GROWING TOGETHER THROUGH SCHOOL: A GUIDE TO SYSTEM SAVVY SCHOOL ENGAGEMENT

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Abstract

This Final Project addresses the need to improve the effectiveness of absenteeism and school refusal interventions with a presentation and model handbook for parents and professionals that outlines a structured pathway to school success and graduation. Given the nature of evidence drawn from an empirically sound literature review from the research in this area drawn from multiple sources such as statistics Canada and UNICEF Canada, an early and sustained intervention is appropriate in order to support caregivers and pupils to be successful. Therefore, this model and presentation's primary target is kindergarten parents and students, mental health professionals, and educators. The model includes a guide for navigating the school system for K-12 students showing school refusal signs, including a school refusal assessment scale (SRAS-R), as well as supports for caregiver's wellness and school system confidence. The literature review supports the intervention model, presentations, and roles for preventing and interrupting attendance challenges.

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Chapter Introduction

This chapter outlines an overview of this project including the rationale for developing a model and manual to support early school dropout prevention. The rationales for the early intervention that includes and empowers caregivers and for the development of this manual are offered. Universal, targeted and specialised educational practice interventions in Alberta schools related to school refusal are introduced, as well as the theoretical background and conceptual foundation is included. The research focus is on school refusal, programs, models and interventions. To begin to understand how to decrease the graduation rate gaps, included in this investigation is a review of a current attendance intervention program. Additionally, in order to understand the context within which schools and school boards operate, this chapter includes an overview of current educational models and approaches to education and learning.

Final Project Overview

This document is created as a Final Project that is intended to support parents who may be experiencing challenges, and who want to support their child and the school. School personnel will be able to utilize this Final Project as another tool to support their learnings, and the bulk of the Final Project was created through an extensive, empirically sound literature review. Using the extensive empirically supported literature review, the culminating product of this Final Project addresses the need to improve the effectiveness of absenteeism and school refusal interventions with a presentation and model handbook for kindergarten parents and professionals that outlines a structured pathway to school success. Therefore, a model and presentation titled *Growing Together Through School: A*

Guide to System Savvy School Engagement has been created to primarily target kindergarten caregivers, students, mental health professionals, and educators. The model also includes a guide for preventing and monitoring signs of school refusal. The literature review and research were synthesized to develop a document, an intervention model and two-part presentation which includes outlining roles to improve and interrupt attendance challenges.

A thorough review of literature and relevant research in this topic area is expressed, demonstrating evidence drawn from multiple sources such as statistics Canada (2018) and UNICEF Canada, that demonstrate that an early (before school starts) and sustained intervention (throughout school) is appropriate in order to support caregivers and pupils to be successful. Following the literature review, we will explore the effectiveness of the intervention tools, including caregiver interventions for anxiety. After this, the methodology that was used to peruse and review literature as well as the development of the manual is specified, delineating the methods involved in the collection of information. The manual, titled *Growing Together Through School: A Guide to System Savvy School Engagement,* is displayed in the index of this final project.

Rationale

The data and literature supporting the rationale for this project comes from a great variety of sources, including UNICEF Canada and Statistics Canada (2018), as well as observations from currently functioning large Canadian city school board attendance intervention program. By constructing a multidimensional and multisystemic model and presentation that is both a conduit for school progress and credit recovery, youth and their families will be empowered to improve their mental health wellbeing while also engaging

with school programming. Designating role responsibilities and actions items for each individual within the multisystemic approach (including parents, teachers, administrators, counsellors, and youth), will ensure critical and timely actions are completed, increasing the likelihood of effectiveness (Twum-Antwi et al., 2020). The purpose of this project is to provide hope and opportunity where there is strife for youth exhibiting signs of school refusal by constructing a model and presentation that is thoughtful, timely, comprehensive, and practical about intentionally orchestrating a multisystemic school engagement plan.

It is also important and critical to support parents in the home with an early and clear culturally sensitive and jargon-free strategy to decrease defenses around school to move our society towards being more equitable. Clarifying the family's role and responsibilities within the school refusal intervention will encourage and empower them to be a part of this important therapeutic work. Parents might begin to see their integral role in bridging the gap between school refusal and school success by providing a rich growth opportunity through a well-orchestrated intervention that includes and highlights their role significance. Applying all the activities (both therapeutic and academic) that are conducted in the home towards school credit will allow parents to also see how their efforts can build success for their children (Murray et al., 2019). By using objective data that is approachable for this population through a thorough literature search, we can build a safe and user-friendly model that intervenes and supports this important group of people.

By accessing empirical research in the area of school refusal, a model can be developed to provide explicit proven strategies for roles of key players. Above all,

individuals (including parents and professionals) must be empowered to support youth with empirically proven methods so that improvement can be evaluated and tracked. Evaluating and clarifying the roles and responsibilities of these community partners will allow clarity for specific tasks that will orchestrate a successful school-refusal intervention. A thorough understanding of definitions related to school refusal, and the factors that influence school success will provide the context with which a model will be designed to intervene.

Education System Approach to Equity and Engagement

The education system has a set of practices designed to support the learning of all students and works hard to graduate as many citizens as possible. School boards often aim to increase equity and decrease school dropout by offering programming that is differentiated and dynamic in order to capture the interests and learning levels/styles of as many students as they can.

Response to Intervention

As an example of a formulation used to adequately support students, some school boards have adopted the Response to Intervention model (RTI) for regular and special education programming. RTI was first introduced within the reauthorization of the Individuals with Disabilities Act (IDEA Special Education Guide, 2020), and broadly, the approach is used by educators to help students who are struggling with lessons or skills. Teachers use classroom methods that universally support a student's success (i.e. test scores), however, if a student does not respond well to the universal strategies, they would naturally use more intensive interventions (i.e., specialized and targeted). Hence,

the RTI model tackles both behaviour and learning simultaneously by intensifying supports and strategies as they become necessary.

This gradual intensified RTI support also involves a spectrum of special education programming. As students require more support, they might be removed from community schools and placed in special education programs that target their needs. Targeted programs are typically short-term, and include an annual review to evaluate the necessary steps or skills that lead back to community school re-integration. In short, RTI utilizes a universal (80% of students), specialized (15% of students), and targeted (5% of students) approach to mental health education supports *as needed* but always focused on the least intrusive interventions to help maintain student autonomy and develop pathways to community school, where there are more opportunities to foster a successful future.

An example of specialized interventions that support school engagement might include more intentional teaching strategies that pinpoint what students need to be supported within the classroom to help peak interests (i.e. small group or one-one instruction or slower paced instruction). Moving further along the continuum of support, targeted interventions might involve working with youth and parents in developing an attendance improvement plan (AIP), which would aim to identify specific barriers to attendance and developing goals to overcome barriers. An AIP would also garner community supports such as psychologists and psychiatrists to wrap support around a student to improve their chances for success.

Trauma Informed Practice and Attachment, Regulation, and Competency Models

The RTI concept aligns with a trauma informed practice (TIP) model as well, which is another important school-based foundational practice in Alberta schools. TIP

emphasizes learning about the brain's response to trauma, allowing educators to take a more empathic and curious approach to behaviour, by working to understand the minutia of trauma and its impacts (Tebes et al., 2019). Similar to TIP, Attachment, Regulation, and Competency (ARC) is another model used by both clinicians and educators to demonstrate how it is critical to support the child's caregiving system (parents or professionals) in understanding, managing, and coping with their own emotional responses, so that they are better able to support the children in their care (Blaustein & Kinniburgh, 2010). The model is set up as a visual representation of the role caregivers have (i.e. attunement, caregiver affect management, consistent response, rituals and routines), as well as the role children and youth play (i.e. affect identification, affect modulation, affect expression) in developing executive functions and identity through appropriate developmental tasks. This model is helpful in demonstrating the significance of the caregiver role, since it is the foundation upon which all other functions grow from. These models and methods are worthwhile, yet they lack accountability, structure, and actions that empower caregiver engagement. In order for caregivers to understand and apply these types of models, they need education and training on the ways the theory relates to their lives in plain language with concrete examples.

A Targeted Intervention Program Example. Some school boards additionally have specialized programs targeted at specific student needs and profiles. An example of a program related to school refusal in a large Canadian school board has a targeted intervention for junior high and high school students (grades 7-12) who are unable to attend or to benefit from other school-based programs due to identified significant internalizing mental health disorders. This program has two dedicated teachers, two

behaviour support workers, and from partnering agencies, a registered psychologist (two days a week), and a family (in-home) counsellor. The program has a capacity of 20 students, and it is designed for students to attend for 1-2 years. Students from all areas of the city can attend this program if they meet the requirements to support school engagement, mental health, and attendance. This program works to support students exhibiting chronic school refusal, therefore comprising all of the students in the 1-2% Canadian school refusal population (Maynard et al., 2018). Any youth who are supported to increase their school engagement therefore would be an improvement considering that this targeted program works with the most entrenched school refusal population.

There are important issues to consider with a targeted program like this. For instance, this intensive intervention program works to intervene after students have struggled with attendance and mental health challenges for several years. The late intervention in grades 7-12 might highlight an important factor if engagement struggles continue. When typical student records belonging to youth with chronic school refusal in grades 7-12 in programs like this are reviewed for early signs of school refusal (i.e., in early elementary school), all or most student files would show that they had early signs of school refusal. Signs that would qualify as "school refusal signs" would include: sporadic attendance, behaviour problems in school, teacher comments in report cards related to attendance, letters home to parents regarding behaviour problems, and high numbers of medical appointments. Anecdotally, observations would show the importance of an earlier intervention to interrupt school refusal before it becomes entrenched (see Figure 1).

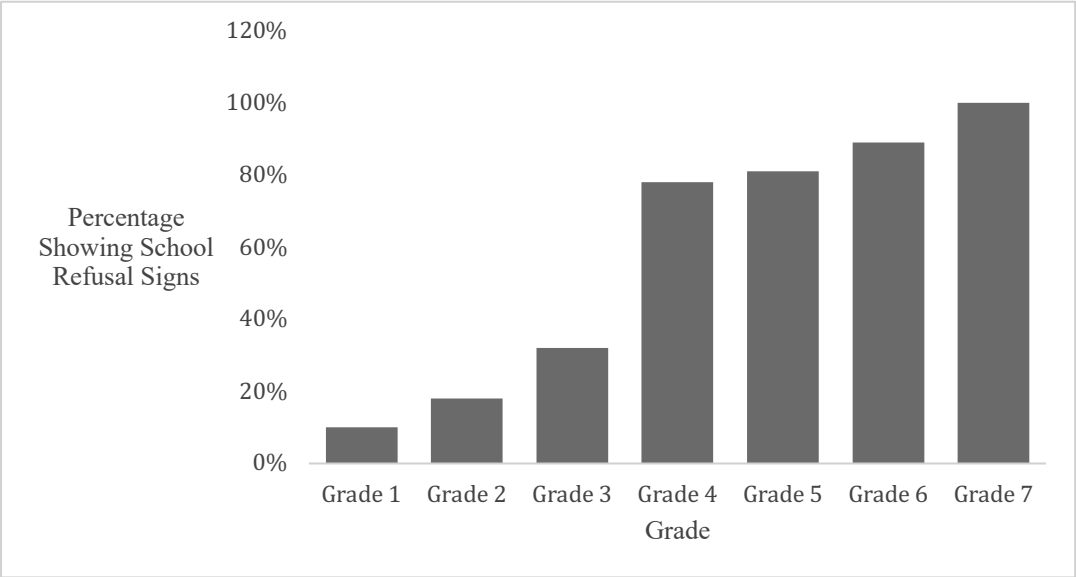

Figure 1: Early Signs of School Refusal

A specialized targeted program such as this might highlight other key issues, including that these types of students have challenging behaviours that are difficult to interrupt. This challenge is substantiated when the number of staff required to run a program like this is considered, which includes two teachers, two BSWs, one psychologist, and one in-home counsellor. Staffing a program with six staff for just 20 students is costly, especially if a program like this still struggles to engage and interrupt entrenched school avoidance patterns. There may be room to improve programs like this, perhaps including with *when* the program intervenes. The program might see more success with an earlier and sustained intervention in grades 1-4 when the early signs emerge, or maybe even earlier, *in kindergarten*.

Current School Refusal-Related Resources Available to Caregivers

There are several excellent Canadian resources that address school refusal, but overall, these resources fail to provide a framework or accountability model. Online resources generally focus on steps and actions that parents can take to support school

attendance but they lack fundamental building blocks or guide that address the real challenges such as parent engagement or how to play with their children. Examples of resources and recommendations are MindShift CBT, My Anxiety Plan, or connecting with professionals (Anxiety Canada, n.d.). Another example is theconversation.com (Sheen & Dudley, 2018), which is an independent source of views and news from the academic and research community developed for the public. These types of resources and strategies unfortunately rely on sophisticated and system savvy parents, and since parental education is a predictor of dropout, it is unreasonable to expect parents without school savvy knowledge to navigate the system.

Similarly, positive educational values have been correlated with school completion (high expectations, high values toward education, supporting behaviour, supervision and communication, involvement in school activities, etc.) (Bushnick et al., 2004; Deslandes & Bertrand, 2005; Ferguson et al., 2005; Janosz et al., 2011). Therefore, the group of parents associated with youth that are headed for high school dropout might not be accessing resources such as the ones easily found online or in schools. Therefore, resources aimed at this group should be constructed in a way so that they elicit a non-defensive response. Attention must be carefully paid to providing a framework that supports the family system to lower their defensive responses.

Theoretical Foundations

The theoretical underpinnings of this project connect with attachment and psychodynamic related theoretical foundations. Attention to thoughts, emotions, and feelings and harnessing pathological anxiety can effectively decrease problematic behaviour (Abbass, 2015; Abbass et al., 2013). By witnessing ourselves through a

nonjudgmental lens, we can freely explore the things we avoid, and we are pitted at odds with the defenses that we have come to appreciate but that hurts us (Abbass, 2015; Abbass et al., 2013). Once we acknowledge and face these things we evade; we will experience epiphanies that allow us to take risks and eventually steer our lives in the directions we want. This is one way out the dungeon we build for ourselves, and lock ourselves in. This is akin to Buddhism and the power of mindfulness and meditation's effects (Basso et al., 2019). These underpinnings also highly relate to other significant approaches which are also present in this Final Project, including: Emotion Focused Therapy (EFT) (Johnson, 2019), Affect Regulation Theory (Hill, 2015) and Cognitive Behaviour Therapy (CBT). Therefore, this project is rooted in these conjectures about how we make sense of life, making use of four theoretical frameworks: (a) Affect Regulation Theory (Hill, 2015) (b) Biopsychosocial (c) Dynamic Psychotherapy (Abbass, 2015; Coughlin, 2017; Danvaloo, 1990), and (d) Mindfulness (Basso et al., 2019).

Affect Regulation Theory

John Bowlby, creator theorist who developed the internal working model, conceived that the attachment system was designed to re-establish security or regulation (Bretherton, 1992). Understanding how secure attachment develops, and how insecure attachment or disorganized attachment is healed, we can apply concepts to promote school success. Attachment theory, now a standard pillar in psychology and education, lays the foundation for how affect regulation and the internal working model develops (Hill, 2015). These concepts are helpful for supporting educators and mental health professionals to intuitively respond to children. The concepts are akin to the attachment figure's function of returning an alarmed child to a regulated condition (Hill, 2015).

Biopsychosocial

Using the effects of a multidisciplinary and multisystemic (Twum-Antwi et al., 2020) biopsychosocial (BPS) approach, the proposed model and workbook will develop a structure that empowers youth and parents with home-appropriate activities (Sarafino et al., 2015) and psychoeducation that will influence improvement, empowerment, leading to success for youth. In order to support this growth and using the BSP approach, the manual will review literature related to resources that may be utilized in any location (rural or city) by way of suggesting activities that can be done in the home, where supports can be accessed, and the promotion of the health specific supports for promotion of health and attendance improvement.

Dynamic Psychotherapy

Dynamic psychotherapy is rooted in psychoanalytic theory, which originated primarily from Sigmund Freud (1910/1949), Alfred Adler (1924), and Carl Jung (Jung & Hinkle, 1916). Dynamic psychotherapy is also grounded in attachment theory and works to uncover unconscious defenses by making use of anxiety, subsequently helping people become in tune with their genuine self. This theory is appropriate for this project, because through accompanying strategies, individuals can learn to understand and use anxiety. Danvaloo (1980) sped dynamic psychotherapy progress up by developing an offshoot theory called Intensive Short-Term Dynamic Psychotherapy (ISTDP), which is more concentrated and confrontational. By allowing clients to develop an awareness of defenses, an “intrapsychic crisis” is created where people are attached and at odds with defenses so that they want to free themselves of self-destructive defensive patterns (Abbass, 2015; Abbass et al., 2013). In order to utilize this concept for our model, a

simplified handout will be included with the workbook to help people begin to develop awareness of their defenses that are particularly school-related.

Mindfulness

Mindfulness programs show strong effects with web-based platforms (Basso et al., 2019), and this evidence indicates that school-based mindfulness resiliency approaches are a cost-effective means of not only meeting objectives related to adolescent mental health, but also for improving the wellbeing of teachers and parents. Important school related skills and traits can be influenced and improved by mindfulness. An example is how attention can be improved by daily meditation (Basso et al., 2019; Hjeltnes et al., 2015). Mindfulness can elicit improvements in student learning performance and general classroom behaviour (Shonin et al. 2012). Mindfulness reflects a resiliency-building approach that is efficacious in adolescent research studies for cultivating psychological adjustment and coping strategies, as well as for directly treating adolescent psychopathology (Agarwal & Dixit, 2017).

Significance of this Project

School engagement problems may be mitigated by developing an *early and ongoing* resource booklet and presentation that inspires both parents and youth with curriculum-connected therapeutic interventions that work to develop skills within the family system to develop cohesive confidence *and* school credit. Such a model as this, with a structure and role check-lists, might empower both parents and professionals to execute a more successful well-rounded school engagement and re-engagement practice. Supporting a family with a model synthesized from grounded research, such as how high school dropouts are four more times likely to experience individual negative outcomes,

decreased career potential, and poorer health (Lansford et al., 2016), might help everyone work to engage these youth. Without a well-orchestrated parent-friendly plan, the dropout group is one that will continue to silently suffer.

An in-depth literature review which will inform the creation of a model and workshop presentation, entitled *Growing Together Through School: A Guide to System Savvy School Engagement*. A foundation of information, interventions, and psychoeducation will inform and empower parents/children with skills and training aimed at improving school engagement and decreasing school dropouts.

Chapter Summary

This chapter included the presentation of the rationale for a project on a school refusal intervention targeted at caregivers, children, educators, and mental health professionals. The rational presented an argument for helping parents and professionals navigate school engagement and decrease school refusal, including reasoning for the development of a presentation and model that can either stand alone or accompany one-another to support parents and professionals to organize and navigate supporting school engagement for children and adolescents.

The next chapter will delineate the substantial research supporting the demand for supporting caregivers and children in the early years of school in order to develop the necessary skills and capacity to navigate the education system successfully. As seen see in the second chapter, UNICEF Canada and Statistics Canada (2018), among many other sources call for early interventions that include caregivers to improve equity in schools and increase graduation rates. While there is literature and models supporting a reduction in school dropout, a gap that has become apparent is the inclusion and empowerment of

caregivers. Given the nature of the need for resources and interventions for this population, it is apparent that providing an outline of this important topic, including intervention recommendations for promoting early ally development with caregivers, this endeavor will benefit caregivers, students, educators, and society as well.

Chapter II: Literature Review

Chapter Introduction

The focus of this chapter is on outlining the historical and current research, themes, and interventions related to school refusal in order to develop a sophisticated understanding so that it can support the development of aptitude in caregivers and students. For instance, this chapter will investigate the reasons why school non-attendance is linked to learning and achievement problems (Carroll, 2010), and how this places youth at risk for early dropout (Christle et al., 2007) as well as drug use (Henry & Huizinga, 2007). Understanding these important facts, such as how non-attendance can seriously disrupt a young person's social-emotional development (e.g., Garland, 2001; Hersov, 1990; Malcolm et al., 2003), or how difficulty attending school correlates with diagnostic criteria for internalizing and/or externalizing disorders (Heyne & Sauter, 2013), will support the use of objective research to build a manual and presentation to utilize caregivers as allies. First, key terms are discussed to help the reader with foundational language used throughout this document, and next challenges related to school attendance are addressed. The importance of counselling interventions for this population, as well as the inclusion of parents and professionals to increase success is also addressed.

Definition of Terms

A clear understanding of the definitions associated with school attendance challenges are needed in order to support the context with which to discuss related themes, factors, assessments, and interventions. Some of the terms associated with school attendance challenges are school refusal, withdrawal, and truancy. Further, to better

understand the challenges students on the high school dropout trajectory face, the mental health challenges and associated circumstances related to school attendance challenges will also be identified and defined.

School Refusal

In general terms, school refusal behaviour refers to a child's refusal to be present at school or his/her frequent difficulty in staying in school (Kearney, 2002), and school refusal is an umbrella term that includes criteria for other attendance-related terms such as truancy and withdrawal. Over the last 50 years, authors have more specifically defined school refusal as (a) a reluctance to be present at school leading to prolonged absences, (b) staying home with guardian's knowledge, (c) suffering with emotional distress at the possibility of attending school (i.e. anxiety, somatic complaints), (d) absence of severe antisocial behaviour, and (e) parental efforts to secure their child's attendance at school (Berg, 1997, 2002; Berg et al., 1969; Bools et al., 1990; Maynard et al., 2018).

Truancy

Truancy refers to children and adolescents who stay home *with* guardian's knowledge and/or who are suffering with emotional distress at the possibility of attending school (i.e., anxiety, somatic complaints) and/or absence of severe antisocial behaviour. (Berg, 1997, 2002; Berg et al., 1969; Bools, 1990; Maynard et al., 2018). The key aspect of truancy is how the caregivers are also not customers since they are aware of attendance challenges, but are not working to restore the child's connection to school. This might be occurring for many reasons such as parent's might not feel safe or comfortable with school as a result of their own educational experience.

Withdrawal

School withdrawal is positioned under the umbrella term *school refusal*, however with school withdrawal, guardians' efforts to secure their child's attendance at school is unsuccessful (Berg, 1997, 2002; Berg et al., 1969; Bools et al., 1990; Maynard et al., 2018). The key with school withdrawal is that parent efforts have failed to connect their children to school. This term highly involves caregivers, and would then highly relate to both the resistance within the child and the skills within the parents as well as the caregiver and child relationship strength.

Anxiety and Depression

Given that these school attendance definitions have clear connections to mental health diagnoses in the Diagnostic Statistical Manual (DSM-5) (i.e. anxiety and depression), the related DSM diagnoses will be explored next. Although school refusal, truancy, and withdrawal are not classified as mental disorders in the DSM-5, there are specific diagnoses that are often related.

Anxiety Disorders

Youth presenting with school refusal are often diagnosed with one or more internalizing disorders within the broad range of anxiety disorders (50% in clinic referred youth; Baker & Wills, 1978; Bools et al., 1990; Maynard et al., 2018; McShane et al., 2001; Prabhuswamy et al., 2007; Walter et al., 2010). Anxiety disorders in this range include: separation anxiety disorder, specific phobias, social phobia, generalized anxiety disorder, and panic disorder with agoraphobia (Maynard et al., 2018). Even when anxiety-related diagnostic criteria are not fully met, school refusal may be diagnosed with anxiety disorder not otherwise specified (Heyne et al., 2002; McShane et al., 2001).

Depression

Depression is also observed in adolescents with school refusal (Baker & Wills, 1978; Bools et al., 1990; Buitelaar et al., 1994; King et al., 1995; Walter et al., 2010; Wu et al., 2013), however, it is not as prevalent as the anxiety-related disorders, and importantly, using psychosocial treatment is more valuable than targeting anxiety (Maynard et al., 2018). Knowing the strong relationship between anxiety-based disorders and school refusal, and that psychosocial interventions are more successful allows us to appropriately target the model at these populations.

School Refusal Research

There is a proportion of youth in the education system who struggles to engage, and the system's failure to engage these youth and families results in high school dropout. School refusal, withdrawal, and truancy are ongoing challenges in the education system that affect between 1-2% of the population (Maynard et al., 2018). This population often requires unique and integrated collaboration from multiple professionals from partnering agencies to support parents and youth to make changes. Ample evidence unfortunately shows that late interventions work with very limited results. Conversely, there is substantial research in this area, such as through Statistics Canada (2018), UNICEF Canada's Sustainable Development Solutions Network (2020a), and the Conference Board of Canada, that shows an early and consistent approach is advisable. Therefore, a sophisticated literature review of school refusal research will allow synthesizing the data and methods that will provide the building blocks to build a model and presentation that might enhance the lives of many vulnerable Canadians.

The context of school refusal inside and outside of school is important so that we have a sense of why this intervention is important, and what contextual effects it will have. In the absence of treatment, most youth displaying school refusal behaviour continue to display problematic school attendance and emotional distress (King et al., 1995), and this leads to short- and long- term consequences. In the short term, nonattendance has been shown to negatively affect learning and achievement and to place youth at risk for early school dropout (Carroll, 2010; Christle et al., 2007; Maynard et al., 2018). In the long-term, dropouts are up to four times more likely to experience individual negative outcomes by age 27 such as being arrested, being fired from work, receiving government assistance, using illicit substances, having poor health, etc. Dropouts are 24 times more likely compared to graduates to experience as many as four or more negative outcomes (Lansford et al., 2016).

