

“I feel happy when I get to be with you”

Trauma informed practice in education

Carlton Primary School

# Trauma Informed Practice in Education: Carlton Primary School

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**Carlton Primary** *School*

*A Welcoming, diverse, community focused school.*

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## Foreword

At Carlton Primary our moral purpose is to provide our students with the best opportunities for growth in all areas: socio-emotional, inter-personal, and academic. In order to achieve this, we need to provide an environment that provides safety, security, and is relational.

We believe that trauma informed practice in our school, and in all schools is vitally important, and there are two powerful reasons why:

* It is statistically unlikely that any classroom in the world would have all its students free from childhood trauma;
* Trauma informed practice is good for all students.

Schools have the power to change lives. We have our students 6.5 hours a day, 5 days a week, 40 weeks a year: we see some children more than their parents do.

This document is designed to be used by staff and volunteers in the Carlton Primary setting, or by any school interested in trauma informed practice in education. The aim is for readers to get a comprehensive idea about why we do things the way we do. Readers might like to get an overview of neurobiology, explore the way brains develop, and how this might be relevant to education; readers might also like to look at trauma, what it means, what impact it can have on brain development and behaviour. If it is not appealing to explore the background, readers might prefer to skip straight to the toolkit section, exploring the resources that demonstrate the ways that adults at Carlton Primary respond to students, to their behaviour, and to their engagement with learning. Readers should use this document in whatever way works best for them.

There are case studies and school based observations throughout the document, as a way to demonstrate what is being discussed or explored. All people referenced have been de-identified, but these are experiences that we have had at school.

Finally, I would like to acknowledge my position at Carlton Primary as one that is a privilege to be in. I am someone at school who is able to connect with the families and the children in the building, to support, or share information, to be a touch point for parents, and children too. I have a room at the front of the school, easily accessible, and located close to the principal, front office, and specialist support officers. It is a room that contains important child-centred activities like kinetic sand, books, board games, craft, and possibly some talking points like stick insects or silkworms, to encourage relationship building with those students who might fly under the radar. In any one day I might get to spend time with a student who is cooling off, reflecting on an event in the yard, pre-emptively leaving a challenging environment in order to keep building their 'learning muscles' or needing to talk about something; or it might be time with a parent who needs help filling out a form, or finding out about the English classes, where to find playgroup, or with a query or a concern or a problem to share; or maybe time with teachers running a Respectful Relationships class or discussing parental involvement in classrooms, or how we might connect better with people and places in our local community. This is a unique role, but it shouldn't be. The outcome of making connections with the people in our school is that I can be a source of information gathering and sharing for families and staff, I have the luxury of time to build relationships, without the pressure of having 20 children in front of me. I can provide a safe space for disclosures or requests or questions, and this contributes to the creation of a powerfully holistic approach to teaching the students at our school.

### The Carlton Primary story

Opened in 1973 Carlton Primary School was built to service the local public housing estate. The demographics of the estate have changed over time, and the demographics of the school have tended to represent these changes.

In recent years, the wave of refugees from the Horn of Africa became the largest student group at the school. As a school, our skill set increased in order to meet the needs of these students and their families. Our knowledge about our school cohort grew, as did our understanding about the different needs of students from the different areas within the Horn of Africa. This was a turning point for us, one of many, and led us to begin some research in to why this might be, and started us on the path to trauma informed practice.

The introduction of strategies such as the evidence-based School Wide Positive Behaviour Framework (Victorian Department of Education, 2016), having a dedicated Student Wellbeing position, and a Family /Community Wellbeing position, all supported our aims to have a clear whole-of-child focus, as we began to explore the impact of trauma on learning and behaviour, with many light bulb moments following. The natural progression of our journey delivered us the realisation that socio-emotional learning needed to be explicitly taught, both inside and outside the classroom, and our experience is continuing to highlight the benefits of this for all students, regardless of their life experience.

As we move into the future, we are expanding our knowledge, and investigating how we best create a robust measurement of these socio-emotional skills and the teaching practices and interventions we implement to build these skills.

Chapter 1

## Neuroscience

In our experience, much of what we were doing with regard to behaviour and intervention was what felt like the right thing to do. We tried it, it worked, we continued. As we discovered more about neuroscience and trauma informed practice, we realised why it was working. Regardless of where a school might be on the trauma informed path - from insight to strategy to intervention - the science can both inform, and support our work.

What we have learned from the work of organisations like Australian Childhood Foundation; Berry Street; Foundation House; Australian child & adolescent trauma, loss & grief network; and Massachusetts Advocates for children; along with neuroscience and education researchers including Susan Craig (Craig, 2016 ), Bessel van der Kolk (van der Kolk, 2014) and Bruce Perry (Perry, 2006, 2008) is that children's brain development is incredibly sensitive to early relationships, and to experiences of safety, and fear. These authors make clear that stress or trauma, particularly ongoing, has a serious impact on global development and therefore learning, both academic and socio-emotional.

Neurobiology offers a new depth of insight in to the way the brain processes experiences of fear, unsafe situations, and even the remembering of these experiences (van der Kolk, 2014, pp. 39-47), and what happens to a brain that remains repeatedly vigilant to threat. Through Dr. Stephen Porges' Polyvagal theory (Australian Childhood Foundation, 2011; Porges, 2010) we also know about the clear links between early trauma, brain development, and our physical development, with impacts lasting all the way through a lifetime. The Adverse Childhood Experiences study (Centres for Disease Control and Prevention, 2016) also alerts us to this powerful link between childhood adversity and later life ill-health, harmful behaviours, and mortality.

Repetition is a factor in the impact of trauma, and so for people experiencing trauma again and again, the damage is greater. Seeking help and not finding it becomes an additional trauma, so schools can have the power to be a protective factor for students and families by offering "school-based sanctuary" (Wolpow *et al*, 2011, p.13) When children or families experiencing trauma turn to school as a sanctuary, they should find a staff with knowledge and understanding, who respond compassionately, offering what is needed, being a step on a path to healing.

### The brain: built for survival

As van der Kolk states *"The most important job of the brain is to ensure survival, even under the most miserable conditions"* (2016, p.55). All parts of the brain work to this end, and as van der Kolk describes, trauma interrupts the working of each of these parts.

* The **brainstem**, often referred to as the reptilian brain is the oldest, first developed part of the brain. It develops pre birth, up to about 8 months old and is responsible for basic survival functions like heart rate, body temperature and blood pressure. Along with the hypothalamus this reptilian brain works to maintain homeostasis, balancing the life-sustaining systems in the body. When these key features like heart rate, digestion, and sleep are impacted, a person can really suffer.
* The **cerebellum** develops from birth to two years, and is responsible for our movement and interpreting physical sensory stimulation, helps us to know where our body is in space, helps us balance.
* The **limbic system**, known as the mammalian brain, develops between ages 1-4 and is the emotional centre. This system helps us interpret our emotions, it relates to memory (implicit and explicit), and helps us lay down our long-term memories. It includes the amygdala, mature from birth, which acts as our alarm system, and the thalamus, referred to as the 'cook' by van der Kolk. The cook takes in all the ingredients, the sensations and perceptions that we have, and sends information to the amygdala, ready to identify threat, and the cortex to identify what to do. The limbic system, like all of the mammalian brain, develops according to experience, and so an attuned caregiver supports healthy growth and development, modelling regulation and co-regulation to support the capacity of the individual to deal with stressful situations, and build a positive sense of self via the shared connection.
* The **cortex** develops from 3-6 years, it is divided into four lobes, with the frontal lobes being the 'watchtower' with an overview of all that is occurring, ready to engage higher order thinking and reasoning. The cortex stores explicit memories about people, places and what happens to us. It is responsible for meta cognition.
* The **corpus callosum** connects the hemispheres of the brain. When working well the corpus callosum links our right brain and left brain, allowing us to give words to feelings, to interpret social cues, to understand our own experience. The corpus callosum has been shown to have reduced capacity in traumatised children, being physically smaller than those with normative development.

