belonging e.g. introduce a time to clap for your school. Keep your classroom doors open, stay in your bubbles and have a designated time where everyone at school stands up and claps to end the day together.

Everyone is different so the balance will differ and will also depend on the age of the person. The 7 areas are: Sleep, Physical time, Focus time, Play time, Connecting time, Down time, and Time in.



Sleep

When we give the brain the rest it needs to consolidate learning and recover from the experiences of the day. Sufficient sleep helps concentration, emotional wellbeing, learning and behaviour.

Physical Time

When we move our bodies, aerobically if possible, which strengthens the brain in many ways. Exercise improves mood, reduces stress and anxiety and increase focus.

Focus time

When we closely focus on tasks in a goal-orientated way, taking on challenges that make deep connections in the brain. Concentrating on solving problems, writing essays, studying, etc.

Play Time

When we allow ourselves to be spontaneous and creative, playfully enjoying novel experiences, which helps make new connections in the brain. Joking, being silly, having fun.

Connecting Time

When we connect with other people, ideally in person, or take time to appreciate our connection to the natural world around us, richly activating the brain's relational circuitry. Gratitude, generosity and giving back.

Down Time

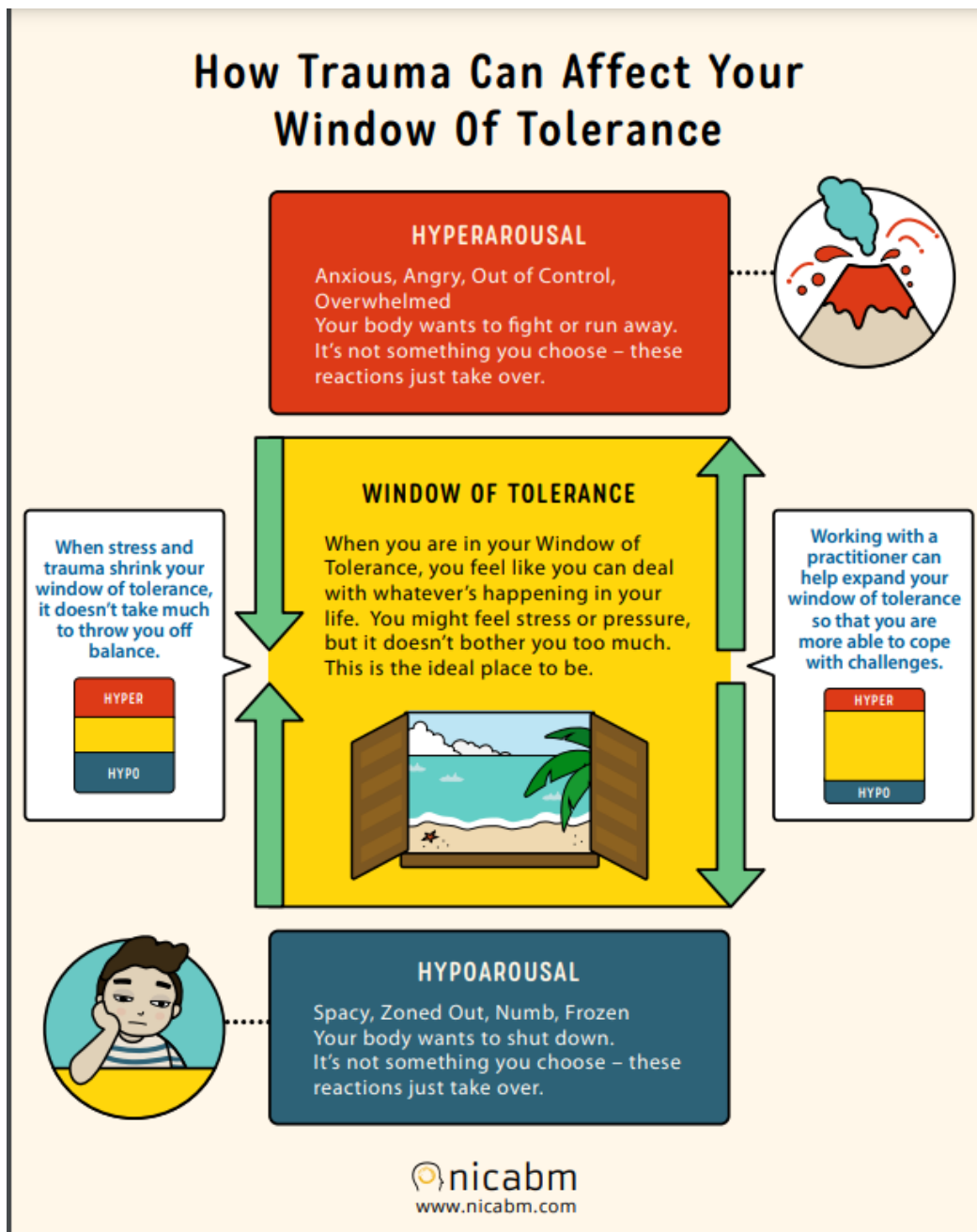
When we are non-focused without any specific goal, and let our mind wander or simply relax, which helps our brain recharge. Chilling out. An important part of consolidating learning.

Time in

When we quietly reflect internally, focusing on sensations, images, feelings and thoughts, helping to better integrate the brain. Mindfulness and self-awareness activities.

Siegel, D. J. (2020). *The developing mind: How relationships and the brain interact to shape who we* (3rd ed.). The Guilford Press.

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Appendix B: River of Feelings

APPENDIX 8 River of Feelings Script

Directions: After your student(s) complete the River of Feelings activity, shared in Appendix 7, use the following script to explain why they just drew a river.

Feelings come in different sizes. They can be too much, not enough, or “just right.” They are like water. When we feel emotions that are too much, it’s like a flood of emotions. When we feel not enough, it’s like a drought. Just like we need water in life, we also need feelings, but it’s important to learn how to make them larger and smaller so we experience a “just right” size.

Have you ever seen a flood gate? A flood gate is a powerful thing made by people that can either let water in or keep water out so there is a “just right” amount of water in one place. If the flood gate is too open, we might have too much water, causing a flood. If the flood gate is too closed, we might have not enough water, causing a drought. Opening or closing the flood gate keeps the water level “just right.”

People can create a type of flood gate for their feelings. Do you have a strong flood gate for your feelings? If not, it’s time to strengthen yours. People who care about you can help. Nobody makes a healthy flood gate alone.

Here’s how it works.