Consequences of School Refusal

The negative consequences of school refusal have been clearly documented. For instance, research has shown that school-refusal negatively affects learning and achievement and leads to early school dropout (Carroll, 2010; Christle et al., 2007). According to 2016 Statistics Canada reports, 8.5% of men and 5.4% of women aged 25 to 34 had less than a high school diploma, representing about 340,000 young Canadians (Uppal, 2017). Showing similar numbers in the United States, a prevalence of between 1% and 2% is seen in the general population, whereas in clinic-referred samples, it is between 5% and 15% (Egger et al., 2003; Heyne & King, 2004). Although this population represents a relatively a small proportion of the greater Canadian population, it is quite significant when it is considered as a public health concern, since addressing

these youth could both improve the lives of dropouts, and reduce societal costs (Lansford et al., 2016).

More long-term consequences are apparent when genders are contrasted. Among women dropouts, the reliance on government transfers was significantly higher; this population accounted for 61% of the individual income of women without a high school diploma. Contrasted with high school graduates, only 39% relied on government transfers, and an even smaller 25% for postsecondary graduates (trades/ college or university; Uppal, 2017). Women are two times more likely to rely on government transfers than men (Uppal, 2017), and this gender difference is linked to the occupations held by men and women; statistically, higher paying positions are typically held by male highs school dropouts such as truck drivers and construction positions.

Another visible consequence related to high school dropout is employment rates. The employment rate in Canada in 2016 was 67% among young males with less than a high school diploma, as compared with a rate of 89% for young males with a university education (Uppal, 2017). Women without a high school diploma had a 41% employment rate, and astonishingly, this was the lowest level seen between the years 1994-2016 (Uppal, 2017). This figure compares with 65% for those women with a high school diploma, 82% for those with a trade certificate or college diploma, and 84% for those with a university degree (Uppal, 2017). Looking at this data, we can see how disadvantaged dropouts are, and that women dropouts are more severely impacted as compared with males.

These employment rate observations highlight a need for an early intervention that interrupts this path, and at the minimum, provides options for all youth in the

education system to choose their path. Interestingly, there has been an increase in the proportion of young men and women without a high school diploma who are not in the labour force at all (Uppal, 2017). In fact, in 2016, one-half of young women and more than one-third of men who did not have a high school diploma were “not in employment, education, or training” (NEET; Uppal, 2017). The staggering numbers of dropouts without any labour force involvement highlights the risks related to not graduating as well as the importance of crafting and targeting an intervention to support school engagement.

These numbers also demonstrate how important it is for professionals to intervene when it is timely in order to decrease the prevalence of low employment rates.
Given that school refusal is a psychosocial problem that is associated with short- and long-term adverse consequences for children and adolescents (Maynard et al., 2018), psychosocial interventions should be examined to support a reduction in these barriers. Anxiety and depression are the most prominent mental health difficulties related to school refusal, and therefore this substantiates drafting a model that utilizes treatment modalities that support the decrease of depression and anxiety, and further develops positive associations with school and education and uses a psychosocial intervention (Dray et al., 2017). Knowing that education is a primary factor that allows young people to enter the workforce and earn benefits such as prosperous health, a productive career, and associated financial benefits (Wilson et al., 2011), this is a worthy and justified intervention. Dropping out of school before secondary education completion undermines these opportunities and is associated with adverse personal and social consequences (Wilson et al., 2011).

Factors Influencing School Refusal

The age at which youth statistically show signs of absenteeism is in the early elementary grades, and children with chronic absenteeism in early elementary grades increases the likelihood of delinquent behaviour (Balfanz & Byrnes, 2012). We have now seen this trend in several places including the Transitions Program, with Statistics Canada (2018), and through UNICEF Canada data. This age range speaks to the importance of a timely intervention before students become entrenched in absenteeism behaviours. We will now take a more discrete look at the factors that influence school refusal.

School refusal is influenced by many important factors that research has defined, including individual factors (i.e., low cognitive skills, behavioural inhibition, fear of failure, low self-efficacy, and physical illness), family factors (i.e., parent mental health problems, separation and divorce, overprotective parenting style, and dysfunctional family interactions), school factors (i.e., bullying, physical education lessons, transition to secondary school, and structure of the school day), and community factors (i.e., increasing pressure to achieve academically, inconsistent professional advice, and inadequate support services) (Heyne, 2006; Heyne & King, 2004; Lamb, 2014; Murnane, 2013; Thambirajah et al., 2007; Uppal, 2017). These factors function as predisposing, precipitating, and/or perpetuating components (Heyne et al., 2014). Considering these factors as a constellation and discretely will allow us to target supports and strategies that promote healthy school engagement.

Factors that influence school refusal are also apparent when equality and equity are contrasted. Inequality is related to differences while inequity highlights differences that are unfair (UNICEF Canada, 2018). Educational inequities are differences in

educational opportunities and outcomes that stem from different and unfair circumstances and advantages available to children. An example of school refusal related is that some children do better at school not because of differences in ability, but because of unfair circumstances. Research shows that children start primary school with a wide variation in access to learning which affects their development progress. Hence early start programs such as Head Start programs that promote the school readiness of infants, toddlers, and preschool-aged children from low-income families. Services are provided in a variety of settings including centers, family child care, and children's own home. Head start programs also engage parents or other key family members in positive relationships, with a focus on family wellbeing. Parents participate in leadership roles, including having a say in program operations.

The early learning factor is a privilege that allows some children enter school with an advantage being exposed to skills and learning ahead of others. Children without this advantage take a long time to catch up while some never do (UNICEF Canada, 2018). Some children also do better than others because their schooling atmosphere creates opportunities to pursue their interests, develop their talents and skills, and reach their full potential (UNICEF Canada, 2018). These unfair differences unfortunately highlight important gaps in the Canadian education system.

The groups that are statistically marginalized in the Canadian education system include youth in care, children with disabilities, and some racialized groups; these youth are at much greater risk of school disengagement, lower achievement, and dropout (UNICEF Canada, 2018; Warring, 2016). Even though graduation rates for First Nations students have slightly improved, a widening education gap has also occurred over the

past 15 years between First Nations and the greater Canadian population (between 2001 and 2016) from 30 to 33 percentage points (UNICEF Canada, 2018). A gender gap is also observed in Canada, and it is widening in favour of girls between primary school and high school (UNICEF Canada, 2018). Therefore, when we take an attentive look at the inequalities through the impact that family affluence, cultural differences, gender, and home stability we can observe important and unfair effects on reading achievement and educational expectations.

Fortunately, Canada does a better job than most other countries at mitigating these inequalities that create unfair learning advantages (UNICEF Canada, 2018), however, income inequality in Canada stands out as a problem. Wealthier and better-educated parents more easily foster early and sustained development for their children. Specifically, food security, safer homes and neighbourhoods, support for children with disabilities and plentiful opportunities to learn both in and outside of school (UNICEF Canada, 2018) promotes this advantage. Parental leave is also a factor, since it is more available to those with higher incomes and provides affluent families with an opportunity to expose children to rich learning before school begins. Therefore, many children in Canada begin school disadvantaged without both the short-term and long-term advantages of income stability, leading to education inequity.

Data which is measured by the Early Development Instrument in Canada further corroborates the wide disparities in physical, social, emotional, language and communication skills and behaviour, however, there is also data supporting interventions. Canadian children at Kindergarten age show additional differences with memory and other academic skills (Buckingham et al., 2013; Hair et al., 2015; Morgan et al., 2009),

but access to high quality, organized play-based learning, and early child education can improve these inequalities (Dray et al., 2017). For instance, with just one year of pre-primary education, 15-year-olds did considerably better at reading than those with no pre-primary education at the end of compulsory school (Daniel, 2015; OECD, 2010). This research underscores how critical it is to promote school readiness even before children enter school, and it might also be a key feature of the model we construct to immobilize school refusal.

Thankfully, current initiatives are working to achieve more equality and equity in education globally and mitigating these inequitable factors. For example, the Sustainable Development Solutions Network's (SDSN, 2020b) goal 4 aims to ensure inclusive and equitable quality education and to promote life-long learning opportunities for all. Goal 4.1 aims to ensure that all girls and boys complete free, equitable and quality primary and secondary education, leading to relevant and effective learning outcomes by 2030. Very recently, Mission 4.7 which was launched at the annual Vatican Youth Symposium on December 14, 2020. This mission highlighted the importance of education in achieving Sustainable Development Goals (SDGs) and accelerating sustainable global development (SDSN, n.d.). The Youth Symposium (SDSN, n.d.), which was comprised of leaders from civil society, faith communities, business, academia, government, and the United Nations, used Target 4.7 to place demands on governments. These demands identified ensuring all learners acquire the knowledge and skills necessary to promote Education for Sustainable Development and lifestyles, human rights, gender equality, promotion of peace and non-violence, global citizenship, and appreciation of cultural diversity (SDSN, n.d.). Fittingly, Target 4.2 embodies a vision that all children benefit from quality

preschool education (UNICEF Canada, 2018). This recognition that there needs to be *an early* universal provision of high-quality learning (Blossfeld et al., 2017) is great, but in order to mitigate the inequities we have highlighted, there is still work to do on the ground to develop early learning opportunities and strategies.

As we have now seen, many factors influence school refusal, and a lack of early learning opportunities disadvantage many children because of how the gaps become canyons once school begins. A wide collection of research appropriately supports front-loading education with preschool to improve children's outcomes (Alexander et al., 2017). When initiatives like early education is designed and executed to simultaneously support mothers' workforce participation, it also reduces family poverty across Canada (UNICEF Canada, 2018). Therefore, an early development pillar for a model must take into consideration this front-loading concept for improving graduation rates and reducing school refusal. The model must plan to support a reduction in school refusal by beginning early within preschool and kindergarten programs so that educators pave a path at the very beginning.

School Refusal Behaviour Profiles

Numerous studies have shown that school refusal behaviour is complex and has multiple causes (Kearney & Sheldon, 2017), and the details regarding each profile may determine how caregivers, educators, and professionals should intervene. Importantly, the variety of profiles is notable since there is not one specific profile that fits all students exhibiting school refusal. Kearney and Silverman (1993) discovered that there are four operant conditioned factors underlying school refusal developed. This theory involves how students are driven by either negative or positive reinforcements. The first profile

includes negative reinforcement where the child refuses school to avoid school situations that cause fear or anxiety or due to the presence of depressive symptoms. The second profile also includes negative reinforcement where the student justifies school refusal to escape from social aversion or being evaluated. The third profile involves positive reinforcement where the student implores care from caregivers. Finally, the fourth profile involves positive reinforcement and corresponds to the student who obtains reinforcements outside of school, such as watching TV or playing video games.

Using these four profiles, Kearney and Silverman designed the School Refusal Assessment Scale (SRAS; Kearney & Silverman, 1993) to assess the profiles and a revised version, the School Refusal Assessment Scale-Revised (SRAS-R; Kearney, 2002), was also developed. This revised version is currently one of the main recognized instruments for school refusal evaluation (Ingles et al., 2015), and has received psychometric support from many peer reviewed papers including from multiple distinct countries including. Examples of countries and studies corroborating support for SRAS-R include: United States (Haight et al., 2011), the United Kingdom (Richards, & Hadwin, 2011), Turkey (Seçer, 2014), the Netherlands (Heyne et al., 2016), Spain (Gonzalvez et al., 2016), Chile (Gonzalvez et al., 2017), and Germany (Walter et al., 2017). Identifying the specific profiles of each individual student who refuses school can help match appropriate interventions to meet their specific needs (Gonzálvez et al., 2020). An adapted four-factor model of the SRAS-R was developed by Heyne and his colleagues (2017), which was supported by associations between the four factors and measures of internalizing or externalizing behavior. Confirmatory factor analysis of the adapted item set supported the four-factor model, and the factorial validity was even higher in their

adapted version (Heyne et al., 2017). This adapted SRAS-R might help professionals reliably assess the relative strength of factors maintaining school attendance problems.

School Refusal Behaviour and Anxiety Profiles

Anxiety disorders are the most common class of mental disorders, with 33.7 percent of the population being affected by anxiety during their lifetime (Bandelow, & Michaelis, 2015). Anxiety often appears comorbidly with other disorders such as bipolar disorder, major depressive disorder, eating disorders, and personality disorders, and commonly occurs among neuroticism from the big five personality types (Kendler, 2004). Anxiety operates from a biological and psychological base for many disorders that appear in the adolescent and adult systems, and therefore adapting both schools and caregivers to find preventative approaches can help mitigate the chronic cycles for people before they begin.

Anxiety can be very disruptive, as seen in the DSM-5 description of Generalized Anxiety Disorder. The DSM-5 describes diagnostic criteria for generalized anxiety disorder as having disproportionate anxiety that is difficult to control for most days for a minimum of six months, and the anxiety is associated with restlessness, fatigue, concentration struggles, irritability, tension and sleep disturbance (American Psychiatric Association, 2013). The treatment of General Anxiety Disorder (GAD) as a separate diagnosis from depression did not appear until the third edition of the DSM (DSM-III) (Kessler et al., 2001), which demonstrates how closely depression and anxiety are linked. The fifth version, DSM-5, added specific topics for GAD, and emphasized that worry needed to occur more days than not (Craighead, 2013).

Anxiety is treatable and cost effective (Lilliengren et al., 2017), and therefore it is worthwhile helping people early. The cognitive-emotive understanding of anxiety through psychoeducation-based education and interventions, has the potential to shift individuals and entire school populations. By utilizing the empirically proven grounding psychoeducation and finding a common language for children, adolescents, teachers, and parents for understanding of how anxiety works, this shift is possible.

Exploring different anxiety profiles might allow caregivers, educators and professionals to develop an understanding of appropriate approaches specific to the anxiety profiles. Anxiety is a multidimensional construct composed of cognitive, physiological, affective and behavioural response factors that describe an unpleasant emotional reaction to a real or imaginary threat (Rappo et al., 2017). For some children, school is an anxiety provoking atmosphere (i.e., fear of evaluation, fear of academic failure), and this anxiety can lead to or exacerbate emotional or physical health problems such as nausea, headaches, difficulty breathing, increased heart rate, crying and tantrums (Eicher et al., 2014). Academic stress aggravates these symptoms when students are continually exposed to academic stress potentially leading to school failure or drop-out (Eicher et al., 2014).

Numerous investigations have explored the relationship of school refusal and different anxiety disorders including Egger et al. (2003), Ingul and Nordahl (2013), and Kearney and Albano (2004). Results by Kearney and Albano (2004) showed that when student's school refusal behaviour was based on negative reinforcement, they tended to be related to generalized anxiety disorder, social anxiety, specific phobia, agoraphobia, and depression. Students seeking positive reinforcement from the attention of caregivers

or loved ones were linked with separation anxiety disorder. Finally, school refusal behaviour that was based on young people seeking positive tangible reinforcement outside of school showed higher scores on behavioural problems and challenging opposition disorders.

A longitudinal investigation by Egger et al. (2003) differentiated between students who rejected school based on anxiety and truancy. Findings showed that school refusal based on anxiety was associated with depression and separation anxiety disorder. School refusal based on truancy was highly related to behavioural disorders, defiant negativist disorder, and depression. The combination of anxiety and truancy revealed that a staggering 88.2% had a psychiatric disorder with a presence of emotional disorders and behavioural problems (Egger et al., 2003). Other research has investigated differences between school refusal subjects with or without anxiety. Results revealed elevated psychiatric severity and behavioural problems with individuals who had a mixed profile (i.e., high anxiety and school absenteeism; Ingul & Nordahl, 2013). This mixed group scored higher on social anxiety and panic disorders.

These studies have been helpful for understanding the ways in which positive and negative reinforced behaviour interacts with school refusal profiles and anxiety. In summary, the negatively reinforced school refusal behaviour is associated with higher anxiety, fear, and depression. Positive reinforcement-related school refusal behaviour, specifically regarding capturing the attention of significant people, is related to separation anxiety disorder. Students who based their school refusal on obtaining tangible reinforcements outside of school have statistically significant correlations with behavioural problems.

With this more specific understanding of anxiety and the anxiety profiles as well as how they interact with school refusal profiles, it is reasonable to explore psychoeducation and the treatment of anxiety as an effective preventive intervention. Gonzálvez et al. (2020) discovered the most maladaptive anxiety-related school refusal profiles by investigating school refusal profiles as they correlated with three anxiety dimensions using the SRAS-R and the Visual Analogue Scale for Anxiety-Revised (VAA-R). The anxiety dimensions included: anticipatory anxiety, school-based performance anxiety, and generalized anxiety. Four profiles were found, including: non-school refusal, school refusal by positive reinforcement, school refusal by negative reinforcement, and school refusal by mixed reinforcement. The mixed reinforcement group was the most maladaptive profile, while non-school refusal and positive reinforcement groups had the lowest scores on the anxiety dimensions. Results from this study reveal that students who reject school by mixed reinforcement and negative reinforcement are more anxious than the other profiles, and therefore strategies to control or reduce anxiety is an important and justified goal for preventative and reactive models.

In the interventions and approaches section we will explore the empirical methods that might be effective and appropriate for caregivers and the school refusal population. The awareness of school refusal profiles, anxiety profiles with a sophisticated understanding of anxiety will provide a sound foundation to construct intervention methods for our model.

Trauma Adverse Childhood Experiences

Trauma generates lifelong physical and mental problems such as post-traumatic stress disorder (PTSD) and even early death, which was well documented by Felitti et al.

(1998) in the adverse childhood experiences (ACES) study. Given the prevalence and the damage caused by trauma, supporting a school-wide and community approach that is trauma informed will help combat these incredibly horrible childhood experiences, and end the cycle. Trauma comes from many directions (i.e., from loved ones, political conflict, etc.), and therefore a community and school approach is appropriate. Bandelow and Michaelis (2015) described the differences between complex trauma (Type II), defined by repeated traumatic event exposure, and single incident trauma (Type I) and explained that the perpetrators are often caregivers, loved ones, family members and friends.

Unfortunately, studies solidly show that childhood abuse and trauma is common and very damaging. As an example, a study by Scher et al. (2004), showed that about 30% of women and 40% of men experienced some form of childhood maltreatment. Emotional abuse refers to verbal assaults on a child by an adult, and can also include observing hostility, and a child's self-worth being humiliated. Childhood maltreatment is defined as emotional, sexual, physical, and neglect to a child (Dubowitz & Bennett, 2007). Toxic stress might inhibit a child from learning or playing with other children in a healthy way and cause long-term problems. Since there is wide-ranging sources of trauma and stress, it is appropriate to take a school-level approach to channel all stakeholders in children's lives in order to prevent perpetuated abuse.

Interventions and Approaches

School refusal has a great variety of interventions and approaches that exist, however many of these approaches have not yet been adapted to wholeheartedly support and empower parents. This section will cover some of the approaches that exist such as

the neurosequential model of therapeutics (Perry & Hambrick, 2008), resilience research (Ungar, 2013; Ungar, 2015b; Ungar & Theron, 2020), psychoeducation, and existing school dropout models such as What Works Clearinghouse (Rumberger et al., 2017).

Schools as Intervention Sites

Since almost all children (92.1%) attend elementary school in Canada (Statistics Canada, 2018), the school setting is the largest catchment area for preventative interventions with children and youth. Therefore, given this opportunity for intervention, schools have potential for positively effecting trauma and anxiety and supporting universal resilience (Dray et al., 2017). Despite schools being the most populated with children, teachers often convey a lack of training and understanding of trauma, ADHD, and pain management in the classroom (Forsythe, 2010). Given these facts, addressing the gap in psychoeducation with school staff, children and parents, and utilizing school sites for preventative measures is an important prospect.

Neurosequential Model of Therapeutics

Doctor Bruce Perry's work is an excellent example of a great approach to supporting trauma sensitivity with the Neurosequential Model of Therapeutics (NMT). NMT is a developmentally sensitive and neurobiologically informed approach to clinical work and education (Perry & Hambrick, 2008). This model has clearly deconstructed and demonstrated how when youth are appropriately supported, they can overcome trauma. Abounding research with NMT shows promising evidence that healthy relational interactions can play a role in buffering the impact of childhood trauma (Perry & Dobson, 2010). Further, the neurobiological power of play shows us that using the NMT can guide play in the healing process (Gaskill & Perry, 2014). The fundamental concept within the

NMT surrounds mapping the neurobiological development of maltreated children, and this assessment identifies the developmental challenges and relationships which contribute to risk or resiliency. Once developmental challenges are identified, formal therapy is then combined with rich relationships by trustworthy peers, teachers, and caregivers. With NMT as a model, the Brain Architecture Game presentation is an intervention activity that provides a firm foundation and understanding for approaching youth with trauma which is approachable for caregivers, professionals and educators (Centre on the Developing Child, 2021).

Emotional Regulation

Perry's (2000) work also informs about emotional regulation and the key features that support children to learn. For instance, curiosity occurs with safety, yet when things are strange, new, or when a child is hungry, tired, confused, or fearful, children are uninterested in learning because they want familiar, safe and comforting things (Perry, 2000). An emotionally safe home and classroom would require that children have these needs met, and therefore, providing consistency in both environments would be greatly beneficial for children. Similarly, safety which can be developed through predictability with consistent behaviours from caregivers and teachers. Examples that Perry (2000) noted include allowing for space when children have moments of hyperarousal or by deliberately reviewing the day's discoveries at the end of the day.

This is akin to concept of the window of tolerance, a term coined by Dr. Dan Siegel, which helps to inform individuals about their ability to cope with stressors and triggers (Hill, 2015; Siegel, 1999). When someone is operating within their window of tolerance they can regulate, but a traumatic experience can narrow our window of

tolerance, leading to states of either hyper- or hypo-arousal (Siegel, 1999). Infographics have been included in the model in order to support caregivers, teachers, and professionals' learning and to support practice with working within and expanding children's window of tolerance.

Resiliency and Attachment

Another key example of cutting-edge research in this area is occurring through Dr. Michael Ungar's research institute with child and adolescent resiliency. They have effectively shown that fostering resilience with an informed understanding can turn trauma on its head allowing youth to overcome hardship, and further, they have shown how central social services are in facilitating positive adaptation (Ungar, 2013; Ungar & Theron, 2020). In Ungar's (2015a) book *I Still Love You: Nine Things Troubled Kids Need from Their Parents*, he reviewed the nine things all troubled kids need from their parents that will help them live happily and successfully. The nine things include: (1) structure, (2) consequences, (3) parent-child connections, (4) lots of peer and adult relationships, (5) a powerful identity, (6) a sense of control, (7) a sense of belonging, spirituality, and life purpose, (8) fair and just treatment by others, and (9) safety and support. These nine critical supports align with Bruce Perry's work, and they are tangible and easily conveyed to caregivers through a presentation or model. In another related and key area, Dr. Gordon Neufeld's research has provided an evidence-based theory that allows parents, teachers and helping professionals to use their natural intuition with children and youth (Neufeld, 2008). Utilizing key research in areas of resilience (Ungar, 2015b) and attachment intuition will inform a firm foundation to support healthy brain development and attachment in or out of school, which we can use to construct a

conscientious model and workbook to form school engagement and decrease school refusal.

A close look at attachment and regulation pathways might allow us to implement some of these aspects to design a sound intervention system to help youth develop or heal inside and outside of school. Secure attachment falls into one of the four categories that Mary Ainsworth scrutinized within her Strange Situation Procedure (SSP), which allows us to distinguish between major attachment categories, including: *securely attached* (i.e., child moved towards an attachment figure with encouraging anticipation), *avoidant* (i.e., child moves away from attachment figure), *anxious-ambivalent* (i.e., child moves against attachment figure), and the *disorganized/disoriented* (i.e., child is without organized relational behaviour; Ainsworth, 1989). Attuned caregivers provide infants with the building blocks for secure attachment, whereby a primary caregiver's affect system is actually imprinted on a child's brain (Bretherton, 1992), but additionally *and fortunately* for the development of this model, throughout life, social relationships fundamentally continue to shape how brains develop, how minds construct reality, and cope with psychological stress management (Siegel, 2012).

Discussing the topic of attachment is an appropriate segue into reviewing the importance of the caregiver and school relationship/partnership. Supporting caregivers with the skills to work together with the school, helps integrate the caregiver role in education. Caregivers are typically situated outside of the school, which can remove their value, opinions, and involvement, however, research shows that the partnership is integral in the successful outcomes in children's education.

Caregiver's Role in Family-School Partnerships

Caregiver involvement, which is defined as demonstrating a parent's "active commitment to spend time to assist in the academic and general development of their children" (Borgonovi & Montt, 2012, p. 20) is widely recognized as elevating educational and developmental success for children (Emerson et al., 2012). Involvement from caregivers includes activities in the home, at school, and in the community (Epstein, 1995). Supportive partnerships that are based on mutual trust, respect, and shared responsibility comprise the concept of family-school partnerships (DEEWR, 2008), and studies show that maintaining and increasing engagement in family-school partnerships has excellent effects on student outcomes (Daniel, 2015). The current model of family involvement in education involvement, particularly with elementary students emphasized the skills and strengths that families bring as opposed to shortfalls (Sutterby & Ebrary, 2016).