For a wonderfully useful way to share this information with people, including children, the hand model of the brain created by Dan Siegel (Siegel, Daniel J. & Bryson, Tina Payne. 2011, p. 62) is a fantastic resource (this can be found on YouTube *Dr Daniel Siegel presenting a Hand Model of the Brain.*)

### The brain's response to threat

A brain that experiences threat has a very specific response. While a response to stress caused by interaction with another tends to lead us, from birth, to make use of social engagement as a strategy to return to equilibrium (smiling, making eye contact, building a connection), for more significant threats, or when social engagement is not successful, our survival instincts jump in to action.

A system shared with other animals, our Autonomic Nervous System (ANS) is responsible for patterns of response to a perceived threat, regulating our internal organs in to an appropriate survival response. This can be broken down in to two areas of threat response:

The sympathetic nervous system actions

* Fight
* Flight
* (Active) Freeze

And the parasympathetic nervous system actions

* Fein death/collapse

In these responses we have a strong physiological response that is beyond our control. When a sensing of threat causes our ANS to jump online and take action, it disconnects us from our cortex, reducing our capacity for higher order thinking and more sophisticated thought processes. In the sympathetic response, stress hormones adrenaline and cortisol are released, our heart rate and blood pressure increases, our breathing speeds up and we are prepared to fight or flee. A parasympathetic response reduces heart rate, blood pressure and breathing rate, and we can faint, or otherwise collapse in to an unconscious state.

These responses make a lot of sense in the face of danger, however, the experience of repetitive traumatic stress sets up the ANS to become over worked. The amygdala becomes hyper alert to threat, constantly on the lookout, perceiving danger even in safe situations. Important areas like the cortex and the corpus callosum are not engaged as they should be, taking away those broad view, problem solving skills and reducing capacity to make connections between thought and feelings/sensations. This reduces capacity for emotional literacy, and impacts the opportunity to conceive of what others might be feeling, impacting capacity for empathy, and shared emotional experiences.

*"Exposure to events that represent a real or perceived threat to safety elicit subcortical mammalian, or animal defences that are not mediated by the cortex; in fact, they actually disable cortical activity when engaged. These animal defence strategies are adaptive at the moment of immediate threat, but tend to become default behaviours and inflexible action sequences”*

*Ogden, Goldstein, & Fisher, 2013, p.11*

For some children, these survival instincts become a way of living. These children (and later as adults) remain constantly alert to threat, and so sensitive to any perceived threat that they see it everywhere, in a frown on a face, a loud noise, a person's stance. What begins as an adaptive response over time becomes maladaptive.

Bodies carry trauma, they become trained in arousal, responding constantly to threat, and enacting their pattern of response. Exposure to trauma increases the release of cortisol, which jumpstarts the brain's alarm response, releasing adrenalin in readiness for that threat which might come. What can happen when repeatedly exposed to threat, is that *all change* is interpreted as threat (Australian Childhood Foundation, 2010).

***We have a student who is so hyper alert to threat that they catastrophise seemingly small events. For this student someone using their pencil causes a huge reaction. They have an overblown sense of injustice when someone pushes in, or makes a comment about them that they perceive as inaccurate. A situation can end in a physical altercation because the sense of being under threat is so great, that the student responds dramatically to a situation that another person would not be bothered by, in fact may not even notice.***

### Neuroplasticity

It was previously believed that brains were unchangeable. As Doidge (2015) states "For four hundred years, the mainstream view of the brain was that it could not change; scientists thought the brain was like a glorious machine, with parts, each of which performed a single mental function ... If a location was damaged ... it could not be fixed because machines cannot repair themselves or grow new parts" (p.xvi) However, research that began around the 1960s and gets ever more sophisticated shows that we can change our brain architecture. When the brain has had repetitive experiences to respond to, there will be strong neuronal connections created, associated with this experience, reflected in the phrase first used in 1949 by Canadian neuroscientist Donald Hebb "neurons that fire together, wire together", and these neuronal connections can be built, even in adulthood, providing an opportunity to repair the brain, consciously.

These modern brain researchers "refuted the doctrine of the unchanging brain. Equipped for the first time with the tools to observe the living brain's microscopic activities, they showed that it changes as it works" (Doidge, 2015). Neuroplasticity is a powerful concept for those having experienced interpersonal trauma; the damage done relationally can be repaired relationally, and so here is an important role that schools can play. In many cases school provides children with their first strong connections with adults outside of their family. Schools have a huge opportunity to use an understanding of neuroscience, trauma, and the power in connection to really support positive outcomes for children.

***For some children we might never know what their history is, we know they are tricky to manage behaviourally, we know they are sometimes hard to connect with, we know they struggle day to day. What teachers, and all staff, do is connect with all the children at school, every day, no matter what. We don't see them as a problem, we see their behaviour as an indicator that they are children dealing with adversity - even if we don't know what it is. We aim to support all children, and teach them the skills that they need to be good learners, and to move more easily through school and the world. We want to teach them that they are important and valued. One stark example of this is from a grade one child, during a reflection on love, powerfully identifying with a drawing and accompanying words that he is not loved. When gently questioned he reiterated, "No", not by mum, not by his older sibling. Further gentle questioning, "by [Name of teacher]?" He acquiesced, yes, by her. We will never know what impact it had for this 6 year old to know that he is worthy of love, but we can assume it is powerful.***

Chapter 2

## Trauma

A simple definition of trauma is an experience that we perceive as so threatening that it overwhelms us and we feel we are unable to cope. Developmental trauma specifically occurs in childhood, and is identified by the significance of this timing, and by the fact of the repetition of the traumatic experiences.

We often think of trauma as an event, such as an assault or a car accident, which can certainly be a traumatic experience, however, we now have a much greater understanding of the impact of experiences such as neglect, abuse, poverty, family violence, or lack of a healthy connection with a primary attachment figure. Repetitive traumatic events like these create physiological and psychological responses in children that can last a lifetime (van der Kolk, 2005, 2014)

Statistics from Australia show clearly the extreme reach of childhood trauma:

* 1 in 3 girls, 1 in 6 boys experience childhood sexual assault. (Ronken & Johnston, 2012)
* Pregnancy is an increased risk period for intimate partner violence, 40% of children have experiences of domestic violence (AIFS, 2015)
* 20% of divorces involve couples with children
* Violent households have a significantly higher proportion of children aged five years and under (Australian Institute of Criminology, 2011)
* 5 million adults are affected by childhood trauma (Kezelman, Hossack, Stavropolous, Burley. 2015, p. 10)
* Children under 1 are the most likely to be the subject of a substantiated child protection notification (Australian Institute of Health and Welfare, 2015)
* 1 in 5 students are starting school "developmentally vulnerable", doubling for Aboriginal and Torres Strait Islander children (Early Learning, Everyone benefits, 2016, p. 9)

The prevalence of traumatic experiences in childhood show that no classroom is without trauma, and this highlights the importance for all schools to be trauma informed. All systems surrounding children, but particularly education, have a powerful opportunity to impact them in profoundly positive ways.

### Trauma through the generations

Being raised by traumatised adults is in itself traumatic. Children experience their parents' survival strategies, which can be emotionally inconsistent, repressive, and result in faltering attachment. Research by many, including work by Judy Atkinson (2002, 2012) focusing on Indigenous Australians, and Rachel Yehuda (2007), focusing on Holocaust survivors, has identified the ways that trauma can be passed on from generation to generation. In fact, even a parent who experienced childhood trauma yet was an attuned, responsive parent can impact their children *"such parents might sporadically but repeatedly alarm the infant via (often involuntary or unconscious) exhibition of frightened or dissociative behaviour".* (Hesse, Main, Abrams & Rifkin, 2003). Trans-generational trauma is very relevant in relation to the refugee experience, which can include loss of home, family, and community; torture; violence; sexual violence; isolation; and racism. Many of these experiences are also shared by Indigenous Australians, with the impacts of colonisation and stolen generations being felt across generations. Experiences of poverty, violence, substance abuse can also move through generations. These experiences can generate feelings of fear, anxiety, and depression and can lead to a lack of a cohesive self-narrative, all of these responses to trauma can impact a parent's capacity to consistently respond in a way that is attuned to the emotional landscape of children.