The first step is to start noticing your feelings at different times of the day. Are you feeling emotions and sensations that are too much, not enough, or “just right”? How do you know? Let others you trust help you. Use the River of Feelings visual (Appendix 9) as a tool for talking about it together.

Next, practice making your feelings larger or smaller to help you get back to a “just right” size. There are lots of options to try. Some things will work better for you than others. You will figure out what works for you. The more you successfully use your strategies in different situations, the stronger your feelings flood gate will be.

Keep in mind that our goal is not about always trying to feel happy. We need to feel all different feelings in life because that is part of being alive and being well. When two friends are playing fairly together, for instance, both might start out feeling a “just right” size of happiness. But, if they have a disagreement and say mean things to one another, each might feel hurt or even angry. The size of those feelings might need to get bigger before they help them return to a “just right” size. Friends just need to make sure that their upset feelings don’t get so big that it causes a flood inside. Flooded feelings can cause us to say or do things that hurt something or someone.

Also, closing the gates completely on our emotions doesn’t help anyone get to a “just right” size. We need feelings in order to be healthy, and we need them to get bigger and smaller depending on what is happening in our lives. Without feelings, we would have a drought in our life. Sometimes, that means we need to open the gate a bit more to let more feelings in, and sometimes that means we need to close the gate a little bit so our feelings can get smaller and more manageable. Everyone, including adults, needs to learn how to notice their feelings and then make them larger or smaller so we feel a “just right” size.

Building a strong, adjustable flood gate for your emotions is hard work, but it’s important. You can do it, and remember that nobody builds a healthy flood gate all by themselves. People who care about you can help!

APPENDIX 7 River of Feelings Activity

Directions: Use the following script to share the River of Feelings activity with the group or individuals you work with.

If you feel comfortable doing so, please close your eyes. When we close our eyes, we go into our very own space where we can focus on our feelings, thoughts, and ideas. We might even see pictures in our mind. Listen to my voice, and let's see what comes into your mind today.

I want you to imagine that your feelings are a river. Think about what kind of river your feelings might be.

[Pause]

Are your feelings a big or small river or something in between? Is the water deep or shallow?

Is your river narrow or wide? Straight or winding?

Is the river flowing fast or slow? Or, is it still? Is the current big, small, or just right?

What color is the water in your river?

Does your river have a bank? If so, what does it look like? Is it a small bank or a steep bank? Is it made out of sand, grass, or something else?

Are there any animals in your River of Feelings or nearby? How about people?

Does your River of Feelings contain any rocks in it or around it?

Is there anything else that is in your River of Feelings or next to it? Is there anything going over your River of Feelings, like a bridge or something else?

Where is your River of Feelings? In a city? In a town? In the country?

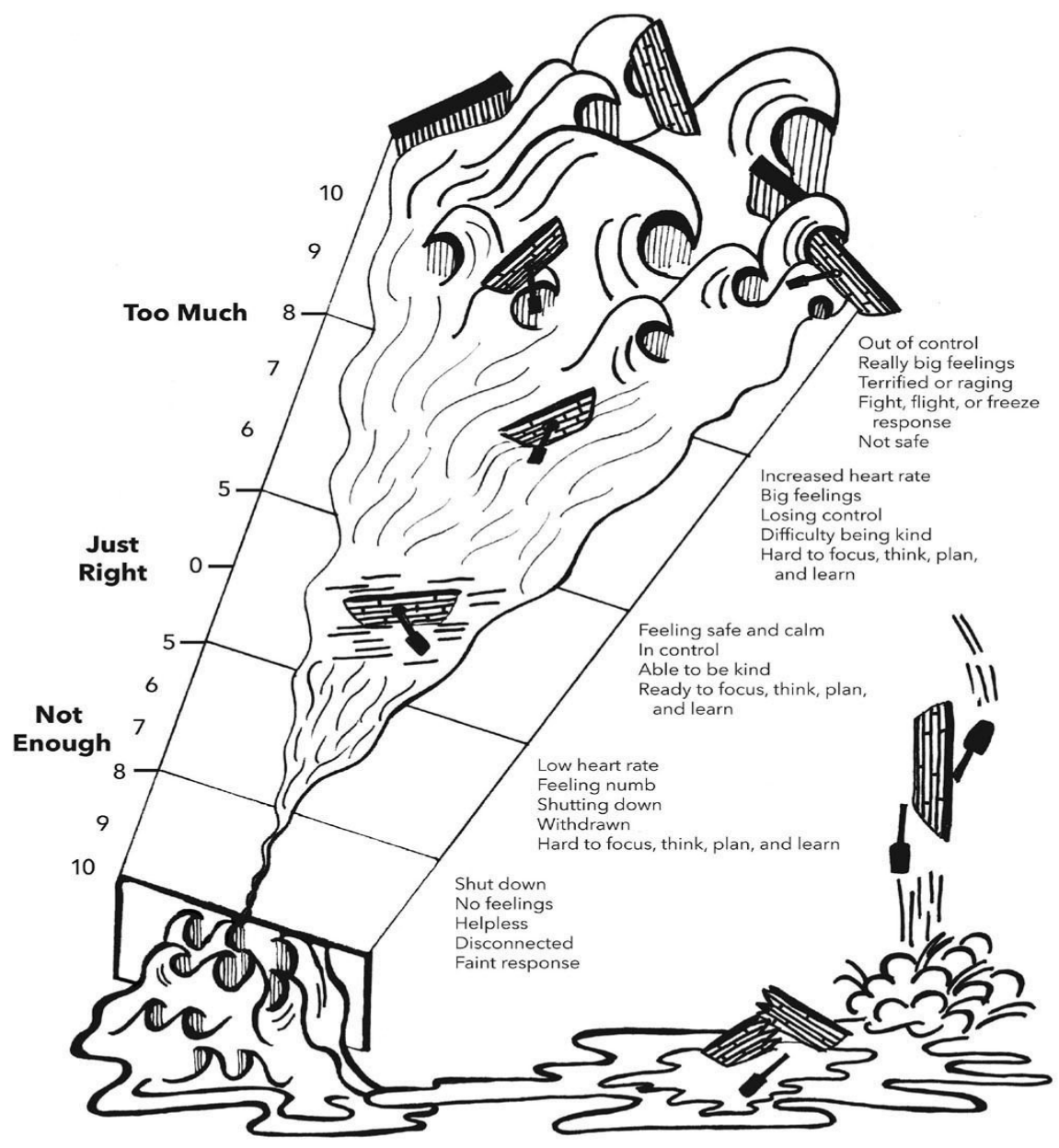
Has there ever been a flood or drought with this river? What might help you manage the water in your River of Feelings so there isn't a flood or drought in the future?