Parental involvement is also cited as enhancing outcomes among racially and ethnically diverse adolescents (Day & Dotterer, 2018). Using longitudinal data from the Education Longitudinal Study 2002-2013 (56% female, N = 4429), Day and Dotterer (2018) reported that academic outcomes were mixed when different racial and ethnic groups were considered. All adolescents benefitted from a combination of greater academic socialization and school-based involvement, however, the combination of home-based involvement, academic socialization, and school-based involvement produced varied results. Specifically, African American and Hispanic/Latino adolescents benefitted from the home-based involvement, whereas this was not the case with white students. Overall, applying combinations of parental educational involvement strategies

is what was recognized as beneficial for adolescents across racial/ethnic groups (Day & Dotterer, 2018).

Biopsychosocial Model of Pain and Anxiety

George Engel's Biopsychosocial Model is based upon a General Systems Theory (Wade & Halligan, 2017) that involves an ecological relationship between individuals and their environment, along with how an individual perceives their environment (Johnson & Acabchuk, 2018). Health outcome is the desired result of biological, psychological, and social factors within a systems hierarchy (Wade & Halligan, 2017). The biopsychosocial model takes psychological, physiological, and social factors into consideration (Bello, 2012), which is important as humans are complex and health is all-encompassing. The integration of both the biomedical and biopsychosocial models is heavily supported by research (Bello, 2012). Flare Up self-management tools support individuals to prescribe their own individual positive responses to pain and anxiety (Gatchel et al., 2007; Sarafino et al., 2015).

Biopsychosocial models involve counselling and psychology as a part of treatment with neuropsychology, counselling, family and group therapy. Treatment using this integrated model often comprises differentiating somatic versus physical conditions, and as such, counselling, clinical, and neuropsychologists would support the fusion of health and the mind, providing a form of assessing psychological health with setting limits, goals, addressing attachment and personality, correcting dissociative schemas, and providing theoretical models. Suggesting exercises and activity in doses would be applied depending on the clinician and client but it might involve cognitive, psychodynamic, behavioural, humanistic, holistic, or integrative approaches. These approaches have been

researched and support people to have longer and happier lives (Johnson & Acabchuk, 2018).

Biopsychosocial and health psychology models will be important to consider for the construction of a model and presentation to support families with healthy school engagement that integrates dimensions of wellness and factors affecting personal wellness (Wade & Halligan, 2017). The model might support refining pain self-management knowledge and skills, particularly in the areas of self-regulation (feelings/physiology components—geared to help participants learn to use active relaxation and emotional regulation strategies), cognitive (geared to help participants learn to recognize and change patterns of negative thinking and fears about pain), behaviour (geared to help participants better communicate, self-advocate and engage in valued activities and relationships in the presence of pain). Concepts that might be integrated to support the whole person and family system would be supporting knowledge and skills with sleep hygiene strategies for managing and supporting healthy pacing (Johnson & Acabchuk, 2018).

Other practical and important aspects of the biopsychosocial model that might be supported through the model and presentation could include sleep hygiene strategies. Strategies that support restorative sleep include bedtime routines, creating a relaxing sleep environment, use of specific relaxation strategies, avoidance of unhelpful behaviours such as exercise and technology (i.e., television, computer devices) at bedtime, dietary habits which affect pain and sleep including caffeine and energy drinks. These strategies can be uniquely developed, and participants might use them to complete a personal set back plan. Similarly, the personal set back plan might include

psychoeducation about unhelpful thinking patterns and traps such as black and white thinking, catastrophizing, mental filter, fortune telling, all or nothing, jumping to conclusions, mind reading, emotional reasoning, should'ing, labelling, and personalization.

Psychoeducation and Psychotherapy Concepts for Schools and Caregivers

Psychoeducation can also help parents and professionals come together in support of a school engagement plan. For instance, we can utilize knowledge from studies like Keller et al. (2012), who showed that when you change your mind about stress, you can change your body's response to it. They also showed that the stress response involves the release of oxytocin, which motivates you to seek support and crave contact with friends and family. This type of psychoeducation can support an activity in the presentation and model with leading questions such as: when you're stressed, do you seek support? Is it an effective strategy for you to reach out? How does it make you feel when you receive support? This type of psychoeducation ultimately shows parents that how they think about stress matters, and that there are positive aspects to the stress response such as a prompt to reach out for support (Keller et al., 2012). As a result of this proof regarding how changing our minds about stress has great impacts, and education regarding oxytocin and stress, this has been incorporated into the model.

Dynamic psychotherapy is highly complicated, since it involves addressing unconscious anxiety and defenses; therefore, techniques need to be executed by trained practitioners. What is appropriate for caregivers, education professionals and mental health professionals, however, is psychoeducation concerning why this form of therapy works, and how it acts on anxiety and heals trauma (Abbass et al., 2013). Caregivers,

teachers, mental health professionals, and school administrators are quite capable of understanding the functions behind how anxiety is addressed, and the transferable ways it applies to healing. The essential aspect can be taught, which is learning to pay attention to anxiety, and this can be summed up with a quotation by Simone Weil from *La Pesanteur et la Grace*: "we have to try to cure our faults by attention and not by will" (Weil, 1947). Therefore, attention to anxiety and trauma both in ourselves and in others is taught and addressed in the model with a document entitled, *Making Use of Anxiety* (Yates, 2014). This cognitive and emotive understanding of anxiety will also improve caregiver responsiveness to children.

Understanding the process of confronting anxiety is as important as knowing about the empirical studies that explain why these techniques work. For example, knowing about the five specific factors that are responsible for the variance in successful psychotherapy treatments (Assay & Lambert, 1999) may help educators and/or caregivers understand the theory behind the approach as well as determine aspects that are transferable to the classroom and home environment. Knowing the significance of these factors and processes is helpful to understand because the concepts are transferable to learning and education. Caregivers and teachers develop significant relationships with children, similar to a therapeutic alliance, where they witness the ways in which students react to relationships, lessons, and conversations. Being witness to these vulnerable experiences allows ample opportunity to see evidence of anxiety and/or trauma, and to react in ways that allow preventative progress, and more importantly, ensure they do not cause harm. Caregivers or teachers, without this knowledge, might inadvertently avoid challenging feelings that arise, thereby modeling unhealthy anxiety management. Anxiety

training and support can help allow healthy shifts to occur for caregivers and professionals.

An important byproduct of this psychoeducation is that staff members, parents, and other community members will improve their knowledge about trauma and anxiety. As people engage with this learning, they may become more aware of their own trauma and may even push to work through it. A recent article by Caspary (2018) outlined the *multiple points of intervention* approach in child psychotherapy, with an integrated model that included psychological education and school consultations. Caspary's (2018) integrative approach expressed Winnicott's (1971) essential caregiver responsibility that attachment figures need to "catch" and aid in processing experiences as they arise. Similar to how a mother metabolizes the world for a baby, teachers also interpret the world for children in a way that is usable and tolerable because the "symptoms" that we see as problems in children are often products of experiences that are unmetabolized (Caspary, 2018). These concepts of trauma, and the way they are metabolized, are essential for everyone interacting with children to understand – especially caregivers. Everyone interacting with children, including teachers, should consciously create a stable space that allows visiting aspects of the psyche in manageable degrees.

Healing Adverse Childhood Experiences

ACEs investigations have lead to a greater understanding related to how caregivers can heal and support their children who exhibit school refusal. Some recommendations include developing relationships and community, utilizing meditation, hypnosis and guided imagery, and self-care (among others) (Blair et al., 2019). Other recommendations have permeated from ACEs studies in support of decreasing school

refusal behaviour such as nurturing and protecting kids as much as possible, being a source of safety and support, and making eye contact. When you look at babies and kids it communicates that you see them, you value them, you matter to them, and that they are not alone (Blair et al., 2019).

Recent studies have shown that there is certainly a correlation between the number of ACEs a parent has and a child's externalizing behaivours. A recent investigation assessed the effects of Parent-Child Interaction Therapy (PCIT) on externalizing behaviors varied by parents' ACE histories (Blair et al., 2019). Results from the study indicated that parents' ACE scores were connected with externalizing behaviours at the baseline assessment, however, at the second assessment after treatment improvements were apparent. After treatment with PCIT all parents reported reductions in child externalizing behaviors from baseline to postbaseline. Importantly, parents who had four or more ACEs showed statistically significant externalizing behaviour reductions in their children. Therefore, there are important counselling implications for implementing PCIT with trauma-exposed families.

Infusion of Daily Meditation

The inclusion of meditation in schools as a part of an intervention for trauma and anxiety is complementary since meditation has proven positive effects on anxiety, trauma and behaviour. Basso et al. (2019) showed the physiological, mood, emotional, and behavioural enhancements meditation practice provides after just 8 weeks of 13 minute-a-day sessions. On the Beck anxiety inventory (BAI) a significant interaction between pre and post-intervention was apparent, which showed a decrease in anxiety (Basso et al., 2019). The endorsement of daily meditation in a home or school (learning) environment

would therefore build a healthy foundation on which to construct a trauma and anxiety-informed environment.

Earning School Credit for Therapeutic Engagement and Learning

Utilizing curriculum-based credit was applied to therapeutic learning in a recent investigation that proved to empower families. Murray et al. (2019) utilized a curriculum-based therapeutic intervention model where indicated therapeutic interventions from a chronic pain clinic were applied to Alberta Curriculum courses. This was developed as a poster project and presented at the Canadian national Children's Healthcare Canada conference, and the Alberta Children's Hospital Quality Forum, it was not yet published; therefore, the poster is included in the appendix of this project (see Appendix D). High school credits were earned for in-home and hospital programing, which showed that high school credits can applied to therapeutic work and learning. This concept is transferable to youth struggling with school engagement because therapeutic mental health skills can be used to earn school credit when youth are learning school readiness skills. This concept was shown to be validating for both caregivers and youth, showing them respect for the important work they engage in, bridging school and home

Murray et al.'s (2019) project combined and applied therapeutic learning that centered around an intervention for youth in a chronic pain clinic, using the biopsychosocial model for pain and anxiety, with CBT skills, physiotherapy skills/exercises, and Dynamic Psychotherapy Interventions. Official Alberta Education curriculum courses were applied so that students were honoured for the engaging therapeutic learning. The specific courses that validated this therapeutic work were courses titled *HCS2120Pain and Pain Management, HSS1010 Health Services*

Foundations, HSS3020 Mental Health and Wellness, and CCS3050 Supporting Positive Behaviour.

The results of this investigation showed that applying school curriculum to therapeutic work has was proven to capitalize on restorative work so that youth are recognized for their therapeutic efforts. Youth themselves reported that they were proud to share their learning, and they felt relieved and energized by their accomplishments. Students who would not otherwise be engaging in school work, as a result of being unable to attend or participate in "regular" school work (due to overwhelming personal or program demands) were engaged in and earned school credits. This concept normalized positive mental health skills, while also promoting evidence-based strategies (i.e. CBT, physiotherapy, etc.). Overall, this study showed that school credit validated important therapeutic skills, ultimately empowering school progress and achievement which bridged and decrease school refusal (Murray et al., 2019).

School Refusal Prevention Models

Cognizant of recommendations and configurations from existing school engagement plans and models will allow adaptation of the model to suit school engagement skills, as well as support the structure of a presentation and model. For example, the What Works Clearinghouse's (Rumberger et al., 2017) report on dropout prevention found 15 qualifying studies that reported outcomes on direct measures of staying in school or completing school. The four recommendations are: (a) monitor student progress, and proactively intervene when early signs of attendance, behaviour, or academic problems appear; (b) provide intensive, individualized support to students who have fallen off track; (c) engage students by offering programs and curriculum that

connects schoolwork with future oriented studies or careers, and that improve students' capacity to manage challenges; and (d) create small, personalized communities to facilitate monitoring and support. These are concrete recommendations that will help support constructing a useful model to guide parents and professionals to strong school engagement.

Chapter Summary

Based on the school refusal research and literature covered, this writer posits that an early positive and informative school refusal intervention is essential, whereby caregivers are seconded, upskilled, and informed. With all caregivers in kindergarten supported with a well-rounded intervention, a reduced rate of school dropout would be achievable. Providing information, for instance regarding the consequences of school refusal, and the factors influencing school refusal caregivers and educators could unit to ensure important engagement indicators are sustained. Similarly, providing caregivers and families with knowledge regarding school board models and interventions such as TIP, RTI, and the neurosequential model of therapeutics, the building blocks for caregiver education navigation will be constructed.

Education for caregivers on school refusal behaviour profiles, anxiety profiles, and education for caregivers regarding how these profiles are developed will introduce caregivers to the necessities for kindergartener's school career success. Similarly, healing caregivers using ACEs, psychoeducation, resilience and attachment research will provide a road to recovery for those caregivers who have endured negative experiences through their educational careers. Utilizing and capitalizing on the positive novel feelings associated with embarking on their child's school journey (Ungar, 2015b) will also help

promote self-fulfilling school success. Familiarizing caregivers, mental health professionals, and educators about school refusal prevention models will further help support a multidisciplinary and multisystemic approach to supporting school engagement.

Having a common understanding of trauma and anxiety in a school-wide approach will allow for a consistently healthy and global method for working with children in the many environments they interact with order to help curb the negative cycles we see in the healthcare system. The management of anxiety is transferable to the classroom (Caspary, 2018). Children organize unconscious intra-psychic strategies according to their relational experiences, and as they grow old, the strategies they learn early are continued (Caspary, 2018). A synthesis of the literature and research covered within this review are presented in the manual, titled *Growing Together Through School: A Guide to System Savvy School Engagement.* This manual and the two-part accompanying presentations will offer caregivers, educators, and mental health professionals a comprehensive outline of how to engage caregivers as educational allies in a united movement to increase school completion.

Chapter III: Methods

Chapter Introduction

This chapter outlines the empirically sound literature review methods performed to execute the construction of this Final Project. First, the methods for searching and retrieving research articles is expressed, as well as the program review of a school engagement program in a large Canadian city. The specific databases that were utilized are presented as well as other information sources used are clearly specified. The qualitative and quantitative processes performed are outlined as well. The Final Project, and the implications of the project are specified as well.

Final Project Methodology

The development of the manual, *Growing Together Through School: A Guide to System Savvy School Engagement*, has involved a systematic review of school refusal-related literature and interventions.

The literature included dropout prevention manuals and peer reviewed research in the review all written in English. Literature also included perusing, with permission, a school refusal prevention program in a large Canadian city. Articles and literature relating to school refusal and the associated interventions were collected via several methods:

1. A search through the databases including: PsychINFO, Wiley Online Library, ScienceDirect, PubMed, Web of Science Core Collection, Google Scholar, JSTOR, PsychARTICLES, Wilfrid Laurier University's Library database, and the University of Lethbridge's Library database using multiple variations of

the following terms: *dropout, school refusal, education, teacher, mental health, self-awareness, multisystemic, mindfulness, attachment.*

2. Related and relevant literature was identified through perusing reference lists from all of the examined articles and manuals.
3. Information was garnered through experience working with staff and partaking in discussions, consultations, and observations of multiple intervention programs throughout the provinces of Alberta and Ontario.
4. Information was obtained through consultation with corresponding psychologists who have experienced working with caregiver's, children, and adolescents struggling with school refusal.
5. The complete tables of contents of the following journals within the allotted timeframe were searched: *Journal of Clinical Child Psychology Journal of Psychopathology and Behavioral Assessment, Journal Psychopathology Behaviour Assessment, Journal of Education and Psychology, Journal of Emotional and Behavioral Disorders, Journal of Psychoeducational Assessment, Remedial and Special Education, School Psychology International, Behavioural Brain Research.*

Qualitative Methods

A qualitative process of perusing and refining literature has supported the cumulation of data substantiating the proposed model. By analyzing and synthesizing the literature in a way that supports the purpose of this project, I have attended to the target, which is to help children and parents develop school engagement skills, self-awareness, school and system savvy knowledge, as well as skills to manage school and mental health

needs. The purpose of this project was to provide a multisystemic model that allows parents, children, educators, and mental health professionals to work together in support of ongoing school engagement. Targeting the specific factors, including individual factors, family factors, school factors, and community factors with a succinct and organized platform has provided a structured intervention that might improve the lives of individuals with this dropout trajectory. This Final Project does not include official meta-analytical or quantitative review of methods. A qualitative synthesis of evidence-based literature has instead been used to synthesize and develop confident conclusions regarding school refusal interventions.

The goal of this project was to produce a resource manual to support caregivers and kindergarten aged children with school engagement and prevent school refusal, and therefore three specific recommendations have been established:

1. Prioritize and develop caregiver wellness and healing so caregivers can be present and model health for their children
2. Building skills and strategies within caregivers *and* children to help the unit develop confidence in social and academic ability
3. Engage in Learning About the Education System's Approach to Learning

Quantitative Methods

Quantitative methods were anecdotally performed in order to synthesize and analyze data obtained from a Canadian school board program that is designed to interrupt school refusal and improve school engagement. Quantitative methods were performed in order to visually represent data, observing the signs of school refusal in elementary grades. Signs of school refusal: sporadic attendance, behaviour problems in school,

teacher comments in report cards related to attendance challenges, letters home to parents regarding behaviour problems, and high numbers of medical appointments. The grade when these signs were first observed was noted, and the quantity of students was summed for each grade, and measured against the total sum of students who attended in the five-year span. These values were calculated using a percentage calculation in order to demonstrate the frequency of school refusal signs corresponding to the grade when they first appeared.

Project

The goal of this final project is to develop an in-depth literature review and creation of a model and workshop presentation, entitled *Growing Together Through School: A Guide to System Savvy School Engagement*. A formulation and foundation of information, interventions, and psychoeducation has informed how to address and empower caregivers and children with skills and training aimed at improving school engagement, and decreasing school dropout. The manual provides current research findings on school refusal and associated interventions, as well as recommendations and strategies to engage kindergartener's and their families in best practices to support school completion. Early school engagement strategies with children, and upskilling caregivers is associated with reducing school dropout and subsequently improving the wellbeing of all citizens. This manual, consequently may be useful for enhancing the lives of all families and children who encounter the intervention at the early stage of kindergarten.

Future use of this manual includes, but is not limited to, publication in the *Journal of Education and Psychology* so that it may be accessed and utilized widely as an early intervention in school systems.

Implications of the Project

Since large school readiness gaps already exist when children enter kindergarten, there is an important opportunity once children enter school to help children and parents develop school engagement skills, self-awareness, and system savvy knowledge to set up and support school completion. Providing key knowledge and understanding about anxiety and mental health strategies to support healthy modeling by caregivers, this project and model has implications for supporting the work of educators and mental health professionals. This project and model provide a conduit for caregivers, students, and professionals for their work through a multisystemic model that allows parents, children, educators, and mental health professionals to work together in support of ongoing school engagement. This project and manual also has implications for merging academics and therapeutic work to support school engagement with older youth in the school system who are showing signs of school refusal. Skills to manage school and mental health needs are also supported through this project and manual. Targeting the specific factors, including individual factors, family factors, school factors, and community factors with a succinct and organized platform will provide a structured intervention that might improve the lives of individuals with this dropout trajectory.

Chapter Summary

This chapter involved reviewing the empirically sounds methods used for this Final Project in order to synthesize data and information for the purposes of developing a model and two three-hour presentations for caregivers with children in kindergarten. The methods involved in the literature search, including the databases and the key words used were reviewed. Quantitative and qualitative methods were described in order to express

how the data and information was observed and produced. Suggestions regarding the future use of this manual and the presentations was proposed, along with exposing the implications for the project, including targeting specific factors within the family system and helping caregivers to develop self-awareness.

Chapter IV: Overview of Manual and Presentations

Chapter Introduction

This chapter provides an overview of the manual and two-part presentation, entitled *Growing Together Through School: A Guide to System Savvy School Engagement*. The model and two presentations have been designed from the synthesized literature covered in this project. First, the model is described along with the organizational structure including the three recommendations and accompanying tools and strategies included in the model. These strategies and resources are intended to help guide the execution of the recommendations. Next the presentations are described with one presentation focusing on caregiver health and wellbeing, including education about ACEs and healing. The second of two presentations is targeted at supporting the wellbeing of kindergarten-aged children through the upskilling caregivers with educational knowledge, understanding, and skills.

Outline and Purpose of Final Project

This Final Project includes a literature review, two workshop presentations, and a manual to help caregivers and educators foster knowledge, skills, understanding and strategies for cultivating children's school engagement and success. The workshops titled *Growing Together Through School: A Guide to System Savvy School Engagement* have two parts with two different topics, including (1) Focus on Children and Brain Architecture, and (2) Focus on Caregiver Self-Care and Child Resilience. These workshops are rooted in my experience working in teacher, administrative and system specialist roles, as well as in current empirical literature on school refusal, mental health, and interventions. The literature and my experience corroborate that school refusal

patterns emerge early, and swift, ongoing, targeted interventions are the most successful. The literature also specifies the importance of caregiver-school partnerships. The activities in the presentations are designed to promote these specific targets. The presentations are designed to be informative and interactive by providing information and experience with theoretical foundations, techniques, and skills caregivers and educators can use to improve their own mental health as well as children's. The presentations are designed to be delivered across two sessions, with each session lasting three hours. The workshop materials include a PowerPoint presentation with embedded videos, discussion questions, and activities (see Appendix A) and the notes section of the PowerPoint presentations. The presentations provide caregivers and educators with validation of school system challenges, education on school dropout risks, and with tools to navigate and advocate successfully.

A model, titled *Growing Together Through School: A Guide to System Savvy School Engagement* is designed to stand alone, as well as to support the two presentations. The contents of the model were intended to capture caregiver's and educator's attention and engage them in their own mindful work, and to learn by participating in activities. Key features of the model include three recommendations and associated informational handouts, reflection handouts, experiential guides, activities, reflection questions, and resources, and instruction on applying therapeutic activities towards school credit (Murray et al., 2019). The three recommendations are:

1. Prioritize and develop caregiver wellness and healing so caregivers can be present and model health for their children.

2. Build skills and strategies within caregivers and children to help the unit develop confidence in social and academic ability.
3. Engage in Learning About the Education System's Approach to Learning.

The model outlines how to use the guide, including the implementation of the recommendations, and provides the supporting research for the intervention. The model is intentionally jargon free to lower school-related defenses in caregivers, and in order to be user-friendly. The model addresses learning and school engagement skills for children, youth, and parents from before children enter school, and all the way through high school with multiple entry points (see Appendix A).

Upskilling Canadian Society

The overarching umbrella concept of this project is an attempt to initiate an early and ongoing school engagement intervention that increases high school graduation rates. Given the nature of the research that showed the importance and significance of early childhood education, and the gaps and canyons that are created between those children who have access to early learning opportunities and those who do not, this final project aimed to use the model and presentations to build capacity and awareness in caregivers and children. Overwhelming research shows the negative consequences of high school dropout, and therefore, this final project aims to develop capacity in caregivers in order to disrupt the children and families on the dropout trajectory.

This project also aims to draw attention to the importance of the caregiver's role and bolster caregiver's spirit to help them forge ahead in being an education conduit for their children. In this way, this final project not only aims at providing early learning opportunities and ongoing engagement with their children, but also in supporting

caregivers to attend to their own mental health needs. Additionally, in order to facilitate these goals, this final project provides parents and educators with validation of school system navigational challenges, and thereby provides education and training in the constructs of the education system's base. One end goal this final project aims to achieve is in helping all caregivers to attend to the learning needs for all of society's children

In addition, this final project works to develop a caregiver-school partnership and even provides knowledge and understanding of the importance of assertive communication to reach this goal. With tools to navigate and advocate successfully through school, this final project provides parents and children/adolescents with tools to support growth, including in their mental health and an overview of stress and resilience. Providing caregivers with a transparent understanding of system processes and roles and responsibilities, caregiver's might feel better able to engage and support their children. For example, this final project includes a chart that outlines the roles and responsibilities of teachers and administrators, as well as system processes. This knowledge would allow caregivers to understand exactly what their own role is within the system's context.

The benefit of this wrap-around approach to supporting caregivers in the education system has potential to benefit many citizens in our Canadian society. Teachers can benefit from working with and gaining a more sophisticated understanding of the caregiver role in education. Teachers, administrators, and mental health professionals may use this model as a conduit for supporting caregivers as this model provides a common place with which to work from. After learning about the importance of ongoing caregiver support for children's educational success, caregivers may utilize the skills and

knowledge they gain to engage with their children and support their educational journey through all of school.

This final project involves a paradigm shift whereby caregivers are upskilled and supported as allies in the education system and in their children's education journey. This shift encourages prosocial partnerships with all key figures included in children's education program. This final project offers a realistic and effective response to increasing graduation rates and lowering school dropout. Not only that, this final project offers a strong message to everyone involved in children's education that it takes an ongoing supportive network with all cogs communicating in order to successfully graduate children through a complex education system. Caregivers are human with varying degrees of success and experience engaging with the education system, and they therefore require honest, dignified, and supportive treatment within the education system.