### The power of early relationships

Brain growth is most rapid very early in life. Impaired brain development and growth as a result of trauma will impact every area of a child's development, different parts of the brain interact with each other in ways that have ongoing impacts on sensory and motor function, memory, comprehension, processing, and regulation and arousal.

Babies cannot self regulate, they rely on adults to do this for them. When they are in a state of heightened arousal, they look to their caregiver/s to help. A caregiver's responsiveness to an infant's cries contributes significantly to the child's neurobiological development. For normative development to occur, and infant must experience a positive, connected experience of caregiving, and when children experience constant mis-attunement or unpredictability in response to their emotional expression, they do not create a template that they can reliably use to inform what an emotional exchange looks and feels like. From birth, children look to the interactions with the people around them to learn how to connect, and how to interact. However, without access to responsive caregivers, the neural pathways and processes needed to mediate physical and mental health will not mature, leaving many children displaying the kinds of behaviours disrupting our classrooms. (Craig, 2016)

Capacity for healthy attachment can be impacted by a caregiver's own experience of abuse, by violence in the parental relationship, by mental ill-health, by poverty, and by generational trauma. So for many parents, a healthy parent-child attachment relationship, and thus a positive, naturally progressing brain development of their child, is out of reach due to their own life experience, mental health, or living situation.

*In 2014 a document was published by the City of Melbourne titled ’10 years of Horn of Africa Playgroup’ (Omar, 2014) which revisited a decade of experience with this particular playgroup, which has supported many Carlton Primary families. The document explores cultural expectations around child development and parental engagement with infants in Somali culture, the author states "The idea that ‘children will all eventually reach their potential given adequate care and love’ is a commonly expressed theme." The author goes on to identify that the impact of not engaging with a child’s development might not be so impactful in a community where raising children is shared by the community, and across generations, the impact of not engaging with children while living in smaller family groupings in Melbourne. Knowing that some children may be missing out on those interactions that ideally occur between caregiver and infant - eye contact, mirroring, cooing - we can have a greater understanding about how some children we see at school might have had their development influenced by the cultural expectations of their families.*

### Adverse Childhood Experiences

A vital tool for our understanding about the impact of childhood adversity, and the impact it has is the ACEs (Adverse Childhood Experiences) study (Centres for disease control and prevention, 2016). This longitudinal study began by asking adults a series of questions about their childhood experiences, and their current health and wellbeing, and found dramatic causal connections. This study is a rich resource for trauma informed practice, powerfully demonstrating the reach of childhood trauma, and the impacts trauma has. In the initial ACEs study, 64% of people had experienced 1 or more ACEs, and 22% 3 or more. It should be noted that the participants in the study were largely from backgrounds we might consider to be 'advantaged' White, educated, middle-aged people with 'successful' lives. About 75% had a degree, for example. And yet we know that children born in to poverty are more at risk of insecure attachment than those born in to middle class families. (Craig, 2016) The ACEs study *"unequivocally confirmed earlier investigations that found a highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease."* (Van der Kolk, 2005)

The ACEs research tells us that a person with an ACE score of 4 is 460% more likely to experience depression than someone with a score of 0, they are twice as likely to be diagnosed with cancer. Scoring more than 6 suggests a lifespan shortened by 20 years. Early adversity changes us on a biophysical level, and though interventions can mitigate the impact, these changes don't go away. These statistics have huge implications for children in our schools, demonstrating that regardless of schools' knowledge of what adversity children may be living with, a trauma informed approach can make a significant difference to the outcome of students, across their lifetime.

### Memory Making

Memory is more than what we can consciously recall about events from the past. A broader definition is that *“memory is the way past events affect future function" (Siegel, 2012).* There are different types of memory, and all fit in to two main categories - implicit and explicit.

**Implicit memory** is created from birth, or even pre-birth. A feature of implicit memories is that when they are recalled, it is not with the consciousness of the act of recalling. We do not need to actively participate in recalling these memories. Procedural, or template memory falls in to this category and includes those things that we know how to do, automatically, without having to actively recall how to do them. Other forms of implicit memory are stored and resurface somatically, or emotionally, and so they can be an experience, more than a mental occurrence.

Dan Siegel (2012, p. 47) notes the significance of early memory making "Our earliest experiences shape our ways of behaving, including patterns of relating to others, without our ability to recall consciously when these first learning experiences occurred". He also notes thatwith these implicit memories from infancy we create mental models of the world "in order to assess a situation more rapidly and to determine what the next moment in time is most likely to offer" (p. 52).

**Explicit memory** is developed as the brain matures. Children develop the capacity to store explicit memories that are able to be consciously recalled, and come with the awareness that they are memories. These explicit memories might include facts (**semantic** memory), or be about the self in a moment in time autobiographical (**episodic** memory). Children become able to sequence their memories, so that they understand in what order to expect things to happen. As they put all these memories together, children develop a **self narrative**, which becomes the story that they know about themselves.

### Memory in Learning

Working memory is a mental process, we are able to bring together knowledge from the past and experienced in the present. We use our working memory all the time, and particularly when we are learning. Working memory involves holding something in mind, as we process. When we repeat this process, a working memory can stay with us and become our long-term memory, those memories that we hold on to past the point at which we might be actively engaging in thinking about them.

### Memory and Trauma

*"Trauma dramatically affects children's memory capacity. It serves to degrade children's memories. Children's working memory is extensively reduced. They find it difficult to learn. They are not able to remember events and the sequence in which they occurred. They are unable to build a narrative about their lives which draws out meaning and understanding. In many ways, trauma reduces children's ability to remember who they are." (Australian Childhood Foundation, 2006, p,1).*

This quote makes clear the impact of trauma on children's learning. Ways of coming with trauma, adaptive practices, can serve to damage the functions that support children's memory making and therefore learning. For example focussing on a non-traumatic area, thing, or aspect of a traumatic experience can support a division of focus that could help in a moment of violence, but is very unhelpful in a classroom. As Van der Kolk (1994, p.258) identifies*, "trauma interferes with declarative memory (i.e., conscious recall of experience) but does not inhibit implicit, or nondeclarative, memory, the memory system that controls conditioned emotional responses, skills and habits, and sensorimotor sensations related to experience. This might mean, for someone having experienced trauma, that their emotional response to a stressful or traumatic experience is recalled, but the facts of the experience are not.”*

When Implicit memories are driving behaviour and response, and explicit memories are struggling to be recalled or formed, this clearly makes for a struggling student. A student will be unaware of these internal processes.

### Memory Triggers

Children in heightened states of arousal are more likely to return to memories of trauma. Their bodies remember the state, and bring back the associated memories. In the case of implicit memories rising to the surface, children will be unaware that this is a memory surfacing, they will become lost in the re-experiencing of the trauma as memory fragments can resurface, to be relived with an equivalent intensity as when they were first experienced. These triggers can exist without a child knowing what set them off, and the experience of sensory memory feels as though it is something occurring in the here and now, not a reliving of something that happened in the past. A classroom example is that of a teacher's raised voice, where a student may have a big response, yet be *"unable to understand that the response they are having relates to the threat of harm posed by the raised voice of an abusive parent that is in the past, and not the non-threatening raised voice in the classroom in the present" (**Australian Childhood Foundation. 2010).*

***We see children at school having trigger responses. Sometimes we are able to identify what the trigger is, sometimes the trigger continues to elude us. In one instance we had a student who had very big reactions to death of any kind. A dead bird in the yard caused huge distress to this child, what appeared to be a disproportionate response to an admittedly sad moment. In discussing this incident with the child's mother, she alerted us to the fact that the boy had been present when his twin brother died, a fact we were not aware of, but which made a lot of sense with regard to his response in this, and other situations.***

***In another case, we had a prep child who would have huge responses, fairly regularly. High levels of distress were expressed, with flailing on the ground, tears, and screaming. Attempting to physically or verbally comfort the child were met with more distress. Although as time went on the child did not continue to react quite as dramatically, it was never clear exactly what the triggers were.***