Is there a story that goes with your River of Feelings? Think about whether or not you would like to share your story.

When you're ready, you may open your eyes and then draw a picture of your River of Feelings. We can talk about it as little or as much as you'd like. If you decide that you want to tell me a story that goes with your river, I would be very interested to hear it or read it, depending on how you would like to share.

APPENDIX 9 River of Feelings Visual

See the book's online materials for a downloadable version in color.



APPENDIX 10 River of Feelings Questions

When First Learning to Use the River of Feelings Visual

- What do you feel in your body (e.g., movement, a hot or cooling sensation, heaviness or lightness, a tightening or loosening, discomfort or other changes)? Where do you feel that (e.g., tummy, heart, hands, throat, head)?
- Are your feelings too much, not enough, or “just right”?
- Point to or say the color zone on the chart that matches the size of your feelings.
- What number would you give the size of your feelings?
- Does this mean that your feeling flood gate is too open, too closed, or “just right”?
- Do you need to keep it where it is, close it a little bit, or open it up a bit?
- What strategies might help you get back to feelings that are a “just right” size?

After Practice Using the River of Feelings Visual

- What do you feel in your body? Where do you feel it?
- What is your color? What is your number?
- Are any images coming to mind? Any thoughts?
- Can you use any words to describe your emotion(s)?
- What may have caused this reaction for you?
- Are you really in danger right now?
- What can you do to help yourself get back to “just right” (or “green”)?

Suggestions: Keep in mind that for many students, particularly those who have been traumatized, it is important to provide coregulatory support and, later, to start teaching self-regulation. Remember, it is best to focus on downstairs brain regulation strategies before using upstairs brain regulation strategies. Downstairs brain regulation strategies help build the brain and body’s capacity for opening and closing the flood gates by smoothly and gradually shifting rather than jumping arousal states. With enough downstairs brain regulation in place, youth will eventually be ready to learn as well as practice upstairs brain self-regulation strategies too.

Appendix C: Pyramid of Interventions

APPENDIX 11 A Starter List for Tier 1, Tier 2, and Tier 3 Interventions

How to Help Students Feel Safe, Be Connected, Get Regulated, and Learn

This handout summarizes areas of intervention to consider for Tiers 1, 2, and 3 in terms of both schoolwide and team-led instruction and support.

To Help Students Feel Safe

- Create district and building safety teams that develop policies and procedures ensuring physical safety for students and staff in relation to buildings and grounds and transportation as well as adequate supervision. Safety teams should also systematically focus on prevention of crises, being prepared for a vast array of emergencies should one occur, and how to respond using the incident command system during an actual event as well as the very important recovery process following a critical incident (U.S. Department of Education, 2006).
- Develop and implement districtwide policies, procedures, and practices that are trauma-sensitive. Ensure staff training for all employees, as well as ongoing support.
- Link families with well-advertised programs within the school and community that can help meet basic needs related to safety, housing, food, water, and access to health care, including mental health care as well as social services. (Tiers 2 and 3)
- Systematically communicate with families about how they can access any assistance programs at school or in the community that are related to specific situations, such as homelessness, domestic violence, or foster care, and those related to participation in school-sponsored activities and events. (Tiers 2 and 3)
- Collect data regarding student attendance, and design building interventions to improve attendance by way of MTSS as they relate to both students and families. (Tiers 2 and 3)
- Teach and practice school procedures and routines targeting school safety, personal safety, and internet safety. (Tiers 1, 2, and 3)
- Teach and practice positive help-seeking behaviors in a variety of contexts. Facilitate use of an "I need help" card or similar strategy. (Tiers 1, 2, and 3)
- Use instruction for all students, as well as interventions for some students, that are research-based in order to prevent suicide, substance abuse, bullying, harassment, or relational aggression in addition to abuse or other types of victimization. (Tiers 1, 2, and 3)
- Use Appendix 20, Circles of Trust: A Focus on Relationships, to teach and explore relationships according to varying degrees of trust and intimacy (e.g., one relationship may be with an acquaintance, another with a classmate, friend, close friend, or loved one). Teach and discuss what healthy boundaries look like and sound like depending on the degree of trust established, or not yet established, in relationships. (Tiers 1, 2, and 3)

Tier 1 - CORE: Effective data-driven instruction for ALL students provided within a positive, relationship-focused school climate.

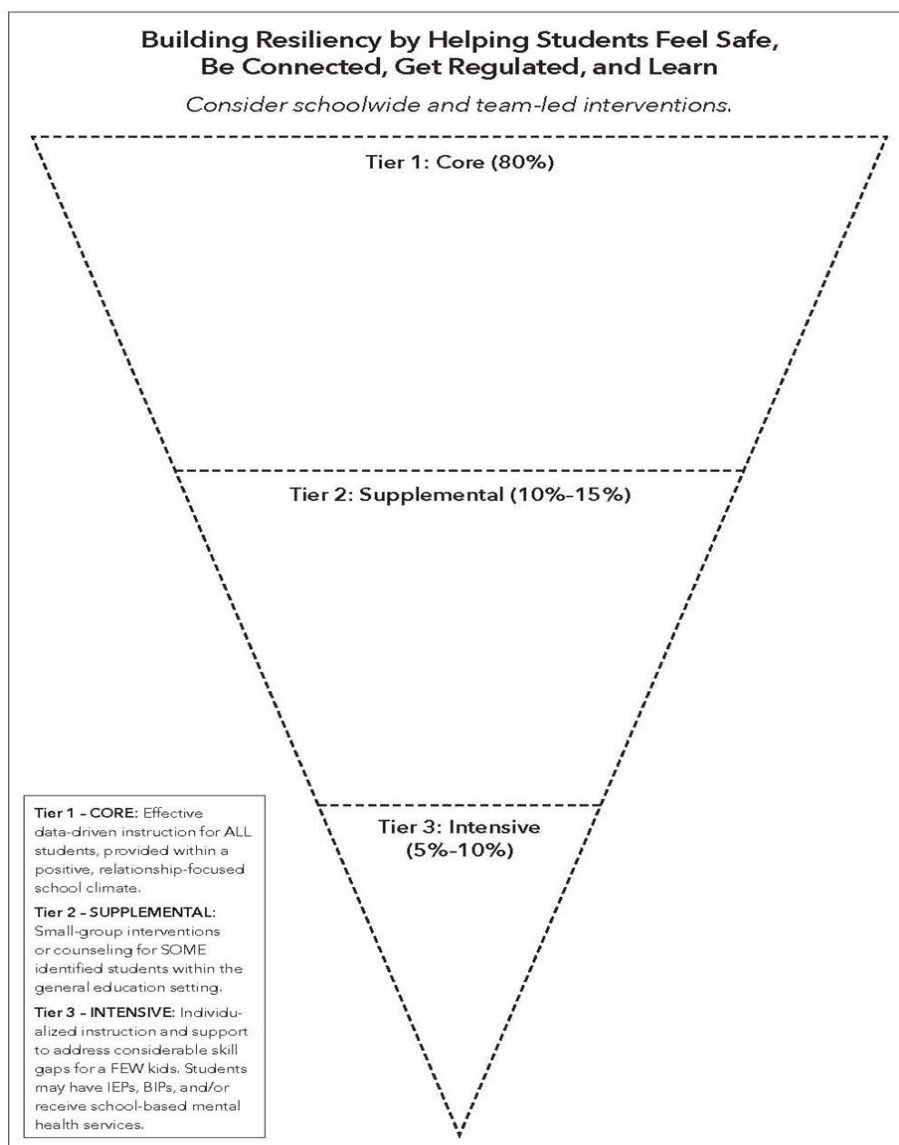
Tier 2 - SUPPLEMENTAL: Small-group interventions or counseling for SOME identified students within the general education setting.