A two-part presentation titled *Growing Together Through School: A Guide to System Savvy School Engagement*, was designed to provide caregivers with strategies for increasing self-awareness and education system knowledge in order to improve their engagement with their children's education journey. The model and workshop presentations can be accessed by obtaining a copy of this project and the appendices (Appendix A: *A Model: Growing Together Through School: A Guide to System Savvy School Engagement*, Appendix B: *Workshop 1 - Focus on Children and Brain Architecture* and Appendix C: *Workshop 2 – Focus on Caregiver Self-Care & Child Resilience*). Teachers or Administrators who are interested in the workshop are tasked with finding a qualified facilitator to lead the workshops; the facilitator is required to be a trained counsellor (i.e., Master's degree in counselling, psychology, social work, or the

equivalent) and ideally have experience working in the education system. It would be particularly ideal for the facilitator to have experience with high levels within the education system in order to provide assured and honest information about education system processes to caregivers. Further, a facilitator should be empathic and understanding of the caregiver's role, and the stresses that accompany being a caregiver for children in the education system. The workshop can be delivered to an entire school population's caregivers and school staff. The presentations can be facilitated in a variety of formats, including in-person, or virtually. For example, the presentation's main visual is provided in PowerPoint format, which can be presented by screen sharing in Zoom. The presentations can be facilitated in a variety of formats including but not limited to evening/weekend training, during professional development days, or at teacher's conventions.

Chapter Summary

The multidimensional and multisystemic model and presentations were designed to be a conduit for school progress and credit recovery, as well as enlightening youth and their families with a combination of educational skills, and education system knowledge. The final project aims to decrease caregiver and educator's defenses, and give families power to engage in the education system. The literature review provided the basis for the development of a model and workshop presentation for parents, educators, and mental health professionals. The purpose of the model and presentations was to provide hope and guidance for families and caregivers to prevent school refusal by teaching about the signs while also orchestrating a multisystemic school engagement plan.

The next chapter, Chapter 5: Summary of Discussion, outlines a personal reflection on the experiences and insights that lead to the creation of this Project. A summary of the significant experiences that have influenced this project, as well as my hopes for this project and its limitations. Lastly, a brief exploration of how this project can be used to promote social justice for caregivers is provided.

Chapter V: Discussion

Chapter Introduction

This chapter includes a summary of discussion of this final project, including the two-part presentation and model, as well as the supporting empirical evidence that was synthesized from a thorough literature review and accompanying anecdotal research. The Final Project includes a literature review and "Upskilling Canadian Society": A Model: *Growing Together Through School A Guide to System Savvy School Engagement* and two presentations: *Workshop 1 - Focus on Children and Brain Architecture* and *Workshop 2 – Focus on Caregiver Self-Care & Child Resilience.* This chapter includes a personal reflection outlining the encounters I have had that lead to the creation of this project, and the process of constructing it. I reflect on the manual and presentations developed, and place them within the context of the literature. I then relate these findings to attachment and psychodynamic theory, the theoretical framework of this project. Next, I consider and suggest recommendations for counsellors and clients, the significance of this project, recommendations for future studies, implications for counselling, and some conclusions.

Summary of Discussion

The purpose of this project was to carefully and thoroughly investigate school refusal literature and research and the associated interventions to improve the equity and effectiveness of Canadian, and specifically Alberta, school refusal prevention. The intention was also to synthesize and harness the information in a way that can be effectively communicated to families, educators, and mental health professionals so that families struggling with school engagement can be supported through a well-orchestrated multidisciplinary and multisystemic approach. The target of the model and two

presentations was families with children entering kindergarten. My findings from the literature and research covered, and decisions made to develop a manual and two-part presentation was through my own lens as well as the presentation committee, including Dr. Noëlla Piquette, and Dr. Blythe Shepard.

Reflections on the Manual and Presentations

The process of creating this project has been a winding road that included many of the positions I have held, as well as my participation in graduate school learning. In particular, this project was born out of the culmination of being in graduate school in Applied Psychology at the same time as holding a Mental Health Specialist position in a large Canadian school board. The mixing of the rich learning opportunities in graduate school and professional employment experiences presented the gap that exists with caregiver knowledge and understanding of the ins and outs of the education system. Furthermore, being involved in a program review of a junior high and high school attendance intervention program, and anecdotally reviewing files, I saw the importance of early and sustained interventions for school engagement.

The next step in this journey included synthesizing empirical literature, including the statistical differences between groups of children who have early school skill building opportunities and those who do not. Combining all of these experiences led to a realization that caregiver development is a frontier that has not been augmented or capitalized on. My experiences with research and statistics within the research specialist psychology program at Wilfrid Laurier University contributed greatly to my desire to develop a project that might have statistical significance. My experiences in an intense research psychology program were further enriched by taking Dr. Noëlla Piquette's

Research course in graduate school at the University of Lethbridge. Therefore, within the design of this project, there is an element of energy to discover whether an intervention that harnesses caregivers as an ally including upskilling them, might significantly decrease school engagement challenges in an education system. These research curiosities are further discussed in the Recommendations for Future Research.

Being a father myself with a daughter who is not yet in the education system, and a baby on the way, I am personally invested in ensuring my own children are successful within the education system. Further, I want to use my experience and knowledge to support other families and caregivers to ensure they also have successful experiences in the system. I humbly know I have much to learn, however, I have a unique perspective, being that I was a teacher, Learning Leader, and system specialist. Within all of these roles, I have developed education system knowledge that I feel would greatly help others. My enriched knowledge of psychodynamic therapy also plays a role in that I know that enriching caregiver knowledge while decreasing their defenses will develop positive experiences for caregivers and their children. My sincere hope with this project and the insights that I have through sharing my experiences, is that many caregivers and children will benefit.

Significance of the Project

Ultimately, this manual has potential to support a healthy start to school by building caregiver confidence, knowledge, and skills to support their children, however, it must be sustained and supported throughout a child's educational career. Therefore, it is critical that professionals and educators support the school engagement strategies and

recommendations on an ongoing basis. This manual will not be effective without ongoing reminders and support for families.

The utilization of this model and the two presentations has potential to empower parents and children, and support all children to equitably move through the education system. This model might allow for a reduction in parental defenses through utilizing therapeutic skills and building positive associations with school. The presentations and model are centered around topics that target healing and upskilling caregivers. This intervention method might allow for children with caregivers who were school dropouts, to graduate, overturning the unfair dropout trend that says high school dropouts produce high school dropouts.

Recommendations for Future Research

Future research might investigate how this model effects early learning gaps in kindergarteners by comparing between groups with quantitative assessment measures that evaluate gaps in learning in kindergarten, and then again in high school. This model aimed to help situate families within the school system by providing skills and knowledge to improve caregiver awareness and involvement while also prompting caregivers to engage in learning activities with their children. This suggested research project could investigate whether this intervention decreases early learning gaps.

Future research might also investigate caregiver involvement and whether it is sustained with the school-family partnership with a between groups research design where one group consists of families who receive the upskilling intervention and the other does not. The research design might control for racial groups, since the research by Day and Dotterer (2018) showed that there were significant differences in effects of

caregiver involvement depending upon the racial background of families. Culturally sensitive adjustments to the model and presentation should also be considered in order to help engage families from all backgrounds. The minutia of adjustments might be also included in a research design, by providing different groups with slightly adjusted models and presentations to discover which designs work best for specific racial and ethnic groups. A research design should also be cognizant of socioeconomic groups, and control the statistical measures in order to see differences in economic status. Awareness of caregiver need based on these factors might influence how the model or presentations are uniquely delivered to specific populations.

Implications for Counselling

Counsellors who are engaging with any families in the school system can utilize the content of this model and the two presentations. Knowledge of the empirical research that support this intervention concept will support counsellor's decision making with these families and clients. Definitions related to school attendance challenges alone have highlighted the significance of caregivers within the relationship of school engagement, refusal, truancy, and withdrawal. For instance, the definition of school withdrawal refers to when guardian's efforts to secure school attendance for their child are fruitless. Understanding the importance of the caregiver-school partnership, as well as early and sustained interventions might allow counsellors to engage with a well-informed approach.

Designating role responsibilities and actions items for each individual within the multisystemic approach (including parents, teachers, administrators, counsellors, and youth), for instance, will ensure critical and timely actions are completed, increasing the

likelihood of effectiveness (Twum-Antwi et al., 2020). Clarifying the family's role and responsibilities within the school refusal intervention will encourage and empower them to be a part of this important therapeutic work. Through counsellors, parents might begin to see their integral role in bridging the gap between school refusal and school success by providing a rich growth opportunity through a well-orchestrated intervention. Counsellors can augment and support the synthesized empirical research findings by translating this to their clients. For example, counsellors can highlight caregiver's role significance and empower them to engage with healthy attachment interactions with their children. Counsellors play an important role in translating objective data that is accessible for this population.

Counsellors can utilize this model to clarify their role within the education system among the other key players to ensure that they play their part. Counsellors might also support the model and presentations as well as the effectiveness of their client's school engagement by case managing to ensure a multisystemic approach is successful. Above all, individuals (including parents and professionals) must be empowered to do their part and play their role. Evaluating and clarifying the roles and responsibilities of these community partners, including counsellors, will allow clarity for specific tasks that will orchestrate a successful school-refusal intervention.

Additional Personal Insights

Upon completing this project, it has become clear that one stand-alone model and intervention presentation is not enough skills training, education, and support for many important families. Instead, perhaps a cohort model that continuously supports and educates families throughout their children's educational journey is necessary. A notable

observation in this regard is that parent involvement in longitudinal studies demonstrated that involvement decreases as school wanes on, particularly in the first three years (Daniel, 2015). Furthermore, socioeconomic and cultural differences significantly impact the level of involvement that caregivers have in their children's education. In the context of this discussion surrounding the model and presentation, it is not enough to expect that this model and presentation is going to quickly fix school attendance retention and graduation rates. A cohort model, instead, might be appropriate whereby families continue to receive education, training, and support throughout the time that their child is in school.

Conclusions

The manual and presentations were a product of a synthesized empirically sound literature review and a program review of a large Canadian school board targeted program. Information extracted from the school refusal program, as well as sources such as UNICEF Canada (2018) and Statistics Canada (2018) literature provided an objective understanding of school engagement problems and caregiver/children's needs. Current dropout prevention models showed that the explicit empowerment and involvement of parents was a missing element. Therefore, this model set out to initiate an intervention through a model and presentations to be utilized when families first encounter the education system. Corroborating program review information, school refusal terms, and research such as with UNICEF Canada (2018) showed that early learning is a factor that allows privileged children to enter school with the advantage of early exposure to school preparatory skills. UNICEF Canada (2018) showed that the early learning gap is also propagated by the schooling atmosphere such as with some racialized groups, including

First Nations students. Importantly, early learning programs and caregiver interventions can make a positive difference for inequalities and inequities that we have noted, and this was substantiated by many studies such as OECD (2010) and Daniel (2015).

These information sources provided a solid base of knowledge to initiate a strong school engagement plan for caregivers, which includes caregiver wellness. Objective research related to school refusal has allowed the collection of pertinent information that provided information to support caregivers to successfully navigate a dynamic and sometimes confusing educational system. Research in the areas of school refusal, adolescent mental health, attendance challenges, and interventions were shared to inform and guide caregivers. The synthesized empirically sound literature review supported the development of a model and two-part presentation. The model is titled, *Growing Together Through School A Guide to System Savvy School Engagement* and the two presentations are titled, *Workshop 1 - Focus on Children and Brain Architecture* and *Workshop 2 – Focus on Caregiver Self-Care & Child Resilience.* After utilizing this model and attending the two workshops, caregivers and educators will be better prepared to engage in and support their children with school engagement and educational success.

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Appendix A: Model: Growing Together Through School: A Guide to System Savvy School Engagement

A Caregiver's Education Practice Guide
A set of recommendations and activities for all caregivers to address early preventative and reactive challenges for school engagement

A Two-Part Presentation & Model

About this practice guide

This model was developed as a part of a Final Project for the Masters in Counselling Psychology program at the University of Lethbridge. Caregivers are a critical factor in a student's educational success. As a result of this important recognition, a model and accompanying two-part presentation has been developed to support all parents and students with entering and remaining in school with an informed understanding of how to navigate the school system successfully. The key intention of this model is to directly support and advise caregivers with how to go about successfully navigating through school for themselves and for their children. One of the key target areas of this model includes healing caregiver's wounds that might impede the success of their own children. The model and presentation is non-judgmental, and is guided by objective research, and targets caregiver wellness and cognitive understanding of education.

Important observations have allowed us to see that it is critical to work with all caregivers who have children in kindergarten. One objective measure shows that parents who did not complete high school tend to be more likely to have children who also drop out. Another objective measure shows that supporting parents with how to engage in the school and system and support their children increases chances for graduation. Clear objective data also shows that a reluctance to engage in and complete school has harmful health and occupational impacts on people's lives. We therefore want to appeal and work with all caregivers to start early and make the best of the school years for their young person.

Early and appropriate interventions are what allow youth to engage and continue through school successfully, and therefore, kindergarten or pre-kindergarten aged families are the target for this model. We begin in kindergarten because this is when caregivers and children naturally come into contact with the education system. We also begin in kindergarten because early signs of school dropout are already observed at this stage.

Caregivers and children can be taught the necessary skills that will empower and encourage school success. This model and presentation's aim is to upskill all parents (and consequently their children) with the skills and knowledge that will allow parents to *grow through school* with their child as an ally. Since early and accurate interventions are what allow youth to engage and continue through school, we deliberately intervene at the beginning in kindergarten to provide all families with child the best chance for success.

How to use this guide

This guide is targeted at parents, mental health professionals, and educators who work with kindergarten aged children. It provides preventative and reactive recommendations for families with kindergarten-aged children. Each of the Recommendations 1, 2, and 3 are intended to develop and provision caregiver's educational confidence and knowledge

so that they can foster the skills and attitudes in themselves as well as within their children to safeguard their child's school success.

The guide is intended to accompany two three-hour presentations for caregivers and professionals. There is no single recommendation that will prevent future school dropout, but utilizing this guide and attending the presentation sessions starting in kindergarten will provide a framework and model to support school engagement and success.

The guide along with the accompanying two workshops also provides information about how curriculum is taught, and the system framework within which educators operate to give parents a context so that they can understand where they fit so they can best support their children within the education setting.

Professional development contributors, researchers, administrators, and mental health professionals can also use this model and guide. Professional development providers can utilize the body of research and recommendations within schools or school systems to encourage evidence-based practices that promote high school dropout prevention. Researchers might discover ways to test the value of these various approaches, and explore gaps in the dropout prevention research. Administrators might use the recommended practices and strategies to develop programs, school or school board practices.

Growing Together Through School Practice Guide

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Panel

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GROWING TOGETHER THROUGH SCHOOL: A GUIDE TO SYSTEM SAVVY SCHOOL ENGAGEMENT

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Introduction to the Growing Together Through School: A Guide to System Savvy School Engagement Practice Guide

Introduction

Caregivers face a variety of challenges once their children reach the pre-kindergarten or kindergarten age. One such challenge involves climatizing both themselves and their child to the education system. This time period is critical for the youth for their school and high school graduation success. There is in fact a gap between the children whose families develop education-ready skills and those children who do not receive this exposure. In an effort to front-load high school readiness skills and decrease school dropout, kindergarten caregivers and students are the target of this model.

Caregivers are not always well-included within the models that support school engagement, yet the research shows how advantageous it is for parents to provide prosocial activities and develop educational skills within their children during the early years. Caregiver wellness and healing supports their children's wellness and school success. Therefore, this model includes activities and steps to support caregiver healing.

The many challenges students and caregivers face with navigating the education system sometimes results in interventions to help improve school engagement and interrupt or decrease chances of school dropout. For instance, counselling and the utilization of a multidisciplinary team are often employed once a student reaches a critical stage of school refusal. Before the situation calls for an intervention, there are important preventative and empowering steps that may be taken. This model therefore includes building skills and strategies within caregivers and children to help them develop confidence in their ability to support their children with school and education.

Objective research related to school refusal has allowed us to collect pertinent information that will support caregivers to successfully navigate a dynamic and sometimes confusing educational system. Research in the areas of school refusal, adolescent mental health, attendance challenges, and interventions will be shared to inform and guide caregivers. After utilizing this model and attending the two workshops, caregivers will be better prepared to engage in and support their children with school engagement and educational success.

Introduction *(continued)*

Table 1. Recommendations and corresponding levels of evidence

	Levels of Evidence		
Recommendation	**Minimal Evidence**	**Moderate Evidence**	**Strong Evidence**
1. Prioritize and develop caregiver wellness and healing so caregivers can be present and model health for their children.			★
2. Build skills and strategies within caregivers *and* children to help the family unit develop confidence in social and academic ability.			★
3. Upskill caregivers with pertinent information (i.e. research on school refusal, adolescent mental health, attendance challenges, and interventions) that will enlighten caregivers with how to successfully navigate a dynamic and sometimes confusing educational system.			★

How to Use This Model

Each of the Recommendations 1, 2, and 3 are intended to develop and provision caregiver's confidence and knowledge so they can foster the skills and attitudes in themselves as well as within their children to safeguard their child's school success. Each of the recommendations has accompanying tools and strategies to be accessed and used by caregivers. Some of these tools and strategies might be best supported by utilizing a psychologist or counsellor. Examples of documents within this guide that would be best accompanied by a counsellor is the "Making use of Anxiety" document and the "School Refusal Assessment Scale-Revised."

The guide has been developed to accompany a two-part presentation delivered by a mental health-related Masters degree practitioner. The presentations provide context, research, and practice with the skills and tools that are embedded in this guide. Although this guide stands alone and can be used without the presentations,

Introduction *(continued)*

attending the presentations is highly recommended to offer support and guidance and ensure understanding.

While the guide uses several specific tools, strategies and examples, there are a wide range of additional activities that can be used to implement the recommendations. The type of activity utilized might vary depending on the experience level, knowledge, and understanding of the caregivers involved. The school and/or school system practices might also vary, and therefore, this model should be used in conjunction with the professional educators (i.e. teachers and administrators) practices who are working with the students in their classes.

Key Understandings and Assumptions:

- Socialization and school preparation during and before kindergarten improves school engagement and completion (UNISEF Canada, 2018).
- Children are more successful in school when their parents are on board, supporting, and paying attention *daily* (Twum-Antwi, Jefferies, & Ungar, 2020).
- Parents and caregivers who remain engaged in the education arena make a difference in their child's life (Twum-Antwi, Jefferies, & Ungar, 2020).
- Parents who make their own mental health a priority demonstrate and model for their children the importance of making this a priority (Emerson, Fear, Fox & Sanders, 2012).
- Parents' experience and/or opinions of school directly impact children's experience and/or opinions (Emerson, Fear, Fox & Sanders, 2012).
- School refusal is often seen in conjunction with one or more anxiety disorders (Ingul & Nordahl, 2013).
- Sometimes school refusal is caused or impacted by bullying (Uppal, 2017).
- Youth who refuse school are not refusing just to anger caregivers (Uppal, 2017).
- School refusal can become complicated quickly and is negatively encouraged by the negative consequences of missing school (Balfanz & Byrnes, 2012).
- Early and ongoing school-related interventions lead to the best outcomes (UNISEF Canada, 2018).
- There are many ways that parents and educators can respond, and any and all attempts make a difference (Maynard et al., 2018).

Summary of Evidence

Importance of Early Education Interventions

- Almost all children (92.1%) attend elementary school in Canada (Statistics Canada, 2018).
- Education is a primary factor that allows young people to enter the workforce and earn benefits such as prosperous health, a productive career, and associated financial benefits (Wilson et al., 2011).
- With just one year of pre-primary education, 15-year-olds did considerably better at reading than those with no pre-primary education at the end of compulsory school (Daniel, 2015; OECD, 2010).
- Early education simultaneously supported mothers' workforce participation, and reduces family poverty across Canada (UNISEF Canada, 2018).

School Refusal Research

- School non-attendance is linked to learning and achievement problems (Carroll, 2010), and how this places youth at risk for early dropout (Christle et al., 2007) as well as drug use (Henry & Huizinga, 2007).
- School refusal is influenced by multiple factors, including: individual factors, family factors, school factors, and community factors (Uppal, 2017).
- School dropouts are four more times likely to experience individual negative outcomes, decreased career potential, and poorer health (Lansford, Dodge, Pettit, & Bates, 2016).
- Positive educational values (i.e. high expectations towards education) have been correlated with school completion (Deslandes & Bertrand, 2005).
- Late school refusal interventions show diminished results.
- Caregiver resources are available; however, they often require a sophisticated understanding of the school system.
- Difficulty attending school correlates with diagnostic criteria for internalizing and/or externalizing disorders (Heyne & Sauter, 2013).
- Youth presenting with school refusal are often diagnosed with one or more internalizing disorders within the broad range of anxiety disorders (50% in clinic referred youth) (Baker & Wills, 1978; Bools et al., 1990; Maynard et al., 2018).
- The School Refusal Assessment Scale-Revised (SRAS-R; Kearney, 2002), can help match appropriate interventions to meet specific needs (Gonzálvez et al., 2020).

Caregiver-School & Community-School Partnerships

- Clarifying the family's role and responsibilities within the school refusal intervention will encourage and empower them to be a part of this important therapeutic work.
- Community partnerships (i.e. social services) with caregivers are central in facilitating positive adaptation for children and youth (Ungar, 2013)
- Caregiver involvement, which is defined as demonstrating a parent's "active commitment to spend time to assist in the academic and general development of their children" (Borgonovi & Montt, 2012, p. 20) is widely recognized as elevating educational and developmental success for children (Emerson, et al., 2012).
- Supportive partnerships that are based on mutual trust, respect, and shared responsibility comprise the concept of family-school partnerships (DEEWR, 2008), and studies show that maintaining and increasing engagement in family–school partnerships has excellent effects on student outcomes (Daniel, 2015).
- Family involvement in education involvement, particularly with elementary students emphasized the skills and strengths that families bring as opposed to shortfalls (Sutterby & Ebrary, 2016).
- Parental involvement is also cited as enhancing outcomes among racially and ethnically diverse adolescents (Day & Dotterer, 2018).

Mindfulness Research

- Mindfulness can elicit improvements in student learning performance and general classroom behaviour (Shonin et al. 2012).
- Basso et al. (2019) showed the physiological, mood, emotional, and behavioural enhancements meditation practice provides after just 8 weeks of 13 minute-a-day sessions in non-experienced meditators.

Anxiety Research

- Anxiety is treatable and cost effective (Lilliengren et al., 2017).
- When you change your mind about stress, you can change your body's response to it (Keller et al., 2012; McGonigal, 2015).
- By engaging with anxiety, and the associated feelings, and exploring defenses we can utilize anxiety (Abbass et al., 2013; Yates, 2014).
- Management of anxiety is transferable to the classroom (Caspary, 2018).
- Stress response involves the release of oxytocin, which motivates you to seek support and crave contact with friends and family (Keller et al., 2012).

Biopsychosocial Model of Pain

- The integration of both the biomedical and biopsychosocial models is heavily supported by research (Bello, 2012).
- Flare Up self-management tools support individuals to prescribe their own individual positive responses to pain and anxiety (Gatchel et al., 2007; Sarafino et al., 2015).
- These approaches have been researched and support people to have longer and happier lives (Johnson & Acabchuk, 2018).

Trauma and Resilience Research

- Multisystemic approach (including parents, teachers, administrators, counsellors, and youth), will ensure critical and timely actions are completed, increasing the likelihood of effectiveness (Twum-Antwi et al., 2020).
- ACEs investigations have lead to a greater understanding related to how caregivers can heal and support their children who exhibit school refusal. Some recommendations include developing relationships and community, utilizing meditation, hypnosis and guided imagery, and self-care (among others) (Blair et al., 2019).

Disorders Associated with Negative and Positive Reinforcement

- Children who based their rejection of school on obtaining tangible reinforcements outside of school, statistically show significant and positive correlations with behaviour problems (Gonzálvez, et al., 2020).
- Negative reinforcement is associated with generalized anxiety disorder, social anxiety, specific phobia, agoraphobia, depression (Gonzálvez, et al., 2020).
- Positive reinforcement is associated with separation anxiety disorder associated with capturing the attention of significant people (Gonzálvez, et al., 2020).

School Credit for Therapeutic Work

- Applying all of the activities (both therapeutic and academic) that are conducted in the home towards school credit will allow parents to also see how their efforts can build success for their children (Murray et al., 2019).
- School credit validated important therapeutic skills, ultimately empowering school progress and achievement, which increased school engagement (Murray et al., 2019).

Recommendation 1: Prioritize and develop caregiver wellness and healing so caregivers can be present and model health for their children.

Children require early healthy attachment, healthy socialization, whose caregivers are involved and model prosocial behaviour. Stable caregiver mental health will allow for children to learn the adaptive skills necessary for school and learning. Caregiver stability will also allow for developing a home environment with structure, skill building activities, and emotional regulation.

Tools and Strategies That Will Support Caregiver Wellness

The first document (pages 14-16), titled *Making Use of Anxiety* (Yates, 2014), is a document that caregivers can peruse and use to discover their own anxiety, attend to it, and decrease defenses. The intention behind the inclusion of this document is to help foster health in caregivers so that they may be present for their children and better able to support positive educational connections. This specific document is best used in conjunction with a mental health practitioner's support.

The second document (pages 17-18), titled *ACEs for Caregivers* (Felitti et al., 1998), is a document intended to support self-awareness, healing, and growth for caregivers. Awareness that caregiver's have of their own ACEs will allow them to avoid accidentally projecting their own experiences onto their children. The hope with this document is that caregivers will explore their own childhood experiences and heal, and continue to heal as they grow through school with their child.

The third document (pages 21-23), titled, *Caregiver and Student Self-Management Tools*, provides a series of documents aimed at deceasing caregiver pain and suffering. Everyone is fighting a battle, and these documents will support the healing and growth caregivers need in order to be stable and present for their children's learning and academic journey. Used in conjunction with ACEs awareness, caregivers can develop strategies using these tools to support mental and physical wellness.