***Teachers and support staff were consistent in their response to the child, and the approach was flexible, when it was identified that time was required when the child was having a trigger response, the plan became that the rest of the class left the room to allow the child the time required to recover. Flexibility in the classroom was also offered, allowing the child to sometimes take time in a quiet corner of the room. All staff were aware of the child, and knew that the requirements here were different. Effort went in to teaching the child the skill of self-regulation, helping to give language to the experiences, relationships were a priority, and we learned to pre-empt responses, in spite of not being quite sure what the triggers were, we learned to listen to what the child was telling us.***

***Now in grade 2, this child is an absolute delight, rarely having big responses to things, and better able to recover when they come. So much effort went in, and the rewards have shown us that we were on the right track.***

Chapter 3

## School through a trauma informed lens.

As the previous section has highlighted, all parts of the brain require a good quality environment and good quality interpersonal relationships in order to develop in a normative way. Lacking positive attachment relationships or experiencing developmental trauma can cause delays across all areas of a child's development. Understanding this means that we can put together a child's range of struggles, and see that they might be linked to their experience. This knowledge is significant for schools, and has altered how many educationalists view children's disruptive behaviour. As Susan Craig states *"Traditional explanations of children's disruptive behaviours often emphasis their volitional aspects, suggesting that they occur as a result of bad choices, or intentional defiance ... Recent studies of trauma and self and self-regulation provide an explanation."* (Craig, 2016, p.7)

A school with a trauma informed lens looks at a child's behaviour, and asks why the behaviour might be occurring, and asks what the child needs in order to no longer feel the need to enact the behaviour (when it is problematic). Many of the kinds of behaviour that children struggle with at school, are reflective of early life experience, including chronic stress or trauma. As global development is impacted by our early experiences, we see behaviours in all areas, including:

### Relationships and Attachment

For children who have experienced developmental trauma, a school environment that includes constantly interacting with others can cause great stress, and these children can struggle with interactions with both peers and adults.

Early attachment failures can be expressed by being both exceptionally clingy, and by being sullen and detached from adults. Children can experience struggles with empathy, and with recognising their own emotions, demonstrating a general lack of emotional literacy. (Australian Childhood Foundation, 2010)

### Self-regulation and physiological responses

For traumatised children the amygdala, the brain's alarm system, becomes hypersensitive. Having been exposed to threat many times leaves a child in a constant state of vigilance, ready to perceive a threat and act on it. This can have huge impacts on the child, as their autonomic nervous system has them always ready to respond to a perceived threat. What these physiological responses can look like include:

* Dysregulation. We are all working to regulate ourselves, all the time. Our aim is to stay within our 'window of tolerance', a term coined by Dr. Dan Siegel, which can be described as the space we find ourselves in where we are able to cope with emotional arousal without causing a big reaction of engaging or avoiding. (Siegel, 2012) We see children who are constantly veering out of their window of tolerance, a heightened or lessened state of arousal can lead to interactions or situations being emotionally challenging. Children might hit highs and/or lows throughout the day, without the skills to bring themselves back.
* Hyper-aroused children at school have high energy, to adults around it feels very unconfined, teachers see a hyper-aroused child with a red sweaty face, being loud, struggling to sit still, and in some cases hurting others knowingly or unknowingly. These hyper-aroused children can be aggressive, can seem like they are trying to take up a lot of space, they can be quick to anger.
* Hypo-aroused children in class appear as though they have 'checked out'. A teacher might see a student they think is quietly concentrating, but then be frustrated when the student has done no work, and are unaware of what the teacher has said. This hypo-aroused child can be slow, withdrawn, hard to engage and distant.
* Self Protection can take the form of shutting down, it can be aggression, leaving a situation, or clinging.
* Hyper vigilance, sees a child constantly on the look out for threat, they might have an inability to calm the body in to a relatively still position, or they might be still but have all senses on high alert.
* Trigger response can come at any time, sometimes we know what a child's trigger is, often we have no idea. A trigger response can send a child in to a hysterical state, or it could shut a child down. Their behaviour might seem to come out of the blue, and they might be inconsolable.
* Transition struggles occur because change can be easily interpreted as threat to the hyper-vigilant child. At school this means that days with Casual Relief Teachers or specialist subjects are particularly challenging. There is a reliance on the familiar to generate feelings of safety, a maladaptive response to chaotic or unpredictable lives and relationship drives this, so that sameness feels safe and change feels threatening. (Australian Childhood Foundation, 2010)
* Self-soothing Children experiencing dysregulation or high stress might engage in self-soothing behaviours. Self soothing can be utilising a screen or a game, it can be a repetitive movement like rocking, it can be pushing against something, making a noise, self-stimulation, or a range of other responses. Some of these responses are something that can be acceptable in a classroom, some cannot. A child playing with blue-tack or rocking or hair twirling is something that can be managed in a classroom, but if the self soothing technique includes an iPad or other screen, or noise making or anything else that is not easily ignored by others, it can be difficult in a classroom situation.

### Cognitive function

For traumatised children it can be the case that their trauma responses leads to the important cortical functions being 'offline', making remembering what happened earlier in the week hard, even remembering what happened earlier in the day. Multiple instructions can be tricky to hold in mind, and procedural and working memory can be impacted, causing struggles with learning. Memory is vital for learning, to create a context for information, to take in new information, and to embed knowledge.

Children can struggle with processing, including language acquisition and comprehension, and also with logic and sequencing tasks. (Australian Childhood Foundation, 2010)

Language is another area that can be affected, for children living with caregivers who do not share much communication with them, or when the communication is negative, the child's own use of language might become more like a tool, rather than a means of expression. (Cole et al, 2005) This can also impact children's capacity for comprehension, collaboration and problem solving.

### Sense of Self

Children's sense of themselves is generated first by their caregivers, so that if caregivers are projecting a negative picture of a child, this is what the child carries with them. When children learn to read a parent or caregiver, and alter their response or request based on what their perception of what is desired by the adult, they lose their ability to have clear boundaries around their own self. While it might be thought to be the case that a person can’t learn to love others, until they love themselves, however what attachment theory tells us is that actually, you cannot love yourself *“unless you have been loved and are loved”* (Perry, 2006, p.234).

Without a solid sense of themselves children can struggle with empathy, and this can *"make it hard to solve a problem from a different point of view, infer ideas from text, participate in social conversation, and develop empathy in relationships."* (Cole, O'Brien, Greenwald, Gadd, et al, 2005) A negative sense of self can also set a child up with a fear of failure, or a sense that it is not worth trying because they don't believe they can achieve.

### Focus and concentration

When children have used distraction or division strategies to deal with difficult situations, they cannot necessarily choose to alter their strategies for the classroom, to shift to the focus and concentration required of them as active learners. As Susan Craig identifies *"Children living with chronic stress or trauma are wired to respond to threatening or dangerous situations. Although it is possible for them to develop neural pathways receptive to exploration and intellectual curiosity, their day-to-day experiences direct their attention elsewhere"* (Craig, 2016, p. 53).

In these instances we are seeing behaviours that were once adaptive to a situation that might have been frightening in its chaos or threatening nature, these are inbuilt survival strategies that when used too frequently, become part of a daily existence, a maladaptive response to ordinary situations. These responses inhibit both skills required for learning, and for interpersonal connection. For this reason, it is vital that a trauma informed lens be utilised at school as a way that we can work to mitigate these impacts of trauma, to facilitate the learning that needs to happen.

With all that we know about neurobiology and the impact of trauma on development, it is clear that when looking through a trauma informed lens, schools can identify many moments when trauma is driving a student's behaviour. Having this knowledge and understanding sets schools up to be both part of the healing, as well as highly effective educators.

Chapter 4

## What our trauma informed practice looks like

*“All children are born with fundamental needs for connection, attunement, trust, autonomy, and love. When these needs are met in a predictable and reassuring manner, children learn to test the parameters of dependence and interdependence. The self emerges from a strong foundation, with the confidence it needs to approach learning.”*

*Craig, 2016, p. 9*

### School Environment

We are very aware of the importance of our school environment and culture at Carlton Primary. We work holistically to be a positive place that allows children and families to feel safe, and valued.