Tier 3 - INTENSIVE: Individualized instruction and support to address considerable skill gaps for a FEW kids. Students may have IEPs, BIPs, and/or receive school-based mental health services.

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(continued)

APPENDIX 4 Trauma-Informed Response to Intervention Pyramid



Source: Buffum, Mattos, & Weber (2012). (Key: BIPs, behavioral intervention plan; IEPs, individualized education programs.)

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APPENDIX 11 A Starter List for Tier 1, Tier 2, and Tier 3 Interventions *(continued)***To Help Students Be Connected**

- Facilitate development of self-awareness and self-confidence by helping youth explore personal interests and strengths through a variety of activities. (Tiers 1, 2, and 3)
- Use large-group instruction (Tier 1), morning meetings (Tier 1), as well as small-group instruction or counseling interventions (Tiers 2 and 3) to support team building, appreciation of diversity, and relationship development as well as to teach and practice positive social skills, relationship skills, communication skills, assertive conflict resolution skills, kindness, perspective taking, empathy, ethical decision making, and leadership skills.
- Assist students in making a poster that compares and contrasts actions that hurt and actions that help relationships. (Tiers 1, 2, and 3)
- Pair students with mentors in order to facilitate relationships in which students experience unconditional acceptance and can practice healthy relationship skills. (Tiers 2 and 3)
- Provide scheduled check-in and check-out connections with school adults. (Tier 3)
- Establish proactive plans to help students transition in or out of the district, from one building to another within the district, from one grade-level to another within buildings, and when coming out of or going into health or juvenile justice settings. (Tiers 1, 2, and 3)
- Encourage service learning for youth. (Tiers 1, 2, and 3)
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Tier 1 - CORE: Effective data-driven instruction for ALL students provided within a positive, relationship-focused school climate.

Tier 2 - SUPPLEMENTAL: Small-group interventions or counseling for SOME identified students within the general education setting.

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To Help Students Get Regulated

- Talk with youth about their inner thoughts. Discuss differences between actions, feelings, and thoughts in real-life situations, stories, or even movies. Highlight differences between people in all of these areas as well. (Tiers 1, 2, and 3)
- Teach students to identify, regulate, and express their own emotions, including mixed emotions, in healthy ways, as well as to identify and respond congruently to others' emotional cues. (Tiers 1, 2, and 3)
- Consider making a feelings book with students. They can cut out magazine pictures, write, draw, or use any other type of creative expression to identify and explore emotions and how to cope with them in healthy ways, both in relation to their own experiences as well as times when others might be experiencing those emotions. (Tiers 2 and 3)

(continued)

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APPENDIX 11 **A Starter List for Tier 1, Tier 2, and Tier 3 Interventions** *(continued)*

- Teach students about their brains, including Dan Siegel’s Hand Model of the Brain (see Figure 1.3). (Tiers 1, 2, and 3)
- Use the River of Feelings activity, script, visual, and questions to foster improved self-regulation (see Appendixes 7-10 and Chapter 6). (Tiers 1, 2, and 3)
- Teach and practice bottom-up and top-down regulation strategies (see Appendixes 13 and 14). (Tiers 1, 2, and 3)
- Develop individualized regulation plans or programs as needed, especially in collaboration with students as it relates to helping them explore, identify, and plan for their own personal triggers. (Tiers 2 and 3)
- Implement mindfulness practices schoolwide (Tier 1), and provide small-group or one-to-one support. (Tiers 2 and 3)
- Teach and practice healthy stress management techniques. (Tiers 1, 2, and 3)
- Provide healthy, proactive grief education as well as situation-specific support as needed. (Tiers 1, 2, and 3)
- Use trauma-informed practices and interventions related to individual or community-based traumatic stressors. (Tiers 1, 2, and 3)
- Encourage students to keep joy or gratitude journals. (Tiers 1, 2, and 3)
- _____
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- _____

Tier 1 - CORE: Effective data-driven instruction for ALL students provided within a positive, relationship-focused school climate.

Tier 2 - SUPPLEMENTAL: Small-group interventions or counseling for SOME identified students within the general education setting.

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To Help Students Learn

- Model, teach, practice, coach, and provide support via scaffolding, sequencing, and amplification for skill acquisition in the areas of executive function, such as evaluation of situations, inhibition of responses, and decision making as it relates to being in charge of our choices, which will have a positive impact on problem-solving skills. (Tiers 1, 2, and 3)
- Actively teach problem-solving steps, including noticing a problem; inhibiting fight, flight, or freeze responses; identifying and understanding the problem; brainstorming multiple solutions; evaluating consequences; and implementing as well as reflecting on solutions. (Tiers 1, 2, and 3)
- Use creative play, games, and songs to improve focus, listening skills, cognitive flexibility, memory, impulse control, and behavioral modulation. (Tiers 1, 2, and 3)
- Teach students how to assess real danger versus perceived danger by asking themselves, “Am I really in danger?” Teach students to differentiate between real danger and triggers that may make us feel as though we are in real danger when we are not. (Tiers 2 and 3)
- Facilitate discussion and role play of earlier problematic situations after teaching alternative, more prosocial actions. (Tiers 1, 2, and 3)

(continued)

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APPENDIX 11 **A Starter List for Tier 1, Tier 2, and Tier 3 Interventions** *(continued)*

- Design interventions to help students distinguish between wants and needs within the decision-making process. (Tiers 1, 2, and 3)
- Help students set goals and monitor their progress. (Tiers 1, 2, and 3)
- Teach and practice having a growth mindset. (Tiers 1, 2, and 3)
- Invite students to create affirmation cue cards to help them practice internal language associated with school success. (Tiers 1, 2, and 3)
- Use MTSS for academic knowledge and skill acquisition as well as in relation to study skills and test-taking skills. (Tiers 1, 2, and 3)
- Encourage youth to explore who they are as unique individuals, including strengths, weaknesses, and who they would like to be in the future. (Tiers 1, 2, and 3)
- Facilitate college, career, and civic readiness within MTSS. (Tiers 1, 2, and 3)
- _____
- _____
- _____
- _____
- _____

Tier 1 - CORE: Effective data-driven instruction for ALL students provided within a positive, relationship-focused school climate.