The fourth document (pages 24-30), titled, *Caregiver Activity: Stress, Resilience & Reaching Out* (Keller et al., 2012; McGonigal, 2015) encompasses an activity for caregivers to engage in which supports Cognitive Behaviour Therapy (CBT) skills aimed at supporting growth in stress management. Caregivers are invited to work through the two activities and reflect on stresses and their stress response. Further, the activity invites caregivers to plan to reach out to a specific trusted individual for support when they encounter heightened stress.

Caregiver Self Care: Confronting & Utilizing Anxiety
(Yates, 2014)

Making Use of *Anxiety*

Anxiety is a warning system. Like the sound of a smoke alarm, it is not pleasant but it tells us that there is something in our *emotional self* that needs our attention. A fearful and/or judgmental part of our unconscious mind, established when we were very young, acts as if these feelings – anger, grief, etc. – are a threat to our sense of emotional security, and "zaps" us with anxiety when they arise.

To avoid attending to this anxiety, we develop an array of unconscious maneuvers – "defenses" – that *automatically* block us from taking a step back from our anxiety, managing it in a healthy way, and consciously reflecting on whether the emotions we have always been anxious about are still a threat.

Although we may *feel as if* anxiety is our main problem it is usually our defenses – unconscious avoidance maneuvers – that create and maintain our difficulties. Defenses include "explaining away," cutting off, distracting ourselves from, "analyzing" instead of experiencing, our feelings.

Anxiety will persist until we pay attention to our defenses, see their harmful effects, stop automatically obeying them and actually *feel* these unfelt emotions. To manage our anxiety in a healthy way we must learn to engage with it.

So, how can we engage anxiety to help us stop automatically obeying our harmful defenses and feel what we have needed to feel all these years?

Glad you asked!

***TUNE INTO THE ANXIETY*: Begin by simply *noticing* that you're anxious**

a. Physical manifestation of anxiety
   i. Muscle tension *or* restlessness, fidgeting, pacing, hand wringing; tight/dry throat, higher pitch of voice/tight throat.
   ii. Increased body temperature, sweating – pals, forehead, etc.
   iii. Shallow breathing: involuntary sighing, shortness of breath
   iv. Heart palpitations: feeling the beating of one's heart
   v. Dryness of mouth, frequent throat clearing, husky voice
   vi. "Butterflies" in the tummy
   vii. Gastrointestinal discomfort, irritable bowels/diarrhea, nausea
   viii. Banking out and/or perceptual disturbances such as blurring of vision, "tunnel" vision, ringing in the ears
b. Psychological manifestations
   i. Feelings of dread or foreboding, worrying
   ii. Obsessively replaying past or anticipated events; fretting
   iii. Sleep disturbances
c. Impulsive manifestations
   i. Urge to get away, go silent, hide, avoid

ii. Urge to detach your mind, to distract, 'busy', or 'numb' yourself, to 'drown' anxiety with alcohol

ATTEND TO THE ANXIETY: "PND-P" Like putting your car in gear – **Park, Neutral, Drive**. (The last "P**ark**" comes a little later, when you've driven as far as you can go).

PAUSE in what you're doing and say **ALOUD** to yourself "I'm feeling anxious." If you're with someone, say it clearly in your mind.

NOTICE how you are tempted to avoid experiencing the anxiety: "I'm too busy," It's too unpleasant," It's not important" etc.

DECIDE to engage the anxiety directly by "Relaxation, Breathing and Letting Go" (RBL) as described below.

RELAX YOUR MUSCLES; Defocus your gaze

Sit comfortably so that all parts of your body are supported by a chair. That is, be sure that none of your muscles is needed to support your body and each can be completely relaxed.

Let your gaze go unfocused so that you're looking at the floor about 6 feet in front of you, or at a wall, but not at any particular point.

If that's too difficult, simply close your eyes.

BREATHE

Paying full attention, breathe in and out through your nose (or out through your mouth) in a smooth, regular way. Notice your rib-cage expanding sideways and your tummy rising and falling as you take a full breath. Don't hold your breath between inhale and exhale; breathing too fast makes you dizzy, keep it slow, even, and rhythmical.

LET GO OF THOUGHTS AS THEY ARISE

Keep your mind on your breathing. You may focus on the air going in/out of your nose/mouth, the rise and fall of your tummy, the expansion of your rib-cage, or any other physical sensation of breathing. Pick the easiest one to monitor and use it each time. Almost immediately thoughts will arise such as; "I don't have time right now;" "I'll do it later," "This isn't going to work," "Am I doing it right?" "I wonder what I'm anxious about?" *Not matter how tempting it is to be distracted by such thoughts, they are really all defenses! Let them go and bring your mind back to awareness of your breathing.*

Paradoxically, the act of RBL may itself cause an anxiety spike and tempt you to stop engaging the anxiety and give up. *Let these anxious thoughts go too, they are all ways of distracting you from actually paying attention to yourself. Simply bring your mind back to the sensation of breathing.*

The goal is not to "stop" thoughts; you can't! It's to become **more aware** of your thoughts and to practice letting them go. That's all!

Don't get down on yourself because you don't catch or let go of thoughts right away. Being aware of your thoughts lets you step back and notice them rather than letting them automatically carry you away.

PERSIST until your anxiety is much lower and further breathing, relaxation and letting go, doesn't further lower your anxiety. Park!

REFLECTING ON THE TRIGGER(S)

When your anxiety is settled to a manageable level and doesn't go down further as you persist with RBL you might *then* – and only then – ask yourself "What triggered my anxiety on this occasion?"
When did I start to feel anxious? Who was I with? What was happening? What emotion was I afraid of?"
Almost always the trigger will involve an *actual or imagined* encounter with another person. Underneath the event you will notice that the *feeling* (i.e. the *emotion*) aroused by the encounter is the "deeper" trigger for the anxiety.
Whatever emotion it is, your unconscious mind either *fears* it or *disapproves* of it – usually both.
A clue to what emotion you're feeling is the *impulse* that goes along with it; e.g. an angry feeling gives rise to an urge to yell, hit or throw.
Practice noticing the anxiety, lowering it, and paying attention to the emotions and impulses that arise and, finally, the triggering events. The more you practice the easier it will become.
We will explore these triggering events further in our sessions.

WHY BOTHER TO DO ALL THIS?

Once you allow yourself to regularly experience – actually *fully feel* – the underlying emotions, your anxiety will disappear and the dysfunctional defenses will no longer be necessary. Those who persist in this practice find that they get more quickly to the goals, which, above all, is to ***live*** a more peaceful, less anxiety-driven life.

WE HUMAN BEINGS CANNOT DO ANYTHING TO PREVENT THE ARISING OF EMOTIONS WITHIN US. WE CAN ONLY *FEEL* THEM OR *HIDE FROM* THEM. ANXIETY, IF IT IS NOT ATTENDED TO, KEEPS UP THE DEFENSES THAT CONTINUE TO HIDE OUR EMOTIONS FROM US. (And defenses don't work anyway; we still feel anxious but seldom about what the real issues are).

WHAT WE *CAN* DO IS CHOOSE WHETHER TO CONTINUE TO HIDE FROM OUR ANXIETY OR ATTEND TO IT, CALM IT, AND USE IT TO GET TO OUR LONG-AVOIDED, UNFELT EMOTIONS.

IT IS NOT OUR EMOTIONS THAT ARE HARMFUL AND EXHAUSING, IT IS THE EFFORT WE MAKE TO HIDE FROM THEM.

A FINAL THOUGHT

"We have to try to cure our faults by ***attention*** and not by will." - Simone Weil (1947)

ACEs for Caregivers (Felitti et al., 1998)

Overview of ACES

- ACEs (Adverse Childhood Experiences) are childhood traumas that can result in harmful stress, and prolonged exposure can damage the developing brain and body affecting children's overall health. Toxic stress might inhibit a child from learning or playing with other children in a healthy way and cause long-term problems.
- ACESs can include:
    - Neglect: emotional / physical
    - Medical trauma
    - Abuse: Emotional / physical / sexual
    - Bullying / violence of / by another child
    - Household: Substance abuse / mental illness / domestic violence / divorce / parental abandonment
    - Racism, sexism, or any form of discrimination
    - Violence in community

Healing Pathways

- Relationships & Community
- Meditation, Hypnosis & Guided Imagery
- Art & Write to Heal
- Talk/Cognitive Behavioural Therapy
- Nutrition, Exercise & Sleep
- Safety & Self-Care
- Somatic Processing (Body-Based)
- Understand your ACEs and how they impact your daily functioning

ACEs for Caregivers (Felitti et al.,1998) *(continued)*

Parenting to Prevent and Heal ACEs

- Nurture & Protect kids as much as possible
  - Be a source of safety and support
- Make Eye Contact
  - When you look at babies and kids it communicates that you see them, you value then, you matter to them, and that they are not alone.
- Give 20-Second Hugs
  - Safe touch is healing, and long hugs are most helpful.
- Hunt for The Good
  - Seek to find where there is pain or trauma and practice looking for joy
- Help Kids Express Mad, Sad & Hard
  - hard things occur, but helping kids find ways to share and process hard things helps. Kids learn from us adults.
- Say: "Sorry"
  - Mistakes happen and that is okay. Acknowledge, apologize, repair. It is up to us to model how we are responsible for our moods and mistakes.
- Practice Self-Care
  - Slow down, or stop, take regular breaks, use the 80% rule.
- Be There for Kids
  - Being present for our kids is productive. It shows we are their support.
- Keep Learning
  - Understand how ACEs impact you and your parenting.

Caregiver and Student Self-Management Tools: Flare Ups (Johnson & Acabchuk, 2018)

FLARE UPS

WHAT IS A FLARE?	
Significant increase in pain Significant change in symptoms	Panic and anxiety Difficulty recalling/using coping strategies
WHAT CAUSES A FLARE?	
Nothing – it can be spontaneous Direct Trauma Unfamiliar situations / environmental factors	Stressors • Physical • Psychological (fear, anxiety, depression, etc.) Indirect Trauma
DO	**DON'T**

• Relax and calm down
  ○ Breathing techniques, music, distractions
• Gently return to movement
  ○ Gentle movements
  ○ Low intensity / impact exercises
  ○ Lower duration and higher frequency
• Slowly and gradually return to activity
  ○ Don't try to do it all at once
  ○ Break activities into smaller tasks to work on before building it all back up
	• Panic
	• Stop breathing
	• Get angry with others
	• Tense up
	• Catastrophize
	• Focus on the exacerbation / episode / pain
	• Stop all activity forever

WHAT TO DO	

○ Expect pain flares to happen – but don't let them control you
○ Make and practice a plan when you're not in a flare
○ Focus on what you CAN do
○ 1-2 days of rest after an acute injury is normal (depending on the injury), but then it's time to move it!
  ○ Acute pain: pain signals warning you of tissue damage (i.e. Burning your hand on a stove)
  ○ Chronic pain: pain signals that occur even if there may not be any tissue damage	

ACTIVE MODALITIES – THINGS YOU ACTIVELY PARTICIPATE IN TO RECOVER	
○ Relaxation techniques ○ Distraction techniques ○ Self-hypnosis ○ Medication ○ Gentle exercises	

POSITIVE MODALITIES

- Heat – helps relax muscles and other soft tissue, increases circulation
  - Great for warming up
- Ice – decreases swelling, provides numbing, increases circulation after 5 minutes
  - Great for after activity
- Medication – only as prescribed
- Massage, chiropractors, naturopaths, homeopaths, acupuncturists, osteopaths, etc. – only if they help!

PACING

Changing an activity in a way that allows you to:

- Be able to do the activity in the first place
- Do the activity for longer
- Reduce the impact on functioning and participation
- Reduce the chance of flare ups

Doing too much

- Your body might not be able to catch up
- Muscle soreness
- Higher possibility of a flare up or injury

Doing too little

- Loss of strength and cardiovascular fitness
- Stiffness and swelling
- Loss of balance and body awareness
- Loss of function and movement
- Decreased motivation, depression and social withdrawal

FIND A BALANCE BETWEEN DOING TOO MUCH OR TOO LITTLE

How to pace

- Break the activity down into simple movements
  - What movement does each body part do
  - Work on those movements individually
  - Bring all the movements back together
  - Work in a controlled environment to start
- Change the position to make exercises easier or harder (i.e. sitting, lying down, etc.)
- Progress yourself by only changing one of these 3 factors
  - Intensity – how hard
    - Changing resistance, repetitions, sets, position
  - Duration – how long
  - Frequency – how often
- Only progress every 3-7 days (if consistent with exercises) to allow your mind and body to accommodate

Caregiver and Student Self-Management Tools: Rescue Plan (Johnson & Acabchuk, 2018)

Relaxation and de-escalation techniques • Active strategies • Passive strategies *Ex. Breathing, music, distractions, baths, heat and cold packs*	
Gentle reactivation activities • Low intensity/impact • Low duration, medium frequency • Pacing *Ex. Bending/straightening, easy balance exercises, tracing alphabet*	

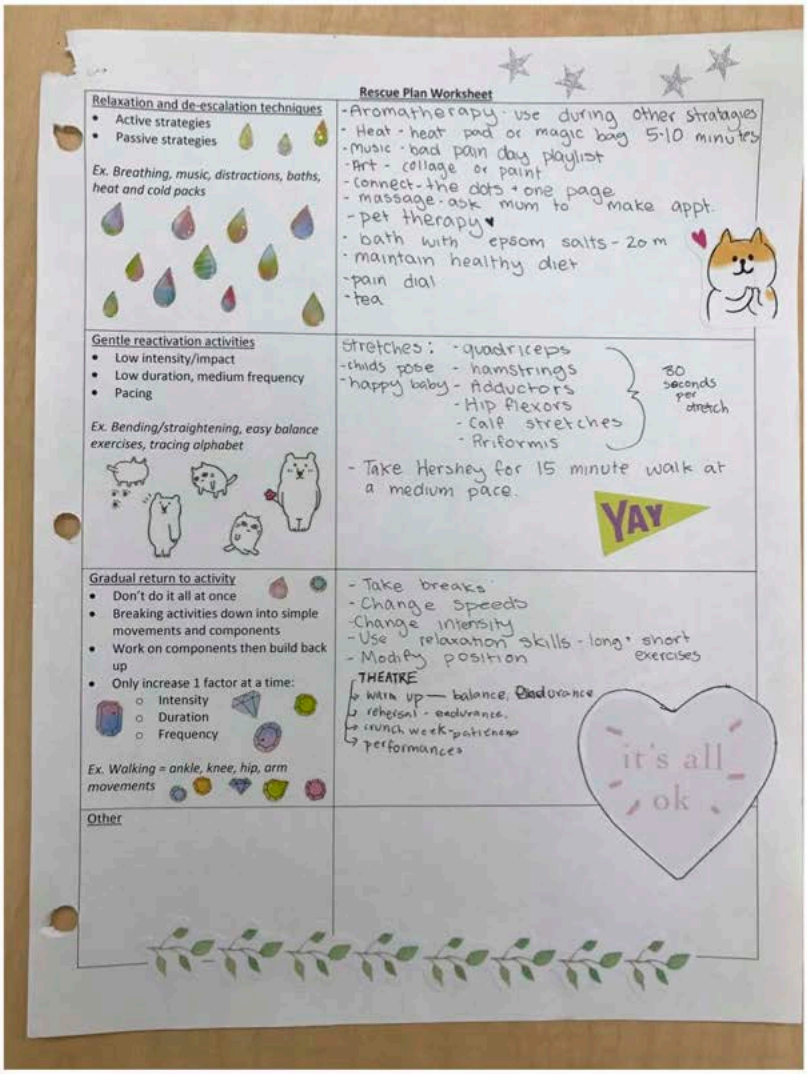
Gradual return to activity
• Don't do it all at once
• Breaking activities down into simple movements and components
• Work on components then build back up
• Only increase 1 factor at a time:
  ○ Intensity
  ○ Duration
  ○ Frequency
 	
Ex. Walking = ankle, knee, hip, arm movements	

Other	

Caregiver and Student Self-Management Tools: Blank Rescue Planning Worksheet (Johnson & Acabchuk, 2018)

Relaxation Techniques	
Passive Modalities	
Active Modalities	
Other	

Caregiver and Student Self-Management Tools: Rescue Planning Worksheet Example



Caregiver Activity: Stress, Resilience & Reaching Out
(Keller et al., 2012; McGonigal, 2015)

Name of Activity: How to Make Stress Your Friend & Reaching Out for Support

Theme: Stress and Resilience

Equipment:
1. Blob Tree
2. Oxytocin and Stress
3. Positive Stress Cycle

Objective:
1. Understand and experience how to effectively manage stress.
2. Apply what we learn about stress and thinking to make stress our productive friend.
3. Learn about how the stress reaction includes oxytocin and the impulse to reach out for support, offering the associated benefits to stress reduction.

Target: Caregivers & Educators

Original Source:
1. Kelly McGonigal: https://www.youtube.com/watch?v=154-mh8JbNg

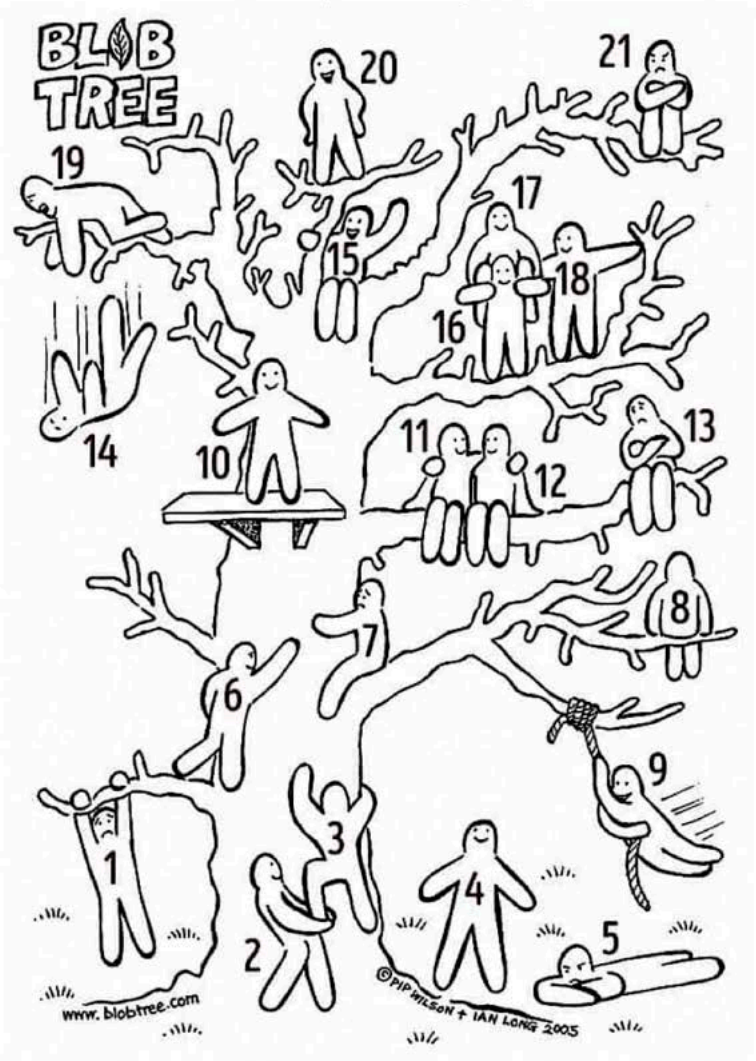
Check in

- *Explore the Blob Tree (on the next page), and consider which of the characters you are currently relating to. This is simply a mindfulness activity to non-judgmentally observe how you are currently feeling.*

Stress Brainstorm: What is Stress & Anxiety?

- *Ask yourself - what is stress and what stressors do you encounter*
- *Create a list of your stressors on a sheet of paper for yourself.*
    - *Prompt: It is likely that the stressor(s) you are struggling with are also experienced by other people.*
    - *Prompt: Stressors that caregivers may encounter might include work, part time jobs, meeting a romantic partner, making and maintaining friendships, managing home lives with children, paying bills, etc.*

Blob Tree (Wilson & Long, 2017)



Stress Education

- A study by Keller et al. (2012) sought to examine the relationship among the amount of stress, the perception that stress affects health, and health and mortality outcomes
    - High amounts of stress and the perception that stress impacts health are each associated with poor health and mental health.
    - Individuals who perceived that stress affects their health *and* reported a large amount of stress had an increased risk of premature death.
    - When you change your mind about stress, you can change your body's response to it.
    - Chasing meaning is better for your health than trying to avoid discomfort.
    - Stress releases oxytocin (see page 30 for a visual), which motivates you to seek support and crave contact with friends and family.
    - People who encounter stress but do not believe that stress is harmful have the **lowest risks for health and longevity**
        - Example: When taught that our stress response is helpful (i.e. pounding heart is preparing you for action, breathing faster – no problem – it is getting more oxygen to your brain) people are less stressed out, less anxious, more confident.
        - When viewing stress this way is achieved, blood vessels remain relaxed.
    - Therefore, how you think about stress matters!

Questions to Ponder

- Have you ever avoided an opportunity you wanted to pursue because of the potential stress it would cause? If so, what was it, and would you have made a different decision if you focused on finding meaning?
- When you're stressed, do you seek support? Is it an effective strategy for you? How does it make you feel?

Activity 1: Making Stress My Friend

Choose a stress that you listed from your brainstorm, and identify how you can change your thinking about this particular stress. Examples are below using "work" as the stress example.

Example: Work

Stress Reaction	Making Stress Thinking My Friend
Heart Palpitations	More blood flowing so I can learn more and think better
Heavy Breathing	Heavier breathing so I can get more oxygen and blood to fuel my heart

Anxiety	I can embrace my anxiety and feel the feelings to give me strength and empowerment
Fear	Embrace the fear as an inspiration to overcome challenges and do things I want including achievement at work
Fight/Flight/Freeze Response	Use this opportunity to reach out to a trusted friend or relative for connection and support
Temptation to Hide or Use Substances	Use the opportunity to use the positive stress cycle and improve mood with positive self-talk/thoughts, interaction with safe peers/family
Bottled Up Energy	Use this energy to engage in healthy physical activity, and strategies to positively influence health and well-being

Social support is the physical and emotional comfort given to you by your family, friends, co-workers and others. It's the knowledge that you are part of a community of people who love and care for you, value you and think well of you.

Types of Social Support

- Support can come in many different forms. There are four main types of social support: Emotional support, practical help, sharing points of view, and sharing information

1. **Emotional support**
   - This is what people often think of when they talk about social support. People are emotionally supportive when they listen to you, show empathy, and tell you that they care about you.
2. **Practical help**
   - This kind of support helps you complete tasks in your daily life and ease some of the daily stressors you may experience such as gifts of money or food.
3. **Sharing points of view**
   - Some people help by expressing their confidence in you or by encouraging you. They may remind you of your strengths and help you maintain a helpful and realistic perspective of the situation. For example, a classmate might remind you

of your strengths as a speaker and your past successes before an important presentation at school.

4. **Sharing information**
    - It can be very helpful when family, friends or even experts give factual information or share their point of view on a particular situation. For example, a friend who recently married might provide information on the cost of their wedding and tips on how to stick to your budget, someone who has previously lost their job may share resources for networking or tips on coping with the change, or a cancer survivor might provide information on different types of cancer treatments.

What is so important about social support?

- Research shows that social support provides important benefits to our physical and emotional health. Stress may be related to a number of health concerns, from mental health problems to chronic health problems like heart disease and migraines. However, social support helps protect people from the harmful effects of stress. When dealing with a stressful situation, people are less likely to report stress-related health problems when they feel like they have support from others.

Getting Your Support Needs Met

- Many of the people in your life can provide social support. These can include your parents, spouse or partner, children, siblings, other family members, friends, co-workers, neighbours, health professionals, support groups, and sometimes even strangers.
- Different people in your life may provide different kinds of support, so it's unlikely that one person can provide all the support you need. For example, your best friend may give great relationship advice.
- The best support often comes from the people you are closest to in your life. Receiving support from the people you are close to may be more beneficial to your physical and emotional health than support from people you don't know well.

When might I want to change my social support network?

- While some people maintain the same set of friends, co-workers and contact with family members over their entire adult lives, many others make shifts to their support networks. Here are some of the reasons why.

Not enough support?

- You may wish to bring new people into your support network if you find that you need more people in your life who can provide you with support, or if you're missing people in areas that are important to you. For example, you may have good emotional support, but you may want to meet more people who share your interests.

Activity 2: Reaching Out (it releases oxytocin!)
When you encounter stress, REACH OUT!

- **Who needs social support? We all do!**
  - Are there people in your life you can turn to when you need to talk to someone?
  - Someone to help when your basement is Flooded? Or maybe just someone you can call when something really great happens and you want to share the news?