For children who have experienced trauma, the biggest barriers to learning include: a lack of feeling safe; struggles with self-regulation; an image of themselves that they are not capable; and a tendency to not try. In order to overcome these barriers, we create an environment that is always safe, that fosters belonging, and recognises and celebrates children’s skills.

**Children who don’t feel safe** are likely to remain in a state of hyper-vigilance, hyper aroused, or else be detached, hypo-aroused - states which seriously impede learning and self-regulation.

**Dysregulated children struggle to focus enough to take in their learning,** so we need to make sure children are in an environment that is likely to help them to feelcalm, safe, supported, and valued.

**Children who have a negative self-image** struggle to have the confidence to be brave and open learners, to believe it is worth trying, so we work to highlight their strengths, and to show them that they are a valued member of our community, that they belong, that they can always be a learner.

Some of the ways we work to build our school environment to be one where students and families feel safety and belonging are:

* Rather than considering that we are enrolling a student, we aim to enrol a whole family, identifying how we can offer support broadly;
* As children enter and exit the school at bell times, there are people at the front door saying hello, greeting children by name, showing they know the children and families, naming positive events from the day;
* We consciously show parents that we know their children, but we also show that we know parents know their children, we demonstrate respect for that relationship;
* We have staff outside the classroom, available for support for teachers, students, and families;
* A whole staff approach to individual students, offering many touch points beyond the classroom teacher;
* After school yard duty is an opportunity to chat with parents;
* We support parents in a range of ways with classes for them too, as well as being available for other kinds of support, e.g. filling out forms;
* The principal’s door is open;
* We are visible at community events;
* We have school wide language and expectations that we share with families, as well as with the broader community including local homework groups and sporting organisations connected to our school;
* Shared positive language across the school;
* Differentiated behaviour responses, relating to individual student capacity, and restorative practices to build empathy;
* Explicit teaching of socio-emotional skills;
* Strong links with local family support services;
* Take time to listen to student concerns/upsets and empower them to find solutions;
* Always assuming complexity when faced with challenging behaviours;
* Cool water always available on request to help regulate;
* Awareness of and accommodation for reactions to world events and how these may impact our community;

In order to have the kind of school community we believe supports our students and families the best, we need to ensure our school is dynamic, attuned, and adaptable.

### Dynamic

We create an **informal care team** around students who need additional support outside the classroom. Each child requires an individual approach, and will require a number of adults involved in supporting them. This approach allows children to *self select* those adults with whom they feel a connection, sharing the care responsibility, and creating space for children to have their needs met in a range of situations, while a range of adults are alert to changes, available to offer support when a child need to come out of class, or avoid certain situations. The aim is to provide easy access to supportive adults, making us more responsive to individual students, in whatever situation might arise.

***One student had a need to know, before she entered the classroom, who would be teaching her that day. The student was dropped off at school late nearly every day, and she created a routine that worked for her - every day she would go straight in to the room of a support staff member and ask if she was late, and who her teacher would be that day. On reflection, the class did have different teachers first thing in the morning, with a specialist subject scheduled one day, a job share class with two teachers … so there were three different answers to “who is my teacher today?” This child did not mind what the answer was; she just needed to hear it.***

### Attuned

Being attuned to students and families is an important element of the way the school operates. When we know who is having a bad day, who might need a ‘special job’ whose mum seemed a bit out of sorts this morning, or whose mum we haven’t seen for a while, we can respond in a way that is appropriate for that child. Approaching a ‘misbehaving’ child with the question “What is going on at the moment?” makes space for a lot more valuable information that asking “Why did you do that?”. When we know our students well, we know when something is going on for them.

*“Children who experience attachment failures in their early relationships can learn to draw comfort and support from teachers and others they encounter later in childhood, provided their patterns of insecurity are recognized and responded to in a manner that repairs early damage”*

*Craig, S. 2016, p. 29-30*

### Adaptable

Although schools are systems that have been around for a very long time, they can still be adapted to respond to particular school communities. Schools have some flexibility to respond to what is happening for the students, staff and families in the building.

We collect student wellbeing data, and we are able to use that to make whole-school assessments, or to look at individual student socio-emotional wellbeing growth.

***We began collecting some statistics about when there were behaviour incidents occurring throughout the day. After gathering a few weeks of data it became clear that children were struggling with their behaviour just before the lunch break at 1.45. It was decided that we would trial swapping the lunch break with the recess break, which was scheduled at 11am. Needless to say, the trial was a great success, behaviour improved with full bellies, and we have retained the new times.***

***We now collect data about individual students who are ‘resetting’, meaning they are struggling to focus in class. Through this information we have discovered that each term we have a spike in struggling students at week 3; that two specialist subjects in a row are really hard for many of our students; that one student had huge behaviour issues that we could track back to their sole parent getting a job. All this information helps us paint a picture, we know where to direct our resources, and we can start to identify hot spots in the week, or term, and explore why.***

### Relationships: Children, family, community

*“The antidote for traumatised children who are suffering the consequences of poor connective experiences is to engage in relationships with them that are positive and sustaining.”*

*Australian Childhood Foundation, 2010 p. 45*

Relationships are at the heart of all that happens at Carlton Primary. The practices of a trauma informed school focus on the relationships inside it. Through positive relationships, trust is built, children feel safe and worthy, and are capable of their best learning. School becomes a therapeutic environment for the students, and for families.

We work on the assumption that positive relationships in an educational context can mitigate the symptoms of trauma, supporting all students to be their best. We know our students have a life outside school that impacts what happens inside school.

Childrenbenefit from meaningful connections. Through relationships students have with the adults at school, they are able to see reflected a self image that recognises them as learners who are capable. All children benefit from these positive relational experiences, and for children who have experienced relational trauma an opportunity is created to be exposed to different working models (Australian Childhood Foundation, 2010 p.45). Positive adult/child relationships then become models for children’s relationships with one another.

Along with classroom teachers, students at Carlton Primary have the opportunities to make connections with support staff in the school, and for some children, there is the opportunity to have a mentor. The mentor program began with great optimism, and its impact has surpassed all expectations. Mentors and mentees are matched according to interest and temperament, and mentees are chosen for a range of reasons - the bottom line being that they can benefit from having access to one-on-one time with a carefully chosen adult. Children in the mentoring program gain skills that are learned through this relationship with a caring adult, outside their family, who is a support, a guide, and a friend. Mentors touch base with the wellbeing staff, and the classroom teachers, to work together to form a team of supporters for the individual student.

We bring in other adults for short term activities such as sport, and again, one of the underlying motivations is the positive connections that children are able to form with adults, exploring their physical skill, as well as their interpersonal interactions.

Carlton Primary also runs a school readiness program, allowing us to spend six months getting to know students before they become our preps. This allows us the opportunity to connect with families, all families begin with an intake interview, to explain all about our school, as well as to form meaningful connections that mean children begin their school life with adults who are well known to them.

We hope that children trust the adults in their lives at school, and feel supported in their learning, and their lives.

***A child who began the school readiness program, Leap in to Learning, appeared to possibly have some speech issues. A wellbeing staff member checked enrolment forms, and reviewed interview notes, but the family had said they had no concerns and saw no specialists. An informal chat allowed her to ask the parents, face to face, if they had any concerns, and she relayed what she had noticed. The parents said yes, they were worried about her speech, and in fact had been seeing a speech pathologist until they had moved house six months ago. The child was able to be assessed and begin some speech therapy at school, as soon as she started. Chatting again, asking how things were going, the same staff member ascertained that the family was having trouble applying for citizenship, and their application had been returned to them and they didn’t know why. The mother was under a great deal of stress. She was able to support them in their application, and link them in to support services, and six months later was thrilled to be able to attend the citizenship ceremony, at the family’s invitation. The relationship has been able to continue throughout the prep year and beyond, with the mother even bringing the sick child in to school, one day, asking where to go, explaining her concerns. A trusting relationship exists between the family and the school.***

Connecting with Familiesis vital. Adults who are themselves supported, can better support their children, and so when we focus on families, we are working toward achievement for the students. We aim to support all our families to feel that they belong, and we see that the benefit of this for those families and students living with adversity is huge, but that the benefit for every student and family is undeniable. The aim is to create a powerful sense of community, and schools are well placed to be the hub of such a community.