Tier 2 - SUPPLEMENTAL: Small-group interventions or counseling for SOME identified students within the general education setting.

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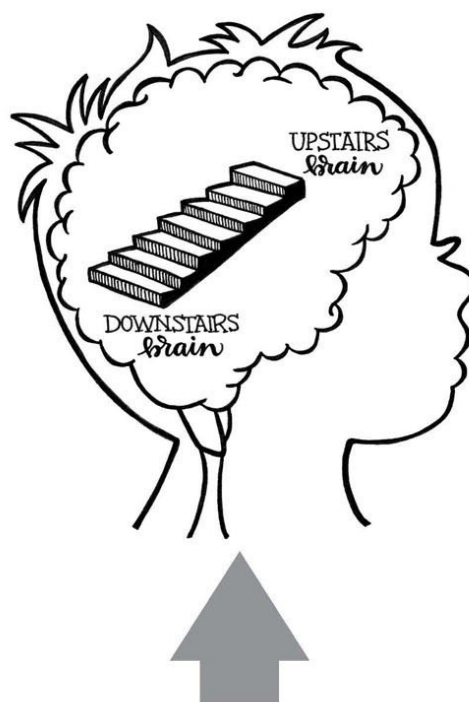
Appendix D: Calming Strategies

APPENDIX 12 Calming Area Items

Pillows
 Beanbags
 Exercise ball
 Rocking chair or glider
 Quilt or blanket
 Stuffed animals
 Glitter wand and other fidget items
 Pipe cleaners
 Craft feathers of various sizes and colors
 Pom-pom craft balls of various sizes and colors
 Box of sand, rice, or other material with a lid
 Mandala coloring pages and coloring utensils
 Other art materials
 Preferred safe, natural aromas
 Relaxing music, nature sounds, or white noise
 Photo album of student photos
 Books, audiobooks, or magazines
 Mazes, crossword puzzles, word finds, or Sudoku puzzles
 Tub of animal pictures cut from magazines
 Posters, stories, or handouts on emotions

Suggestions: Consult with professional support staff, including occupational therapists, as well as primary caregivers for other ideas, especially those specific to individual student needs. Often, a cozy, comfortable area that is not too big and not too small is best. Consider use of natural lighting, dimmed lights, or lamps rather than overhead fluorescent lights. Sensory rooms that include swings, mats, or other equipment can be appropriate, depending on individual needs and professional recommendations. Importantly, involve students in discussions related to what might be helpful for them in a calming area.

APPENDIX 13 Regulation Strategies: Bottom-Up Ideas



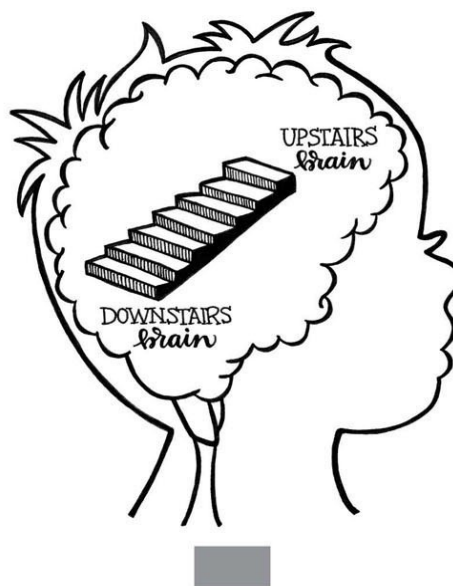
Bottom-Up Ideas

Regulating the downstairs brain so that the upstairs brain can do its job.

- Connecting with a trusted caregiver
- Belly breathing (i.e., “Smell the soup; blow on the soup”)
- Walking
- Rocking, swinging, sitting on an exercise ball
- Tossing a ball back and forth or pushing on a wall
- Any slow, safe movement that feels like what the body needs (Levine, 2010)
- Yoga poses
- Asking for a hug or giving oneself a butterfly hug (i.e., fold arms across chest and tap fingers like a butterfly) (Blaustein & Kinniburgh, 2010)
- Dimming lights, reducing clutter, and providing a calming space or enclosure (i.e., tent) with comfort objects like stuffed animals or photos of loved ones, preferred sensory items, or books
- Listening to music or drumming
- Using fidgets or sensory-soothing objects
- Coloring, drawing, or doing other art activities
- Muscle relaxation and guided imagery exercises (Appendices 17 and 18)
- Smelling safe, natural, soothing aromas
- Getting a drink or eating a healthy snack (if hungry)



APPENDIX 14 Regulation Strategies: Top-Down Ideas

**Top-Down Ideas**

Using the upstairs brain to regulate the downstairs brain.

- Gratitude exercises
- Optimistic thinking
- Growth mindset
- Positive self-talk
- Cognitive-behavioral strategies
- Correcting thinking errors
- Facilitating understanding of abuse cycles and creating relapse prevention plans



APPENDIX 15 **Check Your Body**

Where Do You Feel Your Body Clues?