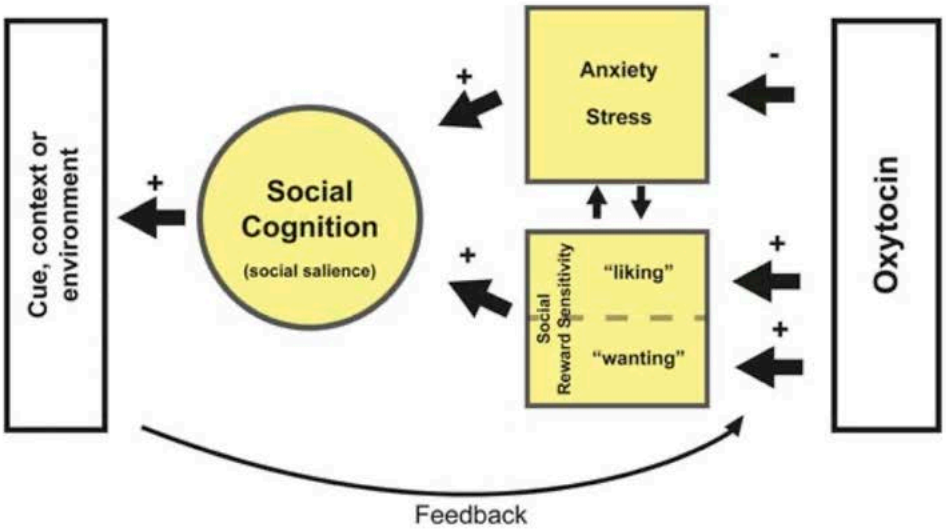
Stress Reduction Activity: Demonstrate How You Would Reach Out

- **Step 1: Identify the action you're going to take with how you will reach out for support**
    - Identify one person you will reach out to when you experience stress. Use the questions below to help you create a plan (see the positive stress cycle on page 30).
  - Whom do you plan to reach out to?
  - How will you reach out to this person?
  - What do you expect from the interaction?
  - Why did you choose this person?
- **Step 2: Trace your hand on a piece of paper, and write each of the ideas from Step 1 in and around your hand.**
    - Feel free to use coloured pencils and markers to illustrate each of your ideas
- **Step 3: Write your results**
  - Complete the following statements:
  - I plan to connect with . . .
  - In doing so, I expect to . . .
  - I chose this person because . . .

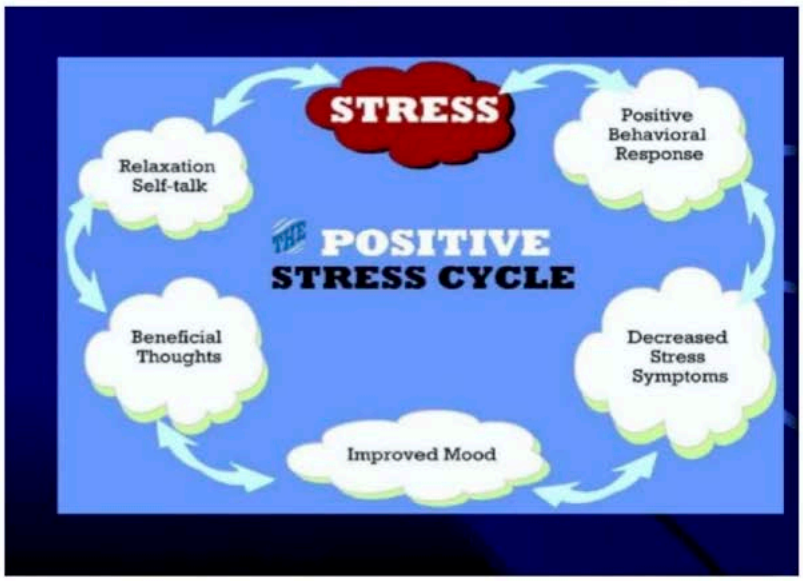
How do I improve my social support network?

1. Don't be afraid to take social risks
2. Get more from the support you have
3. Reach out
4. Be a joiner
5. Be patient
6. Avoid negative relationships
7. Take care of your relationships

Stress Releases Oxytocin (Bethlehem et al., 2014)



Positive Stress Cycle (Dinardo, n.d.)



Recommendation 2. Build skills and strategies within caregivers *and* children to help the family unit develop confidence in social and academic ability.

Children require early and ongoing structure, predictability, nutrition, feedback, variety (among others) in the home environment in order to empower school engagement and success. By outlining the skills and tools that caregivers can provide in the home, the documents in this section aim to upskill all caregivers with children in kindergarten so that they can be attuned to the critical features they can provide in the home that will prevent drop out and increase engagement.

Tools and strategies that will support caregivers with critical strategies needed at home from caregivers that objectively support student engagement:

The first document (page 32), titled *Strategies Caregivers can Implement in the Home*, is a document that caregivers can peruse and use to design their home in a way that mirrors stabilizing features of typical educational settings.

The second document (page 33), titled *Role Expectations* is an outline of what caregiver's should consider their responsibility within their child's educational program. Additionally, the roles of other professionals are included, such as teachers, learning support teams, administrators, and administrators.

The third document (page 35), titled *Resources for Supporting Learning & Positive Mental Health*, provides resources to support caregivers with key learning, curriculum lesson plans, wellness, and mental health supports and strategies. Strategies for both youth and adults are included to support the family unit. Knowledge of these types of resources will also support caregivers with an understanding of the types of resources used by educators in the classroom.

The fourth and fifth documents (pages 36-37), titled, *Trauma and the Window of Tolerance* (NICABM, 2019) are included to provide psychoeducation on how trauma can affect the window of tolerance. Working with a practitioner can help expand our window of tolerance, allowing us to cope better and engage with life more easily.

The Fourth document (pages 38-39), titled *Generalized Guidance for all Caregivers* provides an outline that includes regulation strategies to support children, self-care strategies for caregivers, as well as the importance of academic routines and relationships with your children to support learning.

Strategies Caregivers Can Implement in the Home

Predictability	Make a predictable learning schedule, but talk to your child about the need for flexibility when the day dictates it. The more you can discuss and prepare your child in advance, the easier it could be for them to accept it when the time comes.
Variety	Choose a variety of types of learning tasks for your child to complete in the day (eg. written, visual, oral, physically active).
Health and Hygiene	Shower / eat breakfast / get changed before school work (avoid staying in pj's all day). Promote regular sleeping hours (no late nights, and late mornings).
Attention Span	Schedule short chunks of learning time with physical activity, movement breaks, and brain breaks in between (use a visual timer such as the oven timer, an egg timer, or a free online visual timer).
Self-monitoring	Promote self-monitoring by creating a checklist or visual map of tasks to complete each day that the child can follow on their own, and eventually create on their own.
Feedback	Build in feedback, even if it is short and sweet, to encourage continued motivation and engagement. Leave a new note for your child to read in the morning when they come to breakfast, or under their pillow at night.
Engagement	Take pictures (keep a memory box) of their work, or pics doing the work, so they feel their time spent on school "work" is valued and recognized. Encourage your child to keep their own digital scrapbook of the learning at home they are doing.
Nutrition	Provide small snacks in between, not during learning activities. Eat nutritious meals to fuel the brain and the body!
One-Step Instructions	Avoid multi-step instructions for students who have troubles sustaining attention, and provide visuals for instructions if possible. For older students, use apps such as **To Do** that have shareable checklists to keep track of items to complete or those that are completed.
Ownership	Create a schedule for learning activities, gaming, etc. WITH your child, so they are aware of the plan and feel ownership in it.
Emotional Wellness	Have a way for your child to identify their emotions on an emoji chart BEFORE they start their activities in the morning, and/or reflect before bedtime. For older students, build it into your breakfast conversation, or make a point to check in with them about how they're feeling during the day.
Communication	Create an email for the teacher at the beginning of the week, that you and your child add on to each day with one sentence that reflects that day's successes and challenges. Send it to the teacher at the end of the week.
Self-Advocation	Help your child create the email to contact their teacher if they are struggling with an assignment, have a question, or find the learning difficult. Arrange a phone call for a personal connection with the teacher. Self-advocation is difficult for most adults, let alone students who are anxious or under stress.
Reach Out	Reach out for help if your child is struggling, or you have questions. That is what the teacher is there for.

Role Expectations for Parents, Educators and Professionals

ROLE EXPECTATIONS

EXPECTATIONS OF STUDENTS & PARENTS

- Set up a learning space for your child;
- Develop healthy relationships with school staff, including teachers, administrators, and administrative secretaries;
- Watch for your child's teachers to communicate their learning and engage with children's interpretation of the learning;
- Ensure you connect with your child's teacher each week and discuss your daily interactions with your child regarding their experience at school with teachers and peers;
- Reach out and share any problems/issues that may occur with teachers and administrators;
- Have fun learning together and practice patience with one another; and
- Get lots of exercise by setting an exercise schedule.

EXPECTATIONS OF TEACHERS

- Engage each student with an appropriate academic learning plan;
- Evaluate the curricular outcomes, and prioritize the content to be covered;
- Connect with the learning support team to plan implementation of student success plans;
- Communicate their learning continuity plan to parents and students;
- Share weekly learning plans with parents/students, with the exceptions of holidays;
- Connect with the student through established means (virtual connection, e-mail, etc.);
- Connect directly with students, and identify any students who cannot be reached to administration and learning support team;
- Identify students that may be struggling to their school's learning support team;
- Communicate with their principal; and
- Be accessible for scheduled meetings

EXPECTATION OF LEARNING SUPPORT TEAMS (Learning support teachers, child development advisors/school counselors/guidance counselors)

- Support teachers and identify strategies that can be easily translated into home-life and learning;
- Maintain regular connection with students, guardians and families, focusing on social and emotional well-being;

- Identify any student who cannot be reached to your principal; and
- Engage in regular consultation, collaboration and coaching with support teams.

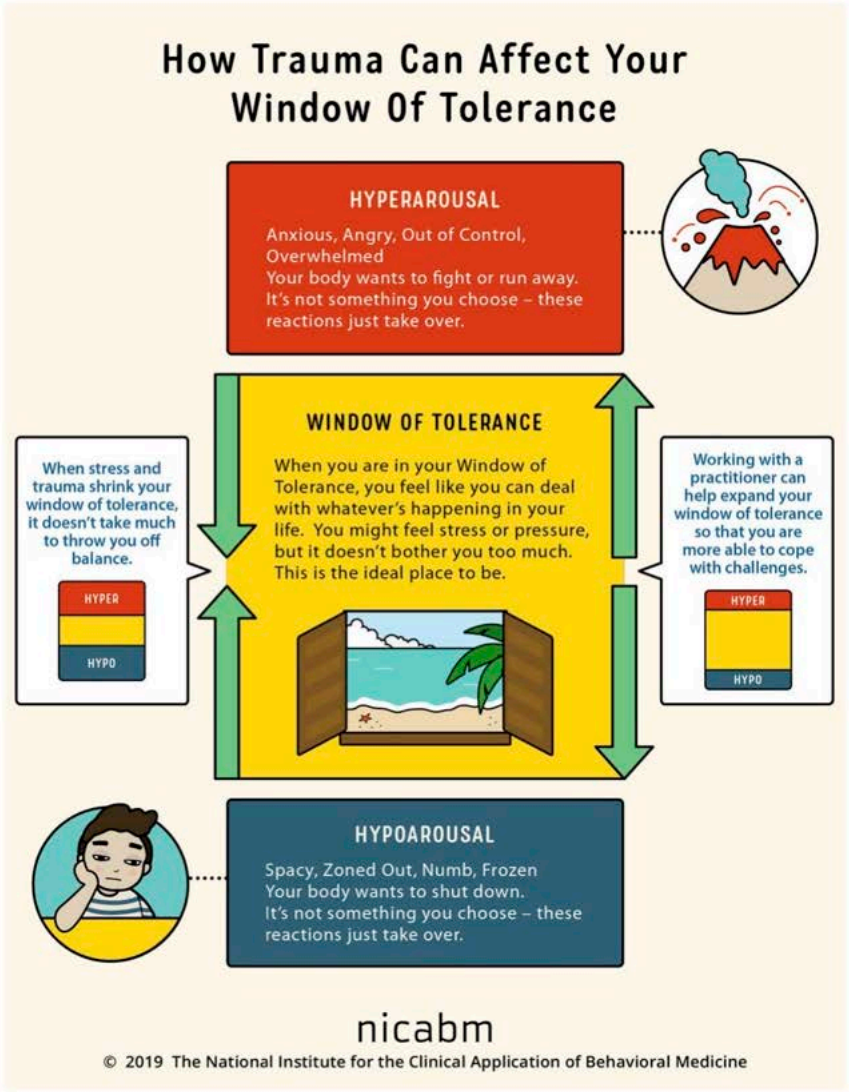
EXPECTATIONS OF ADMINISTRATORS

- Establish a staff communication plan for daily messaging and touch points to meet individually with each staff member;
- Ensure staff are providing education at the regional governing body's standard;
- Ensure teacher's meeting classroom instructional hour expectations;
- Establish a teacher continuity plan in the event a teacher falls ill;
- Coordinate teacher hours;
- Develop and execute professional development for the staff and teachers they are responsible for;
- Approve teachers' learning plans, with a focus on building consistency among grade levels;
- Ensure assessment is appropriate and completed for report cards and communicated to parents; and
- Encourage staff to join a professional learning community and engage in professional learning opportunities.

Resources for Supporting Learning & Positive Mental Health

Resource Title	Brief Description	Format & Accessibility & Link	Grade Level(s)
UBC & BC Children's Hospital: Kelty Mental Health Resource Centre: mental health resources to use in the classroom	Websites featuring curriculum linked lesson plans and resources for teaching and learning about mental health and wellness in the classroom.	Online, some downloadable materials. **Link:** https://keltymentalhealth.ca/school-professionals/mental-health-resources-and-curriculum-classroom	K-12
Social Emotional Learning Activities for Families and Educators	Compiled by the Washington State Office of the Superintendent for Public Education (with CASEL), SEL activities for all grade levels.	Online, some downloadable materials. **Link:** https://www.k12wa.us/sites/default/files/public/studentsupport/sel/pubdocs/SEL%Parent%20and%20Educator%20Activities.pdf	K-12
Wellness Together Canada	Mental health and substance use support. Immediate support text options for youth and adults separately. Resources separated by "youth: getting through this together" and "adults: strategies for coping with mental health and addictions."	Online, links to articles, apps, tools and resources. Also, connections to trained volunteers and qualified mental health professionals when needed. **Link:** https://ca.portal.gs	Youth and Adults
Understood	Website that provides tools for attention difficulties and learning differences. These learning needs often result from or are comorbid with mental health struggles.	Online, information, simulations, first-hand testimonies and resources. **Link:** https://www.understood.org	K-12 Educators, families, and young adults.

Trauma and the Window of Tolerance (NICABM, 2019)



Trauma and the Window of Tolerance (Banana Tree Log, 2020) *(continued)*

WINDOW OF TOLERANCE AWARENESS WORKSHEET

Identify, recognize the symptoms you experience and build awareness

For HYPERAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of increased responsiveness*
- *Feeling anxious, angry and out of control*
- *You may experience wanting to fight or run away*

HYPERAROUSAL

○ ___ Anxiety	○ ___ Addictions
○ ___ Impulsivity	○ ___ Over-Eating
○ ___ Intense Reactions	○ ___ Obsessive Thoughts/Behaviour
○ ___ Lack of Emotional Safety	○ ___ Emotional Outbursts
○ ___ Hyper-Vigilance	○ ___ Chaotic Responses
○ ___ Intrusive Imagery	○ ___ Defensiveness
○ ___ Tension	○ ___ Racing Thoughts
○ ___ Shaking	○ ___ Anger/Rage
○ ___ Rigidness	○ ___ Physical and Emotional Aggression
○ ___ ----------	○ ___ ----------
○ ___ ----------	○ ___ ----------

For HYPOAROUSAL, check all the symptoms you experience and enter the level of severity from 1 to 5 (one is the least severe and five is extreme and paralyzing):

- *Abnormal state of decreased responsiveness*
- *Feeling emotional numbness, exhaustion, and depression*
- *You may experience your body shutting down or freeze*

HYPOAROUSAL

○ ___ The feeling of being disconnected	○ ___ Decreased Reactions
○ ___ No Display of Emotions	○ ___ Shame/Embarrassment
○ ___ Auto-Pilot Responses	○ ___ Depression
○ ___ Memory Loss	○ ___ Difficulty Engaging Coping Resources
○ ___ Feign Death Response	○ ___ Low Levels of Energy
○ ___ Numbness	○ ___ Can't Defend Oneself
○ ___ Disabled Cognitive Processing	○ ___ Shutdown
○ ___ Reduced Physical Movement	○ ___ Can't Say No
○ ___ ----------	○ ___ ----------
○ ___ ----------	○ ___ ----------

Generalized Guidance for all Caregivers

Area of Focus	Home Learning and/or School Context
Academic Routines • Routines and Flexibility • Consistent Communication	• Make Communication frequent, clear and simple • Ask children about their schedule and/or provide an example to encourage academics, activity, leisure as well as self-care i.e. Physical activity or listening to music. • Be flexible and open to different scheduling expectations • Provide a blend of online and offline, synchronous and asynchronous experiences. • Validate that challenges are normal. Encourage children's efforts and encourage exploration of ways to be supported. • Be attuned to children's communication as they may express their needs in a myriad of ways.
Relationship • **Connection** • **Feeling of Safety**	• Consider aptitude and abilities of the child to learn in different environments and encourage growth mindset. • Attempt to understand the context/and or environment of the child. • As the caregiver you are the first point of contact and attachment. It is important the student continues to feel he/she can continue to reach out to you. Please consider watching video "Mental Health is on a Continuum". Universal Considerations to support Mental Health: • Be curious with your child but let them know you are interested in what they have to say but demonstrate boundaries. • Support identifying your children's goals and how they can be accomplished. Collaborate, while still giving guidance and structure as the caregiver. • Provide creative options (videos or pictures) for the child to demonstrate their learning. • Create learning and social opportunities that allow children to experience, explore and learn to reflect on their strengths and challenges. • Remind children that their areas of growth do not define who they are, and what their future will be. • Engage in Problem solving and explore alternatives.
Regulation • **Domains of Regulation** • **Coping Strategies**	• Promote self-awareness by having students review a feelings chart and share how they are feeling. Consider your child's classroom practices such as charts and visuals. • Normalize emotions by giving children opportunities to express themselves in a variety of ways. • Caregivers can model how to share with others in a way that feels safe and helps us feel connected.

	• Address coping skills and utilize opportunities for children to share through an interactive way. • Have children find videos and/or teach brief self-soothing, relaxing or mindfulness exercises that promote self-regulation. • Provide children with scheduled creative breaks (playdough, drawing, dancing, music, singing, playing), or provide a list of engaging non-technology activities for them to try and share.
Caregiver Self Care • **Connection** • **Making Time** • **Activities** • **Tips**	• Practice self-kindness, and remember to take care of yourself • Check in with yourself to gain insight into where you may be struggling. Work to create a plan to address the issues you can control and to work on letting go of the ones you cannot. • Utilize social supports. Consider planning a break or lunch hour with friends or other parents and share strategies • Create routines - getting up at a regular time, getting ready and dressed for the day, a work schedule, movement and fitness breaks.

Recommendation 3. Engage in Learning About the Education System's Approach to Learning.

Children require supports that are appropriate for their academic and cognitive functioning. Education systems have a range of interventions to support equity. Caregiver's knowledge and understanding of the system will allow them to gain control within the system, as well as reduce fear and judgment, so that they can engage and support children.

Tools and Strategies to Support Caregivers with Knowledge and Understanding About the Education System:

Knowledge of the education system will provide caregivers with empowerment to engage in and work with the system functionally while their child is progressing through. An overview and understanding of the education system's approach to learning will allow caregivers to engage and support their children to have success. The information in this section is intended to provide the context within which the education system works to support students to remain in school and avoid school dropout, including assessments that can be used to profile students who are at risk.

The first document (page 41), titled, *School Refusal Behaviour Profile and Associated Caregiver Approach*, provides caregivers and educators with knowledge of possible observed behaviour they might witness in young people, as well as how this behaviour might be reinforced. Tips for how caregivers or educators should approach these youth are provided.

The second set of documents (pages 42-43), titled *Typical Educational Approaches* outlines both the Response to Intervention and Trauma Informed Practice models, which are two models often used in education systems and schools. Caregiver and educator knowledge of these models will allow understanding and navigation of how schools and systems are prepared to intervene when supporting youth who are struggling.

The third set of documents (pages 44-48), titled *Home Curriculum Based Activity Examples* includes elementary and high school curriculum activities that caregivers can engage in to develop an understanding of how educators approach teaching. Educators can use these activities to bridge home therapeutic work for school credit.

The fourth set of documents (pages 49-52), titled *School Refusal Assessment Scale-Revised* is a scale used to assess and profile the risk of students exhibiting signs of school refusal. This should be used with professional support such as counsellors or psychologists, however, it is included to scaffold caregiver knowledge about assessments.

The fifth document (page 53), titled *Engaging in Assertive Communication* is included to support caregivers to mindfully engage with school staff when they are supporting their children.

The sixth set of documents (pages 54-57) is titled *Nine things Troubled Kids Need from Their Parents* included to support caregivers with mindfully engaging with their children.

School Refusal Behaviour Profile and Associated Caregiver Approach (Gonzálvez et al., 2020)

Behaviour Observed	How Behaviour is Reinforced and Associated	Caregiver/Educator Approach
Refusal driven by desire to seek affection from caregivers	Positive Reinforcement	• Discuss with your child their reluctance and anxiety about going to school • Be consistent and remain steadfast • Be realistic with your expectations • Encourage your child to become a thought detective • Maintain a good relationship with your child's school • Encourage your child to keep in touch with school friends outside of school clubs • Activity and exercise is also a great way for children to help to manage stress and anxiety
Refusal driven by reinforcements outside of school such as watching TV or playing video games	Positive Reinforcement	• Empathize and encourage • Be realistic with your expectations • Encourage your child to become a thought detective • Maintain a good relationship with your child's school • Encourage your child to keep in touch with school friends outside of school clubs • Activity and exercise is also a great way for children to help to manage stress and anxiety
Refusal to avoid situations that create fear, or anxiety	Negative Reinforcement	• Support your child in facing and confronting the fears (where possible) • Calm parent, calm child • Try not to reinforce your child's fears • Don't avoid everything that causes anxiety • Be realistic with your expectations • Reduce the amount of time the child has to anticipate the event • Encourage your child to become a thought detective • Maintain a good relationship with your child's school • Encourage your child to keep in touch with school friends outside of school clubs • Activity and exercise is also a great way for children to help to manage stress and anxiety
Refusal to escape social aversions or evaluation	Negative Reinforcement	• Empathize and encourage positive school associations • Be realistic with your expectations • Encourage your child to become a thought detective • Maintain a good relationship with your child's school • Encourage your child to keep in touch with school friends outside of school clubs • Activity and exercise is also a great way for children to help to manage stress and anxiety

Typical Educational Approaches: The Response to Intervention (RTI) Model & Trauma Informed Practice

An RTI (Response to Intervention) is often used in school environments. When considering resources for students, teachers please pay special attention to:

- Language, terms, and visuals are strength-based and respect the cultural, gender, ability, and economic diversity of students and families.
- Accessibility and use of materials do not place unnecessary burdens on families, including technology, financial or time.
- Materials are self-explanatory and easily accessible to students and families.
- Level of supports needed to complete the activity are reasonable for both the student and their family.
- Student health and wellness are equally as important as student learning.
- Quality over quantity of resources, credit sources.
- FUN and *Active* sources! In some instances, can entire families engage in the learning activity?

The following questions are examples of what might guide the selection of appropriate and effective resources to support teachers and families with exceptional learners in the school or home environment. Resources will promote both the academic success and wellbeing of students in home learning environments.

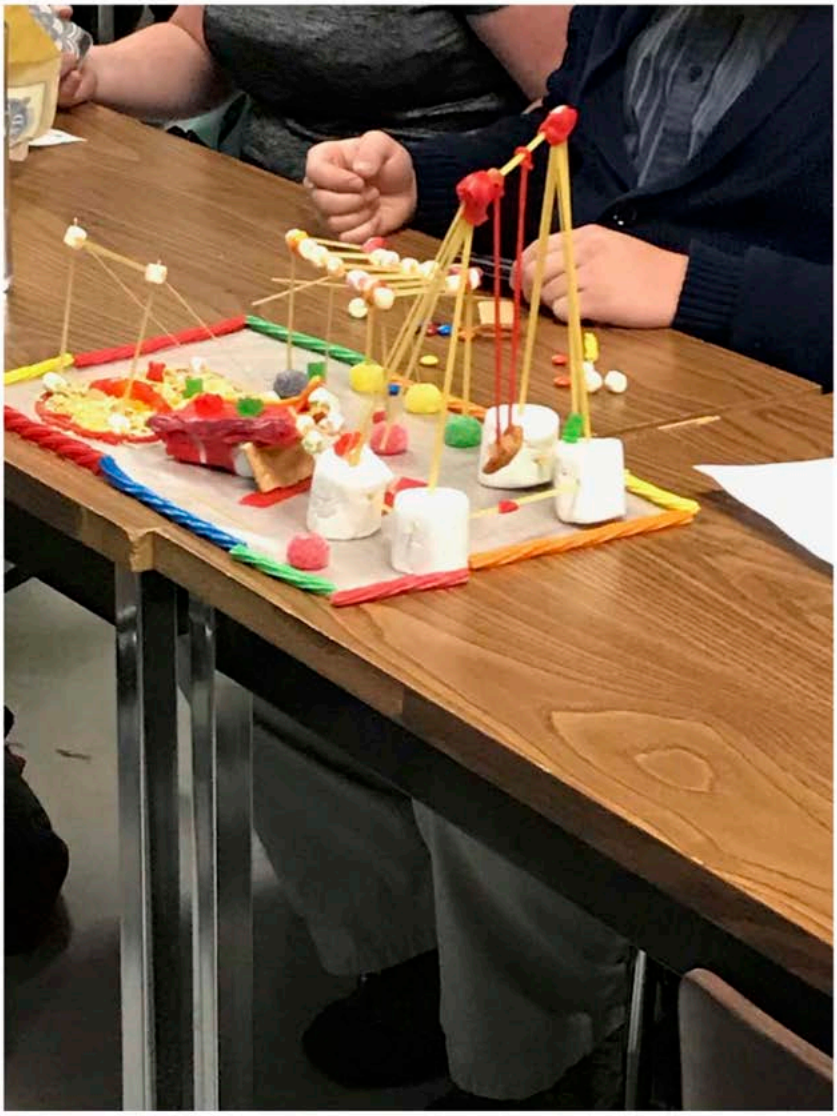
Universal ***All*** *students benefit from high-quality, evidenced based instruction and assessment to support learning and wellbeing.*	1. What resources would support teacher programming for all students? 2. What resources would support parents of exceptional learners in school or the home learning environments?
Targeted ***Some*** *students require targeted supports and strategies in specific areas to ensure continued growth in learning and wellbeing.*	1. What resources and activities would support the unique strengths and needs of particular students in school or home learning environments? 2. What targeted resources, including community-based, would support parents of exceptional learners? Please also consider evolving medical, economic, and wellness circumstances.
Specialized ***A few*** *students require specialized instruction, supports, and assessment to ensure personal success in learning and wellbeing.*	1. What specialized supports, including Speech Language Pathologist, Occupational Therapists, Physiotherapists, Psychologists, or Family School Liaisons are required to support the wellness, safety, and learning of students in home or school learning environments? 2. How can resource coordination maximize parent supports while minimizing redundancy and caregiver fatigue?

