

TEACHING CHILDREN SUFFERING COMPLEX TRAUMA & COMPLEX GRIEF

As a Clinical and Health Psychologist (and formally an Educational Psychologist and teacher), it has been common for me to see Indigenous Staff, and even whole classes of children in remote Central Desert communities, exhibiting behavioural symptoms of cross generational complex grief and complex trauma.

It cannot be stressed enough that regardless of the quality of the teaching, curriculum or infrastructure, unless there is a proper recognition, and an appropriate response to this psychopathology within the school and the classroom, little if any sustainable learning will occur. (Particularly as disturbed or poor sleep interferes with the consolidation of material learnt that day).

However even more worrying is that if there is no recognition of this issue, or an appropriate response, the school itself becomes abusive towards the children and Indigenous staff. **Under these circumstances avoiding school becomes an issue of psychological and emotional survival.**

The conditions in which Aboriginal people have been forced to live for generations in these communities changes the way the brains of children (and their parents and grandparents) develop physically and emotionally, respond to stress, and learn new information.

Fortunately the plasticity of the brain means that this can be changed (especially in children) so that normal development can occur, physical and psychological wellbeing improves, and behaviour becomes more settled and constructive.

Teachers need to be aware that traumatised children and adults have enormous difficulty regulating their level of arousal generally, but especially for any new situation or task. When feeling stressed they can display fluctuating flight, fright or freeze reactions which are commonly interpreted by teachers as defiance, non cooperation and laziness.

This can lead children and adults to engage in a variety of displacement activities (self soothing behaviours) to dissipate excess nervous energy and calm themselves, eg gross motor movement (walking around the room), physical aggression, repetitive activity (colouring in, painting, fiddling, drumming fingers), dissociating (day dreaming), avoidance (leaving school, seeking a sibling or relative).

Complex Trauma and Grief also results in “living in the moment”. Thinking of the past is too painful. Thinking of the future is just too difficult because of the overwhelming sense (and too often reality) of learned helplessness to influence or change it.

It is therefore initially of little use to focus on future rewards (even tomorrow) of education and learning. Instead school must be enjoyable for its own sake: an emotionally as well as physically “safe” place, positive genuinely warm relationships, activities that are stimulating and challenging but emotionally respectful of their special developmental needs, and most important an abundance of opportunities throughout every day to feel capable, in control and “strong”.

It is very important to consider and value how and why these communities have managed to survive conditions that would totally destroy most people and their cultures: Non Indigenous staff in remote communities are rarely aware of the rich cultural heritage and practices which are sustaining adults and children, and helping people to function despite their grief and trauma, eg the huge role that

music and football play in the lives of the men and the whole community, painting, singing, attention to the ritual of ceremony, dancing etc.

These cultural practices and modern adaptations are highly effective strategies for coping with their situation that are well validated by the recent research into trauma, grief and brain development.

Until schools can provide emotional and developmental support at least as strong as what is being provided in the community the choice for a child will always be avoiding school. (If not physically absent then emotionally and mentally).

For teachers this means that in the classroom they must be particularly sensitive to the neuro-physiological state of the children. This translates into providing activities that are structured into, and “paced” in lessons throughout the day, allowing and encouraging the children to develop feelings of competence, and the areas of the brain that regulate their level of arousal and emotional responses to new situations.

It helps if teachers and carers understand how the brain develops and the kind of activities that “make it grow strong” and able to learn effectively:

The brain grows and develops from the top of the spinal cord upwards:

Age	Structure	Function	Proper Development is encouraged by:
Conception to 9 months	Top of Spinal Cord Brain Stem	Basic Survival	Rocking, Holding Touch, Tactile experience with others, Cuddling, Playful engagement
6 months to 2 years	Cerebellum	Coordination Balance Body Awareness	Clapping, Rolling Crawling, Building and playing with objects . Moving and Dancing to Music Painting, Climbing
1 to 4 years	Brain Stem	Emotional Functions	Dressing Up Imaginative Play Sharing, Team Games Cooperative Play <u>Listening to Stories</u>
3 to 6 years	Cortex	Cognitive Functions	Telling Stories Reading Conversations Counting, Games, Copying adults and older children

Note: Traditional Indigenous child rearing practices are extremely rich in experiences that maximise physical, psychological, and emotional brain development. Despite their present extreme socio economic deprivation, the unconditional loving acceptance, and tenderness that can still exist within families (especially by boys and men) is very different to what tends to be seen in Non Indigenous families. (For more information on the traditional values governing behaviour in children: respect AND responsibility, see other handouts on behaviour).

For children and adults who have suffered complex trauma or grief, their behaviour under stress can give clues as to what parts of their neurological development need strengthening. (For appropriate kinds of activities see table, or for more specific “10 minute” activity suggestions I can be contacted).

It is not unusual to see traumatised adults self soothing with these behaviours as their brains attempt to strengthen the relevant neurological structure. Teachers often complain that “these children just want to play all the time”.

As a general approach, schools that have very strong well integrated music*, art, drama and physical education programs that include 10-15 minute “pacers” and “transition” activities throughout the day, will cater for the needs of these children very well. Particularly if activities follow the active/passive ten minute blocks typical of early childhood lesson planning.

These should include “caring activities” eg massage each other’s shoulders, animals to be cared for, pet “rocks”, doing something to help someone else (eg older people in community or younger children in school), will further increase the general “flow” of oxytocin. This hormone is produced whenever we give or receive care and kindness, creating a calmer, emotionally warmer and safer culture within the school.

I can be contacted for further information and more specific activities

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* See Handout on “Music in Schools”
Daily morning and afternoon assemblies of community singing and drumming can take small amounts of time for enormous benefit in terms of learning. Because of the endorphins these activities produce, children and adults can become literally addicted to school.

See also Handouts on behaviour. Particularly “Creating Responsible and Appropriate Behaviour” which discusses how to make school culturally relevant and meaningful.