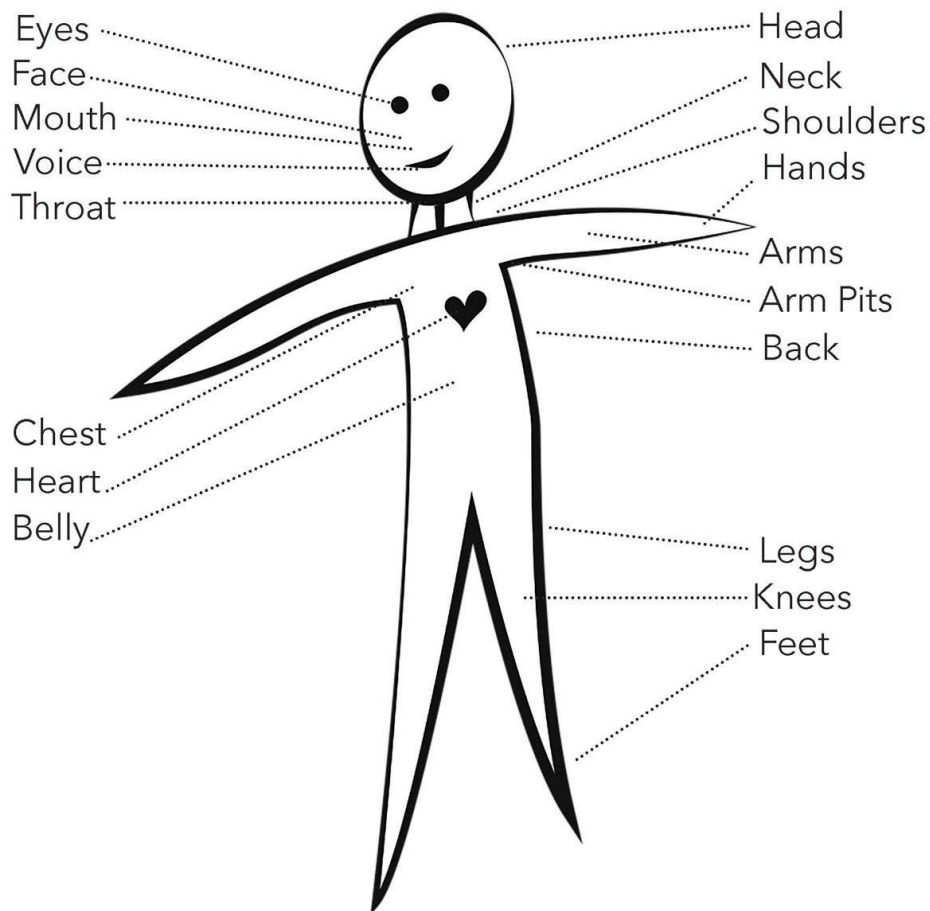











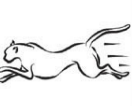


















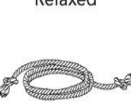












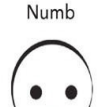



Illustration by Dan Jensen.

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APPENDIX 16 Describe Your Body

What Clues Do You Feel?

Hot 	Heavy 	Hard 	Tight 	Pressure 	Tense 	Aching/Hurting 	Loud 	Moving Eyes 
Sweaty 	Fast Heart 	Fast 	Shaky 	Full 	Jolt 	Prickly 	Dizzy 	Teary Eyes 
Warm 	Steady Heart 	Flexible 	Smiley 	Tingly 	Flow 	Uncomfortable 	Butterflies 	Alert Eyes 
Cool 	Slow Heart 	Slow 	Relaxed 	Calm 	Floating 	Comfortable 	Quiet 	Closed Eyes 
Cold 	Light 	Soft 	Frozen 	Empty 	Stuck 	No Pain 	Numb 	Wide Eyes 

Illustrations by Dan Jensen.

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APPENDIX 17 Muscle Relaxation Ideas: Tools by Age Level

Early Childhood

- **Robot/Limp Doll:** Invite children to walk like a robot, then turn into a limp doll.
- **Be Spaghetti:** Ask children to pretend to be uncooked spaghetti, then slowly change into cooked spaghetti.
- **Caterpillar to Butterfly:** Have children start out being a caterpillar in its chrysalis, then little by little emerge as a butterfly spreading its wings.

Middle Childhood

- **Football Game:** Invite students to crouch and curl up like football players getting ready for a play, then announce, "Hike!" and have students stretch up to catch a throw. Next, have them repeat the movements for an instant replay.
- **Doorway Pushes:** Invite youth to push with both arms against a doorframe, holding it and then releasing it. Coach them to notice differences between the sensations of pushing and releasing.

Adolescence

- **Muscle Relaxation:** Use a script or create your own to help students move through different muscle groups from head to toe so they can practice tensing and then releasing those muscles. Coach them to notice differences between the sensations of tensing and releasing. Consider pairing this with cueing teens to tense muscles while breathing in and relaxing muscles while breathing out.

Source: Adapted from Blaustein, M., & Kinniburgh, K. (2010). *Treating traumatic stress in children and adolescents*. New York, NY: Guilford Press.

APPENDIX 18 Guided Imagery Ideas

Special Memory

Encourage children or adolescents to remember a special memory from their past that brings comfort or joy. Students can draw a picture and tell the story of that life experience.

Safe Place

Take students through a guided imagery exercise such as that detailed by Violet Oaklander (1988) in her book, *Windows to Our Children*, whereby youth imagine what their own safe space would look like and then draw it or write about it.

Protective Shield

Invite children and teens to imagine and then draw themselves with a protective shield, force field, or anything else helpful around themselves. Encourage youth to imagine these things, including their colors, any time they feel they need protection.

Hero

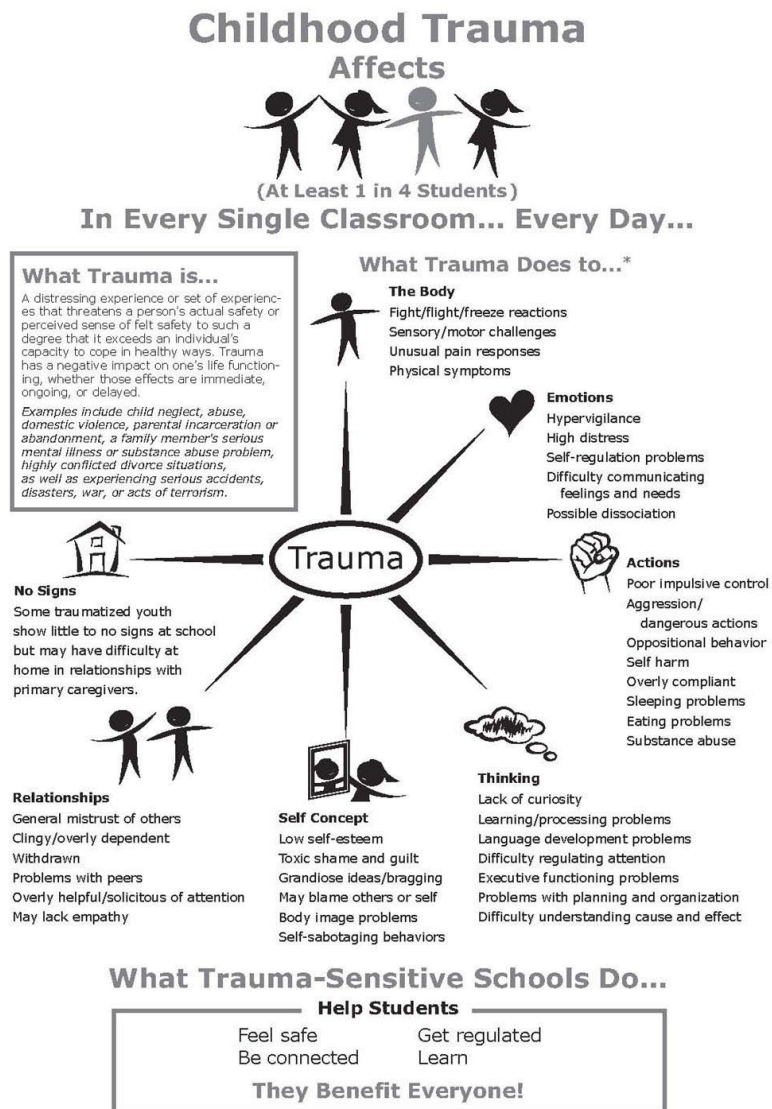
Invite students to create a superhero equipped with whatever super powers are desired or needed.