Typical Educational Approaches: Trauma Informed Practice *(continued)*

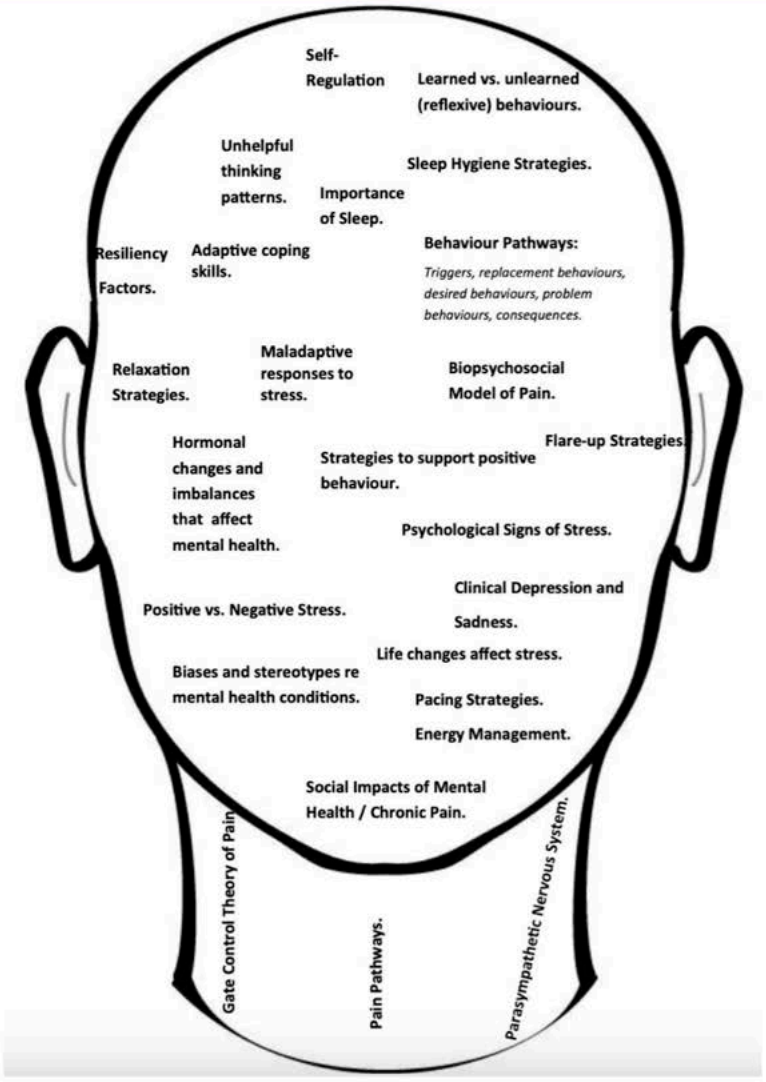
Trauma Informed Practice (TIP) is a guiding concept that defines trauma as experiences that interfere with an individual's capacity to cope. Early trauma can severely impact peoples functioning and learning. Examples of trauma may include: child abuse, neglect, witnessing violence and disrupted attachment, as well as later traumatic experiences such as violence, accidents, natural disaster, war, sudden unexpected loss and other life events that are out of one's control.

The magnitude, complexity, frequency, or duration of trauma will affect individual's capacity for learning. The general idea with TIP that schools and school systems use is to inform taking a trauma informed approach to education. This trauma informed approach is seen as critical for some and good for everyone. Therefore, this approach is often used, particularly with more specialized or targeted programs within the RTI models.

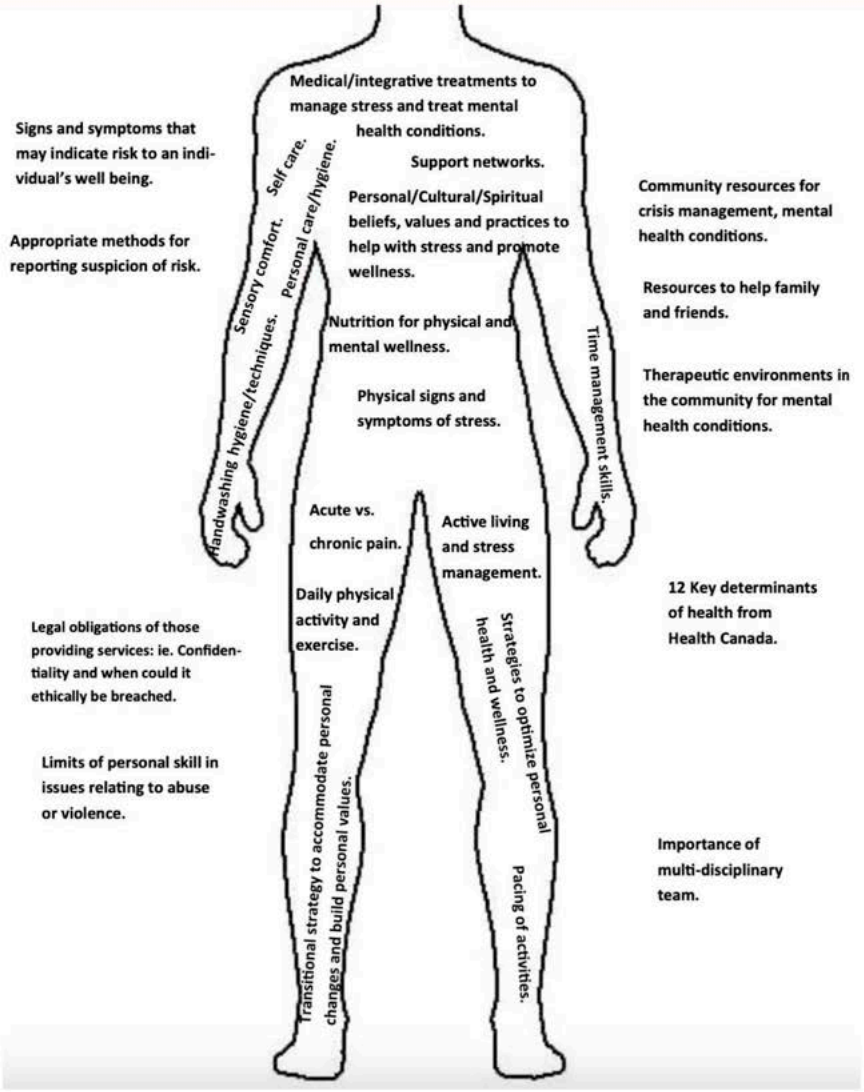
Home Curriculum Based Activity Examples – Elementary School (building a playground)



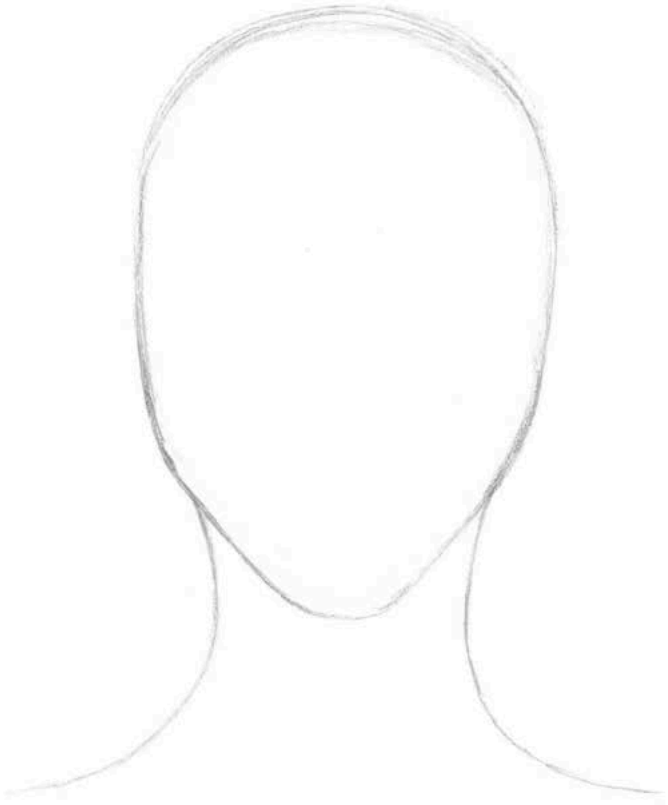
Home Curriculum Based Activity Examples – High School (head filled)



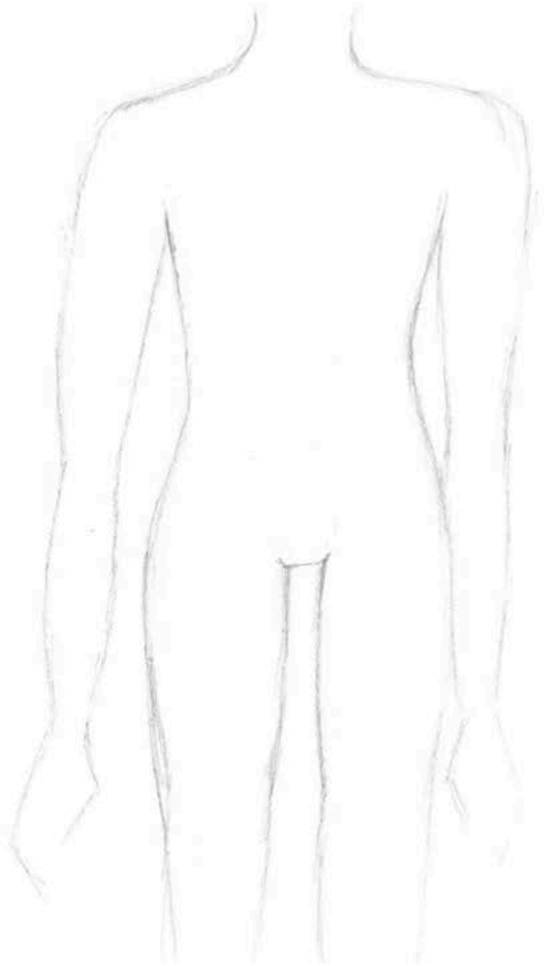
Home Curriculum Based Activity Examples – High School (body filled) *(continued)*



Home Curriculum Based Activity Examples – High School (head blank) *(continued)*



Home Curriculum Based Activity Examples – High School (body blank) *(continued)*



School Refusal Assessment Scale-Revised (Kearney, 2002)

School Refusal Assessment Scale-Revised (C)

Children sometimes have different reasons for not going to school. Some children feel badly at school, some have trouble with other people, some just want to be with their family, and others like to do things that are more fun outside of school.

This form asks questions about why you don't want to go to school. For each question, pick one number that describes you best for the last few days. After you answer one question, go on to the next. Don't skip any questions.

There are no right or wrong answers. Just pick the number that best fits the way you feel about going to school. Select the number.

Here is an example of how it works. Try it. Select the number that describes you *best*.

Example:

How often do you like to go shopping?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
0	1	2	3	4	5	6

Now go to the next page and begin to answer the questions.

School Refusal Assessment Scale-Revised (C)

Name: _____

Age: _____

Date: _____

Please select the answer that best fits the following questions:

1. How often do you have bad feelings about going to school because you are afraid of something related to school (for example, tests, school bus, teacher, fire alarm)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

2. How often do you stay away from school because it is hard to speak with the other kids at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

3. How often do you feel you would rather be with your parents than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

School Refusal Assessment Scale-Revised *(continued)*

4. When you are not in school during the week (Monday to Friday), how often do you leave the house and do something fun?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

5. How often do you stay away from school because you will feel sad or depressed if you go?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

6. How often do you stay away from school because you feel embarrassed in front of other people at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

7. How often do you think about your parents or family when in school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

8. When you are not in school during the week (Monday to Friday), how often do you talk to or see other people (other than your family)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

9. How often do you feel worse at school (for example, scared, nervous, or sad) compared to how you feel at home with friends?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

10. How often do you stay away from school because you do not have many friends there?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

11. How much would you rather be with your family than go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

School Refusal Assessment Scale-Revised *(continued)*

12. When you are not in school during the week (Monday to Friday), how much do you enjoy doing different things (for example, being with friends, going places)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

13. How often do you have bad feelings about school (for example, scared, nervous, or sad) when you think about school on Saturday and Sunday?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

14. How often do you stay away from certain places in school (e.g., hallways, places where certain groups of people are) where you would have to talk to someone?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

15. How much would you rather be taught by your parents at home than by your teacher at school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

16. How often do you refuse to go to school because you want to have fun outside of school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

17. If you had less bad feelings (for example, scared, nervous, sad) about school, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

18. If it were easier for you to make new friends, would it be easier for you to go to school?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

19. Would it be easier for you to go to school if your parents went with you?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

School Refusal Assessment Scale-Revised *(continued)*

20. Would it be easier for you to go to school if you could do more things you like to do after school hours (for example, being with friends)?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

21. How much more do you have bad feelings about school (for example, scared, nervous, or sad) compared to other kids your age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

22. How often do you stay away from people at school compared to other kids your age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

23. Would you like to be home with your parents more than other kids your age would?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

24. Would you rather be doing fun things outside of school more than most kids your age?

Never	Seldom	Sometimes	Half the Time	Usually	Almost Always	Always
○ 0	○ 1	○ 2	○ 3	○ 4	○ 5	○ 6

Do not write below this line

1. _____	2. _____	3. _____	4. _____
5. _____	6. _____	7. _____	8. _____
9. _____	10. _____	11. _____	12. _____
13. _____	14. _____	15. _____	16. _____
17. _____	18. _____	19. _____	20. _____
21. _____	22. _____	23. _____	24. _____
Total Score = _____	_____	_____	_____
Mean Score = _____	_____	_____	_____
Relative Ranking = _____	_____	_____	_____

Engaging in Assertive Communication (Psychology Tools, 2021)

Reflect on the assertive communication description as well as the tips below, and consider how you might use your stress responses to engage in assertive communication. What benefits would you gain from using the list under "Assertive Communication" when supporting your child's education?

Assertive Communication

Communicating assertively means clearly and calmly expressing what you want without either being too passive or too aggressive. Learning to communicate assertively doesn't guarantee you will have your needs met but it makes it more likely, and it can improve your relationships with other people.

Thinking your needs don't matter at all	Recognising that your needs matter as much as anyone elses	Thinking that only your needs matter
Give in	Compromise	Take
Not talking, not being heard	Talking and listening	Talking over people
Trying to keep the peace	Making sure things are fair - for you and others	Looking out for yourself
Allowing yourself to be bullied	Standing up for yourself	Bullying others
Not saying what you think, or not saying anything	Express your point clearly and confidently	Can lead to shouting, aggression or violence
Damages relationships - other people respect you less	Enhances relationships - other people know where they stand	Damages relationships - other people don't like aggression
Damages your self-esteem	Builds your self-esteem	Damages others self-esteem

Tips for communicating assertively

Use "I" statements

Be clear and direct:

"I would like you to give me a refund"

"I think what you have done is good, but I would like to see more of..."

Describe how another person's *behavior* makes you *feel*

This makes other people aware of the consequences of their actions:

"When you raise your voice it makes me scared ... I would like you to speak softly"

"When you don't tell me what you are feeling it makes me confused"

Stick to your guns - the broken record technique

This involves thinking about what you want, preparing what you might say, then repeating it as necessary:

"I would like a refund ... Yes, but I would still like a refund ... I've heard what you have said but I still want a refund"

PSYCHOLOGYTOOLS FREE http://psychologytools.com

Nine Things Troubled Kids Need from Their Parents
(Ungar, n.d.)

1. **Structure:** Our children want a reasonable amount of structure. It convinces them that their parents love them.

Practical things caregivers can do:

- Give your child rules: bedtimes when he's younger; expectations for chores and homework when he's older.
- Be clear about how you expect to be spoken to, and model that same behaviour when speaking with your child.
- As your child grows, increase the decisions that he can make on his own.
- When you tell your child he can't do something, be sure your decision makes sense. If it looks like you are over-reacting you will lose credibility.
- When you are sure you know better, and have to tell a child "Wait" or "You can't do that," be sure to promise to revisit your decision when the child is older.

2. **Consequences:** Our children want the security of knowing there are reasonable consequences to their actions.

Practical things caregivers can do:

- When you discipline a child, be sure the child understands what she did wrong. It's all right if the child feels embarrassment or shame, but she should also be shown how to correct what she did wrong.
- If you threaten a consequence, be sure to follow through.
- When disciplining a child, make sure she is kept safe and her needs are met. Discipline is not the same as punishment.
- If a child's behaviour has affected more than one person, then everyone affected should be a part of the consequence. A child should feel accountable to the people she has hurt.
- Give a child the chance to fix her mistakes.
- Give a child a chance to say she's sorry.
- Show a child how what she did affected others rather than just telling her she did something wrong.

3. **Parent-Child Connections:** Our children really do want connections with their parents, but those connections will look very different at each age and stage of development.

Practical things caregivers can do:

- Sometimes hugs are more powerful than words.
- The quantity of the time we give to a child is sometimes more important than the quality. Our child may want us there, waiting, even if he doesn't appear to need us just then.
- Put down our phone, turn off our computer and open space for our child to approach us.
- Eat together as a family three times a week.
- Take time each day to find out what a child did at school, at her friend's, or out in the community.

- Share an activity together as a family.
- Insist the child help others with a task that will be noticed by others in the family.
- Travel together.
- Kiss your child goodnight, no matter how old he is.

4. Lots and Lots of Strong Relationships: Children live in interdependent worlds that bring them the possibility of lots of supportive relationships. Our job as adults is to help them nurture these connections.

Practical things caregivers can do:

- Celebrate special occasions together.
- Tell a child about a problem that you are struggling with as an adult, and ask for the child's help to solve it.
- Catch a child doing something good and let others know what you saw.
- Encourage a child to make friends with people who are different from her.
- Leave your child alone with people who are there to help your child, like coaches.
- Encourage your child to visit other families, go on sleepovers and spend time with grandparents, aunts and uncles.

5. A Powerful Identity: As adults, we are mirrors to our children. We reflect back to them who they are and how much they are valued.

Practical things caregivers can do:

- Provide opportunities for your child to experiment with different identities.
- Encourage your child to volunteer, work, or travel when he is ready and able.
- Encourage your child to participate in different activities, even if they are likely to fail.
- Tell a child what you think of the identities he has chosen. You don't have to like your child's choices.
- Tell your child about your own childhood and the identities you tried.
- Encourage your child to look around his family and community for people he admires and would like to grow up to be like.
- Encourage your child to experiment with the clothes he wears and other impermanent ways of trying a new identity.
- Talk to your child about the consequences of making a commitment to an identity before he is sure he wants that identity forever (e.g., getting a tattoo, or not taking science in high school).

6. Sense of Control: Children need opportunities to control their own lives and learn the consequences of their actions. Children who experience manageable amounts of risk and responsibility have the risk-taker's advantage. They are better prepared for future challenges having learned how to solve problems early.

Practical things caregivers can do:

- Let a child experience manageable and age-appropriate amounts of risk and responsibility.

- Give a child opportunities to make age-appropriate decisions for herself, like what she wears, eats, and when she goes to bed. If her choices begin to cause problems, use these problems as teachable moments and coach the child on how to make better decisions.
- Don't be shy about telling your child that her failure was something she could have controlled.
- Don't be shy about telling your child that her failure was something that she did not have the power to control, no matter how hard she tried.
- When children are successful, celebrate their success.
- Give children an allowance so they can manage their own money.

7. Sense of Belonging: Children need to know they belong in their families, as well as at their schools and in their communities. They need to believe their lives have a purpose and that their families, peers, and communities need them.

Practical things caregivers can do:

- Help your child participate in many different activities and groups.
- Rather than telling your child who to be friends with, ask your child why he has chosen his peer group? What is it about these other children that your child likes?
- Involve your child in family traditions.
- Talk to your child about what you believe in, but be sure to leave space for your child to ask questions and disagree.
- Ask your child to contribute to making your family work better.

8. Fair and Just Treatment: Children need to experience their homes and schools as places where they are treated fairly. Children need to be protected from racism, sexism, and other forms of intolerance.

Practical things caregivers can do:

- Tell stories. Encourage family elders to talk about their experiences growing up and their coping strategies.
- When a child is treated unfairly, show the child how to defend herself and advocate for her rights. Only advocate on her behalf if you are sure the child can't protect herself without your help.
- Share your home with people who are different. This will help your child understand that people have different values and beliefs.
- Encourage your child to defend someone else's rights when your child sees him or her being mistreated.
- Watch movies about political struggle. Watch the news and talk about what you see. Celebrate holidays that have a political message. Be sure to explain to your child what the holiday means.
- Inspire your child to fight back when he is mistreated. Help him find ways to fight back that will be respected by others.
- Avoid overprotecting your child from every hurt, bully, and injustice. While your child is young enough to be coached by you, let him experience being treated unfairly so that you can teach him how to speak up for himself.

9. Physical and Psychological Safety: Our children need access to the resources that make them healthy. This includes housing, safe streets, well-resourced schools, and parents with the time to pay attention to them.

Practical things caregivers can do:

- Distinguish between what a child needs and wants. Giving children everything they want may actually cause more problems than it solves.
- Help children access the services that are available.
- When formal services aren't available, explore the volunteer services that are available like food banks, service clubs and religious organizations.
- Look for help for a child from her informal supports such as her extended family, congregation or friends.
- Ensure a child has good food, and does not go to school hungry.
- Advocate for a child to get what he needs in the least intrusive way possible.

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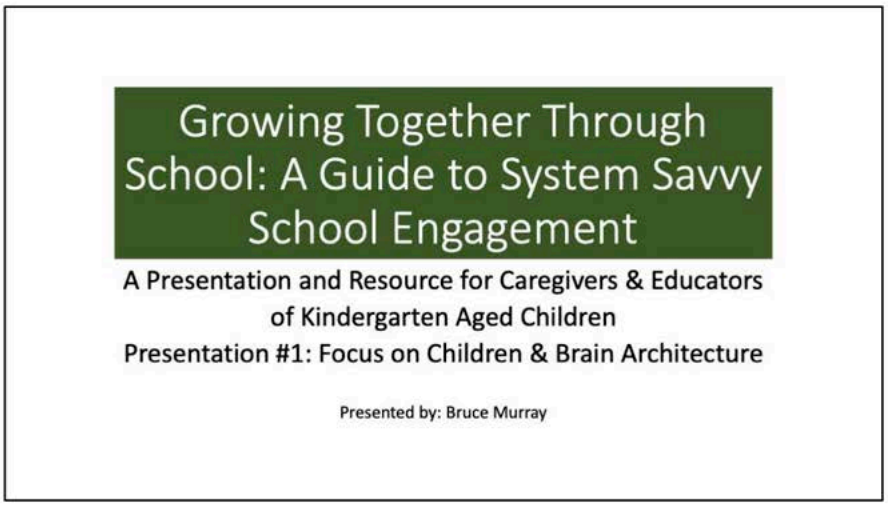
Appendix B: Workshop 1 - Focus on Children and Brain Architecture



Room organization. Instruct participants to sit in groups of 4-5.
Introductions. Speaker introduces themselves, and then asks each participant to briefly introduce themselves.
Instructions:
If anyone needs to step out at any time, please know that you can do that, and presenters will check in on you.
When speaking about trauma, stay away from details, generalities are good enough

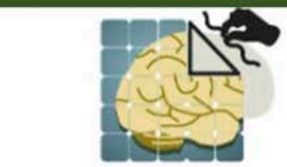
The game may cause you to reflect on your Adverse Childhood Experiences (ACEs):

- Your own
- Your students
- Your own children's, nieces/nephews, grandkids, neighbors, etc.
- Safety First

It is important to remember that we are all doing the best we can!