We know that for some of our most isolated and marginalised families, school is a place that they will come, when they might not engage with any other services. This places schools in a strong position to be able to support and refer, when families need.

Families at Carlton Primary are engaged in a range of ways, with use of the school extending to hosting playgroups, art and sewing classes, and English classes. Having staff available to help with forms, to facilitate a warm referral to a local agency, or just to have a chat at the end of the day makes school a place that is welcoming to adults as well as children.

***On noticing a parent dropping off two children who are not usually with her, the Family and Community Wellbeing Coordinator checked in with a comment about this change. This parent said that she was helping the mother of the two children, as the mother was in hospital, having a check up before she had open-heart surgery the following week. More information was sought, and the staff member shared this with the relevant teachers, who both commented that the girls had been out of sorts, actually being disruptive, which was out of character. The staff member then checked in with the students, and found that the elder was quite anxious. The child shared her fears about her mum, spoke about having nightmares, and about how she felt in her body. Work began on strategies to deal with anxiety, as well as conversations about mum’s surgery and other elements of life. With the mother’s permission the local Paediatric Registrar came to talk to the children about all their questions and fears. As a team the teachers, the Family and Community Wellbeing Coordinator, the Student Wellbeing Coordinator, the school psychologist, the mother, the other parent who was helping out, the local health service, and other staff members came together to support the students, with a very positive outcome for all involved.***

Connecting with the communityis an important aspect of strengthening staff relationships with children and families. For Carlton Primary this includes being present at community events, even being on organising committees, allowing the voices within our school to contribute to ideas and plans for the local community. Community members are welcomed to the school for classes, community meetings and playgroups. We know which support services to connect with when we need outside support for families, and form partnerships with agencies to run programs, or information sessions.

We have a range of partnerships that allow greater connection between the school and the community, we don’t operate as an entity alone, but as one part of a thriving, vibrant community. We have strong connections with the local neighbourhood house, health centres, university, family support agencies, early childhood centre, library, community market, sports organisations and arts organisations. These connections have facilitated many great projects, and have encouraged both staff and students to feel a part of the local community. Much of these connections are facilitated by the family and community wellbeing coordinator, and importantly, is not an additional burden on classroom teachers.

This collaboration with other local agencies moves the classroom beyond the school, allowing us to all work together to support the students and, the community.

### Self-care

For all adults who work with those impacted by trauma, it is vital to have a focus on self-care. When we take care of ourselves, we are better able to remain self-regulated, and support students and parents. In spite of being a very simple concept, it is often one that can be missed in the busyness of the day to day.

In the school system we can be impacted by hearing children’s and families’ stories; we can be confronted with parents who refuse support that is offered; we are working in a child protection system that is unable to meet demand; we might feel unsupported at work or at home; and we often have to send children home to unsatisfactory home lives after school each day; and sometimes they leave us and we cannot be assured of their safety. This is really hard stuff.

Our students rely on us to help them regulate, and when we ourselves are not feeling able to sit comfortably with our responses, we have an obligation toward self-care. Like the putting the oxygen mask on the adult before the child in an emergency, we need to take care of ourselves, before we can adequately care for others.

We are vulnerable to vicarious trauma - experiencing trauma as a result of hearing trauma stories; and vulnerable to secondary trauma - experiencing trauma as a result of the work that we do. We owe it to ourselves, our colleagues, the children and families to make self-care a priority.

Self-care looks different to each individual, it is whatever you do that ‘fills your tank’.Individuals need to be constantly mindful about when they need to take care of themselves, and staff members can support each other by facilitating these self-care activities, or by reminding each other that they need to happen. Carlton Primary School staff recommend Karaoke.

Self-care if a gift both to our self, and to those we work with and for.

## Trauma informed classrooms

*“Designing instruction in a manner that promotes neural development, consistent use of positive behavioural supports, collaboration with community mental health professionals, and creation of a school climate that ensures safety for all children, staff members are able to work with the brain’s adaptive capacity or neuroplasticity to help children restore their capacity for self-regulation, social connection, and learning. They are able to thrive, not just survive” (Craig, 2016 p 15)*

All classrooms need to feel like safe places for the students within them. Without a sense of safety, children will struggle to learn, as they remain hyper-aroused and hyper-alert to any perceived threat. As with our school environment, classroom environments are positive places that foster a sense of belonging, a sense of purpose, and a belief in each individual as a learner.

In order to meet these needs of students, we need to create classrooms that are dynamic, attuned and adaptable. We need to support students to see themselves as learners with a growth mindset, academic beliefs, and learning dispositions.

Following the work of Carol Dweck and her research into growth and fixed mindsets (Dweck, 2000, 2006) classroom teachers aim to have an influence on their students’ academic mindsets to promote a focus on effort, self-esteem and growth in ability. A student’s mindset can be described as: “*the attitudes and self-perceptions and mental representations that are bouncing around inside his head*” (Tough, 2016, p.1). With a strong focus on effort in the classroom, and the promotion of the belief that all children are capable learners, students experience reward for what they are contributing to their own learning, not for a perceived pre-existing level of intelligence. Dweck identifies that self-esteem *“is a positive way of experiencing yourself when you are fully engaged and are using your abilities to the utmost in pursuit of something you value. It is not something we* give *to people by telling them about their high intelligence. It is something we equip them to get for themselves – by teaching them to value learning over the appearance of smartness, to relish change and effort, and to use errors as routes to mastery” (Dweck, 2000, p.4)*

Providing appropriately targeted (that is, differentiated) learning opportunities, along with positivity, encouragement, and a focus on effort means that children are supported to feel that even when it is a struggle, they are working toward something that is achievable. Showing children their growth data shows them that they are growing their learning, without needing to rank them against their peers.

Research by Dweck and others (Farrington et al, 2012) identifies four key beliefs that best support students’ motivation and perseverance in the classroom:

* I belong in this academic community;
* My ability and competence grow with effort;
* I can succeed at this;
* This work has value for me.

The aim in classrooms is to set achievable goals, not easy, but achievable, with the necessary scaffolding. In addition to the focus on a growth mindset, and core beliefs about themselves as learners, students also need the necessary learning dispositions. Classroom teachers also focus on the key learning dispositions of curiosity; bravery; self-regulation; reflection and perseverance. The focus is on the way we all learn, how we are all learners, not our intrinsic intelligence or ability, and in this way all children are able to ‘build their muscles’ when it comes to being a learner. At school, teachers acknowledge that everyone is on a learning journey that begins with self-identifying as a learner.

Teachers build up their students’ prefrontal cortex with activities to enhance skills such as setting goals, being self-aware learners, and making choices in the classroom. We identify “not yet” as opposed to “I can’t”. Teacher scaffolding supports children to get there, and tracking data shows students their progress.

These beliefs are challenging for many students, when early experiences have set them up to have negative and harmful self-concepts. This is why it is so important that our approach is school-wide, that children are given opportunities to reset templates about their self-opinion, when they hear again and again about their successes (however small).

***There was a student who came from a large family. He was a boy who struggled a great deal with his behaviour. One day at a meeting with the boy’s parents, the father referred to him as “the bad one”. It became very clear at that moment why this child might have challenging behaviour, with such a powerful message there, driving his sense of self.***

Families living with adversity may well not be environments that are rich in conversation, or might have an emotionally charged style. Operating somewhere between two languages, as many of our students do, can also mean that children are not exposed to a rich experience in either language, and this lack of a broad vocabulary and *“lack of exposure to a more sequential discourse style makes it difficult for these children to tell a coherent story or engage in social conversation … these children enter school ill-equipped to attend to instruction in language-based classrooms”* (Craig, 2008, p.48). In addition, this also makes it harder for children to utilise self-talk as a method of focusing or calming, or retaining information.

### Differentiated rules in the classroom

While we don’t compromise on our core school values, the rules are not the same for every student at our school. We know that it makes more sense to have different expectations for different students, because they are all individuals with differing capacities.