Future Self

Encourage children or teens to imagine their future, positive selves and then draw that person.

Appendix E: Effects of Trauma

APPENDIX 2 Childhood Trauma Effects



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* Source: National Child Traumatic Stress Network

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Appendix F: Understanding the Brain

WHOLE-BRAINKIDS: Teach Your Kids About Their Downstairs and Upstairs Brain

YOUR DOWNSTAIRS BRAIN AND YOUR UPSTAIRS BRAIN

MAKE A FIST WITH YOUR HAND. THIS IS WHAT WE CALL A HAND MODEL OF YOUR BRAIN. REMEMBER HOW YOU HAVE A LEFT SIDE AND A RIGHT SIDE TO YOUR BRAIN? WELL, YOU ALSO HAVE AN UPSTAIRS AND A DOWNSTAIRS PART OF YOUR BRAIN.

THE UPSTAIRS BRAIN IS WHERE YOU MAKE GOOD DECISIONS AND DO THE RIGHT THING, EVEN WHEN YOU ARE FEELING REALLY UPSET.

NOW LEFT YOUR FINGERS A LITTLE BIT. SEE WHERE YOUR THUMB IS? THAT'S PART OF YOUR DOWNSTAIRS BRAIN, AND IT'S WHERE YOUR REALLY BIG FEELINGS COME FROM. IT LETS YOU CARE ABOUT OTHER PEOPLE AND FEEL LOVE. IT ALSO LETS YOU FEEL UPSET, LIKE WHEN YOU'RE MAD OR FRUSTRATED.

FOR EXAMPLE:

THIS IS WHAT HAPPENED TO JEFFREY WHEN HIS SISTER DESTROYED HIS LEGO TOWER. HE FLIPPED HIS LID AND WANTED TO SCREAM AT HER.

BUT JEFFREY'S PARENTS HAD TAUGHT HER ABOUT FLIPPING HIS LID, AND NOW HIS UPSTAIRS BRAIN COULD HELP HIS DOWNSTAIRS BRAIN AND HELP HER CALM DOWN. HE WAS STILL ANGRY, BUT INSTEAD OF SHOUTING AT HIS SISTER, HE WAS ABLE TO TELL HER HE WAS ANGRY AND ASK HIS PARENTS TO TAKE HER OUT OF HIS ROOM.

THERE'S NOTHING WRONG WITH FEELING UPSET. THAT'S NORMAL. ESPECIALLY WHEN YOUR UPSTAIRS BRAIN HELPS YOU CALM DOWN. FOR EXAMPLE, CLOSE YOUR FINGERS AGAIN. SEE HOW THE UPSTAIRS THINKING PART OF YOUR BRAIN IS TOUCHING YOUR THUMB, SO IT CAN HELP YOUR DOWNSTAIRS BRAIN EXPRESS YOUR FEELINGS CALMLY?

SOMETIMES WHEN WE GET REALLY UPSET, WE CAN FLIP OUR LID. RAISE YOUR FINGERS LOW. THEN, SEE HOW YOUR UPSTAIRS BRAIN IS NO LONGER TOUCHING YOUR DOWNSTAIRS BRAIN? THAT MEANS IT CAN'T HELP IT STAY CALM.

SO THE NEXT TIME YOU FEEL YOURSELF STARTING TO FLIP YOUR LID, MAKE A BRAIN MODEL WITH YOUR HAND. (REMEMBER, IT'S A BRAIN MODEL, NOT AN ANGRY FIST!) PUT YOUR FINGERS STRAIGHT UP, THEN SLOWLY LOWER THEM SO THAT THEY'RE HUGGING YOUR THUMB. THIS WILL BE YOUR SIGNALER TO USE YOUR UPSTAIRS BRAIN TO HELP YOU CALM THOSE BIG FEELINGS FROM THE DOWNSTAIRS BRAIN.

Understanding the Brain Hand Brain Model, Dr. Dan Siegel

<p>Survival Brain Sensation Autonomic functions Survival strategies: fight, flight, freeze, submit, & collapse</p>	<p>Emotional Brain Expression/ regulation of feeling Memories relationships/ attachment</p>	<p>Amygdala Smoke alarm</p>	<p>Thinking Brain Critical thinking Problem solving, planning, creativity, beliefs, impulse control</p>	<p>Offline Brain <i>Survival brain in control</i> Not able to access the thinking brain.</p>
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Children's Home Society