1

The Brain Architecture Game (The Brain Architecture Game, n.d.)



THE BRAIN ARCHITECTURE GAME

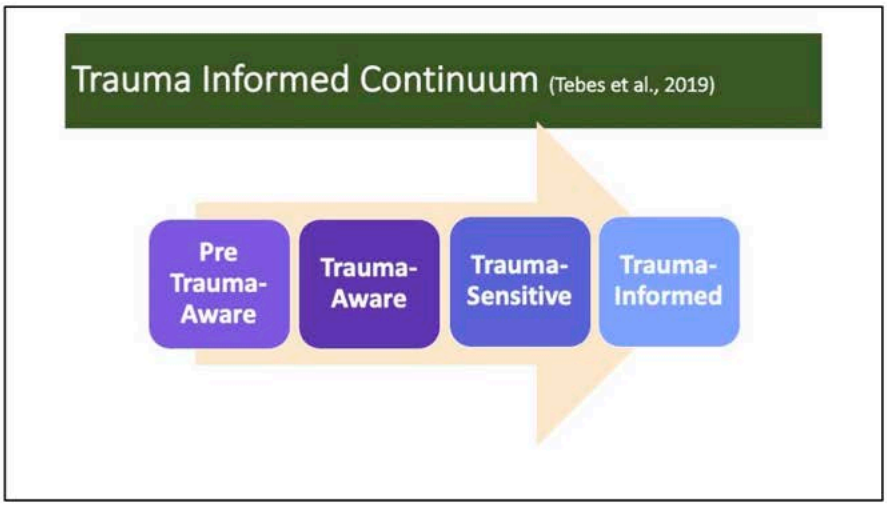
Brain Architecture Game Credits. Game developed by Dr. Judy Cameron, professor of Psychiatry at University of Pittsburg, and faculty member of Alberta Family Wellness Initiative. Training is available, and provided by Rupertsland Institute for anyone interested in obtaining more training in this area.

About – The Brain Architecture Game (The Brain Architecture Game, n.d.)

- Dr. Judy Cameron
- University of Pittsburg - Psychiatry
- Alberta Family Wellness Initiative
- Rupertsland Institute – Métis Center of Excellence

Trauma Informed Approach in Education Systems. Helps us become a more trauma aware, and trauma informed.
Trauma Informed Continuum. This is a continuum and not a destination – we never really arrive at it being fully trauma informed – we should continue to take steps from pre-trauma aware to trauma informed where our understanding of trauma shapes our specific practices
This is not just about educator's awareness, but how the awareness begins to shape what we do – the further along, educators are the more deliberate about their actions which is shaped by trauma awareness.

3



Educators do their best to support children and as children require greater needs, educators will respond with greater supports. Educators also must remain within their scope of practice. Although some schools operate using a trauma informed lens, they must remain within their scope of practice, which means that their focus is on educating children and adolescents in the education system. This means that if students or caregivers require more support, they may need to reach out for support from counsellors, psychologists, psychiatrists, etc.

What is trauma informed practice. Trauma informed practice in education involves building school communities built on strength based, awareness of historic inequalities and gender issues, including but not limited to cultural generational trauma.

4

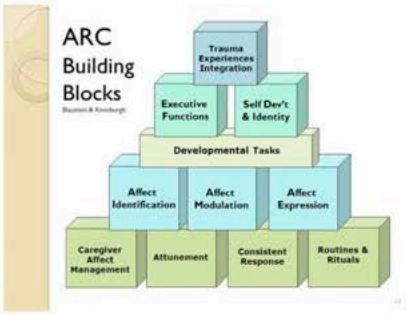
What the Research Says

- Regularly used brain circuits become strengthened (Doidge, 2007).
- Adults who interact by making eye contact, sitting, reading, or playing show they care about children and foster healthy brain development (Hill, 2015).
- Caring adults buffer children's stressful life experiences, preventing stress from having long term effects on the developing brain (Hill, 2015).
- Brain connections are made through children's experiences and determines how brains are wired (Hill, 2015).
- Community social supports help support children's healthy brain development (Ungar, 2019).
- Early social supports make a great big difference in children's healthy brain development (Ungar & Theron, 2020).

TIP Versus TSI

6

The Building Blocks to Learning (Blaustein & Kinniburgh, 2010)



ACR Building Blocks. It is critical to support the child's caregiving system – whether parents or professionals – in understanding, managing, and coping with their own emotional responses, so that they are better able to support the children in their care.

Bottom Blocks. Being aware of environment, triggers, etc.

7

How Brains Are Built: The Core Story of the Brain (Core Story of the Brain, 2003)

This is from Alberta Family Wellness Initiative, shared with permission.

Positive stress – importance of positive stress, but there are distinct differences between stress that is developmentally appropriate and stress that is overwhelming and toxic. Refer to Model for more information.

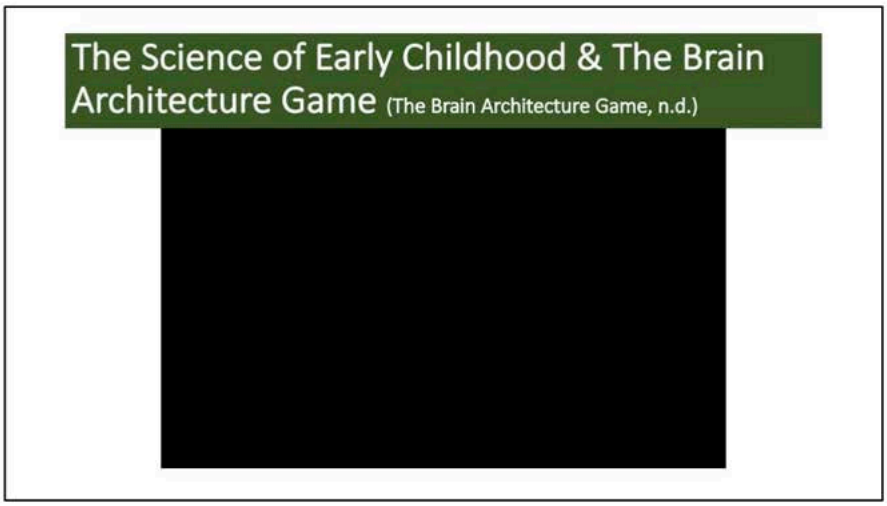
8

Brain Architecture Game Materials Checklist

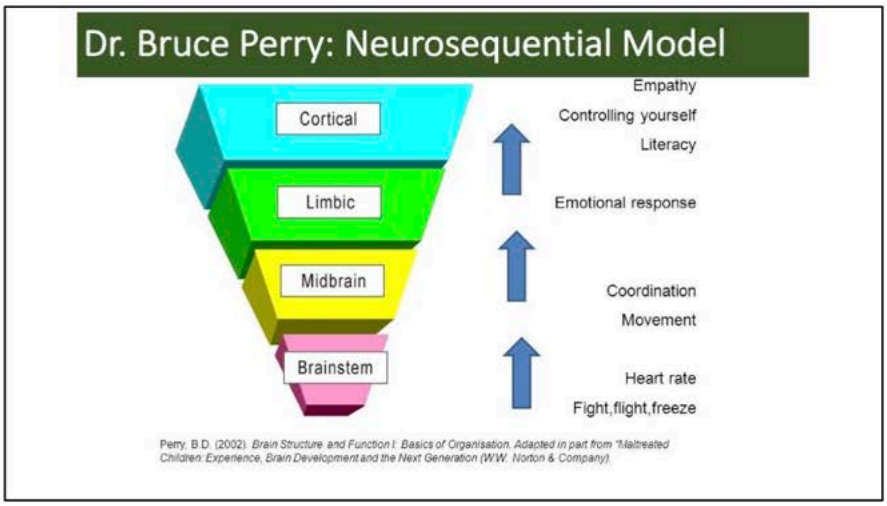
- 1 deck of Life Experience Cards
- Life Experience Card Dividers
- 30 pipe cleaners
- 25 drinking straws
- 10 weights
- 10 ornament hooks OR big paper clips
- 1 six-sided die
- 1 Life Journal
- 1 pen or pencil
- 1 Game Rule Book
- 1 plastic bag OR drawstring bag
- Something to hold all the materials

About the Brain Architecture Game

- Tabletop game promoting understanding of experiences on early brain development.
- Goal is to build a brain that is as high as possible, representing functionality, and as strong as possible, representing ability to withstand stresses.
- Pipe cleaners are earned for positive experiences, and straws are earned for support.
- For negative experiences, a you receive a pipe cleaner, but not a straw.
- After early childhood brain development, weights are added to the structure representing life stressors.
- The physical representation of the brain will demonstrate how weights (stress) impacts the brain when the brain falls over from the weights
- Groups consider and discuss the experiences that strengthened, or weakened, the developing brains.



This is the Brain Architecture Game instructions. Before showing this video, have people open the package – if someone is missing anything, instructors will need to go around and replace the items. Instructor should review the contents of the materials for the brain architecture game.
Clarify we do 2 separate dice rolls for the base, and the next for supports
Steps 1-5:
Show the video 1-5 then PAUSE and go through reminders – there is a green sheet in everyone's bag
Then review the game tip sheet
Review a package, written instructions
Clarifying the black is the straw on the base
Show examples of bases
Guides for social support - find at least one support in your guides that matches the life experience
Explain Social Supports (straws) - when it turns positive and toxic
25 mins to get to year 5 – once you are at year 5, stop and wait for next set of instructions
Steps 6-8:
As long as your base stays on the table, you can continue



Key points.
Brain is built and develops from the bottom up
For good development in top layers we need healthy development in the bottom layers
Highlight that access to upper layers of the brain can be controlled and shifted by lower levels – example if you are in fight flight freeze, you will not get activation of higher order thinking
Trauma impacts different areas of the brain
We see impacts of trauma on the brain stem (fight flight freeze)
Or it will impair development of movement
This will make activities like physical education, regulation, difficult – so that the very thing that we are asking them to do is a trigger, especially when we add competition
For some, trauma will result in over activation of the limbic system – see flat affect, blunted affect (mad, sad, glad)
What we are aiming for in our school system is the top area – requires healthy, regulated brains to get there – self- control and empahty are functions of the high aspects of the brain – so students struggling to control impulses and show empathy can be affected by toxic stress

12

Trauma across various contexts

- Indigenous peoples have lived in a multi-toxic stress context, meaning that the trauma/toxic stress is personal, collective and historical. Indigenous cultures contain many strategies to help those who have been traumatized, a fact which is now becoming recognized by mainstream practitioners...
- From 'Decolonizing Trauma Work' –Linklater 2014 p. 133

Acknowledge that trauma exists in a variety of ways and it is intergenerational
Cultural and biological phenomenon
Highlight that it is not only our indigenous communities – recognition that there are specific contexts that we need to attend to, but it exists in a range of other areas as well.

13

Modelling Trauma Informed Practice

- Debrief in groups:
- Remember …Right to pass, Take a break, Be mindful of what level of detail you choose to share

Thinking about Toxic Stress & Positive

- Thinking about the specific life experiences your brain was exposed to, how did the life experiences shape brain development?
- How important are social supports at various points in brain development?
- How does the timing of toxic stress experiences impact brain development (either early or later in life)? How do you see these experiences in the children in your life?
- How can this game support your understanding of how to help you be a "straw"?
- Understanding brain development, how can we approach our children differently?

Start in small groups, and discuss these questions.
Next, bring all participants back into a large group. Discuss "take aways," "ah-ha moments" popcorn style allowing individuals to speak by raising their hand whenever they have something they wish to contribute.

15

Resources to Access Support

- If you wish to speak to someone after your participation in this project, the following services are some that are available to you:
- Access Mental Health – AHS
  - t | 403-943-1500
- 211 – Information and Referral Service for Alberta
  - http://www.ab.211.ca/
- Distress Line: 403-327-7905
- University Counselling Services (for students): 403-317-2845
- 7 Cups of tea: 7cups.com
- Family Centre: 403-320-4232
- Lethbridge Family Services: 403-327-5724
- Associates Counselling Services: 403-381-6000

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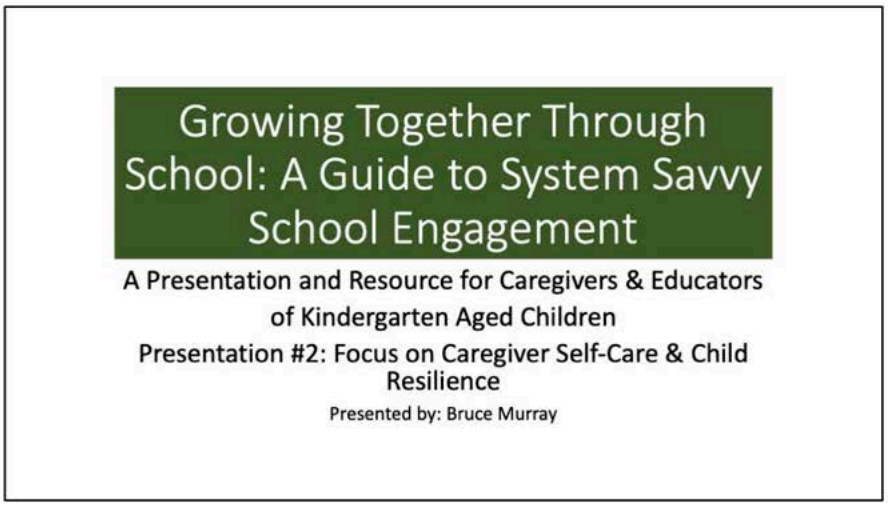
Appendix C: Workshop 2 – Focus on Caregiver Self-Care and Child Resilience



1

ACES for Parents (Felitti et al., 1998)

- ACEs (Adverse Childhood Experiences) are childhood traumas that an result in harmful stress, and prolonged exposure can damage the developing brain and body affecting children's overall health. Toxic stress might inhibit a child from learning or playing with other children in a healthy way and cause long-term problems.
- ACESs can include:
  - Neglect: emotional / physical
  - Medical trauma
  - Abuse: Emotional / physical / sexual
  - Bullying / violence of / by another child
  - Household: Substance abuse / mental illness / domestic violence / divorce / parental abandonment
  - Racism, sexism, or any form of discrimination
  - Violence in community

Fostering Resilience (Ungar, 2019)

- What is resilience?
  - If caregivers provide a safe environment and teach children how to be resilient effects of ACEs can be reduced
  - Resilience includes having parents who work to solve problems, nurture healthy relationships with other adults and children
- Developing attachment and nurturing:
  - Responding with patients and paying attention to physical and emotional needs
- Meet children's basic needs:
  - A safe home with nutritious food, appropriate clothing, health care, education, sleep, rest and play
- Support children to develop emotional skills:
  - Caregivers can support children to grow healthily by caregivers developing awareness of how children grow, and by supporting healthy interactions with others including how to manage emotions, communicate needs, and how to heal wounds

Parenting to Prevent & Heal ACEs (Felitti et al., 1998)

- Nurture & Protect kids as much as possible
  - Be a source of safety and support
- Make Eye Contact
  - When you look at babies and kids it communicates that you see them, you value then, you matter to them, and that they are not alone.
- Give 20-Second Hugs
  - Safe touch is healing, and long hugs are most helpful.
- Hunt For The Good
  - Seek to find where there is pain or trauma and practice looking for joy
- Help Kids Express Mad, Sad & Hard
  - hard things occur, but helping kids find ways to share and process hard things helps. Kids learn from us adults.
- Say: "Sorry"
  - Mistakes happen and that is okay. Acknowledge, apologize, repair. It is up to us to model how we are responsible for our moods and mistakes.
- Practice Self-Care
  - Slow down, or stop, take regular breaks, use the 80% rule.
- Be There for Kids
  - Being present for our kids is productive. It shows we are their support.
- Keep Learning
  - Understand how ACEs impact how you are your parenting.

4

In the Arena: Brené Brown (Brown, 2016)

5

Support for Parents with ACEs: Healing Paths

"The best thing we can do for the children we care for is to manage our own stuff. Adults who've resolved their own trauma help kids feel safe." – Donna Jackson Nakazawa (Nakazawa, 2015)

- Relationships & Community
- Meditation, Hypnosis & Guided Imagery
- Art & Write to Heal
- Talk/Cognitive Behavioural Therapy
- Nutrition, Exercise & Sleep
- Safety & Self-Care
- Somatic Processing (Body-Based)
- Understand ACEs

Curriculum Activity (Elementary School): Building a Playground

Group's Task:
- Construct a model playground using ONLY the materials made available to you.

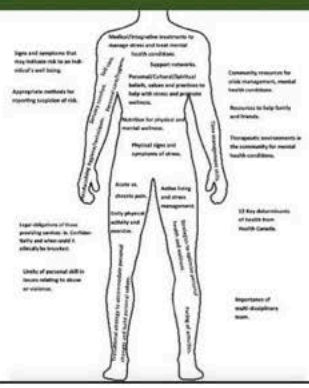
Materials:
- fruit roll ups, pretzels, spaghetti (thicker & circle), play doh, small marshmallows, M&M's, gummies, sugar candies

Your goal is to make your model playground:
- Creative
- Realistic – the ability to create a replica play structure similar to actual designs found in community parks
- Functional – moving parts
- The structures must be freestanding

Debrief Questions:
- What was your action theory today and explain your results?
- How did you feel in your group today?
- Who was the leader? How was the leader determined?
- How were decisions made in your group today?
- Describe the atmosphere in your group today and explain how members interacted through the exercise.
- What are some tips from your experience in working in a group today that you can take away and remember when working in groups?

7

Curriculum Activity (High School): Therapeutic Connections



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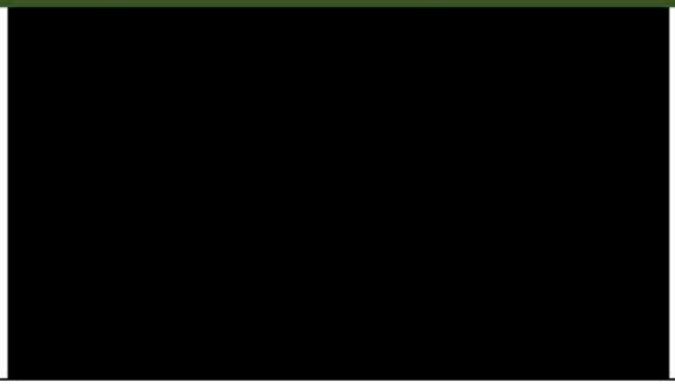
Now It's Your Turn (Fill in Your Body)

- Each of the items listed in the filled in body and head are connected to Alberta Education high school curriculum.
- Utilizing the prompts in the completed head and body, please now complete your own body by expanding on the parts you identify with.
- Choose 10 prompts where you are finding success, and expand on them either through illustrating your own representation of those 10 prompts, or list the ways you engage in those 10 aspects in your life.
- Next, expand your understanding of the 10 prompts by investigating them in more detail. What did you find out that you did not already know?

Practicing Gratitude as Caregivers (Schwartzberg, 2011)



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Appendix D: Applying School Curriculum to Therapeutic Work

Calgary Board of Education

Alberta Children's Hospital

Partnering in Health and Education: Developing and Testing a Process to Award High School Credit for Hospital-Based Therapeutic Learning

Bruce Murray[1,2,3,4] B.Ed., Andrew Heaton[1,2,3] M.A., Rae Miller[1,2,3] B.Ed., Laura Rayner[1] RN MN, Janice Richardson[3] M.A., Nivez Rasic[1,5] MD FRCPC.

The Vi Riddell Children's Pain and Rehabilitation Centre[1] & Rehabilitation and Education Program[2] (Alberta Children's Hospital), Calgary Board of Education[3], University of Lethbridge M.C. Student (2nd year)[4], Department of Anesthesiology, University of Calgary[5]

Alberta Health Services

University of Calgary

Alberta Children's Hospital Foundation

Background

Youth who are experiencing complex pain and other health issues often struggle to maintain high school programming and earn credits. The stress of remaining on track in high school often results in heightened anxiety which exacerbates existing challenges[1,2,3,4]. There is a general lack of knowledge and understanding of pain and mental health education in youth[4]. The Vi Riddell Intensive Pain Rehabilitation (IPRP) day treatment program at the Alberta Children's Hospital (ACH) has been shown to be an effective method to restoring function for adolescents with chronic pain[3]. The average student, due to health concerns, has arrived in the IPRP a half year behind in school. Through the collaboration of the ACH Alberta Health Services (AHS) providers and Calgary Board of Education (CBE) teachers, the program can now offer high school credits for the educational components of therapeutic work.

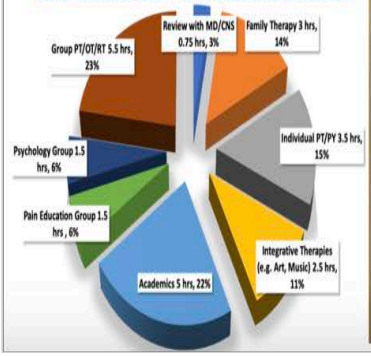
Methods

Students in the IPRP and Rehabilitation and Education Program (REP) cover a large amount of authentic learning through their interactions with clinicians (see Figure 1). Academic programming has been designed in conjunction with the learning youth acquire while in treatment so that students earn high school credits for their participation and engagement. A consultative process with patients, parents, clinicians, and teachers was incorporated into the design and implementation

Overview of Academics and Therapeutic Programming

- As students engage with therapeutic programming, they are evaluated by CBE teachers according to Alberta Education outcomes, and earn up to 4 high school CTS credits.
- Supported by the Dr. Gordon Townsend School (DGTS; CBE).
- School staff-3 certified teachers, an assistant principal, and a therapy assistant.
- Youth focus on 1-2 core subjects from their origin school (e.g. Math, English or Social Studies), for 5 hours in IPRP and variable for REP.
- Students are integrated into a classroom consisting of 6 to 10 students.

Figure 1: IPRP Programming Components (average per week)



Interinstitutional Collaboration

Interinstitutional collaboration[3] is initiated upon patients' entry and continues throughout the programs, which involves the following.

Course Development

- Learning Leader (LL) position through Classroom Improvement Funding was envisioned by Janice Richardson
- LL and rehabilitation programs teacher collaborated with AHS clinical staff in order to understand the learning youth acquire when in treatment. Learning content is reliable and clinicians cover topics ranging from healthy living, wellness, pain management, anxiety and mental health strategies.
- Learning outcomes were identified and matched to existing Alberta Education Career and Technology (CTS) courses: Health Services Foundations (HSS1010), Pain and Pain Management (HCS2120), Mental Health and Wellness (HSS3020), and Supporting Positive Behaviour (CCS3050)
- LL utilized high school redesign principles, and Alberta Education Competencies to develop courses and assessment
- Ongoing feedback from students and clinicians is incorporated

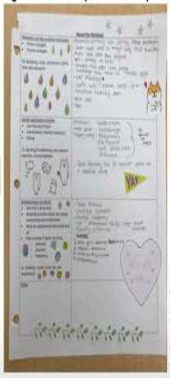
Implementation

Oct 2018 – Nov 2019	
IPRP (chronic pain):	Rehab/Clinics (brain surgeries, stroke, kidney disease, ortho rehab):
9 Students	6 Students
24 Credits Earned	21 Credits Earned
24 Courses Completed	11 Courses Completed
9 Distinct Courses Completed Overall Courses Per Student: Mean = 2.3 Credits Per Student: Mean = 3	

Assessment

- Nine IPRP youth and six REP youth have completed the therapeutic credit program
- Students complete assignments in the IPRP program, such as the "Flare Up Plan" (see Figure 2)
- Therapeutic learning is reflected in the assessment tools used: competency evaluations (see Figure 3) self evaluation and staff evaluation, oral/visual presentation of course content knowledge understanding and strategies, Sleep Diary, Behaviour Pathway, and Transitional Strategy

Figure 2: Flare-Up Plan Example



Student work presented with permission from student

Figure 3: Competencies Assessment

Outcomes

Youth demonstrated knowledge and skills acquisition, and retention, and an ability to transfer and apply their learning to their varying daily contexts and activities. During and following the evaluation, the youth exhibited relief, pride, and confidence as a result of earning the credits and sharing the authentic learning acquired.

Student Observations

- Students who partake in the learning credit opportunity are proud to share the learning and are relieved and energized by their accomplishment
- Students who were unable to participate in regular schoolwork, due to overwhelming personal and program demands, were engaged and earned credits

High School Credits Earned

- 15 students who have participated in the IPRP and REP have earned a total of 45 additional credits (mean = 3) that were earned for therapeutic work

Interinstitutional Collaboration (CBE & AHS)

- Partnership has been strengthened and energized by the collaborative opportunity
- Staff are invested in participating in this work as they see real-life benefits such as movement towards high school graduation
- All staff are highly motivated in the process of developing mechanisms for further knowledge mobilization of course content to youth and educators

Future Directions

Further evaluation on the effectiveness of interinstitutional collaboration is needed in the area of capitalizing on learning opportunities in therapeutic settings. Offering credits for the educational components of the IPRP and REP has been a synergistic relationship, benefitting the youth, teachers and health care providers. Any students in treatment or in the wider population could benefit from a collaborative education and treatment plan that allows them to earn credits for their efforts.

Implications

The partnerships between schools and hospital programs can optimize academic and overall functioning for youth in treatment.

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Acknowledgements

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