We aim to use titration to build up student capacity, and to provide opportunity for daily successes. This applies to behaviour and to learning and for some children who particularly struggle, it might mean a ratio of 10 minutes of concentrated learning time to 20 minutes of time outside the classroom doing something else. This would then increase to 12 minutes learning and 18 minutes doing something else and so on. If this prevents the dramatic disruption that was occurring, and provides opportunities for success, then the students still sees themselves as a learner, and are able to build those ‘focus muscles’ in order to build up longer and longer successful times in class. For some children sitting on the floor to listen to instructions is not going to set them up for success, so if they can be in the classroom, but over in the class library, or sitting on a chair they can still participate in a way that works for them and importantly, does not negatively impact other students.

We experience that when children want to learn, they are focused on their own success, and not so much on what is happening for other students. They want to be in class, and as we have a language to talk about students’ ‘learning muscles’, they understand that sometimes their classmates are still building muscles, and so they require different approaches. Success looks different to each individual, but the aim is for each child to experience success.

***A prep teacher identifies that one of her students often removes himself from the group when they are all sitting together on the floor. “He takes himself off to another part of the room, but later, when it is time to sit at tables and do some work, he knows exactly what to do, he was listening the whole time.”***

### Building Community

Teachers work to build community in their classroom. There are many methods they can use to create a sense of belonging in all of the students. One class learns a song together, and the act of singing as a group really brings them together, they are proud of themselves when they get to perform to the whole school, and they often sing quietly as they are doing their work.

One teacher has a song that the children sing as they are stopping what they are doing at their tables, and are making their way to the floor to come together as a group, they sing until everyone is sitting on the floor. The teacher doesn’t have to use her words in this instance to ask people to stop what they are doing and come to the floor, she just starts the song.

Some classrooms have a nature table that all students can contribute to. Teachers have rituals that form a part of the roll taking time, inviting children to contribute to an ongoing sharing, each time the roll is completed.

### Teacher skills

All staff, and particularly classroom teachers, have to act as children’s collaborators, cheer squad, and supporters. They can encounter all kinds of behaviour that can’t be neatly categorised. Although the teacher/student relationship is authoritative, it is also loving, and yet *“Forming relationships with teachers is a dilemma for children whose histories include traumatising experiences with adults”* (Craig, 2008, p.87). Therefore, adults, both in the classroom and around the school, need to be emotionally regulated and present. We also have to accept that we can’t do this 100% of the time, and when we trip up with our own regulation we can see this as a teaching opportunity. When we let our reactive selves get the better of us, we have the opportunity to give name to that with students, and to repair the situation, as children see that even adults sometimes get it wrong, and importantly, they see modelled an effective way of repairing the situation when they do. Every experience, every situation, is grasped by effective teachers as a teaching and learning opportunity.

Trauma informed teachers are partners with children in their learning, and involve children with plans for their learning and behaviour, and in the choice of interventions and pre-emptive plans. They teach and model socio-emotional skills of self-regulation, emotional literacy, self-soothing and provide opportunities to practise them.

*“If a child doesn’t know how to read, we teach.*

*If a child doesn’t know how to swim, we teach.*

*If a child doesn’t know how to multiply, we teach.*

*If a child doesn’t know how to drive, we teach.*

*If a child doesn’t know how to behave, we ...teach? ... punish?*

*Why can’t we finish the last sentence as automatically as we do the others?”*

*Tom Herner (1998)*

Teachers are always observing. They keenly observe children to know how they are travelling, and to spot when things are not quite right. Teachers and other staff need to attune to children to be able to co-regulate with them. It can be easy to notice the children who seek proximity with all adults, we can support these children with clear messages about personal space, and by setting, and modelling appropriate boundaries - physical and other. We also need to be particularly aware of the children who seem completely disinterested in us, it can be easy to meet their response with a matching response. Instead they need to know that we are interested in them, and care about them. These children also need clear and consistent boundaries.

Whether hyper or hypo aroused, when children are outside their window of tolerance, they can’t easily be re-connected just by the use of words - we sometimes need to use our whole self, gestures, noises, actions and empathic connection.

***In one classroom we have a child who really struggles with the day to day routine of the class. Sitting still can be a challenge, and concentrating on something that is not of his choosing can cause him to become distressed. His teacher is incredibly adaptable although she, without a doubt, finds it less than ideal to be teaching a class while this child is at the back of the room throwing a piece of material up then delighting when it comes down and touches his face - but in this moment the child is regulated and happy, and when he is distressed, the teaching is even less optimal. Sometimes what might look like a loss from the outside, is a win to those in the know.***

When teachers can embody these qualities of operating in a way that is dynamic, adaptive and attuned, they create a safe, empowering, welcoming classroom.

### Classroom tools and strategies

Classrooms reflect the students within them, different students require different tools to support their learning. Teachers use a range of tools and strategies to support their students, and we are always adding more to our collection:

* Visual reminders of the day, for the whole class and for individual students;
* Keeping the focus on the habits of good learners as well as the learning focus of the lesson;
* Sensory input opportunities like therabands wrapped around a chair’s base, a rocking mat for floor time, trampoline time, sand, blue tack or other fiddle toys;
* Allowing self-regulation and co-regulation outside the classroom;
* Consistent schedule (where possible), a familiar person around, even if the teacher is away;
* Building a classroom culture, connection. Group songs, routines;
* Titration - big learning expectations that last only a small, achievable amount of time, gradually increasing;
* Pre-emptive strikes, for example some kids need important ‘jobs’ for the five minutes between class and a specialist subject, so that they are able to enter an already calm room, reducing the chance that they will become heightened by the change;
* Lots of positive reinforcement, a ratio of 6:1 positive to corrective feedback;
* Calming activities like yoga especially at times when kids are heightened, like after break times;
* Perspective-taking opportunities to build empathy;
* Teachers need to be ready to provide children with a range of ways to express themselves;
* A routine when marking the roll that allows children to make a short comment about something that is related to them, building a sense of self in the world and in the class;
* Create opportunities to make choices, to practice identifying preferences and interests, particularly for those who do not otherwise have this opportunity;
* Use children’s names a lot, label things with their names, remind them who they are and that they belong;
* Name emotions frequently, and model this;
* Encourage journaling and personal narrative writing, including letter writing to buddies outside the school;
* Word walls, lots of visual exposure to words that children might want to use;
* Common language of expectation and support;
* Clear and open communication between teachers, particularly at transition times, not hiding this from students.

### Promoting positive behaviours

*“After all, what good does it do to punish a child who literally hasn't yet acquired the brain functions required to control his behavior?”*

*Lewis, 2015*

Incentive or threat based strategies are not likely to be powerful enough to stop ingrained behaviour that has served as protective in the past. Strategies need to be consistent, relationally based, and predictable. Different strategies work for different kids.

When we are trying to replace negative behaviours with positive ones, it can be challenging to not approach with the punitive style that has been the primary option in schools for many years. Taking a trauma informed approach to behaviour management means identifying that children are not trying to be ‘bad’, they are not choosing distraction, or lack of focus, or disruption. As frustrating as it is for the adults around them, these children are held hostage by their past, by the functions of their brain.

***A boy in prep seems to be unable to focus for more than about 30 seconds. He might get up and walk out of the room because something outside has caught his eye, and his explanation for that behaviour is “But I wanted to see what was happening!” One day he was walking to the toilet and a person who had been conducting some repairs at the school walked past the boy, carrying a large plank of wood, and headed straight out the front door of the school, the boy changed direction and followed him out the door. For the observer it appeared almost unconscious, and it probably was.***

***The same boy when asked about what happened for him in class said “I don’t listen to the teacher and when I do my work I copy the person next to me - It’s like Simon Says! - because I don’t know what to do.”***

The boy in this example is literally incapable of having the focus we require of a child at school. Getting angry, yelling, or punishing him is not going to grow his capacity to focus, but a titrating experience of building focus might (we’re working on it!). Often when we think children are not paying attention to what is going on, we are only partially right, they may be unaware of what the teacher is saying, but they may be acutely aware of the teacher’s facial expression, demeanour, voice and other indications of their emotional state. Giving attention to relational messages like this can be exhausting and leave no room for the necessary attention needed for taking in instruction (Craig, 2008. p 34-35). These children *are* paying attention; just not to those things we want them to be paying attention to.