Taken from: Alexander, 2019, p. 35

Appendix G: Free or Low Cost Food Programs in Abbotsford



Safe and Caring Schools Team Update



Free and Low-Cost Food Programs in Abbotsford



Program Name	Program Description	Hosting Organization(s)	Who This is For?	When is This Available?	How To Access/Contact
Starfish Park	Weekly food hampers for families through the schools	Archway Food Bank	Families of school aged children in the Abbotsford School District (elementary to high school)	From afternoon – for weekends	Call Archway at 604-859-5749
Pantry 34	Healthy snack	Abbotsford Salvation Army	50/34 schools	During school hours	Call 604-852-9305 ext 104 for more information
Hamper Program – youth, seniors, families	Nutritious perishable & non-perishable groceries	Archway Food Bank	Youth, Seniors, Families	M – Th 9:30am-12:00pm	By appointment, call 604-859-5749
Hamper Program – adult singles, couples	Nutritious perishable & non-perishable diverse groceries	Archway Food Bank	Adults (single & couples)	M – Th 1-5pm	By appointment, call 604-859-5749
Hamper Program - Halli	Nutritious perishable & non-perishable diverse groceries	Archway Food Bank	Those who follow a Halal diet	F 9am-12pm	By appointment, call 604-859-5749
Hamper Program – Neighbourhood/connected food banks	Specialty food banks (Churches: Hill Cn, Ross Road, Seven Oaks)	Archway Food Bank and partners	Residents of neighbourhood satellite food banks	Varies according to location	By appointment, call 604-859-5749
Hamper Program – Protzman/Connected Food Banks	Specialty Food Banks (5 program locations)	Archway Food Bank and partners	Participants of programs	Varies according to program	Call 604-859-5749 for more information
Pantry Program – immediate need Family food banks	Specialty self-selected groceries for immediate needs	Archway Food Bank and partners	Participants of programs	Varies according to location/program	Call 604-859-5749 for more information
Food Cart	Self-selected groceries, pre food	Abbotsford Salvation Army	Everyone	M – Sat 12-1pm 2nd & 4th Sunday 3:30-5:30pm	34081 Gladys Avenue or call 604-853-9305 33933 Gladys, behind MJC thrift store, or call 604-729-7551
Blue Bus	Hamper and self-selected groceries	LifeLine Outreach Society	Everyone	7d/w 12:30-7:30pm	2816 Ware St or call 604-859-5778
Cyrus Centre Youth Hampers	Food hampers for youth	Abbotsford Cyrus Centre	Youth ages 16 to 24	12-5pm 2nd Sat	2539 Monrovia Ave – must volunteer 10am-12pm
Archway Bulk Buy	\$15 for wage produce hamper	Archway Community Services	Everyone	7 d/w, 12-1pm	34081 Gladys Avenue or call 604-852-9305
Lunch	Daily Lunch	Abbotsford Salvation Army	Everyone	W & Th 12:30-3:30pm	Mobile – call 604-612-0527 or 604-833-1402
Lunch	Prepared meal	Union Gospel Mission	Everyone	Th 4:30-6:30pm	33933 Gladys Avenue or call 604-850-6659
Dinner	Prepared meal	Manoara Central Com	Everyone	W 6-7:30pm Sat 2-3:30pm	Mobile – call 604-751-6458
Dinner	Prepared meal	Ground Zero Ministries	Everyone	W 6-7 pm Sat 5-6 pm	Laird & Monrovia Ave or call 604-226-4004
Dinner	Prepared meal	The 5 & 2 Ministries	Everyone	F 4pm, dinner 6pm	33150 Fraser Way, unit 14 or call 604-556-1568
Dinner	Prepared meal	The Stream Ministry	Everyone	F 6-8:30pm	33933 Gladys Avenue or call 604-309-1554
Prepared Food / Meals	Prepared meal	The 5 & 2 Ministries	Everyone	Sat 5:45pm The Hub 32083 SFW	Call 604-226-1163
Dinner	Prepared meal	582 Ministries and Lotus Humanitarian Soc	Everyone	6:15pm Counters St and SFW	33933 Gladys, behind MJC thrift store, or call 604-729-7551
Dinner	Prepared meal	LifeLine Outreach Society (Blue Bus)	Everyone	2nd & 4th Sunday 3:30-6:00pm	2816 Ware St or call 604-859-5778
Youth meals: Breakfast, Lunch and Dinner	Prepared meal	Cyrus Centre	Youth up to 24 years	Breakfast 8-9am M-F Lunch 12:30-1:30pm 7 d/w (12-18 y/o) Dinner 6-7pm 7d/w	By appointment, call 604-859-5749
Home Delivery Program	Hamper delivery	Archway Food Bank	Mobility challenges	1-th 9am-3pm	Agency or self referral Call 604-824-0939
Meals on Wheels	Prepared meal for \$8 per meal	Archway Community Services	Anyone	M-Th Fresh Meals Th Frozen Meals	Agency or self referral Call 604-824-0939

Revision Date: August 2023

Our vision is to create a circle of support that fosters a safe and inclusive environment for all members of the school community.

Appendix H: Trauma Informed Behaviour Intervention Plan

Behavior Intervention Plan		
his BIP is designed to address the underlying stressors that drive the behavior. The focus is on ATTACHMENT and AROUSAL.		
Student Name:	Grade:	Start Date:
Teacher:	School: Alexander Elementary	Revision Date:
Behavior of Concern (Be Specific):		Student Supports:
Strengths:		Safety Plan:
Stretches (to build capacity):		Kbit/Ktea:
		Psych Ed:
		Pediatrician:
		Outside Agency:
		District Supports: (November)
Strategies to build ATTACHMENT (based on strengths)		Strategies to address AROUSAL (calming or alerting)
Strategy: Scheduled Breaks with Adult Who: EA (Alma), Principal (Reena) Where: Hallway, Nest, Principals office. When: Details		Strategy: Who: Where: # When: Details:
Strategy: Who: Where: When: Details		Strategy: Who: When: Details:
Stressors: Hungry		Team Communication
Stressor: Strategy Stressor: Strategy:		<ul style="list-style-type: none"> • Revisit date: Recess Supervision: Lunch Supervision:

Behaviour Intervention Plan	
Baseline Behaviour (what you see)	Student's Key Triggers/Stressors
<ul style="list-style-type: none"> When escalated will run from/leave the classroom 	<ul style="list-style-type: none">
Escalation Response Chart	
Level 1 Arousal (anxiety)	Planned Response / Strategies (SUPPORTIVE)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Reflective language (<u>i.e.</u> "this is really hard for you" "I can see that....") Supportive language (<u>i.e.</u> "The adults are here help")
Level 2 Arousal (defensive)	Planned Response / Strategies (DIRECTIVE)
<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Re-state expectation
Level 3 Arousal (acting out)	Planned Response / Strategies (CRISIS PREVENTION)
<ul style="list-style-type: none"> 	<input type="checkbox"/> Emergency contact required (Admin) <ul style="list-style-type: none">
Level 4 - Tension Reduction (<u>decreased</u> emotional energy)	Planned Response / Strategies (THERAPEUTIC RAPPORT) (re-established communication/relationship between student & staff)
<ul style="list-style-type: none"> Complies with adult <u>direction</u> Relaxed body language May offer an <u>apology</u> Resumes the first... then... cycle 	<ul style="list-style-type: none">

Source: Unknown