### School Wide Positive Behaviours and Resilience Rights and Respectful Relationships

The school wide positive behaviour support program (SWPB) is an evidence based program designed to reduce behavioural issues and increase academic outcomes (Luiselli et al., 2005). Key elements of this program align very well with trauma informed practice and include shared broad behavioural expectations, and reinforcing positive behaviours. The program is able to be adapted to suit individual schools. This program is worldwide, and is support by the Victorian Department of Education.

This is what trauma informed behaviour management looks like at Carlton Primary, including some elements of the SWPB program:

* We aim to catch kids doing the right thing, and name it. The aim is to do this at a ratio of 6:1. Examples might include: “great job walking sensibly down the hall” “thank-you for listening when I asked you to stop what you were doing” “thank-you for looking at my face so I know you are listening”;
* Whole school shared simple behavioural expectations that are transferrable around and beyond the school. Ours are: Be Safe, Be Respectful, Be a Learner - the 3 Bs;
* Not asking “Why did you do that?”;
* Beginning with calming strategies and talking about the problem when calm;
* Reminding children that relationships are not broken by behaviour, demonstrating the consistency of the adults at school;
* Expectations are shared by the whole school, they are clearly named, and displayed around the school;
* Conflicts are dealt with by focussing on relationship repair, promoting empathy;
* An underlying focus on belonging and acceptance;
* Strengths based approach, even when children have done the wrong thing;
* Staff are emotionally available, so that they are looking to connect, not just to dole out the consequences;
* Helping children to identify the moment that exists between the event and the child’s reaction to it, making that moment longer and longer.
* Supporting children to make choices, for example is it a good idea to go to the class where they consistently struggle, or would it be better to do some independent study. Either option provides an opportunity for praise.

The Victorian Department of Education has also introduced the *Resilience, Rights and Respectful Relationships* program. This program is a primary prevention program, it is the result of a recommendation of the *Royal Commission into Family Violence (Victoria)* (2016). The curriculum documents focus on emotional intelligence, giving children words for their feelings, it also has a strong focus on reducing everyday sexism, a known precursor to gender-based violence. The curriculum aligns very well with trauma informed practice, providing high quality classroom opportunities to deepen understandings around, and normalising feelings, reactions, self-calming and help seeking strategies.

***Our aim is always to have children in class, calm and ready to learn, there are times when we need to address whatever has caused an impediment to this. One day there was an incident on the yard involving three boys. Two come inside when asked, but one had scaled a tree, and was sitting, not wanting to come down. The yard duty person contacted the staff inside. Someone caught the two as they come in, offering cold drinks, taking them to a quiet space, separately. Someone else headed outside to stay close to the boy in the tree, checking in, letting him know she was there, and asking other children to give him some space. We recognise that for this boy, this is a safe place, and we know from his history with family violence that he is actually making a safe choice for himself, taking himself away from a tricky situation. When other children are back inside, after the bell has gone, the teacher talks quietly with the boy, asking him to come down, so that we can know he is safe. She moves away, but stays in sight, she outlines what is coming, - we will go inside and get a drink of water and calm down; names what she sees – “I can see you are angry but it is difficult for me to hear why out here, how about you come inside and tell me where I can hear you properly”. Staff gather the narratives from all three children separately, offering for the story to be acted out, when the verbal is tricky, or to use drawing, while an adult acts as the scribe. A teacher then brought everyone together, and each child had a turn as the speaker and listener, with the instruction that “although you might not agree with the others, you will get a chance to say what you think”. The group then brainstormed a solution to the current problem, and made future plans to avoid other problems. In asking “what could happen next time, to make the problem smaller?” one child responded “I could go to the tree, but not up the tree”. Another boy chooses to go to a hill in the playground, near a group of trees, to calm down, away from the other children. The children work together with adult support, to identify, solve, and prevent problems.***

### Differentiated behaviour management

Differentiated behaviour management is an important element of what we do. Just like differentiated instruction responds to differing academic ability, we recognise that individual children have a range of social and emotional capabilities . Our student wellbeing coordinator designs individual behaviour plans that are shared with the student, their teacher, and anyone else relevant. This plan might include an incremental build up of skills in areas of focus or self-regulation; it might include time in and outside of the classroom; it might include a reward of the student’s choosing; it might include pre-emptive strategies like entering a specialist class halfway through, or avoiding certain times of the day or week, such as assembly or transition times. Students know what skills they are working on, and are constantly reminded of their strengths. We expect a lot of individual students, but we don’t expect more than they are capable of.

A trauma informed lens promotes the understanding that a behaviour we see in a child, such as vagueness, aggression, or lack of focus, might at some point have been a protective response to a difficult situation, that over time has become the default response, even when it becomes maladaptive and impedes growth and learning. When we observe this type of behaviour that is difficult or disruptive, we wonder what is going on for the child. Our aim is not to put an end to the behaviour, but to stop the child feeling the need for that behaviour, and to build skills that will serve them well.

Children who have experienced trauma and chronic stress or adversity can have responses that leave them inflexible, struggling with transitions; compulsively compliant and fearful; or so defensive that they often end up behaving as a bully or aggressor (Craig. 2008, p. 103). Each of these behaviours leads to interactions that do not serve the children well, and so for school to be a place where these children can grow, we need to build their strengths in order to counteract these ways of being.

We have established a ‘Reset’ process, whereby children are able to be responded to in a moment of struggle. People outside the classroom are available for children to reset with. As part of this process A reset card is issued, and it identifies with what is happening for the student as well as aligns with the school’s ‘3Bs’ and the five learning dispositions. For example, the card might identify that a student is struggling with learning, due to self-regulation; or the issue might be safety; or perhaps respect.

On receiving the card, the student finds an appropriate person to reset with, the reset should be linked directly to the issue at hand, so a reset for a student struggling to self regulate might do a short activity aimed at practicing focus.

We have collated activities that are associated with the reset reasons, to offer consistency. Data has been collected on the reset process, allowing us to identify where the key issues lie, and to track individual children or classes.

* Teacher identifies student needing a reset
* Teacher lets student know, indicating an in-class reset (older classes have a reset space) or an out of class reset
* Teacher gives student a reset card, that identifies what she sees happening
* Student find appropriate person to reset with, beginning with the wellbeing coordinator, but identifying someone from a list of five people, depending on who is available.
* Student is directed and supported, via a range of strategies, with their reset
* Student goes back to class
* Reset is recorded, for data analysis

We adopt evidence-based practices, and these are embedded in all interactions at school. Where we are unsure of the evidence, we collect and analyse data ourselves. The positivity infiltrates all interactions between adults and children, and requires that the whole school is on board, and share an understanding of the ways in which trauma can impact a child. We know that positive relationships can be a protective factor against the impacts of trauma, and that schools are uniquely placed to be an easily accessed, safe and loving place for children and their families.

## Conclusion

*“Sanctuary trauma refers to the condition that results when trauma victims turn to those from whom they hope to find sanctuary (emergency room, family, favorite teacher) only to encounter a reception that is not as supportive as anticipated. The likelihood that children and their families will experience school-based sanctuary trauma is directly correlated to how well staff are informed. That is, if staff understands trauma’s impact on relationships, behavior, and learning, and they have the support they need to act with compassion, children and their families are more likely to get the help they need. On the other hand, if staff is poorly informed and unsupported, the likelihood is that traumatic experiences will be exacerbated.”*

*(Wolpow et al. 2016 p.13)*

Trauma informed practice is the most effective way for our school to run. While there may be a particular relevance for a school that has a cohort where almost all students live with significant adversity, we know from our experience that trauma informed practice is appropriate for all schools. Trauma informed practice is good for all students, and essential for some.

Students thrive socially and academically in an environment where adults celebrate their successes, guide them kindly when they trip up, and teach them skills for life; teachers respond to working in a positive environment, with constant opportunities to reinforce all the great things that are happening in their classrooms and beyond; and families respond well to being welcomed into the school community in a meaningful way. Trauma informed practice in education benefits everyone.

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